

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	19/11/2014
Author	S Shead, Director of Quality V Read, Head of Quality Improvement M Wain, Head of Patient Safety and Risk J Green, Head of Information Governance/Customer Care K Gough, Head of Medicines Management
Sponsoring Clinician	Dr P French, Locality Chair for East Bournemouth
Purpose of Report	The report gives an overview of the current issues within the quality directorate including: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance
Recommendation	The Governing Body is asked to Note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trust is included in this report. Lay members sit on the Quality Group to represent the CCG population.
Previous GB/Committee Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes <small>Detail in report</small>	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SSh

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 to the CCG's Audit and Quality Committee.
- 1.3 Each provider submits a scorecard which includes their performance against 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 and Quality. Medical Directors are also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through 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 practice and processes are improved after identifying concerns or that the care provided falls below the high standard expected.

2. Overarching Quality Issues

- 2.1 Following the placement of a large number of Asylum seekers in two Bournemouth Hotels, the CCG has reported this as a Serious Incident and will be hosting an incident review panel to identify the lessons learnt in relation to health services; the intention is to include Public Health, the Red Cross and NHS England Area team in this review. Bournemouth Borough Council has also requested a Lessons Learnt meeting with the Home Office to which the CCG will be invited to send representation.
- 2.2 Healthwatch Dorset published a report of the three local hospitals. The report provides a brief summary of what people have told them about their experiences of hospital services in the county, acute and community. The report acknowledges that this will not tell the whole story about a provider but nevertheless the experiences recounted in the document are real

patient/carer/family/friend feedback on the care they have received over the last year. The findings in relation to each of the providers are outlined in the provider reports below, a response will be requested from each provider. A full copy of the report is available on www.healthwatchdorset.co.uk

- 2.3 NHS England Wessex Area Team recommended that the CCG should undertake a review of the Emergency Departments (ED) in the three acute hospitals in Dorchester, Bournemouth and Poole. The Emergency Department review has been completed using the College of Emergency Medicine Standards, and the CCG is currently seeking permission from each Trust to share the review findings with the Co-ordinating Care CCP. Whilst the review identified no significant safety concerns, there are areas for improvement which would inform the work of the urgent care review and clinical services review.

3. Provider Contractual Performance

Dorset County Hospital NHS Foundation Trust (DCHFT)

- 3.1 During the summer the CCG conducted an independent investigation into concerns raised by a family who were dissatisfied with the trust's investigation into their complaint. Overall the root causes of the poor quality of care and experience of the family were determined to be poor documentation and communication. As a result an action plan was developed by the trust to improve and was shared with the family. The CCG has agreed to monitor progress and on the unannounced visit in September elements of the action plan were reviewed. There has been improvement in most areas and the update from the trust regarding areas of delayed progress is in relation to the current planned ward reconfiguration and new documentation roll out. The CCG has had access in October to conduct a deep dive review of complaints and this will be reported to the next Quality Group for Quarters One and Two.
- 3.2 Healthwatch report responses were 45% positive, 44% negative and 11% mixed. Negative responses included comments in relation to staffing levels, patients repeatedly moving wards, missed medication, long waiting times in clinics and cancelled appointments.
- 3.3 The CQC Intelligence Monitoring report identified an elevated risk in relation to diagnostic waits. Ultra sound scanning is a particularly difficult area. DCHFT had been unable to recruit sonographers for non-obstetric ultrasound. Discussions are being held with GPs in Weymouth/Portland to offer local ultrasounds and all options for creating necessary capacity at DCHFT are being considered to deliver the 6 week target. Another area of risk was the potential under-reporting of patient safety incidents. DCHFT have reported the upgrade to the Datix system is now complete and the backlog of reporting is due to be completed.
- 3.4 DCHFT are appointing a Nurse Consultant in Stroke to support the service and its quality improvement.

- 3.5 The Trust's reported Summary Hospital Mortality Indicator (SHMI) rate was 112 in the latest available data release (July 2014 relating to data for 2013/14). This issue has been raised with the Trust who monitors their SHMI through Comparative Health Knowledge System (CHKS) data (currently 64). The Medical Director is currently looking into the data the Trust is providing to CHKS for the SHMI to be calculated. The Trust has provided assurance that there have been no significant issues raised through their mortality review processes and the Trust remains within expected range and is not exceeding the upper poisson limit. They remain in OD band 2 (the same as RBCHFT and PHFT).
- 3.6 There continues to be some quality elements in the 2014/15 contract that are not currently being reported. A gap analysis was undertaken and the Trust made aware of the areas that need to be included in future reports. A meeting has been held to discuss the requirements and provide clarity on some points in relation to duty of candour and Emergency Admissions CQUINs. There have been some improvements in the Dementia Screening assessments, however the CCG was advised there were challenges around accurate recording of them. The Trust has a plan in place to address this.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

- 3.7 A compliance visit was undertaken by CQC to Waterston Unit on 4 and 5 August, possibly in response to a whistle-blower. The draft report received by the trust indicates that there were concerns around staffing, restraint (post incident support) and care plans. The senior management team had been well aware of staffing issues on the unit due to sickness and had been providing cover arrangements and oversight. The trust has responded to the draft report with some factual accuracy details, and the final report is awaited. The CCG undertook a joint visit to Waterston with Healthwatch in early September and found appropriate staff on duty and no major concerns, although one care plan had not been properly updated. The management of the ward has changed since the CQC visit.
- 3.8 Further CQC visits have been undertaken to Chalbury Ward, Weymouth Hospital and Bridport Hospital. The final report on the Bridport visit has been published and reports that the trust was compliant with all standards. Verbal feedback on the Chalbury visit was positive, but the final report has not yet been received.
- 3.9 The Trust continues to be monitored closely on its actions required as a result of the Homicide review. Actions are being progressed but some remain 'amber'. The Audit and Quality Committee reviewed the action plan on 8 October 2014 and were not satisfied that sufficient progress was being made. Therefore, a letter has been sent to the CEO asking for assurance that the actions will be completed by end December 2014. NHS England is to commission an independent audit of the action plan later this year.

- 3.10 Performance on a range of mental health service targets remains low and has not improved:
- percentage of initial assessments within four weeks for the Memory Assessment Service is 44% against a target of 100%;
 - percentage of urgent referrals assessed within five days by CMHT is only 49.52% against a target of 100%;
 - percentage of responses to emergency referrals achieved by the /crisis response service within 3-4 hours is 78% against a target of 90%.
- 3.11 An unannounced visit to the Community Mental Health Team and Crisis Response and Home Treatment (CRHT) in Bournemouth was undertaken on 15 September 2014 which highlighted the continued concerns about the capacity of the CRHT. A contract query in relation to mental health performance has therefore been issued.
- 3.12 Healthwatch report responses received in respect of Community Hospitals and Minor Injuries Units indicated 66% positive, 30% negative and 45 mixed. Negative comments including booking appointments and patient transport which may relate more to other providers. Other general issues included concerns over communication between service providers. There were also comments in relation to changes made to Hughes Unit and Stuart Lodge.

Poole Hospital NHS Foundation Trust (PHFT)

- 3.13 The CCG conducted an unannounced visit on 30 September 2014; Healthwatch accompanied the CCG during the visit. The areas visited were the Rapid Assessment and Consultant Evaluation and Trauma Assessment Unit. Both areas appeared clean and well run. The visiting team spoke with patients who were generally pleased with the care they were receiving. There were comments however that sharing of information from staff to patients could be improved, as could discharge from hospital information. The areas visited are in need of general refurbishment/updating.
- 3.14 A visit to the Children's ward and Neonatal Unit was conducted on 29 September 2014. The children's ward is also in need of updating, but does appear clean. The adolescent area of the ward has a bay of four/five beds which is mixed sex. This issue will be followed up with the Trust. The Neonatal unit has been updated since the previous visit and is clean and bright with appropriate designated areas in the ward, for example preparation of medicines and breastfeeding.
- 3.15 The Trust uses the WHO checklist in areas carrying out procedures but to date has not had a system to collect compliance information. The Trust is putting in place a process to collect data in relation to this with the first report expected at the end of October 2014.

- 3.16 Healthwatch report responses were 25% positive, 58% negative and 17% mixed. Negative responses included comments in relation to Emergency Department, hydration and nutrition, medication delays, communication and discharge planning. The number of total responses will be requested from Healthwatch in order to benchmark and compare accurately with the other trust reports.
- 3.17 The response rate to the Friends and Family Test was below the expected rate in Emergency Department in quarter one. This area will be monitored in future reports. The Trust is looking at ways to increase response rates in this area.
- 3.18 The Trust has reported a serious incident in relation to Decontamination. This issue has been raised through quality meeting as there have been similar incidents over recent months. The Trust has also identified a potential trend and is taking necessary investigation and improvement actions. The CCG have requested a report of the improvement actions being taken.
- 3.19 Poole Hospital was commissioned to provide the Designated Doctor service for Looked after Children from September 2013. The Designated Nurse for Looked after Children has met with Poole and has had confirmation that Initial Health assessments are now up to date and there is no backlog.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)

- 3.20 The CQC undertook a follow up inspection on 13 August. The inspection consisted of nine inspectors. At the time of writing this report the final report is not yet published. The Trust has given CCG verbal feedback on the visit, which suggests there have been areas of improvement.
- 3.21 The Trust has reported three Never Events so far in 2014/15. In response to the never events the Trust has just launched an audit across the organisation to gain understanding of implementation of the WHO Checklist. An update on this audit will be provided in future.
- 3.22 The Trust is revising its privacy and dignity policy and emergency admissions pathways to ensure compliance with single sex accommodation standards. The CCG expect the Trust to continue to report any mixed accommodation breaches to the CCG during the changes to the admissions pathways.
- 3.23 A meeting has taken place with RBCH and Poole Hospital to clarify the pathway for admissions for young people up to the age of 18. The action points agreed at this meeting are currently being finalised. Once all parties have confirmed agreement with the pathway, this information will be shared within both Trust and to key stakeholders, particularly GPs and the ambulance service.
- 3.24 Healthwatch report responses were 37% positive, 49% negative and 14% mixed. Negative comments were received in respect of staff attitude, car parking and co-ordination of services.

- 3.25 An unannounced visit was conducted with Healthwatch on 1 October 2014. Overall the areas visited were satisfactory, all documents checked were up to date and patients reported they were well looked after. One patient did report that he had not been kept informed of the plan of care and when he was likely to leave hospital. It was evident from our visit that the hospital is undergoing a significant change in terms of emergency pathways for medical and surgical specialties, which will be kept under review as new management structure embeds and introduces changes. Overall concern with the changes being discussed is that it may introduce multiple moves for people coming in to hospital. The visit team did feedback to the Trust how welcoming the staff at all levels had been, which felt significantly different from visits conducted over a year ago.

Salisbury Hospital NHS Foundation Trust (SFT)

- 3.26 A review of a SIRI was conducted with West Hampshire CCG in relation to suspicion of an increased rate of intra-uterine death and stillbirths at the Trust when benchmarked. The outcome of the review was that no further action was required at present, but further work is being undertaken to make sure there are no underlying safety issues.
- 3.27 Concerns remain regarding the Year to date Trust position for Clostridium Difficile; 12 cases have been reported against an annual trajectory of 18 cases.

Yeovil District Hospital NHS Foundation Trust (YDH)

- 3.28 The Trust is reporting a lower fill rate in both Health Care Assistant and Midwifery shifts. Activity has risen at Yeovil Maternity Unit with an increased midwife to birth ratio. Staffing levels have been reviewed and will ensure that the new template will follow the new NICE guidance expected in October 2014. Short term issues around sickness and maternity leave are being addressed through recruitment including preceptorship posts to capture the newly qualified midwifery students due to start in November. There is daily review of staffing levels by senior staff to ensure best use of resources.

South Western Ambulance Services NHS Foundation Trust (SWASFT)

- 3.29 In relation to the Dorset Out of Hours service for the year to August 2014 performance targets in relation to urgent assessment (within two hours) at treatment centres and home visits were not met. SWASFT is taking a number of actions to increase resilience and resource to cover shifts required. GP shift cover for August was 93%; better than in previous years during this peak holiday season.

- 3.30 In relation to the Dorset 111 service there were no serious or moderate harm incidents reported for August 2014. The service received four complaints and four compliments. The percentage of calls answered in 60 seconds has significantly improved from the position at the start of the year. The August performance was 91.63% demonstrating sustained improvement.
- 3.31 The service received 20,779 calls in August and the percentage of calls abandoned was compliant at 1.05% (target of no more than 5%). Two-hundred and seventy (270) Dorset calls were audited for quality and assurance purposes 86% meeting the standards required, no key themes were identified and individual performance issues were addressed.
- 3.32 For the service as a whole there had been a 33% increase in comments, concerns and complaints received for the same period last year (Quarter One) with an emerging trend relating to late/missed diagnosis of appendicitis (eight complaints received). As a result of the emerging theme the Clinical Development Team are drafting a new Clinical Guideline.

Care Homes

- 3.33 The CCG became increasingly concerned about a local specialist dementia home owned by a national provider. Following discussion with CHC commissioners, an immediate assessment of all CHC funded residents was undertaken following which it was decided that it was necessary to relocate residents to alternative homes. This decision became more urgent when the provider informed commissioners of the intention to close the home and subsequently CQC advised that they were considering an urgent closure. Resources were mobilised and fourteen CHC funded residents were relocated to alternative placements in one day. Despite a number of Dorset care providers assessing two of the CHC funded residents, it was necessary to place these individuals out of county as providers declined to accept these individuals due to significantly challenging behaviour. This was also the experience of DCC with three of their funded residents. To date the provider remains fully compliant on the public facing CQC website.
- 3.34 The CCG was also contacted by the proprietor of a second care home requesting that all residents should be moved out of the home as soon as possible as she considered the Home no longer financially viable and had taken the decision to close it. It was therefore necessary to urgently relocate those residents. All NHS Dorset funded residents were safely moved to new Homes within 48 hours of receiving contact from the proprietor.
- 3.35 Follow up visits to thirteen receiving care homes took place within one week of relocations. Despite the speed of transfers the receiving homes quickly responded to each individual's needs and there was clear evidence of high quality care being provided. Overall feedback from both residents and their families has been extremely positive both in terms of communication from the CCG throughout the moves and the welcome received in the new homes. In many cases the relocations also created an opportunity to move people nearer to their families for ease of visiting.

- 3.36 The annual Care Home Conference takes place on the 5 November. There will be representation from over 40 care homes and topics include nurse revalidation, dementia and seamless care between care homes and acute providers.
- 3.37 Early indications from the Care Home QA assessment tool pilot highlighted that the current hardware did not support the tool in the capacity required for remote access. New hardware has now been ordered by the I.T. team and once received we are optimistic that this project will advance quickly.

Looked After Children

- 3.38 The Designated Nurse for Looked after Children started employment on 10 September 2014. She has met with key individuals and ascertained that Poole Hospital is now up to date with the initial health assessments as previously reported. The Designated Nurse is undertaking a gap analysis of existing services in relation to Looked after Children which is to be completed by end of October 2014. The CCP Chair, Karen Kirkham has been kept informed of the work being undertaken.

Infection Control

- 3.39 There have been five MRSA bacteraemia (blood infections) reported year to date, two of which have been reviewed by the regional panel and agreed as 'third party', which is when they are not deemed to be caused by deficiencies in health care provided by the reporting organisation. From the remaining investigations that took place a community case was found to have been unpreventable and a further community case related to a contaminated sample. The fifth case was a Dorset resident who developed bacteraemia whilst in health care out of county.
- 3.40 The rate of *Clostridium difficile* (CDI) for the Dorset cluster has exceeded the target to date by 24 cases. Five of the cases were agreed as not related to healthcare for that organisation and can be excluded, and there have been five repeat tests (for the same patient) which reduces the number to 14 over expected target. The CCG Infection Control Nurses are examining case data from general practices to gain a more accurate overview of *clostridium difficile* cases in the community, and whether these could be considered preventable. To date the cases are evenly spread across the county and no single general practice has any significant case numbers or non-compliance with antimicrobial prescribing.
- 3.41 The total of Trust-related cases are well within the individual set targets and lower than previous years. It appears that more cases are being treated within the community rather than as inpatients, which is also being examined in the GP responses.
- 3.42 *Clostridium difficile*-associated deaths with the organism as primary cause have been reported by DCH and DCCG. The DCH case was reviewed and agreed as unpreventable. The community case is currently being investigated.

- 3.43 A suspected spread of a newly identified antibiotic-resistant organism of concern, which is mainly found in persons coming from abroad, is *Carbapenemase-Producing Enterobacteriaceae*(CPE). A case was reported by Poole Hospital, following admission of the primary case from abroad. Investigation excluded spread, and follow up of the 40 patients in contact when inpatients is now completed.
- 3.44 Over the last month, reports of outbreaks of viral diarrhoea including norovirus have begun to increase across the community. Community hospitals and care homes have been reported to Public Health England, and are within expectations for the season.
- 3.45 Following Government directives, local Trusts have provided the Dorset CCG with an overview of their Ebola readiness in containing any individuals in Dorset should the need arise. CCG Infection Control staff have been receiving contacts from primary care regarding the provision of protective equipment and management of suspected cases, and are liaising with Public Health England to ensure communication pathways are clear, and the information required easily accessible. Trusts have provided an assurance to CCG regarding their levels of preparedness.
- 3.46 Following communications with general practice nursing staff, Infection Prevention and Control meetings have been organised to bring staff together to raise awareness of current guidelines and, by sharing good practice and innovation, to ensure a safe patient and staff environment.

GP Intelligence System change

- 3.47 The GP Business Intelligence System was rolled out to all GP Practices between November 2013 and January 2014 as a quick and easy way for GPs and practice staff to report issues to the CCG about an issue and/or provider, which are not serious enough to warrant submitting as an incident or SIRI.
- 3.48 Having been in place for almost a year, an internal review was undertaken with a number of recommendations for change identified. The review was necessary due to issues in processing and seeking outcomes from those reported.
- 3.49 In relation to the pathway and contracting issues no changes were identified as being required. These will continue to be shared with the Principal Programme Lead of the appropriate CCP. This action will be shared with the GP who submitted the issue.

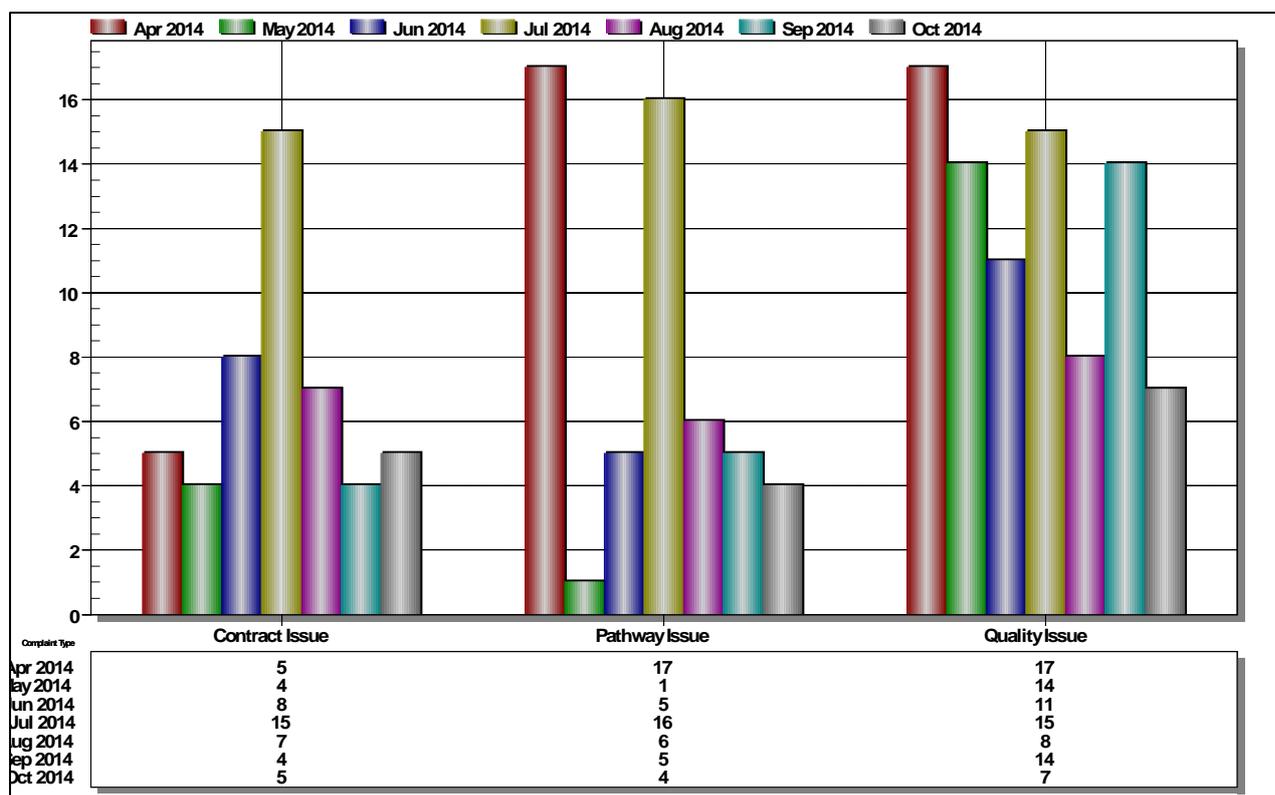


10.1

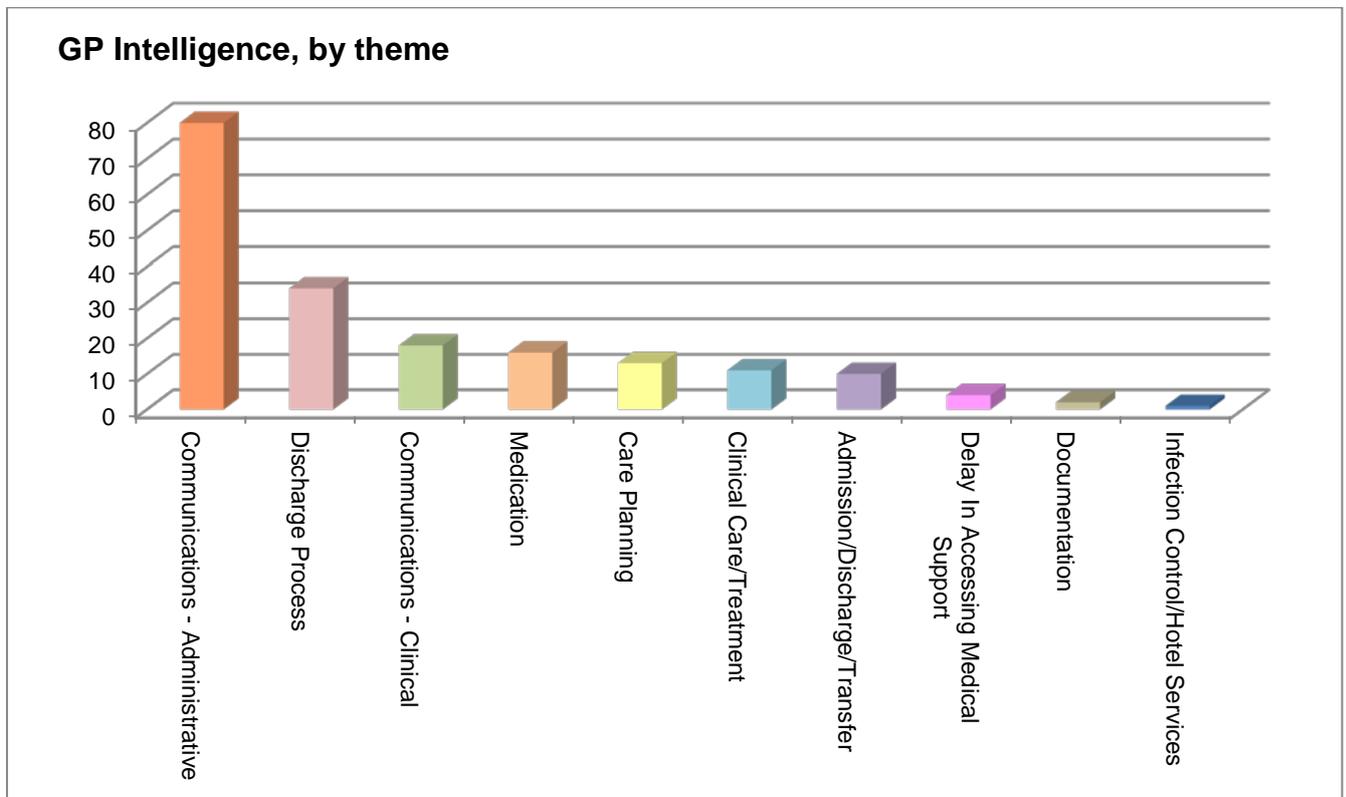
- 3.50 In the new process Providers will receive a monthly report detailing the issues received about their organisation in the previous month. This report is to be shared by the CCG Quality Lead with each provider during their informal 1:1 meeting each month. It will be acceptable for the Provider to provide an update by themes rather than for each specific submission. The outcome will be shared with the GP who submitted the issue and the Locality Lead.
- 3.51 The Providers will receive a formal quarterly report which will be discussed at the Provider's Quality Monitoring Meeting. This thematic report will be produced detailing themes from the quarter, in comparison to previous quarters and appropriate explanatory narrative.
- 3.52 Providers will be requested to create an action plan if there are areas of concern which require attention and improvement. The requirement of the Provider to engage with this process will be incorporated into the Providers contract's for 2015/16 onwards.
- 3.53 To facilitate the success of the newly proposed changes, it is requested that GPs and their staff support the process by ensuring that sufficient information is provided via the original submission to enable meaningful management and identification of themes/trends.
- 3.54 Once agreed, the acknowledgement communication sent to the GP submitting the 'niggle' will be reviewed to ensure they reflect the newly agreed process.

GP Intelligence System (reported issues)

- 3.55 Between 1 April 2014 and 27 October 2014, 189 reports were received. The graph below demonstrates the numbers of issue reported by type:



3.56 The chart overleaf demonstrates the key themes coming out of the issues reported.



3.57 51.9% of GP intelligence issues relate to communication (42.3% administrative communication issues, and 9.5% clinical communication issues). Following this, the highest issue relates to discharge.

3.58 Outcomes from individual issues reported have been fed-back to the originator and shared via the quality reports to the localities. The new process planned should ensure that this becomes far more robust and timely.

4. Information Governance

IG Training

4.1 The first 2014/15 IG training sessions have taken place with Continuing Health Care, Finance and Performance and the Engagement and Development Directorate. There has been generally good feedback.

4.2 To achieve the requirement of level 2 within the IG Toolkit the CCG must be able to evidence that all staff, bar those on maternity and long-term sick leave, have received the required annual training.

IG Toolkit

4.3 Work is progressing to ensure that Dorset CCG meets level 2 for the submission of the IG Toolkit in March 2015. Areas of concentration are:

- checking relevance of IG Policies;
- Information Asset Register;
- all IT systems to have Business Continuity Plan;
- Registration Authority Policies and Procedures in place;
- ensure that all contracts contain compliance requirements with Information Governance;
- reports from Confidentiality Audits of Directorates;
- smartcard policy to be in place and disseminated to all smart card users;
- IG Training for all staff.

Overseas Data Flows

4.4 An annual review is required to ensure data flows have not changed and also to determine whether any are going overseas. The IG Team are aware of the flow of information from SBS to India for processing purposes and this has undergone the relevant assurance.

4.5 Directorates will be asked if there are any other flows of information going abroad for processing. If so the correct assurances will be sought.

Assurance review

4.6 In July Dorset CCG was required to respond to an assurance review being conducted by NHS England to support applications under Regulations enabled by section 251 of the NHS Act 2006. For example:

- *CAG 7-07(a)/2013 Application for transfer of data from the HSCIC to commissioning organisation accredited safe heavens;*
- *CAG 7-07(b)/2013 Invoice validation within Clinical Commissioning Groups (CCGs) controlled environment for Finance.*

4.7 The questions related to:

- fair processing of identifiable information;
- completion of the Information Governance Toolkit;

- accredited Safe Haven status;
- making the NHS Constitution available to the public;
- fair processing for invoice validation and risk stratification.

Dorset CCG were able to respond positively to the majority of the queries and those that we could not will be included in the IG work plan.

There was no individual organisational feedback. This is the first of a series of assurance reviews which will be managed through a similar process.

S251

- 4.8 The Secretary of State has extended the duration of Section 251s covering Stage 1 ASHs, Risk Stratification Programmes and Invoice Validation until 30 April 2015.
- 4.9 The applications were extended on the basis of the results of the Assurance Review. The submitted evidence demonstrated the amount of work and effort being put in to continue to meet the conditions of approval.
- 4.10 As part of the conditions of the extension the programme of assurance work (which began with the review of fair processing) will continue. Further assurance work will be required with more detailed communication available shortly.

HSCIC

- 4.11 The HSCIC has given the following assurances to the Secretary of State:
- *“Strengthening compliance through requiring all health and social care organisations to certify that they are meeting their IG and security obligations and to report publically on their performance against those responsibilities, this will include revising and refocussing the existing Information Governance Toolkit”;*
 - *“Working with commissioners, and with both professional and organisational regulators, to ensure that meeting data security and information governance requirements are prerequisites for providing health and social care services. This will include working with CQC to include security and IG arrangements within their inspection regimes and with NHS England within their commissioning and contracting arrangements”.*

Information Commissioner NHS Audit Powers

- 4.12 The government has decided that the powers of the Information Commissioner Office (ICO) should be extended. Under these new powers the ICO will be able to serve audit notices for carrying out compulsory audits of public authority/NHS bodies to ensure compliance with the Data Protection Act.
- 4.13 The government believe the benefits include:
- encouraging NHS bodies to improve their compliance with the data protection framework;
 - incentivising NHS data controllers to sign up to consensual audits;
 - improving public confidence in regards to the protection of sensitive personal data by NHS bodies.

These powers will be in force from the end of 2014.

- 4.14 The work being carried out by the IG Team, particularly in the areas of training, confidentiality audits on directorates and raising staff awareness will be of benefit should the CCG be audited. Senior and Line Managers do need to be ensuring that their teams are compliant with the basics.

Freedom of Information Publication Scheme

- 4.15 Under the FOI legislation every public authority must have a publication scheme in which information is proactively published. In 2008 the ICO approved a model publication scheme for public authorities to adopt which sets out the framework that must be followed in order to meet their legal obligations.
- 4.16 To help organisations meet their legal commitments the ICO produced definition documents and template guides which provided guidance to public authorities on how best to make certain classes of information routinely available.
- 4.17 The ICO has now updated all publication scheme documentation to reflect developments in the law and new initiatives. The changes made, plus new documentation, are:
- more details of expenditure by public authorities;
 - more information about procurement processes and contracts;
 - information on salaries, allowances and expenses, particularly of senior staff and board members;
 - more information on policies and procedures;

- the provision of services by the public authority;
- employment;
- data protection;
- details of privacy impact assessments;
- locations of CCTV cameras;
- in the health sector, information about meetings with pharmaceutical companies and other medical suppliers.

4.18 The documents also reflect the recent changes to the FOI Act relating to datasets which came into force in September 2013. The publication scheme guidance reiterates the obligation that public authorities have to publish previously requested datasets in re-usable formats.

4.19 The ICO has stated that it is not enough for public authorities simply to adopt the model publication scheme and implement it by using a definition document/template guide. The publication schemes must be current and maintained as necessary to ensure that relevant information is routinely made available to the public.

4.20 The ICO has also stated that the publication schemes will be monitored in 2015/16 to see if they are being kept up to date.

4.21 The IG Team are currently working on the Dorset CCG Publication Scheme to ensure that it meets the legislative requirements.

5. Customer Care

5.1 During Quarter Two, the Customer Care Team received 61 complaints, of which 32 relate to Dorset CCG. This is comparable to the number received in the last quarter. The complaints relate to commissioning decisions, including changes to service specifications, failure to commission acupuncture and generic prescribing. Twenty-one (21) related to Continuing Health Care, including delays in processing and problems with fast track referrals.

5.2 To date in Quarter Three, nine complaints have been received. Three regarding Continuing Health Care funding and one regarding E-zec Patient Transport. In general complaints regarding E-zec have seen a marked decrease since September 2014.

5.3 Other complaints received relate to provider organisations. These have been passed to the relevant provider in order for them to respond. A copy of the response has been requested in each case. Responses, and the complaints, are monitored under contract monitoring by the Quality Directorate.

- 5.4 The first meeting of the Complaints Champion Group took place on 22 September and was well attended, with representatives from across the CCG. Members agreed that basic complaints handling training should be included as part of the CCG staff induction process, as it is the responsibility of all staff to know how to respond to a complainant.
- 5.5 Within the Continuing Health Care department, many complaints that are received can be resolved by the recipient without the need for an investigation. The Customer Care Officer will retain oversight of the complaints. Themes and trends identified are to be included in the Complaints Reports.

Parliamentary and Health Service Ombudsman (PHSO)

- 5.6 All complainants are made aware that they have the right to contact the PHSO if they remain unhappy with the response to their complaint. The CCG has been informed of one referral to the Ombudsman during Quarter Two.

Deep Dive Reviews

- 5.7 The Professional Practice Lead has continued to conduct “deep dive” reviews of complaints within the main service providers. Individual reports have been shared with the Director and Deputy Director of Nursing for each provider, including recommendations for consideration. Dorset County Hospital has been included in the reviews for Quarter One and Quarter Two. Reviews in the four main organisations are currently being undertaken.
- 5.8 An assessment of how learning from the recently published Ombudsman’s report into failings at West Hertfordshire NHS Trust is being shared within organisations will also be included in the review.

CCG Feedback Contacts

- 5.9 In Quarter Two, 131 Feedback contacts were received. These were responded to, or signposted to, the relevant Directorate or Staff Member. These contacts are similar to the previous PALS contacts. To date in Quarter Three, 17 contacts have been received.

MP Letters

- 5.10 In Quarter Two, Dorset CCG received 21 MP letters. The enquiries included Continuing Health Care, E-zec Patient Transport, prostate biopsies, reorganisation of pathology services at DCH, secure accommodation for women within Dorset and Commissioning Children’s Palliative Care. To date in Quarter Three, nine MP letters have been received and relate to prescribing issues, Mental Health Services in West Dorset and the CCG’s contract with McKinsey.

6. Medicines Management

- 6.1 The medicines team have now completed all of the first practice visits for this financial year. Appointments are being made for second visits to identified practices in the new year.
- 6.2 The pan-Dorset formulary website is due to be published on 3 November following a great deal of work between each of the four foundation trusts and the CCG medicines team. The old formulary pages will remain live until full testing has demonstrated that all relevant information has transferred across. The formulary website can be found at www.dorsetformulary.nhs.uk
- 6.3 The medicines team has worked closely with the Cardiovascular CCP team to support launch and training events following the review and re-issue of the DVT service specification in the West of the county includes safe use of the newer anticoagulants. The pan-Dorset formulary site will be updated with the CCP's latest approved guidance for use.
- 6.4 The medicines team is encouraging practices and prescribers to utilise the resources available for European Antibiotic Awareness Day which is on 18 November 2014. In addition with the support of the communications team, staff are encouraged to be antibiotic guardians.
- 6.5 The medicines team has led a multidisciplinary and patient, pan-Dorset consultation and review of the blood glucose strips, and corresponding meters that are recommended for type two diabetics in the county. The price difference between a pot of glucose testing strips can be from £8 to £16, without any relevant additional benefits for the higher price product. Practices are being encouraged to start moving appropriate patients onto the lower price strips in the CCG recommended list in the current financial year. The full year saving for the CCG is anticipated to be as much as £500k, and the annual QIPP plan is allowing for £100k to be realised this financial year in order to reach the full savings expectation.
- 6.6 Maximising savings already identified in the QIPP plan are even more pressing as changes at national level to the category M prices will lead to a cost pressure of approximately £800k on the prescribing budget this year for Dorset CCG. This is due to a change in the way in which pharmacies are remunerated, putting the cost pressure into the reimbursement on the drugs rather than in the dispensing fees. This movement of cost is worth £10million per month in the last 6 months of the financial year. Due to the delay in prescription processing, the full year effect for the CCG will not be available until the close of the prescribing figures in May. At present, if the QIPP savings are delivered we are still forecasting to break even.
- 6.7 The medicines team is advising a number of practice and locality groups on appropriate pharmaceutical input to services to support older patients including using pharmacist prescribers to support medicines reviews at home. The three acute trust pharmacies have been engaged in considering whether they can release appropriately trained pharmacists to support some of this more specialist work.

- 6.8 The Wessex Area Team will be holding local intelligence networks for controlled drugs during November and the CD lead for the CCG will share learning and information from recent drug related death enquiries that are supported by the medicines and risk teams in the CCG.
- 6.9 The medicines team continues to link with the local pharmaceutical committee and clinical pharmacist representatives in the four Foundation Trusts in Dorset to address and seek to improve the communication of medicines safety, including discharge information across the interface. The chief pharmacists also meet to ensure that there are Dorset-wide approaches to medicines policies. There is a growing willingness for chief pharmacists in the acute hospitals to release their specialist staff to support community based developments which is an encouraging and refreshing approach going forward.

7. Conclusion

- 7.1 Key areas of concern are around Dorset HealthCare's mental health services, mortality rates at DCHFT, Royal Bournemouth's CQC report, community *Clostridium Difficile* infections, the quality of care in some Care Homes and closures of Care Homes.
- 7.2 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.

Authors' Name and Title: Sally Shead, Director of Quality
Telephone Number: 01305 368070

APPENDICES	
Appendix 1	Quality Scorecards