

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
QUALITY REPORT

Date of the meeting	16/11/2016
Authors	S Shead, Director of Nursing and Quality
Sponsoring Clinician	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	The report gives an overview of the current issues relating to quality for the CCG: <ul style="list-style-type: none"> • Quality Monitoring of Providers of NHS-funded Services • Safeguarding Adults • Safeguarding Children • Information Governance • Medicines Management.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder involvement undertaken by the Trusts is included in this report. Lay patient representatives are members of the Quality Group to represent the Dorset population.
Previous GB / Committee/s, 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 The Quality Report is provided in four sections:

- Part A provides an overall summary of quality performance;
- Part B outlines the quality performance exceptions of the commissioned provider organisations;
- Part C of the report outlines a summary of key issues in relation to the smaller providers and contracts for which the Clinical Commissioning Group (CCG) is an associate commissioner;
- Part D of the report outlines performance of the CCG in relation to quality.

1.2 The report highlights key areas of good quality performance, areas for development and improvement and key areas of concern.

PART A – OVERALL QUALITY PERFORMANCE

1.3 The CQC Report for SWAST was published on 6 October 2016 and rated the service as *Requires Improvement*. These are the overall findings of the Care Quality Commission:

- Are services safe – Requires improvement;
- Are services effective – Requires improvement ;
- Are services caring –Outstanding;
- Are services responsive to people’s needs – Good;
- Are services well –led – Requires Improvement.

1.4 There has been a further Never Event reported by PHFT.

1.5 There continues to be pressure in both Ophthalmology and Dermatology services

PART B – MAIN PROVIDERS

The performance of the four main providers is outlined in the aggregated scorecard (Appendix 1). The report below outlines exceptions only.

2. Safe

Never Events

- 2.1 There has been a further Never Event reported by Poole Hospital NHS Foundation Trust (PHFT). This is the fourth incident in the past year related to retention of a surgical swab. The most recent event relates to the same team and disciplinary procedures are also being followed. The patient did not suffer any irreversible harm and has made a full recovery.

Ophthalmology

- 2.2 Pan Dorset, performance in Ophthalmology services has been particularly challenged. A recent visit by the CCG to the Unit at Dorset County Hospital NHS Foundation Trust (DCHFT) highlighted concerns around possible harm to patients as a result of the issues. An update of all reported incidents over the past year has been requested, further analysis of these will be undertaken and actions taken as required. Discussion with Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCHFT) has confirmed that they have not identified harm occurring for any of their patients. An action plan to improve the current situation at DCHFT has been shared with the CCG.

Mortality Rates

- 2.3 Following concerns identified that DCHFT remain above the upper control limit and have a mortality rate that is 'higher than expected', the Trust is proactively implementing the actions from their external mortality review. The most recent Summary Hospital-level Mortality Indicator (SHMI) was published on 22 September 2016 related to deaths taking place between April 2015 – March 2016. DCHFT was reported as 1.16 which remains higher than expected. It is important to note that a higher/lower than expected number of deaths should not immediately be interpreted as indicating poor/good performance and further discussion will be taking place with the Trust. For the first time in over 18 months, the Hospital Standardised Mortality Rate (HSMR) for DCHFT demonstrates a positive decrease in August.

WHO Checklist

- 2.4 Compliance with the World Health Organisation (WHO) checklist remains variable across providers. PHFT are currently reporting 93% compliance. The 'Time out' in theatre section being completed and signed by the anaesthetist or surgeon in Day Theatres is the largest component of non-compliance for the month of September. RBCHFT reported 94% compliance on average. DCHFT has consistently reported 99.9% compliance for the past year. This level of performance was not evidenced during the recent CQC inspection when concerns were identified in the quality of compliance.

The Trust has been requested to review compliance methodology and provide an update in the November.

Nursing Assessments

- 2.5 Reported compliance with nursing assessments remains variable across the four main providers. Following the introduction of electronic recording of assessments by some providers, although the number of assessments being completed has increased, there has been a decrease in reported compliance. The variability may be explained by the methodology used by each provider to measure compliance. Work is being undertaken to understand current methodologies and agree a consistent approach across providers.

Pressure Ulcers

- 2.6 The number of reported 'inherited' pressure ulcers remains high. All Providers are actively engaged with the Dorset Pressure Ulcer Prevention Group.

Staffing

- 2.7 The performance on appraisal rates at RBCHFT is on trajectory to achieve compliance by the end of March 2017. DCHFT has seen a drop in rate to 78%.
- 2.8 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The latest data can be found: www.nhs.uk.

Mixed Sex Accommodation (MSA)

- 2.9 There are no exceptions to report across Providers. Although the South Region is a negative outlier nationally in reported breaches, Dorset providers report low numbers compared with other providers. A recent MSA workshop led by NHSI highlighted the collaborative approach between CCGs and Providers necessary to address this area of care, an approach that Dorset has historically embraced.

Safeguarding

- 2.10 DCHFT is currently reviewing the level of training required by staff groups. All providers understand the importance of compliance with this training and are actively engaged with the respective Lead Nurses within the CCG.

Infection Prevention and Control

- 2.11 C Diff rate is off trajectory for RBCHFT and is being closely monitored. The infection control team has been running C Diff awareness sessions for all clinical staff over the last month to highlight the importance of early recognition, sampling and management.

3. Caring

Complaints

- 3.1 Both PHFT and RBCHFT have significantly increased resources within this service. All three acute providers have recently appointed new managers to lead the services and it is anticipated that there will be improvement in performance over the next quarter. The CCG will be undertaking a 'deep dive' review of the complaint service at RBCHFT in November.

4. Well-led

External reviews

- 4.1 Following a Care Quality Commission (CQC) inspection in June, the final report for South Western Ambulance Service NHS Foundation Trust (SWASFT) was published on the 6 October 2016. The overall rating is *Requires Improvement*. The CQC identified a number of areas as outstanding and one area of inadequate. This relates to a service which is not commissioned by Dorset CCG. The Trust is taking action to address shortcomings whilst finalising their action plan for CQC. Progress will be monitored through the Contract Review Meetings.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Out of Hours	Requires improvement	Good	Good	Good	Good	Good
Emergency operations centre (EOC)	Good	Requires improvement	Outstanding	Good	Good	Good
Resilience	Outstanding	Good	Good	Good	Outstanding	Outstanding
Urgent and Emergency Care	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement	Requires improvement

- 4.2 Following an external peer review, PHFT received a notification of serious concern in relation to the lack of face to face assessment of patients with Cancer of Unknown Primary. The Trust provided a comprehensive response to the findings, including actions taken, and no further action is required at this time.
- 4.3 A Board to Board meeting took place in October between the CCG and DCHFT, when assurances were received that DCHFT is addressing the areas identified as requiring improvement.

5. Responsive

Ambulance Handover Delays

- 5.1 There has been continued challenged performance at the three acute Trusts. Work is on-going to improve handover delays, which is being co-ordinated through the A&E Delivery Board.
- 5.2 RBCHFT report an increase of 4.4% of total ambulance conveyances compared with the same time last year. A number of projects are in progress which is demonstrating some positive impact. The Emergency Department is also implementing a new checklist to support the quality and safety of care to patients waiting to be seen. The Trust is sharing the details of this project with the other acute providers.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The report below outlines exceptions only.

6. Salisbury Hospital NHS Foundation Trust

- 6.1 There are no exceptions to report at this time.

7. Yeovil District Hospital NHS Foundation Trust

- 7.1 NHSE/NHSI has agreed to Taunton ceasing their dermatology service (including two week waits) from this month, resulting in no service for new patients being available in Somerset. The service will completely close to current patients in March 2017. Discussions are taking place with Somerset CCG as to how this will be addressed and the possible resultant impact on Dorset where Dermatology services are already stretched.
- 7.2 A visit is planned to Stroke services in this quarter.

8. South Western Ambulance Service NHS Foundation Trust

111 Service

- 8.1 Twice weekly executive oversight teleconferences continued during September with the new service in Devon (Vocare) commencing in October 2016.
- 8.2 A follow up CQC inspection of the NHS 111 service is planned for the 7 December.

PART D – CCG

9. Information Governance

IG Toolkit Assessment 2016/17

9.1 The IG Toolkit (IGT) for 2016/17 has been released by NHS Digital (HSCIC), and, as expected, there are no significant changes. The major changes will be in the 2017/18 IGT and will reflect the:

- move from the Data Protection Act to the General Data Protection Regulations (GDPR);
- recommendation from the reports of the National Data Guardian (NDG) and CQC on Data Security.

9.2 At present the IG Team are working on ensuring the correct evidence for the submission of the 2016/17 IGT as well as considering actions/procedures that need to be in place for the introduction of the GDPR plus recommendations from the national reports.

IG Training

9.3 Directorate specific mandatory IG Training for 2016/17 is now in progress. To date two sessions have been completed, one each for CHC and Service Delivery. These were well attended and interactive.

9.4 Data Security Standard 3 from the report of the National Data Guardian stipulates:

- All staff to complete appropriate annual data security training and pass a mandatory test.

It will be interesting to see what the requirement on IG training is within the IGT 2017/18.

Data Security Trends

9.5 A report has been released by the Information Commissioners Office (ICO) in relation to Data Security Trends. The health sector continues to account for the most data security incidents. This is believed to be due to the NHS making it mandatory to report incidents, the size of the health sector, and the sensitivity of the data used. It is reported that there was a 26% increase in Q1 of 2016/17 of the number of data security incidents in the health sector compared to the previous quarter.

9.6 Common Themes are listed as:

- Data being posted or faxed to an incorrect recipient;
- Data being sent by email to an incorrect recipient;

- Loss or theft of paperwork;
- Loss or theft of unencrypted devices;
- Data left in an unsecure location;
- Failure to redact information.

9.7 As an organisation Dorset CCG continues to have a number of data security incidents. These primarily relate to data being posted or emailed to the incorrect recipient.

9.8 The IG Training for 2016/17 highlights the need for care and/or seeking advice prior to posting or emailing.

General Data Protection Regulations (GDPR)

9.9 The government has now confirmed that the UK will be implementing the General Data Protection Regulation (GDPR). *"We will be members of the EU in 2018 and therefore it would be expected and quite normal for us to opt into the GDPR and then look later at how best we might be able to help British business with data protection while maintaining high levels of protection for members of the public."*

9.10 The UK Information Commissioner, Elizabeth Denham, commented: *"I see this as good news for the UK. The ICO is committed to assisting businesses and public bodies to prepare to meet the requirements of the GDPR ahead of May 2018 and beyond."* The Commissioner said that the ICO will soon publish a revised timeline setting out what areas of guidance the ICO will be prioritising over the next six months.

10. Customer Care

10.1 During Quarter 3 (to date 31 October) the Customer Care Team has received 11 complaints, of which 4 complaints relate to Dorset CCG.

Complaints Relating To	2016/17 Q2	2016/17 Q3 (to 31 October)
Current CHC application	11	3
Retrospective CHC	8	0
Other commissioning issues	8	0
Individual patient Treatment	5	1
Providers	26	7

Parliamentary and Health Service Ombudsman (PHSO)

- 10.2 The PHSO has requested information relating to three cases during Quarter 3 (to date).

MP Letters and Feedback queries

10.3

Number of	2016/17 Q2	2016/17(to date 31 October)
MP enquiries	11	1
Feedback and Involve enquiries	243 + 33 misc	51+ 9 misc

11. Care Homes

- 11.1 The evaluation report of the single agency monitoring pilot was positively received by both the Dorset and Bournemouth and Poole Adult Safeguarding Boards in September. It has now been submitted to the Joint Commissioning Board (JCB) to consider whether the same approach can be adopted across the whole county. The Pan Dorset Procedure for the Management of the Closure of a Care Home has also been sent to the JCB for approval having been agreed by all Local Authorities.
- 11.2 The CCG Annual Care Homes Conference will take place on 2 November 2016. There are 136 attendees registered, the theme of which is 'Living Well in Older Age'. Following a keynote speech by Dr John Duffy, Wessex Frailty lead, there are a number of workshops being delivered to provide updates and new ideas to support the maintenance of physical and mental wellbeing for care home residents. The afternoon plenary will be delivered by Malcolm Burgin from 'Alive!' a South of England charity promoting meaningful activities in residential care and improving the quality of life for older people.
- 11.3 The Care Homes Quality team have been working closely with the Primary Care Team to evaluate the provision of primary health services support to frail older people living in care homes, through the over 75's schemes. Looking at lessons learned from each of the schemes, one or two models of care will be linked with the 'Frailty' indicators and the agreed ICS work streams to develop one service specification to be used across Dorset.
- 11.4 The table below indicates changes in the care homes sector in Dorset in the financial year April 2016 to date. The CCG team continue to support the homes under contractual block with quality improvement plans and to work collaboratively with CHC and the Local Authority team in accrediting new providers.

	Nursing Homes	Residential
Number of nursing homes in Dorset closed and beds lost since 1 April 2016	1/26	5/106
Number of nursing homes opened in Dorset and new beds available since 1 April 2016	2/94	1/24
Number of care homes on contractual block as at 24 October 2016	2	8
Number of potential beds due to open 2016/17	115	80

12. Medicines Management

- 12.1 Prescribing budget: Our local forecasts predict a break-even position, taking into account locally known factors. Although new payment structures for community pharmacy have been introduced, at the time of writing it is not clear what impact this will have on medicines pricing. The Department of Health has launched details of a proposed bill to go through Parliament to control the prices of some medicines. The Bill would amend the National Health Service Act 2006 to enable the Government to require companies to reduce the price of a generic medicine, or to impose other controls on that company's unbranded medicine. In addition it will enable the Government to access to data on more products in the supply chain, to inform the reimbursement arrangements for community pharmacy and GP practices.
- 12.2 In the long term this should make some of the medicines costs more transparent for the NHS as a whole. This is due to come into law first, then there are consultations in spring/summer 2017. Full details of this bill can be found here: <https://www.gov.uk/government/publications/health-service-medical-supplies-costs/health-service-medical-supplies-costs-bill-factsheet>
- 12.3 **NHS Benchmarking initiative:** The medicines team has received preliminary data from the study. The current team resource of pharmacists and technician is considerably below the national average when looking at the number of pharmacists and technicians per 10 practices or 100k population. For other measures, such as cost of prescribing, the CCG benchmarks well.
- 12.4 Polypharmacy measures: the medicines team has seen initial indicators showing the number of patients per practice in older age brackets on greater than 10 or 20 medicines. This information will be useful in targeting resources and medication reviews in practices.
- 12.5 Medicines Question inbox: the medicines team provides a query answering service for prescribers and practices in the CCG. This has become increasingly popular and based on what has been answered so far in this financial year, there is a 58% increase on the number of queries answered in 2015/16 and a 96% increase on the number answered in 2014/15. It is expected that the number of queries answered this year could well exceed 1700.

- 12.6 This does not include any telephone queries where advice was provided over the phone, or emails to individuals in the team.
- 12.7 Medicines safety officer update: Following the appointment of a new senior pharmacist, the mechanism for dealing with medicines safety issues is being updated, and links with other CCGs and providers in Dorset re-enforced. Recent national alerts include a non-formulary anti-inflammatory with dosing safety advice Etoricoxib. Prescribing analysis has shown that 82% of Practices are using it, so they will all be reminded of the formulary choice at the same time as issuing the safety guidance.
- 12.8 The medicines team are getting a number of issues due to problems with Primary Care Services England (PCSE) which has been escalated to the risk register. Early problems with prescription ordering have been addressed, but we are now unable to register new prescribers in practices and, as a result, are anticipating a number of inaccuracies in prescribing data. The NHA Business Services are aware, and in some cases, they are asking authorised signatories in CCG medicines teams to bypass the system, but this is not sustainable. We are awaiting details of a national solution.
- 12.9 Employment checks: reminders are being sent out to dispensing practices to ensure that they undertake appropriate reference checking before employing dispensers, including the last employer as dispensaries are vulnerable areas where there is often lone working.
- 12.10 Regional Medicines Optimisation Committees: the medicines team submitted a response to the consultation on these committees, gathering responses from the Dorset Medicines Advisory Group.

13. Looked After Children

Initial Health Assessments (IHAs)

- 13.1 Dorset County Council (DCC) has continued to maintain improved performance for IHA's completed within the statutory 20 working day time frame reporting 76.5% compliance in July. It is anticipated that the overall Pan-Dorset performance (69.2%) which saw a slight dip of 3.8% for July will continue to improve quarter on quarter. This area of performance has now been closed on the CCG Risk register. Exception reporting has identified the dip is due to a child being placed out of county requiring completion of the IHA through another CCG (PBR) arrangement. Performance data for August has been delayed due to changes in administration and it is anticipated that this will be up to date by the next report. .

Review Health Assessments (RHAs)

- 13.2 DHUFT has continued to underachieve in meeting their performance indicator of 90% for Review Health Assessments especially in Dorset which continues to have an adverse effect on the overall Pan-Dorset performance which has fallen from 72.4% to 51.5% at the end of August 2016.

- 13.3 Review of current reporting schedules to the CCG has been concluded with a revised reporting schedule in place, due to commence at the end of October 2016. Monthly monitoring meetings continue during the transition period of a new workforce profile being implemented and improvement sustained. It is anticipated that all posts will be filled by the end of February 2017.

Unaccompanied Asylum Seeking Children (UASC)

- 13.4 To date 26 UASC have been placed in Dorset. All male, 21 are between 16-18 years of age and 5 are 14-15 years of age. It is anticipated that a further 79 children will be placed in the area based on the national allocation, resulting in a 10% increase to Dorset's existing LAC Population. The UASC health pathway is working well with no reported delays to accessing health provision being reported.

Pan Dorset Children's Residential Placements

- 13.5 The Pan Dorset Joint Commissioning Overview Group (JCOG) has identified the need for a joint approach to commissioning residential children's homes placements across the three local authorities and in partnership with the NHS. This is in response to a lack of sufficient placements in Dorset resulting in a number of children and young people being placed out of area. The aim of the project is to increase the number of local placements. As part of this project the CCG has been asked to review its current health offer and to advise on funding streams available for joint funded placements. This review work is well underway with assurance of the NHS offer being finalised by mid-November. This will be reported back through JCOG.

Autism Wessex Inadequate Ofsted Rating

- 13.6 Autism Wessex residential units has had another inadequate rating following a review by OFSTED in August. The Designated Nurse is working with Local Authority Leads in meeting with Autism Wessex to understand the support required for improvement. All Dorset LAC and CHC funded children have been moved to alternative provision and other originating CCGs have been informed. Progress will be reported through JCOG.

Reducing offending and criminalisation of Children in Care in Dorset

- 13.7 The Lord Laming Review In Care, Out of Trouble has been published highlighting that up to half of the children currently in custody in England and Wales are, or have been, looked after. CCG's have been tasked as local leaders for health to fully engage with partner agencies in taking the recommendations of this report forward, together with the Children and Social Work Bill currently before Parliament and the concurrent reviews commissioned by the UK Government into residential care and the treatment of young people in the criminal justice system.
- 13.8 Dorset is already advanced with developing multiagency protocols for reducing offending and criminalisation and reducing the use of police custody for looked after children.

- 13.9 The Designated Nurse, together with the CCG Service Delivery Leads are representing the CCG on the Pan Dorset Youth Offending Service Partnership Board to take this work stream forward and will report back through the JCOG and LSCB.

14. Safeguarding Adults

- 14.1 A separate six month update report has been completed for Governing Body.

15. Safeguarding Children

- 15.1 A separate six month update report has been completed for Governing Body.

16. Primary Care

- 16.1 Work continues to identify and support practices with limited resilience. It has been agreed to no longer use the term 'vulnerable practices' but instead refer to practices in respect of their resilience.
- 16.2 To date the CCG has been notified that there have been 73 CQC reports published relating to Dorset Practices, of which 62 were rated as 'good', 7 were rated as 'requiring improvement', 2 rated as 'Inadequate' and 2 rated as 'Outstanding'.
- 16.3 A further 17 practices have been visited but have not had their report published yet. This leaves 6 practices left to be visited. It is expected that all inspections will be completed by the end of January 2017.
- 16.4 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.
- 16.5 Northbourne surgery and The Barn surgery have been identified as 'Inadequate' and are both now part of a formal monthly improvement monitoring process led by the CCG with support from NHS England and the Local Medical Committee.
- 16.6 The CCG has also been made aware of another Dorset practice that will be entering special measures.

17. Infection Prevention and Control

- 17.1 Surveillance continues to be monitored within the Joint Trusts Review Group meetings.

MRSA Bacteraemia

- 17.2 A case of MRSA bacteraemia has been reported as occurring within primary care in August 2016 and has been reviewed by Dorset CCG IPC team. A Root cause analysis was conducted and found to be unrelated to healthcare interventions.

17.3 It was determined that although there were lessons to be learnt there were no clear indications of any lapse in care with clinicians practice which may have contributed to the infection.

18. Continuing Healthcare

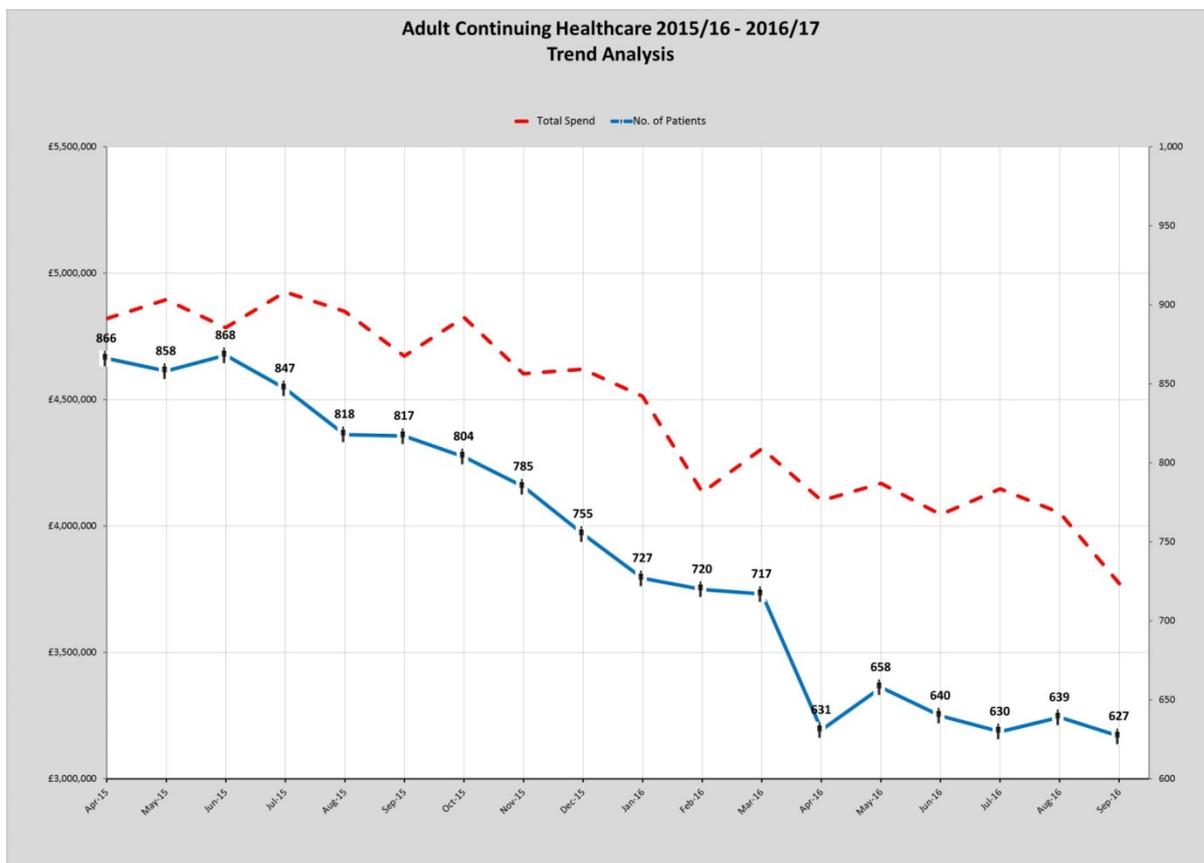
18.1 Table 1 below shows the activity data and trend analysis for the previous 15 months. This table has been included to illustrate the work that has been undertaken by the continuing healthcare teams around both decision making and reviews.

18.2 The latest figures are broadly in line with NHS England benchmarking figures that show approximately 1% of the population are in receipt of NHS funded Continuing Healthcare at any one time.

18.3 The impact of this work is also reflected in the latest benchmarking data released by NHS England, where Dorset CCG is ranked 109 for standard CHC activity, 108 for fast track activity with an overall ranking of 120. These rankings are out of a total of 209 clinical commissioning groups.

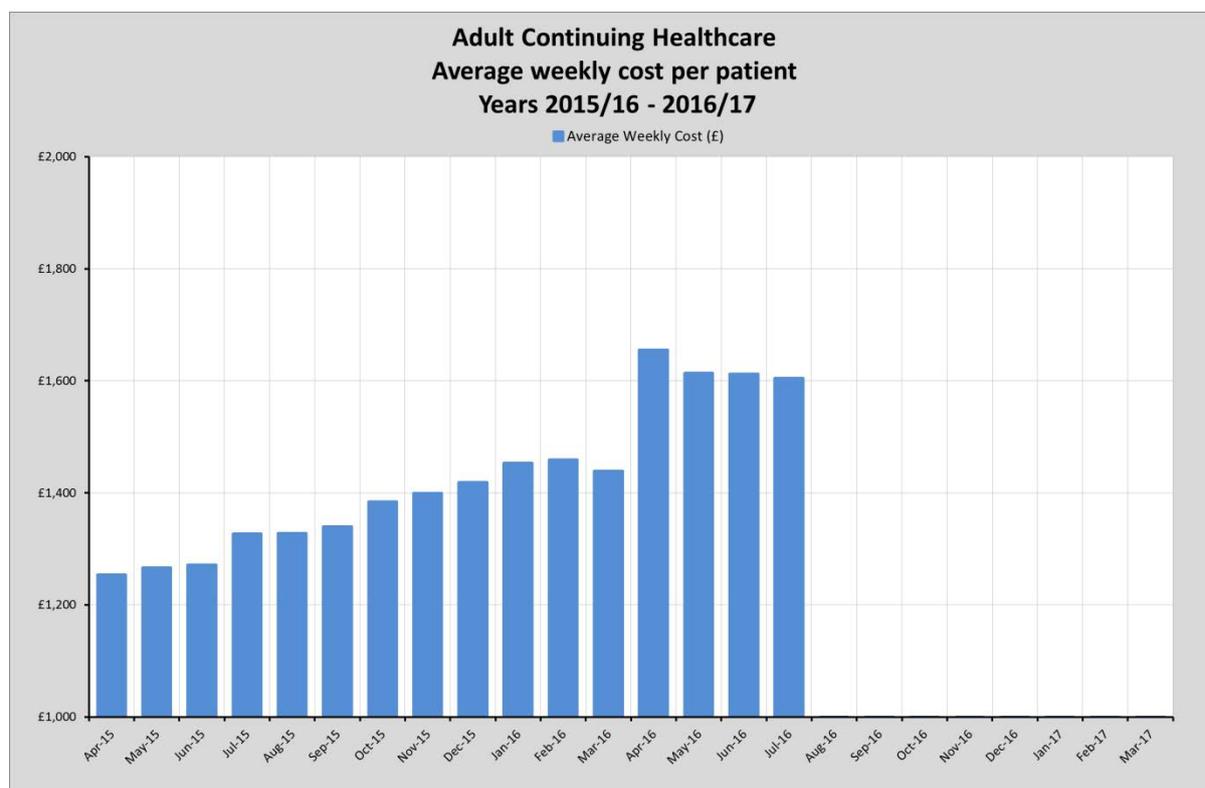
18.4 The data relating to total spend is tracking the number of patients as expected. By undertaking the scheduled reviews of those patients in receipt of funding in a timely manner, the team have been able to identify those patients who are no longer eligible.

TABLE 1



- 18.5 Table 2 below relates to the average weekly cost per patient. The table illustrates the point that, those patients who continue to be funded by continuing healthcare are those with more complex clinical needs, and who require higher levels of input to meet those needs.

TABLE 2



- 18.6 The Previously Unassessed Periods Of Care (PUPOC) project is coming to a close. The target date for first eligibility decision has been extended by NHS England to 31 December 2016 in light of issues relating to access to health records. NHS England have yet to make the announcement of the next closedown with associated timescales. Dorset CCG is currently ranked 71 of the 209 CCG's on this measure.
- 18.7 Currently there are 59 children in receipt of continuing healthcare funding. Of this number, 33 are in receipt of a personal health budget.
- 18.8 The year to date budget position for children's CHC is reporting an underspend of £454, 411 with a forecast outturn position of a £908,821 underspend.
- 18.9 There have been some challenges within the staffing of the children's team, however these have now been resolved and the end to end function is being mapped in order to ensure it remains fit for purpose.

- 18.10 The Funded Nursing Care (FNC) rate has been increased nationally by 40% backdated to April 2016, which is an additional £250 000 a month spend on FNC, equating to a £3 million for the year cost pressure. Over 1300+ FNC patients will have FNC at £156.25 per week backdated from April 2016.
- 18.11 Although the position within NHS funded Continuing Healthcare and Funded Nursing Care remains challenging, the work that is being undertaken is ensuring that these challenges are managed.

19. Conclusion

- 19.1 Dorset CCG continues to have a focus on high quality services being delivered and continually improved within Dorset.
- 19.2 The majority of quality indicators show that quality of care is generally good.
- 19.3 However, some areas of concern have been identified which are being addressed appropriately. The main areas of concern are Ophthalmology services, Never Events at PHFT, performance of DCHFT and variation across Primary Care.

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APPENDICES	
Appendix 1	Quality Scorecard