

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	21/01/2015
Author	S Shead, Director of Quality V Read, Deputy Director of Quality 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 Detail in report	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 met with the other agencies involved to understand the root cause of this situation. The Home Office attended the meeting and confirmed the actions they had taken as a result of this situation. The CCG has undertaken an internal review and confirmed actions to be taken in the vent of further placements within Dorset.
- 2.2 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 review was presented to the Systems Resilience group in December 2014 who will oversee the recommendations.

3. Provider Contractual Performance

Dorset County Hospital NHS Foundation Trust (DCHFT)

- 3.1 Pressure ulcers continue to be an area of concern for the Trust with deterioration in performance in quarter two, although improvements have been noted (and continued) in quarter three. Full analysis of all hospital pressure ulcers began in September with the matrons and Deputy Director of Nursing. Of the seven grade 3 or 4 ulcers reported in September four have been deemed to be 'unavoidable' (i.e. all appropriate actions had been taken, assessments, equipment had been provided).
- 3.2 The MHRA visited the Trust on 25 September 2014 to undertake a further planned inspection of the Hospital Transfusion Laboratory. The Inspectors noted the significant and sustained improvement seen in the Quality Management System since the original visit in February 2013. The Inspectors identified no critical deficiencies, no major deficiencies, five 'other' minor deficiencies and made one comment. A formal letter was sent outlining the minor deficiencies identified. The Trust has developed an action plan in relation to these issues and provided a formal response to the MHRA on the action being taken and progress to date.
- 3.3 The Trust's compliance with Safeguarding children's training was raised as an issue as the quarter two compliance for level two training was 49% and level three was 63%. A remedial action plan has been requested from the Trust and a contract query will be enacted if the plan is not adhered to.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

- 3.4 The Action Plan submitted to the CQC in response to the CQC report on the Waterston Unit is being monitored through the contractual route.
- 3.5 Following the Contract Query being issued in relation to performance on a range of mental health service targets, a remedial action plan has been agreed and is in the process of being implemented. The trajectories for improvement are shown below:

	Target	Aug 14	Sep 14 (Actual)	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
CMHT Adult 5 working days	100%	49.52%	55.29%	55%	55%	60%	70%	80%	90%
CMHT Older persons 5 working days	100%	87.1%	82.98%	83%	85%	85%	88%	90%	90%
MAS Assessment within 4 weeks	100%	44%	27.5%	40%	52%	60%	71%	79%	96%
Crisis	90%	79%	79%	75%	75%	75%	80%*	85%*	90%*

	Target	Aug 14	Sep 14 (Actual)	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Service – 4 hour wait for emergency assessment									
Discharge plans from CMHT not meeting 100% Adult	100%	96.14%	95.59%	95%	95%	95%	96%	97%	98%
Discharge plans from CMHT not meeting 100% Older	100%	95.16%	95.77%	95%	95%	95%	96%	97%	98%

- 3.6 All of the targets for October have been met. The Action Plan will continue to be overseen via the monthly contract review meetings.

Poole Hospital NHS Foundation Trust (PHFT)

- 3.7 During the Trauma Network peer review there were issues of concern noted by the Peer Review Panel, these included one serious concern in relation to image transfer to the rest of the network and one concern relating to a lack of complex and non-complex musculo-skeletal rehabilitation and psychology services. The Trust is required to respond within 20 working days of the peer review to outline the actions being taken to reduce the risk.
- 3.8 The Trust has been experiencing an unusually busy period, with emergency admissions rising throughout December. Emphasis on maintaining the quality of services to patients during this time has been a focus for the CCG.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)

- 3.9 The CQC have now published the report in relation to their follow up inspection visit. The Trust has also submitted their action plan in response to some areas identified for improvement. Key areas for improvement include the mental health care pathway in the Emergency Department (ED), the admissions criteria for 16 to 18 year olds stroke services and documentation. The action plan will be monitored through the contract meeting. The Directors of Operations at Poole and Bournemouth Hospitals are agreeing the Standard Operating procedure in relation to emergency admissions for 16 to 18 year olds.
- 3.10 NHS England issued a contract query to the Trust on 5 November 2014 in relation to vascular surgical outcomes. The Trust has responded to this query and NHS England are satisfied with this response.

As this relates to higher than expected mortality the CCG will continue to monitor this surgeon's performance.

- 3.11 Performance against the stroke indicators is lower than expected in all areas. The Trust has developed a detailed action plan for this area aiming for compliance by April 2015 and forms part of the CQC action plan as outlined above.
- 3.12 A locum consultant worked within the Trust's Endoscopy Department from 19-21 August 2014. While he was at the Trust there were no concerns about his clinical activity. However, following a recent review they found one of the reports by the locum was incorrect. As a precaution, all 27 patients have been reviewed and recalled if indicated.
- 3.13 There has been a slight decrease in serious (Grade 3 or 4) hospital acquired pressure ulcers. However, there is an increase in grade 1 and 2 hospital acquired pressure ulcers. The targeted work continues within the wards that have reported higher levels of acquired ulcers. The Trust has also asked for an external review of the pressure ulcer strategy and implementation. This review will take place on 15 and 16 December.
- 3.14 The Trust is upgrading its tracking system for non-admitted pathways. There is a risk there are discrepancies in the waiting times recorded on the old and new system. This may have had an impact on the length of time people have waited for a procedure. At this stage RBCH are not clear on the extent of what they may find during validation but don't believe they will find any really long waits. It is more likely that people will have waited longer than clinically intended. The CCG have asked to be kept up to date with this matter. The Trust has re-assured us that they are reviewing this with a focus on quality and clinical outcomes.

Salisbury Hospital NHS Foundation Trust

- 3.15 During quarter two the Trust had five cases of Clostridium Difficile and is now reporting 13 cases against an annual target of no more than 18 cases. There has been one case of MRSA bacteraemia reported during the quarter. MRSA screening remains consistently above 90% for both elective and non-elective procedures.
- 3.16 An issue had been raised with the Trust during the quarter relating to the mothers to midwife ratio which had been above 1:40 (national benchmark). When the unit is at full complement the service is still not able to meet nationally recognised birth to midwife ratios. The Trust has recently appointed six newly qualified midwives and two return to practice midwives who commenced work in November. This will bring the ratio back into line with nationally recommended levels.
- 3.17 In quarter two 2014, 86% of patients with a fractured neck of femur were operated on within 36 hours of admission.

The Trust is continuing the 'golden patient' initiative where these patients are prioritised for theatre listing and subsequent surgery within the 36 hour time frame. All other targets relating to the management of fractured neck of femur were achieved.

Yeovil District Hospital NHS Foundation Trust (YDH)

- 3.18 The Trust has been in discussions with Monitor as their short-term financial position has deteriorated due to the increase in activity and need to keep the escalation ward open. Monitor has announced an investigation into the Trust's current financial position to gain a greater understanding of the challenges they face and to add further rigour to their long-term plans, which will involve further economic analysis and development of a diagnostic into the Trusts current financial position.
- 3.19 The total number of falls year to date is 420 against a year-end target of 780 (15% reduction on last year's outturn). This presents a particularly challenging position as the Trust enters the last two quarters of the year. There has been a reduction in the number of patients falling on more than one occasion with eight patients falling in September representing 12% of the total. There has been one fall reported as a Serious Incident Requiring Investigation for the year to date compared to an outturn of five for 2013/14.

South Western Ambulance Services NHS Foundation Trust (SWASFT)

- 3.20 In relation to the Dorset Out of Hours service for the year to October 2014 performance targets in relation to urgent assessment (within two hours) at treatment centres and home visits were only partially met. SWASFT is taking a number of actions to increase resilience and resource to cover shifts required. GP shift cover for September was 98%, better than in previous months. During October there were 6,490 contacts with the service.
- 3.21 The service received 18,101 calls in October and the percentage of calls abandoned was compliant at 1.05% (target of no more than 5%). During October 95.28% of calls were answered within 60 seconds but the Trust only rang 27.47% of patients back within 10 minutes.

Care Homes

- 3.22 The CQC have taken a number of enforcement actions against providers this month and have issued one provider with a proposal to cancel the registration of two of its homes. We are also aware that at least three providers have put their care homes on the market with the intention of selling them as a going concern. As previously highlighted, the availability of nursing beds within care homes continues to decrease. An overall analysis of beds closed and beds opened indicates that there are 151 less nursing home beds available since December 2013. A further nursing home will also be closing within the next three months resulting in the loss of a further 52 beds. There has also been a loss of 66 residential care beds for people with a learning disability.

- 3.23 The care home team has been reconfigured to enable the team to extend into quality assuring of domiciliary, supported living and residential care providers. A quality assurance framework for these providers is about to be finalised. Consideration is also being given to the level of monitoring required for out of county providers.
- 3.24 Following a delay, the Joint Local Authorities/ CCG Service Specification for Care Homes has now been circulated following feedback from each agency.
- 3.25 The project is being led by Dorset County Council and it is hoped that the document will be refined in January 2015 following which it will then be circulated for wider consultation.
- 3.26 The pilot of the home quality assurance tool (ABACUSS) has commenced.

Safeguarding Adults

- 3.27 A number of large scale safeguarding investigations into residential care homes and care homes with nursing across the three Local Authorities are continuing.
- 3.28 The care home quality team are working together with the Local Authorities in collaboration with the homes to continue making necessary improvements and monitor ongoing progress.
- 3.29 The six month secondment / fixed term post for the quality assurance Mental Capacity Act and DoLS facilitator is being recruited to.
- 3.30 The adult safeguarding boards have held their development days to review the current arrangements in line with the Care Act and an initial meeting for making safeguarding personal has been held through the LA's, which the CCG attended.

Safeguarding Children

- 3.31 Safeguarding training figures are detailed below:

Area of Practice	Quality Requirement	Threshold	RBCH	PHT	DCH	DHC	CCG
Safeguarding Training	Percentage staff trained in Level 1 Safeguarding Children	90%	84%	90%	100%	99.5%	79.0%
	Percentage staff trained in Level 2 Safeguarding Children	90%	81%	90%	49%	90%	
	Percentage staff trained in Level 3 Safeguarding Children	90%	49%	84%	66%	95%	100%

- 3.32 At Dorset County Hospital (DCH) there continues to be problems with the ESR system connecting to the on-line tool and capturing training completed. Divisions are asked to account for their compliance rates and this is made a priority and monitored at Performance / Executive Level.

- 3.33 The Royal Bournemouth and Christchurch Hospitals Trust changed the criteria for staff requiring Level 3 safeguarding training, which increased the number who now need this level of training. Additional training programmes have been sourced and there is a gradual increase. The Trust expects to be at acceptable levels of training by the end of financial year.
- 3.34 A Dorset Serious Case Review (SCR) is now underway. This relates to the significant harm experienced by a young girl who became pregnant. The review is due for completion early February 2015. The early findings identify that a single agency assessment did not share information effectively. The teenager and her family will also be seen as part of the review to ensure their views of how services worked with them are included.
- 3.35 Some serious cases are under investigation, including one child death which is under review by the police, and initial findings suggest the death was as a result of parental over lay with alcohol as a factor.
- 3.36 A case of possible sexual exploitation of vulnerable adolescents has been identified by one Local Authority. Currently a multiagency audit is under way to identify the extent of the abuse. This will run alongside a parallel investigation by the Police.
- 3.37 Progress on the Bournemouth OFSTED Inspection action plan continues to be monitored by the Bournemouth and Poole Local Safeguarding Children's Board (LSCB). It is expected to be completed within the year.
- 3.38 Multiagency discussions continue on the development of a MASH (Multi-Agency Safeguarding Hub).
- 3.39 The CCG internal audit for safeguarding children took place during November and the final report has been issued showing reasonable assurance has been achieved.
- 3.40 All providers are working towards compliance with the national work stream to develop the sharing of information between social care and acute care providers. The initial feedback from each of the Local Authorities is that they will not be ready for the implementation date of April 2015; However IT systems for each health provider are indicating that they will be ready.

Looked After Children (LAC)

- 3.41 Scoping of existing contracts and service specifications are underway. Meetings with the three providers Dorset HealthCare University NHS Foundation Trust, Poole Hospital and Dorset County Hospital for LAC have indicated positive commitment to reviewing current service delivery with the aim of delivering services within the existing budgets. Early analysis suggests that despite the increasing trend of numbers (896 Pan-Dorset as of 30 November 2014) of children in care, there is scope to redesign service delivery Pan-Dorset, including considering skill mix within the Specialist Nurse teams, employed by Dorset HealthCare.

- 3.42 Changes to the Statement of Education Need regulation from September 2014, and the recommendation for Specialist Health teams to provide services for care leavers, requires further analysis regarding potential impact on capacity for health teams, as this will result in an increase cohort of young people maintaining LAC status until their 25th birthday, where previously it has been 18 years.
- 3.43 Areas for improvement for health services which were identified within the Bournemouth Ofsted Inspection action plan are being led and monitored via a joint Quality Assurance Board. The three main areas are to ensure completed health assessment and health plans are used by Social Workers, redesign of care leavers' services to have health embedded within the team, and child sexual exploitation improvements.
- 3.44 The timeliness in notification of consent had improved allowing the outstanding number of initial health assessment (IHA's) to be undertaken. The Designated Doctor is reporting that delays are increasing again for Dorset County Council. Meetings are being convened to address these areas with the Council.
- 3.45 The CCG have a statutory responsibility; to inform receiving CCGs of Dorset Children being placed in their area and to inform commissioned health providers within Dorset of children accommodated and placed in Dorset by other Local Authorities. Protocols are being developed to address this between Dorset CCG and the three Local Authorities.
- 3.46 The electronic pilot has commenced between commissioned providers of LAC health services and GP Practices, to aid the CQC recommendation for all GP Practices to maintain an up-to-date register and electronic flagging system of all LAC registered at their Practice. The Designated Nurse is co-ordinating and advising on the pilot with the roll out Pan-Dorset aimed for February 2014.

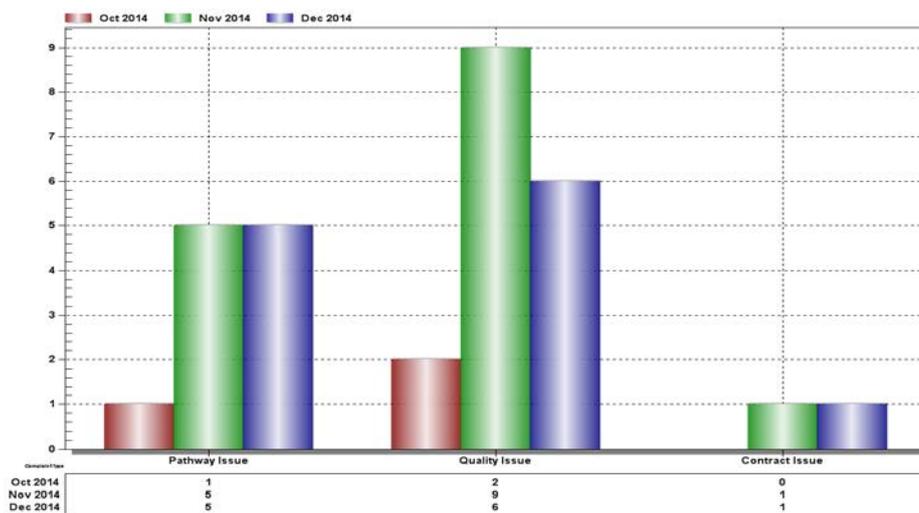
Infection Control

- 3.47 There have been 3 MRSA bacteraemia (blood infections) reported this last quarter, bringing the total year to date to 7, of which 3 have been reviewed by the regional panel and agreed as 'third party' and not deemed to be caused by deficiencies in health care provided by the reported organisation. Of those reported this quarter one was a contaminated specimen, and 2 are currently being assessed. There have been no lapses in care identified in the completed analyses to date, all of which are reviewed at the Dorset Post Infection Review Group.
- 3.48 The rate of *Clostridium difficile* (CDI) for the Dorset cluster continues to exceed monthly targets, to date by 13 cases. None of the acute or community trusts have breached their individual targets, with 12 cases agreed as not related to healthcare for the attributed organisation.

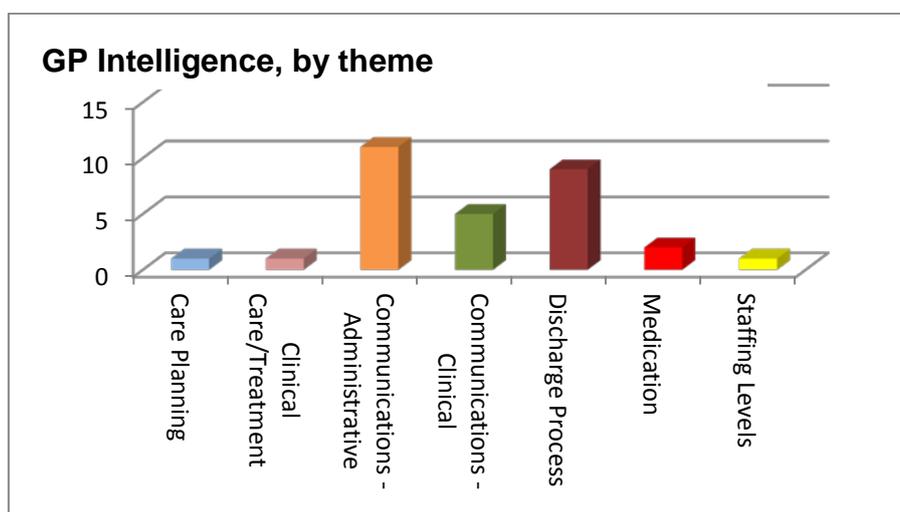
- 3.49 The total of cases remains lower than previous years, with more cases being treated within the community rather than as inpatients, and each case reviewed to exclude any treatment or care lapses.
- 3.50 The CCG Infection Control Nurses continue to examine case data provided by general practitioners in establishing an overview of *clostridium difficile* cases in the community. Responses average 64% and of these returns their antibiotic prescribing has been compliant and no evidence of healthcare related acquiring of the infection found. Once a 6 month period of significant data is available, a report will be compiled for circulation.
- 3.51 A *Clostridium difficile*-associated death with the organism as primary cause was reported as a community case Serious Incident. An investigation was carried out led by DCCG and included RBH clinicians, RBH IPC team, GP and care home staff. The PIR Group reviewed the report and agreed the death and infection was unpreventable. The review identified clear compliance with primary care and social care guidelines
- 3.52 Outbreaks of viral diarrhoea including norovirus in Dorset include one acute unit, one community hospital and two care homes have been reported to Public Health England, and are within expectations for the season.
- 3.53 DCCG have supported the following tools for use across the county by all health care staff:
- development of a Urinary Catheter Management patient held record to support consistency across healthcare boundaries;
 - IPC handbook to support new healthcare staff in carrying out essential infection prevention practices;
 - Reprint of 'Green Cards' for those diagnosed with *C. difficile* to carry with them to support ease of awareness when entering another healthcare.
- 3.54 Meetings have taken place in both the East and West of the county bringing together nursing staff from Primary care, to raise awareness of current guidelines and, by sharing good practice and innovation, to ensure a safe patient and staff environment. Both meetings were well attended and further meetings are to take place early next year.

GP Intelligence System

- 3.55 The new system for managing GP intelligence, described in the previous Governing Body report, will be implemented in January 2015.
- 3.56 Between 28 October and 15 December 2014, 29 reports were received. The graph below demonstrates the numbers of issue reported by type:



3.57 The chart below demonstrates the key themes coming out of the issues reported.



3.58 55.% of GP intelligence issues relate to communication (38% administrative communication issues, and 17.5% clinical communication issues). Following this, the highest issue relates to discharge with at 31%.

3.59 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)

IG Toolkit

4.1 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.

IG Training

- 4.2 To comply with the training requirement within the Information Governance (IG) Toolkit a clear plan for IG training has to be established which is tailored to specific staff groups or job roles. This plan has to address how and when each work area and/or staff group will be trained.
- 4.3 To date twelve IG training sessions have been held for Dorset CCG staff with the majority of staff having attended. These sessions have been Directorate specific and have received good feedback.
- 4.4 There are, however a number of staff who have failed to attend. (This does not include staff on sickness or maternity leave). This will affect the submission of the IG Toolkit and give an unsatisfactory score. The Workforce Team are following up people who have not undertaken training.
- 4.5 The presentation and material for the training is required to be audited as part of the audit of evidence for the IG Toolkit. An auditor attended a session on Tuesday, 25 November.

Sharing of Personal Data

- 4.6 Sharing of personal data is covered at length within IG training for Dorset CCG staff. However, staff need to ensure that there is a legal basis for the sharing of information. Patients must be informed of how their data is being used and given the opportunity to 'opt out'. When changing or commissioning/introducing a new service, a Privacy Impact Assessment (PIA) must be completed and, if appropriate, an Information Sharing Agreement (ISA). Both the PIA and ISA must be approved by the Information Governance Group and added to the register that the IG Team hold.
- 4.7 An incident occurred in 2013 involving SWAST and was reported to the Information Commissioners Office (ICO) as follows:
- "An undertaking to comply with the first, third and seventh data protection principles has been signed by South Western Ambulance Service NHS Trust. This includes the completion of a Privacy Impact Assessment in respect of data sharing.*

This follows an investigation whereby patient data related to in excess of 45,000 patients was shared with a Clinical Commissioning Group without a legal basis to do so.

There were also security concerns surrounding the manner in which the data was stored on discs when being distributed to the CCG”.

- 4.8 SWAST shared seven discs, holding descriptive patient data of over 45,000 patients, with a CCG. The discs were sent via recorded delivery to a named member of staff but without encryption. This represented a security risk.
- 4.9 There was no record of the senior member of staff at SWAST, who sent the information, having completed any IG training. The ICO highlighted that monitoring of staff training, especially for senior staff, was lacking and was not part of a routine induction process
- 4.10 As part of the investigation, the ICO queried the legal basis on which the data was provided to the CCG. SWAST could not provide a valid legal reason for the CCG to hold or access the patient data.
- 4.11 The ICO noted that there was no information sharing agreement (nor any privacy impact assessment) that would have identified the issues around the lawfulness of the flow of data. It would also have identified the lack of security relating to the discs.
- 4.12 The ICO determined “*that there was no justifiable legal reason for the CCG to access the patient data*”. If patients had been informed of the use of their data, and given the opportunity to opt out, SWAST may not have been dealt with so sternly. They would, however, have had to answer why there was no encryption and the lack of IG training.

Information Governance Implications of the new GMS contract

- 4.13 The new contract between NHS Employers (on behalf of NHS England) and the BMA’s General Practitioners Committee (GPC) that will apply to GMS contractual arrangements in England from April 2015 includes a number of key changes which will have implications for information governance.
- 4.14 The new contract requires General Practices to complete the IG Toolkit and meet the standard required, at least level 2 in each of the 13 (for 2014/15) requirements.
- 4.15 This will involve the CCG Information Governance Team in assisting practices.

Care.data Trials to begin the New Year

- 4.16 In 2015, NHS England will begin its trial of the GP patient information sharing programme known as care.data. The trials will be run by six Clinical Commissioning Groups in four geographic areas across England.
- 4.17 The ICO has previously raised concerns that patients must be informed about changes to the way their information will be used, if GP surgeries are to meet their legal requirements under the Data Protection Act.

- 4.18 In order to address those concerns, patients registered with GP surgeries included in the trial phase will now receive an individually addressed letter explaining the changes. The letter will include a copy of the opt-out form which patients can complete and return if they do not want their data shared. Some patients will also be provided with information about the changes by email and text message.
- 4.19 The letters will be sent out to those patients affected in January. The process will be observed by the Independent Information Governance Oversight Panel (IIGOP). No patient data will be extracted until IIGOP is satisfied that the communications activities have been successful in explaining the changes to patients. A decision will then be made on whether the programme should be rolled out across England.

5. Customer Care

- 5.1 During Quarter Three, the Customer Care Team received 29 complaints, of which 16 relate to Dorset CCG. In comparison to the last quarter, this a reduction in the number received.
- 5.2 The complaints relate to commissioning decisions, including:
- changes to the pain service;
 - the spinal treatment pathway;
 - low level/lack of funding for Fertility and Lymphoedema treatments.
- 5.3 Seven related to Continuing Health Care, including:
- delays in processing, particularly with retrospective applications;
 - staff attitude to families and relatives;
 - problems with fast track referrals not being put in place.
- 5.4 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.
- 5.5 As part of the continuing improvement of complaints handling, a Complaints Response Letter Writing course was held in December 2014. This was attended by staff members from Commissioning and Continuing Health Care. The course aimed to provide guidance on how to construct a response that answers all questions and concerns, with empathy and respect for the complainant.
- 5.6 As part of the training, the benefits of face to face meetings were discussed as a powerful way to resolve complaints.

Parliamentary and Health Service Ombudsman (PHSO)

- 5.7 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 three referrals to the Ombudsman during Quarter Three.

Deep Dive Reviews

- 5.8 The Professional Practice Lead has continued to conduct “deep dive” reviews of complaints within the main service providers. Reviews in the four main organisations are currently being undertaken and will be reported to the next Quality Group. The deep dive also includes 2 independent investigations into concerns raised by relatives of the care provided to patients at DCH. There is an emerging theme from the reviews from all providers of not hearing the carer voice.
- 5.9 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 reviews.

CCG Feedback Contacts

- 5.10 In Quarter Three, 96 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.

MP Letters

- 5.11 In Quarter Three, Dorset CCG received 16 MP letters. The enquiries included:
- Continuing Health Care;
 - prescribing issues;
 - Mental Health Services in West Dorset;
 - CCG’s contract with McKinsey;
 - phlebotomy services;
 - work experience for 16 year olds in the NHS within Dorset;
 - perinatal mental health.

6. Medicines Management

- 6.1 The medicines team have now completed all of the first practice visits for this financial year. Data is being collected to support second visits to selected practices in the new year.
- 6.2 The pan-Dorset formulary website was published on 3 November. Feedback has been very positive from practices accessing it. A staff launch has taken place at the staff event and it is planned to have a stand at the member’s event as well to ensure that all member practices are aware of the formulary

and other resources. Newsletters have referenced the formulary too. The formulary website can be found at www.dorsetformulary.nhs.uk

Savings and forecasts for 2014/15

- 6.3 The 2014/15 financial year is forecast to break even on the prescribing budget. Initial forecasts taking into account the rise in some category M drugs has shown a greater cost pressure impact than initially expected. Practices are encouraged to make changes to the blood glucose strip prescribing which could deliver up to £500K for a whole year. Early implementation in 2014/15 will enable full year savings to be delivered in 2015/16.
- 6.4 Generic savings are still available from a number of practices, despite the changes in Category M prices nationally as drugs continue to lose patent, or become more competitively priced. There is a wide variation in generic prescribing, both in general drug groups and some anomalies in areas for significant savings without detriment to patient care. For example in the case of Atorvastatin which lost patent in 2012. There remains a variation in generic prescribing across the CCG. When Atorvastatin lost the patent in 2012/13 the price dropped from round £28 to around £2. The majority of practices changed to the generic and now prescribe less than 5% branded. However, this is not the case in all Practices. Where there are outliers, this has been raised at the practice visit. Members of the Medicines Optimisation Group have supported a visit by the locality GP prescribing lead to encourage addressing these outlying prescribing patterns.

Medicines Optimisation Group (MOG)

- 6.5 The MOG continues to meet quarterly with excellent attendance from the locality GP prescribing leads. The last meeting considered the current job description and role of the locality prescribing lead and the members shared good practice. The terms of reference have been updated to reflect reporting to the shadow joint primary care commissioning committee.
- 6.6 A report was presented with an overview and outcomes from three prescribing audits, which were undertaken by primary care in 2013/14. It was noted that cephalosporins and quinolone antibiotics increased and the CCG remains above the national average; although prescribing of co-amoxiclav decreased in volume.

Savings and Quality plans for 2015/16

- 6.7 Work is underway to identify savings and quality measures for the next financial year. The medicines optimisation dashboard and a number of safety measures have been identified as well as some initial savings opportunities. However there are fewer large savings to be made and the real improvements will come with optimising medicines, addressing polypharmacy and reconciling and reviewing medicines regularly.

7. Conclusion

- 7.1 Key areas of note are the performance of Dorset HealthCare's mental health services, safeguarding concerns for adults and children, safeguarding children training 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.

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APPENDICES	
Appendix 1	Quality Scorecards