

NHS Dorset Clinical Commissioning Group
Governing Body Meeting
Quality Report

Date of the meeting	18/09/2013
Authors	S Shead, Deputy Director of Quality, M Wain, Head of Patient Safety and Risk, and V Read, Head of Quality Improvement
Sponsoring GB member	T Goodson, Chief Officer Presented by: S Rastrick, Director of Quality
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
Privacy impact assessment	PIA completed and awaiting review by Information Governance Group.
Outcome of equality impact assessment process	EIA completed and Not Applicable.
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
Previous Committees/Governing Body	Regular updates provided to the Quality Group, Audit and Quality Committee, and Governing Body - quarterly and Directors -monthly.

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 report is still awaited from the CQC visit that was undertaken earlier in the summer. Verbal feedback from the CQC to the CCG suggests that there will be some areas identified that require action. The report will be shared with the CCG once the Trust receives it.
- 2.2 Year to date the Trust has reported one MRSA bacteraemia and 10 C-diff against an annual trajectory of no more than 18. This clearly puts the Trust at risk of non-achievement of end of year target however some of these may

subsequently deemed non-trajectory on review by the Post Infection Review Group.

- 2.3 The Trust performed very well in the first published Friends and Family Test results. The net promoter score for the Emergency Department was 89 compared with the national average of 53. In relation to Inpatient areas the Trust scored 80 compared with a national average of 72.

Dorset HealthCare University NHS Foundation Trust (DHUFT)

- 2.4 The Trust has received two Warning Notices from the CQC for Blandford Community Hospital relating to Outcome 4 and at the end of April the CQC carried out a focused inspection on compliance with Outcome 16- Assessing and Monitoring the Quality of Service Provision, which showed non-compliance with a moderate impact.
- 2.5 The Trust's Governance rating with Monitor is Red and a review of governance has been undertaken by Deloitte. The Trust has yet to share that report with the CCG, but it is expected to result in a number of changes within the Trust, some of which are already underway. The Trust has a Development Plan which incorporates the actions required by the CQC and will include the Deloitte recommendations once these have been agreed by the Board. A full report on this will be submitted to the September contract review meeting
- 2.6 The Trust has implemented the Friends and Family Test across its inpatient and Minor Injury Units. The overall response rate for Quarter One was 33% for inpatient units and 10% for MIUs. The score overall was +85. The response rate fell in June and July and the Trust is working with individual units to understand why that has happened and to improve in the future.
- 2.7 A number of unannounced visits have been undertaken during the last quarter by the quality team across arrange of units. These have been generally positive, with actions being taken promptly by the Trust when any areas of concern have been identified.

Poole Hospital NHS Foundation Trust (PHFT)

- 2.8 There has been a higher incidence and severity of safeguarding alerts raised in relation to PHFT recently. This is being investigated by Poole Borough Council and the findings will be reported once the investigation is complete.
- 2.9 Following recent concerns relating to safeguarding children and adults the CCG wrote to the Director of Nursing requesting an update. A response has been received highlighting actions the Trust is taking. The CCG remains concerned as previous action plans have not led to the improvements expected. The decision has been made to issue the Trust with a formal contract query in relation to the issues highlighted in this report, plus a number of other matters.

- 2.10 An unannounced visit was conducted by the CQC over three days in May. The final report was published in July 2013. Five standards were inspected, the Trust met four of these standards but CQC found that the Trust was not meeting the standard for Assessing and Monitoring the quality of service provision. The CQC summary indicates that overall the provider had an effective system in place to identify, assess and manage risk to the health, safety and welfare of people using the services. The shortfalls were in implementing learning and actions from some incidents meant that at times risk to health, safety and welfare to people were not managed. This has been judged by CQC to have a minor impact of people who use the service and the Provider has been told to take action to remedy this.
- 2.11 Following the unannounced visit to NICU by the CCG 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. After correspondence with the Director of Quality the report is currently being considered by the Chief Executive and Medical Director and a further meeting has been arranged to progress.
- 2.12 The Trust reported a 'Never Event' relating to a patient who underwent a laparoscopic hysterectomy. During the procedure a 'pack' was inserted consisting of a surgical glove with a paper towel inside. This does not appear to have been included in the swab count and was retained inside the patient. A full RCA is underway.
- 2.13 In relation to the Friends and Family Test data for Quarter one recently published, Poole was above average for Friends and Family test score in the emergency department with a score of 67 compared with the national average of 53. The Trust was lower than average in relation to inpatient score with a score of 67 compared with national average of 72. The target response rate for the Emergency Department was not met.

Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)

- 2.14 The Trust is reporting improvement in staff trained in safeguarding children with 80.3% trained to Level 1, 71.7% in Level 2 and 86.8% at Level 3. This training is undertaken by the clinical workforce. The Trust is in the process of developing a Trust Supervision Safeguarding Policy for all clinical staff.
- 2.15 The Trust was the only provider locally to reach the overall 15% return rate for Friends and Family Test responses. The Trust achieved better than average scores for both Emergency Department and inpatient areas. There was however some variance between wards with some consistently scoring very high and others very low.
- 2.16 The Trust's current position for VTE assessment for June stands at 93.9% just below expected target of 95% for 2013/14.

- 2.17 The Trust has had a MRSA bacteraemia that was reported during August. The Trust has 28 days to complete a Post Infection Review. A full RCA will be submitted to the Pan-Dorset RCA group highlighting any lessons learnt and recommendations.
- 2.18 The CCG carried out an unannounced visit to the Trust on 16 July. An environment audit was carried out as part of this visit and found issues in several areas. A letter was sent to the Director of Nursing who has since responded with the actions they intend to take. The Trust are carrying out a review of clutter and cleaning on wards and providing senior nurse support to ward leaders to address the identified issues.

Salisbury Hospital NHS Foundation Trust (SFT)

- 2.19 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 a new CQC lead inspector who visited the Trust in June 2013 for an informal visit. The Trust has completed the actions identified from the previous visit and are expecting a revisit within the next two months.
- 2.20 During quarter one the Trust has had no cases of MRSA. During the quarter they have had 6 cases of C-diff against an annual trajectory of 21; this will present a challenging remainder of the year for the Trust in achieving the target at year end. MRSA screening remains consistent at above 90% for non-elective cases.

Yeovil District Hospital NHS Foundation Trust (YDH)

- 2.21 As of 15 July 2013 there were fifteen Serious Incidents Requiring Investigation (SIRIs) open in STEIS, eight of which were passed their due date. NHS Somerset presents quarterly performance reports relating to SIRIs to the YHFT Clinical Quality Review Group to address performance. The Trust has streamlined the number of templates in use for investigating SIRIs and the Trust are considering embedding staff in the strategic business units to help gain compliance with good quality investigations within the required timeframes. Since the meeting a further four cases have been closed on STEIS.
- 2.22 During Quarter one the Trust reported 37 grade two and above pressure ulcers acquired in care. This represents a decrease over the previous quarter when 57 were reported. The June 2013 position was particularly good with no grade 3 or 4 pressure ulcers reported. The Trust has now had nine months without any grade four pressure ulcers.

South Western Ambulance Services NHS Foundation Trust (SWASFT)

- 2.23 The Trust received a visit from the Care Quality Commission between the 21 and 25 January 2013. The report was subsequently published in March 2013. The CQC visited both the east hub at St Leonards and the Trust headquarters

in Exeter and reviewed five standards. The Trust was found to be meeting all the essential standards reviewed.

2.24 During the month of July 2013 the Trust delivered 10 of the 12 Quality Requirements for Urgent Care Services in Dorset and Somerset. Dorset had 6716 cases in July, a decrease from 7474 in June. Key exceptions during July were:

- GP Shift cover - Cover for July was below target at 94% - year to date is 92%. Hours covered were 91% for July and 92% for the year to date.
- QR9b Urgent: Clinical assessment (triage/telephone) for urgent calls in 20 minutes. This is partially compliant at 91% for July and 92.2% for the year to date.
- QR9b Less Urgent: Clinical assessment (triage/telephone) for calls in 60 minutes. This is compliant at 96.5% for July and 95.8% for the year to date.
- NQR12a Presenting at base (Treatment Centre) – Urgent consultations started in 2 hours. This is compliant at 95% for July but is still non-compliant at 89.76% for the year to date.
- NQR12b Home Visits – Urgent consultations started within 2 hours. This is non-compliant at 82.61% for June and 84.72% for the year to date.

2.25 In relation to the Dorset 111 service in July the per cent of calls answered in 60 seconds was compliant at 95.1%. Year to date is currently non compliant at 84% but is an improvement on last month and projected to further improve. The service received 19,608 calls in July.

The percentage of calls abandoned was compliant at 0.6%. Year to date is compliant at 4.81%.

The percentage of emergency calls passed to 999 ambulance control in 3 minutes was 89.4% which is non compliant and the year to date to is 91.2%. 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.

The percentage of patient call backs within 10 minutes was 49.97% bringing the year to date to 49%. This is non-compliant but an improvement on last month.

Care Homes

- 2.26 The Care Home Quality Assurance team is currently responsible for monitoring care in 83 care homes with nursing and 11 residential facilities where people with learning difficulties reside, across the geographical location of Dorset, Bournemouth and Poole.
- 2.27 The team continue to work jointly with all three local authorities contract monitoring teams, and in addition liaise with the local Continuing Healthcare managers, Funded Nursing Care case managers, Community Mental Health in-reach teams, and Safeguarding case Coordinators.
- 2.28 Since the 1st April the team have completed 36 reported home visits in addition to a number of follow up and supported accountability training sessions within individual homes. Although the aim is to visit all 83 homes by the end of November 2013, priority is being given to homes where there are concerns about nursing care and continuing a programme of joint monitoring visits with the Local Authority.
- 2.29 Work has commenced on an independent NHS contract with care homes, the team have been working with the CCG contracting team to develop the content of the nursing specification which supports and informs each contract.
- 2.30 Work is in progress to develop a Quality Assurance Nursing Risk Assessment Tool (QANRAT) which will enable the team to produce RAG rating scores to communicate to the homes the areas where they are achieving best practice and areas that require improvement. To augment this directory of services, resource guide, has been produced to signpost to homes to facilitate best practice and where to seek reliable advice.
- 2.31 The common themes that the team have identified during the course of monitoring visits that require further work are:
- Sustainable, competent staffing through training & development
 - Health care Staff training and national minimum standards of care
 - Safe Staffing numbers where NMC / RCN have no minimum standards
 - Care planning matching risks assessed and adhering to documentation standards regarding updates and contemporaneous reviews.

3. Safeguarding

Adults

- 3.1 The Annual Safeguarding Adults reported is presented to the Governing Body as a separate paper at this meeting.

Children's Safeguarding

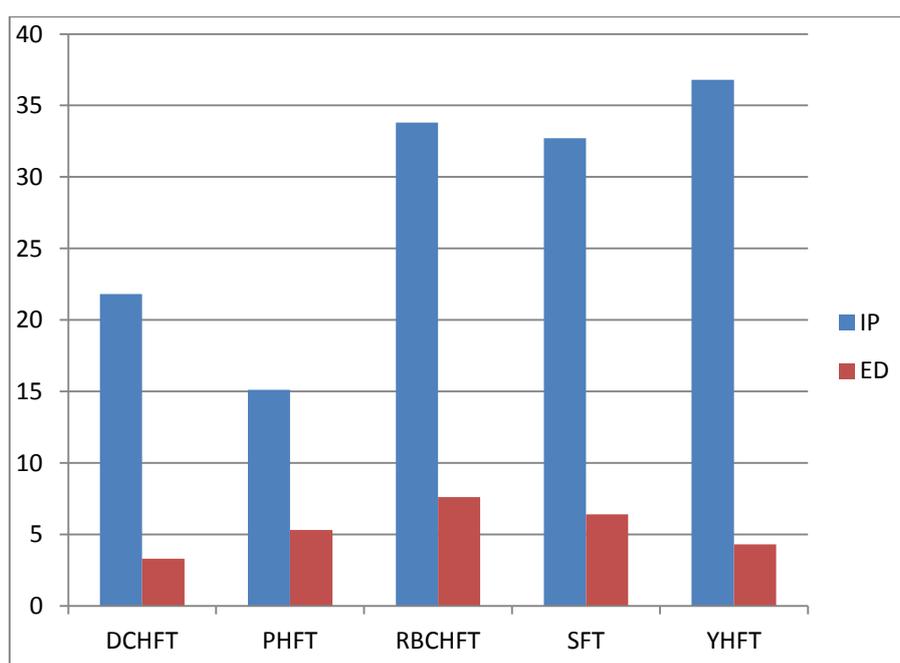
- 3.2 The Annual Safeguarding Adults reported is presented to the Governing Body as a separate paper at this meeting.

4. Friends and Family Test

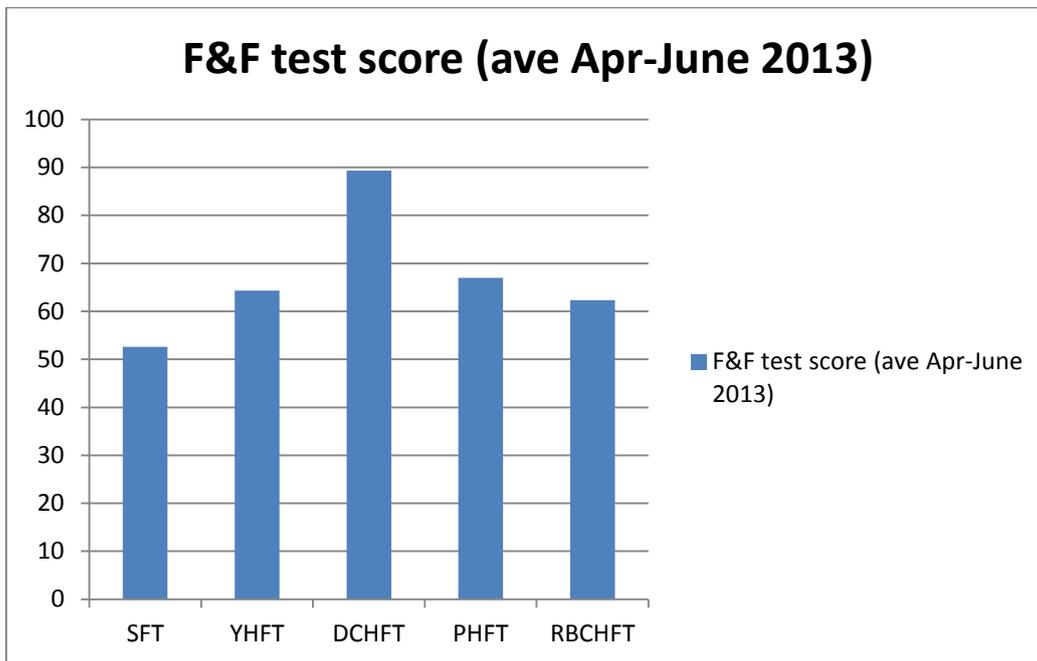
- 4.1 On 30 July 2013 the NHS published the first round of Friends and Family data for Acute Inpatient and Emergency Departments. The data covered the period from April to June 2013 and for the purposes of this report I have provided an average for the three months combined.

- 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.

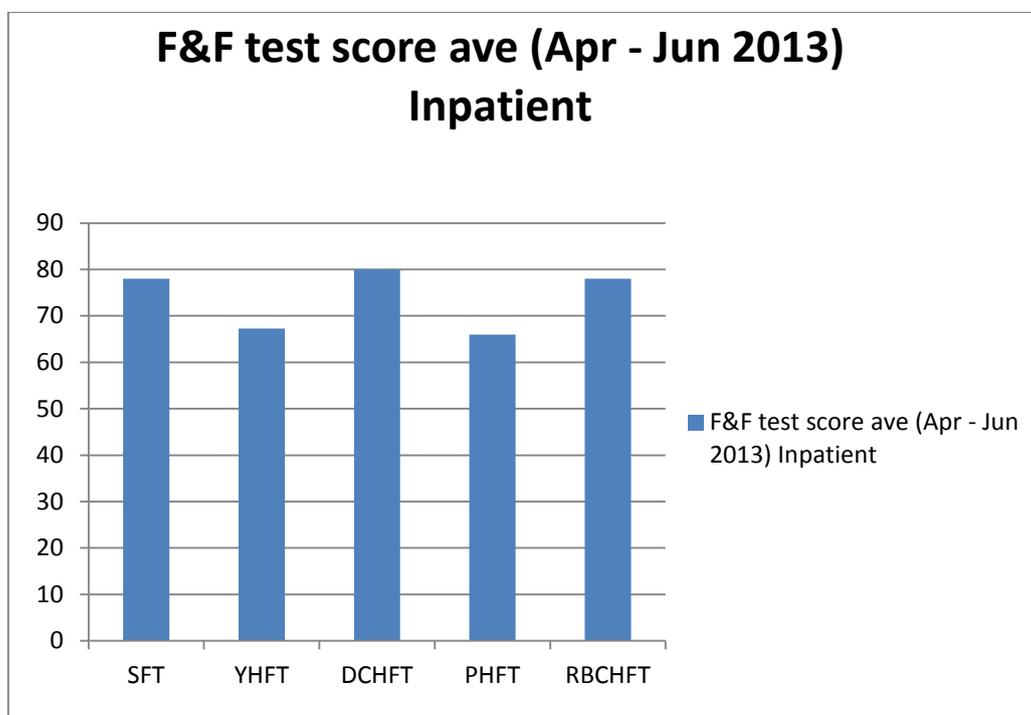
- 4.3 Response rates have varied from provider to provider and from ward to ward. The biggest are of difficulty in obtaining sufficient responses is in Emergency Departments. The other challenge in relation to low return rates is that at ward level results can be skewed e.g. five responses with one being very unlikely could give a low score and consideration should be given to validity of such low numbers. The chart below demonstrates the response rates for local acute Trusts in both Inpatient and Emergency Department areas:



4.4 The chart below summarises the average of the three months averaged (net promoter) score for Emergency Departments of local acute Trusts. The average rate across all Trusts in England for Emergency Departments is **53**.



4.5 The chart overleaf summarises the average of the three months averaged (net promoter) score for Inpatient wards of local acute Trusts. The average for England is **72**.



5. Information Governance

Section 251

- 5.1 Access to Person Identifiable Data (PID) held in SUS by staff employed by PCTs was enabled by Section 251 approval. It was assumed that the CCGs and CSUs would have the same approval, however, as the role of the CCG is purely to commission services this is not the case.
- 5.2 This caused a considerable amount of controversy as CSUs and CCGs were not going to be able to process data other than for direct healthcare. The main implication is for data being accessed for a secondary use; e.g. SUS, validation of invoices. This is supported by the Caldicott2 Report.
- 5.3 In order to ensure that the processing of data could continue, and remain lawful, the Health and Social Care Information Centre (HSCIC) announced that provisional arrangements have been put in place under s251, which allows access to personal confidential data from the SUS data system until 31 October 2013. This approval is only temporary and is subject to stringent conditions which include preventing individuals from being identified and the CCG achieving Accredited Safe Haven (ASH) status.
- 5.4 To achieve ASH status the CCG has to have strict IG processes in place and be able to *'provide evidence of completion of level 2 of the Information Governance Toolkit or have in place plans to bring them to level 2 as well as a data sharing agreement and a signed data sharing contract in place with the HSCIC'*. The final details of the accreditation process for ASH are yet to be approved and it is anticipated that there will be additional requirements that need to be met.
- 5.5 The key operational impact for the CCG is within:

Data Flows:

Patient Identifiable data and/or data that has the potential to identify an individual **cannot** lawfully flow from providers directly to CCGs or from GP practices directly to CCGs or CSUs.

Invoice Validation

The scope of the Section 251 approval does not extend to financial validation.

RISC

The scope of the Section 251 approval does not extend to risk stratification.

- 5.6 If the issues around s251 are not addressed nationally there will be a significant effect on the working of the CCG i.e. monitoring quality of care, monitoring contracts and verifying invoices supplied by providers.

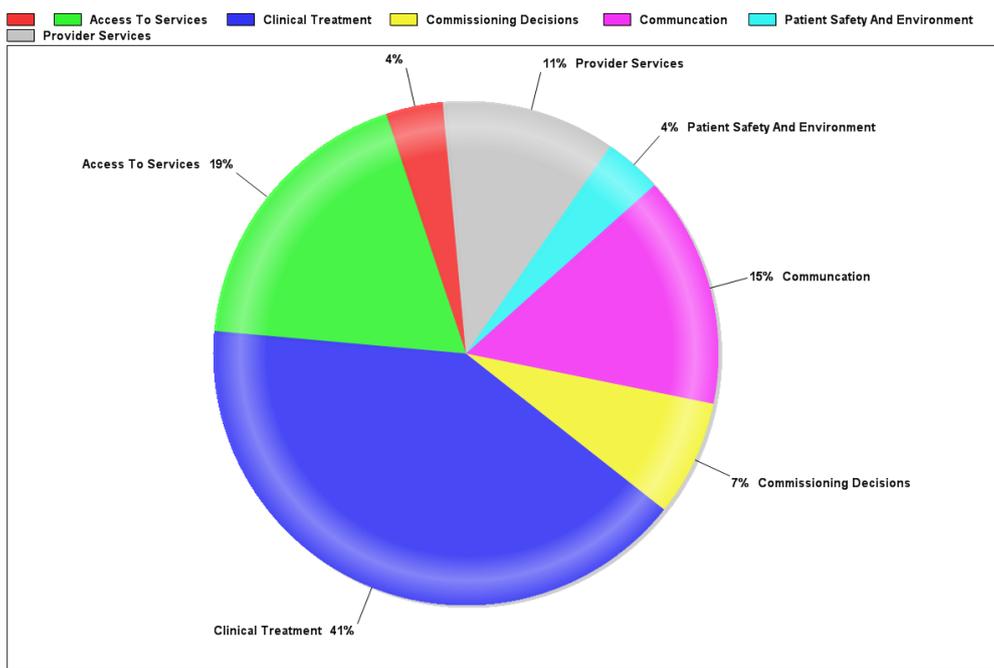
Information Governance Incidents

- 5.7 An incident took place within Continuing Healthcare relating to the destruction of documents containing personal data.
- 5.8 The Corporate Governance Team conducted an investigation and a full report, with recommendations, has been produced. This has been approved by the Director of Quality and will go before the Audit and Quality Committee and the Information Governance Group.
- 5.9 There have been four instances, also within Continuing Healthcare, where letters sent to a patient contained information relating to another patient.
- 5.10 An action plan has been introduced within CHC; completion of which is to be monitored by the Information Governance Group. A new business manager is in post.
- 5.11 Staff within CHC attended job specific Data Protection Act training in July.

6. Customer Care

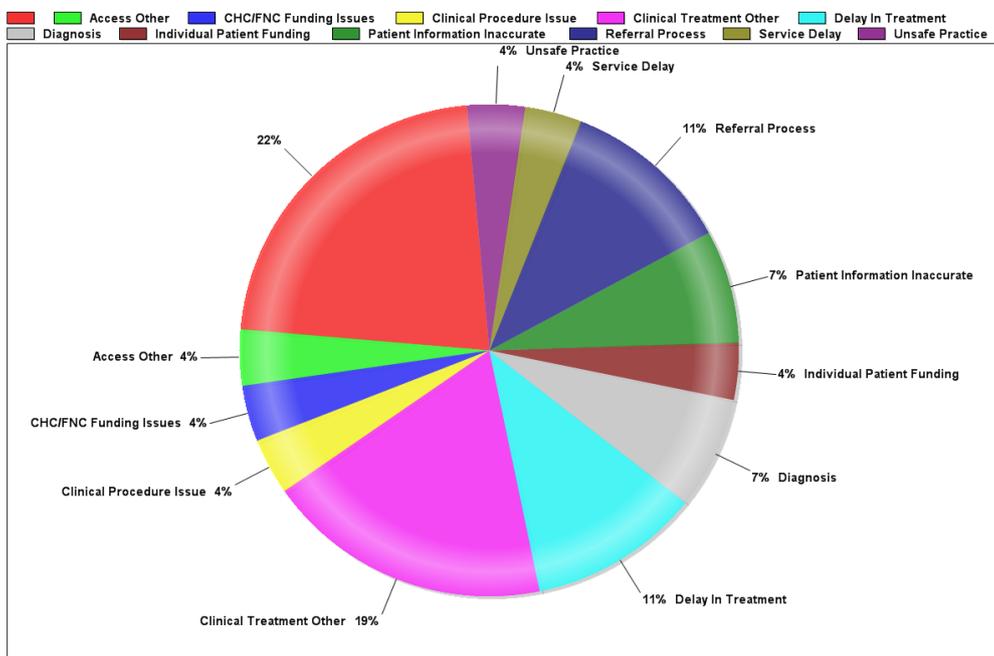
- 6.1 Complaints received by the Customer Care Team since July 2013 include issues relating to service providers, Individual Patient Funding processes and decisions, and NHS Funded Continuing Care processes and decisions (see graph B). Complaints were also received regarding GPs and other Independent Providers which are the responsibility of NHS England. These complaints are either returned to the complainant for onward transmission to NHS England, or if consent is forthcoming, are forwarded to NHS England by the Customer Care team.
- 6.2 The CCG does not investigate complaints pertaining to provider services which it commissions, however the Customer Care Team facilitates complaints on behalf of complainants. Dorset CCG has received 26 complaints by letter, email or telephone between 1 July 2013 and 27 August 2013 and included two complaints facilitated by Dorset Advocacy and one by the Citizen's Advice Bureau. (See graphs A and B).

Graph A - Complaints by category type



(the red area relates to complaints that do not correspond to any of the categories)

Graph B - Complaints by category



(the red area relates to complaints that do not correspond to any of the categories)

- 6.3 All complaints are shared with the relevant quality and contract monitoring team for monitoring and reviewing the concerns raised and to enable learning to be shared. The Professional Practice Lead within the Quality Directorate will, from the beginning of September, support this and ensure information is disseminated as necessary.
- 6.4 One complainant is unhappy with the outcome of the investigation into their complaint and has requested a meeting with the Individual Patient Treatment funding team.
- 6.5 Complainants are advised at the end of the final response letter that they may approach the Parliamentary and Health Ombudsman (PHSO) if they remain unhappy. The CCG has not been informed of any referrals to the PHSO during this period.
- 6.6 The PALS advice service ceased on closure of the PCT, however, enquirers continue to contact the Customer Care Team. Twenty five contacts have been received by telephone or email which have been dealt with as PALS queries and appropriate advice and information given. Other contacts have been directed to NHS England, or other appropriate services.

7. Medicines Optimisation

- 7.1 In primary care prescribing, the Medicines team continue to work with the GP prescribing locality leads to implement a strategy of quality improvement and reduction in variation in prescribing using national and locally derived measures in prescribing e.g. NICE medicines management options for local implementation.
- 7.2 Practice visits are continuing across all localities, 60% of practices have been visited to date (end of August) and all practices will have had one formal visit by the locality pharmacist, with input from locality prescribing lead GPs where applicable, by the end of October. Further visits in this financial year will be determined by performance against budget and the variance measures.
- 7.3 The Medicines Optimisation Group (MOG) has agreed the audits to be undertaken by practices in 2013/14 for the Clinical Commissioning Local Enhanced Service. An audit of out of hours medicines requests has been initiated and a second audit will be undertaken which focuses on antibiotic use. There is a choice of an audit aiming to decrease antibiotic resistance or limit the use of antibiotics associated with the development of C.diff.
- 7.4 The Clinical Commissioning Committee has agreed to the prescribing budgets for practices for 2013/14. The use of 50% fairshares (PBC toolkit) prescribing element, with 50% historical outturn gave the best fit for all practices. These have now been shared with practices with accompanying information explaining the rationale for the budget setting process and the adjustments which will be required in year. The MOG approved this as a budget setting model for 2013/14 recognising that the use of historical outturn is a one-off for

this year only, due to the changes in moving to one CCG and the previous differences in setting of budgets. It is planned to develop a new model for 2014/15 with work due to begin in September.

- 7.5 During the 2013/14 financial year a number of financial re-charges and repatriation of budgets will be occurring, as community nursing and clinic prescribing are appointed to the correct organisations, spend for services commissioned by public health is re-charged to the local authorities, and at some point, specialist prescribing costs currently in primary care may move to the Local Area Team.
- 7.6 During the autumn the Medicines team will be focusing on developing a successor to the Health Technologies Forum to provide a pan-Dorset health economy approach to formulary management and ensuring appropriate links with Clinical Commissioning Programmes to ensure timely implementation of NICE technology appraisals and the introduction of new medicines.

8. Prevent

- 8.1 As part of the Governments revised counter terrorism strategy of June 2011 (CONTEST), the NHS has committed to support initiatives to reduce the genuine risk we face from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:
- **Protect** – strengthening our borders, infrastructure, buildings and public spaces;
 - **Prepare** – where an attack cannot be stopped, to reduce its impact;
 - **Pursue** – to disrupt or stop terrorist attacks;

The fourth P is **Prevent** which aims to stop people becoming terrorists or supporting terrorism. It has been described as “the only long term solution” to the threat we currently face from terrorism. The *Prevent* strategy will specifically focus on three broad objectives, known as the three I’s:

- Respond to the **ideological** challenge of terrorism and the threat from those who promote it;
 - Prevent **individuals** from being drawn into terrorism and ensure that they are given appropriate advice and support;
 - Work with **institutions** where there are risks of radicalisation that we need to address.
- 8.2 The *Prevent* strategy places an onus upon the health sector to support the work of counter-terrorist activity because of the volume of people who come into contact with healthcare workers on a daily basis and high profile cases associated with the NHS.

Healthcare workers have the potential to:

- Prevent someone from becoming a terrorist or supporting terrorism as it is substantially comparable to safeguarding in other areas;
- Receive information that allows them to correctly identify signs that someone has been or is being drawn into terrorism;
- Identify people who could be considered “at risk of exploitation”;
- Be aware of the support which is available and be confident in referring people for support;
- Meet and treat people who are vulnerable to radicalisation.

8.3 In Dorset the CCG are an active partner in delivering the Prevent agenda through reviews of potentially vulnerable individuals via ‘Channel Panels’. Channel Panels are multi-agency risk identification and mitigating meetings that review information from all agencies involved and create an action plan to ‘channel’ the vulnerable individual away from engagement in extremist acts.

8.4 The CCG works with partners including Dorset Police, Social Services, Probation, Safeguarding and third sector organisations. A gap that has been identified relates to the awareness of Prevent at a GP practice level. As a CCG we need to be promoting reporting from GPs in relation to individuals they believe are at risk of being radicalised, promoting the (appropriate) sharing of information to inform the Channel Panel process and actively participating in Chanel actions.

8.5 A structured process is planned to raise GPs awareness of the Prevent agenda, with a two tiered approach. All GP practices will receive information relating to Prevent via the Practice Managers and it is proposed that the new safeguarding lead GPs attend a Workshop to Raise Awareness of Prevent (WRAP) training which is a two hour session that will be delivered by Dorset Police.

9. Conclusion

9.1 Key areas of concern remain around Dorset HealthCare’s compliance with CQC Standards and Monitor’s requirements, and Poole Hospital’s Safeguarding systems and their Serious Incidents.

9.2 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 and Performance
Integrated Scorecard**