

**NHS DORSET INTEGRATED CARE BOARD (ICB)**

**ICB BOARD MEETING**

**PART ONE – PUBLIC**

Part One of the meeting of the NHS Dorset ICB Board meeting will be held on **Thursday 1 September 2022** at **10.00am** in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

If you are unable to attend, please notify the Corporate Office on 01305 368017.

Jenni Douglas-Todd  
Integrated Care Board Chair

**AGENDA**

	<b>Item</b>	<b>Method</b>	<b>Purpose</b>	<b>Lead</b>
1.	<p><b>Apologies</b></p> <p>Dawn Dawson, ICB Mental Health Member Siobhan Harrington, NHS Provider Chief Executive Matt Prosser, Dorset Council Andrew Rosser, SWAST</p>	Verbal		Chair
2.	<p><b>Quorum</b></p> <p>To confirm that the meeting is quorate before it proceeds further.</p> <p>The Terms of Reference (Constitution) dictates that a quorum, shall be one third of the total number of members and the Chair (7) and must include one executive member, one partner member and one non-executive member.</p>	Verbal		Chair
3.	<p>Declarations of Interest</p> <p>Members to carefully consider and declare any conflicts of interest arising from this agenda.</p> <p><i>(A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict).</i></p>	Verbal		Chair
4.	<p><b>Minutes</b></p> <p>To <b>approve</b> the Part 1 minutes of the NHS Dorset ICB Board meeting held on 20 July 2022.</p>	Paper	Approval	Chair

<b>5.</b>	<b>Matters Arising</b>	Paper	Noting	Chair
	To <b>note</b> the Report of the Chair on matters arising from the minutes of Part 1 of the meeting held on 20 July 2022.			
<b>6.</b> (10.15am 30 mins)	<b>Patient Story</b>	Verbal		KW
<b>7.</b> (10.45am 10 mins)	<b>Chief Executive Officer Report</b> To note the Chief Executive Officer report.	Paper	Noting	PM
<b>8.</b>	<b><u>Items for Decision</u></b>			
<b>8.1</b> (10.55am 15 mins)	<b>Annual Governance Statement</b> To <b>approve</b> the Annual Governance Statement.	Paper	Approval	VR
<b>9.</b>	<b><u>Items for Noting</u></b>			
<b>9.1</b> (11.10am 15 mins)	<b>Quality Report</b> To <b>note</b> the report on Quality.	Paper	Noting	VR
<b>9.2</b> (11.25am 15 mins)	<b>Performance Report</b> To <b>note</b> the report on Performance.	Paper	Noting	SB
<b>9.3</b> (11.40am 15 mins)	<b>Finance Report</b> To <b>note</b> the report on Finance.	Paper	Noting	RM
<b>9.4</b> (11.55am 10 mins)	<b>LeDeR Annual Report</b> To note the Learning Disabilities Mortality Review Annual Report.	Paper	Noting	VR
<b>9.5</b> (12.10pm 10 mins)	<b>Children/Young People with SEN/D</b> To <b>note</b> the SEND Update.	Paper	Noting	DF
<b>10.</b> (12.20pm 5 mins)	<b><u>Items for Consent</u></b> The following items are to be taken without discussion unless any Board member requests prior to the meeting that any be removed from the consent section for further discussion.			
<b>10.1</b>	There are no items for consent.			Chair
<b>11.</b> (12.25pm 5 mins)	<b>Questions from the Public</b> Questions in writing to be submitted in advance of the meeting.			Chair
<b>12.</b>	<b>Any Other Business</b>	Verbal		Chair

**13. Date and Time of Next Meeting**

The next formal meeting of the NHS Dorset ICB Board will be held on **Thursday 3 November 2022** at **10.00am** in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**14. Exclusion of the Public**

To resolve that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

**12.30pm Lunch**

## NHS DORSET INTEGRATED CARE BOARD

### ICB BOARD

WEDNESDAY 20 JULY 2022

### MINUTES

A meeting of the ICB Board was held at 8.30am on Wednesday 20 July 2022 in the Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TG

**Present:**

- Jenni Douglas-Todd, ICB Chair (JDT)
- John Beswick, ICB Non-Executive Member (virtual attendance) (JB)
- Cecilia Bufton, ICB Non-Executive Member (CB)
- Jonathon Carr- Brown, ICB Non-Executive Member (JCB)
- Dawn Dawson, Acting Chief Executive – Dorset Healthcare and ICB Mental Health Partner member (DD)
- Siobhan Harrington, Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member (SH)
- Spencer Flower, Leader Dorset Council and ICB Local Authority Partner Member (West) (SF)
- Paul Johnson, ICB Chief Medical Officer (PJ)
- Drew Mellor, Leader Bournemouth, Christchurch and Poole Council and ICB Local Authority Partner Member (East)
- Rob Morgan, ICB Chief Finance Officer (RM)
- Vanessa Read, Interim Chief Nursing Officer (VR)
- Kay Taylor, ICB Non-Executive Member (KT)
- Forbes Watson, ICB Non-Executive Member (FW)
- Simone Yule, GP and ICB Primary Care Partner Member (SY)

**Invited Participants:**

- Sally Banister, Deputy Director Integration (SB) (part)
- Louise Bate, Manager, Dorset Healthwatch (LB)
- Kate Calvert, Deputy Director Primary and Community Care (KC) (Virtual attendance) (part)
- Sam Crowe, Director of Public Health (SC)
- David Freeman, ICB Chief Commissioning Officer (DF)
- Leesa Harwood, Associate ICB Non-Executive Member (LH)
- Phil Hornsby, Director of Commissioning, People, Bournemouth, Poole and Christchurch Council (BCP) (virtual attendance) (PH)
- Nick Johnson, Interim CEO Dorset County Hospital NHS Foundation Trust and ICB NHS Provider Trust Partner Member (virtual attendance) (NJ)
- Emma Lee, Partnerships Manager, Communities Action Network (EL) (part)

# 4.

Karen Loftus, CEO Communities Action Network (KL) (part)  
Fiona King, Governance and Committee Officer, NHS Dorset (minute taker) (FK)  
Lianne Oldham, Head of Design and Transformation (LO) (part)  
Ellie Parson, Deputy Director Engagement and Development (EP) (part)  
Matt Prosser, Chief Executive, Dorset Council (MP)  
Jon Sloper, Help and Kindness (JS) (part)  
Stephen Slough, ICB Chief Digital Information Officer (SS)  
Natalie Violet, Business Manager to the ICB Chief Executive (NV)

		Action
1.	<b>Apologies</b>  Neil Bacon, Chief Strategy and Transformation Officer Dean Spencer, Chief Operating Officer Graham Farrant, Chief Executive, BCP Dawn Harvey, Chief People Officer Patricia Miller, Chief Executive Andrew Rosser, Chief Finance Officer, SWAST Ben Sharland, GP and Primary Care Member Dan Worsley, Non-Executive Member	
2.	<b>Quorum</b>	
2.1	It was agreed that the meeting could proceed as there was a quorum of members present.	
3.	<b>Declarations of Interest, Gifts or Hospitality</b>	
3.1	There were no Declarations of Interest made at the meeting.	
3.2	Members were reminded of the need to ensure Declarations of Interest were up to date and to notify the Corporate Office of any new declarations.	
4.	<b>Minutes</b>	
4.1	The Part 1 minutes of the meeting held on 1 July 2022 were <b>approved</b> as a true record.  It was noted that the job title for Dawn Dawson needed to be amended to Acting Chief Executive, Dorset Healthcare.	FK

## 5. **Matters Arising**

5.1 The Board **noted** the Report of the Chair on matters arising from the Part 1 minutes of the meeting held on 1 July 2022.

## 6. **Chief Officer's Report**

6.1 In the absence of the Chief Executive the Chair introduced the update report and welcomed comments.

6.2 The impact of the recent heatwave on all service providers was recognised and the Board noted that the pressure on the system as a whole continued.

6.3 The Board were advised that the outstanding executive position of the Chief Nursing Officer had now been filled. The Interim Chief Nursing Officer was thanked for agreeing to continue in post until Debbie Simmons joined NHS Dorset in September.

6.4 The Board **noted** the Chief Officer's report.

## 7. **Items for Decision**

### 7.1 **Age Care Technologies**

7.1.1 The Chief Medical Officer introduced the Age Care Technologies (ACT) report.

7.1.2 The Board were advised that the proposal was built around a semi-structured interview and could be carried out by volunteers or peers. The plan was to link in with a directory of services, statutory or voluntary, to try and address needs.

7.1.3 The Clinical Reference Group (CRG) supported the proposal but wanted to see the outcome of Phase 1 before agreeing to go out to pilot stage. It was noted that the funding stream with NHS was still to be resolved.

7.1.4 Following discussion the Board felt it was a good opportunity but with some caveats that required some clarification e.g. where did it sit with Dorset Care Plan and Dorset Care Record, coding would be key and this information would be needed for the population management work.

7.1.5 The importance for the voluntary sector to have access to one efficient tool which was coded was noted. Members of the Board highlighted the need to ensure the system

worked with existing systems and to understand the impact on other services.

- 7.1.6 The Chief Medical Officer advised the Board that the intention was to roll out to those over the age of 65. Part of the evaluation process of Phase 1 would be a review of the demands on statutory and non-statutory services to ensure no unmet needs were identified.
- 7.1.7 In response to a question regarding the involvement of local authorities (LAs) in the process, the Chief Medical Officer advised that LAs had been involved in the first meeting with the company and were supportive. It was expected to be a whole system partnership which ACT would facilitate the ICB to develop.
- 7.1.8 The Chief Finance Officer explained the contracts process and the balance of risk to ensure transparency for members of the Board.
- 7.1.9 Following a question about how good the outcomes needed to be to progress to a pilot, the Chief Medical Officer advised they would look at the evidence to see how it could be implemented. The outcomes from Phase 1 would be the feasibility assessment, the ICB would decide what would be included.
- 7.1.10 It was noted that the tool would be reliant on a directory of services which was a big piece of work and would require some resourcing.
- 7.1.11 In terms of how the process fitted into the transformation process, the Chief Medical Officer advised that initially there might be a bit of disconnect but this would then be revisited and a critical review prepared.
- 7.1.12 Following further discussion the Chief Medical Officer suggested amending the recommendations to proceed with Phase 1 but to delegate the decision to proceed to Phase 2 to the CRG.
- 7.1.13 The Board **approved** the amended recommendations as set out in minute 7.1.12.

## 7.2 **Memorandum of Understanding (MOU) between the Voluntary and Community Sector and the Integrated Care System**

7.2.1 The Director of Public Health introduced the MOU between the Voluntary and Community Sector and the Integrated Care System.

7.2.2 The Board were advised how the MOU would bring all the different parts of the community together and would build on the strengths that already existed across the county.

7.2.3 With the inclusion of over 8,000 voluntary and community groups it was anticipated that a different perspective to work together would be created. However, future funding for the voluntary sector would be key.

7.2.4 It was noted that the projects would need to be resilient and robust and equity across the geography of Dorset was highlighted.

7.2.5 The Board were advised that as the Integrated Care Partnership (ICP) was currently being formed this MOU would be one of the first items on their initial agenda to give those members an opportunity to also sign up to it.

7.2.6 The Board **approved** the 'placeholder' MOU.

## 8. **Items for Noting**

### 8.1 **Dorset's Response to the Next Steps to Integrating Primary Care: Fuller Stocktake Report**

8.1.1 The Chief Commissioning Officer introduced the Fuller Stocktake report.

8.1.2 The report challenged a different way of thinking with a much greater emphasis on multi-disciplinary work and aimed to ease the pressure and demand on statutory services. The Chief Executive and Chair had been in a position to input into this work as they had been part of the Steering Group.

8.1.3 The Chair of the Primary Care Commissioning Committee (PCCC) felt the report was timely as it set out the key agenda that the PCCC would be tracking. She highlighted the big changes that would be coming forward and noted that the region recognised the massive challenge for the systems.



- 8.1.4 Holistic healthcare was highlighted and it was noted that 30% of people who came into GP practices did not have a health need.
- 8.1.5 There was a reminder this was just a stocktake and did not contain all the answers. Generally, there was good engagement in Dorset but there was not enough co-deliverers of service and primary care did not have all the resources and skills to be able to manage it all.
- 8.1.6 The Director of Public Health noted the need to look at a differential resource allocation in order to support primary care and added that other parts of the system might have the skills and abilities to take this forward.
- 8.1.7 Following a discussion about dentistry and the impact on local communities with lack of service in the area, the Chair expressed concern about the ICB commissioning dentistry next year and urged members of the Board to start giving it some consideration.
- 8.1.8 The Board **noted** the Fuller Stocktake report.

## **8.2 Messenger Review**

- 8.2.1 The Deputy Director of Engagement and Development introduced the Messenger Review report.
- 8.2.2 The leadership review had been commissioned by the Secretary of State and was about transforming how leadership worked within the NHS.
- 8.2.3 The next steps for the ICB would be to work with the People and Culture Committee in terms of service design and leadership and development issues.
- 8.2.4 It was noted that that this review underpinned the Clinical Care Professional Leadership (CCPL) programme.
- 8.2.5 The Board **noted** the Messenger Review report.

## **8.3 ICS Transformation Programme Update**

- 8.3.1 The ICB Programme Director introduced the ICS Transformation Programme Update.
- 8.3.2 The Board were advised of the progress against the phase 1 deliverables and risk areas were highlighted. The legal transfer had now been completed but there were still a few

key components to be delivered. ICP guidance was still awaited and was currently with cabinet ministers.

8.3.3 The ICB NHS Provider Trust Partner Member noted the risk around resource and felt it would be important to look at resource in the round and that there might be an opportunity for the provider collaborative to help with this.

8.3.4 The Board **noted** the ICS Transformation Programme Update.

#### 8.4 **Quality Report**

8.4.1 The Interim Chief Nursing Officer introduced the Quality report.

8.4.2 The Board were advised that the structure of the report could change following the forthcoming committee meetings.

8.4.3 The pressures on the system were highlighted and there continued to be a push for delivery in areas that were not quite delivered.

8.4.4 It had been agreed previously to undertake a harm review, which had been a challenging piece of work but the terms of reference for this had now been scoped.

8.4.5 The number of initial health assessments was highlighted. This had been as a result of the increase in the number of children coming into care in the Bournemouth, Christchurch and Poole Council area and a bespoke service had been commissioned to address this.

8.4.6 The Board **noted** the Quality report.

#### 8.5 **Performance Report**

8.5.1 The Deputy Director for Integration introduced the Performance report.

8.5.2 The Board were advised that the structure of the report could change following the forthcoming committee meetings. Consideration to the relevance of the information included and the time taken to produce the report would be a welcome factor. It was also requested that alignment with the operational plan be reflected in any changes.

8.5.3 Following a discussion about urgent appointments for the eating disorder service and how the statistics had declined

SB

over the last couple of quarters, the Deputy Director undertook to provide further information for the Board outside of the meeting.

8.5.4 In response to a question about the downturn in access for young people to CAMHS the Board were advised that CAMHS was one of the transformation programmes currently being looked at. The Deputy Director undertook to ask the Head of Mental Health Services to provide and circulate an update to members of the Board.

SB

8.5.5 The Chair noted that further reports on particular areas of concern would be considered for future board meetings.

8.5.6 The Chief Finance Officer felt that further assurance would be given to the Board when the committee cycle commenced.

8.5.7 The Board **noted** the Performance report.

## 8.6 Finance Report

8.6.1 The Chief Finance Officer introduced the Finance report which had been developed to show the financial position for both the system and the ICB.

8.6.2 The Board were advised that this report would form part of the Integrated Performance Report in future months.

8.6.3 The Board **noted** the Finance report.

## 8.7 Annual Report on Children in Care and Care Leavers 2021-22

8.7.1 The Interim Chief Nursing Officer introduced the Annual Report on Children in Care and Care Leavers 2021-22

8.7.2 The Board were provided with some background to the annual report cycle including statutory and on statutory reports that would come forward to the Board in future.

8.7.3 Following a request from the Chair regarding future timings for Annual reports, the Interim Chief Nursing Officer undertook to liaise with the Chief Executive's Business Manager.

VR

8.7.4 The Board **noted** the Children in Care and Care Leavers 2021-22 Annual report.

**8.8 Annual Review of Data Security and Protection Toolkit**

8.8.1 The Chief Finance Officer introduced the Annual Review of Data Security and Protection Toolkit.

8.8.5 The Board **noted** the Data Security and Protection Toolkit Annual Review.

**8.9 Annual Report on Personal Health Commissioning**

8.9.1 The Interim Chief Nursing Officer introduced the Annual Report on Personal Health Commissioning (PHC).

8.9.2 The Board felt it would be helpful to consider a development session on PHC in the future.

8.9.3 It was noted that whilst this was not a statutory report PHC was of significant financial value to the service.

8.9.4 The Interim Chief Nursing Officer advised that Adult Continuing Healthcare (CHC) assessments had been suspended during Covid and restarting them had proved harder than stopping. However, this element had now recovered and 73% assessments were being completed on time.

8.9.5 An overspend at the end of the year was highlighted and attributed to increasing care costs. The Board were advised that in terms of the cost of care the number of staff required to complete assessments was very high.

8.9.6 The Chief Finance Officer advised that the budget had been increased by 6% but was still overspending. It was one of the budgets that was difficult to control even with controls in place. The Interim Chief Nursing Officer added that PHC was a complex and difficult process to manage.

8.9.7 Following a discussion about where PHC would sit within the committee process, the Interim Chief Nursing Officer advised that an element of this was related to strategy and transformation. The important of having an assurance process in place to avoid escalations to the Board was noted.

8.9.8 The Board **noted** the Personal Health Commissioning Annual Report,

NV

## 8.10 Annual Report on Customer Care

- 8.10.1 The Interim Chief Nursing Officer introduced the Annual Report on Customer Care.
- 8.10.2 A number of the complaints received related to PHC and the intention was to learn more from these complaints and consider how these can be fed back to the system and quality group. From next year complaints would come to the ICB.
- 8.10.3 The Board were advised that part of Healthwatch role was to invite feedback about health and care services across the system. The Chair noted the importance of avoiding any duplications in this regard.
- 8.10.4 The Board **noted** the Annual Report on Customer Care.

## 8.11 Annual Report on Safeguarding Children and Adults

- 8.11.1 The Interim Chief Nursing Officer introduced the Annual Report on Safeguarding Children and Adults. This report covered statutory duties and provided assurance to the ICB.
- 8.11.2 The Interim Chief Nursing Officer highlighted the need to improve training for providers and within the ICB.
- 8.11.3 In response to a question about the objectives being met for the year, the Interim Chief Nursing Officer advised she was confident that all areas covered in the challenges and achievements section had been met and undertook to circulate an update against last years objectives for Board members.
- 8.11.4 Following a concern about consistency across all the annual reports, the Board felt it might be helpful to have a standardised report format in the future.
- 8.11.5 The Board **noted** the Safeguarding Children and Adults Annual Report.

## 9. Items for Consent

### Approved Minutes

- 9.1 Primary Care Commissioning Committee (Part 1 – Public) – 13 April 2022

VR

The Board **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 13 April 2022.

### **Draft Minutes**

- 9.2 Primary Care Commissioning Committee (Part 1 – Public) – 1 June 2022

The Board **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 1 June 2022.

### **Urgent Decision**

- 9.3 The Chair reported the use of the Urgent Decision powers relating to the approval of the uplift for providers on the Dorset Council (DC) framework to align with DC rate increases.

Approval of an uplift for non framework providers of between 4 – 5.6% to align with the increase given to non framework providers in the Bournemouth, Christchurch, and Poole (BCP) area as some providers provide care for packages located in both Local Authority areas.

## **10. Questions from the Public**

- 10.1 There were no written questions from members of the public received prior to the meeting.

## **11. Any Other Business**

- 11.1 The Chief Finance Officer advised the Board that Microsoft Licenses for the ICB needed to be renewed at a cost of £2.4m.

- 11.2 The budget was in place for this and had it had been through the correct procurement processes. This had come forward now as the committee cycle had not yet commenced.

- 11.3 The Board **agreed** for the renewals to be taken forward.

## **12. Date and Time of Next Meeting**

- 12.1 The next meeting of the ICB Board would be held on Thursday 1 September 2022 at 10.00am, in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset DT1 1TG

**13. Exclusion of the Public**

To resolve that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

DRAFT

**NHS DORSET INTEGRATED CARE BOARD (ICB)****ICB BOARD MEETING****MATTERS ARISING - PART ONE**

Report of the Chair on Matters Arising from Part 1 of the Minutes of the NHS Dorset ICB Board meeting held on 20 July 2022.

**1. Purpose**

To report to the ICB Board on any matters arising from the draft minutes of the last ICB Board meeting.

**2. Recommendation**

That the ICB Board notes this report and directs any action it sees fit.

**3. Background Information**

This report covers all outstanding action points contained in the minutes and is required in order that the ICB Board can be satisfied that all action points in the action column have either been done, are being done or will be done in accordance with the timescale contained in the minute, if any.

**4. Minutes**

- 4.1 The Part 1 minutes of the meeting held on 1 July 2022 were **approved** as a true record.

It was noted that the job title for Dawn Dawson needed to be amended to Acting Chief Executive, Dorset Healthcare.

**FK – Actioned**

**8.5 Performance Report**

- 8.5.3 Following a discussion about urgent appointments for the eating disorder service and how the statistics had declined over the last couple of quarters, the Deputy Director undertook to provide further information for the Board outside of the meeting.

**SB – Due to several competing priorities and periods of annual leave the relevant information is not yet available. The Chief Commissioning Officer would like to agree a revised date for the**



**provision of a more comprehensive response than is currently possible.**

- 8.5.4 In response to a question about the downturn in access for young people to CAMHS the Board were advised that CAMHS was one of the transformation programmes currently being looked at. The Deputy Director undertook to ask the Head of Mental Health Services to provide and circulate an update to members of the Board.

**SB – A “Deep Dive” report covering CAMHS was reviewed by the System Leadership Team at its meeting on 28 July and was circulated to the Board on 15 August 2022.**

## **8.7 Annual Report on Children in Care and Care Leavers 2021-2**

- 8.7.3 Following a request from the Chair regarding future timings for Annual reports, the Interim Chief Nursing Officer undertook to liaise with the Chief Executive’s Business Manager.

**VR – The Corporate Office Manager would link with the Interim Chief Nursing Officer to forward plan the annual reports coming to the Board of the ICB.**

## **8.9 Annual Report on Personal Health Commissioning**

- 8.9.2 The Board felt it would be helpful to consider a development session on PHC in the future.

**NV – Added to Board Development Session forward planner for the Chief Executive and Chair to discuss and schedule in.**

## **8.11 Annual Report on Safeguarding Children and Adults**

- 8.11.3 In response to a question about the objectives being met for the year, the Interim Chief Nursing Officer advised she was confident that all areas covered in the challenges and achievements section had been met and undertook to circulate an update against last years objectives for Board members.

**VR – An update on the objectives from 2021 was circulated to members of the Board on 26 July 2022.**

**NHS DORSET INTEGRATED CARE BOARD**

**ICB BOARD**

**CHIEF EXECUTIVE OFFICER REPORT**

<b>Date of the meeting</b>	01/09/22
<b>Author</b>	Natalie Violet, Business Manager
<b>Lead Director</b>	Patricia Miller, Chief Executive Officer
<b>Purpose of Report</b>	<p>This report provides the Board with further information on strategic developments across the NHS and more locally within Dorset. It also includes reflections on how the system is performing and the key areas of focus.</p> <p>The key national developments are as follow:</p> <ul style="list-style-type: none"> <li>• The 2022/23 NHS pay awards for 2022/23 were announced with full funding to systems and providers however, the additional cost led to reprioritisation of centrally held budgets.</li> <li>• Eight core objectives and actions associated with increasing capacity in urgent and emergency care have been announced with six specific metrics for Integrated Care Boards to report against.</li> <li>• New statutory guidance for working with people and communities has been published which closely aligns to the Dorset approach.</li> <li>• The Department of Health and Social Care published four documents on the Integrated Care Strategy to be produced by Integrated Care Partnerships, the role of Health and Wellbeing Boards and Health Oversight, and Scrutiny Committees and engaging social care providers in Integrated Care Systems.</li> <li>• Plans for the Autumn Vaccination campaign were confirmed with additional cohorts due to receive boosters.</li> </ul> <p>Locally the biggest concern lies with Urgent and Emergency Care Pressures and Mental Health Provision. The system is spending much of its time in Operational Pressure Escalation Level 4 (the highest level) with the number of patients in hospital who do not meet the criteria to reside increasing. Implementation of several transformation programmes is beginning which will ease flow in winter and enable patients to be treated in the right place. There are ongoing issues with ensuring both children and young people and adults with mental health concerns are placed in the right care environment in a timely way. Steps have been introduced to ease this situation.</p>

<b>Recommendation</b>	The Board is asked to <b>note</b> the report and Appendix 1
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### Monitoring and Assurance Summary

<b>Conflicts of Interest</b>	N/A – this report is for information
<b>Involvement and Consultation</b>	N/A – this report is for information
<b>Equality, Diversity, and Inclusion</b>	N/A – this report is for information
<b>Financial and Resource Implications</b>	Failure to address key strategic and operational risks will place the system at risk in terms of its financial sustainability.
<b>Legal/governance</b>	Failure to understand the wider strategic and political context, could lead to the Board to make decisions that fail to create a sustainable system.
<b>Risk description/rating</b>	<p>Failure to understand the wider strategic and political context, could lead to the Board making decisions that fail to create a sustainable system.</p> <p>The Board also needs to seek assurance that credible plans are developed to ensure any significant operational risks are addressed.</p>

### 1. Introduction

- 1.1 This report provides the Board with further information on strategic developments across the NHS and more locally within Dorset. It also includes reflections on how the system is performing and the key areas of focus.

### 2. Strategic Update – National Perspective

#### 2.1 Women’s Strategy for England

On 20 July 2022, the Department of Health and Social Care published the [Women’s Health Strategy for England](#). The strategy details the government’s 10-year ambition and actions to improve the health and wellbeing of women and girls in England.

#### 2.2 NHS Pay Awards 2022/23

On 19 July 2022, Steve Barclay, Secretary of State for Health and Social Care announced the NHS pay awards for 2022/23. Systems and providers will be funded in full for the pay award on top of existing allocations. Allowing continued focus on operational demands, including urgent and emergency care, and recovering COVID-19 backlogs. The additional cost has led NHS England and the Department of Health and Social Care to reprioritise centrally held budgets.

### 3. Strategic Update – Local Relevance

#### 3.1 Urgent and Emergency Care – Preparation ahead of Winter

On 12 August 2022, NHS England [set out](#) the next steps to rapidly increase capacity and resilience ahead of winter. National planning has begun earlier than usual in recognition the pressure on the NHS is likely to be substantial. Eight core objectives and actions have been outlined:

1. Prepare for variants of COVID-19 and respiratory challenges.
2. Increase capacity outside acute Trusts.

3. Increase resilience in NHS 111 and 999 services.
4. Target Category 2 response times and ambulance handover delays.
5. Reduce crowding in Accident and Emergency departments and target the longest waits in Emergency Departments.
6. Reduce hospital occupancy.
7. Ensure timely discharge.
8. Provide better support for people at home.

Integrated Care Boards will be required to report against six specific metrics, key to the provision of safe and effective urgent and emergency care through a Board Assurance Framework provided by NHS England to monitor progress:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

Locally, the system is spending much of its time in Operational Pressure Escalation Level (OPEL) 4 (the highest level) with the number of patients in hospital who do not meet the criteria to reside increasing. Implementation of several transformation programmes is beginning which will ease flow in winter and enable patients to be treated in the right place including, the Fuller Review, implementation of the new intermediate care model, expanding the virtual wards service, and implementing Age Care Technologies.

### 3.2 Working in Partnership with People and Communities

On 12 July 2022, NHS England published new statutory [guidance](#) on working with people and communities. The guidance aims to support Integrated Care Boards to meet their public involvement legal duties and the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources. It is relevant to other health and care organisations, including local government, to ensure collaborative working to involve people and communities, in ways that are meaningful, trusted, and lead to improvement.

Locally, the guidance aligns closely with the Dorset approach of putting citizens at the heart of decision making. The new approach to involving people and communities will support Integrated Care Systems to fulfil the ambition to reduce inequalities through understanding the lived experience of communities and design solutions enabling them to live their best lives and thrive.

NHS England have set up several [webinars](#) relating to the guidance to help NHS commissioners and providers meet their legal duties to involve people, and supports wider health and care partners to build effective and meaningful partnerships with communities. They will also give an overview of the learning offer from NHS England to support the implementation of the guidance. These are being communicated through internal channels to allow staff the opportunity to attend.

### 3.3 Statutory Guidance and Support Documents for Integrated Care Partnerships

At the end of July, the Department of Health and Social Care published four documents: the Integrated Care Strategy to be produced by Integrated Care Partnerships, the role of Health and Wellbeing Boards and Health Oversight, and Scrutiny Committees and engaging social care providers in Integrated Care Systems.

- The **guidance for Integrated Care Partnerships on the production of the Integrated Care System Strategy** is permissive, enabling systems to build on existing strategies and plans. Integrated Care Partnerships are expected to publish at least an interim strategy in December 2022.
- The **statement of expected ways of working between Integrated Care Partnerships and adult social care providers** does not place specific national obligations upon Integrated Care Partnerships or their members but is an important recognition of the role of the sector within the health and care system.
- The **draft guidance to Health & Wellbeing Boards** starts a period of Department of Health and Social Care engagement (to the end of September) on developing the final guidance. This may be used in local discussion on what roles Health and Wellbeing Boards will take in each system and how the final guidance could help support this. Their role in developing place-based partnerships will also be a key consideration.
- The **statement of principles for Health Overview and Scrutiny Committees** is an explanation of their role under the new statutory framework and the continued importance of scrutiny. Further Department of Health and Social Care guidance on changes to the approach to approving service reconfiguration is due later in 2022/23.

Locally, the work on the Integrated Care Strategy continues. In July, the 100 Voices Training commenced to enable people from across the system to gather information through conversations with local communities. This will support the development of the Integrated Care Strategy by understanding what local people need. In addition, Dorset leaders from all partner organisations gathered at the end of July to support the development of the Integrated Care Strategy. The purpose of the session was to provide the opportunity to work together to discuss how the strategy should be developed alongside those of the other key organisations in Dorset. The participation and level of commitment shown from everyone in the room was impressive. There were some useful conversations, challenges, and discussions on what the future for Dorset could look like by putting citizens at the heart.

The local authorities also ran a joint Health and Wellbeing Board Development session in July. The aim of the session was to discuss the role of Health and Wellbeing Boards and how they will work with ICSSs. Sam Crowe, Director of Public Health for Dorset, talked through the priorities and themes emerging from the Joint Strategic Needs Assessment (JSNA) and how this can be used to shape the Integrated Care Strategy.

The inaugural meeting of the Dorset Integrated Care Partnership is scheduled for 27 September 2022.

### 3.4 Autumn Vaccination Campaign

On 15 July 2022, Steve Russell National Director for Vaccinations and Screening at NHS England **wrote** to set out the next steps for the flu and COVID-19 vaccination programmes for autumn and winter following the government's announcement confirming additional cohorts will be offered the flu vaccine and acceptance of Joint Committee on Vaccination and Immunisation (JCVI) advice for the COVID-19 booster dose. Dean Spencer, Chief Operating Officer is working with partners across the system to plan operational delivery.

## 4. NHS Dorset Latest News

### 4.1 Mental Health Provision

The system is experiencing ongoing issues with ensuring both children and young people and adults with mental health concerns are placed in the right care environment in a timely way. This often results in patients outlying whilst awaiting the right bed to become available and in particular, out of Dorset placements which makes it more challenging for patients to receive the much-needed support of their families and loved ones. A couple of steps have been taken to ease this situation:

- 1) The establishment of a system wide Executive Panel for children and young people residing in acute beds. With something similar to support a timely response for adults being considered.
- 2) The first of several strategic planning days scheduled at the end of August for services for children and young people with complex needs.

#### 4.2 **Chief Officers**

On 01 August 2022, the Integrated Care Board welcomed Neil Bacon, Chief Strategy and Transformation Officer. Shortly followed by Dawn Harvey, Chief People Officer on 15 August 2022. Dean Spencer, Chief Operating Officer officially joins the organisation on 01 September. This will mean all Chief Officers will be in post except for Chief Nursing Officer, Debbie Simmons, who is due to commence towards the end of September.

#### 4.3 **HSJ Awards**

The Integrated Care System has been shortlisted in five categories for this year's Health Service Journal Awards, including Integrated Care System of the Year. This illustrates, despite working in the most challenging time for health and social care, the dedication and commitment from across the system. The awards are an annual event celebrating the very best of health and care across the UK. This year the awards received 1,067 nominations with 219 shortlisted. The full list of nominations can be found [here](#).

### 5. **Health Provider Latest News**

#### 5.1 **Dorset County Hospital NHS Foundation Trust**

##### 5.1.1 **Patient Representatives**

Dorset County Hospital (DCH) is seeking new patient representatives to help improve services to provide a voice of the patient. They would help the hospital deliver on key projects. DCH is looking for Patient Safety Partners, as part of a national scheme to improve patient safety across healthcare services, and Patient Representatives to join the Trust's Your Future Hospital programme, which sets out plans to develop clinical facilities. DCH is looking for people who can spend a minimum of four hours a month to act as patient representatives and sit on various groups as another way to make sure the views of patients and carers are considered throughout the development process. More information about the roles and how to apply is available [online](#).

#### 5.2 **Dorset Healthcare University NHS Foundation Trust**

##### 5.2.1 **Steps2Wellbeing**

The Steps2Wellbeing Service, an NHS mental health wellbeing service, has launched a digital assistant, Wysa, which can help local people refer themselves for treatment if they have been feeling low, stressed, or anxious. Wysa is a chatbot that sits on every page of their [website](#) and will guide people through the process – no phone calls, no forms, and no need for a GP appointment. Through Wysa, people will be offered 24/7 access to interactive, digital mental wellbeing support and self-help resources. Meaning people do not have to wait to start managing their thoughts, feelings, and emotions.

Steps2Wellbeing also attended Southampton's Mela Festival, in July, to encourage people from all backgrounds to talk about their mental health. The festival celebrating modern and traditional Asian culture returned to Hoglands Park after two years of COVID-19 restrictions. Among the music, dance, and storytelling, Steps2Wellbeing staff chatted with festivalgoers around the topic of mental wellbeing. Although Steps2Wellbeing receives a steady stream of self-referrals from the public, ethnic minorities are often underrepresented, something that the service is striving to address.

### 5.3 Southern Western Ambulance Service NHS Foundation Trust

#### 5.3.1 Help Save Lives Together

Throughout the summer residents and tourists to the South West have been asked to help **Save Lives Together** with Southern Western Ambulance Service NHS Foundation Trust (SWASFT) and the region's five Air Ambulance charities. SWASFT have responded to 21,000 patients following a cardiac arrest over the last six years. 75% of these patients experienced a cardiac arrest at a private location such as a home or holiday address. An out-of-hospital cardiac arrest is a medical emergency when a person's heart stops beating suddenly, causing them to fall unconscious and to stop breathing normally. Together, SWASFT, Cornwall Air Ambulance, Devon Air Ambulance, Wiltshire Air Ambulance, Great Western Air Ambulance Charity and the Dorset and Somerset Air Ambulance have been encouraging residents and tourists to plan ahead to help **Save Lives Together** by:

- Knowing how to describe their exact location in a remote or rural area using [What3Words](#) – a free app which converts your location into a unique three-word address - so the emergency services can find you.
- Spending 15 minutes to learn how to do CPR by visiting the SWASFT **Save Lives Together** [website](#).
- Learning where the nearest defibrillator is to their home or holiday address by visiting the SWASFT **Save Lives Together** [website](#).

### 5.4 University Hospitals Dorset NHS Foundation Trust

#### 5.4.1 Patient Experience Network National Awards

University Hospital Dorset's outpatient assessment clinic has been selected as a finalist in three categories in the Patient Experience Network National Awards. The clinic has been shortlisted in Partnership working to improve the experience, Integration and Continuity of Care, and Using Insight for Improvement. The winners will be announced in September 2022. The clinic, based in Beales in Poole's Dolphin Shopping Centre, opened last year in response to the long waiting lists caused by the pandemic and is helping to reduce waiting times and increase the accessibility to life-saving screening. It is one of several clinics across the county that make up the Dorset Health Village – the other in South Walks House, Dorchester – and together they give patients the opportunity to also access free health and wellbeing support from LiveWell and Active Dorset in a community setting.

## 6. Local Authority Latest News

6.1 An important part of our responsibilities as an ICB is working together with our Local Authority partners to deliver improvement and transformation together.

In Appendix 1 is a high-level summary of the key strategic developments and issues for Dorset Council and Bournemouth, Christchurch & Poole Council. We will continue to provide this information as a core part of the CEO update in future months. It would be helpful to ICB Board members to note this first update from our Local Authorities and the extra information provided.

## 7. Conclusion

7.1 The Board is asked to **note** the report.

**Patricia Miller**  
**Chief Executive Officer**  
**NHS Dorset Integrated Care Board**

**Author's name and Title:** Natalie Violet, Business Manager to the Chief Executive Officer

**Date:** 18 August 2022

## Appendix 1 – Local Authority Updates

### 1. Public Health Dorset

Public Health Dorset have been carrying out a review and prioritisation exercise to ensure there is a clear and robust approach to work in the coming year, following the disruption caused by having to commit a significant number of resources to the COVID-19 pandemic since February 2020. The development of a business plan for 2022/23 and beyond sets out the vision, role and responsibilities within the Dorset system and has identified key priority programme areas for delivery and work across the system in the coming year. This aims to be a live document with priority work programmes regularly reviewed to ensure necessary capacity is committed and reallocated based on the need and progress is made. These priority work areas will evolve and shift as some work areas are completed, and other priorities emerge. The current version of the business plan was approved by the Joint Public Health Board and can be found [here](#).

The Public Health team have been supporting the Police and Crime Commissioner in his role as the agreed Chair in the establishment of the Dorset Combatting Drugs Partnership Board which will have the inaugural meeting in early September.

The team are also working on a regional Sector-led Improvement (SLI) piece of work, including working with the UK Health Security Agency (UKHSA), to review and inform the structures and processes in place for the Health Protection functions across the new system.

### Dorset Council

#### 1. Corporate Development

For 2022/23 Dorset Council has set a balanced budget of £331M (net), however this budget is contingent on the in-year delivery of £17M of efficiency and transformation savings. Since setting this budget there has been a dramatic increase in prices, in particular fuel, putting the Council's budgets under enormous strain, forecasting a £6.5M overspend at year end based on the first quarter.

The medium-term financial plan identified a budget gap for 2023/24 of £18M, although this is now anticipated to increase further given the inflationary pressures. Consequently 2023/24 will be a further challenging year and will require significantly more efficiency and transformation. Dorset Council does not receive any revenue support grant from Government, meaning the cost of services has to be funded predominantly by the local taxpayer.

#### 2. Place Directorate

The Place Directorate continues to perform well against the Council's key performance indicators. An uncertain economic climate means spot pricing for certain contracts is proving challenging, particularly in areas such as construction. The Council monitors its supply chain carefully to ensure economic distress does not put suppliers at risk. Particular pressures have been seen in the transport sector locally, mirroring national trends. The Ukraine refugee scheme and support for other refugee programmes continues to place a high demand on the Customer Services Team working with and supporting other frontline services. The Council will receive £4.4M over the next three financial years from the UK Shared Prosperity Fund and will be distributing this in line with the Governments criteria.

#### 3. Adults and Housing - People at the Heart of Care

Adult Social Care is currently dealing with the reforms set out in the White Paper "[People at the Heart of Care](#)", the national ambitions described in the White Paper and associated documents are extensive, complex, and interlinked. For this brief, they are summarised as follows:



1. Innovations and investment in models of care, support for the care workforce and for carers
2. A new assurance and inspection framework for the Adult Social Care delivered by Local Authorities (and Integrated Care Systems) being mobilised nationally during 2023
3. Charging Reforms relating to the care of an individual, introduced in October 2023.

#### 4. Ongoing High Demand for Hospital Discharges post HDP Funding

More than two years on from the beginning of the COVID-19 pandemic capacity from adult social care providers has not increased to meet the new levels of demand. Plans are being developed which should begin to address the gap and seasonal pressures, particularly heading into the winter period.

In November 2021, the Council made the decision to create Care Dorset Ltd to help tackle several care market issues. The business transfer from Tricuro Ltd is due to complete at the end of September and work has started with the new management team to develop plans to increase the community reablement offer, including additional investment and building stronger links with the VCS and TEC prescribing.

Parallel work underway within long term domiciliary care provision, piloting different ways of contracting and of providers working more closely with VCSE organisations on a local level, to make regulated care stretch as far as is possible.

#### 5. Children's Services

The Council continues to provide leadership to the cost of living support through the distribution of the [Household Support Fund](#) to children and families, including over £1M in food and energy vouchers, implementation of [Holiday Activities and Food](#) programme and free swimming vouchers. Although take-up from pensioners has been slow. Further information can be found [here](#).

Continued delivery of, and partner commitment to the [Dorset Children, Young People and Families Plan](#) which includes partner, Council and national investment in a programme of work to improve outcomes for children and families. A significant reduction has been seen in the number of children permanently excluded from school. A total of 30, with no permanent exclusions in primary age children.

#### 6. Care and Protection

The integrated locality model of service delivery is working well, working with over 5000 children at varying levels of need, protection, or care.

Performance:

- Timeliness of decision making at the front door is good and the rate of re-referrals has decreased – illustrating more families are getting help at the right time/help is working.
- Embedded the approach to contextual safeguarding, with targeted youth workers having a positive impact and the Harbour outreach service working well to support adolescents on the edge of care with the last two months showing a reduction in the number of young people aged 13+ entering care and more young people being supported to remain at home and in care of their families.
- Stabilised the children in care population numbers and would have reduced them over the last eight months but for a significant increase of 24 UASC young people being admitted to care since December.
- While sufficiency of placement is a challenge, gradually more children are being placed in care in county and within 20 miles. Placement stability is good and the number of children in care on a reduced school timetable has reduced significantly.
- The number of care leavers in bed and breakfast has reduced and all other care leaver indicators are improving.

## 7. Quality Assurance and Transformation Programme

Quality assurance activity is varied through face-to-face observations, audit activity, seeking child and family feedback to ensure a good understanding of the quality of our practice in all service areas.

A core offer was developed, in relation to safeguarding in schools and have developed an additional role with a key focus on this area of work. An evidence-based programme of work to enhance our services through our Transformation Programme is being delivered:

- On-going development of the Harbour service for young people we are ambitious to see extension of this excellent service across the county.
- A new digital family offer (moving services online, increasing efficiency and systems for employees, improving information provision for families and supporting self service)
- [Mockingbird](#) – a programme to change the way that foster care is delivered.
- Improving planning and support for children into adulthood, through Birth to Settled Adulthood (0-25) work focused on improving the way support is provided across services.
- Introduction of a new safeguarding model where parents have multiple and complex needs, including mental health, substance misuse and domestic abuse through the integration of adult professionals alongside children's social workers (Safeguarding Families Together).
- Strengthening services for children who are disabled through the expansion of short breaks provision, increasing availability of in-home care to prevent family breakdown and a new residential offer.

## Bournemouth, Christchurch, and Poole Council

### 1. Children's Services

Action plans have been developed for Children's Social Care, due to being rated inadequate by Ofsted and Special Educational Needs and Disability (SEND) services. A Written Statement of Action is required to the Department of Education who will oversee the action plans for both areas through improvement Boards and look at requirements to develop and enhance partnership working to positively impact the lives of children and families.

BCP Council is also looking closely at the recommendations from the [Competitions and Markets Authority](#) to improve commissioning, reduce barriers to providers creating and maintaining provision, and reducing the risk of children experiencing negative effects from children's home providers exiting the market in a disorderly way. This impacts on the approach and provision of multiagency placement commissioning.

### 2. Economic Development

BCP Council has been allocated £4.2M for the Shared Prosperity Fund (UKSPF), a government fund which replaced EU 'structural funds' that boosted several areas of economic development, and £1.9m for Multiply, government funding to improve adult numeracy skills. To secure the funding, bids were made to Government for both in July. The UKSPF will see initiatives across the three Investment Priorities namely: Communities and Place; Supporting Local Businesses; and People & Skills. BCP expect to hear from Government in October.

### 3. Housing

A Specialist Housing Needs Study for BCP, jointly commissioned by the Housing and Social Care services in BCP Council, has concluded and sets out the scale and nature of current and future unmet housing needs for specialist groups across the BCP area. It will inform BCP Council's housing new build, remodelling and acquisition plans going forward.

#### **4. Parks and Green Spaces**

BCP Council is celebrating after receiving 23 Green Flag Awards for the green spaces and parks that it maintains. The Green Flag Award is the international quality mark for parks and green spaces. The scheme, managed by environmental charity Keep Britain Tidy, recognises and rewards well-managed parks and green spaces, setting the benchmark standard across the UK, and around the world. In addition, Hengistbury Head, Upton Country Park, and Poole Park have once again achieved the Green Heritage Site Accreditation. This special accreditation is supported by Historic England for the management of historic features. The council's parks and green spaces play a vital role in supporting the health and wellbeing of communities, giving everyone places to relax, exercise, and meet friends and family.

## NHS DORSET INTEGRATED CARE BOARD

## ICB BOARD

## ANNUAL GOVERNANCE STATEMENT 01/04/2022 - 30/06/2022

<b>Date of the meeting</b>	01/09/2022
<b>Author</b>	S. Hawkins, Patient Safety and Risk Manager
<b>Lead Director</b>	Vanessa Read, Interim Chief Nursing Officer
<b>Purpose of Report</b>	This report provides the CCG Annual Governance Statement (01/04/2022 – 30/06/2022) for approval.
<b>Recommendation</b>	The Board is asked to <b>approve</b> the report

**Monitoring and Assurance Summary**

<b>Conflicts of Interest</b>	N/A
<b>Involvement and Consultation</b>	The Annual Governance Statement is collated using expertise throughout the organisation and has undergone extensive consultation during the drafting process.
<b>Equality, Diversity and Inclusion</b>	N/A
<b>Financial and Resource Implications</b>	N/A
<b>Legal/governance</b>	The production of the Annual Governance Statement is a requirement set out in legislation under the National Health Services Act 2006 (amended).
<b>Risk description/rating</b>	N/A

**1. Introduction**

- 1.1 Whilst a CCG, NHS England required Clinical Commissioning Group Chief Officers (COs) to give assurance about the stewardship of their organisations. The annual governance statement has been included in their annual report and accounts. This requirement is set out in legislation under the National Health Services Act 2006 (amended).

**2. Annual Governance Statement**

- 2.1 The attached document (Appendix 1) is the final version of the Annual Governance Statement for the last three months of Dorset CCG (01/04/2022 – 30/06/2022) and is based on the revised guidance issued by the Department of Health and NHS England in June 2022 (Appendix 2).

2.2 The deadline for final submission to NHSEI is currently 05/10/2022.

### 3. Conclusion and Recommendations

3.1 The Executive Committee is asked to approve the governance statement (Appendix 1).

3.2 Following approval, the AGS will be submitted to the Risk and Audit Committee meeting in mid-September for 'noting'. Due the NHSEI deadline, it is not possible to get a 'recommendation' from the Risk and Audit Committee, ahead of submission for approval at an ICB meeting.

**Author:** S Hawkins, Patient Safety and Risk Manager

**Date:** 17/08/2022

**Telephone:** 01305 368047

<b>APPENDICES</b>	
<b>Appendix 1</b>	Annual Governance Statement (FINAL)
<b>Appendix 2</b>	CCG AGS Template Apr-Jun 2022

# Governance Statement

## 1.0 Introduction and context

- 1.1 Dorset CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).
- 1.2 The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.
- 1.3 As of 1 April 2022, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

## 2.0 Scope of responsibility

- 2.1 As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.
- 2.2 I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

## 3.0 Governance arrangements and effectiveness

- 3.1 The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically and complies with such generally accepted principles of good governance as are relevant to it.
- 3.2 The Membership has retained the power to amend its core constitution but has delegated the majority of the decision-making functions to the CCG's Governing Body. The Governing Body has, in turn, delegated some decision making to the organisation's committees. Further information relating to the delegated

responsibility to each of the committees is detailed in the CCG Annual Report and Accounts – 1 April 2022 to 30 June 2022 and terms of reference (see pages X to X).

#### **4.0 UK Corporate Governance Code**

- 4.1 NHS Bodies are not required to comply with the UK Code of Corporate Governance however we have reported on our corporate governance arrangements throughout our CCG Annual Report and Accounts – 1 April 2022 to 30 June 2022.
- 4.2 From 1 April 2022 and up to the date of signing this statement, the CCG has complied with the provisions set out in the NHS Clinical Commissioning Group's Code of Governance and applied the principles of the Code.

#### **5.0 Discharge of Statutory Functions**

- 5.1 I can confirm that the correct arrangements are in place for the discharge of statutory functions.
- 5.2 During establishment, the arrangements put in place by the CCG and explained within the UK Corporate Governance Code were developed with extensive expert external legal input to ensure compliance with all the relevant legislation. The legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.
- 5.3 In light of recommendations of the 2013 Harris Review, the Clinical Commissioning Group has reviewed all the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the Clinical Commissioning Group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.
- 5.4 Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the Clinical Commissioning Group's statutory duties. In addition, Dorset Clinical Commissioning Group's Governance Handbook which supports the Constitution and includes the Standing Financial Instructions (SFIs), and Standards of Business Conduct Policy is regularly reviewed to take account of any changes in duties and to ensure it remains fit for purpose.

#### **6.0 Risk management arrangements and effectiveness**

- 6.1 In November 2020, the CCG Governing Body approved a refreshed format for the Governing Body Assurance Framework (GBAF) which facilitates a 'top down'

critical analysis of the CCG objectives and what the Governing Body's perceived risks are in being able to achieve them i.e., the strategic risks.

- 6.2 The normal CCG risk management process is a 'bottom up' approach i.e., within each Directorate there are considerations of what the risks are in their own areas and how to they affect the organisation. Where these are scored high, they are escalated from a local risk register to the Corporate Risk Register.
- 6.3 The Corporate Risk Register is a risk management tool which acts as a central repository for all the locally considered higher risks (or those that have the potential to be high risks). These risks are recorded and managed via the Ulysses software 'Safeguard Risk Management System' and are mapped (where applicable) to the strategic objectives of the CCG within the GBAF.
- 6.4 The importance is to match the balance between the two approaches and ensure there are assurances against both to demonstrate controls are working effectively and risks managed to below the desired level (risk appetite).
- 6.5 The GBAF template documents each CCG objective and details:
- the corresponding strategic risk of not achieving the objective
  - the inherent risk score (the score before controls were put in place)
  - the corresponding CCG risk appetite domain and risk appetite score
  - sources of assurance
  - controls
  - identified risks and actions taking place to reduce the risk level
  - remaining gaps in assurance/control
  - the residual risk score (the score remaining once the controls have been put in place).
- 6.6 In the GBAF, within the column '*risks identified and action taking place to reduce the risk level*' where there is corresponding operational risk(s) on the CCG Corporate Risk Register, reference is made to the risk reference(s).
- 6.7 This detailed approach ensures an enhanced approach to assurance which enables the Governing Body and delegated committees to focus only upon objectives with a remaining high residual risk, and the associated remedial action plan. For those objectives with a residual risk score of 15+, an exception report is produced monthly by the Responsible Director. All 'assurance lines' are updated at least quarterly, or more frequently if required.
- 6.8 During May/June 2021 the risk scores of the original assurance lines/strategic risks were 'peer assessed' to ensure a consistency approach of inherent and residual risk scoring. In March 2021, five additional objectives were approved by Governing Body, which were scored and subsequently peer reviewed by June 2021.



- 6.9 From June 2021, any changes to the residual risk scores made either through the monthly, quarterly and/or peer review process are documented on a 'GBAF Risk Score tracker' to allow the Governing Body members, Audit Committee and CCG Directors to see how the residual risk score changes over time. The tracker is ordered with the highest residual risk scores at the top, and the lowest at the bottom. This tracker is submitted to the Governing Body, Audit Committee and Directors Performance meeting when any scores change, but at least quarterly.
- 6.10 The CCG's Risk Management Framework has been updated to reflect this change in approach, and:
- standardises and clarifies the terminology of risk management
  - sets out the organisation's objective to identify, treat and mitigate risk
  - details the CCG's risk appetite statement (updated at least annually)
  - explains the roles and responsibilities within the CCG relating to risk
  - defines the role and objectives of the CCG's committees and groups
  - clearly explains the tools (Corporate Risk Register and Governing Body Assurance Framework) used by the CCG to document and manage risks to the organisation, detailing the clear, consistent, and effective risk scoring systems used
  - details how the organisation has a clear view of the risks affecting each area of its activity, how the risks are being managed and their potential impact on the organisational objectives
  - assures the public, patients and their carers/representatives, staff, and partner organisations that the CCG is committed to managing risk appropriately.
- 6.11 This documented approach to managing identified risk helps the CCG achieve agreed standards, reduce overall costs, and maintain and enhance the standard of service provided.
- 6.12 The CCG also ensures that risk management is embedded in all aspects of the work of the organisation. Examples include:
- **Equality Impact Assessments:** The CCG is committed to ensuring a reduction in health inequalities and places the needs of people and communities at the heart of all commissioning functions. 'Equality analysis' is undertaken when reviewing services, making changes to services, commissioning services, and using information within services and within the policies that are used. The CCG works with an independent Lay Assessor to ensure high quality and comprehensive Equality Impact Assessments (EIAs) are conducted. Additionally, the CCG has an Equality, Diversity and Inclusion Steering Group and publishes an annual 'Equality, Diversity and Inclusion report' which acknowledges the organisation's successes in relation to equality and diversity, as well as making recommendations for improvement. During 2021/22 the CCG started to explore the use of a Health Equity Assessment Toolkit (HEAT) which considers equality beyond the nine protected characteristics, including socioeconomic position, occupation,

geographic deprivation, and membership of a vulnerable group. This is currently being trialled within the maternity services team.

- **Incident reporting:** Adverse and serious incident reporting is openly encouraged from all staff, GP practices and the provider organisations (both NHS and non-NHS) that are commissioned by the CCG. This information is analysed and used to identify any risks which may impact the business of the CCG.
- **Stakeholder engagement:** In line with our duty to involve, the CCG actively collaborates with people and communities ('public stakeholders') in the planning and development of locally commissioned services. Since the start of the Covid-19 pandemic and throughout 2021/22, the CCG has had regular meetings with public, community, and voluntary groups to enable regular stakeholder engagement and inform communications. Regular assurance meetings are held with the CCG's Governing Body Lead for Patient and Public Involvement. The CCG works closely with Healthwatch Dorset to discuss and inform our approaches to stakeholder engagement. The CCG facilitates a vibrant monthly meeting of all ICS partner engagement leads, to discuss stakeholder engagement, enable collaboration and avoid duplication. The CCG contributes to regional engagement meetings led by NHS England and Improvement (South West). The CCG has representation on a national working group that is co-designing the statutory guidance for working in partnership with people and communities which will be published in July 2022. The CCG collaborated with local stakeholders to co-create an ICB strategic approach for working in partnership with people and communities, in line with national guidance. The CCG is supporting the development of a Memorandum of Understanding for engaging and embedding the Voluntary, Community and Social Enterprise (VCSE) sector in system level governance and decision-making arrangements, through a VCSE Assembly to reflect the diversity of the sector. The CCG is supporting the development of an ICS Citizens' Panel which will enable the system to reach out to stakeholders collectively, avoiding duplication and using feedback to inform service provision. This project has a focus on reaching out to stakeholders, people, and communities in areas of inequality.
- **Counter fraud methodology:** The CCG also actively deters risks through the adoption of robust counter-fraud methodology. All clinical and non-clinical staff receive training on the identification of fraud within the CCG. The CCG has a contract with TIAA to provide counter fraud and security management services that have an annual work programme. The CCG's Executive Lead for fraud and corruption is the Chief Finance Officer, who is responsible for authorising investigations, including the arrest, interviewing and prosecution of subjects and the recovery or write-off of any sums lost to fraud.

## Capacity to handle risk

- 6.13 In relation to risk management, the Governing Body membership and Executive Directors are responsible for:
- articulating the organisation's strategic objectives (within the GBAF)
  - identifying risks to the achievement of its strategic objectives (within the GBAF)
  - protecting the reputation of the CCG
  - providing leadership, active involvement, and support for risk management
  - determining the risk appetite for the CCG
  - ensuring the approach to risk management is consistently applied
  - ensuring that there is a structure in place for the effective management of risk throughout the CCG and that this structure is consistently applied
  - monitoring these processes on an on-going basis via the Governing Body Assurance Framework and Corporate Risk Register
  - reviewing and approving the Risk Management Framework on an annual basis.
- 6.14 The CCG can assure itself of the validity of the Annual Governance Statement in a number of ways. These are:
- adherence to the Risk Management Framework
  - adherence to the CCG committee structure, Committee Terms of Reference, and reporting framework
  - scrutiny of the draft Annual Governance Statement (this document) by the Risk and Audit Committee, ahead of authorisation by the ICB.
- 6.15 Leadership for the risk management process within the CCG is provided via the Governing Body, with responsibility delegated to the Audit Committee. The organisational structure has been established to assist with this process and is described in the following paragraphs.
- 6.16 The Director of Quality and Nursing is the designated lead for risk and patient safety within the CCG and is responsible for ensuring that the Risk Management Framework is implemented and evaluated effectively.
- 6.17 All Directors, Deputy Directors and Managers have delegated responsibility and authority regarding the management of risk within their specific areas of work, including compliance with the Risk Management Framework and for ensuring that remedial action is taken wherever key risks are identified within their area of responsibility, including:
- the reporting of adverse incidents, together with actions to prevent or minimise a reoccurrence
  - identifying and adding risks to the Corporate Risk Register in a timely manner
  - coordinating the application of resources to minimise, manage and control the likelihood and/or impact of the risk

- undertaking risk assessments and actions implemented
  - ensuring staff undertake mandatory and statutory training.
- 6.18 The CCG has clear governance structures with delegation of responsibility clearly articulated in the terms of reference for committees and groups (as described on pages X to X). All committees review their effectiveness annually and there are clear lines of reporting from all committees and groups to the Governing Body. The Governing Body through reports and updates reviews the quality, performance, and financial stewardship of the organisation. Any risks identified relating to these areas have been recorded in the Corporate Risk Register and/or the Governing Body Assurance Framework.
- 6.19 The CCG operates a 'Declaration of Interest' register, and this is checked regularly; potential conflicts of interest are considered in all aspects of the CCGs business. Declarations of interest are recorded at every formal committee and group meeting.
- 6.20 The Head of Nursing and Quality (Quality, Governance and Risk), supported by the Patient Safety and Risk Manager, has delegated responsibility for:
- co-ordinating and managing activities relating to clinical, corporate, and financial risks for the CCG
  - monitoring risk management and patient safety within commissioned and corporate services for the CCG
  - maintaining the Corporate Risk Register and Governing Body Assurance Framework through engagement with the Directors and Directorate Risk Leads
  - the management of all Never Events, serious incidents, and adverse incidents.
- 6.21 The Patient Safety and Risk team within the CCG supports the consistent identification, assessment, and management of risk across the organisation and, as a team, are central to the dissemination and application of best practice. Additionally, the team administers the key administration and system processes and acts as a central resource and advisory function in relation to risk and risk management.
- 6.22 Face-to-face training for existing CCG employees was undertaken during 2018/19 covering the key components of risk management. Since then, new staff to the organisation receive information on risk management as part of their CCG induction and all Governing Body members receive annual risk training.
- 6.23 The cumulative contribution of the above mechanisms assists in the assurance of commissioning services that ensure patient safety is high profile. To enable the transition of the CCG to become an ICB, a ICB Risk Framework has been in development since March 2022. The final version, which has been extensively consulted upon, is planned to be approved at the first ICB Board Meeting on 01/07/2022.

## **The current information security landscape**

- 6.24 The NHS continues to develop its cyber security capabilities and the CCG has made good use of threat intelligence relating to specific cyber threats aimed at the NHS, which has been received from NHS Digital
- 6.25 The CCG has remained very engaged at a regional level with all other NHS organisations across the South West and has been an active participant in the South West Cyber Security Forum which discusses development of Cyber Security strategy and best practice across the region.
- 6.26 The CCG has procured a new web hosting platform and our websites are now live on this platform. This is providing additional security and visibility of threats.
- 6.27 The CCG has procured and implemented additional phishing protection which has already proved successful in protecting the organisation from significant phishing attacks. Additional email security is due to be implemented after the 1 July 2022 transfer to the ICB which will help prevent outbound data loss, misdirected emails and provide additional email encryption.
- 6.28 The CCG has not been impacted by any successful cyber-attacks between 1 April 2022 and 30 June 2022 and has experience the usual interest and reconnaissance activity aimed at our public facing services from outside the UK.

## **Covid-19 pandemic: CCG governance**

- 6.29 All Governing Body and Committee meetings continued throughout the Covid-19 pandemic. During the different waves of the pandemic, some corporate meetings were streamlined with a number of planned non-essential items deferred to the following meetings and a number of items amended to verbal updates where necessary.
- 6.30 Additional incident response meetings were put in place to respond to the changing situations and response to the pandemic.

## **Covid-19 pandemic: EPRR response**

- 6.31 The emergency preparedness, resilience, and response (EPRR) function of the NHS remains in high profile focus, as the Covid-19 response and recovery present now familiar, but challenging impacts, which are affecting the resilience of health and care services in Dorset.
- 6.32 On 19 May 2022 the Incident Response Level for Covid-19 reduced from a Level 4 (National) Incident to a Level 3 (Regional) Incident. This therefore changed the level of response required relating to Covid-19 and the Incident Management Team meetings were stood down in June 2022 following a period of situation monitoring.

- 6.33 The resilience of workforce and supply chain continues to affect services with contingencies and mitigations in these areas being regularly discussed at Dorset System Level and they are closely monitored.

#### **Covid-19 pandemic: financial oversight and scrutiny**

- 6.34 The financial position continues to include low level costs relating to Covid-19 which remains under scrutiny as these costs are supported through non-recurrent funding streams that will end in 2022/23.
- 6.35 The high expenditure to support rapid discharge ceased in April 2022 and was supported through local non-recurrent funding resources as the national programme ended in 2021/22. There is still a risk related to the impact of the cessation of the scheme on core budgets however this has not yet materialised during April 2022 to June 2022. Detailed scrutiny continues in respect of these costs.
- 6.36 Further non-recurrent funding has also been received to support elective recovery, which also has a scheme level breakdown; some of the schemes are being led by the CCG but the majority are owned by other system partners, in particular the Acute hospitals. Again, this remains under scrutiny as there is a risk that if targets are not achieved funding will be clawed back nationally.

#### **Risk assessment**

- 6.37 The CCG continues to develop and embed its approaches to risk management both internally in the organisation and as a partner within the ICS. The CCG views integrated risk management as a key element in the successful delivery of both CCG and ICS business and remains committed to ensuring staff are equipped to assess, manage, escalate, and report risks.
- 6.38 The Governing Body receives regular assurance on the management of internal risks and assurance both directly via regular reports including the full Governing Body Assurance Framework and Corporate Risk Register and via assurance from the Audit Committee.
- 6.39 Reports are also received monthly by Directors summarising the top risks to the organisation (those scoring over 15), new risks, closed risks, and any other key risk issues. Directors also review the full Corporate Risk Register at every meeting.
- 6.40 All risks identified in the Corporate Risk Register require the formulation of an action plan. A member of the Patient Safety and Risk team communicates with risk leads on a monthly or quarterly basis (dependant on risk level) to record progress against action plans and documents the effect these are having on the residual risk score. All action plans are formally reported via the Corporate Risk

Register. The document includes all risks that may impact on the achievement of the CCG's objectives.

- 6.41 Risks are scored on a likelihood x consequence matrix to score the potential severity of a risk being realised. Risks scored above 15 are categorised as 'high risk'.
- 6.42 Between 1 April 2022 and 30 June 2022, the process to record operational risks associated with development projects continued, with a clear route to escalate any of the risks identified to the Corporate Risk Register.
- 6.43 Between 1 April 2022 and 30 June 2022, one risk has been added to the Corporate Risk Register. During this period, four Corporate risks have been closed which were opened prior to 31 March 2022. 31 risks remain open.
- 6.44 Of the remaining 31 open risks, 13 risks are assessed as high risk. These risks relate to:
- achieving a sustainable workforce to deliver the 'long term plan' and other emergent national recovery and planning requirements
  - meeting CCG statutory responsibilities in relation to children in care receiving their initial health assessment (two risks)
  - potential financial overspends within personal health commissioning (two risks)
  - demand and capacity challenges in respiratory services
  - maintaining CCG expenditure within the financial envelope
  - the challenges in achieving ambulance response times and the impact of this
  - timely and effective administration and support services to GP practices
  - managing general practice workload within the context of Covid-19 recovery
  - cost pressures of transitioning phlebotomy services out of acute Providers
  - meeting CCG statutory responsibilities in relation to Special Educational Needs and Disabilities (SEND)
  - the challenges of current demand for acute mental health in-patient beds.
- 6.45 The outstanding risks in place on 30 June 2022 are to be carried over into the new Integrated Care Board and will continue to be managed within the ICB Risk Management Framework. The risk profile of the ICB will be subject to on-going in-year revision.
- 6.46 As Accountable Officer I can confirm that there have been no significant lapses of protective security.

## **7.0 Other sources of assurance**

### **Internal control framework**

- 7.1 A system of internal control is the set of processes and procedures in place in the Clinical Commissioning Group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.
- 7.2 The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.
- 7.3 The Corporate Risk Register has controls/gaps in controls described for every risk entry, and the Governing Body Assurance Framework has controls/gaps in controls for all assurance lines. The controls are reviewed on a monthly or quarterly basis (depending on their risk level) along with progress for reducing the risk to ensure they are still effective.
- 7.4 The framework provides assurance to the Governing Body of the controls that are in place to mitigate the key risks that could impact on the CCG's delivery of its strategic objectives.

### **Annual audit of conflict-of-interest management (1 April 2022 to 30 June 2022)**

- 7.5 The revised statutory guidance on managing conflicts of interest for CCGs (published June 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.
- 7.6 In December and January 2021/22, the annual internal audit of the conflicts of interest regime was undertaken with the final report published in January 2022.
- 7.7 The scope of this audit covered the areas set out by NHS England in their published audit template for this nationally mandated review. The audit provided assurance that there was full compliance over the five key areas: governance arrangements; declarations of interests, gifts, and hospitality; registers of interests, gifts and hospitality and procurement decisions; decision making processes and contract monitoring; and identifying and managing non-compliance.
- 7.8 An overall assurance of 'substantial assurance' was achieved for both 'design' and 'operational effectiveness'.
- 7.9 The CCG was found to have robust controls in place to manage conflicts of interests through the administrative processes undertaken by the Corporate



Office Manager, clear guidance set by the policies, committee meetings discussion, training, contract procurement and commissioning process. The audit did not identify any exceptions in our audit testing and have therefore concluded substantial assurance over control design and operational effectiveness. The next audit will be undertaken in Q4 2022/23.

### Data quality

- 7.10 The data used by the Governing Body and delegated committees/groups is obtained from various sources, the majority of which are national systems and official NHS data sets. The Provider data is quality assured through contract and performance monitoring and against the Secondary Uses Service (SUS).
- 7.11 The specific governance of data quality and consistency across the STP providers, via the collaborative agreement, is owned by the Operational Finance Reference Group. In light of the Covid-19 pandemic the CCG is currently reviewing the sub-groups overseeing this (formerly the Data Quality Working Group and Performance Reference Group). The CCG maintains good, close working relationships with the local Providers and addresses any data quality issues in a timely and productive way.

### Information governance

- 7.12 The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection (DSP) toolkit and the annual submission process provides assurances to the Clinical Commissioning Group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently, and effectively.
- 7.13 The CCG places high importance on ensuring there are robust Information Governance (IG) systems and processes in place to manage data security risks and the protection of patient and corporate information.
- 7.14 Responsibility for IG rests with me, as Accountable Officer; I have delegated authority to the Information Asset Owners Group (IAOG). A range of measures are used to manage and mitigate information risks, including annual mandatory staff training, physical security, data encryption, access controls and departmental spot checks.
- 7.15 The CCG's IG status is regularly reviewed by the IAOG which is a standing group that reports to the Governing Body via the Audit Committee. Its purpose is to support and drive the broader IG agenda and provide assurance to the Governing Body that effective IG best practice mechanisms are in place. Risks to information, including data protection, data security, confidentiality, integrity,

and availability, are managed and controlled via this group which meets quarterly.

- 7.16 The Senior Information Risk Owner (SIRO) has responsibility for leading and implementing the information asset risk assessment and management processes within the CCG in addition to advising the Governing Body on the effectiveness of information risk management throughout the CCG.
- 7.17 As part of the annual DSP Toolkit submission, a comprehensive assessment of information security is undertaken. The effectiveness of this assessment is reported to, and monitored by, the IAOG. This includes details of any personal data related serious incidents, the CCG's annual DSP toolkit submission and reports of other IG incidents and audit reviews. Regular reports are received in relation to policies, the Caldicott risk register, information assets and records management.
- 7.18 There is a staff handbook in place to ensure that staff are aware of their roles and responsibilities under IG and the Data Protection Act 2018.
- 7.19 The CCG has published 'standards met' for the DSP Toolkit (2021/22).
- 7.20 There are processes in place for incident reporting and investigation of serious incidents.
- 7.21 Information risk assessment and management procedures have been established via the IAOG, the SIRO and the Risk Management Team. Work continually takes place to ensure that these are embedded throughout the organisation. All incidents which have a data protection element are investigated with lessons learnt shared via the IAOG.
- 7.22 There has been one serious breach of the Data Protection Act (Level 2 reportable) between 1 April 2022 and 30 June 2022 which was reported to the Information Commissioners Office (ICO). The ICO was satisfied with the actions taken by the CCG to investigate the breach and to mitigate the risk of recurrence and no further action was taken.
- 7.23 For further information on responding to Freedom of Information requests please see page **Error! Bookmark not defined.** of the Annual Report and Accounts.

### **Business critical models**

- 7.24 As Accountable Officer I can confirm that there is an appropriate framework and environment in place to provide quality assurance of business-critical models, in line with the recommendations in the Macpherson Report for government departments and their arm's length bodies.

- 7.25 Having reviewed the guidance around business-critical models and the detail held by HM Treasury, although CCGs make use of the models, we do not own them, and are unable to change their content. For example, the models include the CCG allocations formula and the modelling for the national tariff; we receive the outputs of these models but have no control or input to their use.

### **Third party assurances**

- 7.26 NHS Dorset CCG seeks third party assurances when a provider enters a sub-contracting arrangement. The lead provider is then required to report on outcomes of the commissioned service including all aspects of the sub-contracted element of the service. The NHS Standard Contract, General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) Contracts affords the CCG adequate levers and mechanisms to address any concerns that may arise from any third-party arrangements.
- 7.27 For Personal Health Commissioning, when the NHS Standard Contract is not used, joint contracts with Local Authority partners similarly offer the required level of assurance for such third-party arrangements.

## **8.0 Control issues**

- 8.1 There were no significant control issues identified between 1 April 2022 and 30 June 2022.

## **9.0 Review of economy, efficiency, and effectiveness of the use of resources**

- 9.1 There are procurement processes to which the CCG adheres. There is a scheme of delegation which ensures that financial controls are in place across the organisation.
- 9.2 The roles of the accountable and delegated committees and groups are clearly articulated in pages X to X of the Annual Report and the scheme of delegation has been reviewed, and approved, in 2021/22.
- 9.3 NHS Dorset CCG is operating as an 'Integrated Care System' (ICS) and has in place a system control total in partnership with the three Foundation Trusts within Dorset. Being part of this arrangement enables the partners to work together to ensure maximum resources are available and collective management of risk. South West Ambulance is also part of the Dorset system control total, however where there are issues relating to the quantum of funding this is picked up through the Ambulance Joint Commissioning Committee for resolution on a regional footprint.
- 9.4 Arrangements have been put in place to operate as an ICS including monthly monitoring of actions, performance and financial metrics through the Operations and Finance Reference Group (OFRG) and the Senior Leadership Team (SLT).

- 9.5 2022/23 has seen a return to an allocation based financial regime with final plans agreed in June 2022. Processes have been put in place to record and monitor costs. In addition, the CCG has set ambitious savings targets to look for opportunities to release savings to reduce the cost base and therefore deliver on its break-even duty for the financial year, in April to June 2022 a large proportion remains unidentified so will need to ensure continued scrutiny and oversight as it transfers to the ICB.
- 9.6 In order to continue to deliver efficiency within the CCG, a Quality, Innovation, Productivity and Prevention (QIPP) Oversight Group is in place led by the Chief Finance Officer to ensure that (QIPP) continues to be a priority; although this was paused at the height of the pandemic under national direction, this is now back in place.
- 9.7 Monthly reporting is in place to Directors, with bi-monthly reporting to the Governing Body on financial performance and delivery against the agreed plan, although for 2022/23 the first report will be to the ICB due to information availability; this will include the actions for QIPP and proposed mitigations for any variance to plan that could lead to non-delivery.
- 9.8 As we exit the Covid-19 financial regime, the underlying financial position for the Dorset ICS partners is recognised to have an underlying recurrent deficit position, therefore the development of a financial strategy is critical to ensure that we develop and achieve a strategy that will achieve and maintain financial balance, this has continually been identified on the CCG Governing Body assurance framework as a high rated risk. Consequences of not returning to a financially sustainable position will be increased regulatory scrutiny, restrictions on cash and limited investment being available for improving services. A strategic partner with support from the region has been secured to support the Dorset system partners in the development of this work.

### **Delegation of functions**

- 9.9 It is implicit through the work of the Governing Body and delegated Committees that members have clear responsibility for ensuring appropriate use of resources. Where there are concerns in relation to budgetary management, these are clearly documented in the Corporate Risk Register including those key financial risks relating to the CCG's commissioned Providers. One overarching risk is identified and recorded on the Corporate Risk Register relating to financial risk. It is anticipated that additional funding will reduce/cease for covid and elective recovery which will lead to an increase in financial risks in 2023/24 if costs cannot be exited.
- 9.10 Prior to the Covid-19 pandemic, reports were received on the performance of contracted Providers and areas of under and over performance were addressed through contract meetings and reported through performance and quality papers

to CCG groups and committees. To reduce the burden and release capacity to manage the Covid-19 pandemic, national guidance has been adhered to in support of Provider organisations, by:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

- 9.11 The Audit Committee, under the scheme of delegation, monitors the financial stewardship of the organisation via detailed reporting to every meeting and is responsible for scrutinising the end of year financial accounts and recommending approval to the Governing Body. At year end the CCG achieved its break-even statutory duty.
- 9.12 The Governing Body, Audit Committee, Quality Surveillance Group and Directors Performance meetings retain oversight of all risks including those deemed to be systemic and are responsible for ensuring that relevant mitigating actions are undertaken. There have been no significant internal control failures identified between 1 April 2022 and 30 June 2022.
- 9.13 Internal Audit has found no significant lapses in key controls tested in any of the audits that have been undertaken in this period.
- 9.14 The CCG commissions support services from other NHS organisations under the NHS Contract for Goods and Services for the provision of back-office functions such as payroll, occupational health, and procurement. The contract form provides the framework under which assurance on performance can be monitored and managed.

#### **Freedom to speak up: raising concerns (whistleblowing) effectiveness**

- 9.15 The CCG's 'Freedom to Speak Up Guardian' is the Governing Body Registered Nurse. Freedom to Speak up is supported and encouraged across the CCG and a campaign has been driven by the Freedom to Speak Up Guardian for staff to use this avenue to protect and improve the experience for both staff and service users. This has never been more important than during the Covid-19 Pandemic. It is vital that as well as identifying where things are going wrong, potential harm is prevented. Staff should feel able to report concerns, make suggestions and should expect that their concerns and suggestions are listened to and used as an opportunity for improvement. The Freedom to Speak Up Guardian is also the CCG's Well-Being Guardian, and this enhances the Freedom to Speak Up Guardian role.
- 9.16 Dorset CCG has established policies and processes to support staff in raising concerns which meet contractual and professional requirements. These

documents are based on the national 'Freedom to Speak Up Policy' mandated by NHS England and are well promoted throughout the CCG.

- 9.17 Between 1 April 2022 and 30 June 2022 there were no cases raised with the Freedom to Speak Up Guardian at Dorset CCG.
- 9.18 The CCG Freedom to Speak Up Guardian has raised the profile of the role and sits on the FTSU network across the Southwest, as well as local meetings. Regular feedback is also on the agenda at the Quality Surveillance Group which is a multi-partnership meeting.
- 9.19 In conjunction with the CCG Nursing and Quality team, the Freedom to Speak Up Guardian has developed the recording and reporting for the Freedom to Speak Up process on the CCG's risk management system. The Freedom to Speak Up Guardian submits a return to the National Guardian's office on a quarterly basis.
- 9.20 Dorset CCG is confident that there are appropriate processes in place around whistleblowing.

#### **Counter fraud arrangements**

- 9.21 The CCG is required, under the terms of the Standard NHS Contract and in accordance with the 'Government Functional Standard GovS 013: Counter fraud – management of counter fraud, bribery and corruption activity' to ensure that appropriate counter fraud measures are in place.
- 9.22 The CCG's Accountable Officer for fraud, bribery and corruption is the Chief Finance Officer, who is responsible for authorising investigations, including the arrest, interviewing and prosecution of subjects and the recovery or write-off of any sums lost to fraud.
- 9.23 The CCG has an accredited Local Counter Fraud Specialist (LCFS) who is nominated and responsible for the investigation of any allegations of fraud, bribery, and corruption and for the delivery of a programme of proactive counter fraud work, as detailed in the annual risk-based work-plan approved by the Audit Committee. Where fraud is established or improvements to systems or processes identified, the LCFS will recommend appropriate action to the CCG.
- 9.24 The LCFS collaborates closely with the Workforce team when investigating cases involving members of staff and provides evidence to the CCG's investigating officer for disciplinary matters.
- 9.25 Monitoring of the CCG's counter fraud arrangements is undertaken by the Audit Committee. The LCFS, who is responsible for the investigation of any allegations of fraud, bribery, and corruption and for the delivery of a programme of proactive counter fraud work, attends each committee meeting to report progress against

the agreed counter fraud work-plan and advise the outcome of any completed investigations or proactive exercises.

- 9.26 The CCG is required to submit an annual Counter Fraud Functional Standard Return (CFFSR) against 'Government Functional Standard GovS 013: Counter fraud – management of counter fraud, bribery and corruption activity' which provides assurance of compliance to the requirements of the standard.
- 9.27 A Fraud Response Plan is in place which sets out these roles and responsibilities and the steps to be taken by the CCG if fraud is suspected. All staff are required to report any suspicions of fraud, bribery, or corruption that they may have either to the LCFS, NHS Counter Fraud Authority or the Chief Finance Officer.
- 9.28 As part of the Governance arrangements that are in place, external audit undertakes 'a value for money' audit, which assesses the CCGs performance in respect of efficiency, effectiveness, and economy. This is undertaken on an annual basis to provide external assurance. In addition, the CCG is required to report to NHS England how it is delivering in respect of use of resources as part of a regular assurance process.

## **10.0 Head of Internal Audit Opinion**

- 10.1 On 15 July 2022, the Head of Internal Audit issued a report detailing the work undertaken by internal audit for NHS Dorset Clinical Commissioning Group, providing an overview of the effectiveness of the controls in place for the 15-month period from 1 April 2021 to 30 June 2022. The Head of Internal Audit concluded that:
- 10.2 The role of internal audit is to provide an opinion to the Governing Body, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.
- 10.3 The report confirmed the work was carried out in accordance with the internal audit plan approved by CCG management and the Audit Committee. The plan was based upon discussions held with management and was constructed in such a way as to gain a level of assurance on the main financial and management systems reviewed. There were no restrictions placed upon the scope of the audit and the work complied with Public Sector Internal Audit Standards.

10.4 During the 15-month period, the following reports were issued:

Area of audit	Level of assurance given	
	Design	Operational effectiveness
Primary care commissioning	Substantial	Moderate
Key financial systems	Substantial	Substantial
Personal health commissioning	Moderate	Moderate
Conflicts of interest	Substantial	Substantial
Assurance Framework and Risk Management	Moderate	Moderate
CCG Closedown & ICB Establishment (part 1)	n/a	n/a
CCG Closedown & ICB Establishment (part 2)	n/a	n/a

10.5 The overall Head of Internal Audit opinion is set out as follows:

- overall opinion
- basis for the opinion
- commentary.

### Overall opinion

10.6 Overall, we are able to provide moderate assurance that there is a sound system of internal control designed to meet the CCG's objectives and that controls are being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

### Basis of opinion

10.7 The basis for forming my opinion is as follows:

- an assessment of the design and operation of the underpinning Governing Body and Assurance Framework and supporting processes
- an assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses
- any reliance that is being placed upon third party assurances.

### Commentary

10.8 In forming our view we have taken into account that:

- the CCG has delivered a breakeven position, for the 15-month period. As a result, its cumulative surplus will be a total of £35,819k. Despite the impact on the staff due to the Covid-19 pandemic, we have been able to complete all our planned audit work, during the year. There have been no limitations in scope due to the homeworking restrictions.



- the Covid-19 pandemic has resulted in aspects of the NHS Constitution Standards not being met, however, from the work we have undertaken, and the reports provided, it was evident that the Audit Committee and Governing Body has been kept informed on the issues a timely basis.
- the CCG has displayed strong controls in relation the key financial system, conflicts of interest and primary care commissioning processes.
- the CCG has continued to develop and enhance its mechanisms to ensure appropriate assurance and oversight arrangements are in place to demonstrate the monitoring of its strategy and documentation within the Governing Body Assurance Framework.
- good progress has been made during the year with the implementation of the actions arising from the audit work.

## 11.0 Review of the effectiveness of governance, risk management and internal control

- 11.1 My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.
- 11.2 Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the Clinical Commissioning Group achieving its principal objectives have been reviewed. I have been advised on the implications of the result of this review by:
- the work of the internal auditors
  - Executive Directors, senior managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework
  - comments made by the external auditors in their annual audit letter and other reports.
- 11.3 The Governing Body Assurance Framework and Corporate Risk Register have been designed to provide me, as Accountable Officer, with sources of assurance which are evidence that the effectiveness of controls that manage risks to the CCG are achieving their principal objectives and are reviewed on an on-going basis as described on pages X to **Error! Bookmark not defined..**
- 11.4 The Executive Directors within the CCG who have responsibility for the development and maintenance of the system of internal control provide me, as Accountable Officer, with assurance.
- 11.5 As Accountable Officer, I have received assurance of the effectiveness of the CCG's internal controls as discharged through the committees described in page

X to X. Plans are in place to address any areas of improvement identified; monitoring arrangements are in place to address these.

11.6 Pages X to X describe the process that has been applied in maintaining and reviewing the effectiveness of the system of internal control, including the role and outputs of the:

- Audit Committee
- Governing Body
- Primary Care Commissioning Committee
- Remuneration Committee.

## **12.0 Conclusion**

12.1 I can confirm that no significant internal control issues have been identified.

# Governance Statement

[Please draft in accordance with DHSC GAM Para 3.57-3.59]

## Introduction and context

[Insert name of CCG] is a body corporate established by NHS England on [1 April 20XX] under the National Health Service Act 2006 (as amended).

The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2022, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006

[or]

is subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 as follows:

- Provide full details and additional information as necessary to enable the reader to understand the context of your clinical commissioning group (e.g. a link to the directions on NHS England's website).]

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

## **Governance arrangements and effectiveness**

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

[Provide detail of how this has been achieved, including reference to:

- Key features of your CCG's constitution in relation to governance (including the split of responsibilities and decision making between your Membership Body and Governing Body).
- Information about your Membership Body and Governing Body, including key responsibilities, membership, attendance records and highlights of their work over the year.
- Information about any committees and sub-committees of the above, including key responsibilities, membership, attendance records, and highlights of their work over the year.
- The performance of the Membership Body and Governing Body, including their own assessment of their effectiveness.
- Membership of the CCG's Audit Committee (with reference to DHSC GAM Chapter 3 CCG Appendix 1: Additional Requirements for CCGs]

If you prefer to include any of the above information as part of the Member's Report, please ensure a cross-reference is given.

## **UK Corporate Governance Code**

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

[CCGs may wish to report on their corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code they consider to be relevant to the clinical commissioning group. The approach should be agreed in discussion with the CCG auditors].

### **Discharge of Statutory Functions**

[Please confirm whether correct arrangements are in place for the discharge of statutory functions, that they have been checked for any irregularities, and that they are legally compliant, in line with the recommendations of the 1983 Harris Review.]

[Possible wording is as follows:

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties].

### **Risk management arrangements and effectiveness**

[Please describe:

- key elements of your risk management strategy, including the way in which risk (or change in risk) is identified, evaluated, and controlled to:
  - Prevent risk;
  - Deter risks arising (e.g. fraud deterrents); and,
  - Manage current risks.
- how the control mechanisms work and risk appetite is determined.

- how risk management is embedded in the CCGs activity (e.g. how equality impact assessments are integrated into core business or how incident reporting is openly encouraged and handled.)
- How the CCG involves public stakeholders in managing risks which impact on them].

### Capacity to Handle Risk

[Describe the key ways in which:

- Leadership is given to the risk management process; including:
  - The effectiveness of governance structures,
  - The responsibilities of Directors and committees;
  - Reporting lines and accountabilities between the Governing Body, its committees and subcommittees and the executive team;
  - The submission of timely and accurate information to assess risks to compliance with the clinical commissioning group's statutory obligations; and,
  - The degree and rigour of oversight the Governing Body has over the clinical commissioning group's performance.
- Staff are trained or equipped to manage risk in a way appropriate to their authority and duties. Include comment on guidance provided to them and ways in which you seek to learn from good practice].

### Risk Assessment

[Describe:

- how risk has been assessed during the reporting period, including the CCG's risk profile

- what the CCG's major risks to governance, risk management and internal control over the reporting period (including any risks to compliance with the CCG's licence) have been or continue to be. This should identify any risks that have been newly identified during the financial year.
- how the CCG has acted to manage these risks and how outcomes will be assessed.

## Other sources of assurance

### *Internal Control Framework*

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

[Describe how the control mechanisms work].

### *Annual audit of conflicts of interest management*

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

[Please confirm that the CCG has carried out their annual internal audit of conflicts of interest and summarise the outcome of the audit, including the scope areas which the audit found to be partially compliant or non-compliant, and/or requiring improvement.]

### *Data Quality*

[Provide information about the quality of the data used by the Membership Body and Governing Body and confirm that they find it acceptable and, if not, what is being done to remedy this.]

### *Information Governance*

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. [Please comment on the level of compliance demonstrated by completion of the IG Toolkit, providing detail where unsatisfactory.]

[Describe how risks to data security are managed. Possible further wording is as follows:

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing / have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.]

### *Business Critical Models*

[In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business critical models].



*Third party assurances*

[Where the CCG relies on third party providers, please comment on how assurance is received, the effectiveness of these arrangements and whether any improvements are planned into the future].

**Control Issues**

Building on issues identified via the Month 9 Governance Statement return, please describe significant control issues currently facing the CCG, and what remedial action has been undertaken. The following should be considered in deciding if an issue is significant:

- Might the issue prejudice the achievement of priorities or undermine the integrity or reputation of the CCG and/or wider NHS?
- What advice or opinions have internal audit / external audit and Audit Committee given?
- Could delivery of the standards expected of the Accounting Officer be at risk?
- Has/might the issue made it harder to resist fraud or other misuse of resources, or could it divert resources from another significant aspect of the business?
- Could the issue have a material impact on the accounts?
- Might national security of data integrity be put at risk?

**Review of economy, efficiency & effectiveness of the use of resources**

[Describe key processes that have been applied to ensure that resources are used economically, efficiently and effectively, including some comment on:

- The role of the governing body, internal audit and any other review or assurance mechanisms
- Ratings for the Quality of Leadership indicator of the CCG Improvement and Assessment Framework

- Financial planning and in-year performance monitoring
- Central management costs
- Efficiency controls

### Delegation of functions

[Where the CCG has delegated its functions (either internally or externally), please explain how feedback from delegation chains regarding business, use of resources and responses to risk and the extent to which in-year targets have been met has been assessed, and what issues have been identified as a result. Feedback might be received through:

- bottom-up information and assessments to generate a full appreciation of performance and risks as they are perceived from within the organisation
- end-to-end assessments of processes
- a high level overview of the organisation's business so that systemic risks can be considered;
- any evidence from internal control failures or poor risk management; and potentially, information from whistleblowers.

### Counter fraud arrangements

[Describe the key features of the counter fraud arrangements in place with reference to the NHS Protect Standards for Commissioners: Fraud, Bribery and Corruption].

[A summary of the key features of the arrangements should describe:

- That an Accredited Counter Fraud Specialist is contracted to undertake counter fraud work proportionate to identified risks.
- The CCG Audit Committee receives a report against each of the Standards for Commissioners at least annually. There is executive support and direction for a proportionate proactive work plan to address identified risks.
- A member of the executive board is proactively and demonstrably responsible for tackling fraud, bribery and corruption.

- Appropriate action is taken regarding any NHS Protect quality assurance recommendations].

## Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

[Include summary version Head of Internal Audit Opinion].

During the year, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
[Name of Audit]	[e.g. Full Assurance, Reasonable Assurance, Limited Assurance, No Assurance]

[If any of the above audit reports identified governance, risk management and/or control issues which were significant to the organisation, please outline for each: issues leading to conclusion, action plans agreed, action to the date of signing the Annual Report and Accounts, follow up audit findings, etc.]

# Review of the effectiveness of governance, risk management and internal control

[Possible wording is as follows:

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The board
- The audit committee
- If relevant, the risk / clinical governance / quality committee
- Internal audit
- Other explicit review/assurance mechanisms.

The role and conclusions of each were...]

## Conclusion

[State either that no significant internal control issues have been identified or refer back to significant internal control issues identified above. Summarise the actions taken - or proposed - to deal with these issues and/or other gaps in control, as applicable, and the plan going forwards to address weaknesses and/or ensure continuous improvement of the system is in place].

## NHS DORSET INTEGRATED CARE BOARD

## ICB BOARD

## QUALITY REPORT

<b>Date of the meeting</b>	01/09/2022
<b>Author</b>	P O'Shea, Deputy Director of Nursing and Quality J Swarbrick, Patient Safety Specialist K Payne, Head of Nursing & Quality (Quality Governance and Risk) L Plastow, Head of Safeguarding V Melville, Head of Nursing & Quality (Quality Improvement)
<b>Lead Director</b>	Vanessa Read, Interim Chief Nursing Officer
<b>Purpose of Report</b>	To provide a summary of commissioned services during the Covid-19 response.
<b>Recommendation</b>	The ICB Board is asked to <b>note</b> the report.

## Monitoring and Assurance Summary

<b>Conflicts of Interest</b>	<i>n/a</i>
<b>Involvement and Consultation</b>	<i>n/a</i>
<b>Equality, Diversity and Inclusion</b>	<i>n/a</i>
<b>Financial and Resource Implications</b>	<i>n/a</i>
<b>Legal/governance</b>	<i>n/a</i>
<b>Risk description/rating</b>	<i>Included on the Assurance Framework.</i>

**Author's name and Title :** P O'Shea, Deputy Director of Nursing and Quality  
J Swarbrick, Patient Safety Specialist  
K Payne Head of Nursing & Quality (Quality Governance and Risk)  
L Plastow, Head of Safeguarding  
V Melville, Head of Nursing & Quality (Quality Improvement)

**Date :** 10/08/2022

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Quality Report</b>
<b>Appendix 2</b>	<b>Dashboard pdf</b>



## Quality Report

August 2022

Version: 01 Date: 05/07/2022

# Quality Contents



**Dorset**

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- Significant ambulance handover delays continue to be seen due to the system pressures. A weekly ICS ambulance handover cell has been established to monitor impact, prioritise and expedite actions to reduce delays.
- The number of covid outbreaks has begun to decrease across providers including care homes in Dorset, a system approach to the use of masks in all settings has been supported across the system.
- The first case of MRSA bloodstream infection has been recorded for Dorset; no learning has been identified for the case.
- Delays in IHA's for all children coming into care continue and has been escalated to UHD, with performance meetings being instated. The trajectory for improvement will be included in future reports.
- Mandatory safeguarding training compliance is below target across all providers, action plans in place to improve this situation, by end of Quarter 3.
- The bespoke commissioned programme to undertake Initial Health Assessments of the Unaccompanied Asylum-Seeking Young people, in BCP is now complete, several young people were identified as adults in this process and a significant amount of trauma induced mental health issues were identified.
- A case involving a young person with complex needs will be subject to an independent investigation, the timescales for this are not yet known. In immediate response a weekly panel meeting is being held to provide an overview of young people at risk of crisis or delayed in leaving hospital. A workshop for children and young people with complex needs is being held on 24th August 2022 which will look at the longer term offer to support children and young people and their families.

## Quality monitoring

The Business intelligence [Quality Overview Report - v2 - Power BI](#) represents the most recent available data. Areas are being updated as soon as NHS digital restarts data collection or from direct monthly updates from providers. The dashboard contents and presentation have been updated.

## University Hospitals Dorset (UHD):

- Following initial decline in the backlog of discharge summaries an increase was seen again. The issue was caused by an IT change and has now been resolved with the backlog now reducing again. However, a new risk has emerged with the completion of very old discharge summaries. UHD will explore a risk-based approach to reduce this risk. This approach will be reviewed in early September and timescales for completion agreed. The timely completion of discharge summaries has improved and is now the focus to ensure this progress is sustained. The meetings to monitor progress will continue until sustained progress can be evidenced.
- The trust is an outlier in the prescription of oral morphine. UHD are working with the medicines optimisation team to understand prescribing practice to make improvements.

## Ambulance Handover delays:

Significant pressure remains with handover delays. DCH continues to see a decrease in all delays over 30 minutes and a further reduction in extreme delays of over 4 hours. PGH site remains an increasing trend of delays over 30 minutes with an increased trend of extreme delays. RBH has seen a small increase in delays over 30 minutes but a reduction in extreme delays. Despite some progress overall decrease, levels of delays remain significantly high.

## Dorset County Hospital (DCHFT):

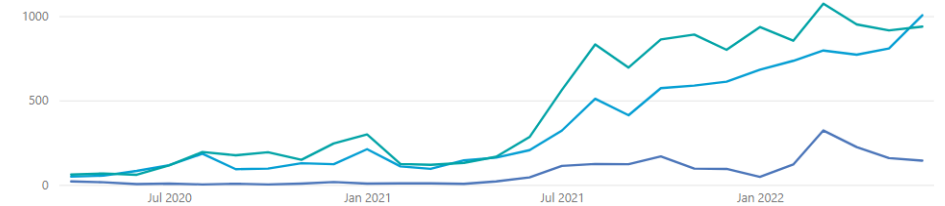
- DCH are reviewing incident management processes as part of quality improvement work. The ICB Patient Safety team is sharing observations of the different processes within the ICS organisations to support this work and share learning.
- Previous delays with the reporting of pressure ulcer investigations has been improving, with reports now being received in a timelier manner.
- The Hospital at Home team is supporting the development of a similar model in UHD. Learning from this team is being used inform ICB work to develop more virtual wards following the successful bid for funding from NHSE which aims to increase virtual ward beds to c.330 in the county by April 2024 . A visit to the team is planned for later this year.

## Salisbury NHS Foundation Trust (SFT):

- Significant delivery issues identified with the Sleep Service continue to be of concern and several patient complaints have begun to be seen. Actions to address issues have been agreed. Alternate interim provision has been agreed for urgent referrals, with pathways being finalised. The service will transition to a new provider in August 2023.

Handovers Over 30 mins by Site

Prov Code ● DCH ● PHT ● RBH



Handovers Over 30 mins by Site

Prov Code ● DCH ● PHT ● RBH



# Quality Overview - South Western Ambulance Service Trust (SWAST)

*Edited by: Pam O'Shea*



Ambulance handover delays continue to negatively impact on SWAST performance with a resultant impact on patient safety, outcomes and experience of care. Of particular concern is delays in response times to Category 2 calls. A system wide trajectory has been agreed to significantly reduce handover times by March 2023. An ambulance handover cell has been established to drive forward improvements and whilst performance in the west of the County remains good overall, ongoing challenged performance at UHD means that as a system, Dorset continues to not meet the trajectory.

As a result of these delays, patients continue to experience harm and poor experience either directly or indirectly due to protracted waits for a 999 response or delays in accessing the most appropriate care to meet need.

The SWAST Patient Safety Incident Investigation report has now been completed and shared with families. The report has also been shared with system CNOs, NHSE Regional Quality Group and the Ambulance Joint Commissioning Committee. The thematic report identifies contributory factors and improvement actions for consideration by SWAST, System Urgent & Emergency Care Boards and other stakeholders. Each system has committed to reviewing the issues which the report raises and taking the necessary actions to improve outcomes for patients. Arrangements for oversight and monitoring of systems against these actions has yet to be agreed.

Progress against SWAST actions will be monitored through the SWAST Quality Assurance Sub Committee (QASC).

## **Dorset Healthcare**

- Concerns have been raised by system partners around the ongoing provision of Psychiatric Liaison services across Dorset over 7 days a week and 24-hour provision. A current piece of work is being scoped to understand the impact and complexities of the service, including the effective use of the 136 suites at St Ann's Hospital. The timeframes for this work is to be agreed at the initial meeting.

## **Independent Providers (care homes, supported living and domiciliary care)**

- Following a CQC inspection, concerns have been raised regarding a Residential Home in Weymouth- concerns regarding Medicines management, staffing levels, care delivery, IPC and Fire safety, a large-scale enquiry has commenced, and system support is in place.
- A Nursing Home Closure has concluded, and all residents were moved to new residences within the 4 weeks' timeframe, the reason for closure is the building is being sold.
- The number of COVID-19 outbreaks have begun to decrease in Dorset Homes, and the support from both the local authority teams continues with support of the Quality Improvement Nurses (QINs) as a key resource for the care homes, who are managing these situations well.
- Progress continues with the Development of an identification tool for Dementia. Several care homes are trialling a selection of tools. The development of appropriate training is also being designed as well as engagement from stakeholders and will be evaluated in the Ageing well steering group over the next 6- 12 months once rollout has started in Autumn 2022.

## Primary Care

- Primary Care. Quality assurance support visits continue with a focus on infection prevention and control and CQC KLOEs, feedback has been positive from both practices and visiting ICB team members, and many are planned in the coming months.
- One of the three recent CQC inspection reports has now been published. Poundbury Doctors Surgery has retained a Good rating. Final reports for Lyme Bay Medical centre and Royal Manor Healthcare are yet to be published.
- There are three further CQC inspections planned, Old Dispensary, Wyke Regis and Lanehouse Medical Practice and Lifeboat Quay Medical Practice.
- It is anticipated that there may be an increase in the number of CQC inspections across Dorset, as 48 of Dorset practices were last inspected over 5 years ago.

## Dorset LeDeR - Reporting Period: Q1 2022/23

### Q1 position 2022/23

Notifications (Q1)	12
No. of reviews currently allocated to a Reviewer	8
Completed, panel review & closed (Q1)	5
Cases awaiting allocation to a Reviewer	12
Child Death Overview Panel awaiting completion	2

### Current service improvement workstreams

- Working with the LD and Autism team to improve the quality of Annual Health Checks.
- Promotional work for dysphagia management in social care providers across Dorset. This is the new Dorset Healthcare Speech and Language Therapy Dysphagia information poster that's been circulated around Dorset care providers:



DHC SALT LD  
Dysphagia poster

- Promotional work of Advanced Care Planning and DNACPR processes in social care providers.
- Continuing to develop data on DiiS to identify Learning Disability deaths not reported to LeDeR.
- Continuing to work with Primary Care to encourage greater reporting of deaths to LeDeR.
- Working with Quality Team to embed Restore2 Mini into LD health and social care services.
- Continuing work with Cancer Screening programme to improve access for people with LD.

#### Update:

- National LeDeR Policy (June 2021) now embedded.
- Developmental work with IT platform ongoing with the Southwest Commissioning Support Unit.
- To date there has been no notifications of deaths of people with autism.
- New process of recommendations from LeDeR reviews agreed at panel working well.
- Senior Reviewer role working well.
- Additional Reviewer on bank contract.
- The Oliver McGowan mandatory training in Learning Disability and Autism has become part of the Health and Care Act 2022. The training has been trialled and is expected to be rolled out nationally by autumn 2022. A code of practice will be published in 2023 by the Government.

Deaths of people with Learning Disabilities and/or Autism can be reported following this link [www.leder.nhs.uk](http://www.leder.nhs.uk).



Dorset LeDeR reports, agendas and minutes of meetings are now in easy read . Reports are publicly accessible on the DCCG website. [Learning Disabilities and Autism – NHS Dorset CCG](#)

# Infection Prevention Control (IPC) and COVID-19 Outbreaks

## Infection Prevention and Control (IPC) Dorset

- A deep dive into a root cause analysis has taken place to identify if there is any learning from a *C. difficile* serious incident. This process became a very complex post infection review (PIR), with number of services across Dorset involved in the patient care, therefore investigation continues to ensure a robust analysis is completed by the end of September 2022.
- Several IPC visits have taken place in Primary Care to provide support and advice to IPC Leads and Practice Managers. The offer of specialist advice together with information around governance and legislations has been welcomed by the practices who have had these visits. During the visits support with reviewing the evidence gathering for the CQC KLOEs is being offered.
- The ICB IPC Team is pleased to be part of many nationally driven pilots such as a newly established Task and Finish group led by NHSE to develop an IPC resource toolkit for General Practitioners and the development of a 'business as usual' Board assurance framework for IPC, both projects ensuring Dorset is involved in national quality improvement in IPC.
- The first case of MRSA bloodstream infection in 2022/23 has been recorded for Dorset. Zero tolerance continues for all MRSA Blood stream Infections (BSIs). The root cause analysis did not identify any learning themes and the case was unavoidable due to patient non-compliance with treatment and self-discharge.

## COVID-19 Outbreaks in Dorset

- Outbreaks of COVID-19 have now plateaued with the evidence of a decrease being seen in the number of outbreaks among the providers within Dorset, in both acute and community hospital settings . Yet the impact on the system workforce is still noticeable across many of the Dorset providers.

## **Safeguarding**

- The bespoke commissioned programme to undertake Initial Health Assessments of the Unaccompanied Asylum-Seeking Young people, in BCP is now complete, several young people were identified as adults in this process and a significant amount of trauma induced mental health issues were identified.
- There is no change in the ongoing delays in completing the Initial Health Assessments for Dorset resident children, coming into care which has been escalated to contract leads to performance manage. The current arrangements are not sustainable and UHD remain in breach of their statutory duty.
- The Safeguarding Team have completed the quality assurance visits to Providers, which has included the mandatory Section 11 audit for statutory partners to complete. Training compliance particularly of Level 3 adult safeguarding is below expected levels and this will be monitored through quarterly reports and Trust Action Plans. Further work needs to be undertaken in developing a robust annual audit plan across the ICB. In addition, Primary Care are also undertaking a Section 11 audit (not mandated).
- The safeguarding place-based arrangements adopted by the LA's are increasingly impacting on the capacity to attend all meetings, the CCG are working with Partners to ensure safeguarding standards are maintained as divergent strategies emerge.
- A review of the ICB mandatory safeguarding training compliance is underway alongside a mapping of staff roles to the intercollegiate documents (statutory guidance on training).



## **Community Medical Examiner**

Work continues to support primary care and community settings to ensure the statutory requirements for reviews of all deaths by April 2023 is achieved. So far there are 23 out of 54 practices referring into UHD Medical Examiner's office and there will be further communications from early September to encourage more to start referring. Delays in West Dorset are due to IT capacity to make the necessary links within SystmOne. DCH have fully recruited to Medical Examiner Officer posts and Community Medical Examiners.

## **World Patient Safety Day**

The World Health Organisation aim is to reduce severe avoidable medication-related harm by 50% by 2024. As part of that challenge the worldwide focus for Patient Safety Day this year is Medicines Safety.

In Dorset we prescribe almost double the volume of liquid opioids to patients in our hospitals when compared with others in our region. This increases the risk of prolonged prescribing in primary care leading to long term tolerance leading to dependence and contributes to nearly 700 patients requesting multiple liquid opioid prescriptions each month for chronic non-cancer pain.

This prescribing is having a disproportionate impact on women between 40 and 60 years of age and in more deprived areas of our county.

Despite a concerted efforts by primary care 800 patients are prescribed doses above 120mg morphine equivalent per day, increasing their risk of medicines related harm.

Patient Safety leads are working jointly with Medicines Safety Officers to hold a collaborative learning event to take place on Friday 16 September focussed on reducing opioid prescribing and a multi-agency approach to working together to help patients live well with pain.

## **Harm Review and 100 day challenge**

The Acute Hospital Discharge 100 day challenge letter has asked that systems treat delayed discharge as a potential harm event as one of the 10 high impact interventions. Patient Safety Specialists are considering how this can be achieved in Dorset where there are already established incident reporting processes.

Information for the harm review has been received and is being analysed. A theme has been identified of increased numbers of patient falls and pressure ulcers with contributory factors being high bed occupancy and increased acuity of patients.

## **Learning for Patient Safety Events (LFPSE) implementation**

NHS EI have set a milestone for all NHS Trusts to be uploading patient safety incidents to the new LFPSE system by March 2023.

This process is dependent on the local risk management software providers (e.g. Datix, Ulysses) to upgrade the systems to be compliant. There are concerns raised at national level about the progress being made on this as one software provider will not commence until September 2022 on the older versions (two Dorset acute trusts using this). In addition, DHC are in a procurement process for a new system and as yet unable to confirm if the NHS EI milestone will be met.

## **HM Coroner Dorset, Regulation 28**

A regulation 28 letter has been received by several organisations in Dorset following the conclusion of an inquest into the death of a young person in 2017. The ICB will respond with proposed actions and intentions to oversee improvement actions in commissioned providers.

## Dorset Quality Surveillance Group - Items for note, July 2022 Meeting

### Enhanced quality assurance and improvement

#### SWASFT

- Seeing performance improvement in categories 1, 2, 3 and 4 although still outside of expected thresholds.

#### Urgent and Emergency Care (UEC)

- Top priorities aligned to highest risks.
- Additional focus area around the out of hospital pathway work
- NHS England met with all seven systems regarding their Handover Delay Improvement Trajectories, as support.

#### 111 Element of Dorset Integrated Urgent Care Service (IUCS)

- Not meeting Key Performance Indicators (KPI) in relation to call answering, quite a few targets in terms of booking and validation are being met.

#### Other concerns

- Concern was raised in the Autism Spectrum Disorder (ASD) pathway.
- Workforce in the Care sector.
- System staff absence and staff recruitment.

## **Learning Disability (LD)**

- From the presented report, picked up:
  - Annual Health checks programme is targeting those that have not received a health check before or not within the last 12-months.
  - Safe and well reviews.
  - Dynamic Support Register (DSR) is operational, waiting for national strategy from NHS England regarding minimum standards.

## **BCP**

- From the update given, picked up:
  - Focus on recruitment and retention.
  - Progress in Childrens services improvement plan.

## **Falls**

- From the presented report, picked up:
  - Good piece of work but needs onward investment.

## **Items for noting**

- Patient experience including complaints annual report.
- Infection control annual report.
- Morecambe report independent investigation. Recommendations and ongoing work.

## **Good Practice**

- Launched a GP SharePoint system for shared learning.
- Quality Assurance report published for mental health homicide. Highlights the improvement made in Serious Incident processes.
- Patient safety, Medical Examiner roll out programme is reaching further.
- Sensory assessments at St Annes.
- Learning Disabilities Mortality Review (LeDeR) compliance.
- Investment in sleep service to address the clinical risks.
- Dorset County have completed their Cost of Care exercise.
- Falls work.
- Several providers meeting their 3-day acknowledgements of complaints.

# Quality Overview

**Date Periods Covered** 2020 onwards; mostly latest rolling 12 months' data  
**Update Frequency** Monthly  
**Purpose** The Quality Overview Report brings together NHSE and Provider data from various areas of the Quality Directorate, including Patient Safety and CQC Ratings  
**Created By** This report has been created by the Dorset Intelligence & Insight Service. For any queries, please contact: Diis@dorset.nhs.uk

[Link to NHSE National Quality Toolkit \(login required\)](#)

## CONTENTS

Click on the cards below to access your page of interest or use the page navigation bar at the bottom of the page:

### Adverse Events

Serious Incidents & Never Events

### Patient Experience

Friends & Family Test (FFT), CQC Ratings & Complaints reported

### Inpatient/Ambulance

Including VTE Risk Assessments, Mixed Sex Accommodation Breaches & Ambulance Handovers

### Infections

Clostridioides difficile, Gram-negative Bloodstream Infections, MRSA & MSSA infection reporting

### SMI Health Checks

SMI Health Checks - Patient Experience (Survey Responses)

### Safeguarding

Staff training, Referrals, FGM & MARAC/HRDA

### Primary Care

GP Patient Survey, Primary Care Friends & Family Test (FFT) and Customer Complaints

### Care Homes

Care Home Incidents, Occupancy & CQC Ratings

### Other

Mortality (SMHI), Dementia and MH & LD

### Metadata

Page detailing information on Data Sources and Frequency

# Quality Overview - Adverse Events



Total Serious Incidents 22/23  
**26**

Total Never Events 22/23  
**1**

Provider Name  
All

Cause Group  
All

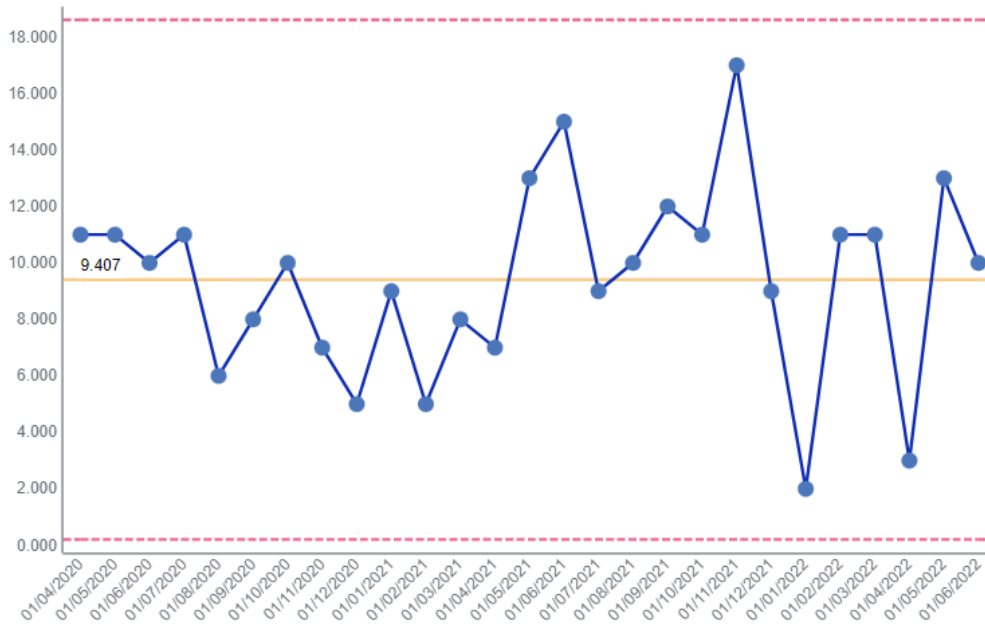
Date Range  
31/12/2019 30/06/2022

[Link to the Model Health System](#)

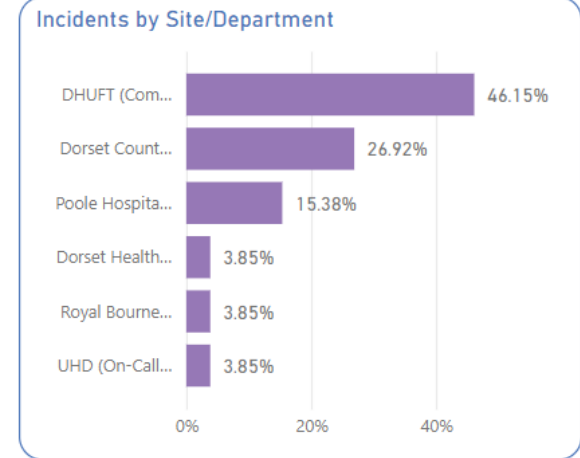
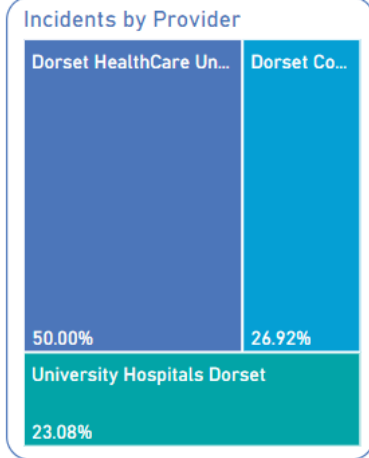
[Link to Getting it Right First Time \(GIRFT\) Reports](#)



Serious Incidents (by Reported Date) - Statistical Process Chart



Cause Group	Current Year
Accident, Injury Or Illness	1
Care Delivery	5
Clinical Assess. (Diag, Scans, Tests)	3
Mortality And Morbidity	10
Never Event	1
Pressure Ulcer	5
Service Delivery	1



# Quality Overview - Patient Experience

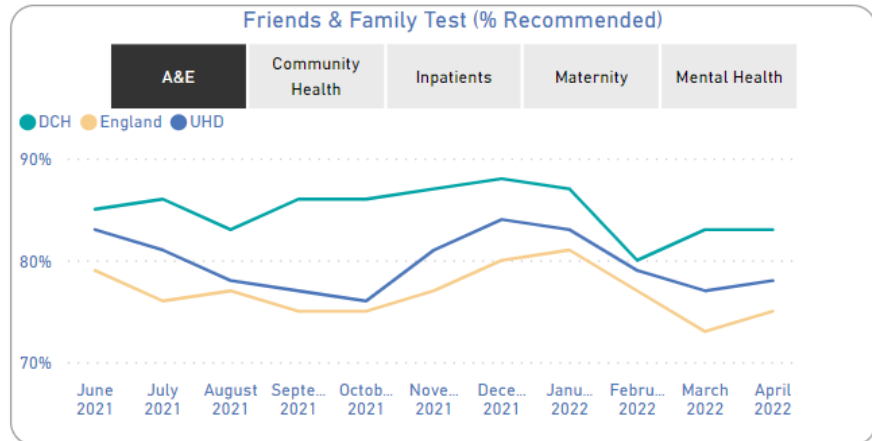
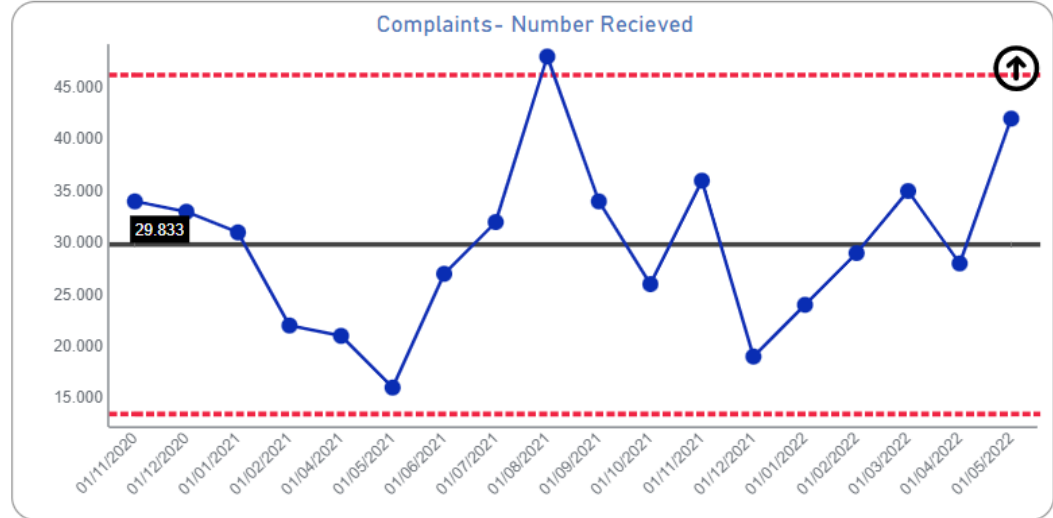
CQC Service Group

Overall

Provider Name

Dorset County Hospital NHS Foundation Trust

CQC Domain	Latest Rating	Publication Date
Caring	Good	06 November 2018
Effective	Good	06 November 2018
Overall	Good	06 November 2018
Responsive	Good	06 November 2018
Safe	Requires improvement	06 November 2018
Well-led	Good	06 November 2018



CQC most recently published surveys (carried out by Picker Institute): Adult Inpatient, Urgent & Emergency, Coronavirus & Community Mental Health 2020 National Survey highlights

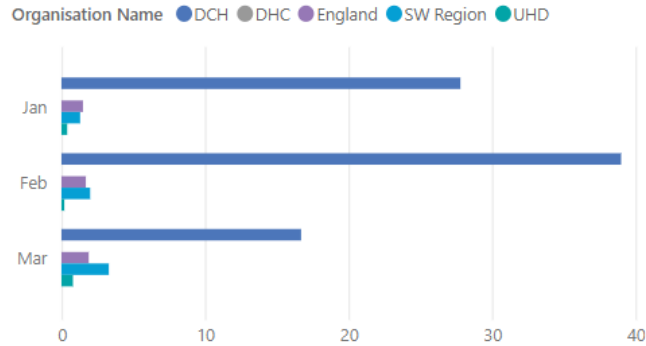
Click [here](#) to access these reports



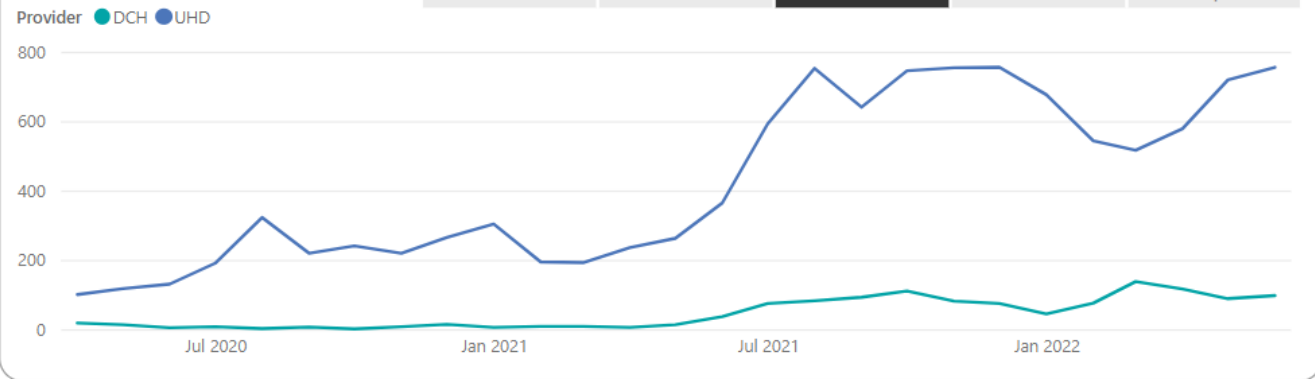
# Quality Overview - Inpatient



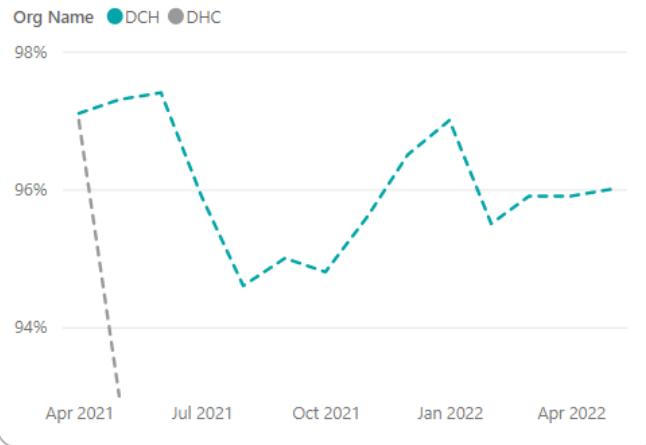
## Mixed Sex Accomodation Breach Rate



## Handovers Over 30 mins by Provider



## VTE Risk Assessment



-Multiple options can be chosen at once by pressing 'Ctrl'  
 -To view total numbers right click & choose 'Show as a table'



# Quality Overview - Infections

Total Cases  
22/23

12

Threshold  
22/23

166

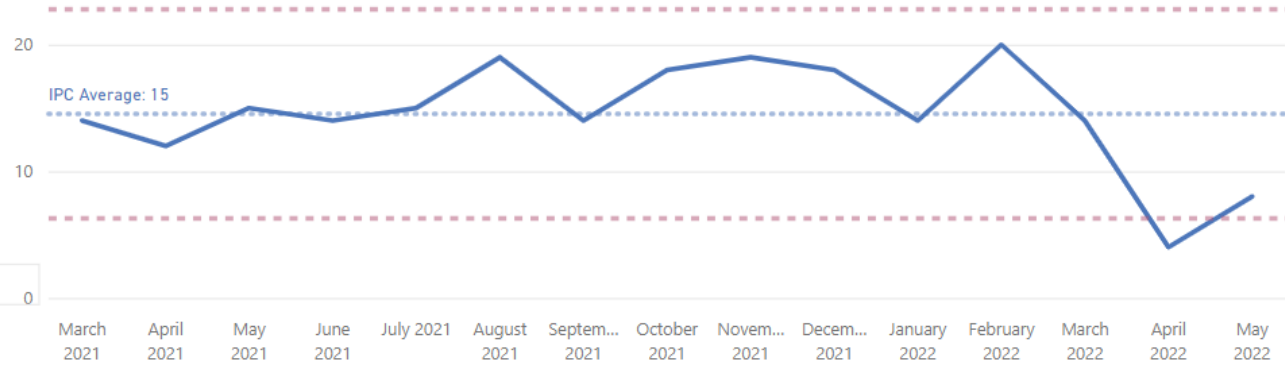
Case Type

- C. difficile
- E. coli
- Klebsiella spp.
- MRSA
- MSSA
- P. aeruginosa

Provider

ICS

## Infection, Prevention & Control

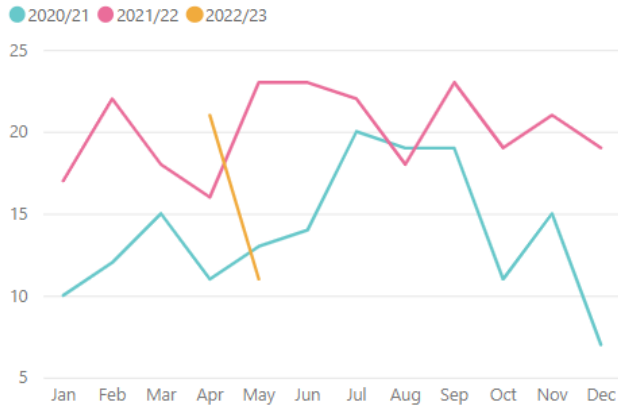


DCH

DHC

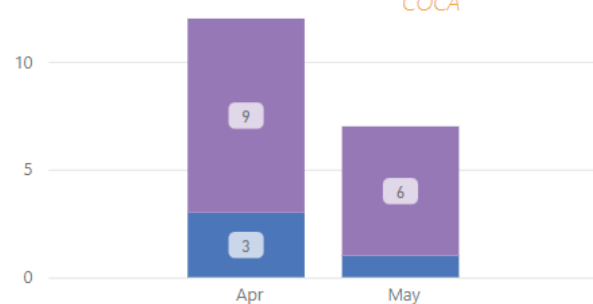
UHD

## Dorset C. diff cases by Year



## C. diff HOHA & COHA cases 22/23

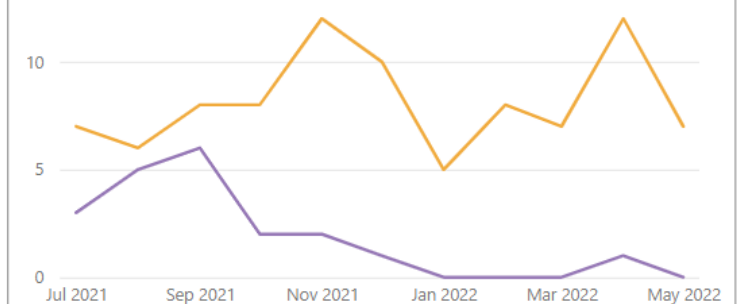
COHA HOHA



Dorset totals include  
HOHA, COHA, COIA,  
COCA

## C diff cases by Trajectory & Non-Trajectory (Rolling 12 months)

Non-Trajectory Trajectory



# Quality Overview - Mental Health

Month

All



## SMI Health Check - Patient Experience

453

Total Sent

99

Total Responses

21.9%

Response %

22.0%

Rolling 6m %

### Responses Received By

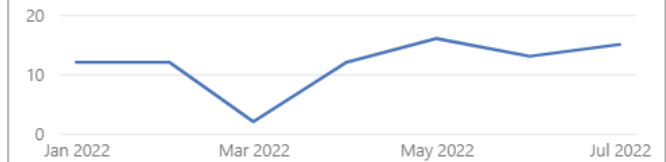
SMS

58%

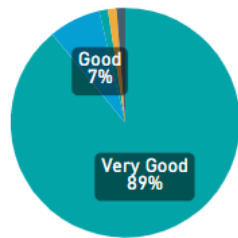
Email

42%

### Total Responses



Q1 - Overall, how was your experience of our service?



Q2 - What did we do well?

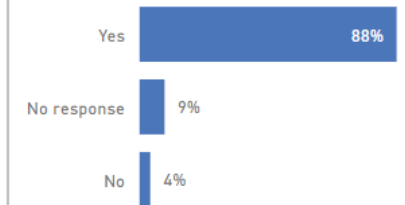


Q3 - What could we do better?

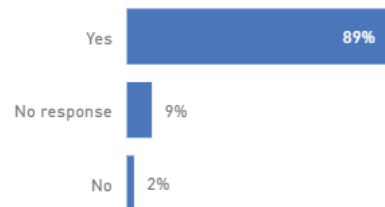
#### Improvement suggested

- Advance notify me that a lithium test was going to be taken
- Bigger room
- Further information in the letter about what the check is for - I wasn't sure what I was turning up for
- Have a sign outside the hospital to show where the bungalow is situated.
- Have a signpost to where the bungalow is as I couldn't find.

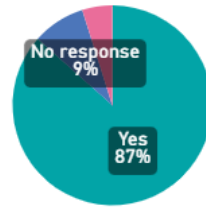
Q4 - % given advanced notice of up to 2 weeks before appointment



Q5 - % felt could ask your Physical Health Support Worker questions during your appointment



Q6 - Do you feel your annual physical health assessment helps you to improve your health?



Q7 - Was your annual physical health check what you expected it to be?



Q8 - If answer No, what were you expecting?

#### Positive Response

I thought it would just be physical stuff so it was good to know they asked about my mental stuff too. It was so much better than what I expected it was great I could discuss my physical and mental health at the same time. Claire was also able to book a mental health review with my GP which was

Q9 - Will be attending physical health assessment next year

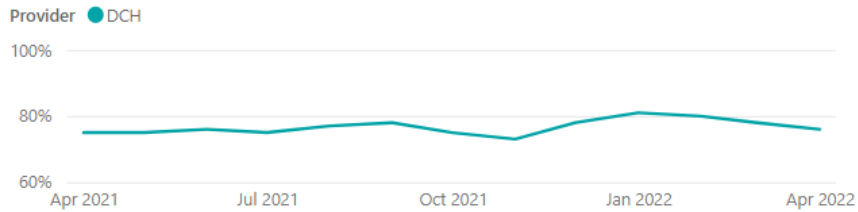


# Quality Overview - Safeguarding

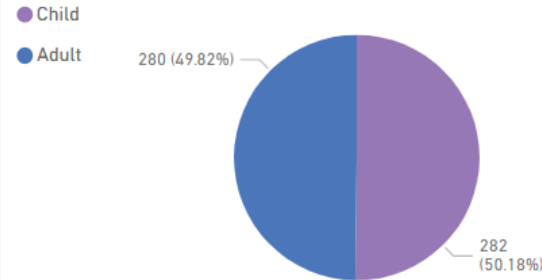


## Training Quality Requirement

% eligible staff trained in Safeguarding Children Level 3



## Safeguarding Referral Type



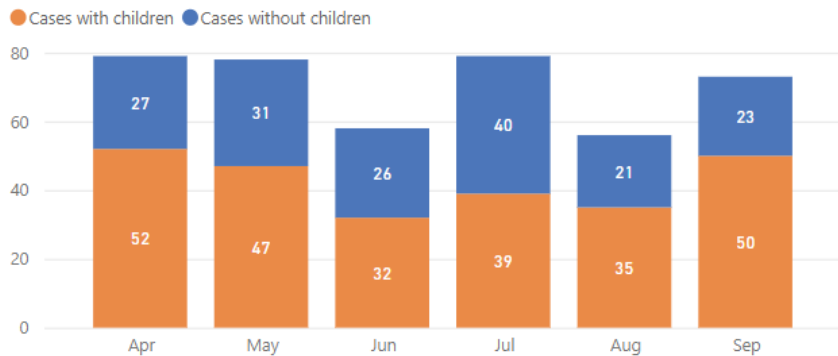
Link to [Looked After Childrens Report](#) which includes the following information; LAC Dental Checks, Immunisations, RHA's & IHA's completed & New in Care

Please access the Safeguarding Report for further detail (*restricted access*)

Dorset HRDA

BCP MARAC

## BCP MARAC Cases



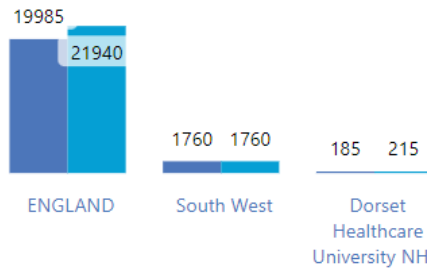
## Female Genital Mutiliation Total Attendances



# Quality Overview - Other

## Mental Health - Out of Area Placements

● Total number of inappropriate OAP ... ● Total number of OAP ...

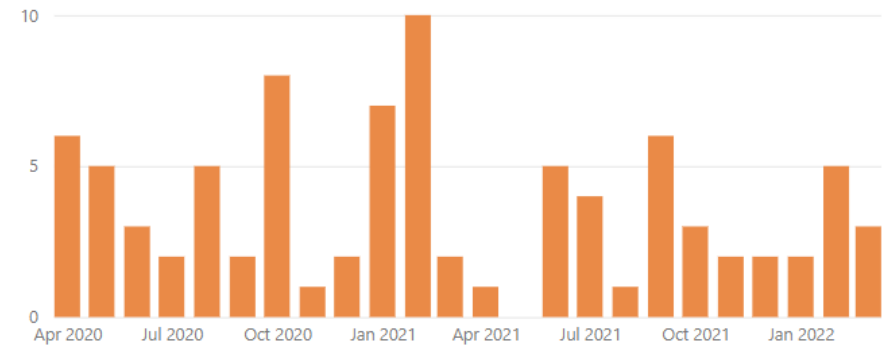


## Summary Hospital-Level Mortality Indicator (SHMI)

Provider	SMHI Value
DCH	1.1446
UHD	0.9288

[Link to NHS Digital SMHI Interactive Report](#)

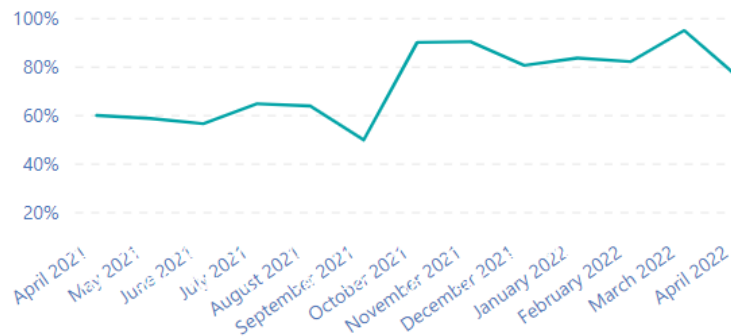
## LeDeR Notifications by Month



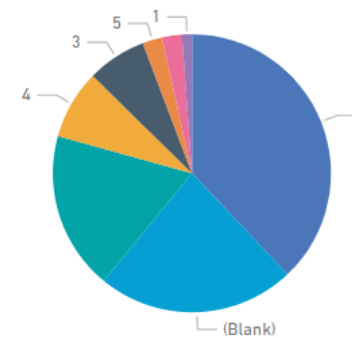
## Dementia

Dementia - % case finding applied

Provider ● DCH



## LeDeR Grading



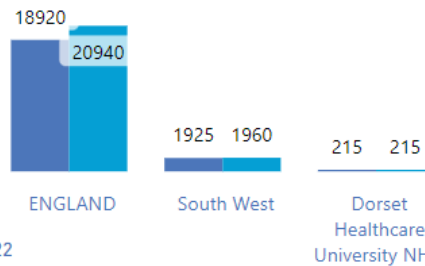
## Outcome/ Findings

- 1. This was excellent care and met current best practice.
- 2. This was good care, which fell short of current best practice in only one minor area.
- 1. This was excellent care and met current best practice.
- 2. This was good care
- 2. This was good care (it met current good practice in all areas)
- 2. This was good care (it met current good practice in all areas).
- 2. This was good care (it met expected good practice).
- 2. This was good care, which fell short of

# Quality Overview - Other

## Mental Health - Out of Area Placements

● Total number of inappropriate OAP ... ● Total number of OAP ...

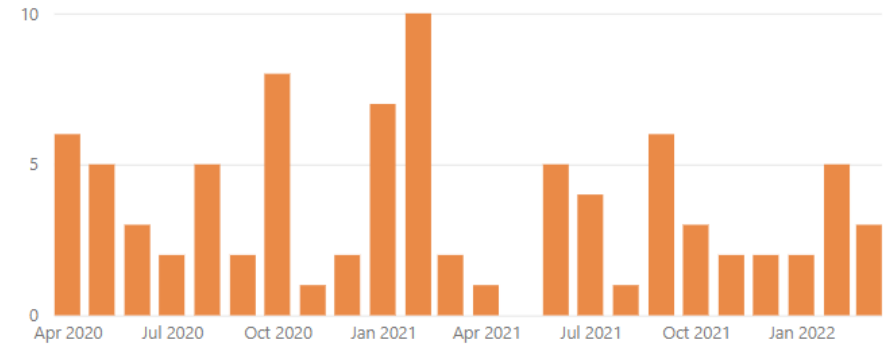


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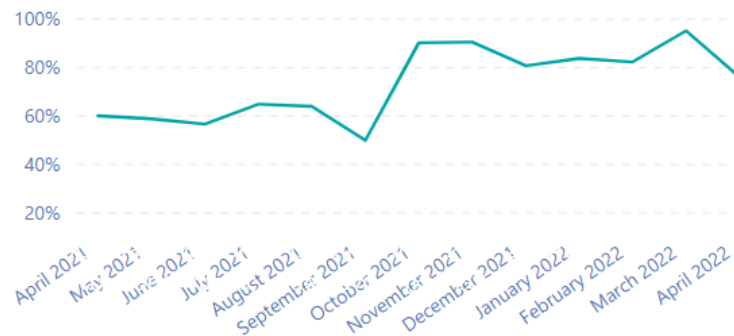
## LeDeR Notifications by Month



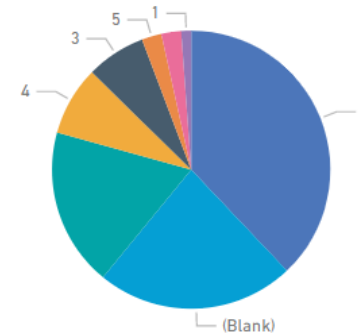
## Dementia

Dementia - % case finding applied

Provider ● DCH



## LeDeR Grading



## Outcome/ Findings

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## NHS DORSET INTEGRATED CARE BOARD

## ICB BOARD

## PERFORMANCE REPORT (AUGUST 2022)

<b>Date of the meeting</b>	01/09/22
<b>Author</b>	Sally Banister: Deputy Director Integrated Care
<b>Lead Director</b>	Dr Dean Spencer, Chief Operating Officer (in post from 01/09/22)
<b>Purpose of Report</b>	This report updates the ICB Board on <ul style="list-style-type: none"> <li>the current Performance Issues in the Dorset health system</li> </ul>
<b>Recommendation</b>	The ICB Board is asked to note the report.

**Monitoring and Assurance Summary**

<b>Conflicts of Interest</b>	N/A
<b>Involvement and Consultation</b>	The current performance report has contributions from multiple leads within the ICB. The MH content is agreed with Dorset Healthcare, acute content is agreed with the Performance directors at Dorset County and University Hospital Trusts respectively.
<b>Equality, Diversity, and Inclusion</b>	N/A
<b>Financial and Resource Implications</b>	N/A
<b>Legal/governance</b>	N/A
<b>Risk description/rating</b>	N/A

## 1. Introduction

- 1.1. This report updates the ICB Board on the current Performance Issues in the Dorset health system.
- 1.2. The current performance report provides data for the most recent period available. This is not the same for all metrics because some metrics rely on national data flows which can mean there is a delay in local availability.
- 1.3. The current performance report includes both nationally required metrics and some locally derived metrics where the system has identified areas of concern.

## 2. Current Performance Issues

- 2.1. Appendix 1 details the performance against the metrics previously agreed in the CCG.
- 2.2. The most significant issue affecting a wide range of metrics is system flow. "No Criteria to Reside" remains high including in community hospitals. This affects hospital occupancy with consequent restrictions on elective recovery. In the most extreme cases this impacts on the ability of services to treat patients in a timely way in Emergency Departments with further consequences in ambulance handover delays.
- 2.3. Primary care continues to see further reductions in workforce, a trend since 2015.
- 2.4. Significant workforce pressures remain across local CAMHS services affecting waiting times. Service leads are currently working on a recovery plan to achieve a 4-week access timeframe.
- 2.5. UHD have commissioned Enhanced Care Services to pilot a pre-ED cohorting/corridor care model on one site. In addition the merging of consultant rotas from the two UHS sites will support the facilitation of Rapid Assessment Triaging.
- 2.6. The PAS merger issues at UHD mean that elective metrics derived from the overall waiting list cannot be relied upon for UHD. Given the proportion of services delivered by UHD this provides significant risk that the overall position for Dorset could be inaccurate.
- 2.7. Progress on reducing long waiters continues – but NHS England scrutiny on the next cohort (> 78 weeks) is expected to ramp up further in September. Service managers are collaborating across the system to develop 78ww delivery plans in key specialties- OMF, ENT, Gynae, Colorectal and Gastro. A single mutual aid arrangement (in gynaecology) agreed between

## 9.2

the Trusts will reduce the gynaecology waiting list by 400 patients at risk of waiting longer than 78 weeks. This is approximately 10% of the total number at risk of breaching 78 weeks.

- 2.8. The diagnostics waiting list continues to reduce. Dorset is the best performing system in the South West with the lowest proportion of patients waiting over 6 weeks. However areas which remain under significant pressure are Echocardiograms (where additional local and independent sector capacity is being sourced) and Endoscopy – where the local network is looking at the possibility of further mobile support to mitigate further deterioration.
- 2.9. In cancer the faster diagnosis standard and 62-day performance standard have stabilised but remain under target. Increased 2 week wait referrals (particularly colorectal and gynae) are impacting on capacity.
- 2.10. Whilst there are some good examples of mutual aid it is also clear that there is varied understanding of what might be helpful below Director level. The Elective Care Oversight Group has asked for some messaging to be drafted which can be sent by Chief Executives and Chief medical Officers in Trusts. This is relevant to elective diagnostics and cancer performance.

### 3. Summary and Conclusion

- 3.1. The most significant performance issue affecting the Dorset system currently is system flow driven by high levels of No Criteria to Reside.

**Author's name and Title : S Banister**  
**Date : 10 August 2022**

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Dorset System Performance Report, August 2022</b>





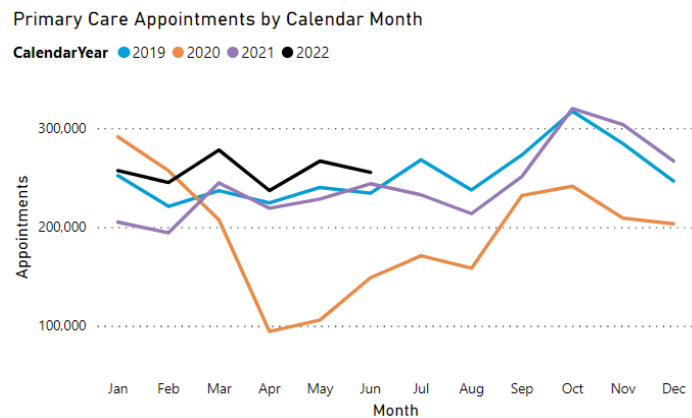
# Dorset System Performance Report

August 2022

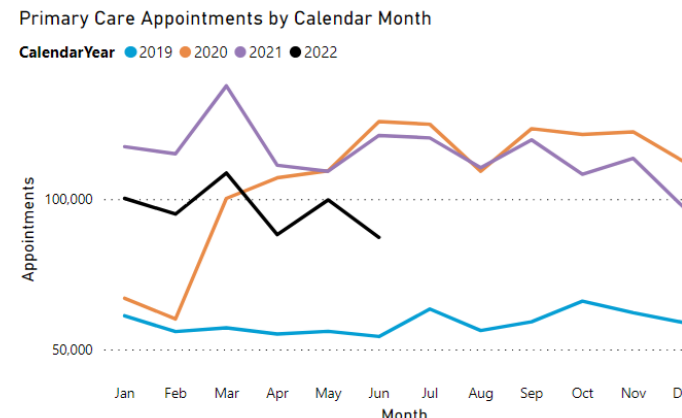
# System Performance Contents

Section	Area	Page
Contents		2
Primary & Community Services Performance	Primary Care	3 - 4
	Mental Health & Learning Disability	5 - 6
UEC Pathway	Integrated Urgent Care Service	7
	In Hospital	8
	ICS Ambulance Performance	9
Hospital Services Performance	Summary Key Performance Indicators (KPIs) & Key Points for NHS Acutes	10
	H2 Targets	11 - 12
	Referral To Treatment (RTT) Total Waiting List	13
	RTT Long Waiters	14
	Diagnostics (DM01)	15
	Cancer Performance	16
	Cancer Standards & Screening	17
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Areas Requiring Further Assurance		20
Glossary		21

## Month-end June 2022 – Total Consultations delivered Face-to-Face



## Month-end June 2022 – Total Consultations delivered Remotely



- Total consultations for 12 month ending June 22 increased by **12.0%** (551k) compared to pre pandemic level (Apr 19 to Mar 20) - Down 0.5% from last months total. Face-to-Face activity continues to largely mirror the 2019 profile and currently accounts for 75% of activity. Remote consultations have increased significantly and are double the levels in 2019 pre pandemic and account for approximately 100k consultation per month since Jan 22, down from 112k last month.

### Flu Vaccinations

Vaccinated  
**69.3%** 330743  
% vaccinated

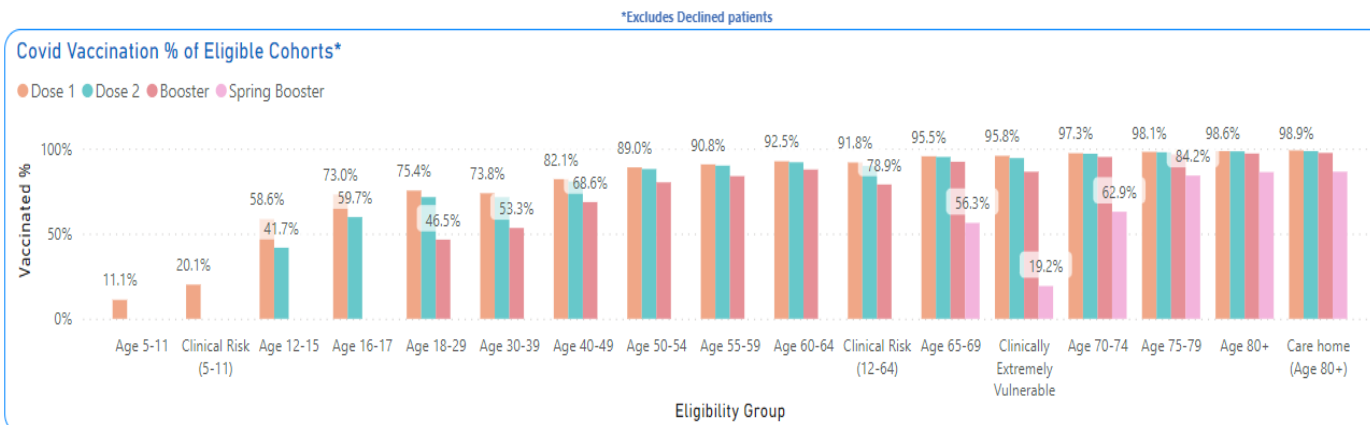
Eligible Population  
**477,073** (59.6%)  
(Excl Opted Out Patients)

PCN/ Practice	Eligible	Opt-Out	Vaccinated	%
Sherborne Area	14,585	7	11,835	81.1%
Mid Dorset	32,142	8	24,436	76.0%
Wimborne and Ferndown	27,323	2	20,472	74.9%
Blandford	14,762	5	11,023	74.7%
Purbeck	22,149	5	16,454	74.3%
Christchurch	30,992	9	22,820	73.6%
Poole North	33,150	22	24,172	72.9%
Weymouth and Portland	47,642	5	34,605	72.6%
Crane Valley	21,418	1	15,509	72.4%
Jurassic Coast	26,672	5	19,274	72.3%
The Vale	24,780	2	17,434	70.4%
Poole Central	37,149	27	24,738	66.6%
Poole Bay and Bournemouth	20,797	17	13,638	65.6%
North Bournemouth	24,689	7	15,410	62.4%
Central Bournemouth	23,446	37	14,565	62.1%
South Coast Medical	17,812	15	10,770	60.5%
Shore Medical	32,329	2	19,071	59.0%
Bournemouth East	25,236	4	14,517	57.5%
<b>Total</b>	<b>477,073</b>	<b>180</b>	<b>330,743</b>	<b>69.3%</b>

As at 27<sup>th</sup> July 2022, 330,743 (69.4%) people have received their flu jab out of 477,073 eligible for a free of charge NHS vaccine. Vaccines have been provided in GP, Pharmacy, School and Hospital settings. (National ambition >70% depending on cohort).

### Covid Vaccinations

86% (620,316) of the eligible population (723,484) have had at least one dose of a c-19 vaccination (excluding 5-11 cohort). Of those who have had one dose, 95% have had a second dose. 87.5% of the eligible population had had a full course including booster (94% for Over 50s). Latest Spring Booster uptake rate is 77.7% of the eligible population.

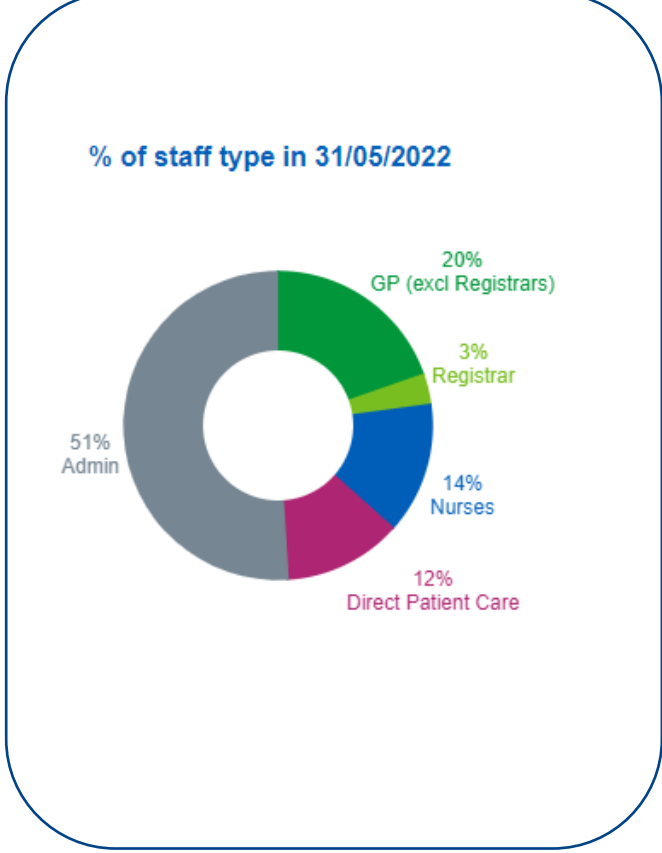


# Primary Care Workforce

Updated on 08/08/2022;  
Reporting Period May 2022 (now using HEE dashboard data)

Region Name: South West | ICS Name: Dorset | CCG Name: NHS Dorset CCG | Census Date: 31/05/2022

	<b>GP (excl Registrars)</b> 417	<b>Registrar</b> 68	<b>Nurses</b> 292	<b>Direct Patient Care</b> 262	<b>Admin</b> 1,080	<b>Grand Total</b> 2,119
--	------------------------------------	------------------------	----------------------	-----------------------------------	-----------------------	-----------------------------



**GP Workforce Dashboard**  
Staff Group Trend

Region Name: South West | ICS Name: Dorset | CCG Name: NHS Dorset CCG | Staff Group: GP (excl Registrars) | Staff Role: (All)

**FTE - GP (excl Registrars) - All - May 2022**

Date	FTE
Sep 15	462
Mar 16	469
Sep 16	462
Mar 17	464
Sep 17	463
Mar 18	472
Sep 18	458
Mar 19	455
Sep 19	454
Mar 20	448
Sep 20	444
Mar 21	450
Sep 21	454
Mar 22	443
Sep 22	417

The breakdown of the GP workforce shows the total WTE of 417

Additional Roles (ARRS)	
Intentions to March 2023	Actual July 2022
362 wte	227 wte
PCN intentions (as at Apr 22) and actual wte (July 22)	

# Mental Health & Learning Disability

Edited by: Mark Harris



## Community Mental Health - Adults

Community Services continue to experience high demand and pressure compounded by workforce challenges. Specific challenges in respect of requests for ADHD assessment & diagnosis which is within scope of existing work regarding a review of local neurodevelopmental needs.

**Community Transformation:** Dorset Healthcare continue to lead on the development of mental health integrated community and primary mental health services. Aligned work with Community Action Network to develop neighbourhood-based community wellbeing hub also continues with ongoing community and VCSE engagement.

**Perinatal Access:** Recruitment into expanded service continuing. Maternal Mental Health element moving forward with as specialist midwife now in post.

**Improved Access to Psychological Therapy (IAPT)** – The service continues to work on remedial actions to improve access rates and referral demand. Work to understand impact of wider schemes (eg. social prescribing, Dorset MIND Active Monitoring) upon referral rates also planned. Recovery rates continue to track close to the 50% threshold with monthly fluctuations.

**SMI Physical Health:** remains below LTP threshold – commissioned model operational pan-Dorset. Operational challenges related to workforce gaps preventing progress beyond current rates. Work with VCSE sector partners continuing with dedicated focus on addressing non-attenders.

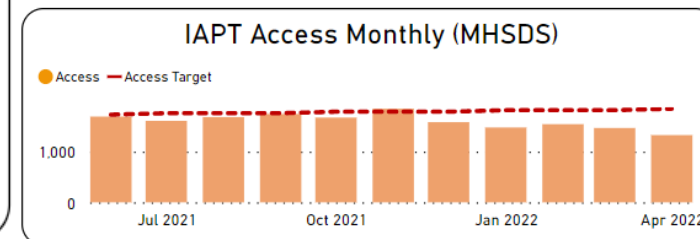
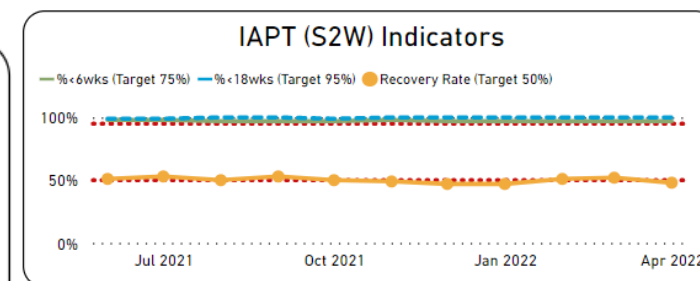
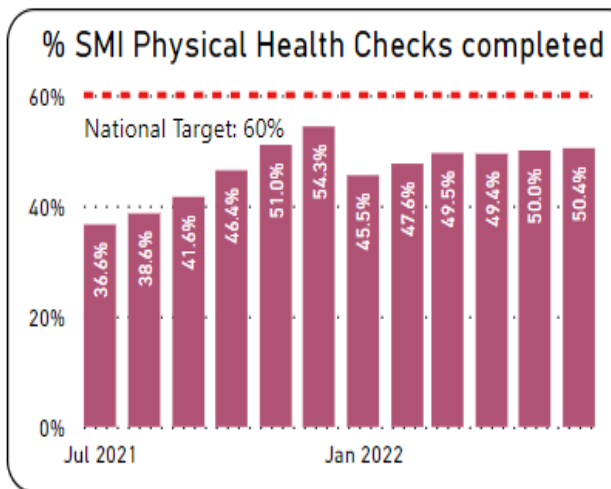
Referrals	Referrals 21/22 YTD	Referrals 22/23 YTD	Growth Ref's Actual	Growth Ref's %
AMH	4,431	4237	-194	-4%
Aspergers Service	171	262	91	53%
CAMHS	1,682	1662	-20	-1%
Eating Disorders Service	311	195	-116	-37%
Learning Disability Services	263	238	-25	-10%
OPMH	2,481	2210	-271	-11%
Perinatal	178	198	20	11%
Specialist Services	597	797	200	34%
Wellbeing Hub	102	183	81	79%
<b>MH &amp; LD Total</b>	<b>10,216</b>	<b>9982</b>	<b>-234</b>	<b>-2%</b>

Key: AMH - Adult Mental Health, OPMH - Older People's Mental Health  
CAMHS – Children & Adolescent MH Services

## Mental Health Indicators Summary Table

Mental Health Indicator	Period	Target	Dorset	Direction
SMI Health Checks in last 12 months	June 2022	60.00%	50.40%	▲
Perinatal Access*	May 2022	7.10%	7.00%	➔
Dementia Diagnosis Rate (% of prevalence)*	June 2022	67.00%	55.60%	▲
Access Early Intervention in Psychosis within 2 weeks*	April 2022	60.00%	93.00%	▲
Adult CMHT RTA <28 Days	June 2022	95.00%	77.00%	▼
OP CMHT RTA < 28 Days	June 2022	95.00%	96.00%	➔
CAMHS Gateway <4 Weeks (28 days)	June 2022	95.00%	6.00%	▼
Children & Young People Urgent Access to Eating Disorders < 1 week*	March 2022	95.00%	46.51%	▲
Children & Young People Routine Access to Eating Disorders < 4 weeks*	March 2022	95.00%	39.36%	▼
IAPT waiting time within 6 weeks*	April 2022	75.00%	97.00%	➔
IAPT waiting time within 18 weeks*	April 2022	95.00%	100.00%	➔
IAPT Recovery Rate*	April 2022	50.00%	48.00%	▼
IAPT Access Monthly (MHSDS)*	April 2022	1,867.00	1325	▼
CYP access (1+ contact)*	April 2022	7,772.02	6160	▼
LD Inpatients CYP	June 2022		3	➔
LD Inpatients Adult	June 2022		23	➔
Adult Acute Out of Area Placements*	April 2022		550	▲

\* Data from National Reporting

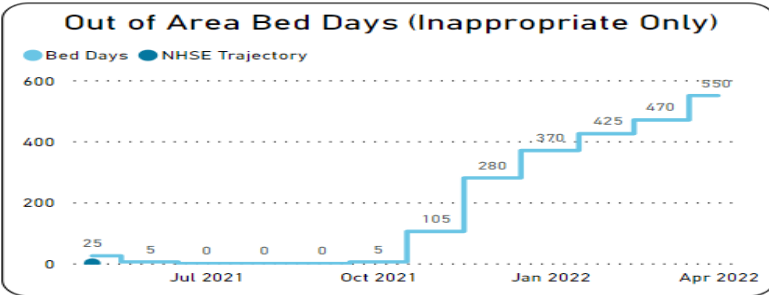


# Mental Health & Learning Disability

## Access Mental Health Services (MH Crisis Care):

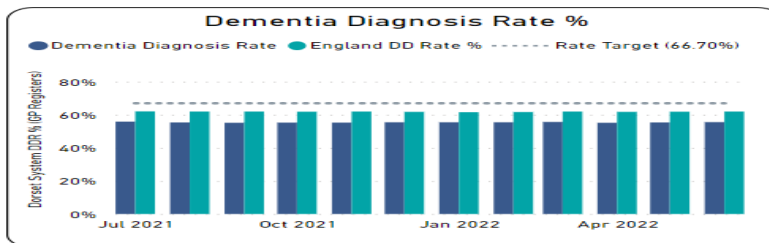
In-patient demand for acute adult mental health beds continues to be a pressure. Out of area bed days remain above the zero ambition – in total 11 individuals remain in out of area beds as at 31<sup>st</sup> July, 9 of whom were admitted during July. Individual cases continue to be actively monitored with 5 OAP discharges during the month of July. Local bed capacity and flow continues to be compounded by a number of Delayed Transfers of Care.

Work underway to publicise these along with the Community Front Rooms and encourage attendance. An evaluation of the Access Mental Health developments since their inception is being finalised with a view to identifying recommendations for further improvements. The system is currently working through proposals relating to nationally developed ambulance response vehicles that will align with existing developments such as the MH practitioner in the 999 hub.



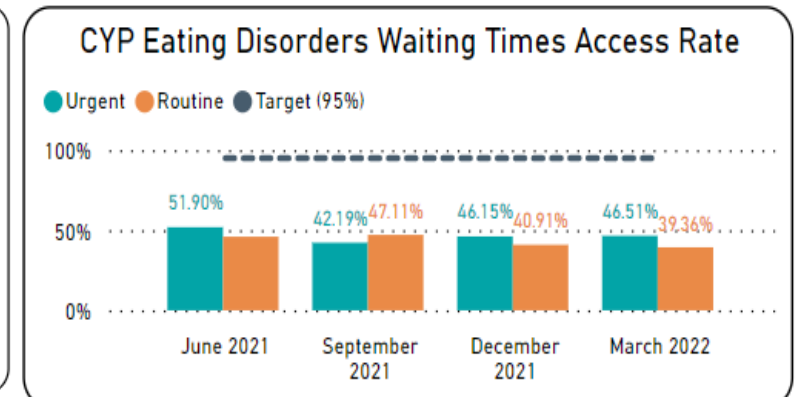
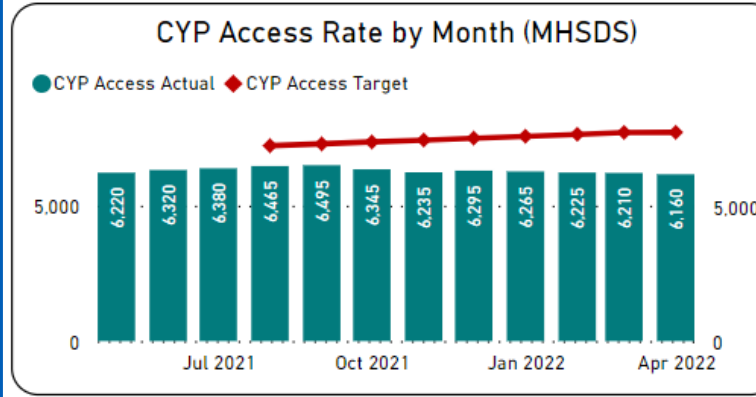
## Dementia:

Diagnosis rates remain relatively stable and below national expectations. Work continues to recover all backlog cases waiting for a Memory Assessment. DiIS intelligence is being used to inform targeted engagement at a PCN level.



## Children & Young People (CYP) Mental Health:

Significant workforce pressures remain across local CAMHS services. As a result, capacity has been impacted with waiting times a challenge. Service leads currently working on a recovery plan to achieve a 4-week access timeframe. Joint health and social care work in progress to explore current CYP challenges and priority actions with a specific focus upon complex presentations. CYP Eating Disorders – work to outline future operational model being refined with a view to presenting to mental health integrated programme board. Service capacity also impacted by vacancies within the existing commissioned service.



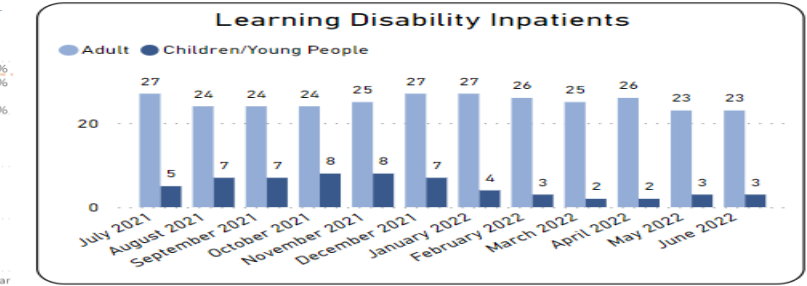
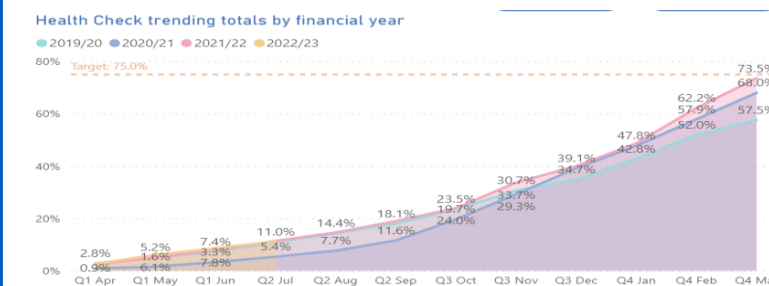
## Learning Disabilities (LD) & Autism:

Annual Health Check rates continue to track on or near to 21/22 uptake – dialogue in train with local PCNs to identify individuals who not received a health check in recent years.

Hospital In-patients – adults and children numbers remain high. Ongoing monthly review meeting focused on discharge planning. Key challenges related to availability within the care market to accept bespoke care packages alongside accommodation shortages. Profile of future housing/accommodation needs being developed to support intelligence and housing conversations.

Work ongoing to develop and refine Dynamic Support register which continues to bed in.

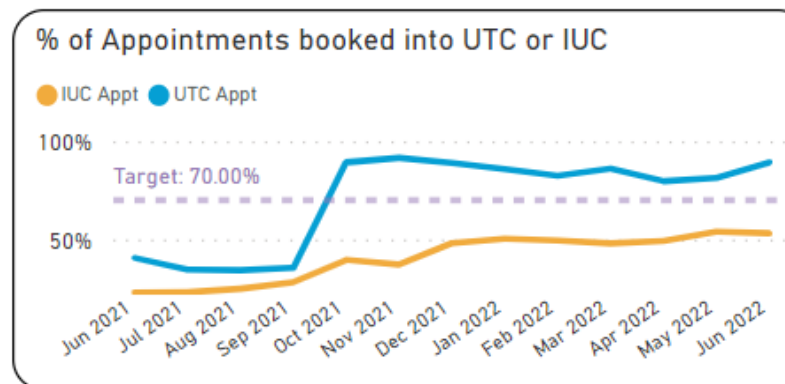
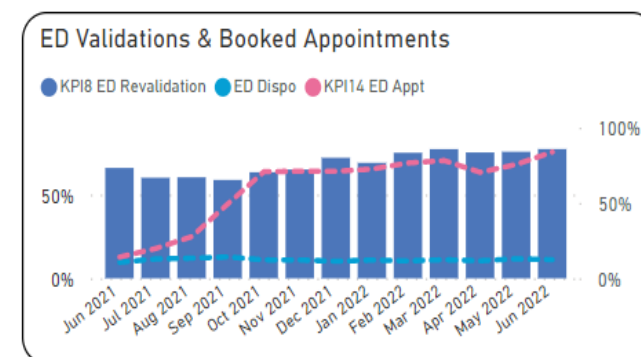
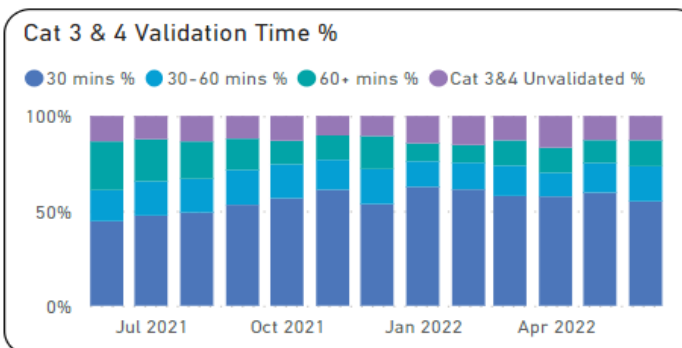
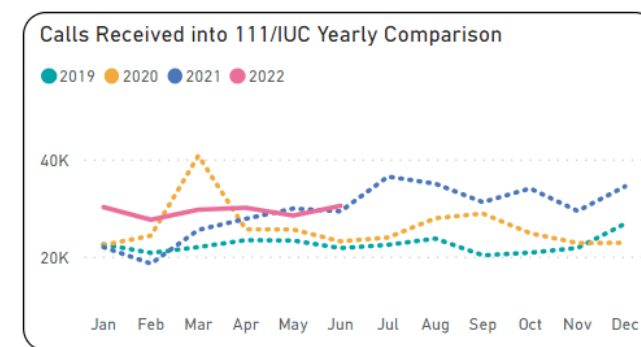
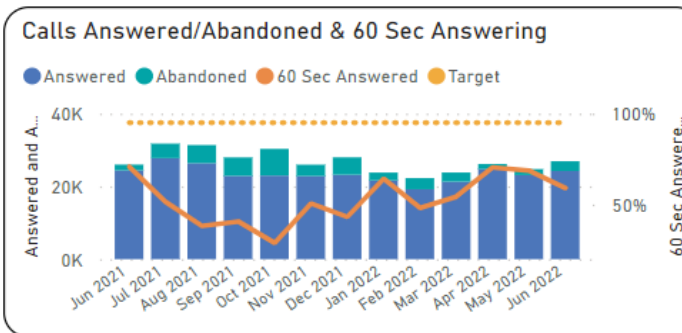
CYP Keyworker model to be co-produced within the scope of work to review /develop the CYP crisis offer across health and social care.



# Integrated Urgent Care Service

Edited by: Emma Wilson

- Additional demand (currently 40% higher than pre pandemic) and high Covid sickness levels reduced 111 call answering and call abandonment performance.
- ED validations have remained at 77%. Cat 3 and 4 validations improved to 89% with 57.9% in 30 minutes – above the KPI target of 50%.
- Work continues to improve validations rate, but workforce pressures limit the ability to sustain these rates.
- ED Direct Booking percentage has shown an increase to 83% June against 75.58% in May. This is above the KPI target of 70%.
- There were 905 appointments made to GP Direct Booking in June compared to 878 in May. This is based on 1 in 3000 GP appointments to be available to the Integrated Urgent Care Service. However, there appears to be a higher number of Primary Care dispositions via 111, so when these appointments are full then they are asked to ring their GP and could be potentially in a loop with no outcome. Further detail will be available for next report. However, work continues in collaboration with Primary Care and DHC to resolve this, also discussions are taking place regarding the separation of Improved Access to General Practice from the Integrated Urgent Care Contract from 1 October.
- Urgent Treatment Centre direct booking increased to 89% in June from 81% in April.
- The Dorset service has been challenged by increases in activity and with other areas calling upon National Contingency.
- Staffing remains challenged, especially within the Clinical Assessment Service, recruitment campaign continues.



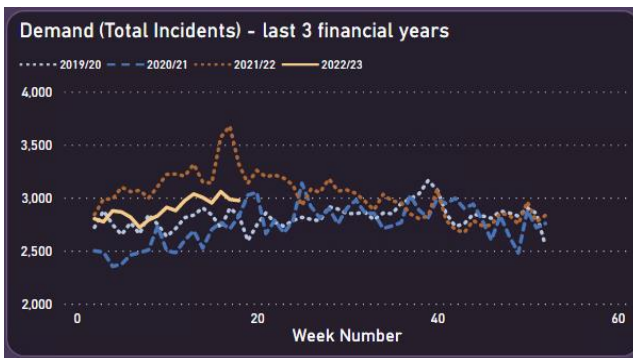
## Handover Delays:

- Handover delays continue to be a significant challenge across the system. In July, the total resource hours lost due to handover delays per site were:
  - 134 hours were lost to Dorset County Hospital (133 hours lost in June).
  - 1,409 hours were lost to UHD – Poole (1,759 hours lost in June).
  - 1,933 hours were lost to UHD – Bournemouth (1,357 hours lost in June).
- This equates to a total of 3,476 hours lost due to ambulance handover delays across the system against a trajectory of 1,940 hrs.
- SDEC pathways are being developed across all sites; implementation is sporadic with varying entry routes for paramedics as the pathways go live.
- There are plans in UHD to commence a pre-ED cohorting/corridor care model on one site, Enhanced Care Services have been commissioned by UHD to deliver this pilot.
- Work is on-going around front door models at UHD - consultant rotas' from the two sites are merging which will support the facilitation of Rapid Assessment Triaging and clinician to clinician conversations are currently being explored.

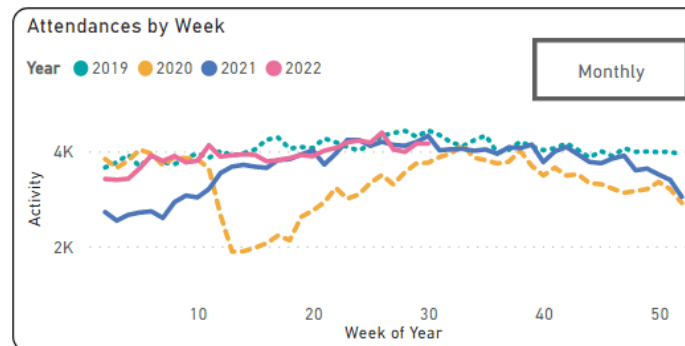
## Emergency departments and flow:

- The latest validated data shows ED attendances are close to being in line with July 2021. However, 2020 data continues to be significantly lower. 999 activity continues to rise and remains above 2019/20 levels. SWASFT have been at their highest alert level (REAP Black) since June 2021.
- Hospital bed occupancy remains consistently above 95% due to a high proportion of patients who do not meet the clinical criteria to reside and reported high levels of acuity.
- NCTR figures continue to hover in the SPA at about 350 delays. COHOs continue to report high levels and are currently reporting circa 70 patients with NCTR. Discharge & Flow Cell is currently focussing on flow through community interim and intermediate care teams together with flow through COHOs in advance of August Bank Holiday weekend.
- The National Health and Social Care Discharge Taskforce has now launched the 100-day Challenge which is now a key focus for acute flow moving forward. This Challenge is clinician led and is working with the D&F Cell.
- The system continues to declare System OPEL level 4 due to ongoing pressures linked to Covid Surge, staffing sickness and absence across all health and social care organisations. System OPEL status continues to be reviewed on a regular basis.

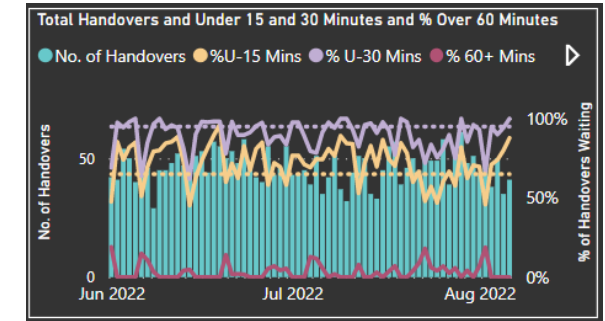
999 Activity (data available up to 31st July 2022):



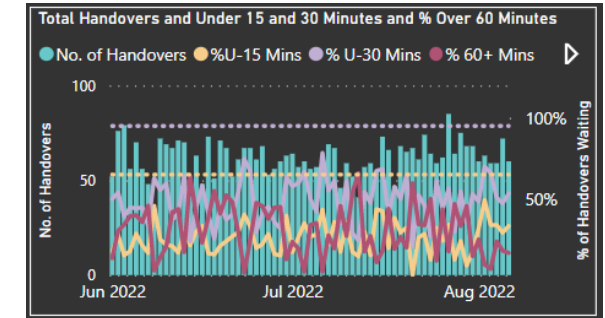
ED attendances (data available up to 26th July 2022):



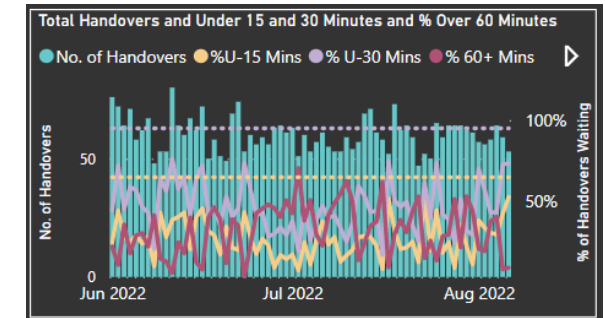
DCH



UHD - Poole



UHD - RBH





## Category Response Times:

### Cat 1:

- July response times for Dorset saw a slight increase in the month end position compared to June, with a mean response time for Dorset of 10.6 minutes against a target of 7 minutes and a 90<sup>th</sup> Percentile response time of 19.3 minutes against a target of 18 minutes. Whilst the mean was not quite met for Dorset ranging between 7.2 and 14.9 minutes, the 90<sup>th</sup> Percentile times in July were slightly more positive with the target being achieved on a few occasions, on the 19 July this was met for 2 consecutive days.
- August month to date (up to 4 August) response times has seen Dorset achieving a mean response of 10.2 minutes against the target of 7 minutes and a 90<sup>th</sup> percentile response time of 17.7 minutes against a target of 15 minutes. This compares to the full Regional SWASFT performance for August which to date ends with a mean response of 11.4 minutes and 20.9 for the 90<sup>th</sup> percentile.

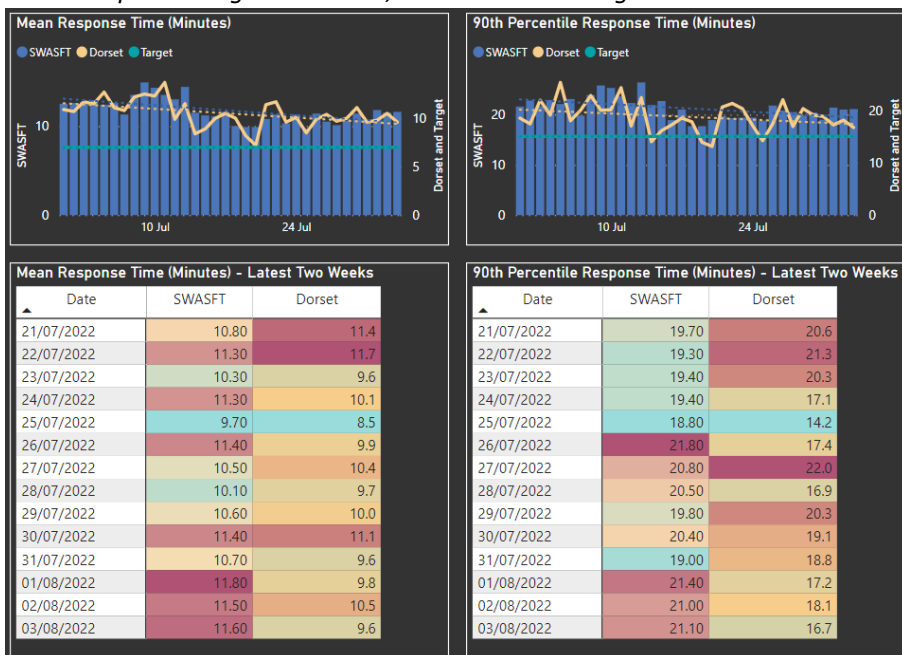
### Cat 2:

- July response times for Dorset saw a slight improvement in the month end position compared to June, with a mean time for Dorset of 54 minutes against a target of 18 minutes and the 90<sup>th</sup> Percentile response time ending at 121.1 minutes against a target of 40 minutes. July has not seen a day where Dorset or SWASFT have achieved either the mean response time or 90<sup>th</sup> percentile response time.
- August month to date position (up to 4 August) has seen a mean response of 35.7 minutes, against a target of 18 minutes and a 90<sup>th</sup> percentile response time of 75.7 minutes against a target of 40 minutes. This compares to the full regional SWASFT performance for August, which ended with a mean response of 69.7 minutes and 149.8 for the 90<sup>th</sup> Percentile.

Performance remains a challenge, actions that are being monitored through the Ambulance Handover Cell aimed at reducing the lost hours for SWASFT will support the improvement for the Cat 1 and Cat 2 response times..

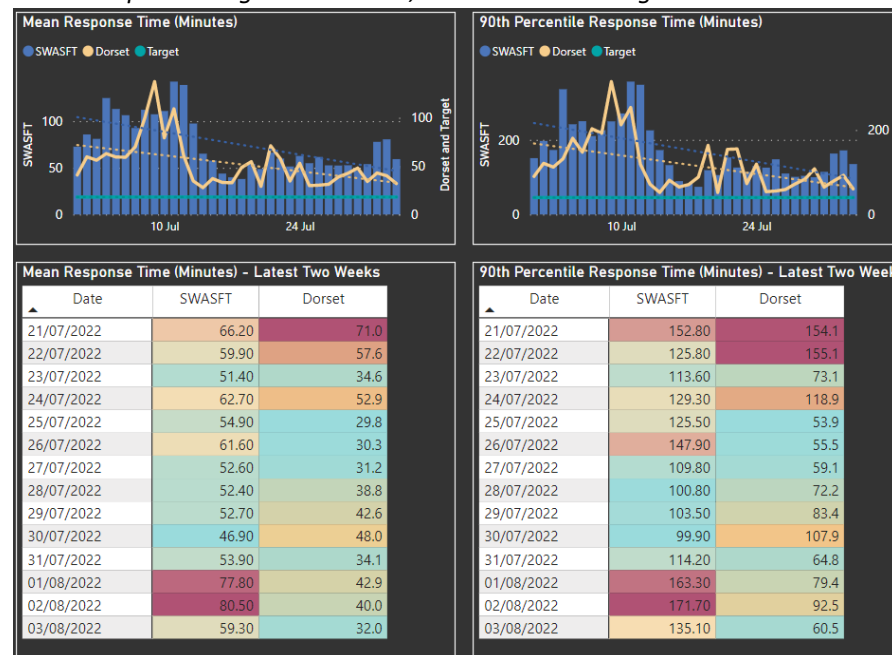
### Category 1 Performance

Mean Response Target 7 Minutes, 90th Percentile Target 18 Minutes



### Category 2 Performance

Mean Response Target 18 Minutes, 90th Percentile Target 40 Minutes



# NHS Acute Hospital KPIs

DORSET ACUTES POSITION		May-22	Jun-22	24/07/2022 (WLMDS Acute unvalidated)	Target
RTT - Total	% 18 Weeks	59.38%	58.40%	58.15%	>=92%
	Incomplete Pathways	90,170	91,683	94,619	-
	>52 Weeks	4,916	6,010	5,739	Nil
	>78 weeks	1,002	882	821	Nil
	>104 weeks	304	160	139	Nil
RTT - Admitted	% 18 Weeks	44.07%	47.17%	47.00%	>=92%
	Incomplete Pathways	18,989	17,446	17,183	-
	>52 Weeks	2,625	2,239	2,140	Nil
	>78 weeks	729	575	513	Nil
	>104 weeks	260	83	72	Nil
RTT - Not-Admitted	% 18 Weeks	63.46%	61.04%	60.62%	>=92%
	Incomplete Pathways	71,181	74,237	77,436	-
	>52 Weeks	2,291	3,771	3,599	Nil
	>78 weeks	273	307	308	Nil
	>104 weeks	44	77	67	Nil
DM01	% > 6weeks	19.90%	20.70%	21.1%	<=1%
	Total >= 13 weeks	548	572	Not Available	Nil
	% >= 13 weeks	3.00%	3.30%		Nil
Cancer	2 week wait % (DCH only)	68.3%	67.3% (Predicted)	Not Available	>=93%
	62 day %	69.3%	73.6% (Predicted)		>=85%
	Faster Diagnosis %	72.3%	65.6% (Predicted)		>=75%
	Backstops	57	61		0

The Single PAS Merger at UHD continues to impact on the elective waiting related measures. UHD are working to resolve these issues. **Validation of >78ww has been prioritised.**

**RTT Performance** has slightly declined in June. The total waiting list increased by 1,513 (excluding ISPs) with the increase seen in the non-admitted pathways; those on admitted pathway are reducing. Clock-starts continue to exceed completed pathways in June.

The number of patients with no criteria to reside has not reduced therefore continues to negatively impact activity recovery and performance improvement.

**Overall increase of long waiters, 6,010 patients waiting over 52 weeks in June.**

**Reduction continues of patients waiting >78 weeks to 882 in June.**

- Service managers are collaborating across the system to develop 78ww delivery plans in key specialties, OMF, ENT, Gynae, Colorectal and Gastro.
- Reduction to 1.0% of the total list waiting over 78 weeks, from 1.1% in May. Unknown the impact of UHD single PAS on total waiting list affecting proportion.

**Reduction to 160 cases waiting over >104 weeks at the end of June.**

- Weekly Tier monitoring by SW Region continues to review those waiting over 104 weeks.
- Position at the end of August 2022 90 will breach 104 weeks (for 68 UHD and 22 for DCH).

**DM01 (6-week) performance shows slight increase to 20.7% in June.**

- Although still significantly high, the total waiting list has continued to reduce into June (see slide 15). Patients waiting over 13 weeks has increased to **572**. Key modalities are Echocardiograms - additional local and ISP capacity is being sourced and Endoscopy - Network is urgently reviewing all current plans (including mobile) to mitigate further deterioration.
- DM01 Performance remains as top performing in the SW Region, with lowest proportion of patients waiting over 6 weeks for tests.

**Cancer**

- Faster diagnosis standard and 62-day performance stabilised however remains below standard. Increased 2ww referrals (particularly colorectal and gynae) impacting on capacity. Implementation of recovery plans commenced with six priority tumour sites. Dorset has fourth lowest backlog in England by % of PTL.

# RTT Operational Targets

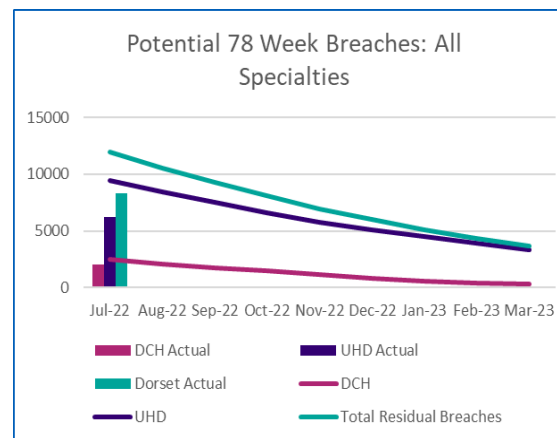
Edited by: Louise Taylor  
and Sarah Charles

## 104+ Expected month end forecast

Acute Provider	Aug-22	Sep-22	Oct-22	Current WL
Dorset County Hospital NHS Foundation Trust	22	0	0	30
University Hospitals Dorset NHS Foundation Trust	68	49	41	109
Independent Service Providers	0	0	1	0
<b>Dorset Total</b>	<b>90</b>	<b>49</b>	<b>42</b>	<b>139</b>

## End of March 2023: 78wks + Forecast (as at 03 Aug 2022)

Pathway	DCH	UHD	ISP	Dorset
Admitted	1119	2107		3226
Non-admitted	968	4097	122	5187
<b>Total Cohort</b>	<b>2087</b>	<b>6204</b>	<b>122</b>	<b>8413</b>
Plan to Treat	1765	2845	122	4732
<b>Remaining breaches</b>	<b>322</b>	<b>3359</b>	<b>0</b>	<b>3681</b>



**Over 104 week forecast of 90 at end of August 2022, with further risk of breaches into October.**

- System position Weekly Tier by SW Region continues, requires breaches to be split between choice, complex and capacity
- DCH have reported no capacity breaches, but at risk due to very high bed occupancy, with increasing COVID numbers and NCTR.
- **Weekly scrutiny** of individual cases continues and **mutual aid** plans to help mitigate further risks being explored.

**Over 78 week waits reduced to 888 in June, continue to reduce into July.**

- Performance target to achieve zero 78 week waits by March 2023.
- On basis of current activity levels continuing the system has a residual risk of 78-week breaches of 3,681 at the end of March 2023.
- PAS Merger issues at UHD may mean further data quality checks are required.
- Key services are collaborating across system to identify actions to impact on long waiters. DCH have agreed to take 384 UHD non-admitted gynae patients from the UHD list. Letters to be sent to patients to gauge interest in moving and work underway with DHUFT to see if they can take menopause A&G referrals.
- DCH Colorectal Surgery waits on track to be zero by 31/08/22. Mutual aid will be offered to UHD.
- Plans are also underway in ENT/OMF/Gastroenterology with both trusts to work collaboratively to reduce waits.

# Operational Targets (NHS Acutes only)

Edited by: Louise Taylor

## Advice & Guidance

(Target 16/100 first outpatient appointments at end of March 2023)

- Dorset met the year-end target of 12%.
- Validated April / May data did not meet the target.
- June data is not a full set due to time lag in reporting and processing of A&G requests. Therefore, May is currently the latest full set of data.
- MSK Triage referrals will be added to the EROC submission to improve the post-referral utilisation rate.
- It is anticipated that this will add a further 400 Advice & Guidance requests per month (a quarter of the improvement required).

## Virtual Consultations

(w/e 18/07/2022 source: Weekly Outpatient SuS, target = 25%)

18/07/2022	
Dorset Acutes	23.3%
DCH	23.1%
UHD	23.3%

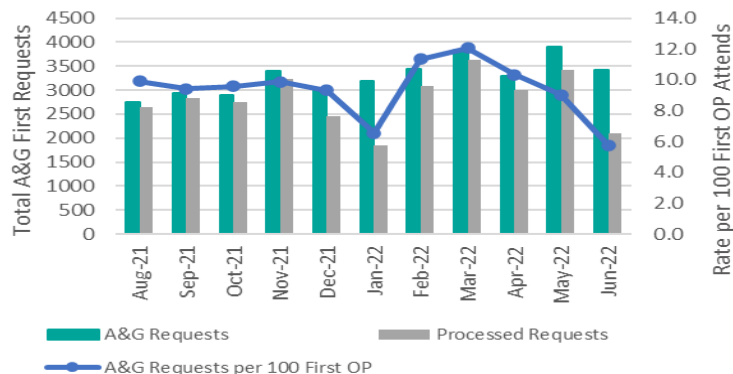
- Virtual Outpatient activity remains below the target of 25%.
- The system remains one of 6 in the region below target, but above the SW region average 22.0%.
- Further promotion of regional training opportunities is under way. Dorset has high uptake but low completion rates.
- DCH implementing "Default to Virtual" for follow up appointments on a Specialty-by-Specialty basis. Larger Specialties have begun to this way of working resulting in improvement in performance. As smaller Specialties move over the impact will not be as significant.

## Patient Initiated Follow Up

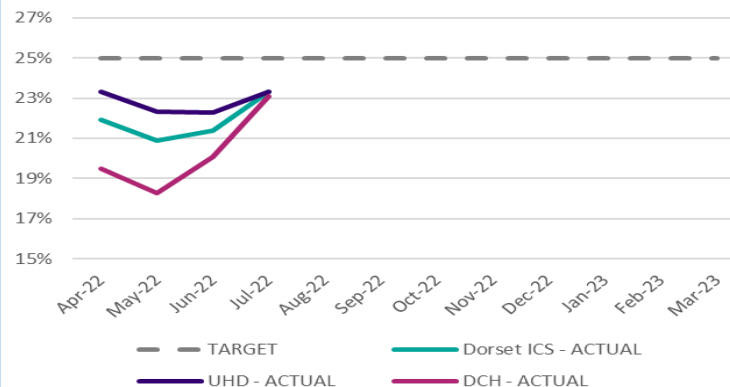
(target 5% by end of March 2023)

- Phased target to get to 5% by March 23.
- Number of patients moved or discharged to PIFU Pathway has seen a 23% improvement since March 22.
- Dorset currently sits at 1.9% patients being moved or discharged to PIFU pathways for May 2022. June Outpatient data is waiting validation.
- Workstreams continue to roll out PIFU Pathways across specialties and Dorset is now live in 19 specialities.

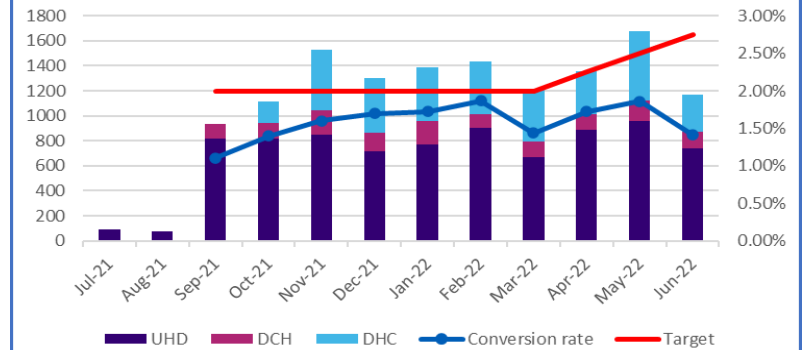
Dorset: Rate of A&G First Requests



Virtual Consultation Rate 22/23



Patients Moved or Discharged to PIFU Pathway in comparison to total Outpatient attendances



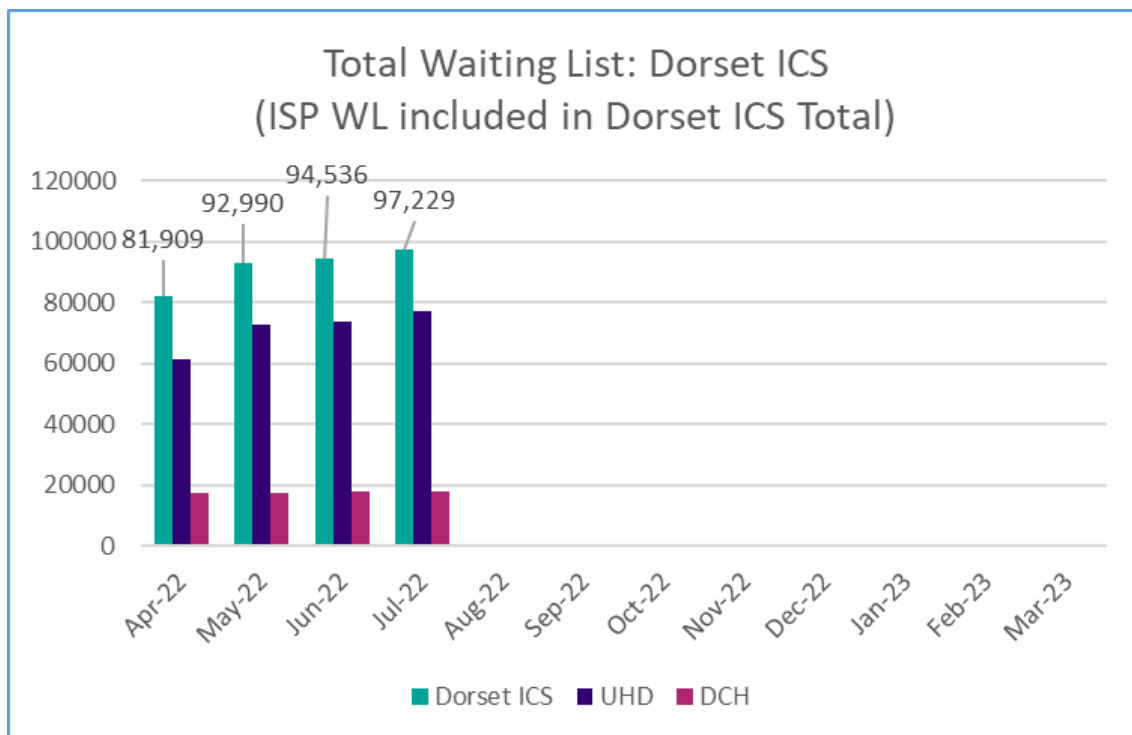
# RTT Total Waiting List

June 2022 validated position, June unvalidated to 24/07/2022.

Edited by: Louise Taylor



Dorset



Treatment Function Code	DCH		DCH Total	UHD		UHD Total	Grand Total
	Admitted	Non Admitted		Admitted	Non Admitted		
	100: General Surgery Service	346	498	844	490	2694	3184
101: Urology Service	283	566	849	681	2651	3332	4181
110: Trauma and Orthopaedic Service	1410	950	2360	2468	5240	7708	10068
120: Ear Nose and Throat Service	236	2064	2300	518	7558	8076	10376
130: Ophthalmology Service	486	1971	2457	1837	3236	5073	7530
140 & 144: Oral & Maxillofacial Service	823	752	1575	941	3172	4113	5688
170: Cardiothoracic Surgery Service	0	0	0	0	30	30	30
300: General Internal Medicine Service	0	0	0	9	1276	1285	1285
301: Gastroenterology Service	2	1082	1084	1143	4195	5338	6422
320: Cardiology Service	23	607	630	433	3115	3548	4178
330: Dermatology Service	499	878	1377	565	3409	3974	5351
400: Neurology Service	0	0	0	7	2424	2431	2431
410: Rheumatology Service	0	42	42	42	1828	1870	1912
420: Paediatric Service	0	660	660	6	4023	4029	4689
502: Gynaecology Service	448	720	1168	929	6650	7579	8747
Other	128	2192	2320	2430	12953	15383	17703
<b>Grand Total</b>	<b>4684</b>	<b>12982</b>	<b>17666</b>	<b>12499</b>	<b>64454</b>	<b>76953</b>	<b>94619</b>

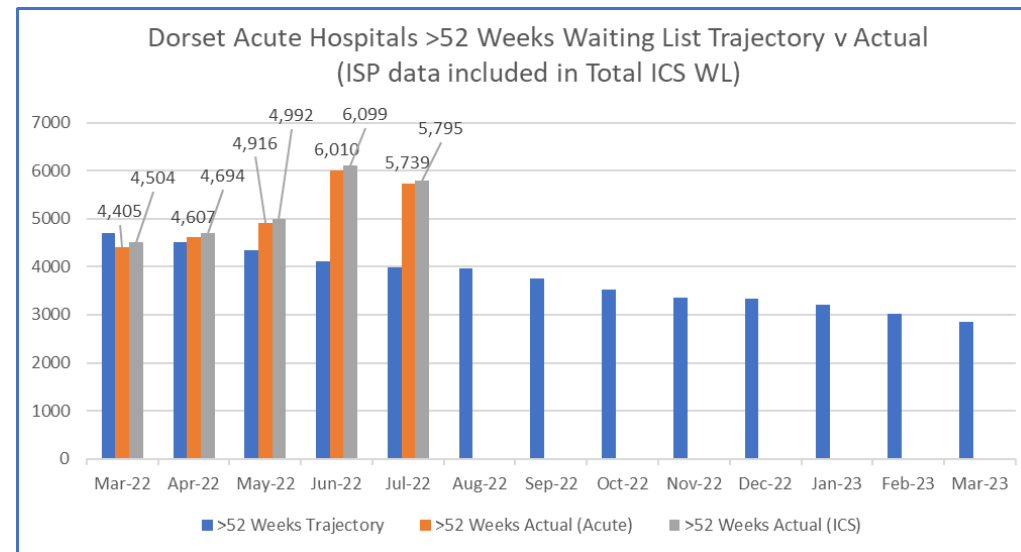
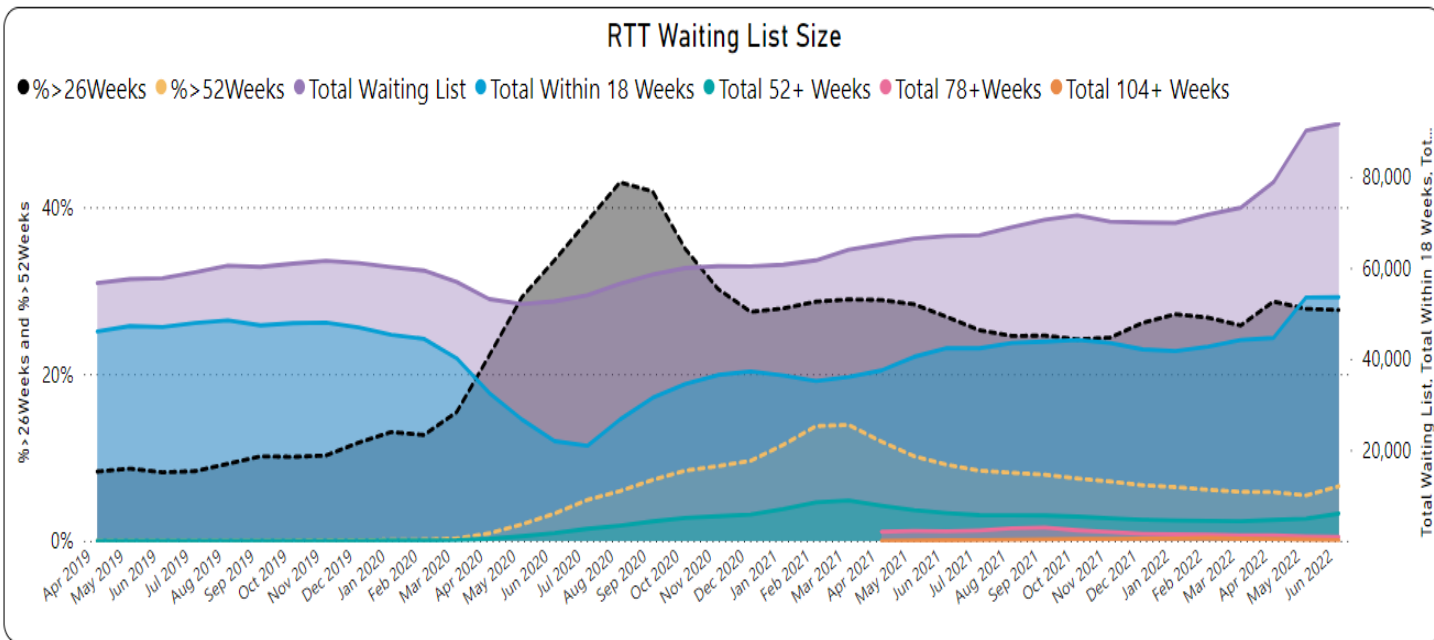
- Whilst the waiting list across acute partners has increased in June by 1,513, the overall Dorset ICS total waiting list increased by 1,546 (inc ISP position +33 cases). Further increases are seen in July's unvalidated acute position (inc ISP total WL 2,610).
- The Single PAS Merger at UHD is ongoing, duplications awaiting validation have artificially inflated the waiting lists numbers and impacting across elective waiting lists and activity. UHD are working to resolve these issues, likely to continue into August.
- Validated June position shows UHD increased by 1,364 cases, DCH and ISP WL has shown small increases since May.
- Referral to Treatment (RTT) under 18 week performance reduced slightly to 58.4% in June.
- New pathway starts reduced in June but remain high and far exceed completed pathways.

# RTT Long Waiters as at 24/07/2022

June 2022 validated position, June unvalidated to 24/07/2022.

Edited by: Louise Taylor

**TO BE UPDATED**



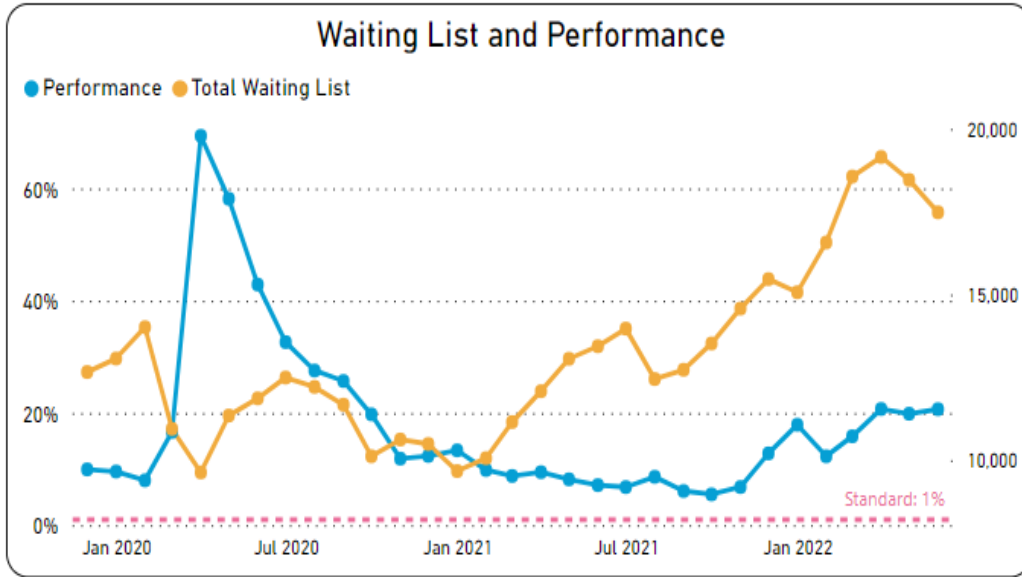
- Increase to **6,099 patients waiting >52 weeks** (long-waiters) at the end of June across the system including 89 independent sector (ISP) waiting lists, an increase of 1,100 cases from end of May. The long-waiters account for 6.6% of the total Acute waiting list. Long waiters are showing a reduction into July for those waiting over a year, shifting to 6.1% of the total Acute waiting list.
- In June, the number waiting **over 78 weeks** has reduced by 125 cases to **888** waiting, including 6 patients on ISP lists. The total NHS cohort represents 1.0% of the total waiting list.
- At the end of June **161 waiting over 104 weeks** including **1 ISP** patient. The cohort continues to reduce into July with latest snapshot position at 139 and 0 ISP patients.
- System continue under review through weekly Tier assurance meetings to deliver long waiter ambitions.

Waiting List by Specialty and weeks waiting (as at 24/07/2022)

Key Specialty	> 52 Weeks	> 78 Weeks	> 104 Weeks	Total Waiting List
100: General Surgery Service	207	21	2	4028
101: Urology Service	275	55	1	4181
110: Trauma and Orthopaedic Service	532	72	9	10068
120: Ear Nose and Throat Service	1406	78	7	10376
130: Ophthalmology Service	251	42	1	7530
140 / 144: Oral Maxillofacial Surgery	658	194	40	5688
170: Cardiothoracic Surgery Service	18	0	0	30
300: General Internal Medicine Service	85	0	0	1285
301: Gastroenterology Service	608	107	2	6422
320: Cardiology Service	3	0	0	4178
330: Dermatology Service	214	3	0	5351
400: Neurology Service	10	0	0	2431
410: Rheumatology Service	13	0	0	1912
420: Paediatric Service	35	1	0	4689
502: Gynaecology Service	604	77	5	8747
Other	820	171	72	17703
<b>Grand Total</b>	<b>5739</b>	<b>821</b>	<b>139</b>	<b>94619</b>

# Diagnosics (DM01) June 2022

Edited by: Louise Taylor & Sarah Charles



		Diagnostic Tests by Weeks Waiting			Total WL	> 6 Weeks %
		< 6 weeks	6 > 12 Weeks	13 Plus Weeks		
Imaging	Magnetic Resonance Imaging	1476	24	0	1500	1.6%
	Computed Tomography	1927	185	2	2114	8.8%
	Non-obstetric ultrasound	4820	684	4	5508	12.5%
	Barium Enema	0	0	0	0	
	DEXA Scan	824	2	0	826	0.2%
Physiological Measurement	Audiology - Audiology Assessments	403	102	2	507	20.5%
	Cardiology - echocardiography	1507	1190	174	2871	47.5%
	Cardiology - electrophysiology	0	0	0	0	
	Neurophysiology	903	41	5	949	4.8%
	Respiratory physiology - sleep studies	67	21	2	90	25.6%
	Urodynamics - pressures & flows	1	2	5	8	87.5%
Endoscopy	Colonoscopy	688	218	145	1051	34.5%
	Flexi sigmoidoscopy	315	152	67	534	41.0%
	Cystoscopy	133	16	11	160	16.9%
	Gastroscopy	804	408	155	1367	41.2%
<b>Total</b>		<b>13868</b>	<b>3045</b>	<b>572</b>	<b>17485</b>	<b>20.7%</b>

- In June reduction of 978 in Waiting list, from May, with 53 fewer patients waiting over 6 weeks.
- %>6 week performance has minor decline this month against the 1% target to 20.7% in June.
- Number waiting >13 weeks has increased by 24 to 572 (**3.2% of WL**). Split predominantly between Endoscopy all modalities and Echocardiograms.
- Dorset returned to 1<sup>st</sup> **DM01 performance regionally**, SW regional average at 36.5%.

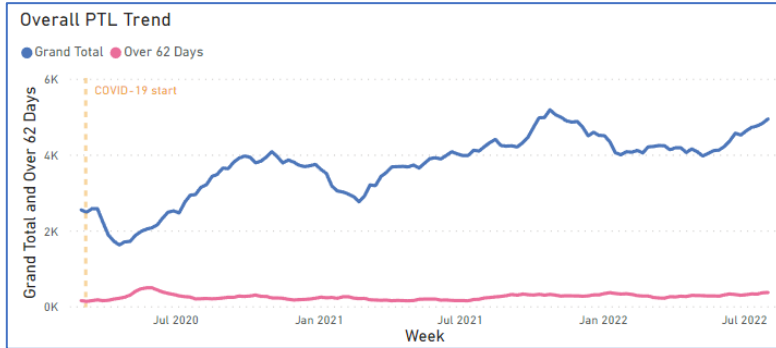
Provider	TotalWaitingList	Over6wks	13+Weeks	% Over 6 Weeks	% Over 13 Weeks
DCH	5,522	1,289	50	23.3%	0.9%
UHD	11,963	2,328	522	19.5%	4.4%
<b>Total</b>	<b>17,485</b>	<b>3,617</b>	<b>572</b>	<b>20.7%</b>	<b>3.3%</b>

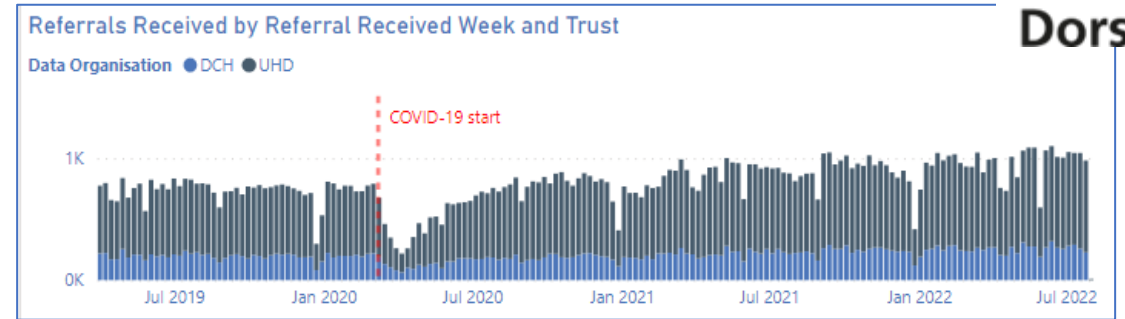
DiagnosticTestCategory	Endoscopy		Imaging		Physiological Measurement	
	6+ Week Perf	13+ Week Perf	6+ Week Perf	13+ Week Perf	6+ Week Perf	13+ Week Perf
DCH	23.4%	4.1%	20.7%	0.1%	27.8%	0.8%
UHD	42.5%	14.9%	4.0%	0.0%	39.5%	6.5%
<b>Total</b>	<b>37.7%</b>	<b>12.1%</b>	<b>9.1%</b>	<b>0.1%</b>	<b>34.9%</b>	<b>4.2%</b>

- Endoscopy waiting list size has grown, and performance has deteriorated in June.
- Imaging waiting list reduced in June, with improvement in %>6 week performance.
- Physiological measurement waiting list continues to grow and performance has improved in June, reduction to 4.2% >13 week performance.
- Null D Codes : As at 24<sup>th</sup> July there are 0 patients on weekly diagnostics Open Pathways with Null priority.
- As a 24/07/2022, 33 patients are waiting over 26 week waits (5 DCH, 25 UHD and 3 Winterbourne).

# Cancer Performance



**Chart left:** Patient tracking list (number of patients on an open cancer pathway) for DCH and UHD, March 2020 to 1st Aug 2022 (top line) and Patients waiting over 62 days (bottom line).



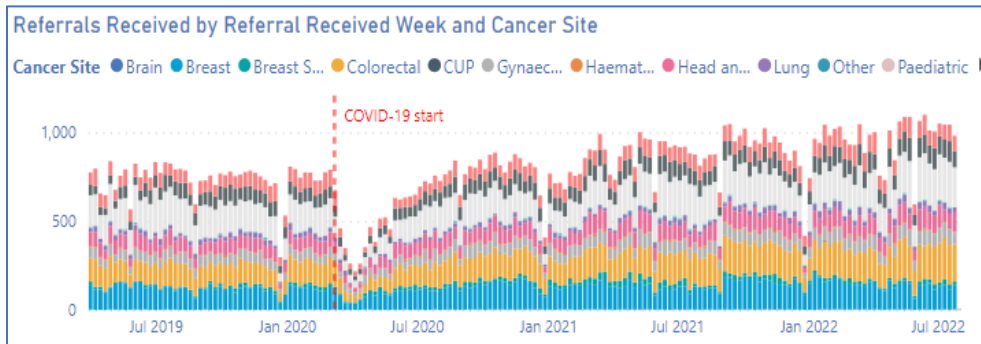
**Chart right:** 2ww referral activity to 8th Aug 2022, by trust.

## 2WW Referrals

UHD had 25% increase referrals in July 2022, compared to July 2021, for both colorectal and gynae. DCH Referrals (Apr-Jun) are also up by 29% compared with last year. UHD Head & Neck saw a 32% increase in one week which is likely to be due to OMF referrals coming in from DCH. A programme of work underway to increase use of FIT testing to support the colorectal pathway, supported by activities including a national GP incentive scheme and the enhancement of the local service. There is work underway to implement fast track clinics in gynaecology at UHD (which currently books into general gynae clinics) and mutual aid discussions with DCH. There are also pressures in Upper GI and OMF first outpatient capacity at both trusts; trusts are working together to provide mutual aid. A pathway review has been commissioned for Head and Neck to identify actions to improve OMF capacity. Workshops with clinicians will take place in September. There is a comprehensive Cancer Plan within the Community Diagnostic Centre business case, and additional work underway to align cancer pathways to the national timed 28 day pathways and maximise pathway efficiency. IDA – review of frailty clinic provision at UHD with view to tighten the eligibility criteria as capacity is not sufficient but part of the IDA faster diagnosis pathway.

## PTL

The top left chart shows the PTL (patient tracking list) for DCH and UHD combined from March 2020 to the 8th Aug 2022. This shows the number of patients on an open cancer pathway (top line) and is impacted by the number of new referrals and the number of patients removed from the pathway. Dorset has seen the biggest increase in the PTL since shortly after the first Covid restrictions and UHD has the highest PTL in the Wessex region. PTL over 62 Days (backlog and backstop combined) -average number of patients waiting over 62 days has increased slightly. The sites of main concern are colorectal, gynae, urology, IDA, head and neck and skin. NHS England has requested that the work to recover the cancer backlog to pre-pandemic levels by March 2023 and eliminate routine elective waits of over 78 weeks by April 2023 are aligned. The DCP will work with ECOG to align and prioritise resources.



**Chart left:** 2ww referral activity by tumour site to 8th Aug 2022. Skin, colorectal and breast are highest volume tumour sites for 2ww referrals.

**Chart right:** Backlog: patients waiting 62 - 104 days for treatment, DCH (72) and UHD (225), total 297, as of Aug 8th 2022. Target by Mar 2023 = 219.





# Cancer Standards & Screening

Edited by: Kim Rickard, Alex Geen and Kate Connolly



## NHS Cancer Standards

- FDS: Breast, head & neck, lung and urology are all achieving above the 75% threshold at UHD. The main tumour sites not achieving performance are colorectal (35.9%), gynae (62.3%), skin (49.9%) and upper GI (62.0%). Recovery progress: Colorectal: E-triage for colorectal is expected to reduce nurse specialist triage time by 40-50%; negotiation is underway with IT at UHD to deliver the form development through DrDoctor. A pilot is being developed at DCH. Clinical discussions are planned to understand the move to CT colonography - capacity is limited impacting on FDS. Gynae: UHD is implementing fast track gynae clinics. DCH & UHD: DCP has included additional USS capacity in the CDC business case. Skin: DCP working with Dermatology group on consultant upgrades following Advice & Guidance and teledermatology for 2ww as per national operational plan requirement. Upper GI - DCP in discussion with clinical leads about single referral pathway for Upper and Lower GI – following Northern Cancer Alliance model – improve resilience. Upper GI and Head and Neck clinics cancelled at DCH due to consultant capacity and to maintain flow on wards – likely to impact on backlogs. Mutual aid underway. DCP supporting delivery of six priority tumour site plans to recover FDS. PET-CT capacity issue impacting on lung FDS at DCH - assurance from provider that service will go to six days a week from 1st Sep which will enable recovery.
- 62 Day:** The delivery of the cancer recovery plans is expected to recover 62 day performance, with some of the key actions set out in the FDS section above. The 62 day standard is largely impacted by the volume of referrals and capacity issues in diagnostics.
- 31 Day** Performance against this standard continues to be strong.
- Screening** - low number of treatments reportable against this standard results in fluctuations in performance.
- Backlogs** The main sites of concern are colorectal, gynae, IDA, head and neck and skin. The FDS recovery work is expected to reduce backlogs.

## Breast Screening

- With the exception of round length the KPI targets are being consistently met which is excellent considering the increased level of screening being undertaken at this time. Round length remains at 50% but there is a reduction of 1796 in the overall backlog figure for July.
- Extra time slots have been added to the clinic screening numbers across all sites to enable a higher level of screening on a daily basis which is a start to return to pre-covid screening numbers.
- A good number of extra Saturday shifts have been worked through July which has greatly helped reduce the backlog in the Blandford and Bournemouth areas.
- There have been fewer issues with equipment breakdowns in July and only two days screening were lost at Bournemouth as a result.
- Recovery is expected by end September / beginning October 2022

## Bowel Screening

- All providers have recovered from the impact of Covid-19.
- The age extension programme has progressed in Dorset, 58 year olds are now being invited, following on from invites to 56 year olds commencing in 2021. From April 2023, 54 year olds will be invited, with a full roll out to people age 50+ by 2026.
- The Southern Bowel Screening Hub has asked primary care to notify them of eligible patients with a learning disability in order to develop a more accessible service. The DCP will support primary care with this task as the initial response rate is 42%.

## Cervical Screening:

- Increase in colposcopy referrals as a result of the introduction of primary HPV has stretched colposcopy capacity at UHD, also impacted by a consultant being off since Christmas.
- UHD has delivered catch up weekend clinics and is expected to fully clear the backlog by October 2022, which is ahead of plan to recover by March 2023. Once recovered it is expected the service will maintain capacity.
- NHS England has carried out a ceasing audit with primary care to review patients that would have been eligible for cervical screening but were ceased on the primary care record. As a result 233 patients have been reinstated as eligible. This is expected to reduce health inequalities as many ceased patients had a learning disability and/ or mental illness. The DCP is supporting PCNs to improve cervical screening uptake in people with a learning disability.

	Measure	Target	Q3 21/22 -	Q4 21/22 -	Apr 22	May 22	Jun 22
			FINAL	FINAL	Final	Final	Predicted
Dorset Cancer Partnership	Cancer Two Week Wait (DCH only)	93%	51.2%	58.9%	50.7%	68.3%	67.3%
	Cancer Plan 62 Day Standard (Tumour)	85%	71.2%	69.0%	71.1%	69.3%	73.6%
	62 Day Screening Standard (Tumour)	90%	85.3%	80.3%	81.1%	67.6%	83.3%
	31 Day First Treatment (Tumour)	96%	96.5%	97.3%	97.0%	97.2%	98.2%
	Subsequent Treatment - Surgery	94%	94.6%	90.0%	92.6%	91.8%	TBC
	Subsequent Treatment - Radiotherapy	94%	100.0%	99.3%	97.7%	99.3%	TBC
	Subsequent Treatment - Anti Cancer Drugs	98%	99.2%	99.5%	100.0%	99.2%	TBC
	Faster Diagnosis	75%	66.0%	60.8%	73.2%	72.3%	65.6%
	Reported backstops (confirmed 104 day cancer treatments)	75%	54	58.5	65	57	61

Source: KPIs - DCH and UHD data team via DiIS team. Screening – national and Dorset screening leads.

# South West Performance Dashboard: Elective

Week Ending : 24 July 2022

		Elective											
		RTT				Diag				Cancellations		Cancer	
		%>52 week	No over 78 weeks	No. of 104 weeks	Total Incomplete	All Diag %>6 week	Endoscopy %>6 weeks	Imaging % >6 weeks	Physiological Measurement % >6 weeks	Cancelled OPs P1-2	Cancelled OPs P3-4	%>62days	No. of 104 days*
BNSSG	N Bristol	6.78%	469	34	47406	Data Issues				0	0	35.8%	464
	UHB and Weston	9.25%	905	174	61046					10	17	10.5%	78
	UHB									2	28	12.6%	84
	Weston												
BSW	Great Western	3.57%	41	0	33291					0	24	12.0%	57
	RUH	4.50%	100	1	35942					14	17	7.2%	47
	Salisbury	2.39%	70	0	22928					21	84	11.4%	155
Cornwall	Royal Cornwall	5.43%	333	3	42571					15	17	10.2%	78
Devon	Royal Devon	9.67%	1610	341	88748					31	57	15.5%	56
	Torbay & S Devon	10.87%	736	78	42637					8	34	7.2%	31
	Plymouth	6.74%	1067	385	47778					39	102	7.9%	49
Dorset	Dorset County	7.81%	309	30	17666					0	11	12.2%	68
	UH Dorset	5.66%	512	109	76953					4	54	10.9%	69
	Poole									2	11	8.7%	26
	Bournemouth												
Glos	GHFT	2.24%	68	0	66500					2	11	8.7%	26
Somerset	Somerset	5.72%	383	21	34631								
	Yeovil	6.68%	105	0	12978								

Weekly RTT Via WLMDS	Weekly Activity Return	UEC Daily Sitrep	Weekly Cancer PTL
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Where data is reported weekly the actuals for the week ending in C2 are reported. They are then compared with the average of the previous 6 weeks (not including the current reported week).

- Weekly Performance is below that of the average of the previous 6 weeks
- Weekly Performance is below that of the average of the previous 6 weeks but within 10%
- Weekly Performance is above that of the average of the previous 6 weeks

\* The formatting of these cells is to show red where values are >5

\*Due to a table refresh issue, diagnostic data is not available for the weekending 24<sup>th</sup> July

# South West Performance Dashboard: Non Elective

Week Ending : 24 July 2022

		C19		
		C19 Adult Bed occupied	C19 Adult CC occupied	% of Absence C19 Related
BNSSG	N Bristol	6.1%	1.5%	26.8%
	UHB and Weston	8.9%	6.7%	27.9%
	UHB	9.4%	5.9%	26.9%
	Weston	7.8%	15.0%	31.9%
BSW	Great Western	12.0%	0.0%	31.4%
	RUH	18.8%	10.0%	65.4%
	Salisbury	10.9%	8.0%	44.6%
Cornwall	Royal Cornwall	13.5%	1.0%	28.3%
Devon	Royal Devon	8.3%	0.8%	31.5%
	Torbay & S Devon	10.3%	2.7%	30.8%
	Plymouth	9.4%	0.7%	38.6%
Dorset	Dorset County	8.8%	19.5%	28.6%
	UH Dorset	8.9%	11.8%	31.3%
	Poole	10.9%	7.4%	30.5%
	Bournemouth	6.4%	15.8%	32.3%
Glos	GHFT	13.9%	2.8%	5.2%
Somerset	Somerset	9.4%	1.2%	28.3%
	Yeovil	12.5%	8.6%	25.0%

UEC							
Front Door				Throughput			
A&E all type attendances	All types - 4 hours performance	Ambulance Handovers over 60 minutes	>12 hour Decision to admit	Bed occupancy	Patients with a LOS +7 days *	Patients with a LOS +21 days *	Patients met the criteria to be discharged
%							
1599	45.9%	67	0	98.4%	0	0	0
2079	61.8%	85	125	92.0%	206	93	0
1298	61.2%	28	58	88.3%	118	50	
781	62.6%	57	67	99.1%	89	43	0
1979	74.8%	42	4	96.9%	215	57	
1736	62.7%	106	0	93.7%	265	100	0
724	74.7%	9	0	96.0%	147	63	0
3648	78.6%	140	100	95.3%	246	100	0
2851	56.3%	72	118	94.7%	442	152	0
1259	62.1%	103	16	91.1%	94	24	0
1697	CRS Pilot	152	91	93.3%	253	103	0
881	55.5%	13	3	97.2%	150	63	0
2722	CRS Pilot	78	9	94.0%	460	217	0
1409	CRS Pilot	35	2	92.3%	245	116	
1313	CRS Pilot	43	7	96.0%	215	101	0
2427	73.0%	99	121	94.9%	278	133	
2176	79.5%	31	23	96.5%	171	68	0
1105	76.0%	3	0	94.5%	153	58	0

Data Source

C19 Acute Daily Sitrep

A&E Daily Sitrep

Where data is reported daily it is totalled up for the current week. This then compared with the previous 42 days (not including the 7 days in the week ending referenced in C2).

- Weekly Performance is below that of the average of the previous 6 weeks
- Weekly Performance is below that of the average of the previous 6 weeks but within 10%
- Weekly Performance is above that of the average of the previous 6 weeks

## Areas Requiring Further Assurance

Proposed assurance is sought on: -

- Outpatient SRO is asked to confirm the plans to increase A&G and virtual consultations to meet national targets within planned timescales has been successful specifically at DCH.
- Cancer programme lead is asked to provide update on the progress around implementation of the recovery plans within six priority tumour sites.
- UHD are asked to provide update on the PAS merger and resolution of the impact and issues this has caused.

# Glossary

Acronym	Definition	Acronym	Definition
<b>2WW</b>	2 week wait referral	<b>MH</b>	Mental Health
<b>ARRS</b>	Additional Roles Reimbursement Scheme	<b>MIU</b>	Minor Injury Unit
<b>AMH</b>	Adult Mental health	<b>MRI</b>	Magnetic Resonance Imaging
<b>A&amp;G</b>	Advice and Guidance	<b>NHSE / I</b>	NHS England / Improvement
<b>CAMHS</b>	Child and Adolescent Mental Health Service	<b>OMF</b>	Oral & Maxillofacial Surgery
<b>CAS</b>	Clinical Assessment Service	<b>OPMH</b>	Older Peoples Mental Health
<b>(N) CTR</b>	(No) Criteria To Reside	<b>PAS</b>	Patient Administration System
<b>CYP</b>	Children & Young People	<b>PCN</b>	Primary Care Network
<b>DCH</b>	Dorset County Hospital NHS Trust	<b>PHT</b>	UHD - Poole
<b>DES</b>	Direct Enhanced Service	<b>PICU</b>	Psychiatric Intensive Care Unit
<b>DHC / DHUFT</b>	Dorset Healthcare NHS Trust	<b>PTL</b>	Patient Tracking List
<b>DTOC</b>	Delayed Transfer of Care	<b>RBCH</b>	UHD - Bournemouth
<b>ED</b>	Emergency Department	<b>RTT</b>	Referral To Treatment
<b>ENT</b>	Ear, Nose & Throat	<b>SDEC</b>	Same-day Emergency Care
<b>FDS</b>	Faster Diagnostic Service	<b>SMI</b>	Severe Mental Illness
<b>GI</b>	Gastro-intestinal	<b>SOP</b>	Standard Operating Procedure
<b>IAGPS</b>	Improved Access to General Practice Services	<b>SPA</b>	Single Point of Access
<b>IAPT</b>	Improved Access to Psychological Therapies	<b>SWAS</b>	South West Ambulance Service
<b>ICS</b>	Integrated Care System	<b>UEC</b>	Urgent & Emergency Care
<b>IPC</b>	Infection, Prevention & Control	<b>UHD</b>	University Hospitals Dorset NHS Trust
<b>ISP</b>	Independent Sector Provider	<b>VCSE</b>	Voluntary, Community & Social Enterprise
<b>IUCS</b>	Integrated Urgent Care Service	<b>WL</b>	Waiting List
<b>KPIs</b>	Key Performance Indicators		

## NHS DORSET INTEGRATED CARE BOARD

## ICB BOARD

## DORSET ICS FINANCE UPDATE

<b>Date of the meeting</b>	01/09/2022
<b>Author</b>	J Wyatt, Deputy Chief Finance Officer, Dorset ICB
<b>Lead Director</b>	R Morgan, Chief Finance Officer, Dorset ICB
<b>Purpose of Report</b>	To provide an update on the financial position of the Dorset system, following presentation of the report and discussion at Finance and Performance Committee.
<b>Recommendation</b>	The ICB Board is asked to <b>note</b> the report.

## Monitoring and Assurance Summary

<b>Conflicts of Interest</b>	N/A
<b>Involvement and Consultation</b>	N/A
<b>Equality, Diversity and Inclusion</b>	N/A
<b>Financial and Resource Implications</b>	<i>The report is for information only, to inform future decision making on financial matters</i>
<b>Legal/governance</b>	<i>The ICB has a statutory duty to keep expenditure within resource limits.</i>
<b>Risk description/rating</b>	<i>In setting a balanced plan for 2022/23, the ICS has identified financial risks totalling £88m, including unidentified efficiencies totalling £42m, which will need to be managed in order to achieve breakeven. If breakeven positions are not reported, the system risks receipt of national funding flows.</i>

## 1. Introduction

- 1.1 **Appendix 1** provides a summary and update of the financial position of the ICS as at June 2022. This incorporates the Quarter 1 position, and closedown, for NHS Dorset CCG and the Month 3 reporting for ICS Providers.
- 1.2 The report reflects the plans submitted to NHS England and Improvement on 20th June, with the exception for the ICB of indicative Service Development Funding (SDF), which is not yet received or accounted for, and additional funding received for Pensions.

- 1.3 Due to the financial guidance relating to the CCG closedown at Month 3, the final reported position will be at breakeven. However, the attached appendices show the variances before this breakeven adjustment in order to inform decision making.
- 1.4 At the time of writing the report, July 2022 reporting was not yet available, and this report replicates those presented to the Finance and Performance Committee and the System Leadership Team. A verbal update will be provided to the board.

## 2. Report

### Integrated Care System (ICS)

- 2.1 Appendix 1 outlines the financial performance of the system as at June 2022 (Month 3).
- 2.2 The ICS is reporting a deficit of £8.6m against breakeven, of this £5.9m relates to NHS providers within the system.
- 2.3 Key areas of focus are; achievement of existing CIP plans and the level of unidentified CIP, expenditure on agency, reduction of Covid costs and run rates.
- 2.4 Providers are reporting CIP achievement of £14.6m to date against a target of £17.4m; an underachievement of £2.7m. Of this £5.7m has been achieved recurrently. There are varying degrees of profiling within the system, with most choosing to profile efficiencies equally across the year.
- 2.5 In-envelope Covid costs total £4.7m to date, against a full year target of £22m, across the three Dorset based providers.
- 2.6 With the exception of non-pay costs in the ambulance, pay and non-pay has gone up in June across all providers when compared to April and May.

### Dorset Integrated Care Board (ICB)

- 2.7 The ICB is reporting an overspend of £2.47m against breakeven at Month 3. Pressures are emerging in Personal Health Commissioning (PHC), Independent Sector Providers (ISPs) and establishment costs.
- 2.8 PHC budgets reflected the outturn for 2021/22 and an inflationary uplift relating to the National Living Wage and other cost increases. However, indications in the first quarter show that there is an emerging pressure within this area due to a number of high cost cases and volume increases.
- 2.9 A pressure has emerged in the first quarter around the ISP contracts which is being investigated by the team. Early indications show that this related to high activity levels in April and May. It is not currently expected to continue at the same run rate.

2.10 There is currently an overspend on establishment costs, in part due to dual running (which is retrospectively funded for Quarter 1) but in the main due to an increase in establishment in 2021/22. A full review is being undertaken of the current establishment to assess a forecast, for discussion with Directors and deputies.

### 3. Conclusion

3.1 Members are asked to note the report and financial position of the ICS as at Month 3, including the emerging risks.

**Author's name and Title : J Wyatt**  
**Date : 3<sup>rd</sup> August 2022**

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Dorset ICS Finance Report, June 2022</b>



# Finance Summary

## System Financial Position

As at Month 3, the ICS has reported a variance to the breakeven plan of £8.6m, with Dorset County reporting a £1.7m adverse variance against plan and University Hospitals Dorset £4.3m off plan with the ambulance trust and Dorset Healthcare reporting breakeven. For Dorset County, the overspend relates to unidentified CIP (£0.6m), an increase in high cost agency (£0.7m) and additional inflationary pressures above expected levels (£0.2m). Of UHD's £4.3m adverse variance, £2.1m relates to unachieved CIP.

Agency expenditure in June is lower than February by 4.9%, mainly driven by a reduction of 46.8% at UHD and within the Ambulance Trust. Both Dorset County and Dorset Healthcare have seen increases from February of 33% and 100% respectively. All of our providers with the exception of UHD have seen an increase in agency expenditure in June compared to May.

Overall, pay and non-pay expenditure has remained broadly constant in Months 1 to 3, however both have shown small increases in June when compared to April and May.

This report focuses on the NHS partner organisations who participate in the overall Dorset shared control total. Future reporting will also include a section on Local Authorities financial positions as they are integral to the delivery of services for "Our Dorset".

## Capital

NHS system CDEL envelope reflects a brokered reduction in the 22/23 envelope of £3m due to a delayed disposal in 2021/22. Plans submitted by the system on 20<sup>th</sup> June demonstrate a balanced Capital plan, with the exception of the Car Park at Dorset County (£19.4m) which does not currently have a funding source. Discussions with regional Capital colleagues are ongoing.

## Finance Improvement Programme (including Productivity and CIP/QIIPP)

The ICS has an ambitious efficiency programme for 2022/23, with planned savings of £118m being required in order to achieve breakeven; of this £42.4m is currently unidentified. As at Month 3, providers are reporting an adverse variance of £2.7m against this plan.

The system total includes a system Financial improvement Plan (FIP) of £20m and a system income/investment slippage CIP of £8.5m.

The FIP can be broken down into four main sections, and progress will be reported against these workstreams throughout 2022/23:

- Agency Premium
- Covid Costs
- Elective Recovery/productivity
- UEC

The ICB has an QIIPP programme of £42.3m, including the ICB share of the FIP programme and the £8.5m income CIP. Currently both these elements are unidentified and recurrent sources need to be found to prevent a deterioration in the financial position. At Month 3 the CCG (ICB) has reported slippage of £3.7m against the plan, in relation to the unidentified system plans.

## ICB Variable Expenditure Prescribing/PHC/ pay/ services outside Dorset NHS

CCG allocation phased as 3/12ths of full year 2022/23 plan allocation of £1,587m.

The final CCG reported position is £2.47m overspent which mainly relates to unrealised Q1 QIIPP savings due to expected savings being weighted more heavily in the latter part of the year, partly offset by underspends against Q1 SDF allocation which has been received but spend is not expected until Q2, 3 & 4.

Early risks have been identified within;

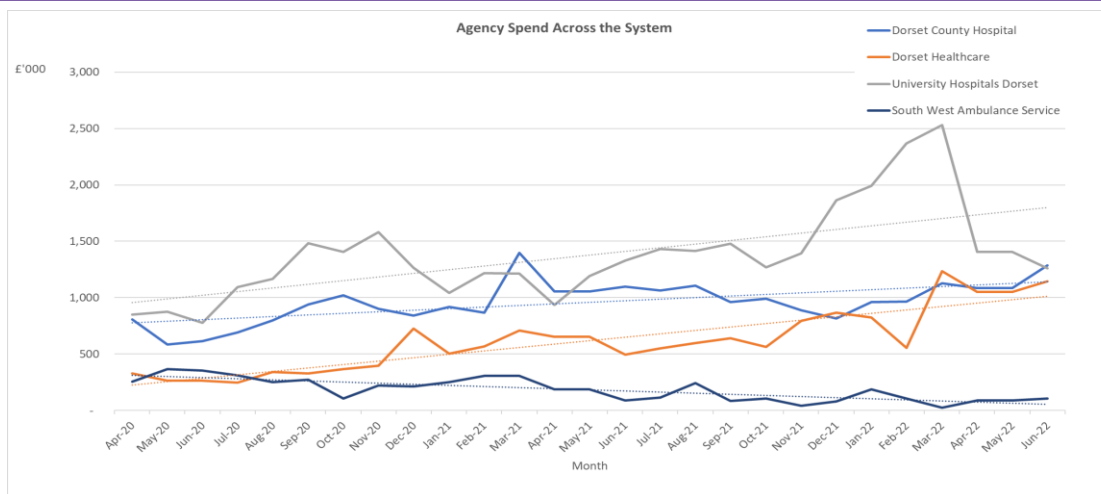
- PTS, due to a guaranteed cost reimbursement arrangement with the main provider
- ISP (Spa Medica) Q1 cost pressures from high March 2022 referrals
- PHB CHC uplifts and Named Patient Placement Q1 (non-recurrent) high cost patients
- Establishment budgets likely will require a vacancy factor maintained in order to break-even

# Finance - Dorset ICS

## Month 3 system Financial Performance

Dorset ICS performance YTD Month 3	Income			Expenditure			Financial Performance		
	Plan £m	Actual £m	Variance Surplus/ (Deficit) £m	Plan £m	Actual £m	Variance Surplus/ (Deficit) £m	Plan £m	Actual £m	Variance Surplus/ (Deficit) £m
Dorset County Hospital	62.3	63.1	0.8	(63.0)	(65.6)	(2.5)	(0.7)	(2.4)	(1.7)
Dorset Healthcare	84.7	85.9	1.3	(84.9)	(86.1)	(1.2)	(0.2)	(0.2)	0.0
University Hospitals Dorset	173.3	175.7	2.4	(173.7)	(180.3)	(6.6)	(0.4)	(4.6)	(4.3)
South West Ambulance Service	82.3	82.8	0.5	(82.3)	(82.8)	(0.5)	0.0	(0.0)	(0.0)
<b>Dorset Provider Total</b>	<b>402.6</b>	<b>407.5</b>	<b>4.9</b>	<b>(403.9)</b>	<b>(414.7)</b>	<b>(10.9)</b>	<b>(1.3)</b>	<b>(7.2)</b>	<b>(5.9)</b>
Dorset ICB	397.0	397.0	0.0	(397.0)	(399.6)	(2.6)	0.0	(2.6)	(2.6)
<b>Dorset ICS Total</b>	<b>799.6</b>	<b>804.5</b>	<b>4.9</b>	<b>(800.9)</b>	<b>(814.4)</b>	<b>(13.5)</b>	<b>(1.3)</b>	<b>(9.9)</b>	<b>(8.6)</b>

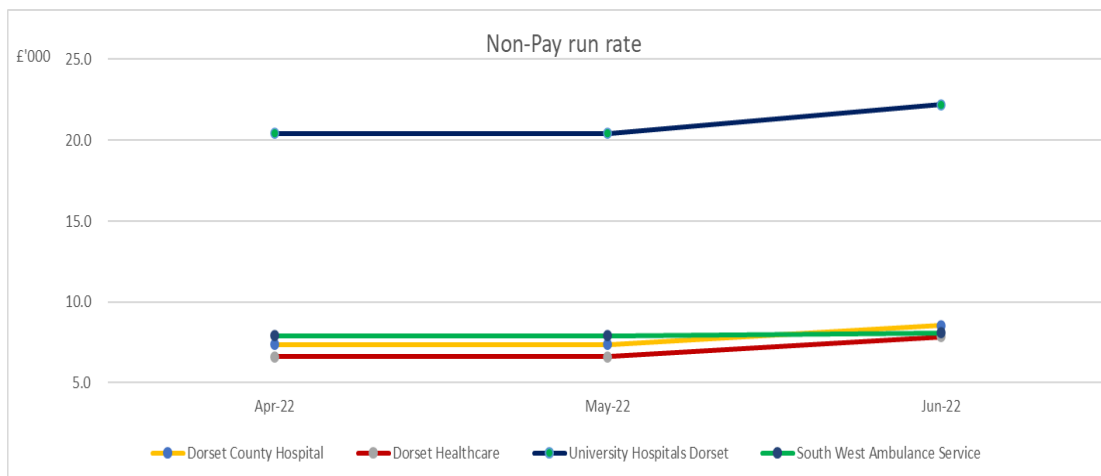
## Agency



## Efficiencies

Dorset ICS Efficiency Performance YTD Month 3	TOTAL EFFICIENCIES			RECURRENT			EFFICIENCIES AS A % OF OPERATING EXPENSES		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan %	Actual %	Variance %
Dorset County Hospital	1.1	0.4	(0.6)	0.4	0.1	(0.3)	0.6%	0.1%	(0.5%)
Dorset Healthcare	2.5	2.5	0.0	0.3	0.5	0.3	0.3%	0.6%	0.3%
University Hospitals Dorset	7.3	5.2	(2.1)	6.2	0.4	(5.9)	3.6%	0.2%	(3.4%)
South West Ambulance Service	6.5	6.5	0.0	4.7	4.7	0.0	5.7%	5.7%	(0.0%)
<b>Provider Total</b>	<b>17.4</b>	<b>14.6</b>	<b>(2.7)</b>	<b>11.6</b>	<b>5.7</b>	<b>(5.9)</b>	<b>2.9%</b>	<b>1.4%</b>	<b>(1.5%)</b>
Dorset ICB	10.6	6.9	(3.7)	10.6	6.9	(3.7)	2.7%	1.7%	(0.9%)
<b>Dorset ICS Total</b>	<b>28.0</b>	<b>21.5</b>	<b>(6.5)</b>	<b>22.1</b>	<b>12.5</b>	<b>(9.6)</b>	<b>2.8%</b>	<b>1.5%</b>	<b>(1.2%)</b>

## Non-Pay



# Finance - Dorset ICB

## ICB Expenditure

CCG allocation is phased as 3/12ths of full year 2022/23 plan allocation of £1,587million.

Final CCG reported position is a £2.47m overspend which mainly relates to unrealised Q1 QIPP savings due to expected saving being more weighted more heavily in the latter part of the year, partly offset by underspends against the Q1 Service Development Fund (SDF) allocation received with spend not expected until Quarters 2, 3 & 4.

Early risks have been identified within;

- PTS due to a guaranteed cost reimbursement arrangement with the main provider
- ISP (Spa Medica) Q1 cost pressures from high March '22 referrals
- PHB CHC uplifts and Named Patient Placement Q1 (non-recurrent) high cost patients
- Establishment budgets likely will require a vacancy factor maintained in order to break-even

## Establishment (pay budgets)

The YTD position at month 3 is showing a Q1 (CCG) £633k cost pressure. However, an element of this overspend is phasing related as a proportion of the pay related spend relates to non-recurrent funding sources including Honoured Commitments and service development funding (SDF), and ICB / CCG board double running costs.

Work to update the staff establishment and fully reconcile the recurrent position is in progress and the management accounts team are in conversation with deputy directors and heads of service to finalise staff structures and budgeted establishment.

Risk remains in meeting both our admin allocation and planned programme budgets since pay uplifts are unlikely to be fully funded, and the recurrent establishment has grown with new ICB posts and selected fixed term roles being made permanent within the last year.

Initial calculations suggest that a vacancy factor will be required by the ICB in order to live within our running and programme costs.

## Independent Sector Providers (ISP)

A number of early risks have been identified with our IS providers.

The main risk relates to Spa Medica where we are seeing very high April & May 2022 activity (circa £0.5m overspend over the 2 months). However this could potentially be a non-recurrent overspend as it relates to high March 2022 referrals with the provider advising that activity levels are now more in line with planned activity.

BMI is showing high activity levels for February & March which, if it continues, would equate to a Q1 overspend of £470k. However, no 2022/23 data is available yet for accurate full year forecasting

Nuffield is reporting high April & May 2022 activity which equates to a Q1 pressure of £117k. Only 2 months data is available but early indications suggest a potential recurrent position.

This is partly offset by a potential underspend of £325k in Q1 relating to the New Hall contract, but as per BMI we only have Q4 2021/22 data to base the 2022/23 position on so caution is needed for full year forecasting. There are also potential underspends in Shepton Mallet (£83k) and non NHS non contract activity (£104) with April and May 2022 data giving early indications of a recurrent position.

## Personal Health Commissioning (PHC)

The Q1 financial position of £897k overspent infers that there may be financial pressures likely in 2022-23, particularly in Adults CHC (£773k), and Named Patients (NP, £272k), offset by an underspend in Complex Rehab (CR, £179k).

However, these figures need to be taken with care, given they are based on limited data, and have non-recurrent elements; Adults CHC have PHB reclaims phased towards the latter part of the year, NP have non-recurrent high cost packages ending and CR are patients non-recurrent in nature, high cost, low volume and so are not phased equally throughout the year.

There was a shortfall of £82k on the amount allocated to the CCG for the retrospective 2021/22 FNC increase which signals a pressure on the 2022/23 FNC budget, further evidenced by the Q1 overspend of £20k.

### Top 10 High Cost cases

Care Category	Number of Cases	Equivalent Annual Cost
Learning Disability Adult	5	£5,898,312
Physical Disability Adult	2	£1,745,382
Physical Disability Older	2	£1,439,139
Child	1	£754,333
<b>Total</b>	<b>10</b>	<b>£9,837,166</b>

### Packages greater than £5.5k per week:

Weekly Cost	Number of Cases	Equivalent Annual Cost
£5,500 - £7,500	27	£8,537,153
£7,500 - £9,500	15	£6,535,373
£9,500 - £11,500	2	£1,135,888
£11,500 - £13,500	6	£3,947,111
£13,500 - £15,500	4	£3,033,565
£15,500 plus	3	£4,759,802
<b>Total</b>	<b>57</b>	<b>£27,948,892</b>

## NHS DORSET AND DORSET INTEGRATED CARE BOARD

## ICB BOARD

ANNUAL REPORT ON LEARNING DISABILITIES MORTALITY REVIEW (LEDER)  
– 2021/2022

<b>Date of the meeting</b>	01/09/2022
<b>Author</b>	K. Hall, Local Area Contact Dorset LeDeR Programme
<b>Lead Director</b>	Vanessa Read, Interim Chief Nursing Officer
<b>Purpose of Report</b>	As a requirement of the NHS England LeDeR programme, this report has been written to acknowledge the progress and achievements of the Dorset LeDeR programme.
<b>Recommendation</b>	The ICB Board is asked to <b>note</b> the report.

## Monitoring and Assurance Summary

<b>Conflicts of Interest</b>	N/A
<b>Involvement and Consultation</b>	N/A
<b>Equality, Diversity and Inclusion</b>	N/A
<b>Financial and Resource Implications</b>	N/A
<b>Legal/governance</b>	N/A
<b>Risk description/rating</b>	N/A

## 1. Introduction

- 1.1 This report aims to summarise key developments in the Dorset LeDeR programme in 2021/22 For details please refer to the full Dorset LeDeR Annual report **Appendix 1**.

## 2. Report

## 2.1 Background and context

This is the third Annual Learning Disabilities Mortality Review (LeDeR) report from the Dorset LeDeR team and the first report following the publication of the new national policy, Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021. The purpose of the report is to share the findings and learning from the deaths of those with a

learning disability and/or autism in Dorset between 01/04/2021 and 31/03/2022.

2.2 The publication of the new national policy has resulted in key changes to the LeDeR programme including:

- The introduction of reviews of deaths of autistic people.
- Transfer of the programme from the University of Bristol to NHSE with the new IT platform being hosted by South Central and West Commissioning Support Unit.
- All reviewers to be employed to complete reviews and have dedicated time to do so. The Dorset team have recruited an additional reviewer on a Bank contract to complete a minimum of 1 review per month.
- Introduction of a 2-tiered review system.
  - **Initial** review on every death. Completed Initial reviews are no longer graded.
  - **Focused** review is completed when:
    - The individual is from a Black, Asian or minority ethnic background.
    - In the professional judgement of the reviewer there may be significant learning from a focused review.
    - The family request a focused review
    - There is a diagnosis of autism and not a learning disability. This is a requirement until 2023.
    - Any individual who has been under mental health or criminal justice restrictions at the time of death or in the previous 5 years.
    - Unlike the Initial reviews, focused reviews will be graded.

### 3. Programme performance

3.1 There have been fewer deaths reported to the LeDeR programme this year. This may be due to of a reduction in deaths between Oct/Feb 2021/22 compared to the previous year or a reflection of the changes in the programme's IT platform.

3.2 Only 1 of the 35 reviews completed has been a Focused review. This Focused review was requested by the family of the deceased.

3.3 In April 2022 Dorset CCG purchased a SystmOne license. SystmOne is the electronic patient record system used across all Dorset GP practices. This purchase has enabled a more streamlined access to patient records required to complete LeDeR reviews.

3.4 The Dorset LeDeR team continue to meet the KPI of completion of reviews within 6 months of notification to the programme.

### 4. Conclusion

4.1 In terms of process, the Dorset LeDeR team perform well, consistently meeting the key performance target of completing reviews within 6 months of

# 9.4

notification to the LeDeR programme. The removal of the requirement to grade initial reviews means it is difficult to reflect on the good care provided by services in Dorset. In the last 12 months the Dorset team have completed only one focused review. This focused review was graded 4. At the time of writing this report the team have not had any review notifications following the death of an individual with autism. The team will continue to promote LeDeR particularly in relation to reviewing the deaths of autistic people.

**Author's name and Title: K Hall**  
**Date: 12/08/2022**

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Pre-publication Dorset LeDeR Annual Report</b>

# Dorset LeDeR Annual Report 2022



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# Executive summary

This is the third Annual Learning from Lives and Deaths - People with a Learning Disability and Autistic People'(LeDeR) report from the Dorset LeDeR team and the first report following the publication of the new national policy, when the new policy was published LeDeR widened its scope to learning from lives and deaths. The purpose of the report is to share the findings and learning from the deaths of those with a learning disability and/or autism in Dorset in the past 12 months between 01/04/2021 and 31/03/2022. An Easy Read version of this report is also available.

The LeDeR programme is delivered by NHS England with the support of South, Central and West Commissioning Support Unit. In March 2021 a new national policy was published; 'Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021' [LeDeR-policy-2021](#). The new policy went live in June 2021 with the introduction of reviews of deaths of autistic people going live on January 4th, 2022.

The aim of the LeDeR programme is to drive improvement in the quality of health and social care services for people with a learning disability and autistic people to reduce premature mortality and health inequalities in this population, through a process of mortality case reviews. These reviews are intended to support health and social care professionals and policy makers to clarify the improvement required to improve services. All deaths of people with learning disabilities and/or autistic people aged four years and over will be reviewed, regardless of the cause of death, the place of death or whether the death was expected. The programme starts from the age of 4 years as prior to this age it is difficult to assess whether a child has a learning disability or autism.

Children under the age of 18 years have a review under the Child Death Overview Panel (CDOP) process.

2021/2022 has been a year of change for the LeDeR programme. The new policy included the requirement for reviews on the lives and deaths of people with autism, for reviewers to be employed to complete reviews with dedicated time to do so and the introduction of a 2-tier review system. The 2-tier review system has resulted in a reduction in the data and detail collected as Initial reviews are no longer graded.

The focus of this report will be on the areas identified by the completed reviews where change in, or how the services are provided, could improve the outcomes of those with a learning disability and/or autistic people in receipt of services.

On July 14th 2022 the national annual LeDeR report Learning from [Lives and Deaths People with a Learning Disability and autistic people \(LeDeR\) \(kcl.ac.uk\)](#) and the [2021-22 LeDeR - Action from learning reports](#) were published.

# Introduction

## Introduction to the 'Learning from lives and deaths – People with a learning disability and autistic people' (LeDeR) programme in Dorset

In June 2021 a new national policy - Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) was launched [LeDeR-policy-2021](#). NHSE/I host the national LeDeR team. Key changes to the policy include:

- The introduction of reviews of deaths of autistic people. These reviews went live on January 4th, 2022.
- The programme moved from the University of Bristol to NHSE/I with the new IT platform being hosted by South Central and West Commissioning Support Unit.
- All reviewers will be employed to complete reviews and have dedicated time to do so. In previous years, the programme has relied on volunteer reviewers completing the work in addition to their substantive roles. The Dorset team have recruited an additional reviewer on a Bank contract to complete a minimum of 1 review per month.
- Introduction of a 2-tiered review system.

1. **Initial** review on every death. Completed Initial reviews are no longer graded.

2. **Focused** review is completed when:

- » The individual is from a Black, Asian or minority ethnic background.
- » In the professional judgement of the reviewer there may be significant learning from a focused review.
- » The family request a focused review
- » There is a diagnosis of autism and not a learning disability. This is a requirement until 2023.
- » Any individual who has been under mental health or criminal justice restrictions at the time of death or in the previous 5 years.
- » Unlike the Initial reviews, focused reviews will be graded, see Fig.1. The grade will initially be decided by the Reviewer, the review will then go through the Quality Assurance panel process and to the Steering Group where the grading will be discussed and agreed prior to closure.

See further information about Initial and Focused reviews on page 9.

*Fig. 1: Focused review gradings*

1 Excellent Care – exceeded current good practice
2 Good care – met current good practice in all areas
3 Satisfactory care – fell short of good practice in minor areas – no further review
4 Care fell short of best practice – significant areas but no adverse impact – no review
5 Care fell short of best practice – significant areas – learning could result from further review
6 Care fell short of best practice – significant areas – resulting in potential/adverse impact
7 Review conducted prior to 1-6 care scoring – deemed unavoidable
8 Review conducted via an external process so not scored, eg CDOP, DHR

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## Statement of purpose

The statement of purpose for the LeDeR programme in Dorset is:

- To review the care each person has received leading up to their death. Taking learning from reviews to make recommendations that could help improve the care for other people and reduce premature deaths.
- To ensure there is robust integrated working across all organisations and bodies involved in the provision of health and social care to anyone with a learning disability and/or autism.
- To work collaboratively with people who have lived experience of learning disabilities and/or autistic people.

These objectives are in line with the Dorset Integrated Care Board's core purposes which include:

- To improve outcomes in population health and healthcare.
  - Tackle inequalities in outcomes, experience, and access.
-

## Strategic action plan and progress against it

A requirement of the LeDeR programme is to produce a 3-year LeDeR Strategy demonstrating how the ICB will act strategically to tackle those areas identified in aggregated and systematic analysis of LeDeR reviews and national findings. The ICB plan is:

- To continue to improve the physical and emotional health of the Dorset population including all those with a learning disability and /or autistic people
- To continue to work collaboratively with all services involved in the delivery of health and social services to those with a learning disability and/or autistic people.

A summary of the Dorset LeDeR 3-year Strategic plan can be found in Appendix A showing the current workstreams.

### How the local learning disability community has been involved in the LeDeR programme and the production of the annual report

The views and involvement of those with lived experience are key to the Dorset LeDeR programme. We have representation from an individual with lived experience on the Dorset LeDeR Steering Group, as well as close links with both the People First Dorset and People First Forum – Bournemouth, Christchurch and Poole. All documents related to the LeDeR programme are provided in Easy Read format and accessible on our public facing platform.

#### Comment from our representative with lived experience

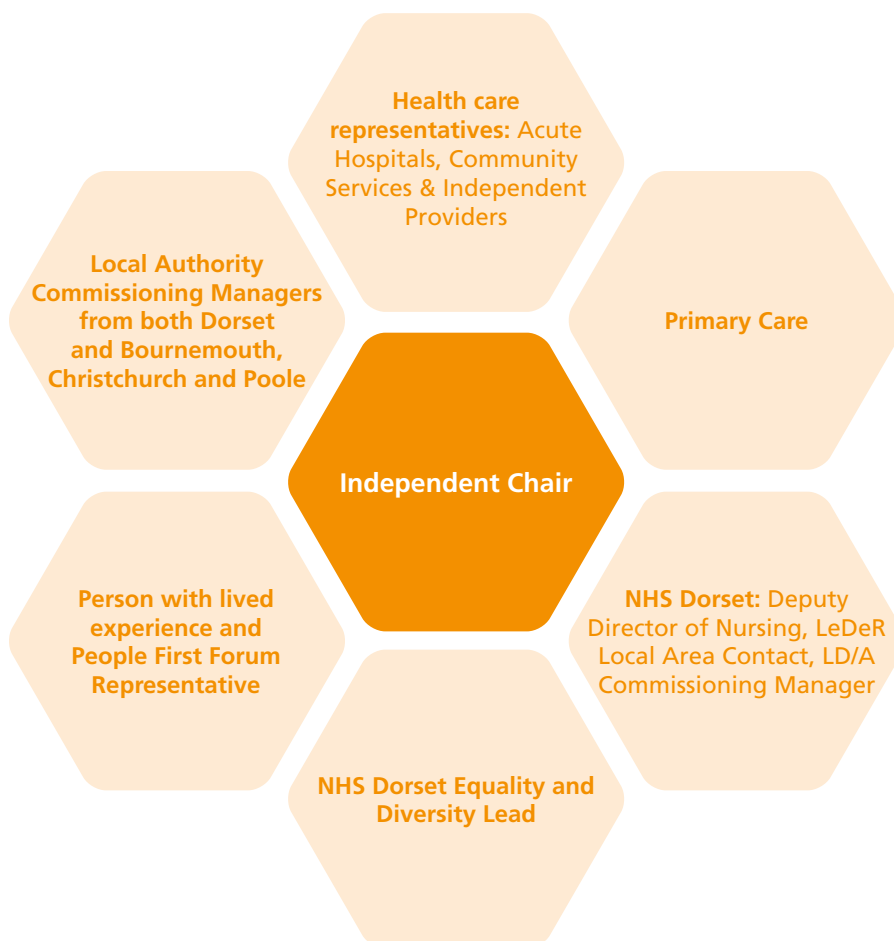
**“It is very important, and I feel really proud that I represent people with learning disabilities; to check how our friends have died and how we can stop early deaths, linking together and linking up our work knowledge shows where the gaps are, and we raise issues and views. We need to stop the Winterbourne View abuse and the Cawston Park deaths continuing to happen”**

# Governance arrangements

## Dorset LeDeR Steering Group

The Dorset LeDeR Steering Group was established at the beginning of 2021. The group meets quarterly and has representation from across the Dorset Integrated Care System.

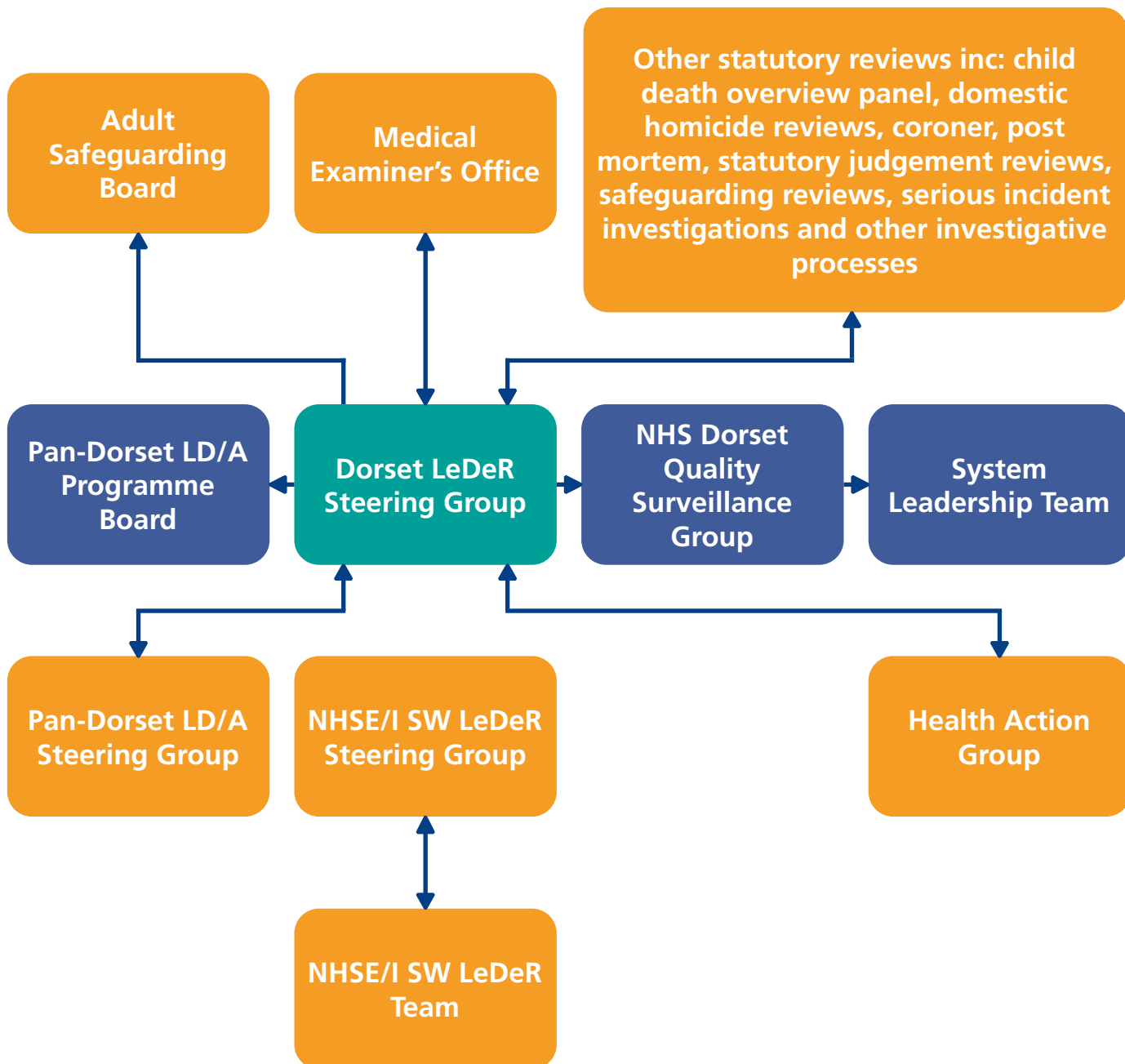
*Fig. 2: Dorset LeDeR Steering Group membership*



## Dorset governance

At the point of writing this report it is unclear what changes will be made to the Dorset LeDeR Programme governance structure once the ICB has been fully formed.

Fig. 3: Current governance structure



# LeDeR process

The programme has a review process triggered by the death of a person with a learning disability and/or autism.



## Initial review

An initial review will identify any areas of concern and/or areas of good care and will include:

- A guided conversation with a family member or someone close to the person who died, this might also be someone they lived with or a carer who they were particularly close to.
- A review of the GP records or a detailed conversation with the GP.
- A conversation with at least one other person involved in the care of the individual who died - this might be for example the person who carried out the mortality review in hospital or simply another family member who wants to speak to the reviewer about the care their loved one received.

On completion of an Initial review the reviewer will discuss the review with the Local Area Contact who will decide whether a focused review is required. If no further review is indicated the completed Initial review will be submitted to the Quality Assurance (QA) process.



## Focused review

A more in-depth Focused review will be completed when:

- The Local Area Contact decides that there may be significant learning from a more detailed review
- The individual is from a Black, Asian or minority ethnic background.
- The family request a focused review.
- There is a diagnosis of autism and not a learning disability, this is a requirement until 2023.
- Any individual who has been under mental health or criminal justice restrictions at the time of death or in the previous 5 years.

On completion, any Focused reviews are also submitted to the QA process.



## Quality Assurance Process

All initial reviews are quality assured through a peer review process. This process involves sharing completed and redacted reviews with a range of health and social care professionals. These professionals evaluate the quality of the completed review and, through the feedback process they can request further information about a review. Should further information be requested, the review is returned to the reviewer. If the peer reviewers are satisfied with the quality and information available in the review, the review will be submitted to the national platform for closure.

The QA process for Focused reviews also seeks the views of both health and social care professionals with addition of a QA panel meeting facilitated by the Dorset LeDeR team. This panel allows for discussion and where necessary clarification on aspects of a review. As with the peer review process, the panel can request further information about a review. The panel members give their views on recommendations for service improvements and grading of the review. On completion of the QA process, the case is submitted to the national platform for closure.

All recommendations, generic learning themes, Focused review grading and good practice are shared with the Dorset LeDeR Steering Group for further discussion and strategic decision making.

On closure of both Initial and Focused reviews, feedback on the review is shared with anyone involved in the individual's care.



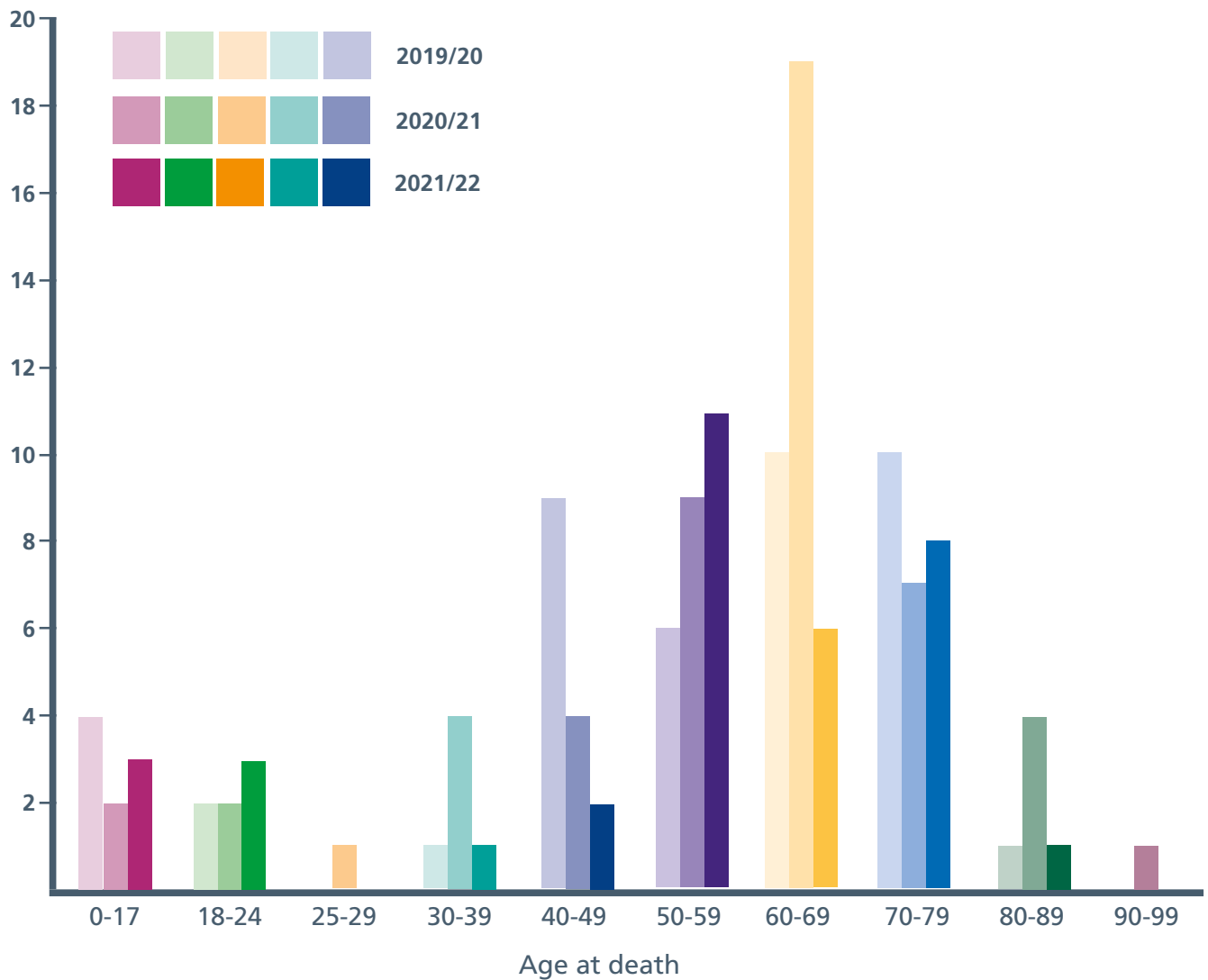
# Deaths in our local area

## Notifications per month for 2021/22 vs the last two years

Month	2021/22 no. of notifications	2020/21 no. of notifications	2019/20 no. of notifications
April	1	6	2
May	0	5	5
June	5	3	4
July	4	2	0
August	1	5	6
September	6	2	4
October	3	8	5
November	2	1	1
December	2	2	4
January	2	7	4
February	5	10	3
March	4	2	5
<b>Total</b>	<b>35</b>	<b>53</b>	<b>43</b>

There have been fewer deaths reported to the LeDeR programme this year. Through our work with DiiS (Dorset Insight & Information Service) we are aware of 15 deaths of people with a learning disability that were not reported to the LeDeR programme. We continue to work with health and social care providers across Dorset to promote the LeDeR programme.

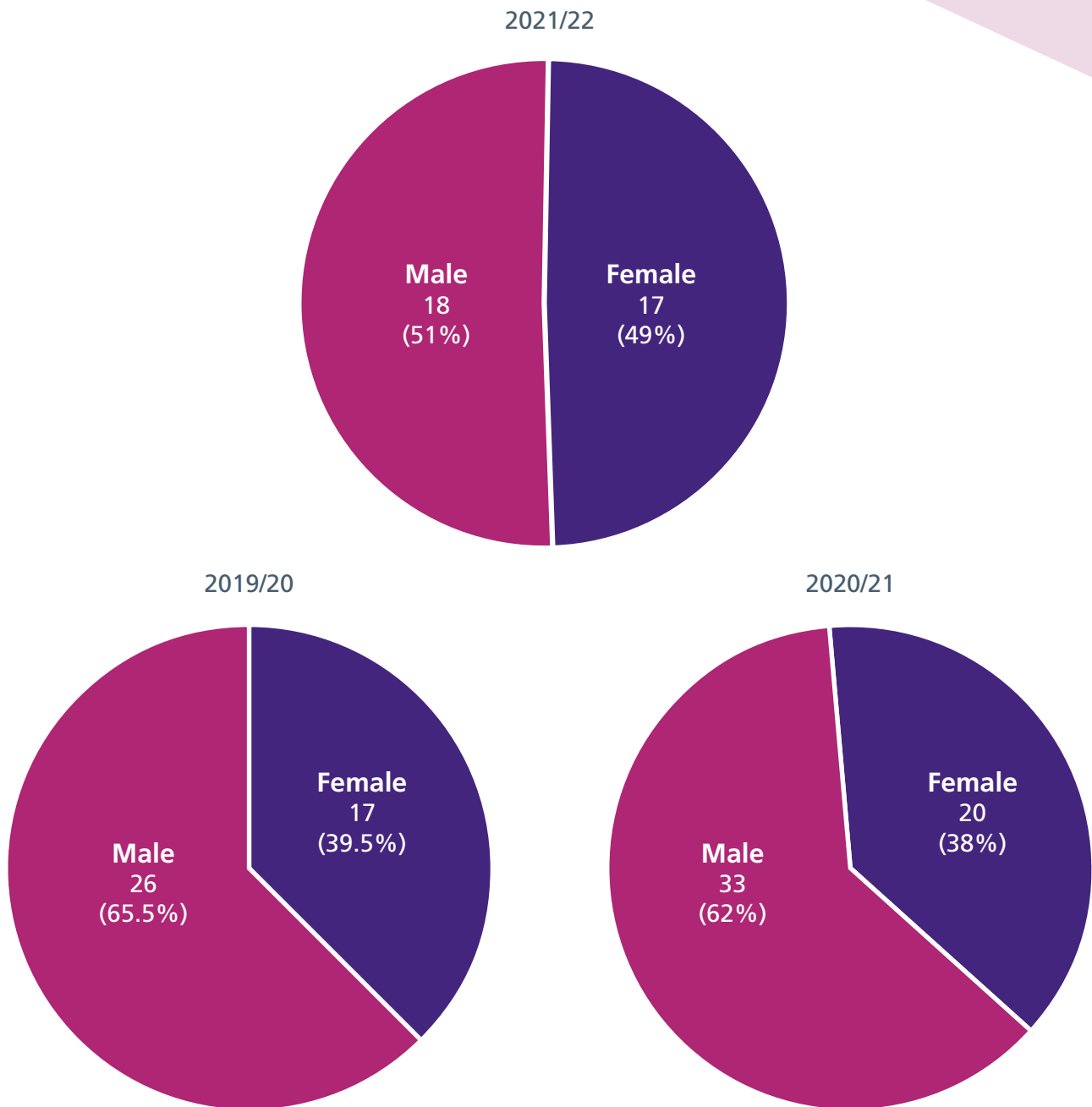
## Age at death 2020/21 vs the last two years



**Average age at death: 2021/22 = 54 2020/21 = 58, 2019/20 = 59**

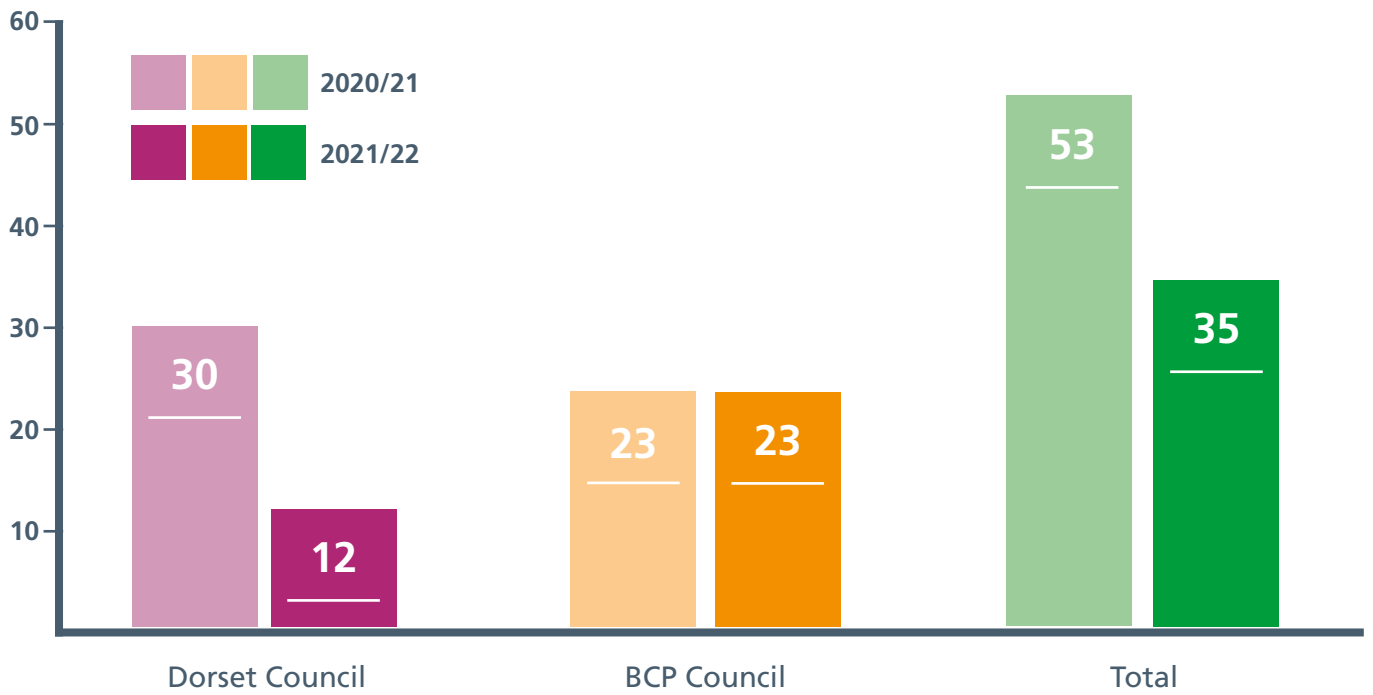
Average age at death has reduced by four years to 54 between 2020/21 and 2021/22, this is a result of a death of a person at the age of 34 from covid.

## Gender 2021/22 vs the last two years

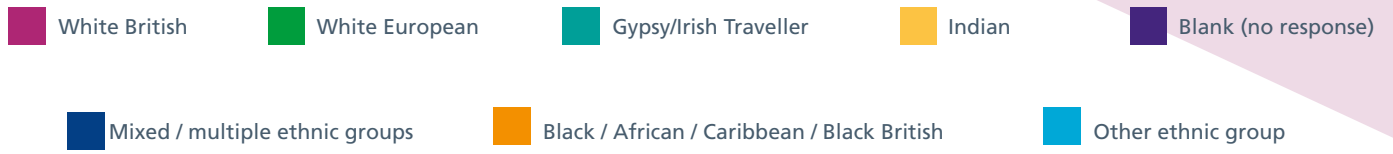


Numbers of female deaths have increased in 2021/22 and have become only 2% less than male deaths.

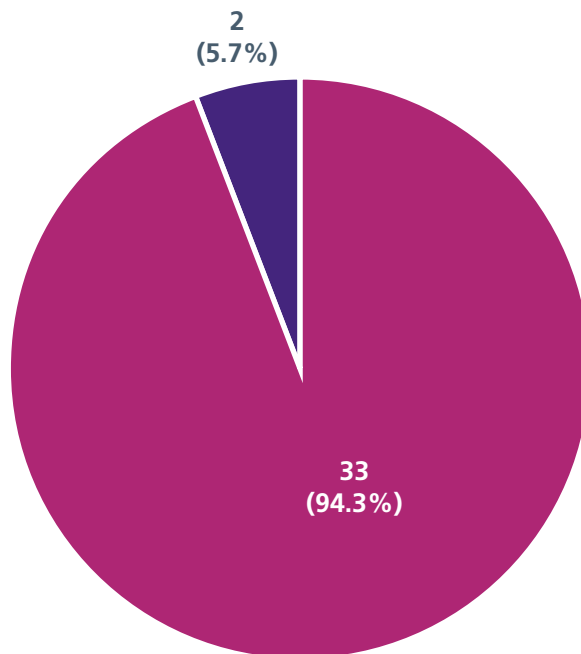
## Notifications per local authority – 2021/22 vs 2020/21



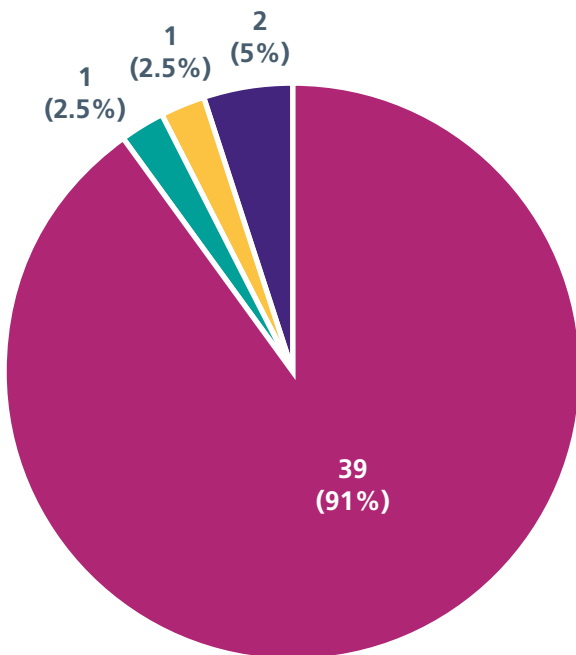
# Ethnicity –2021/22 vs last two years



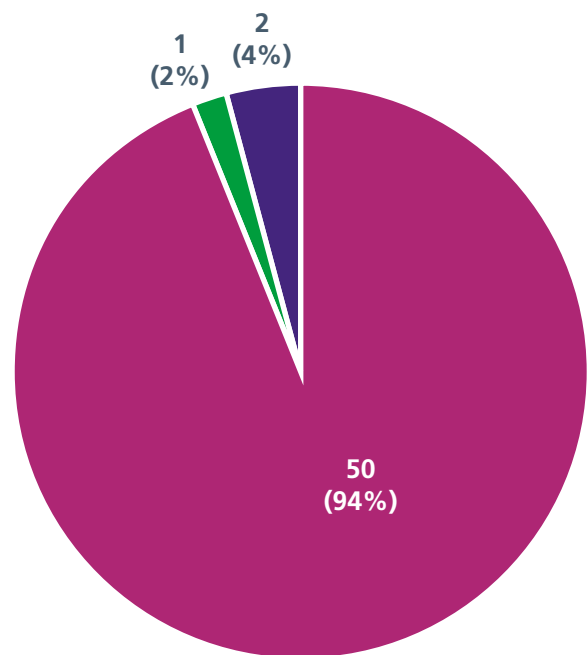
2021/22



2019/20



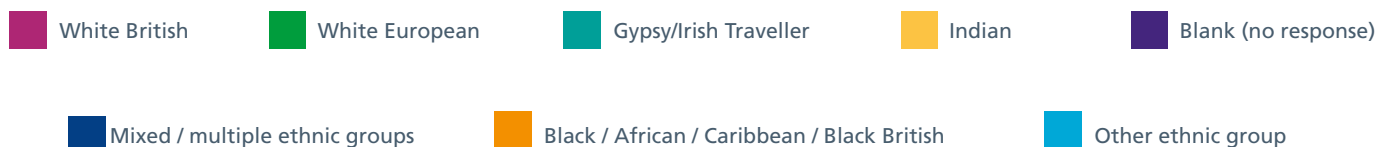
2020/21



## Ethnicity – National & local data

National and local data - this data has been taken from the Census 2011 which was presented by Dorset Council in Dec 2020. The Census 2021 results are due to be published early Summer 2022 after the publication of this report.

As the chart shows, Dorset has a low percentage of BAME population.



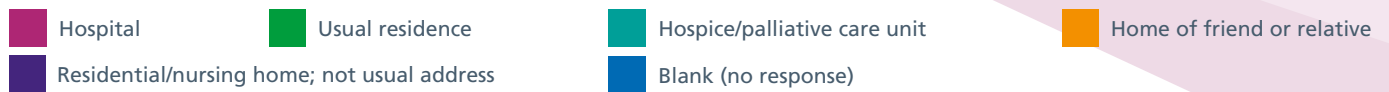
### NHS Dorset area population: 744,041



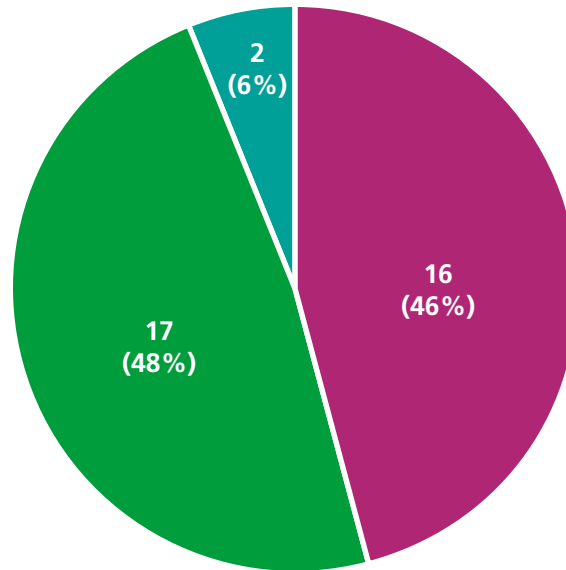
### England & Wales population: 59,719,724



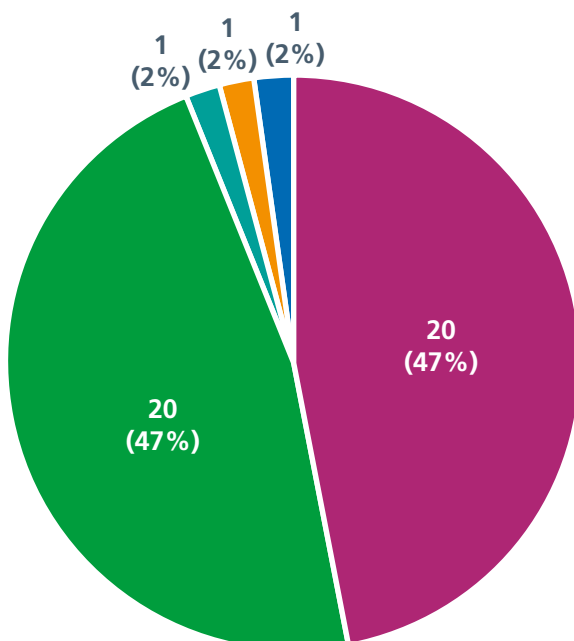
## Place of death 2021/2022 vs last two years



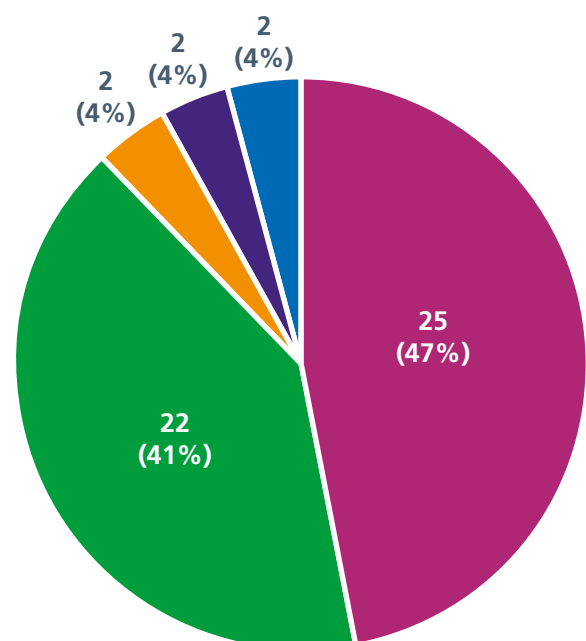
2021/22



2019/20



2020/21



It's to be noted that a higher percentage of people died in their usual place of residence in 2021/22; from the data available to us we are unable to determine whether this was through their choice or as a result of service changes throughout the pandemic.

## CDOP – Child Death Overview Panel

Children under the age of 18 years have a review under the Child Death Overview Panel (CDOP) process. A member of the Dorset LeDeR team will attend the final CDOP panel meeting prior to its closure.

Age at death	0-5	6-9	10-12	13-16	17-18	Total
2021/22	1	1	0	1	0	3
2020/21	0	0	1	0	1	2
2019/20	0	1	2	0	1	4

Gender	Male	Female	Total
2021/22	2	1	3
2020/21	1	1	2
2019/20	3	1	4

Place of Death	Hospital	Usual residence	Total
2021/22	2	1	3
2020/21	1	1	2
2019/20	3	1	4



## Deaths in our local area – data taken from 39 completed reviews

There were no completions in May and June, this was due to not being able to use the University of Bristol platform in May and starting to use the new platform in June. There were also no completions in October and November as a result of the LeDeR Reviewer supporting the system response to the Covid pandemic.

Month	Completions 2021/22	Completions 2020/21	Completions 2019/20
April	13	7	9
May	0	8	1
June	0	6	3
July	3	19	1
August	1	10	1
September	5	10	0
October	0	9	2
November	0	13	0
December	4	3	0
January	4	1	1
February	8 (inc. 4 x CDOP)	1	0
March	1	7	10
<b>Total</b>	<b>39</b>	<b>94</b>	<b>28</b>

## KPI – Performance against national targets

Month 2021/22	Total reviews	No. reviews included in KPI that met target	No. reviews that missed the KPI	No. of reviews excluded from the KPI due to other processes delaying completion	% of completions for month where target met	Reason for exclusion from KPI
April	13	11	0	2	100%	2 Coroner/Post Mortem
May	0	0	0	0	N/A	
June	0	0	0	0	N/A	
July	3	3	0	0	100%	
August	1	1	0	0	100%	
September	5	4	0	1	100%	1 Coroner/Post Mortem
October	0	0	0	0	N/A	
November	0	0	0	0	N/A	
December	4	4	0	0	100%	
January	4	4	0	0	100%	
February	8	2	0	5	66%	4 CDOP 1 Coroner/Post Mortem
March	1	1	0		100%	
<b>Total</b>	<b>39</b>	<b>31</b>	<b>0</b>	<b>8</b>	<b>100% (year)</b>	<b>4 CDOP 4 Coroner/Post Mortem</b>

As you can see the Dorset LeDeR team have achieved 100% of their KPI for 2021/22, with 8 reviews being out of scope due to being a part of other processes

## National and Regional KPI data

The National, Regional and Local data comparisons for 2021/22 regarding achievement of the 6-month completion KPI, showing that Dorset is working at 100%, which is above the national average:

	All reviews eligible for completion	Completed	Completed Initial Reviews	Completed Focused Reviews	Outstanding
England	12576	12146 (97%)	1582 (88%)	326 (71%)	430 (3%)
South West	1252	1235 (99%)	169 (93%)	32 (91%)	17 (1%)
Dorset	191	191 (100%)	22 (100%)	1 (100%)	0 (0%)

## Causes of death 2021/22

Causes of death			
Aspiration Pneumonia	5 (13%)	Disseminated Metastatic Oesophageal Cancer	1
Covid-19	2 (5%)	Dementia in Alzheimer's Disease	1
Bronchopneumonia related to Covid-19 Infection	2 (5%)	Dementia	1
Metastatic Breast Cancer	2	Covid-19 Pneumonia	1
Cancer	2	Chest Infection	1
Bilateral Pulmonary Embolism	2	Cardio-respiratory Arrest	1
Hypoxic Brain Injury	2	Cardiac Arrest	1
Lower Respiratory Tract Infection	2	Breast Cancer	1
Frailty of Old Age	1	Bilateral Acoustic Neuromas	1
Pulmonary Embolus	1	Alzheimer's Disease	1
Mitochondrial Cytopathy (POLG1 mutation)	1	Neurodegenerative disease of unknown cause	1
Pneumonia	1	Respiratory deterioration	1
Respiratory failure	1	Sepsis	1
Traumatic brain injury	1	Urosepsis	1

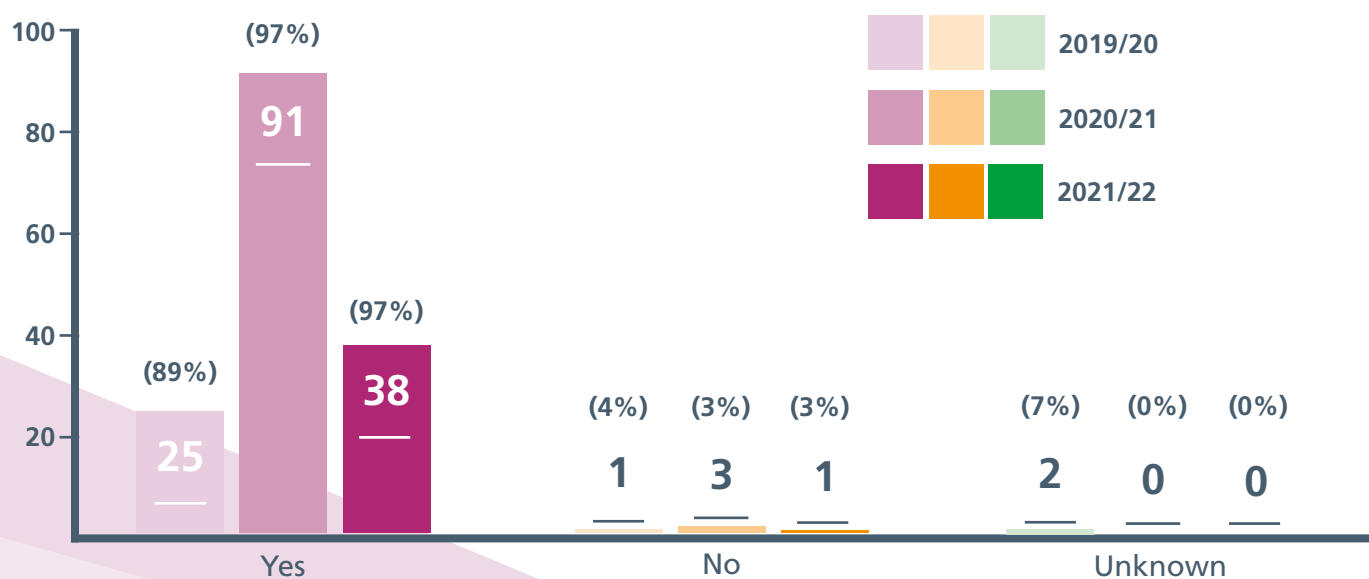
Aspiration Pneumonia continues to be the most prevalent cause of death for the third year running.

## Level of disability

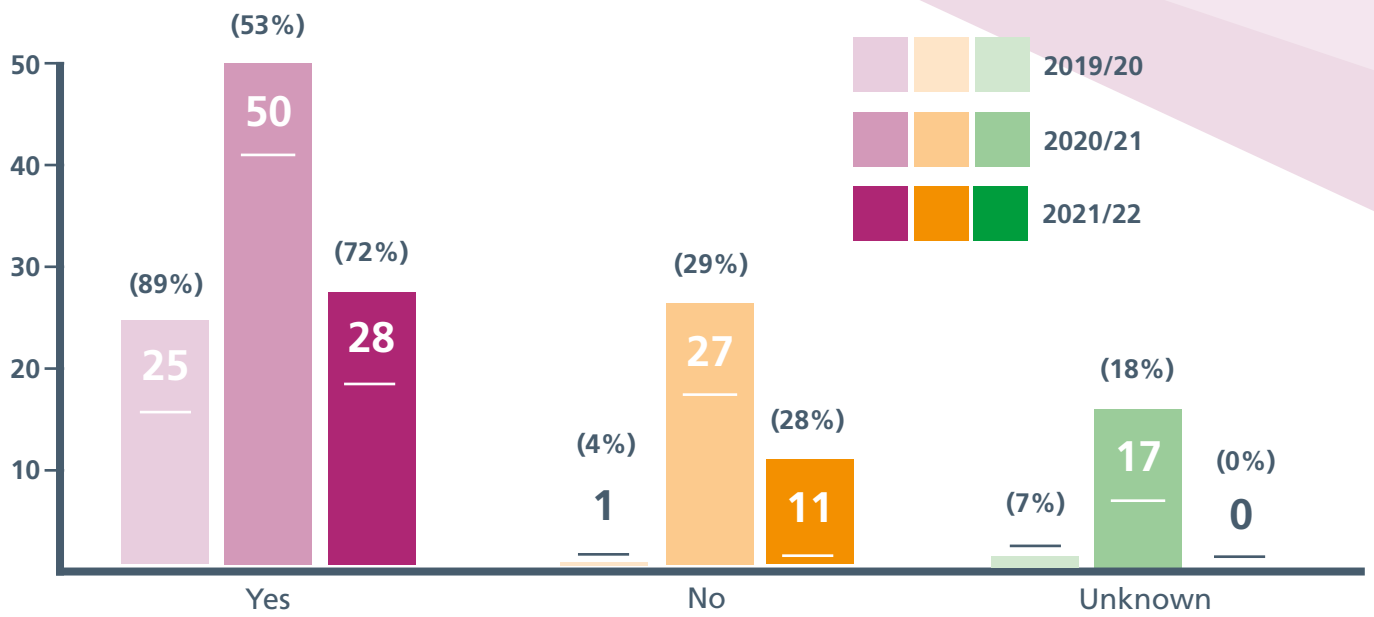
Level of disability	2021/22	% of completions	2020/21	% of completions	2019/20	% of
Mild	12	31%	22	24%	5	18%
Moderate	9	23%	33	35%	16	57%
Severe	16	41%	34	36%	5	18%
Profound	0	0%	3	3%	2	7%
Unknown	2	5%	2	2%	0	0%

This data highlights an increase in the number of notifications for individuals with a mild learning disability and a decrease in those with a moderate learning disability. Factors influencing this change could be an increase of notifications from social providers who support people with a mild learning disability and/or individuals shielding as a result of the COVID-19 pandemic.

## Multi-morbidity

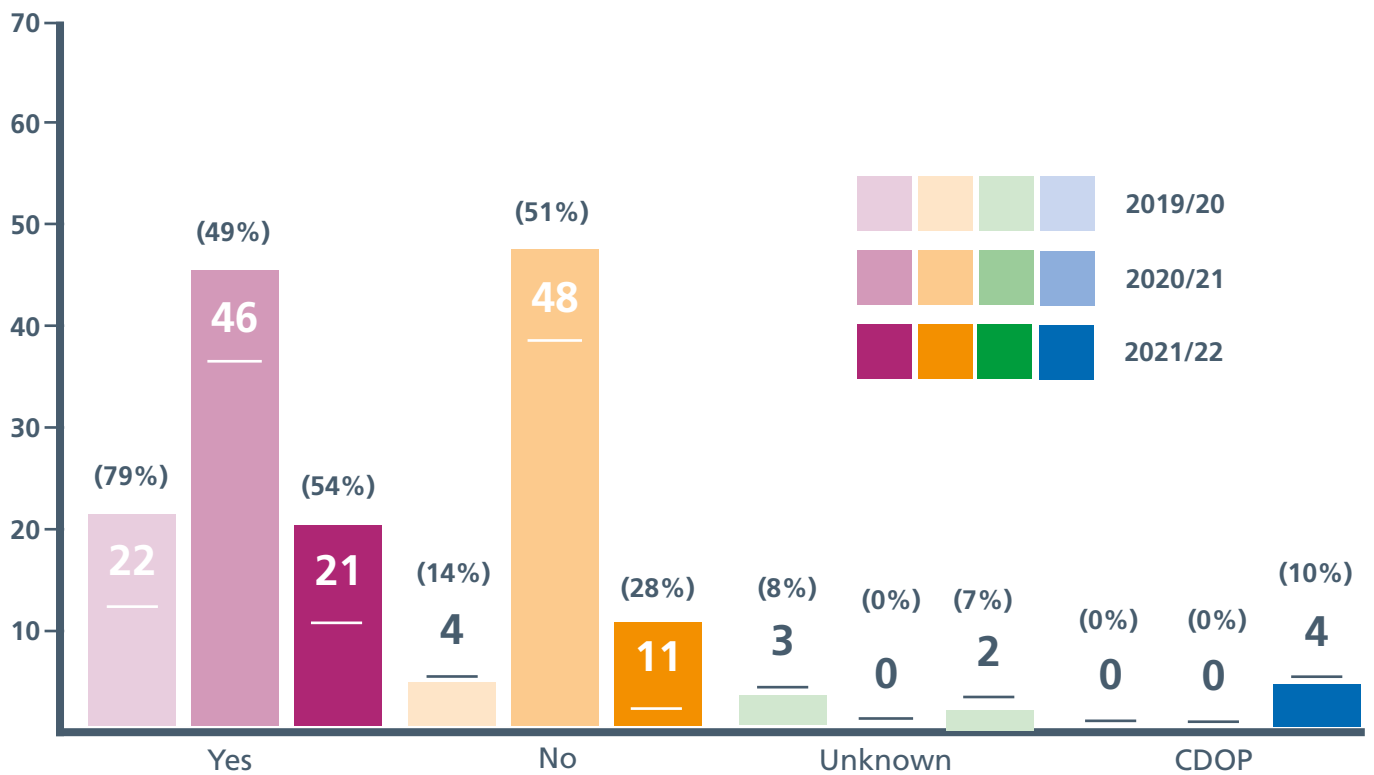


## In contact with Specialist Services



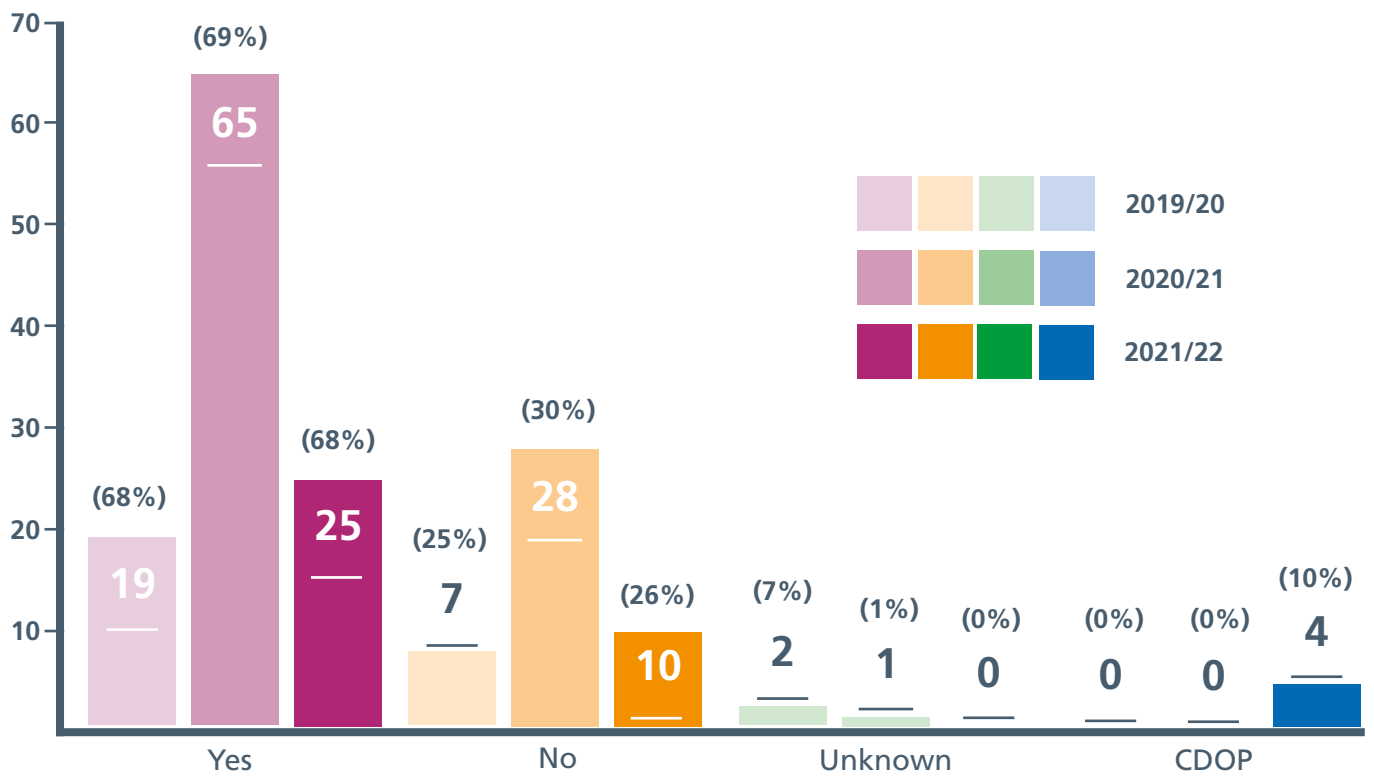
## End of Life plan

Further details of current End of Life workstream can be found in Appendix A.

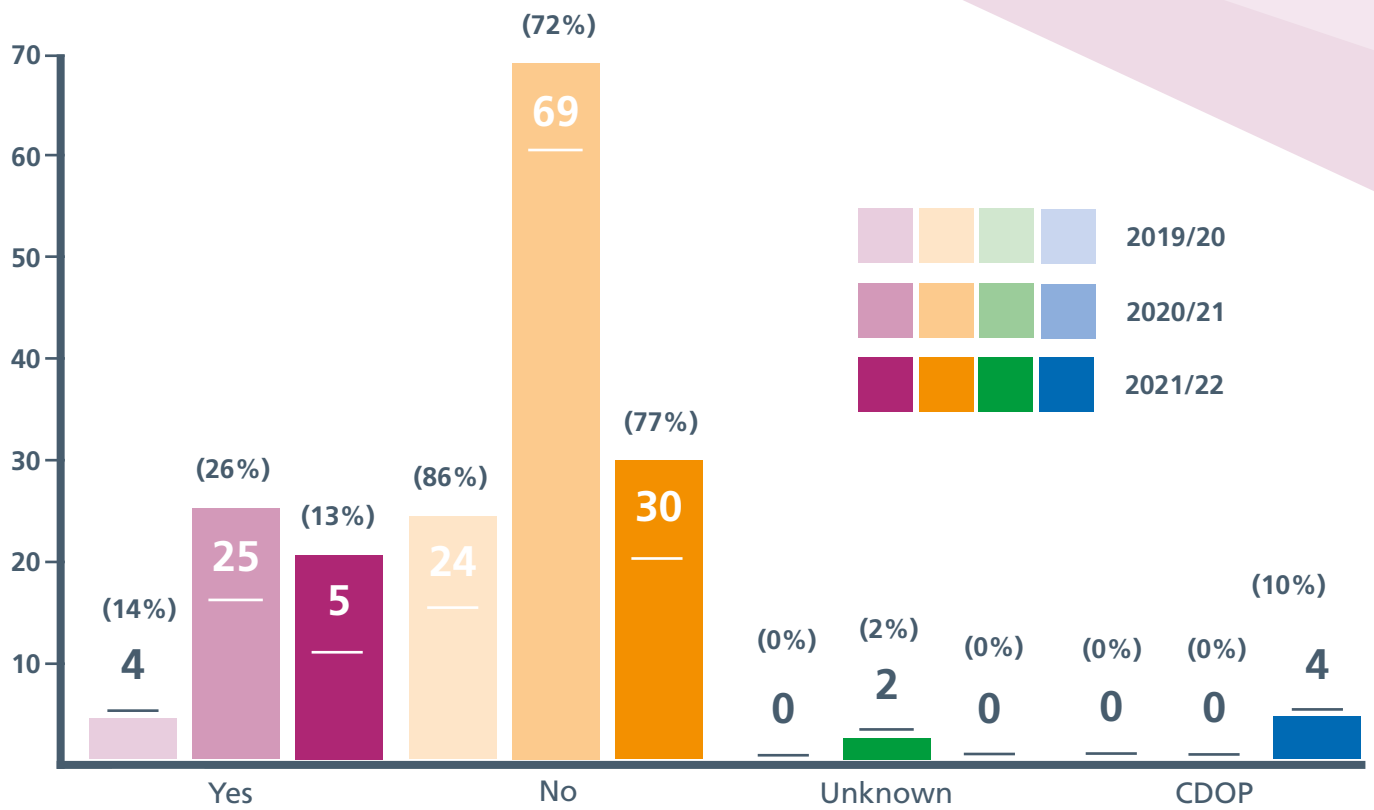


## DNACPRs/AAND

Further details of current DNACPR workstream can be found in Appendix A.

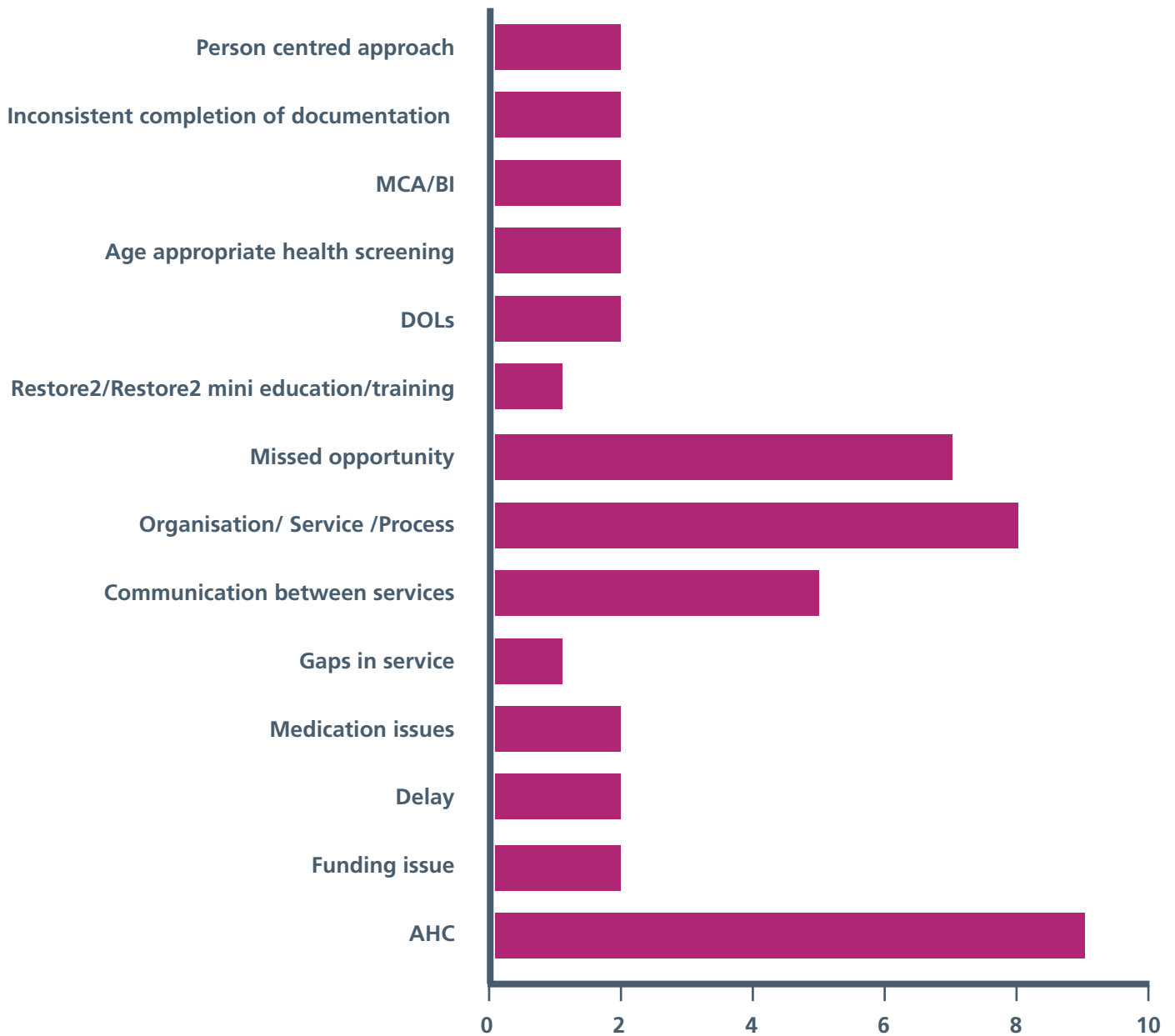


## Reported to the Coroner



## Learning themes identified from 39 LeDeR reviews completions

*Fig. 4: captures the learning themes captured in completed reviews. Please refer to Appendix A for our current service improvement workstreams.*





# Grading of Reviews

Section 4 outlines the LeDeR process and the differences between the 2 levels of review. The Dorset LeDeR team have completed only 1 Focused review in the 12-month period up to March 31st 2022, the Focused review was requested by the parents of the individual. The review was graded 4 i.e., Care fell short of best practice – significant areas but no adverse impact. Learning was identified around the transition process from child to adult services at the age of 18 (the individual died 4 months after turning 18, the family wished for more flexibility allowing the excellent care from the paediatric team to continue, given that this team knew the complexity of the care needs). The Dorset LeDeR team have written a proposal about the transitioning process from child to adulthood for consideration by the Steering group.

Learning from reviews: Transitions proposal – That NHS specialities/services review their transition process ensuring it aligns with the NHS Long Term Plan v1.2 August 2019 which states:

“Selectively moving to a ‘0-25 years’ service will improve children’s experience of care, outcomes and continuity of care. Currently children can ‘transition’ to adult services from as young as 12 years old. Failure to achieve a safe transition can lead to disengagement, failure to take responsibility for their condition and ultimately poorer health outcomes. By 2028 we aim to move towards service models for young people that offer person-centred and age-appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need.”

The Dorset LeDeR team continue to work with the transition specialist doctors and nurses.

# Recommendations

## Aspiration pneumonia and/or pneumonia

As aspiration pneumonia and/or pneumonia was identified as the highest cause of death for people with a learning disability in Dorset in 2020/21, the management of dysphagia has been one of our workstreams in 2021/22. The Dorset LD Speech and Language Therapy (SaLT) team and the Dorset LeDeR team analysed figures for referral to the LD SaLT service, this review highlighted a gap in referrals from non-NHS care providers to the SaLT service. In order to gain a better understanding of the reasons for this gap, the Dorset LeDeR team devised and circulated a questionnaire to non-NHS care providers to benchmark the providers knowledge. Responses from the questionnaire evidenced that there was good knowledge of the symptoms of dysphagia and awareness of the service, but that 21% of people who responded were unsure how to make a referral to SaLT. As a result of this feedback the SaLT team updated information they share with care providers with their contact details and an offer of free online training. This information was circulated widely through provider networks. The questionnaire will be repeated in July 2022 to reassess the knowledge and awareness of dysphagia in non-NHS care providers. The Dorset LD SaLT team also updated their assessment process as part of their return to business as usual.

## End of Life Care (EoL)

Completed LeDeR reviews for those at the end of life consistently reflect a good standard of care. The examples below reflect this:

### Examples of good EoL planning:

X lived at home with his mother until her death, he then moved in with his sister. Following the death of his sister X moved into a shared lives home. X was already on the dementia pathway at the time of his move and, over the two years living in the shared lives scheme his condition deteriorated. There was no downstairs bedroom available for X and it became clear that as his needs increased a downstairs bedroom would be required. The shared lives carer worked closely with the learning disability consultant psychiatrist to pre-empt X's increasing needs with the aim to move X into a care home so that he could orientate himself prior to any crisis, enabling a calm and considered transition. Following X's move to a care home his shared lives carer remained in contact with him until his death.

This excerpt from a patient's GP notes, demonstrates that the GP had considered the wishes of their patient and had documented the agreed plan.

GP notes: 86-year-old lady with LD who was afraid of hospitals and, although limited verbal expression patient has had discussions with her niece, they agree that she would prefer to be treated at home for any illness and in the event of a cardiac or respiratory arrest, that she should have a natural death. Harm from attempted resuscitation outweigh any potential benefit. Being treated for chest infection. Wheelchair user. Visits niece in car driven by carers. Still has some quality of life. Plan: agree best management for future serious illness, agree that if medically unwell to manage at home. If injury requires attention in hospital e.g., fracture, then for hospital. Advice if worsens.

A Palliative care plan was created in the best interests of a lady diagnosed with breast cancer. When asked 'what matters most to me?' the patient responded, "to stay at home where I live with my carers, where I feel safe and comfortable, and the staff know me very well." The GP and care home staff agreed going anywhere else would be detrimental to her. She was on the District Nurses caseload for palliative care and support and had SaLT, Physiotherapy, and wheelchair service input. After her death, the support worker's feedback was "it was a privilege to be able to support someone in their last days, to be able to sit with them constantly talking about memories, tenants she used to know in previous homes and their current home, playing music and sensory lights were used. Other tenants came in to talk to her, thanking her for her friendship. District Nurses coming in to help support us and with registering her death as they had just turned up to change the drugs in the drawer when she died, so we didn't have to wait for the GP and then being able to wash and prepare her with the dignity and respect she deserved (& Monkey, her favourite) for her final journey."

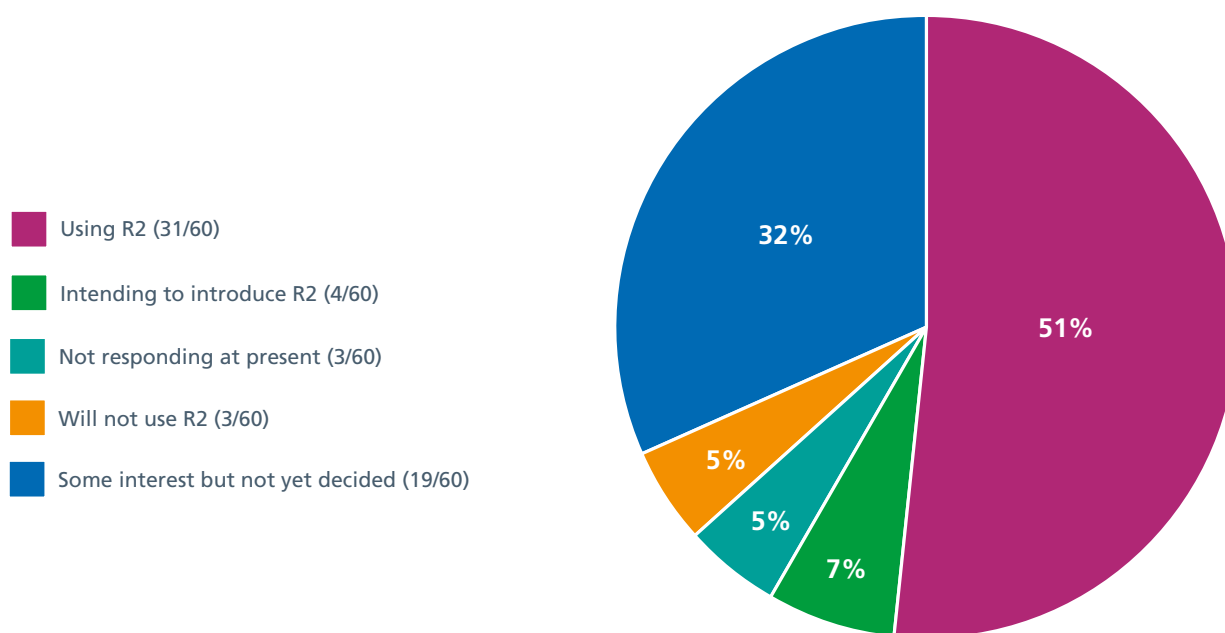
Following an account of particularly good end of life care in a review, the Dorset LeDeR team reflected on what made this episode of care stand out. We identified the key element was robust and collaborative multiagency working ensuring there were no gaps in the individuals end of life care. This collaborative working resulted in referrals to appropriate teams enabling timely input from those involved in the individual's care.

This reflection led us to review the guidance for LD service providers on end-of-life care and the emergence of the document "End of life care guidance to support Learning Disability". This document is being produced with the support of Dorset's Community LD teams and prompted the Dorset Community LD teams to look at updating their own EoL documentation/templates for their teams and producing an Easy read version for people with LD. Once finalised, the EoL guidance document will be linked to the Pan Dorset strategic EoL policy being updated through the Dorset Palliative Care Steering Group.

## RESTORE2™ and RESTORE2™mini

The use of 'Restore 2' and/or 'Restore 2 mini' or other deterioration tools continues to be promoted in Dorset. In October 2021, an exercise was completed to establish how many care homes had taken up the training offered and subsequently started to use the Restore2 or Restore2 mini tool in their service. Of the 60 LD care homes in Dorset, 51% of homes had completed the training offered and gone on to embed this into their service, with 24% choosing to use the Restore2 mini tool as opposed to the full Restore2 tool. Restore2 mini captures a change in an individual's soft signs and can be more suited to individuals with a learning disability. 32% of homes had expressed interest and were still considering the adoption of the tool.

*Fig. 5: Restore2 for LD Services - 60 homes in Dorset*



A Community Learning Disability Nurse has incorporated the use of Restore2 into a behavioural support plan "I have used the SBARD in the Restore2 tool within a behaviour support plan to help carers communicate injuries, specifically head injuries following a very large incident last year – they have found this very useful and have now implemented it within their home's emergency plans" Other care providers have found just using the soft signs from the Restore2 mini tool more applicable for the individuals they support, which can be printed off separately.

Further information about RESTORE2™ and RESTORE2™mini can be found at:  
[www.hampshiresouthamptonandisleofwightccg.nhs.uk/your-health/restore-official](http://www.hampshiresouthamptonandisleofwightccg.nhs.uk/your-health/restore-official)

## Access to GP notes

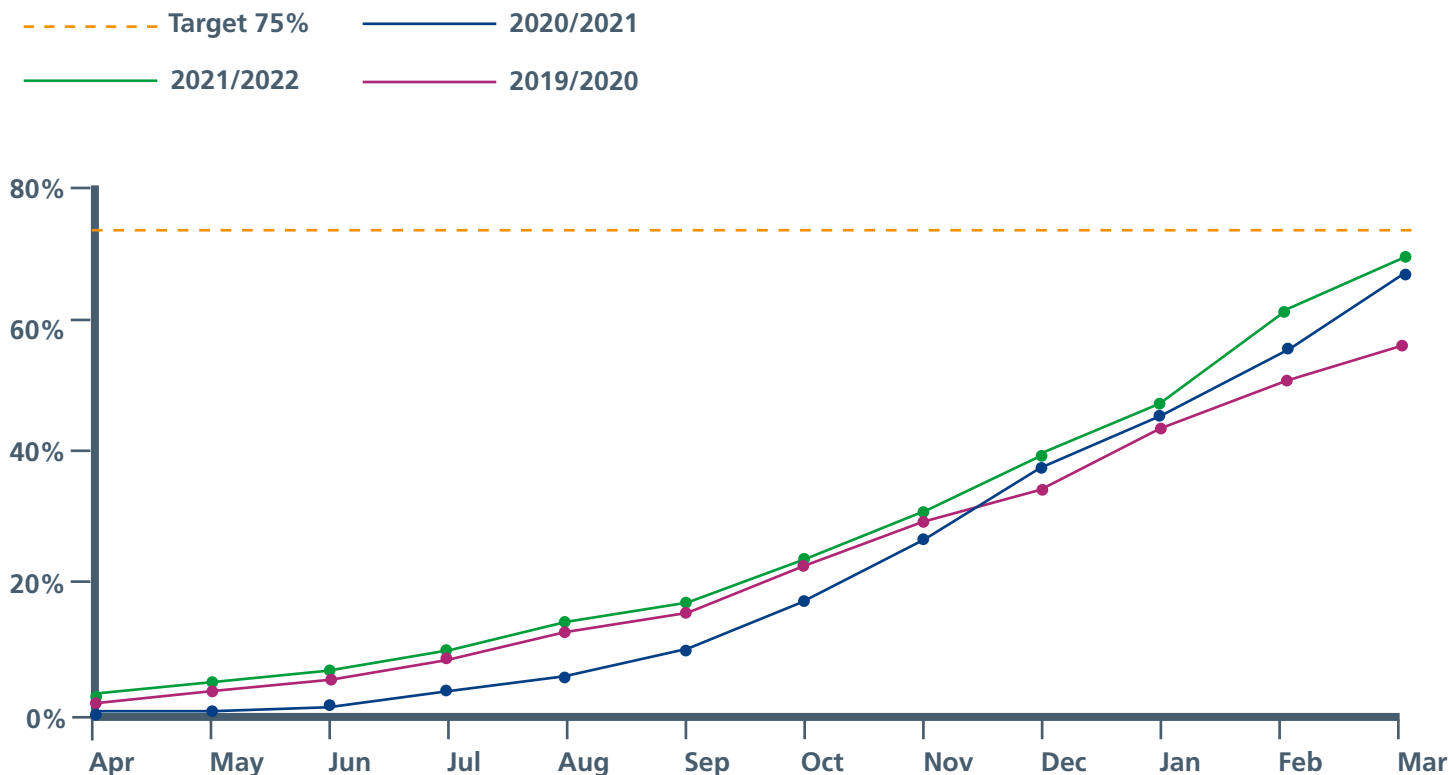
NHS Dorset (previously Dorset CCG) purchased its own license for SystmOne the electronic patient record system that is used across all Dorset GP practices. This development has enabled easier direct access to patients notes.

## Annual Health Checks

Evidence suggests that providing health checks to people with learning disabilities in primary care is effective in identifying previously unrecognised health needs, including those associated with life-threatening illnesses. The learning disabilities health checks are designed to pick up a wider range of unmet health needs.

Dorset achieved an overall uptake figure of 73.1% for 21/22. This is the highest number Dorset has ever achieved. Ongoing support and advice for practices and Primary Care Networks involves a targeted approach for those practices who did not achieve good uptake in 21/22. Dorset CCG's Learning Disability team also support practices by facilitating quarterly meetings.

Fig. 6: Health Check trending totals by financial year



# Workstreams

The Dorset LeDeR team continue to work closely with system colleagues and are currently supporting the workstreams below:

## **STOMP/STAMP update from Dorset**

Meetings have been held with ID-CAMHS ,a multi-disciplinary, therapeutic team, who provide a specialist CAMHS for children and young people with an intellectual disability that includes the specialties; Adult Psychiatry, Primary Care Medicines who focus on medication optimisation . Medication reviews are part of business as usual for medical professionals working with people with LD, but sometimes medication is required to support someone who is facing wider challenges around packages of care, support, and accommodation issues, these are factors beyond the control of prescribers. This has resulted in greater joint working between primary and secondary care within Dorset. ID-CAMHS are going to undertake an audit in May 2022.

## **Sensory Friendly Environment project**

A co-designed and co-delivered pilot project has been completed to create a sensory friendly environment on a male Acute Mental Health inpatient treatment provision at St. Ann's Hospital in Poole. The project has introduced a routine of enquiring where indicated, assessment and interventions to meet sensory need for all service users. Care planning of that need would inform both a Multi-Disciplinary Team approach and modification of the environment.

## Mandatory Autism training

In April 2022 The Oliver McGowan Mandatory Training in Learning Disability and Autism passed into law as part of the Health and Care Act 2022. There will be a requirement for all CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure health and social care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. During 2021, training developed by three training partners was trialed across the health and care sectors. NTDi (National training and development institute), were appointed as an independent evaluator for these trials. Throughout the trial period regular stakeholder forums were held to keep people up to date. The fifth and final trial stakeholder forum took place on 25th May 2022. The Secretary of State for Health and Social Care is required to publish a Code of Practice, which will make provisions about the nature of the training including the content, delivery and the ongoing evaluation of the training. The government must carry out a public consultation on the Code of Practice which is planned to be completed during 2023.

## Autism Unlimited

A Tier 1 Autism e-learning training module is available for the Dorset Health & Social Care workforce. Autism Unlimited are hosting this training on behalf of the Dorset system. Tier 1 is a basic awareness course, and a Tier 2 offer is in development. [www.autism-unlimited.org](http://www.autism-unlimited.org)

# Outcomes and achievements

## Positive outcomes from LeDeR reviews

During the LeDeR review process where the family are invited to contribute, it was identified the Next of Kin (NOK) was struggling with the fact that, due to Covid measures, they were unable to be with their loved one during their final moments, they couldn't bear the thought that their loved one was alone. The Reviewer contacted PALS (Patient Advice and Liaison Service) in the hospital who were able to give the Next of Kin reassurance from the ward that the last moments of their loved one were peaceful, and they were not alone, a member of staff had been sitting with them holding their hand.

In discussion with a Next of Kin, they spoke of how their relative enjoyed attending a day centre and missed attending when the centre had to close due to the COVID-19 pandemic. However, when the day centre was able to reopen, their loved one was not able to access the service. The next of kin believed that the day centre placement had been withdrawn and had no understanding why, particularly as their relative had enjoyed their sessions there. The reviewer was able to contact the day centre manager, who stated "when the day centre was able to reopen, they were limited to how many people they could safely have in the building, which led them to have to make some difficult decisions. Not that anyone was more worthy than anyone else but that there needed to be priorities for those people who had no other provision of care or support and were isolated i.e., those who lived on their own. These restrictions were still currently in place." The NoK were extremely grateful for the peace of mind this afforded to a nagging question regarding their loved one's care.



# Covid-19

At the time of writing the report there is no regional or national data available in relation to Covid-19 in people with Learning Disabilities.

From the start of the Covid-19 Pandemic in March 2020 to 31/03/2022, the Dorset LeDeR programme has been notified of 11 Covid-19 deaths (where Covid-19 is on the death certificate). This represents 0.61% of the reported total Covid-19 deaths in Dorset. This data is based on LeDeR notifications and may not be reflective of all Learning Disability Covid-19 deaths, as we are aware that not all Learning Disability deaths may not be reported to LeDeR. The last LeDeR reported date of death of someone from Covid-19 being 03/02/2021.

Total number of Covid-19 deaths in Dorset = **1777**

Of which:

Covid-19 deaths in BCP Council area = **1052**

Covid-19 deaths in Dorset Council area = **725**

# Conclusion

In terms of process the Dorset LeDeR team perform well, consistently meeting the key performance target of completing reviews with 6 months of notification to the LeDeR programme. On the basis that 34 of the 35 reviews completed have been Initial reviews and these are no longer graded, it is difficult to reflect the good care provided by services in Dorset. In the last 12 months the Dorset team have completed only one focused review, this review was graded 4.

At the time of writing this report no reviews following the death of an individual with autism (without a diagnosis of LD) had been received by the programme. The team will continue to promote LeDeR particularly in relation to reviewing the deaths of people with autism.

# Resources

LeDeR Policy - [LeDeR-policy-2021](#)

Dorset LeDeR reports - [dorsetccg.nhs.uk/learning-disabilities/#LeDeRProgramme](http://dorsetccg.nhs.uk/learning-disabilities/#LeDeRProgramme)  
(remain on the CCG website, as this hasn't been transferred to the new NHS Dorset website as yet)

## National

Dorset CCG Learning Disabilities and Autism website - [Learning Disabilities and Autism – NHS Dorset CCG](#) (remain on the CCG website, as this hasn't been transferred to the new NHS Dorset website as yet)

Restore 2 - [hampshiresouthamptonandisleofwightccg.nhs.uk/your-health/restore-official](http://hampshiresouthamptonandisleofwightccg.nhs.uk/your-health/restore-official)

Autism Unlimited (previously Autism Wessex) [eLearning - Understanding autism](#)

# Appendix A

Appendix A: Dorset LeDeR 3-year Strategy on following pages.

## Appendix A – Dorset LeDeR 3-year Strategy

### Service Improvement.

ANNUAL HEALTH CHECKS	2021/22	2022/23	2023/24
Improving the uptake of Annual Health Checks for people aged 14+ years on GP LD Registers so that at least 75% of those eligible have a health check each year	<ul style="list-style-type: none"> <li>• Real time data available through Diis</li> <li>• Good practice Toolkit produced for GP practices to support AHCs launched in Summer 2021 June 2022.</li> <li>• Dorset achieved an overall uptake figure of 73.1% for 21/22. This is the highest number Dorset has ever achieved.</li> <li>• Created a Learning Disability Health Check Champions network within PCNs</li> <li>• Initiated quarterly awareness / drop-in sessions for the LD champions giving opportunities feedback, ask questions and discuss common themes</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing support and advice for practices and PCNs- targeted approach for those who did not achieve good uptake in 21/22.</li> <li>• People First Forum, (lived experience organisation) are calling GP practices, using a co-produced script to collect feedback about the Toolkit and to share information about the support these organisations can provide to patients on the LD Register</li> <li>• Continued development of data dashboard</li> <li>• A training video will launch in Summer 2022 delivered by practice nurses to improve the quality of Annual Health Checks,</li> <li>• Target to maintain 70% uptake</li> </ul>	<ul style="list-style-type: none"> <li>• Target to maintain 70% uptake</li> <li>• Implementation, training and awareness project.</li> <li>• Collation of all feedback received to direct future strategies.</li> </ul>

## Dorset LeDeR 3-year Strategy

### Service Improvement

RESTORE2	2021/22	2022/23	2023/24
<p>Continue to promote the use of Restore2 and /or Restore2 Mini deterioration tool by service providers. (or use of other deterioration tools)</p> <p>In 2020 all care homes(including those caring for people with a LD) were provided with equipment and training resources for Restore2.</p>	<ul style="list-style-type: none"> <li>• Raise awareness of Restore2/mini across health and social care organisations including primary care and Health Action Group</li> <li>• Provide or signpost organisations to training and resources available</li> <li>• Benchmark number of providers actively using Restore2/Mini</li> <li>• Work with providers successfully using tool to share benefits of use and reduce resistance to domiciliary care providers using tool</li> <li>• Consider use of deterioration tool being a requirement of commissioned services</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor use of tool across providers</li> <li>• Continue to actively promote tool across all sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor use of tool across providers</li> <li>• Continue to actively promote tool across all sectors</li> </ul>

## Dorset LeDeR 3-year Strategy

### Service improvement

Dysphagia awareness	2021/22	2022/23	2023/24
<p>To increase Dysphagia awareness within care agencies in Dorset for people with LD</p> <p>In 2020 a scoping questionnaire identified good knowledge of Dysphagia and when to escalate, but a need to increase knowledge of the pathway for referral</p>	<ul style="list-style-type: none"> <li>Establish baseline of referrals from health/social care – figures received</li> <li>Scoping exercise completed showed good knowledge of symptoms and when to refer but less knowledge how to refer.</li> <li>Information poster updated with referral details, circulated widely with providers, forums and primary care.</li> </ul>	<ul style="list-style-type: none"> <li>Retake baseline for referrals to SALT from health/social care</li> <li>Continue to promote pathway for direct referral to SALT</li> </ul>	<ul style="list-style-type: none"> <li>Continue to promote pathway for direct referral to SALT</li> </ul>

## Dorset LeDeR 3-year Strategy

### Service improvement

MCA	2021/22	2022/23	2023/24
To increase knowledge, appropriate use and improved recording of MCA and Best Interest decisions within primary care.	<ul style="list-style-type: none"><li>• Scoping questionnaire sent to GP surgeries and LD champions within the PCNs established lack of confidence in using MCA and making BI decisions.</li><li>• Developed network of LD champions in PCN</li></ul>	<ul style="list-style-type: none"><li>• Ongoing development of training and learning experiences to enhance the knowledge, awareness and confidence of staff</li><li>• Continue Quarterly PCN network meetings</li></ul>	<ul style="list-style-type: none"><li>• To continue to support and promote the appropriate use and recording of MCA/BI</li></ul>



## **Dorset LeDeR 3-year Strategy**

### **Workstream overlap with CCG MH & LD Team**

#### **2022 Annual Health Check Training Programme for Primary Care to include:**

- Dysphagia training
- Reasonable adjustments
- DNACPR/Advanced Care Planning
- MCA/BI decision making
- Restore2 & Mini
- LeDeR awareness
- STOMP/STAMP
- Disability awareness
- Constipation
- Improving F2F communications

This work is being developed through the AHC Quality Workstream and the AHC Patient/carer feedback project

#### **Development of an ICB Clinical Champion for LD**

#### **Links to LD Liaison Nurse network**

**14-25's workstream – better enabling transitions between CYP and adult health services, identification tool**

**Improvement of Primary & Secondary Care interface**

## NHS DORSET INTEGRATED CARE BOARD

## ICB BOARD

## CHILDREN/YOUNG PEOPLE (CYP) WITH SEN/D

<b>Date of the meeting</b>	01/09/2022
<b>Author</b>	S. Best, Principal Lead CYP C. Morley, Associate Designated Clinical Officer for Special Educational Needs and Disabilities
<b>Lead Director</b>	D. Freeman, Chief Commissioning Officer
<b>Clinical Lead</b>	N/A
<b>Purpose of Report</b>	To provide an update on NHS Dorset Statutory responsibilities for SEND, our compliance with meeting the SEND Reforms (Children and Families Act 2014) and our current work programmes.
<b>Recommendation</b>	The Integrated Care Board is asked to <b>note</b> the report.
<b>Reason for inclusion in Part II</b>	N/A

## Monitoring and Assurance Summary

<b>Conflicts of Interest</b>	N/A
<b>Involvement and Consultation</b>	The views of children, parents and carers with SEND are at the heart of the CYP work programme. There has been close work with Dorset Parent Carer Council and Bournemouth, Christchurch and Poole Parent Carers Together, other parent carer representative groups as well as our local council partners, education colleagues and NHS providers.
<b>Equality, Diversity and Inclusion</b>	Equality Impact Assessments have been completed by Bournemouth Christchurch and Poole Council and Dorset Council. If you would like a copy of the Equality Impact Assessment, please contact the author.
<b>Financial and Resource Implications</b>	N/A
<b>Legal/governance</b>	The Health and Care Act (2022) transferred all relevant statutory duties from Clinical Commissioning Groups to Integrated Care Boards (ICBs). As part of this ICBs must continue to deliver the commissioner duties set out in Part 3 of the <a href="#">Children and Families Act 2014</a> and the <a href="#">SEND Code of Practice (2015)</a> statutory guidance. This includes jointly commissioning services for children and young people with SEND, with Local Authorities.

<p><b>Risk description/rating</b></p>	<p><b>Risk PCC015 RED 12</b>  Pan-Dorset providers are not currently meeting the national target for commencing the ASC (Autism Spectrum Condition) assessment process. The SEND inspection for BCP (June 2021) identified that access to the ASC assessment pathway in the area is not consistent and referrals can be further delayed due to confusion amongst front line practitioners about who can refer to the pathway.</p> <p><b>Risk PCC005 Amber 12</b>  The recent BCP SEND inspection and subsequent Written Statement of Action (WSOA) identified a weakness in the local areas planning, strategic commissioning and delivery of SEND services.</p> <p>If NHS Dorset fails to achieve the areas of improvement identified in the BCP WSoA the statutory responsibilities in relation to SEND will not be met.</p>
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## 1. Introduction

- 1.1 This report provides an update on our work relating to the Special Educational Needs and Disabilities (SEND) Reforms (Children and Families Act 2014) for NHS Dorset ICB Board.

## 2. Report

- 2.1 NHS Dorset Children and Young Peoples' Team work in partnership across the system, to ensure that services commissioned for SEND meet the statutory requirements, as set out in the Children and Families Act (2014) and the Code of Practice (2015)

- 2.2 Co-Production is a golden thread that runs through our work for children and young people with SEND. We have strong partnerships in place with both Councils and the Parent Carer Forums; Parents Carers Together (PCT) for Bournemouth, Christchurch, and Poole and Dorset Parent Carer Council (DPCC) for Dorset Council.

### 2.3 Joint local area Written Statement of Action for BCP

In July 2021 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Bournemouth, Christchurch & Poole, to judge the effectiveness of the area in implementing the Special Educational Needs and/or Disabilities reforms as set out in the Children and Families Act 2014. Following this Ofsted and the CQC issued their findings that the local area needed to address issues raised by the Inspection and have a Written Statement of Action (WSOA). The broad areas of improvement include Culture, Co-production, Joint Strategic Planning and Identification Assessment & Meeting Need.

### 2.4 Education, Health and Care Plans and SEND Panel for Bournemouth, Christchurch & Poole Council

The Designated Clinical Officer (DCO) and Associate Designated Clinical Officer (ADCO) represent health at the BCP weekly SEND Panel. We contribute to a monthly multi-disciplinary audit of EHCPs that includes scrutiny of health advice and how it contributes to the EHC plan as a whole. We are in regular receipt of overdue health advice (having exceeded the statutory six-week timeframe from receipt of request) and contact the relevant teams when escalation or additional support is required.

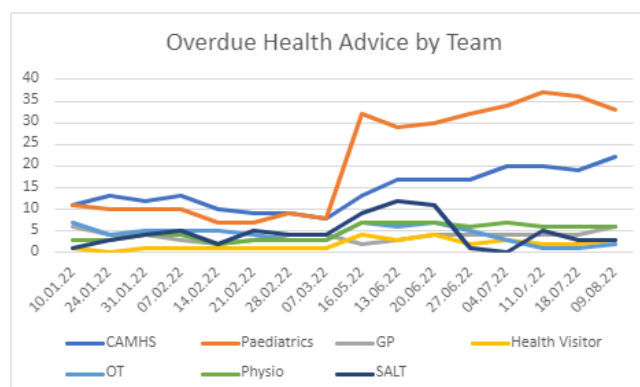


Table 1: overdue health advice in the BCP area only. The numbers of overdue health advice has shown a significant increase in requests in May 22 for paediatrics and CAMHS.

- 2.5 Dorset Council  
The SEND strategy 2021-2024 has been updated to reflect the significant progress and changes in Dorset's SEND services over the last three years. The document was co-authored by Local Authority Officers and Officers from NHS Dorset.
- 2.6 Dorset Pilot of the New Local Area Inspection Framework  
Dorset Council and Dorset CCG took part in a SEND pilot inspection by Ofsted and the Care Quality Commission (CQC) in April 2022 to support the development of a revised inspection framework. The framework focussed on evidencing outcomes and impact for children and young people.
- 2.7 EHCPs and Panel for Dorset  
Our oversight of health advice contributions made to Dorset Council continue to be limited and largely based on what is reviewed during SEND Panel rather than any shared data from the council. We are continuing to explore how this can be achieved as this is an area of priority.
- 2.8 Joint Commissioning  
Currently NHS Dorset and partners have 3 key priorities for improvement. These are linked to the 3 most common primary needs for CYP with an EHCP, Autism Spectrum Condition, Social, Emotional and Mental Health needs and Speech, Communication and Language needs.
- 2.9 Emotional Health and Wellbeing Needs  
There is a focus across both councils to improve and strengthen the pathway for emotional health and wellbeing, alongside the NHS CYP mental health transformation programme. This includes access to crisis services, four week waiting times and increased coverage of Mental Health Support teams in schools.
- 2.10 Speech, Language and Communication Needs  
A new model for the Speech, Language and Communication pathway is currently under development. The service specification for Speech and Language has been finalised alongside a service development improvement plan and a partnership group working on the transition to the new model.
- 2.11 Neurodevelopment needs  
The all-age neurodevelopmental review is ongoing and aims to bring rapid improvement across the whole system, strengthening the pathways and support offer for children, young people, and adults with neurodevelopmental disorders. There are several workstreams within this programme which are aligned
- 2.12 Preparing for Adulthood  
Ensuring that young people experience a smooth transition between health services as they prepare for adulthood is a priority for the CYP team. It is driven by the national CYP Transformation Programme which aims to deliver the ambitions for CYP in the NHS Long Term Plan and will be supported by the awaited publication of a national transition framework.

## 2.13 SEND Data

The need for a Health SEND minimum data set to ensure a clear line of sight for NHS Dorset is an area of priority. The Dorset Intelligence and Insight Service (DiiS) have led a Children & Young People's Function Meeting bringing together colleagues from system partners to progress the DiiS development to improve our capture of SEND data.

## 2.14 Complaints and compliments

We continue to respond to queries and complaints from parents, carers and MPs. We also receive direct contacts from families and practitioners.

Themes from the last quarter include:

- Waiting times and the potential impact delays can have on access to early intervention;
- challenges of referrals being accepted onto the Dorset Development and Behaviour Pathway;
- Requests for signposting to services available.
- The need for improved communication between services and agencies.

## 3. **Conclusion**

3.1 Whilst there has been a significant level of work around the SEND reforms across the local area, NHS Dorset will continue to ensure that there is a systematic understanding of the statutory responsibilities, this will ensure that there is delivery of the full requirements of the SEND Code of Practice internally and externally with partners.

Actions we will undertake include:

- Developing our system maturity and ensuring an overarching ICS statement re SEND linked into place and neighbourhood;
- Developing clear system governance;
- Use of the Community Services Data Set and the Mental Health Data Set alongside the SEND education data to inform commissioning and to better understand the health needs of children and young people with SEND;
- Developing and embedding the voice of CYP/parent carers and effective co-production at individual care/treatment level but also at strategic level;
- Developing effective partnerships in place to support SEND improvements with Provider Collaboratives;
- Developing effective practice and care pathways at place and neighbourhoods;
- Evidencing outcomes and impact at system, place, neighbourhood, and individual level;
- Developing models of integrated commissioning.

3.2 The board are asked to note the report.

3.3 The board are asked to agree to a change in the timing of the next report to inform a full end of year Designated Clinical Officer report. It is suggested that this is presented to the Board in May 2023.

**Author's name and Title:** Chloe Morley, Associate Designated Clinical Officer for SEND  
**Date:** 16<sup>th</sup> August 2022

APPENDICES	
Appendix 1	<b>BCP Written Statement of Action</b> <a href="#">written_statement_of_action_for_send.pdf (openobjects.com)</a>
Appendix 2	<b>Dorset SEND strategy 2021-2024</b> <a href="#">SEND Strategy 2021 to 2024 - Dorset Council</a>