

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
QUALITY REPORT

Date of the meeting	18/05/2016
Authors	S Shead, Director of Nursing and Quality V Read, Deputy Director of Nursing and Quality
Sponsoring Clinician	Dr Simone 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 [delete as necessary]	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	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 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 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.

SECTION A – OVERALL QUALITY PERFORMANCE

- 1.3 The latest mortality data shows that DCHFT remain above the upper control limit and have a mortality rate that is 'higher than expected'. The Trust has started to implement their action plan following their external review and is reporting on regularly on progress through the contract monitoring processes.
- 1.4 There continue to be some concerns in relation to Children and Adolescent Mental Health Services provided by DHUFT and an improvement plan is in place that is being monitored contractually. A full report is to be submitted to the Governing Body.
- 1.5 At year-end there was good performance across the whole health economy with no cases of MRSA bacteraemia assigned to Dorset Providers or the CCG during 2015/16. C-diff performance at year-end was variable with DHFT and DHUFT below trajectory but RBCHFT and PHFT exceeding their trajectory.
- 1.6 There has been an improvement in Mixed Sex Accommodation breaches at RBCHFT following the actions the Trust has taken.
- 1.7 The CQC report has been published in relation to Salisbury Hospital NHS Foundation Trust which has been given an overall rating of 'Requires Improvement'.
- 1.8 Ambulance Handover Delays remain a key concern across Dorset although there has been some improvement at RBCHFT. More detail in relation to this issue can be found in section five of this report.
- 1.9 Concerns relating to SWAST 111 service are being investigated and the CQC inspected the service in March 2016. The published findings of this inspection are awaited.

SECTION 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 Since the last report there has been one Never Event at DCHFT. This Never Event related to wrong site surgery. The incident is currently under investigation by the Trust.

Stroke Services

- 2.2 There has been an improvement in the percentage of patients spending 90% of their stay on a stroke unit at DCHFT following the dip reported in the last report. Poole Hospital remains at an overall SSNAP score of D. Whilst improvements are continuing; direct admission to the Stroke Unit has remained a challenge.

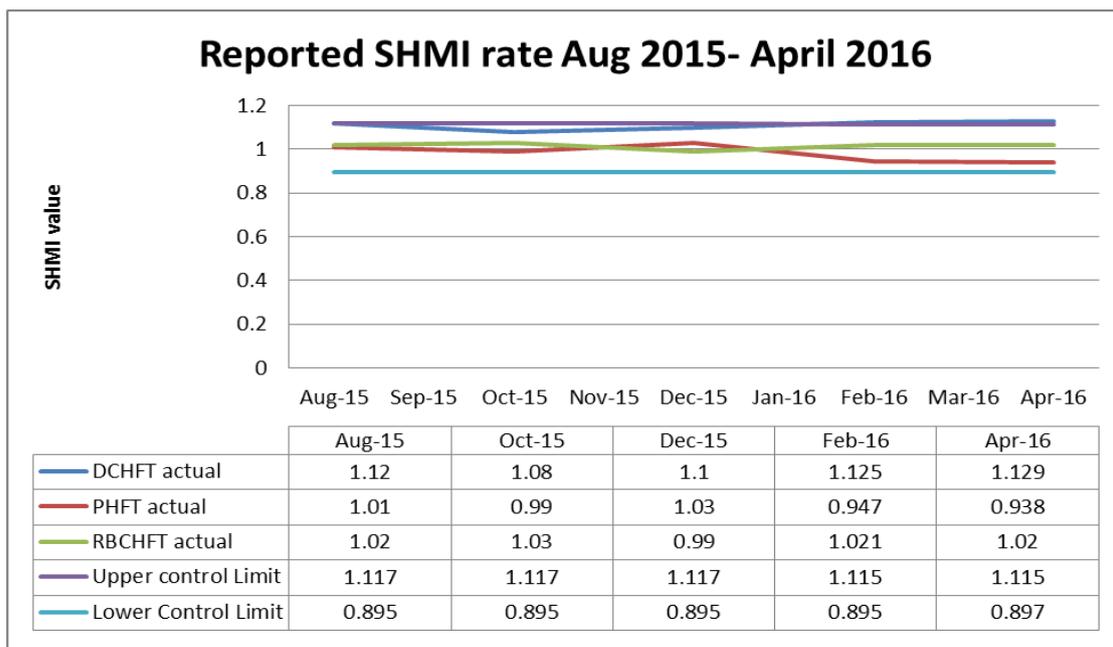
Mortality Rates

- 2.3 The latest available data is up to September 2015 (reported in April 2016) and is shown below. DCHFT are now above the upper control limit and have a mortality rate that is 'higher than expected'. The external review highlighted that DCHFT were the 14th lowest for coding palliative care and were 40% below the national average. This could indicate that some deaths are being coded incorrectly and making the mortality rate appear high. The Trust has begun to implement the actions from their external mortality review which includes:

- strengthening the mortality review processes in some of the divisions;
- improving the coding with a focus on completion of coding within a day of the activity(particular focussed on palliative care coding);
- collecting data and scoping the retrospective review of all in hospital deaths over a 12-month period.

As SHMI is reported six months in arrears it will take some time to see any improvement in the SHMI rate from implementing the reviews recommendations.

- 2.4 PHFT have continued to improve their mortality rates and remain below expected. RBCHFT remain slightly above expected but are still in SHMI band 2 (expected).



- 2.5 The CCG will continue to receive updates and assurance from all of the Trusts at each Quality Review Meeting and contract meetings.

WHO Checklist

- 2.6 Compliance with the WHO checklist remains variable across providers. PHFT has seen some improvement with 94.4% achieved in February 2016 and has an improvement trajectory plan to achieve 95% compliance by the end of Q4. RBCHFT is reporting 92.5% compliance with a comprehensive action plan in place, although improvements are yet to be seen. All Trusts have been informed at CRM of the expectation to achieve at least 95% compliance.

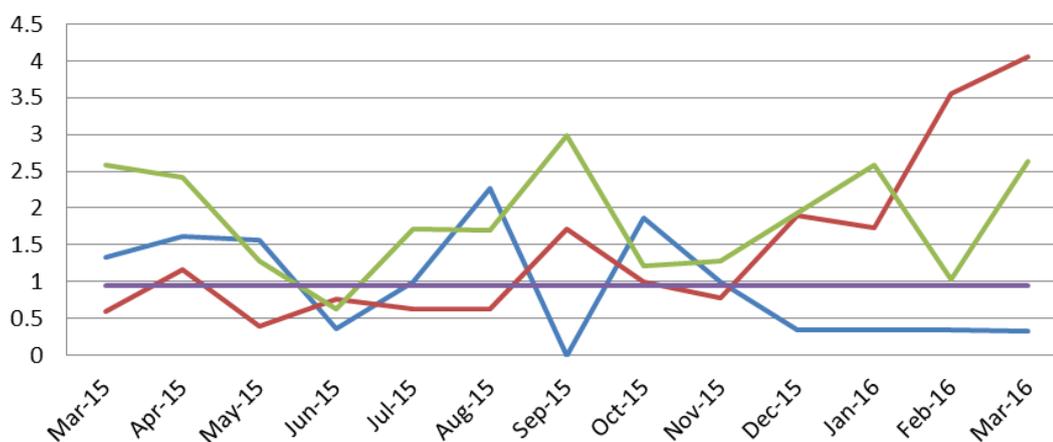
Nutrition Assessments

- 2.7 All providers remain lower than expected in relation to nutritional assessment compliance although some improvement has been seen. Current performance at DCHFT has improved slightly to 83.1%, PHFT also slightly improved during February to 82% and RBCHFT are reporting 93%. This standard will be closely monitored for improvement.

Pressure Ulcers

- 2.8 The latest Safety Thermometer data demonstrates that DCHFT has sustained their good performance and RBCHFT has made some progress, although reported rates remain variable. DHUFT rates of acquired pressure ulcers remain stable. PHFT has seen a continuing rise in the reported prevalence which has now decreased in April. The Trust has instigated a focused pressure ulcer education programme within clinical areas and is monitoring this area of care closely.

Hospital Acquired Pressure Ulcers (as reported through the Safety Thermometer)



	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
DCHFT	1.33	1.61	1.56	0.36	1	2.27	0	1.86	0.99	0.35	0.35	0.35	0.33
PHFT	0.59	1.17	0.39	0.77	0.62	0.62	1.72	1	0.78	1.9	1.73	3.56	4.05
RBCHFT	2.58	2.41	1.28	0.63	1.72	1.69	2.99	1.21	1.28	1.93	2.58	1.03	2.63
Mean	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95

Staffing

- 2.9 The performance on appraisal rates at RBCHFT continues to improve with compliance in February at 83.4%. Compliance with mandatory training is at 84.2%.
- 2.10 There has been a slight decrease in the appraisal rate at PHFT with 82% compliance reported in February. The Trust has maintained compliance with mandatory training with 86% compliance reported in February.
- 2.11 The staff appraisal rate at DCHFT has improved to 89.6% and their mandatory training rate is 88%.
- 2.12 All providers continue to publish their staffing levels on a monthly basis via NHS Choices. The Trusts also display data on each ward demonstrating planned versus actual cover. The latest data can be found: www.nhs.uk

Mixed Sex Accommodation

- 2.13 Since the last report RBCHFT have made significant improvements with no breaches reported in March.

Safeguarding

- 2.14 DCHFTs compliance with Children's Safeguarding, Adult Safeguarding and Mental Capacity Act training has been maintained for all areas with the exception of Level 2 children's training, although there has been an increase to 88% compliance.
- 2.15 At PHFT compliance against children's safeguarding remains good with all levels scored above 90%. Adult safeguarding training remains partially compliant although some improvement has been seen during quarter four.
- 2.16 In relation to RBCHFT, overall compliance with Level 3 children's safeguarding training continues to increase at 76.3% with further training planned.

Infection Prevention and Control

- 2.17 At year-end DCHFT achieved their required trajectory for C-diff. RBCHFT and PHFT did not achieve their end of year trajectory. All providers across Dorset delivered a MRSA Bacteraemia-free year. The table below summarises the end of year position in relation to C-diff:

Trust	Cases/Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year to date	
DCH	Number of cases reported	2	2	2	5	0	0	2	6	3	0	1	0	23	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	2	2	1	3	0	0	1	2	1	0	1	0	13	Target 14
	Total cases for Trajectory	0	0	1	2	0	0	1	4	2	0	0	0	10	Performance YTD against target
PGH	Number of cases reported	1	1	2	0	2	1	2	2	5	2	4	4	26	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	0	1	1	0	1	0	0	1	0	0	1	1	6	Target 15
	Total cases for Trajectory	1	0	1	0	1	1	2	1	5	2	3	3	20	Performance YTD against target
RBH	Number of cases reported	2	1	1	1	7	3	3	4	1	1	1	2	27	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	2	1	0	0	3	0	2	1	0	0	0	0	9	Target 14
	Total cases for Trajectory	0	0	1	1	4	3	1	3	1	0	1	2	17	Performance YTD against target
DHC	Number of cases reported	1	1	3	3	1	2	1	0	0	1	0	0	13	HCAI Reported Performance YTD
	Agreed Non Trajectory Cases:	1	1	0	1	0	1	1	0	0	0	0	0	5	Target 12
	Total cases for Trajectory	0	0	3	2	1	1	0	0	0	1	0	0	8	Performance YTD against target
Salisbury	Number of cases	0	1	3	1	2	2	1	0	0	0	4	1	15	
Yeovil	Number of cases	1	1	0	2	0	3	0	2	2	1	3	1	16	

3. Caring

Complaints

- 3.1 All providers are making improvements to their complaints process to enable a more personal approach, including the CCG, although compliance with investigation and response timescales continues to be challenging. Some progress has been seen with the complaints response times, and internal trajectories have been set within providers.

4. Well-led

External reviews

4.1 The current position in relation to CQC inspections is as follows:

- SFT – Inspection took place in December, the report is published and a high level summary has been provided in part C of this paper;
- PHFT – Inspection took place over January and February 2016, the draft report has been received by the Trust to check for factual accuracy and a provisional date for the Quality Summit has been set for the end of May;
- DCH – Inspection undertaken in March 2016;
- YDH- Inspection undertaken in March 2016;
- RBCHFT – Action plan has been submitted to CQC and progress will be monitored through Quality CRM;
- SWASFT- CQC 111 inspection report due to be published early June.

5. Responsive

Twelve hour trolley breaches

5.1 There was one twelve hour breach at PHFT in March due to lack of bed capacity. An RCA was completed and both the CEO and COO met with and apologised to the patient.

Ambulance Handover Delays

5.2 Demand remains high across the SWASFT region and ambulance handover delays continue to be a pressure on the service. In the latest available position SWASFT reported that RBCHFT have improved to be fifth worst in the region and PHFT remain second worst. DCHFT have improved to seventh best (11th worst).

Information for the Period	Feb-16				
	Time Lost to Delays Over 15 Minutes	Rank in Terms of Total Time Lost to Delays	Total Number of Handovers	Total Number of Delays Over 15 Minutes	Total Number of Delays Over 30 Minutes
DORSET COUNTY HOSPITAL	140:23	11	1,303	600	157
POOLE HOSPITAL	290:34	2	1,998	1,424	306
ROYAL BOURNEMOUTH HOSPITAL	252:14	5	1,779	1,208	266
SALISBURY DISTRICT HOSPITAL	34:46	17	925	220	38
YEovil DISTRICT HOSPITAL	56:49	15	1,291	500	41
All Hospitals	2899:49		34,513	16,273	3,340

6. Children and Adolescent Mental Health Services (CAMHS)

- 6.1 There continue to be some concerns in relation to Children and Adolescent Mental Health Services provided by DHUFT and an improvement plan is in place that is being monitored contractually. This is the subject of a separate paper to the Governing Body.

PART C – ASSOCIATE AND SMALLER PROVIDERS

The following quality indicators are currently below expected levels in the following organisations:

1. Salisbury Hospital NHS Foundation Trust

- 1.1 In April 2016 the CQC and SFT held a quality summit to feedback the findings from the Trusts inspection in December 2015. Overall the rating was 'requires improvement' but a number of the sub-elements highlighted good and outstanding practice. The Trust has created an action plan that has been shared with the CQC. The actions will be monitored via the contractual processes and the CQC will undertake a revisit to assess progress. There were some particular concerns highlighted in relation to the regional spinal unit, with Uro-dynamic waits highlighted as an issue.
- 1.2 The latest HSMR (Mortality) data demonstrates the Trust is above their target at 109. The Trust remain within their control limit for SHMI and continue to have a focus on their internal mortality reviews. During quarter four the Trust has seen a reduction in its crude mortality rate, which should lead to a reduction in HSMR later in the year when the figures are re-based.
- 1.3 As of the end of February 2016 the Trust was on target to achieve their C-diff trajectory due to good performance during quarter three. The Trust reported no cases of MRSA bacteraemia during the financial year. .
- 1.4 Following the dip in stroke performance during quarter three there has been improvement in the number of patients arriving at the stroke unit within four hours. The percentage of patients spending 90% of their stay on the stroke unit has dipped to 80% but remains compliant with the national standard.

2. Yeovil Hospital NHS Foundation Trust

- 2.1 Latest HSMR demonstrates that the Trust is performing well with a score of 98.7 (lower than expected). The Trust's SHMI is 1.027 which is well within expected ranges.
- 2.2 As of the end of March the Trust had reported 4 cases of C-diff with a lapse in care against a trajectory of eight. The Trust had no MRSA bacteraemia.

- 2.3 During March stroke performance dipped with only 45% of patients being admitted directly to the stroke unit against a target of 90%. This was due to demand across the Trust and the number of patients attending. The Trust narrowly missed the target for CT scanning within one hour with the Trust achieving 69% against a target of 70%.
- 2.4 The Trust has improved compliance with mandatory training and reported 91% for year to date (month 11). Appraisal rates remain high in comparison to other Trusts at 85% year to date (month 11). Turnover rate has increased slightly to 16% and it is now outside of the Trusts target range (10-15%)

3. South Western Ambulance Service NHS Foundation Trust Urgent Care Service

- 3.1 Overall GP shift cover for Urgent Care Services in Dorset dipped for March to 92% with 96% achieved year to date. There is generally good compliance with the national quality requirements with one area of non-compliance noted, this related to Urgent consultations commenced within two hours at treatment centres. The Trust was partially compliant with urgent home visits. The Trust produces a detailed exception report against this indicator and further work is being carried out to improve compliance with this indicator.

111Service

- 3.2 The outcome of the external review commissioned by SWASFT in relation to the allegations raised by a whistle-blower in the national media is progressing and will be shared with commissioners in May.
- 3.3 Performance in the 111 service has been variable nationally, but the service in Dorset is performing better than the national average. For the latest monthly statistics the Trust is compliant with eight standards, partially compliant with three and non-compliant with three All areas of partial and non-compliance have actions to address the shortfalls.

Key Performance Indicator	Jan-16	Feb-16	Mar-16	QTD	Target
Percentage of Calls Engaged	0.00%	0.00%		0.00%	0.10%
Percentage of Calls Abandoned	1.26%	1.95%		1.58%	5%
Percentage of Call Answered within 30 seconds	100.00%	100.00%		100.00%	95%
Percentage of Calls Answered within 60 seconds at the end of the introductory message	93.13%	89.71%		91.54%	95% <i>Although trajectory agreed</i>
Percentage of Life threatening calls referred to Ambulance Service within 3 minutes	100.00%	100.00%		100.00%	100% (95% target)
	18 of 18 calls	16 of 16 calls			
Provision of interpretation service/appropriate provision where required within 15 minutes of initial contact	100.00%	tbc		100.00%	100%
Frontline staff and advisors training in recognition of safeguarding issues for adults to an appropriate level.	98.00%	94.00%		94.00%	100%
Percentage of answered calls triaged through pathways	87.09%	85.75%		86.47%	60%
Percentage of call transferred to 999 ambulance service	11.07%	11.91%		11.46%	10%
Percentage of answered calls advised to attend Accident and Emergency department'	5.35%	5.78%		5.55%	5%
Percentage of Calls 'Warm Transferred to NHS 111 service Clinician where appropriate (urgent calls)	20.64%	20.89%		20.75%	60%
'Warm transfers delivered within the maximum warm transfer time (30 seconds)	81.75%	81.90%		81.82%	95%
Time taken for urgent call back less than 20 minutes	31.92%	29.25%		30.72%	75%
Percentage of transfers to providers of care where relevant data is automatically transferred electronically in advance of patient visit/consultation, where capability exists in the receiving provider	99.70%	99.75%		99.72%	98.00%
Percentage of frequent users (who call 111 more than 4 times in a month) whose use is immediately highlighted to their registered GP - monitoring based currently on patients with more than 6 contacts within a month	97.73%	97.40%		97.58%	100%
	86 of 88 callers	75 of 77 callers			
Calculated Quarterly Percentage (Based on Quarter to Date)					

- 3.4 Concerns relating to SWAST 111 service are being investigated and the CQC inspected the service in March 2016. The published findings of this inspection are awaited.

999 Service Line

- 3.5 The Trust has commenced participation in a pilot that changes the categorisations of 999 calls. From mid-April 2016 calls will be categorised as red, amber or green with revised response targets. The pilot has a robust governance and safety framework attached to it and will be monitored by NHS England to ensure patients are not harmed.

4. E-zec

- 4.1 Work continues to improve performance in relation to abortions, eligibility and CCU and ITU transfers. Within the last month a meeting has been held with RBCHFT to agree actions in relation to critical care and paediatric transfers. The number of complaints and incidents relating to the service remain low.

PART D – CCG

1. Information Governance

IG Toolkit Assessment 2015/16

- 1.1 The IGT is produced by the Department of Health via the Health and Social Care Information Centre (HSCIC). It draws together the relevant information management legislation, plus national and international guidance, under a single framework.
- 1.2 The IGT enables the CCG to measure its performance through an annual self-assessment audit process and report upon levels of compliance against a set number of requirements.
- 1.3 The CCG is required to measure itself against 28 requirements. These are broken down into the levels in figure 1 below.

NR	Not relevant
0	No or insufficient evidence, not satisfactory for compliance
1	Limited evidence, not satisfactory for compliance
2	Minimum level satisfactory for compliance
3	Evidence of further processes, measures & controls, satisfactory for compliance

Figure 1.

- 1.4 Each level contains several questions all of which require supporting evidence to be submitted. In total this requires several hundred individual items of evidence.
- 1.5 Organisations are required to achieve a final overall score of “Satisfactory” which means that all requirements must be at level 2 or above.
- 1.6 The IG Group verified the submission of version 13 of the 2015/16 IGT and the score as 71%, satisfactory.
- 1.7 The submission for 2015/16 took place on 24 March 2016. The CCG achieved an overall score of ‘Satisfactory’.

Future IG Toolkits

- 1.8 The HSCIC is currently developing the 'next generation IG Toolkit' for smaller organisations, such as general practices, dental practices and care/nursing homes. At a later date there will also be a revised IGT for larger organisations such as NHS Trusts, CCGs and Local Authorities.
- 1.9 Two reports from the Information Governance Review, by Dame Fiona Caldicott in 2013 and the Care Quality Commission on data security and consent issues, will feed into the new IG Toolkit developments.

IG Training

- 1.10 The Directorate specific IG Training for 2015/16 has now been completed.
- 1.11 All staff have attended a session with the exception of those on long term sickness leave and/or maternity leave.
- 1.12 Workforce confirmed that the overall compliance rate for IG training in the CCG this year is 100%. This exceeds the IG Toolkit requirement of 95%.

Freedom of Information Requests received by NHS Dorset CCG in January, February and March 2016

1.13

	Jan 16	Feb 16	March 16
Total numbers of FOI requests received during the month	31	25	26
Total numbers of FOI requests that were closed within the statutory timescale in the month	29	28	25
Total numbers of FOI requests that exceeded the statutory 20 working day timescale	2 1 x 2 day delay in finance response	2 1 x clock stopped, public interest test 2 x 3 days over, lost in FOI process	1
Requests from the media	8	5	10
Consideration of the Public Interest Test	0	1	0

Please Note:

Some requests have been recorded more than once as they are multi-department requests.

2. Customer Care

- 2.1 During Quarter 1 to date (21 April) the Customer Care Team has received 14 complaints, of which nine complaints relate to Dorset CCG. Quarter 1 figures will be reported in full to the next Governing Body meeting.

Complaints Relating To	2015/16 Q4	2016/17 Q1
Current CHC application	20	4
Retrospective CHC	7	2
Other commissioning issues	2	2
Individual patient Treatment	3	1
Providers	36	9

Parliamentary and Health Service Ombudsman (PHSO)

- 2.2 The PHSO has requested information relating to one case during Quarter 1. One further request, in addition to the previously reported figure, was received in Quarter 4 2015/16.

MP Letters and Feedback queries

Number of	2015/16 Q4	2016/17 Q1(to date)
MP enquiries	23	2
Feedback and Involve enquiries	290	30

3. Care Homes

Number of nursing homes in Dorset closed and beds lost since 1 April 2015	6/150
Number of nursing homes opened in Dorset and new beds available since 1 April 2015	3/166
Number of nursing homes on contractual block as at 29 April 2016	3
Number of Nursing beds due to open in 2016	52

- 3.1 The table above indicates changes in the care homes sector in Dorset in the financial year April 2015 – March 2016. Smaller homes (average beds 20) are tending to close citing financial sustainability and new larger homes are

opening (average beds 61). The CCG team continue to support the homes under contractual block with quality improvement plans. The CHC contracts team now accompany the Care homes team to conduct accreditation visits.

- 3.2 The opening of new homes can create additional pressures on Primary care in some areas. The CCG primary care and quality teams are working with the Clinical Leads to address this and ensure the right of residents to have access to NHS services is met.
- 3.3 The joint service specification for care homes with and without nursing has been circulated with the new contracts by the Local Authorities in April 2016. The ABACUSS quality monitoring tool developed by the CCG is based on these standards and is being used successfully across Dorset. A number of CCGs have expressed an interest in the tool and the team are working with procurement to 'sell' licences for use in other areas. Any profit will be reinvested in improving the next version of the tool or other quality improvement projects.
- 3.4 The CQC have introduced an interactive map on their website which can be viewed via the following link;

<http://www.cqc.org.uk/carehomeratingsmap>

This new online resource makes it easier to see care homes ratings in any locality.

- 3.5 Working collaboratively with other health and social care professionals and Healthwatch the team are committed to continue to provide assurance to the CCG regarding quality in independent care providers. To meet this aim the care homes team are working with CHC to develop a more robust process for quality monitoring and accrediting domiciliary care agencies.

4. Medicines Management

Prescribing Budget Forecast and medicines optimisation

- 4.1 The forecast outturn for the CCG prescribing remains as an over £3million overspend. Most of this is due to nationally increased costs for branded medicines and anticipated national generic price decreases not being realised.
- 4.2 The medicines team will take part in the national benchmarking audit during May to benchmark the performance of the team.
- 4.3 Practice visit schedules will start in June, with a prioritisation process in place to overcome staffing shortages.
- 4.4 One of the senior pharmacists has accepted a promotion and is relocating, and a pharmacist recruited for full time locality support has cancelled their

contract with the team one month before being due to start so the team will be challenged until the autumn.

- 4.5 Work is underway to link the prescribing practice support functions with the new responsibilities for delegated commissioning and the additional responsibilities regarding controlled drugs and dispensing quality.
- 4.6 Work continues to maintain groups to support the formulary approval processes and drug decision making as well as the statutory processes for adoption of NICE technology approvals.

5. Looked After Children (LAC)

- 5.1 The number of Looked After Children in Dorset has continued to rise in line with the national trend and currently stands at **948**. This figure does not include **368** Looked After Children placed in Dorset by other Local Authorities, **357** Care leavers up to the age of 21 years and **47** Young Adults with a Special Educational and Disability Need (SEND) status who are considered to be looked after until their 25th birthday. The overall number of children Pan Dorset requiring Specialist LAC Health Services currently stands at **1,720**.
- 5.2 Joint working with DCC and Poole Hospital to address the delays in Initial Health Assessments (IHAs) meeting the statutory time frame continues. Performance remains variable - the 69.6% increase seen in January dropped in February to 47.1% and then again to 28% (TBC) for March. The backlog of IHAs has been cleared and operational practice was reviewed, evidencing sustainability for the last three months in notification and consent being sent to health providers within the five-working day statutory time frame. This would indicate an effective change in Social Work practice. Monthly monitoring continues as an increase trend in requests for adoption medicals from DCC is affecting availability of IHA appointments. The CCG have requested DCC to scope this increase reporting back in May 2016 to inform if this is a temporary or long term change.
- 5.3 The Designated Doctor is retiring at the end of May. A revised Job Description has been written in line with statutory guidance. Meetings are in place with PHFT to gain assurances that recruitment is in place to ensure IHA appointment availability is not affected and to gain a full appreciation of their service delivery model Pan Dorset. The time frame agreed for this has now passed and this is being pursued through the contracting review meetings.
- 5.4 Performance from DHUFT for Routine Health Assessments (RHA) completed on time within Dorset increased from 77.8% in January to 85.2% for February. The CCG have not received performance for March but verbally it is being reported that there has been a drop due to vacancy in posts in the West of the county. This performance continues to be monitored and a priority to increase for DHUFT as still to achieve their 90% target.
- 5.5 The increased funding approved by the CCG in its 2016/17 budget will help to address capacity and service delivery concerns which were previously highlighted. Discussions are being conducted between the CCG and DHUFT

Finance Teams regarding the detail of budgets to be agreed in line with the recommended workforce model put forward by the CCG. Revision of existing service specifications to ensure robust QA and governance is in place to assure the Governing Body that they are fulfilling their statutory responsibilities in meeting the health needs for their LAC population.

6. Safeguarding Adults .

- 6.1 A separate Annual Adult Safeguarding Report is included on the agenda for this meeting.

7. Safeguarding Children

- 7.1 A separate Annual Children's Safeguarding Report is included on the agenda for this meeting.

8. Primary Care

- 8.1 Regular meetings between the quality team and the principle locality leads have been taking place to discuss areas of concern such as communication with care homes, support for vulnerable practices, quality scorecards, workforce and training issues.
- 8.2 The Quality Team continue with support visits to practices who are preparing for CQC visits and to follow up with support of action plans. To date, the visits have covered a range of issues and are flexible to provide a range of options for support. These include meetings with Practice Managers, mock CQC inspections and staff training sessions that can be delivered as part of protected learning time. To date, 25 CQC reports have been published of which 19 have received a 'good' rating and six 'require improvement'.
- 8.3 The Quality Team have been working with the Primary Care team to produce the first iteration of practice profiling for Dorset practices. An update paper from the task and finish group was sent to the PCCC in April with an update presenting an anonymised first profile planned for June 2016.

GP Intelligence Monitoring

- 8.4 The key issues identified by the GP 'niggles' system continue to be medication and discharge issues. All acute providers have agreed to a CQUIN scheme in relation to improving the timeliness and quality of discharge summaries.
- 8.5 The main issues reported continue to be in relation to the quantity of discharge medication provided to patients on discharge which is being followed up contractually with providers.

9. Infection Prevention and Control

APPENDICES	
Appendix 1	Quality Scorecard