

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT**

Date of the meeting	15/01/2014
Author	S Shead, Deputy Director of Quality M Wain, Head of Patient Safety and Risk V Read, Head of Quality Improvement
Sponsoring GB member	T Goodson, Chief Officer
Purpose of report	To provide an update on key quality issues relating to providers with whom the CCG commission services. Issues identified in the report either relate to areas where the Trusts are performing below target or where there are “live” quality concerns.
Recommendation	The Governing Body is asked to Note the report.
Resource implications	Budgeted.
Link to strategic principles	<ul style="list-style-type: none"> • Services designed around patients • Preventing ill health and inequalities • Sustainable healthcare services • Care closer to home
Risk assurance Impact on high level risks	Any risks relating to the quality of services are documented in the organisational assurance framework/risk register.
Outcome of equality impact assessment process	EIA completed, N/A.
Actions to address impact	N/A.
Legal implications	None.
Freedom of information	Unrestricted.
Stakeholder engagement	Patient representatives are part of the Quality Group which reviews all quality issues in detail. Patient surveys and a range of patient feedback are used to inform the review of the quality of services provided.
Reason for inclusion in Part 2	N/A

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Previous Committees/Governing Body	Regular updates are provided to the Quality Group (quarterly), Audit and Quality Committee (quarterly), Governing Body (quarterly) and Directors (monthly).
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1. INTRODUCTION

- 1.1 This report provides information and assurance on the quality of services provided within Acute, Community Mental Health Services and Care Homes that are commissioned by NHS Dorset Clinical Commissioning Group.
- 1.2 Specific quality matters relating to detail arising from, or comprised in this report, are considered in more detail at the Quality Group which reports through the CCG's Audit and Quality Committee.
- 1.3 The Appendices outline the main indicators for quality, which have been included within the main provider contracts, and are based on National Guidance and Best Practice.
- 1.4 In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements.
- 1.5 As part of this process, unannounced visits are undertaken to provider organisations on a planned programme basis throughout the year, as well as in response to any alert of a concern in a specific area. In addition, regular one to one meetings are held between the Director of Quality and the provider Directors of Nursing. Medical Directors are now also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through either the Customer Care, Safeguarding Adults and Children, Risk Management, Medicines Management or Care Home Teams is collated and stored in the Ulysses Safeguard system. This allows for triangulation of the information, which the Quality Sharing Information Group (QSIG) examines regularly.
- 1.7 An important part of the team's function is to ensure that lessons are learnt and that professional practise and processes are improved after identifying concerns or that the care provided falls below the high standard expected.

2. PROVIDER CONTRACTUAL PERFORMANCE

Dorset County Hospital NHS Foundation Trust (DCHFT)

- 2.1 The CQC report was published in October 2013. The Trust has produced an action plan that has been accepted by the CQC and Monitor. A number of queries were raised by the CCG in relation to the action plan and a response has been received by the Director of Nursing providing further assurance. The CCG will continue to monitor the action plans via the contract monitoring meetings. Specific issues will be also followed up via the unannounced visits to the Trust to gain further assurance.
- 2.2 Year to date the Trust has reported one MRSA bacteraemia and 18 C-diff against an annual trajectory of no more than 18. The Trust is putting forward three of these cases as non-trajectory (unavoidable) cases. These will be reviewed by the Post Infection Review Group which is chaired by a

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microbiologist. The CCG is still at risk of not achieving the quality premium in this area (although performance of other providers remains good which may bring the CCG total under trajectory at year end if this is sustained). A contract query was issued in October and the Trust has produced an action plan to minimise the number of further cases. The Trust has been asked to expand on some areas of this action plan following a query raised by the Area Team.

- 2.3 Following the concerns raised with the Trust in relation to the percentage of staff who are compliant with safeguarding children's training required for their role the CCG has issued a contract query. The Trust has provided an action plan that will be closely monitored by the CCG via the contract monitoring meetings.
- 2.4 The latest data published in relation to Friends and Family Test demonstrate that despite the net promoter score remaining good the response rates are still poor and have deteriorated since quarter one. The CCG have issued a letter to the Trust indicating that the CQUIN payments for quarter two and three may be withheld if this is not rectified by the end of quarter three.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

- 2.5 The Trust is now fully compliant with CQC Standards at Blandford Hospital.
- 2.6 There are still a number of non-compliant areas with moderate impact at Forston Clinic Waterston Unit and at Bridport Hospital and follow- up visits by the CQC are expected. An unannounced visit to Waterston was undertaken by a member of the Quality Team and a member of Service Delivery and Design during November and some improvements were seen.
- 2.7 In September, Monitor imposed an additional condition on the Trust's license due to concerns that the Trust was failing to improve sufficiently on quality and governance concerns. An Interim Chair and Interim Chief Executive are now in place, and Jane Elson has commenced as Director of Mental Health. New Non-Executive Directors have also been appointed.
- 2.8 Paul Lumsdon, Director of Nursing and Quality is leading the response to all of the ongoing quality concerns.
- 2.9 The Betty Highwood Unit has moved to Chalbury Ward temporarily, until recruitment can take place. A number of safeguarding alerts have been raised in relation to patient assaults, mostly patient on patient.
- 2.10 A number of patients with challenging behaviours are being managed on the ward. As a result of all these concerns, new clinical leadership is in place and the Trust is working collaboratively with the CCG and Dorset County Council to improve the situation. An unannounced visit was undertaken during November by members of the quality team and positive improvements were seen.

- 2.11 Some complaints and adverse patient/carer feedback have been received in relation to the Crisis response service in both the east and West of the County. This issue has been raised through the contract meetings and work is being undertaken to address the concerns about this service.
- 2.12 The Trust has introduced the Friends and Family Test across all units. The response rate and scores for inpatients has been very good.
- 2.13 There have been a number of concerns raised by GPs about the staffing levels and changes in working practice within the district nursing teams. In addition, some adverse incidents and safeguarding alerts have been received about this service as well. This was raised at the last contract review meeting and the Trust is actively working to recruit staff and is working with the CCG and achieving improvements.

Poole Hospital NHS Foundation Trust (PHFT)

- 2.14 The Trust has submitted a plan to their Trust Board which details the actions that are proposed to achieve compliance with safeguarding children training by March 2014. The CCG have asked for a trajectory plan to be submitted to next contract meeting. Early indications from un-validated data suggests that training figures are increasing as predicted at around 5% increase per month.
- 2.15 Following a recent higher incidence and the potential severity of safeguarding alerts raised in relation to PHFT, Poole Social Services launched a pathway four safeguarding investigation. An action plan has been developed with key areas for action including strengthening the safeguarding and complaints process, instigation of three monthly safeguarding meetings, reviewing the adult safeguarding lead post and agreement to improve communication regarding safeguarding. The first multi agency safeguarding meeting is scheduled to take place in early January 2014.
- 2.16 Following the unannounced visit to NICU in June 2013 the CCG wrote to the Trust asking to carry out a review of their serious incident process. This review was conducted on the 12 August and highlighted a significant number of incidents that should potentially have been raised as SIRIs. The Trust has retrospectively added these incidents on to the reporting system. The Head of Patient Safety and Risk will be re-checking this process around six months after the initial review.
- 2.17 There have been two incidents recently reported that are being investigated and may potentially meet the Never Event criteria.
- 2.18 In relation to the three neo-natal Serious Incidents, joint meetings have been held with the NHS England Area Team, Hospital and CCG staff to review the three incidents that formed the basis of a Specialist Commissioning contract query. The Trust has submitted an action plan that addresses the issues identified.

- 2.19 An unannounced visit was conducted to the hospital in October 2013. The visit found some commodes were not clean and there was one medicine cupboard that was not locked. There were some nursing care plans which had not been completed. There were also some areas which were cluttered and some which required updating/refurbishment. A letter which details the visit findings has been sent to the Director of Nursing.
- 2.20 The Trust reported an MRSA Bacteraemia in October which has been investigated. The case will be reviewed at the Post Infection Review meeting to share any learning identified across the health community.
- 2.21 The Trust will be going through a period of significant change over the coming months with the chief Executive Officer and four Director vacancies to be appointed.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)

- 2.22 The Trust Clinical Pathology accreditation visit found some areas of non-compliance. These non-conformities have now been cleared and the Trust have received confirmation that they are now Accredited.
- 2.23 In relation to the Information Governance toolkit, the Trust attained an overall score of 76%, however was graded as "Not Satisfactory". An action plan has been received from the Trust which will be monitored through the contract review meetings.
- 2.24 The Trust has reported a never event in relation to the use of wrong sized prosthesis. The patient had to undergo further surgery to rectify this error. A full RCA is awaited. A further never event in to an angioplasty procedure carried out on the incorrect limb is still underway.
- 2.25 The CQC has conducted the inspection visit to RBCH at the end of October. The visit was conducted following the Keogh style review. The visit was prompted by the higher than expected HSMR and SHMI mortality data. The Trust have received a draft report, the final report is to be published on 18 December 2013. As the report is not available at the time of writing this report a verbal update will be given to the Governing Body members.
- 2.26 The Trust has been issued with a mortality outlier alert in relation to Chronic renal failure and have responded to the alert. The CQC response is awaited. In respect of the other outlier alerts from CQC these have now been closed by CQC as it appeared as though results were linked to data anomalies. It is thought that this may be a result of coding errors within the Trust and they have therefore been asked to review coding processes.

Salisbury Hospital NHS Foundation Trust (SFT)

- 2.27 The Trust received a visit from the Care Quality Commission in February 2013. They reviewed seven standards and action was found to be required in

two of these areas. The Trust has just been revisited and have now been found fully compliant in all areas.

- 2.28 The number of pressure ulcers reported in October have increased slightly, including two grade 4 ulcers reported. One of these was in an end of life patient and initial review suggests that it was not preventable. The second case related to a patient on the spinal unit and is currently the subject of an RCA. The most recent cluster review of grade 2 ulcers has not identified any correlation or trends.
- 2.29 The reported mortality rates within the Trust have increased in the latest available data. The Trust has a robust action plan to address this with information and case note auditing underway. The Trust is rolling out the Sepsis Six bundle across all ward areas and it is already live in the Emergency Department and EMU. Two consultants are also reviewing all hospital deaths with the clinical coders on a weekly basis.
- 2.30 The latest data published in relation to Friends and Family Test demonstrates that the net promoter score remains good and the response rate is at 27.6% which is well above the national average.

Yeovil District Hospital NHS Foundation Trust (YDH)

- 2.31 Concerns remain regarding the LOS on the Stroke unit for Dorset patients. On average the time spent on the unit is twice that of Somerset patients. This is due to delays to discharge to early supported discharge of rehabilitation beds. Whilst there are no formal complaints it is reported that Dorset patients are expressing dissatisfaction at their lack of progress in recovery compared to fellow patients. Work is being undertaken to address this.
- 2.32 Comprehensive pressure ulcer prevention work programme is in progress following peer review. Key actions include; review of high risk handovers (safety briefings), Pressure Ulcer steering group to include therapies and dietetics, earlier intervention by Tissue Viability nurse and review of assessment tools.
- 2.33 Improvements have been made in investigation processes and reporting timescales. Timescales for incidents resulting in moderate or severe harm now included in RCA templates are monitored through the incident reporting system and have been updated in the policy. Staff involved in the RCA investigation process are being supported through training regarding duty of candour.
- 2.34 YHFT had a good overall response rate to the Friends and Family Test compared with other local acute trusts. When compared with the national average the scores for ED are above the national average, however the score from in patient areas is below the national average.

South Western Ambulance Services NHS Foundation Trust (SWASFT)

- 2.35 In relation to the Dorset Out of Hours service, Dorset had 6335 cases in October a slight increase on September. GP shift cover for October was below target at 92% - year to date is 92%. Clinical assessment (triage/telephone) for urgent calls in 20 minutes was partially compliant at 90.39% for October and 91.75% for the year to date. Urgent Clinical assessment (triage/telephone) for calls in 60 minutes was compliant at 95.48% for September and 95.80% for the year to date. Urgent October and is now partially compliant at 91% for the year to date. Urgent consultations started within 2 hours (home visits) was non-compliant at 88.59% for October and 84.85% for the year to date.
- 2.36 In relation to the Dorset 111 service the percentage of calls answered in 60 seconds in October dipped slightly and was non-compliant at 94.86%. Year to date is currently non-compliant at 89.04% but the year to date figure continues to improve. The service received 17,254 calls in October a very slight decrease over previous months. The per cent of calls abandoned was compliant at 1.36%. Year to date is compliant at 3.15% (target of no more than 5%). The percentage of emergency calls passed to 999 ambulance control in 3 minutes 78.52% which is non-compliant and the year to date to is 87.31%. The service concentrates on providing clinician input when a 999 disposition is reached by a call advisor, which is why some calls extend beyond the 3 minute time frame. However, this results in reduced unnecessary 999 callouts. In October the per cent of patient call backs within 10 minutes was 49.97% bringing the year to date to 44.42%. This is non-compliant and SWASFT are working on plans to address this through service modelling.

Care Homes

- 2.37 The Care Home Quality Assurance Team continues to work closely with the three local authorities with regular visits ongoing. There has been very positive feedback to the CCG from the Bournemouth and Poole Boroughs regarding the joint working.
- 2.38 The visits have continued to highlight common themes within the care homes including the lack of training opportunities and more significantly the challenges of recruiting and retaining appropriately qualified competent staff, particularly registered nurses, together with the lack of registered managers and increasing movement of managers between services.
- 2.39 Visits continue to generate a high number of follow up visits to support and facilitate improvements in care standards.
- 2.40 The care home closure policy is in the process of being reviewed with all three local authorities in agreement that a joint policy is required across Dorset.
- 2.41 Information regarding individual care homes continues to be shared with the CHC commissioners, Section 117 commissioners and safeguarding. Work is ongoing to develop a quality assurance process for domiciliary care services.

- 2.42 The development of a CCG quality assurance tool is almost complete and the Directors have agreed to fund the development of an application and the equipment needed to support the tool. It will then be discussed with the three local authorities before piloting in the New Year. The quality assurance tool will underpin the new nursing specification.
- 2.43 The care homes quality team is also in the process of developing a webpage which will provide an accessible information resource for all of the care homes. It is hoped that this will be live by January 2014.
- 2.44 A successful event for nursing home managers took place in Dorchester on 4th November 2013 organised by the care homes quality team and supported by the Royal College of Nursing. The event provided a positive opportunity for networking and partnership working with the home managers in a supportive environment and also identified a number of key themes and challenges for managers highlighting specific issues related to leadership and management. Feedback from the event will be used to inform the care home quality team objectives and planning of future development work with the homes.

Safeguarding Adults

- 2.45 There are currently eight Pathway 4 whole scale investigations across all providers of care in Dorset, Bournemouth and Poole.
- 2.46 The pathway 4 relating to Poole Hospital continues with a further meeting scheduled to take place in January 2014. The main themes of the alerts are around reporting in a timely manner, documentation, training, social service integration, discharge process, and dementia management.
- 2.47 A safeguarding action plan has been developed and is being worked through within the Hospital Trust. The hospital has now established quarterly multi agency safeguarding meeting to review all safeguarding alerts and action plans.
- 2.48 Since the last report there have been six Pathway 4 investigations that have concluded and been closed. General themes around all the alerts for care homes relate to poor clinical leadership, pressure area care, nutrition, documentation/record keeping and medicines management. Intelligence in relation to these homes is shared with the care home monitoring team.
- 2.49 There are three service improvement plans for learning disabilities teams across Dorset, which link in with quality. These relate to smaller providers of Learning Disability services. The improvement plans are being monitored through three monthly multi agency meetings. Immediate Safeguarding issues within these providers have been concluded satisfactorily
- 2.50 There has been a multiagency discussion in relation to Chalbury Ward, to determine if the issues need to be managed under the pathway 4 investigation process. At present this is being managed through a monthly multi professional meeting, to discuss low level alerts and responses in place

to manage this. This plan has been agreed in collaboration with the Care Quality Commission.

- 2.51 There have been a number of alerts for Dorset Healthcare University Foundation Trust in relation to Community Services, Mental Health services and Learning disability services. DHUFT have responded with appropriate risk assessments and management oversight.
- 2.52 There have been two alerts raised in relation to transport services, which are proceeding to strategy and possibly to investigation. The Safeguarding Adult lead is working with the lead commissioner to ensure she is informed of these alerts.
- 2.53 There has been a case audit undertaken for an individual who had received residential care from both Dorset County Council and Poole Borough Council. Themes raised were around the role of CHC, Community Mental Health Teams, and communications with family around end of life care and overall case coordination. An Action Plan is being developed as a result of this.
- 2.54 There are currently no serious case reviews in progress. The Local Authority is currently determining the scope and terms of reference for two further serious case audits.
- 2.55 There is one Domestic Homicide review that is due to be published and two further reviews that are expected to be concluded early in 2014.
- 2.56 The CCG have now interviewed and offered posts to two GP Safeguarding Adult Leads. The GP's will be working through an induction programme in January 2014.
- 2.57 Interagency work is continuing to be strengthened across all local authorities and the links with safeguarding leads in the main providers is being undertaken on a monthly basis, both as a group and individually.

3. CHILDREN'S SAFEGUARDING

- 3.1 Local Safeguarding Children Boards (LSCB) and sub groups off the LSCB have had health representation ensuring fulfillment of the CCG statutory role.
- 3.2 Safeguarding week was well supported by all health providers and attracted good press coverage with BBC spotlight showing the local campaign for Drinking Heads which feature Wendy Thorogood Designated Nurse for Safeguarding Children and the Safeguarding lead for South West Ambulance Trust, raising awareness of the cost of alcohol and the risks of caring for children whilst under the influence of alcohol. The campaign was also presented at a national NHS England event and has been adopted by several other regions with acknowledgment that the work was developed by Dorset CCG.
- 3.3 Following the Bournemouth University report "The Heart of the Work" commissioned by the LSCBs to consider improving Child Protection processes, a steering group has been formed to lead the work on reshaping

the way Child Protection conferences are conducted and how multiagency information is shared. A consultation is currently underway regarding the proposed changes.

- 3.4 Discussion continues with regards to the Dorset Multi Agency Safeguarding Hub (MASH). This will have commissioning implications as to how safeguarding services are delivered and will require a change to the current contract or additional resources.
- 3.5 There is currently a review in progress to determine the provision of designated oversight and scrutiny for Looked After Children in light of changes to the OFSTED/CQC inspection framework and the statutory duties of the CCG. The recommendations of the review will be present to the Maternity and Child Health Clinical Commissioning Programme meeting in January 2014.
- 3.6 Key themes from LSCB case audits have found there is poor attendance by GP's at case conferences and case reports require improvement. These issues will be addressed at reflective sessions with the lead GP'S.
- 3.7 The Serious Case Review relating to the death of a 15 year old boy from an overdose is near completion. There have been no new themes identified. A DSCB conference focusing on Teenage Neglect will be delivered in the spring which will consider the difficulties of working with isolated adolescents. This case review has been investigated using a new model which has included front line staff workshops, which have been very well attended with some very positive learning and ownership of concerns, which should help drive the change required in line with national guidance.
- 3.8 Another case of a young person who had been experimenting with drugs, will require a review as the health report identified missed opportunity for earlier intervention. This will be shared with the children social care services team to lead a review.
- 3.9 The root cause analysis into the death of a mother as shared in the last board report has been completed and identified a change of practice in relation to young carers, this will be linked in to a current review of service by social care.
- 3.10 The Bournemouth and Poole LSCB conference took place in November it focused raising the awareness of early intervention during pregnancy when there is evidence of substance misuse. It was well attended by health with very positive evaluation.
- 3.11 A Fabricated or induced illness meeting took place with key health staff, this reinforced requirement for strict adherence to policy in which the Designated nurse or Designated Doctor has direct involvement to ensure all cases are fully explored.

- 3.12 A mapping exercise is underway to determine training needs for GPs and medical staff at the request of the local area team to ensure consistency across the Wessex region.
- 3.13 Safeguarding training to the CCG Board members remains an outstanding action and requires a date for this to be delivered. This is a mandatory requirement at an awareness raising level. The Designate Nurse has requested a date for a training session.
- 3.14 A Named GP for Safeguarding children has now been appointed, who is currently undertaking an induction programme. Further interest in this role for the West of the County has not been forthcoming.
- 3.15 Two historic case are about to be published, one is an Adult Domestic homicide review as reported in the Adult Safeguarding section of this report, there is joint working on this case with Safeguarding children as the perpetrator was a child who is serving a custodial sentence. The other related to a child who was injured at the hands of his father, who admitted responsibility for the injuries. Recommendations and learning has been embedded, and requires evaluation of progress. GPs are to be audited on the progress, and direct learning has taken place with the GPs involved.

4. FRIENDS AND FAMILY TEST

- 4.1 In October the NHS published the second round of Friends and Family data for Acute Inpatient and Emergency Departments. The data covered the period from June to September 2013.
- 4.2 The overall Trust score which has been widely publicised in the media relates to a net promoter weighted question. The net promoter score is calculated by counting only “extremely likely” as a positive confirmation, taking away points for both “unlikely” and “extremely unlikely” responses. Other responses are counted as neutral and thus attract no weighting.
- 4.3 Response rates have varied from provider to provider and from ward to ward. The biggest are of difficulty in obtaining sufficient responses is in Emergency Departments although providers have implemented new initiatives to try and increase response rates e.g. SMS texting service. The other challenge in relation to low return rates is that at ward level results can be skewed e.g. five responses with one being very unlikely could give a low score and consideration should be given to validity of such low numbers. The chart overleaf provides a summary of local providers scores for September compared with national averages.

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Trust name	Inpatient response rates	A&E response rates	Combined response rates	Inpatient scores	A&E scores	Combined FFT score
England (including Independent Sector Providers)	29.4%	13.2%	18.6%	72	52	63
England (without Independent Sector Providers)	29.4%	13.2%	18.4%	71	52	62
Salisbury NHS Foundation Trust	45.5%	17.7%	27.6%	77	65	72
Yeovil District Hospital NHS Foundation Trust	51.7%	8.4%	22.8%	80	67	76
Dorset County Hospital NHS Foundation Trust	16.3%	9.5%	12.0%	69	66	68
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust	40.1%	7.8%	17.2%	89	64	77
Poole Hospital NHS Foundation Trust	34.3%	5.6%	13.4%	69	65	68

4.4 All providers locally reported a net promoter score higher than the national average. All Trusts within Dorset had below average return rates when combining ED and inpatient response, although RBCHFT did achieve the CQUIN threshold of above 15% combined response.

4.5 The CCG has sent a letter to those Trusts not achieving the 15% CQUIN target informing them of the decision to record this indicator as not achieved during quarter two. The CCG will at this point not claw back any payments, however, a review of Trusts figures at the end of quarter three will be conducted and if the 15% is not achieved by then, the CCG will make the adjustment for non-achievement at this point.

5. INFORMATION GOVERNANCE

Information Governance Work Plan

5.1 NHS Dorset CCG submitted version 11 (2013/14) of the Information Governance Toolkit (IGT) on 31 October as part of the application for the CCG to achieve Accredited Safe Haven (ASH) status. This was successful.

5.2 The Health and Social Care Information Centre (HSCIC) have confirmed that the next IGT submission for the CCG will be in March 2014/15.

5.3 A work plan is in the process of being developed which will see an improvement in:

1. Information Governance within the CCG;
2. the percentage score for the next submission.

The work plan will be overseen by the Information Governance Group.

Section 251 and Accredited Safe Haven Status (ASH)

- 5.4 The submission of the IGT was supported by robust evidence, and the CCG has been awarded provisional stage 1 ASH status subject to:
- signing a data sharing contract and a data sharing agreement with the HSCIC;
 - an external audit. (The guidance on auditing IGT submissions is not yet available from the HSCIC).
- 5.5 Dorset CCG, along with a number of other CCGs, have raised a query in relation to the processing and receipt of weakly pseudonymised data. The HSCIC are considering the query.
- 5.6 Attaining ASH status:
- does not cover the data to flow from providers to Accredited Safe Havens;
 - does not cover the flow of data from GP surgeries in support of risk stratification.
- 5.7 The HSCIC has put forward proposals in a paper to the HSCIC Board recommending new regulations to ensure that a breach of ASH requirements would be seen as a breach of the Data Protection Act and therefore could attract a significant fine. It is intended that the data sharing contracts will be used to impose the necessary controls on an ASH.
- 5.8 NHS England has made separate submissions to the national Confidentiality Advisory Group (CAG) in relation to CCGs being able to continue Invoice Validation and Risk Stratification. At present Dorset CCG, along with other CCGs, has temporarily suspended the risk stratification programme as it is not a legal data flow for the CCG. The outcome of these will be advised to CCGs.

Risk stratification

- 5.9 NHS England and the CAG have agreed a single overarching submission by NHS England on behalf of CCGs, CSUs and 3rd Party data processors.
- 5.10 The CAG have agreed to review worked examples and provide feedback.
- 5.11 The implication is that NHS England will establish the principle of s251 for the purpose of risk stratification, but individual organisations will need to seek approval for individual specifications.
- 5.12 NHS England has stated that most organisations use risk stratification as part of integrated care however IG options are still limited until s251 approval is granted for the options proposed. NHS England is working with the CAG to understand whether the use of pseudonymisation is acceptable to them as a valid and acceptable process.

Invoice validation

- 5.13 Submission to the CAG was made by NHS England regarding CCG invoice validation. The CAG has agreed that invoice validation can continue to take place under s251 for another 12 months from 22 November 2013. However, they have attached a number of conditions which require some work, the two main ones being:
- During this time, further work must be completed to design and implement new systems and processes to validate invoices using either pseudonymised or weakly pseudonymised data;
 - Setting up of a Controlled Environment for Finance (CEfF) which involves:
 - * separating staff for invoice validation from other staff;
 - * technical and physical isolation of Patient Confidential Data (PCD);
 - * creating a secure central point of contact directly into the CEfF for receiving PCD backing data securely;
 - * establishing access controls (i.e. smartcard, role-based access controls, etc.)

Changing the Law

- 5.14 In the light of the Winterbourne View events, an IG Task force was asked by Tim Kelsey, National Director for Patients and Information, to draft proposals for how the law might be changed in relation to invoice validation, risk stratification and case management to support the development of registers for people with learning disabilities and autistic spectrum disorders. Also for CCGs in their role of ensuring the quality of care at a local level.
- 5.15 These proposals were raised with the Department of Health. The Department of Health has not accepted the need to change the law at this time but the recommendations in relation to people with learning disabilities and autistic spectrum disorders will be considered by the group being established by the Department of Health.

NHS standard contracts

- 5.16 NHS England is finalising agreement on the content of the NHS Standard Contract in relation to IG.

IG Training

- 5.17 A number of training sessions have taken place and the changes to the training presentation have been well received. Staff raised a number of queries following the sessions and, as a result, we are now receiving a number of Privacy Impact Assessments for approval.

- 5.18 There are still a number of staff outstanding however, it is hoped that a 100% compliance for the training will be completed by the end of February 2014.

6. CUSTOMER CARE

- 6.1 The Customer Care Team are continuing the review of the complaints handling process. A paper outlining the proposals for improvement of the service has been submitted to the Director's for approval at the meeting in December.
- 6.2 As an ongoing part of the review process, the Professional Practice Lead has attended relevant meetings with three of the major providers and has conducted the planned "deep dive" reviews of complaints. Individual reports have been shared with the Deputy/Director of Nursing including recommendations for consideration.

The review focused on three areas:

- how staff dealt with concerns;
 - did service users remain the focus of the process;
 - how is learning from complaints shared?
- 6.3 In all of the providers there was a need to improve initial response and signposting to the PALS and complaints service. Most providers demonstrated their process and remained focused on the complainant. However two did not offer face to face meetings early in the process to ensure the issues and terms of the investigation were clearly identified and agreed. For one provider, two out of five complainants wrote back expressing their dissatisfaction with the response. There was variation in how the learning is shared. Two providers were in the process of reviewing their reporting structures and in the third there was good evidence of sharing learning. At the next review it is hoped to assess learning at ward and team level.
- 6.4 During the current quarter to date the Customer Care Team have received 49 complaints of which fifteen relate to Continuing Health Care claims.
- 6.5 Complaints about the new patient transport service are now directed to the E-zec Customer Complaints manager. Members of the public are able to contact the complaints manager at E-zec via a dedicated e-mail address.

7. MEDICINES OPTIMISATION

- 7.1 Practice visits have been undertaken in all GP practices across the CCG with positive feedback received about the content and style and presentation of data.

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- 7.2 Enteral Feeds Tender: Dorset CCG is taking part in a tender process for the provision of enteral feeds for Dorset residents. The process is being led by the PPSA for the South West. The previous contract with Nutricia, which covered Dorset and Somerset, is being extended to September 2014, as the outcome of this tender process will not complete until then.
- 7.3 Initial meetings have taken place to agree contents of the service specification and a pre-tender suppliers event is underway on 29th November. The Chief Pharmacist is representing the CCG. The aim is to achieve a similarly comprehensive and high quality service as is currently being delivered, and remain off prescription.
- 7.4 PPRS Agreement: the Department of Health has announced elements of the PPRS agreement which comes into place on 1st January 2014. To note is the instruction that CCGs should not take part in rebate schemes.
- 7.5 Drug and Therapeutics Committees: the senior pharmacists in the medicines team attend all of the local provider D&T committees. These are very useful to engage with the medicines issues within the acute trusts and raise pertinent issues that have an impact on primary care. The role of the D+T is being developed to be part of a triage process for formulary proposals and updating the formulary.
- 7.6 Medicines Management in Mental Health Group: DHUFT have re-invigorated their mental health medicines group and the plan is to use that group to update the shared care agreements and formulary associated with mental health. GP and CCG pharmacist involvement has been arranged for this group.
- 7.7 LPC: the CCG chief pharmacist meets with the Local Pharmaceutical Committee on a monthly basis to update them on CCG medicines related activity. This is proving to be a useful link, and much of the work to improve out of hours medicines activity was supported by these links. In December the group invited the chief pharmacist to attend the Houses of Parliament with the LPC to discuss community pharmacy challenges with local MPs.
- 7.8 Influenza Vaccination: this is now the responsibility of the Public Health team in NHS England (Wessex) Local Area Team (LAT) and they are running a steering group to oversee the uptake of flu vaccination both in the patient population and in providers of health and social care. The cost of the vaccines hits the prescribing budget but it is expected that this will be cross charged to NHS England. The chief pharmacist represents the CCG on this steering group. The Immform data has been issued, and the group is looking to the CCG to increase uptake in at risk groups. This has been issued to localities.
- 7.9 There are some issues materialising with care homes and practices failing to vaccinate. Guidance has been issued about practice responsibility but reports are being received of vaccines being “dropped off” at care homes. This has been raised with the LAT team.

- 7.10 Pharmaceutical needs assessment: this is due to be re-published in 2015, and is now the responsibility of the public health team in the local authority. A steering group is being arranged with CCG representatives. The medicines team will be a stakeholder on this group.
- 7.11 Discussions have been held with each of the acute provider teams around more collaborative working especially around quality of information provided to commissioners in reports. Interface clinical pharmacist group has been reformed and should meet before Christmas (may be just after) with a view, amongst other things to look at standardising quality reports around medication and begin to formulate generic and tailored medicines quality measures.
- 7.12 The formulary is now uploaded on the CCG website and relevant updates on medicines safety can be added by the team. Feedback has been positive. Work is underway to establish a new format pan-Dorset in collaboration with the Acute and Mental Health/Community Trusts. This may have additional functionality such as Apps, and will allow all organisations to maintain and sustain the pan arrangement.

8. CONCLUSION

- 8.1 Key areas of concern remain around Dorset HealthCare's compliance with CQC Standards and Monitor's requirements, Royal Bournemouth's CQC report, Dorset County Hospital's rates of C Difficile, safeguarding children training and CQC compliance.
- 8.2 In response to the CQC report of Royal Bournemouth Hospital, the CCG will work closely with the Hospital to monitor areas of improvement and offer advice and support as required.
- 8.3 The CCG quality team continues to work towards providing assurance to the Governing Body around the quality of care provided within Dorset and to improve quality in the future.

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Appendices

Appendix 1

Quality Scorecard