Public Document Pack

# Agenda

Dorset County Council

Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 9 March 2017

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

| | |
|---|---|
| Ronald Coatsworth (Chairman) | Dorset County Council |
| Bill Batty-Smith (Vice-Chairman) | North Dorset District Council |
| Ros Kayes | Dorset County Council |
| Beryl Ezzard | Dorset County Council |
| Mike Lovell | Dorset County Council |
| William Trite | Dorset County Council |
| David Jones | Dorset County Council |
| Tim Morris | Purbeck District Council |
| Peter Shorland | West Dorset District Council |
| Colin Jamieson | Christchurch Borough Council |
| Peter Oggelsby | East Dorset District Council |
| Alison Reed | Weymouth and Portland Borough Council |

**Notes:**

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.
- **Public Participation**

  Guidance on public participation at County Council meetings is available on request or at http://www.dorsetforyou.com/374629.

  **Public Speaking**

  Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 6 March 2017, and statements by midday the day before the meeting.

**Debbie Ward**
Chief Executive

Contact: Jason Read, Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224190 - j.read@dorsetcc.gov.uk

Date of Publication:
Wednesday, 1 March 2017

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

3. **Minutes** 5 - 8

To confirm and sign the minutes of the meeting held on 21 December 2016.

4. **Public Participation**

   **(a) Public Speaking**

   **(b) Petitions**

5. **CQC Inspections of GP Surgeries in Dorset** 9 - 20

To consider a report by The Care Quality Commission.

6. **Primary Care Commissioning Strategy** 21 - 46

To consider a report by the NHS Dorset Clinical Commissioning Group.

7. **Dorset County Hospital - Update re Action Plan Following the CQC Inspection Carried out in March 2016** 47 - 80

To consider a report by Dorset County Hospital.

8. **Non-Emergency Patient Transport Services** 81 - 90

To consider a report by NHS Dorset Clinical Commissioning Group.

9. **Clinical Services Review - Update** 91 - 96

To Consider a Report by the Interim Director for Adult and Community Services.

10. **Changes to the Provision of Vascular Services** 97 - 102

To Consider a Report by NHS England.

11. **Dorset Health Scrutiny Work Programme** 103 - 106

To Consider and/or add to the future work of the Dorset Health Scrutiny Committee.

12. **Briefings for Information/Noting** 107 - 110

To consider a report by the Director for Adult and Community Services.

This report includes a briefings on the following items:-

- Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England).

- Minutes of the Joint Health Scrutiny Committee meeting to scrutinise matters pertaining to the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (23 January 2017).

13. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on the 6 March 2017.

This page is intentionally left blank

Dorset County Council

# Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 21 December 2016.

**Present:**
Ronald Coatsworth (Chairman)
Bill Batty-Smith, Ros Kayes, Paul Kimber, William Trite, David Jones, Peter Shorland, Alison Reed and Peter Ogglesby.

Members Attending
Jill Haynes (Cabinet Member for Adult Health, Care and Independence).

Officer Attending:
Jason Read (Democratic Services Officer), Ann Harris (Health Partnerships Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others in Attendace:
Dr Anu Dhir, Dr Karen Kirham, Sally Sandcraft, Tim Goodson (NHS Dorset Clinical Commissioning Group).

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **Thursday, 9 March 2017**).

**Apologies for Absence**
56 Apologies for absence were received from Mike Lovell and Tim Morris.

**Code of Conduct**
57 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

A general interest was declared by Cllr Alison Reed, that she was an employed by Dorset Healthcare University Foundation Trust. As this was not a disclosable pecuniary interest Cllr Alison Reed remained in the meeting and took part in the debate.

**Minutes**
58 The minutes of the meeting held on 14 November 2016 were confirmed and signed.

**Public Participation**
59 Public Speaking
Eight public questions were received at the meeting in accordance with Standing Order 21(1) and are included as an annexure to these minutes. The Interim Director of Adult and Community Services read out a statement on behalf of the Chairman which clarified some of the points raised in the public questions. The statement is also attached as an annexure to these minutes.

There were no public statements received at the meeting in accordance with Standing Order 21(2).

Petitions
There were no petitions received at the meeting in accordance with the County

Council's Petition Scheme.

**Draft Primary Care Commissioning Strategy and Plan**

60 The Committee received a presentation by Dr Anu Dhir (NHS Dorset Clinical Commissioning Group) that outlined the Draft Primary Care Commissioning Strategy and the reasons behind it.

The Strategy had been developed as a response to increasing pressures on Primary Care across Dorset. General Practitioners (GPs) were beginning to struggle with patient need due to a lack of workforce which had resulted in staff working longer hours and having to deal with increased responsibility and as a result the current model of working was no longer sustainable.

The key focus of the Strategy was to look at the areas where Primary care was being delivered efficiently and successfully and incorporate those ways of working in to the areas that were struggling. The first phase of the Strategy had involved discussions with GPs and Primary Care staff as well as seeking the views of stakeholders and others that would potentially be affected by any changes made. The second phase was ongoing engagement which would include wider stakeholder consultation.

It was emphasised that the current model of working was no longer sustainable, and GPs no longer had the resources or staff to deliver services to an acceptable standard under the current arrangements. The Strategy outlined blueprints for how a new model might work and how this would help ease some of the pressure GPs were facing.

Following questions from councillors, the Chief Officer for the CCG clarified a number of points. Any legal advice being sought by the CCG in relation to the Strategy and the outlined proposals had a very minimal cost associated with it. The suggested merging of certain practices outlined in the Strategy were a reflection of how GPs across the country were beginning to work. Having multiple practices in close proximity was not the most efficient use of resources, and having different health professionals in centralised hubs would enable a higher standard of service delivery.

It was noted that if GPs were working in close proximity with mental health professionals and physiotherapists among other healthcare professionals, GPs workloads would be significantly reduced. The current workload for GPs in county was not an attractive prospect which was impacting the recruitment and retention of GPs in Dorset. The Strategy helped to improve the workload of GPs which would improve retention and recruitment.

It was clarified that all GPs across Dorset had been involved in the development of the Strategy. It was acknowledged that many GPs had expressed concerns that they could not sustain the current model of working and valued the change proposals in the Strategy.

The Primary Care Strategy provided a strategic framework and direction of travel. The CCG informed the Committee that the next steps would be consulting on the Strategy. Councillors suggested that a 'bottom up' approach with the staff delivering the care would be beneficial.

Some concerns were raised over transport arrangements for residents of the more rural parts of the county. It was clarified that practices might chose to merge if there was duplication in an area, and that this was more likely to happen in urban than rural areas. The strategy aimed to provide accessible services to all parts of the county. Creating GP hubs would allow different healthcare professionals to work in the same building, which would allow residents to visit one place for multiple medical needs rather than travelling to different locations for different services.

The Strategy highlighted the use of technology to mitigate the amount of face to face consultations required. Video calls and emails could be used to liaise with patients. Whilst it was acknowledged that not all patients would be comfortable with that approach, it was noted that the younger population and those who work full time would embrace it, allowing them to have electronic consultations and removing the need to take time off work to see a GP.

The CCG were currently developing their engagement plan and offered to return to the Committee to provide a further update report. It was noted that the consultation for changes to Dorset County Council's Adult Services in Bridport had been largely successful and this would be an excellent model to replicate.

**Resolved**
That the Dorset Health Scrutiny Committee, after consideration of the presentation from the NHS Dorset Clinical Commissioning Group;
1. Accepts the need for the provision of GP services to be modified but states that this change must be in such a way that will maintain the quality of provision of services.
2. Accepts the need for widening the range of services provided at local level .
3. Notes with concern the possibility that reduction of surgeries may have implications for increasing difficulty of access and believes that there is a need to incorporate this in all plans.
4. Believes also that the principle of equalisation must be at the highest level.
5. The committee therefore reminds the CCG MUST ensure that at all stages in the process there must be the fullest possible genuine consultation with the public.
6. Asks the CCG to bring any plans to the Dorset Health Scrutiny Committee at the earliest possible stage.

**Briefings for Information / Noting**

61 The Committee considered a report by the Interim Director for Adult and Community Services which contained update briefings on the following;

- Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England).
- Changes to the provision of Vascular Services (commissioned by NHS England).
- Dorset Health Scrutiny Committee Forward Plan.

The Committee requested that representatives of NHS England be invited to the next meeting of the Committee to elaborate on the changes to the provision of Vascular Services.

**Resolved**
1. That representatives of NHS England be invited to the Dorset health Scrutiny Committee meeting being held in March 2017 to present a report on the changes to the provision of Vascular Services.

**Questions from County Councillors**

62 No questions were asked by members under standing order 20(2).

Meeting Duration: 10.00 am - 12.05 pm.

This page is intentionally left blank

Care Quality Commission

# CQC Inspections of GP Surgeries in Dorset

Emma Boger, Inspector Wessex team

# Our purpose and role

## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

**We are on the side of people who use services**

# Ratings: four point scale

| Judgement & publication | High level characteristics of each rating level |
|---|---|
| | |
| Outstanding | Innovative, creative, constantly striving to improve, open and transparent |
| Good | Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong |
| Requires Improvement | May have elements of good practise but inconsistent, potential or actual risk, inconsistent responses when things go wrong |
| Inadequate | Severe harm has or is likely to occur, shortfalls in practise, ineffective or no action taken to put things right or improve |

# Overview of Dorset

Care Quality Commission

100 GP locations registered with CQC

Locations may have branch sites, which are currently not separately rated by CQC

Each location must have a registered manager

# As of 20/02/17….

One location still to be inspected (registered after October 2014)

Five locations have reports awaiting publication

Dorset results mirror the national picture

# Ratings of Dorset GP practices

**Column1**

Inadequate

Requires Improvement

Good

Outstanding

0 10 20 30 40 50 60 70 80 90

# As of 27/01/2017….

| | National (% of locations) | South region | Dorset (% of locations with published reports) |
|---|---|---|---|
| Outstanding | 268 (4.1%) | 93 | 3 (3.2%) |
| Good | 5237 (79.2%) | 1200 | 80 (86%) |
| Requires Improvement | 840 (12.7%) | 223 | 7 (7.5%) |
| Inadequate | 265 (4%) | 57 | 3 (3.2%) |

# Ratings overview

Care Quality Commission

Practices are given a rating for each of five domains:

Safe, Effective, Caring, Responsive and Well-led



AND

Ratings for six key population groups:

Older people, Long-term conditions, Familes, children and young people , Working age people, Vulnerable people and Mental health

AND an overall rating

# What do Dorset locations do well?

Patient-centred care

Good access for patients

Caring staff

Clinically up to date

Good support for carers

Responsive to patients needs and the population they serve

# What could Dorset locations improve on?

Medicines management

Recruitment checks for staff

Policy maintenance and implementation

Training of staff

Succession planning

# More information

Read about us on our website at

Care Quality Commission www.cqc.org.uk

Telephone 03000 616161 if you want to speak to someone at CQC

Please email engagementandinvolvement@cqc.org.uk if you want to get involved in national CQC developments.

# Any questions?

Thank you

emma.boger@cqc.org.uk



Joanne Ward, Inspection manager

Joanne.ward@cqc.org.uk

# Dorset Health Scrutiny Committee

**Dorset County Council**

| | |
|---|---|
| Date of Meeting | 9 March 2017 |
| Officer | Robert Payne - Head of Primary Care<br>NHS Dorset Clinical Commissioning Group |
| **Subject of Report** | **Primary Care Commissioning Strategy - Public Engagement Plan** |
| Executive Summary | The public engagement plan focusses on how NHS Dorset CCG will facilitate meaningful engagement, ensuring the views of local councillors and communities inform each stage of the commissioning cycle. This plan is part of a wider primary care engagement strategy which sets out how we have and will continue to engage with GP practices and other stakeholders.<br><br>The document clearly defines the key elements of the engagement process that will be followed within each primary care project/programme area, to ensure that the views of local people inform proposals for future healthcare provision in line with national guidance and the duty to involve. |
| Impact Assessment: | Equalities Impact Assessment: Yes (by NHS Dorset CCG) |
| | Use of Evidence:<br>NHS England GP Forward View (GPFV)<br>NHS England Patient and Public Participation Policy and the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. |
| | Budget: The CCG has set aside resources to ensure the engagement plan can be delivered. |
| | Risk Assessment:<br>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: |

| | |
|---|---|
| | Current Risk: LOW (for DCC)<br>Residual Risk: LOW (for DCC) |
| | Other Implications: |
| Recommendation | The Committee is asked to note and comment on the contents of this report. |
| Reason for Recommendation | This paper is presented in response to a request from the Committee. The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. |
| Appendices | 1. "You Said We Did" Feedback on Strategy<br>2. Public Engagement Template for Primary Care Transformation groups.<br>3. National Guidance and Duty to Involve.<br>4. Summary of Key Points and Actions for Primary Care Commissioners.<br>5. GPFV 10 High Impact Changes.<br>6. PPEG guidance for Person centred discussions. |
| Background Papers | Report to Dorset Health Scrutiny Committee, 6 September 2016 (agenda item 37):<br>DHSC report Changes to commissioning of primary care services Sep 2016<br><br>Report to Dorset Health Scrutiny Committee, 21 December 2016 (agenda item 60):<br>DHSC report Draft Primary Care Commissioning Strategy Dec 2016 |
| Officer Contact | Name: Robert Payne<br>Tel: 01202 541488<br>Email: Robert.Payne@dorsetccg.nhs.uk |

**Name:** **Robert Payne**
**Title:** **Head of Primary Care, NHS Dorset Clinical Commissioning Group**
**Date:** **15 February 2017**

## 1. INTRODUCTION AND BACKGROUND

1.1 NHS Dorset Clinical Commissioning Group (CCG) is committed to placing the views of local people at the heart of their National Health Service (NHS), ensuring that we take these into account when designing and changing local services.

1.2 The engagement plan provides:

- an overview of the need to change the way that primary care health services are provided;
- an introduction to the Primary Care Commissioning Strategy and co-production within primary care transformation groups;
- a description of the public engagement process to be followed by all primary care transformation groups, ensuring that local people inform the development of proposals for future primary care health service provision.

## 2. CURRENT CONTEXT

2.1 The Primary Care Commissioning Strategy and Plan is designed to be implemented over a 5 year period aligning to; the GP 5 Year Forward View, Our Dorset Sustainability and Transformation Plan and the Dorset Integrated Community Services Strategy. The existing health system was not designed to meet the needs of the current population.

2.2 Primary care is an integral part of the current drive within the Sustainability and Transformation Plan to develop modern integrated community services, that go beyond service integration and begin to consider how best to develop place-based models of care that consider the needs of whole populations, not just the needs of the highest risk or most costly patients.

2.3 General Practice in its current form will find it difficult to survive, if it does not evolve. GPs and their teams have developed and adapted their individual practices well over time resulting in many great achievements. GPs and their teams are under extreme pressure with an increasing workload and diminishing workforce.

2.4 The CCG has recognised for some time that things need to change; there is now also national recognition via the General Practice Forward View (GPFV). This national guidance and supporting programmes, coupled with the new commissioning arrangements provide a great opportunity to address these difficult challenges.

2.5 The Primary Care Commissioning Strategy, approved by the CCG Governing Body in January 2017, responds to the need to change and sets out the vision for General Practice to continue to be at the centre of health and social care provision in Dorset.

2.6 There is a clear commitment to co-producing local plans to improve health in partnership with GPs, their teams, local councillors, communities and health, social and voluntary organisations. Local plans will differ from area to area and this involvement is essential in helping to ensure that new care models reflect local need and knowledge.

2.7 We want to build on past successes and provide consistently outstanding GP services for our patients. There is a real opportunity to do this now, as part of our whole system transformation.

## 3. ENGAGEMENT TO-DATE

**Engagement with GP members and their teams**

3.1 We know from our GP survey results that patients are mostly happy with the services they receive but they have told us that there is more work to do, especially around access to care. We also know from the conversations we have had with our GP Members and their teams that they are under extreme pressure with an increasing workload and diminishing workforce.

3.2 A period of engagement with our GP Members and their teams took place between June and August 2016. During this period the Clinical Leadership Team (CLT), supported by Primary Care Team Managers, presented to and discussed the draft strategy document with, each of the 13 GP Localities. In addition to this, the Primary Care Commissioning Strategy was presented at various stages of development to the Governing Body, key stakeholder groups and Membership Events.

3.3 In September 2016 we met with Patient Participation and Engagement Group (PPEG). We shared the draft strategy for comment with the Patient Participation Groups and the document was also online for public feedback. What we heard was reflected within our Strategy (see Appendix 1)

3.4 The December 2016 Membership Event focussed on shaping the offer of support to practices and held workshops on key themes from GPFV:

- **Workload:** releasing time for care;
- **Access:** increasing consultation capacity;
- **Technology enabling care:** patient on-line;
- **Care design:** new models.

3.5 We also conducted wider engagement with all staff in practices to ensure the delivery plan has been developed collaboratively, with the launch of a survey. 60/96 practices responded to the survey and 81% (78/96) practices had representation at the Membership Event.

3.6 Across East and West Dorset in February 2017, we have held two Patient Participation Group and two Practice Manager events, as a call to action for involvement in the locality planning and the wider engagement process.

3.7 The March 2017 GP Membership Event will be focussing on Primary Care transformation planning and engagement.

**Local Councillor and Public Engagement**

3.8 The engagement plan (attached) focusses on how NHS Dorset CCG will facilitate meaningful engagement, ensuring the views of local people inform each stage of the commissioning cycle.

3.9 The document clearly defines the key elements of the engagement process that will be followed within each primary care project/programme area, to ensure that the views of local people inform proposals for future healthcare provision in line with national guidance and the duty to involve.

## 4. CONCLUSION AND RECOMMENDATION

4.1 The CCG is undertaking development of engagement plans with each of the GP locality transformation groups, the Committee is asked to note the report.

Dorset
Clinical Commissioning Group

# DRAFT

# Primary Care Commissioning Strategy
# Public Engagement Plan 2017/2018

V6 14.02.2017

| CONTENTS | | PAGE |
|---|---|---|
| **1.** | Introduction | 3 |
| **2.** | The need to change | 3 |
| **3.** | The Primary Care Commissioning Strategy | 4 |
| **4.** | Primary Care Transformation Groups | 5 |
| **5.** | Public Engagement Process for Primary Care Transformation<br>• Audience Analysis<br>• Existing feedback<br>• Current views and public engagement workshops<br>• Using feedback and views to inform proposals<br>• Further communication, engagement and/or consultation. | 6 |
| **6.** | Governance and reporting | 8 |
| **7.** | Timescales | 8 |
| **APPENDICES** | | |
| **1** | You Said We Did | 9 |
| **2** | Public engagement template for primary care transformation groups | 12 |
| **3** | National guidance and duty to involve | 16 |
| **4** | Framework for patient and public participation in primary care commissioning – summary of key points.” (March 2016) | 17 |

| 5 | GP Five Year Forward View – 10 High Impact Changes | 18 |
|---|---|---|
| 6 | Guidance for Person-Centred Discussions | 19 |


## 1. INTRODUCTION

1.1. NHS Dorset Clinical Commissioning Group (CCG) is committed to placing the views of local people at the heart of their National Health Service (NHS), ensuring that we take these into account when designing and changing local services.

1.2. This document provides:

- an overview of the need to change the way that primary care health services are provided,
- an introduction to the primary care commissioning strategy and co-production within primary care transformation groups
- a description of the public engagement process to be followed by all primary care transformation groups, to ensure that plans to improve health are co-produced in partnership with GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.

1.3. The appendices support the development and implementation of effective and timely public engagement.

1.4. The CCG's Primary Care Team and Engagement and Communications Team will support the development and implementation of these plans.

## 2. THE NEED TO CHANGE

2.1. The CCG became fully delegated for primary care commissioning from NHS England on 1 April 2016. This means the CCG now holds the finance and decision making responsibilities for planning and buying GP services. (For the purpose of this document, primary care means general practice, as opposed to the other three contractor groups: pharmacy, dentistry, optometry).

2.2. GP survey results show that patients are mostly happy with the services they receive but there are also areas for improvement, especially around access. GPs and their

teams are under extreme pressure with an increasing workload and diminishing workforce.

2.3. The CCG has recognised for some time that things need to change; there is now also national recognition via the General Practice Forward View (GPFV), which states that GPs are facing rising patient demand, particularly from an ageing population with complex health conditions, physical and mental health presentations.

2.4. The population served by General Practice in Dorset is set to rise by as much as 50,000 in the next 10 years. The number of people aged over 65 in Dorset is currently 185,715, (24.3% of the total population). This figure is expected to grow to 278,573 (32.1% of the total population) by 2040

2.5. The national guidance and supporting programmes, coupled with the new commissioning arrangements provide a great opportunity to address these difficult challenges.

2.6. The reasons for change are simple: general practice in its current form will find it difficult to survive, if it does not evolve. GPs and their teams have developed and adapted their individual practices well over time resulting in many great achievements. A wider reaching strategy is now required to stretch beyond the boundaries of individual practices and better address the current challenges. The existing health system was not designed to meet the needs of the current population. People are living longer, with often multiple long term conditions.

2.7. Focusing on individual episodes of disease-specific care is not an efficient way to work, nor does it make the best use of the public money available in Dorset. The CCG wants to celebrate the success of general practice, which has provided real value for money and to also acknowledge that general practice is facing extremely challenging times.

2.8. By working with primary care, the CCG believes Dorset can achieve a strong, sustainable and modern model of general practice, which is attractive to work in and where patients can consistently receive the best care, in the most appropriate place.

2.9. The ambition is to do this as part of achieving the strategic goal for longer and healthier lives via a fully integrated health and social care system by 2020/21.

3. **THE PRIMARY CARE COMMISSIONING STRATEGY**

3.1. The Primary Care Commissioning Strategy responds to the need to change and sets out the vision for general practice to continue to be at the centre of health service provision in Dorset.

3.2. The strategy sets out the CCG's broad intentions for planning, buying and delivering primary care services over the next five years. Primary care has a central role in the

provision of modern integrated community services (ICS) which the CCG is seeking to develop across Dorset as part of the wider Sustainability and Transformation Plan (STP).

3.3. The strategy describes engagement so far with GPs and their teams, explains how the views of local people were central to the development of ICS proposals and details feedback from the CCGs Patient (Carer) and Public Engagement Group (PPEG) and how this is reflected within the strategy.

3.4. The strategy includes a clear commitment to co-producing local plans to improve health in partnership with GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.

3.5. Local plans will differ from area to area and this involvement is essential in helping to ensure that new care models reflect local need and knowledge.

## 4. PRIMARY CARE TRANSFORMATION GROUPS

4.1. There are currently 96 GP practices within Dorset.

4.2. Groups of practices are starting to work together to look at the need to change and the challenges that need to be addressed. They are joining together in what are being called "transformation groups."

4.3. There are currently (as at 13.02.2017) 12 such groups in the following areas:

- Central Bournemouth
- North Bournemouth
- Christchurch
- East Bournemouth
- Poole North and East Dorset
- Poole Bay
- Poole central
- Purbeck
- Mid Dorset
- North Dorset
- Weymouth and Portland
- West Dorset

4.4. In March 2017 the CCG is hosting an event for GPs and other practice staff. At this meeting they will start to think about initial ideas for how some of the challenges described above might be addressed locally.

4.5. These ideas or proposals will take into account the 10 high impact changes from the GP Forward View (see Appendix 5).

4.6. There are likely to be a range of transformation projects across Dorset ranging from the sharing of administrative or office duties to larger scale physical changes possibly involving changes in service provision.

4.7. Each programme should follow the CCG's engagement process as described below and detailed in Appendix 2.

4.8. The level and extent of communication, engagement and consultation will vary by area and project.

## 5. PUBLIC ENGAGEMENT PROCESS FOR PRIMARY CARE TRANSFORMATION

5.1. The CCG has a defined engagement process, in line with national guidance and the Duty to Involve (see Appendix 3).

5.2. When reviewing, designing or planning services, the CCG routinely undertakes a number of actions to facilitate meaningful engagement, ensuring the views of local people inform every stage of the commissioning cycle.

5.3. The CCG recognises the key role of local Councillors within communities and will ensure that the engagement of these councillors is integral to the delivery of the engagement plan.

5.4. Key elements of the engagement process for designing local primary care proposals are:

- Audience Analysis
- Existing feedback
- Current views and public engagement workshops
- Using feedback and views to inform proposals
- Further communication, engagement and/or consultation.

5.5. These key elements are introduced below and a detailed programme template has been designed to assist with the planning in each area. See Appendix 2. This template includes suggested timescales, budget estimates and staff required for each stage.

**Audience analysis**

5.6. An audience analysis will be carried out to establish who should be involved and informed at each stage of designing local proposals for future primary care provision.

5.7. The audience analysis will be carried out with key stakeholders with local knowledge, for example locality leads, practice managers, local councillors, PPG chairs and other key programme stakeholders with support from the primary care and engagement and communication teams.

**Gathering existing feedback**

5.8. Feedback on primary care services provided over the last year will be collated for consideration by each transformation group. Sources may include Family and Friends Test data, Patient's surveys, CQC inspections, community service improvement projects, CCG engagement events, CCG customer service and quality teams, Healthwatch Dorset, etc.

**Current views and public engagement workshop**

5.9. For each primary care transformation group a ½ day public engagement workshop will be hosted to seek views on current services and emerging ideas for future proposals.

5.10. A list of about 20-30 local public stakeholders with a strong interest in and knowledge of local primary care services will be identified from the audience analysis. This will include GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.

5.11. Views will be collated and used to inform the development of emerging proposals.

**Using feedback and current views to inform proposals**

5.12. Both the existing feedback and current views will be used to inform the draft proposals for future provision of primary care.

5.13. It is important to share how feedback either a) reflects and/or b) informs the design of future proposals for primary care services with stakeholders.

**Further communication, engagement and/or consultation on proposals**

5.14. This next stage in the process will vary by programme and detail of the proposals that have emerged by this stage.

5.15. For example, combining of back office or administrative roles can be communicated to the relevant audience, while proposals to significantly change the way services are delivered will require wider public engagement and/or consultation.

5.16. Given the depth of interest in, and importance of, primary care health services it is important that this stage is carefully agreed with advice from the CCG's Engagement

and Communications Team and with input from Health Overview and Scrutiny Committee's, key public stakeholders/patient participation groups.

5.17. Some examples are provided on the planning template (Appendix 1).

**Guide for person-centred discussions**

5.18. The CCGs Patient and Public Engagement Group (PPEG) produced some guidelines for person-centred discussions. These are included as Appendix 5 for consideration by all transformation groups.

**Equality and Privacy Impact Assessments**

5.19. In addition to the above Equality and Privacy Impact Assessments must be carried out by each project. This should be done early on in the process and revisited as the proposals develop.

## 6. GOVERNANCE AND REPORTING

6.1. This plan will be considered by the Primary Care Strategy Implementation Group (PCSIG), the Primary Care Clinical Operating Group (PCOG) and the Health Overview Scrutiny Committee (HOSC).

6.2. The plan will then be approved by the Primary Care Commissioning Committee (PCCC).

6.3. The clinical lead for each primary care transformation group will report progress monthly to the PCSIG.

## 7. TIMESCALES

7.1. Each primary care transformation group will agree and insert dates into their engagement planning template (Appendix 2).

7.2. The current aim is to complete the following elements of the engagement process as follows:

| | |
|---|---|
| Audience analysis | March 2017 |
| Gathering existing feedback | March/April 2017 |
| Current views and public engagement workshops | April/May 2017 |
| Using feedback and views to inform proposals | *To be added* |
| Further communication, engagement and/or consultation | *To be added* |

## APPENDIX 1.0

## You Said: We Did

| What we heard | How we reflected this in the Primary Care Strategy | Where this is addressed in the Primary Care Strategy document |
|---|---|---|
| **Strategy** | | |
| How does Strategy fit with other workstreams - STP, CSR, ICS, work of Federations and Vanguards and local Government changes? Crucial that they all link. | The Dorset Primary Care Strategy forms part of our plans for Integrated Community Services –a key part of our plans for Sustainability and Transformation. Plans include support for practices working together learning from innovation and transformation programmes locally and nationally including Vanguards. | **Executive Summary** |
| **Patient Voice** | | |
| How is the patient voice heard in developing the Strategy?<br>How are you going to capture feedback and ensure that it is representative of the patients/people's views? | The CCG has an engagement strategy which reflects national best practice to ensure patient, carer and population voices are heard. The Strategy includes feedback received during engagement with a range of key stakeholders including General Practices, patient and community groups. Feedback captured has been used to inform the strategy and we have made an ongoing commitment to engage key stakeholders in the co-development and production of new models of care. | **Engagement and Annual delivery Plan** |
| Continued engagement with Voluntary and Community Sector for support with non- clinical solutions for patients | The CCG is committed to working in partnership with local communities including representatives of the community and voluntary sector, building on existing partnership working. Part of this work will consider the role of other sectors as vital to transforming the way care is delivered including best practice approaches such as the 10 high impact changes for General Practice. | |
| **Plans for Transforming Primary Care** | | |
| CCG need to be upfront and honest about changes, particularly about potential practice closures | The CCG continues to engage with General Practices and key stakeholders to listen to local views and concerns about the plans outlined in this strategy. The CCG has no plans to close any practices. It is up to individual GP surgeries to decide whether to merge or not as they are independent contractors, we cannot force any change | **Future Model of General Practice** |
| Recognition of locality demographics - Vital to engage views of people and communities who experience the greatest health inequalities and the poorest health outcomes is very important. | The Strategy proposes the development of local blueprints to better understand local need and how the current configuration of services can adapt to enable delivery of new care models. It is recognised that addressing local variation in care quality and outcomes as well as working to address inequalities in health as part of Prevention will be key aspects of plans to co-design and deliver this strategy at a local level. | |

| | | |
|---|---|---|
| Practices want to be involved in development of Blueprints and pilot new ways of working | The CCG is committed to working in partnership with General Practice to develop local blueprints which begin to describe local need and how new models of care can better address these needs. As part of the CCG investment in General Practice over the next few years funding and resources will be made available to both sustain and transform the way in which care is delivered including the testing, adoption and spread of best practice and new ways of working. | **Future Model of General Practice** |
| **Care Models and Access to Care** | | |
| Transport links - limited public transport in rural areas, particularly affect elderly patients and those that do not drive. Bad winter weather conditions | The CCG is committed to working in partnership through the Dorset Sustainability and Transformation Plan to deliver improvements in Prevention and Integrated Care. Part of this work needs to address the wider determinants of health and access to community facilities and resources, access to local services and accessible transport is likely to play an important part in this work. | **Enablers** |
| Greater acknowledgment of the difficulties the ever increasingly elderly population will have, especially those with multiple morbidity if less access to services locally | The CCG recognises the difficulties that our older and frail population face. The CCG strategic ambition is to help all people to lead healthier lives and provide the care and support to enable this. The strategy outlines new models of Integrated Care designed to be more patient and carer centred, wrapping services around patients, targeting resources on those with greatest and most complex needs. | |
| Will the Strategy do enough to support 90% of NHS access via the GP and address appointment issues | The Strategy includes a commitment to developing and delivering a GP Forward View plan. This includes additional investment and support to transform access to care, targeting resources on those with the greatest need, increasing direct patient care as well as remote access to care. This plan will set milestones for improving access for patients and measures to ensure patient experience is reviewed in order to assess the success of these measures. | |
| Growth of service provision in Practices has flourished and is valued by patients who would want to see this continue and not diminish | The CCG knows what is valued by patients and is committed to ensuring the patient voice is heard and that patients are involved in plans for the design and delivery of local services. This Strategy makes a commitment to supporting Provider development in order to enable service providers to work in partnership to deliver new care models. | |
| Many Practices have good on- site dispensing services that are vital to rural communities | The CCG has already developed improved Prescribing and Medicines Management support for General Practices. Schemes such as introducing Clinical Pharmacy into General Practice teams will further enhance this commitment to better supporting patients. The way in which medicines are prescribed, dispensed, used and reviewed will form part of local plans for new care models. Local accessibility and the needs of rural communities will be reflected in these plans. | |
| People want continuity of good care and not all necessarily mind who provides it as long as there is good continuity re their notes – IT is vitally important – and the practices need computer systems/IT which support this going forward | This Strategy places the importance of patient centred care and care continuity at its heart. Central to this will be the development of Integrated Care teams so that patients have named Care professionals co-ordinating their care. Plans will be supported by a Dorset Digital Roadmap which aims to transform the way care is delivered increasing care access, care continuity and care integration | |

| | |
|---|---|
| Need quality presented locally – in a rural county the most important thing is access to services, few people would go elsewhere as they want access to access a high quality service locally | This Strategy recognises the importance of services being responsive to local need and the challenges faced by people living in rural communities. The CCG is committed to working in partnership with General Practice to develop local blueprints which will describe local need and how new models of care can better address these needs. As part of the CCG investment in General Practice over the next few years funding and resources will be made available to both sustain and transform the way in which care is delivered including the testing, adoption and spread of best practice and new ways of working. |
| Service users want to get the best care available and will travel to get best quality care, provided transport issues are addressed | This Strategy seeks to address unwarranted variation which impacts on the care, quality and outcomes in local communities. The CCG is committed to working in partnership through the Dorset Sustainability and Transformation Plan to deliver improvements in Prevention and Integrated Care. Part of this work needs to address the wider determinants of health and access to community facilities and resources, access to local services and accessible transport is likely to play an important part in this work. |

**Appendix 2.0**

**PUBLIC ENGAGEMENT TEMPLATE FOR PRIMARY CARE TRANSFORMATION GROUPS**

**Introduction:** This template has been developed to help primary care transformation groups plan meaningful and timely public engagement when developing proposals for future service provision. The template is a working document which should be updated as the programme of work develops. The CCGs primary care and engagement and communications teams will provide support to develop and implement the plan.

| **Transformation Group** | | |
|---|---|---|
| **Clinical Lead** | Name:<br>E-mail : | Telephone number: |
| **Principal Programme Lead** | Name:<br>E-mail: | Telephone number: |

| **Action** | **Time required** |
|---|---|
| **Step 1: Audience analysis** To help establish who should be involved and informed at each stage of the design of proposals for future primary care provision | |
| • Define team to complete audience analysis – including e.g. locality leads, practice managers, local councillors, PPG chairs, etc. | ½ hour |
| • Arrange a ½ day initial analysis session. | ½ day |
| • Carry out initial ½ day audience analysis session using standard audience analysis template. | ½ day |
| • Agree attendance for initial stakeholder workshop (step 3) | Included above |
| • Populate the audience analysis template with contact details – prioritising key stakeholders to facilitate planning of stakeholder workshop (step 3). | 1 week |
| • Link with the CCGs Engagement and Communications (E&C) team to populate with members from the following third sector engagement partners:<br>○ Dorset Community Action<br>○ Volunteer Centre Dorset<br>○ Bournemouth Council for Voluntary Services<br>○ Poole Council for Voluntary Services<br>○ Dorset Race Equality Council<br>○ Dorset Association of Parish and Town Councils | Included above |
| **Step 2: Existing feedback**<br>Feedback on primary care services provided over the last year will be collated for consideration by each transformation group. | |

<table>
<tr><th>Action</th><th>Time required</th></tr>
<tr><td><ul><li>Collate feedback from patients, carers and the public gathered over the last year. Sources might include:<ul><li>Family and Friends Test data</li><li>Patient and carer surveys</li><li>CQC data</li><li>CCG engagement or consultation events</li><li>Compliments and complaints received by GP practices and the CCG Quality Directorate</li><li>Community Vanguard engagement work</li></ul></li></ul></td><td>1 week</td></tr>
<tr><td><ul><li>Review existing feedback and pull out the key themes and individual points of interest to be shared with the programme team (step 4)</li></ul></td><td>Included in above</td></tr>
<tr><td><ul><li>Confirm list of (~20) public stakeholders to be invited to an initial public engagement workshop (refer to Audience Analysis (step 1). Examples of attendees:<ul><li>Local councillors</li><li>PPG Chairs and representatives</li><li>Voluntary sector leaders</li><li>POPP champions</li><li>Community wayfinders.</li></ul></li></ul></td><td>1 hour</td></tr>
<tr><td><ul><li>Work with the E&C team to arrange a ½ day stakeholder engagement workshop to seek views on current services and emerging ideas for future proposals.<ul><li>Book suitable venue, refreshments & equipment</li><li>Design and send invitation</li><li>Receive responses (note special need requests)</li><li>Design programme for the event</li><li>Produce presentations</li><li>Print programme, registration and evaluation forms</li><li>Arrange on the day facilitators</li><li>Produce facilitator pack and arrange briefing</li></ul></li></ul></td><td>6 weeks</td></tr>
<tr><td colspan="2">Step 3: Seeking current views – stakeholder workshops<br>Seek the views of key public stakeholders on current services and emerging ideas for future proposals.</td></tr>
<tr><td><ul><li>Collate and theme feedback gathered at the stakeholder engagement workshop.</li><li>Place into report format.</li></ul></td><td>1 week</td></tr>
<tr><td><ul><li>Review feedback reports produced from existing feedback (step 2) and public engagement workshop (step 3).</li></ul></td><td>Existing meeting</td></tr>
</table>

| Action | Time required |
|---|---|
| | |
| • Use the feedback to inform the design of future proposals for primary care health services. | As above |
| • Record how feedback either a) reflects and/or b) informs the design of future proposals for primary care services | ½ day |
| • Share the above outcomes with stakeholders, as identified on the audience analysis. | ½ day |
| • Link with the E&C team to produce appropriate media/communications information to communicate outcomes of public engagement. | 1 week |
| • Given the depth of interest in, and importance of primary care health services, it is recommended that proposals to significantly change the way services are delivered are presented and tested out at public view seeking events – explaining how public stakeholders have informed the development of the proposals and providing the opportunity comment. | |
| • Work with the E&C team to arrange a public engagement event.<br>○ Book suitable venue, refreshments & equipment<br>○ Design promotional materials<br>○ Set up a process for receiving responses (and noting special need requests)<br>○ Design programme for the event & view seeking methodology to be used<br>○ Produce presentations, display information, etc.<br>○ Print programme, registration and evaluation forms<br>○ Arrange on the day facilitators<br>○ Produce facilitator pack and arrange briefing<br>○ Review Audience Analysis (step 1) to ensure that the event is appropriately and widely publicised. | 6 weeks |
| • Collate and theme feedback gathered at the public engagement event. Place into report format. | 1 week |
| **Step 4: Using feedback to inform proposals for future primary care provision** | |
| • Review feedback report at a programme meeting. | Existing meeting |
| • Use the feedback to inform the final proposals for primary care health services. | As above |
| • Record how feedback either a) reflects and/or b) informs the design of future proposals for primary care services. Also provide feedback to | 3 days |

| Action | Time required |
|---|---|
| questions asked and explanations for where views are not used to inform proposals. | |
| • Share the above outcomes widely with stakeholders, as identified on the audience analysis. Also share the outcomes on the web and via social media. | 1 week |
| **Step 5: Informing, engaging or consulting on proposals** | |
| Step 5 will vary by programme and detail of the proposals that have emerged by this stage. For example, combining of back office functions can be communicated to the relevant audience, while proposals to significantly change the way services are delivered will require wider public engagement and/or consultation. | |
| **Step 6 On-going communication and engagement** | |
| Each plan will consider the most appropriate process for on-going communication and engagement to ensure a continuous feedback loop is in place to reflect any changes. This is likely to be through PPG's but will include all key stakeholders identified in the audience analysis. | |

**APPENDIX 3.0**

**NATIONAL GUIDANCE AND DUTY TO INVOLVE**

The CCG works in accordance with the NHS England National Guidance "Transforming Participation in Health and Care" , 2013.

In April 2016 under delegated commissioning the CCG absorbed full responsibility to involve the public in the commissioning of primary medical services.

In March 2016, NHS England recently produced a "Framework for patient and public participation in primary care commissioning".

This framework is a guide for primary care commissioners – and anyone who is interested, including patients and the public, the voluntary sector, and providers of health and social care services – on how to involve patients and the public in the commissioning of primary care services.

The summary of key points and actions for Primary Care Commissioners is attached as Appendix "X".

The framework is designed to be read in conjunction with the NHS England Patient and Public Participation Policy and the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning.

Other useful information on involving the public in Primary Care Commissioning can be found on the NHS England website here

**APPENDIX 4.0**

**SUMMARY OF KEY POINTS AND ACTIONS FOR PRIMARY CARE COMMISSIONERS**

- Primary care services are required by the whole population; not everyone is registered with a GP and the needs of under-represented and 'seldom heard' groups need particular consideration in respect of primary care. More than any other part of the NHS, primary care has the potential to reduce health inequalities in the population.
- Patient and public participation is an essential component of commissioning, and should be considered at all stages of the commissioning cycle (planning, buying and monitoring health and care services).
- NHS England and Clinical Commissioning Groups need to work in partnership with other commissioners and providers to make primary care services joined up and effective for patients and the public.
- Consider the need for – and best approach – to participation depending on the situation, the population in question, and existing sources of information and insight; these sources may be national, regional or local.
- Keep good records of your approach to participation including how you have assessed the legal duty to involve the public in commissioning. NHS England commissioners are required to document their assessment of whether Section 13Q (the legal duty to involve the public in commissioning) applies using the standard form available on the NHS England intranet.
- Plan for participation – including identifying benefits (with measures of impact where appropriate) and costing participation activity; participation plans need to be factored in to overall business planning and programme planning.
- Involve people early on, not as an afterthought.
- Involve people in ways that are appropriate to their needs and preferences, and provide them with the necessary information, resources and support to enable them to participate.
- Work with partners in involving people, including other commissioners, providers, Patient Participation Group (PPG) networks, Healthwatch, and the voluntary and community sector.
- Feed back to those you have involved about the impact of their participation. Explain how their participation has influenced commissioning, and if not, why not.
- Document and report on participation activities and impact for assurance and quality improvement purposes, publicising and celebrating success and sharing learning.

(Source: Framework for patient and public participation in primary care commissioning, NHS England (31 March 2016).

**APPENDIX 5.0**

**GP FORWARD VIEW - 10 HIGH IMPACT CHANGES**

For further information please see https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

**APPENDIX 6.0**

NHS Dorset CCG's Patient (Carer) and Public Engagement Group (PPEG) believes that the following areas should be part of all discussions about the development of health and social care services across Dorset. The PPEG would like to hear reflections from these discussions and activities to support the CCG in transforming person centred care. Feedback can be shared with the PPEG via the Chair, Patient Leader, Anya de Iongh. Please forward to Engagement and Communications Lead frances.aviss@dorsetccg.nhs.uk who will share with Anya.

| Area | Please consider..... |
|---|---|
| Integration towards person centred care | How you are starting the process of integration thinking about the person, and not just the organisations around them? |
| Patient and public involvement | How you are actively involving local people in co-producing your service models/plans? |
| Social care | How you are not only considering, but working extensively and collaboratively with social care? |
| Mental Health | How you are ensuring that support for mental health is integral to your design for local people? |
| Voluntary sector | How you are developing meaningful partnerships with local voluntary and community groups, and supporting a non-medical model of health and wellbeing? |
| Use of existing services | How you are not replicating services or support, and maximising signposting and use of existing networks and support? |
| IT systems | How are you ensuring that IT systems facilitate person-centred care and smooth transition for people using services? |
| Transport | How you are considering how people will be able to travel to access your services and support |
| Equality and Diversity | How you are giving consideration to the 9 statutory protected characteristics in all aspects of the programme? |

V2. 30.12.15

Supporting people in Dorset to lead healthier lives

This page is intentionally left blank

# Dorset Health Scrutiny Committee

**Dorset County Council**

| | | |
|---|---|---|
| Date of Meeting | 9 March 2017 | |
| Officer | Patricia Miller, Chief Executive, Dorset County Hospital NHS Foundation Trust | |
| **Subject of Report** | **Dorset County Hospital – Update report regarding Final Action Plan and current progress in delivery, following CQC Inspection carried out in March 2016** | |
| Executive Summary | Following a report to the Health Scrutiny Committee in September 2016, this report provides an overview of the final CQC action plan for Dorset County Hospital and an update on the current progress of the delivery of the recommendations. | |
| Impact Assessment: | Equalities Impact Assessment:<br><br>N/A | |
| | Use of Evidence:<br><br>Report provide by Dorset County Hospital NHS Foundation Trust | |
| | Budget:<br><br>N/A for DCC | |
| | Risk Assessment:<br><br>Current Risk: LOW (for DCC)<br>Residual Risk: LOW (for DCC) | |
| | Other Implications:<br><br>N/A | |

Dorset County Hospital – Update report regarding Final Action Plan and current progress in delivery, following CQC Inspection carried out in March 2016

| | |
|---|---|
| Recommendation | That the Committee note and comment on the report. |
| Reason for Recommendation | The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. |
| Appendices | 1 Dorset County Hospital CQC Action Plan<br>2 'Your Time to Shine' Staff leaflet – for information |
| Background Papers | Report to Health Scrutiny Committee, 6 September 2016 (Agenda item 35):<br>DHSC Dorset County Hospital CQC Inspection Report |
| Officer Contact | Name: Patricia Miller, Chief Executive, Dorset County Hospital<br>Tel: 01305 251150<br>Email: headquarters@dchft.nhs.uk |

## 1. Purpose of Report

To provide an overview of the final CQC action plan for Dorset County Hospital and an update on the current progress of the delivery of the recommendations.

## 2. Background information

2.1 CQC inspected Dorset County Hospital in March 2016 and the final report was received in August 2016 with an overall rating for the trust of 'requires improvement'.

2.2 The feedback received during the following Quality Summit from the CQC was very positive and they expressed their confidence in The Trust to address the issues raised through their recommendations. The overwhelming feedback from our patients was that DCH is a caring organisation where they are treated with kindness and respect.

2.3 The report highlighted the following ratings:
Four of the eight core services were rated as 'Good' including Medical Care, Surgery, Critical Care and Children & Young People.
The Trust was rated as 'Good' overall for the caring domain.
The Trust was rated as 'Requires Improvement' for Urgent & Emergency Care, Maternity & Gynaecology.

2.4 The report highlighted several areas of outstanding practice including:

- The hospital@home service provided a valuable service supporting medically fit patients to have earlier discharges to their homes. This service was provided 24/7 and helped improve access and flow in the hospital as well improve outcomes for patients.
- The support for renal dialysis patients was outstanding, with individualised care for patients to receive home, dialysis and holiday dialysis when appropriate and safe.

- The genitourinary medicine service was a well-led, patient focused service that had identified the needs of the patient groups it served, many of whom were vulnerable. There was excellent multi-disciplinary working with external agencies and robust clinical standards in place, which they service, audited themselves against, always looking for how they could improve the service. Outpatient clinics and advice sessions were held, where possible, at venues that encouraged attendance from patients who had the greatest need for the service but could not or found it challenging to attend a hospital.
- The two bereavement midwives made home visits following a stillbirth or neonatal death. They made follow up visits to tell the parents post-mortem results in person and offered to provide antenatal care for women in any subsequent pregnancy. They also set up the monthly ‘Forget Me Not’ bereavement support group in a local children’s centre. They set up and closely monitored a private social media page for women who had lost a baby during pregnancy or after birth.
- A gynaecology specialist nurse ran the ‘Go Girls Support Group’ along with a former patient, to provide support for women diagnosed with a gynaecological cancer.
- Midwives ran specially designed antenatal, breastfeeding and smoking cessation sessions for ‘Young Mums’. They were also offered separate tours of the maternity unit.
- There were several examples of patient involvement in the codesign and improvement of services and excellent use of experience based design (EBD) methodology.

2.5 The report also highlighted areas for improvement and these included 18 ‘Must Do’ recommendations and 40 ‘Should Do’ recommendations. In response to this report the trust have developed an action plan which includes all recommendations and have been committed to making the positive changes needed. (Action plan attached)

2.6 The overview of ratings received

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Urgent & emergency services** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** | **Requires Improvement** |
| **Medical care** | **Requires Improvement** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **Surgery** | **Requires Improvement** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **Critical care** | **Good** | **Good** | **Good** | **Requires Improvement** | **Good** | **Good** |
| **Maternity & gynaecology** | **Requires Improvement** | **Requires Improvement** | **Good** | **Requires Improvement** | **Requires Improvement** | **Requires Improvement** |
| **Children & young people** | **Good** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **End of life care** | **Requires Improvement** | **Requires Improvement** | **Good** | **Good** | **Inadequate** | **Requires Improvement** |
| **Outpatients & diagnostic imaging** | **Requires Improvement** | **Inspected but not rated** | **Good** | **Good** | **Requires Improvement** | **Requires Improvement** |
| **Overall** | **Requires Improvement** | **Requires Improvement** | **Good** | **Requires Improvement** | **Requires Improvement** | **Requires Improvement** |

**3. Actions taken**

3.1 The Trust has reviewed the report received and have identified areas of concern. An action plan has been developed to include all recommendations and this action plan is reviewed monthly through a dedicated group which including members from all core services.

**4. Current position**

4.1 All improvement works have begun with some completed. The Trust has received agreement with our local CQC lead that assurance on completed improved can be sought from them via a table top review and we have submitted our first and await feedback.
The following outlines the current position.

4.2 Recommendations completed and evidence forwarded to CQC for assurance, review and signoff.

- SD7 - Trust review of procedure that resuscitation trollies are tamper proof. (awaiting feedback).

4.3. Recommendations completed and evidence being collated prior to submission to CQC.

- MD3 – The management and administration of medicines always follows trust policy.
- MD1 – All equipment is clean and fit for purpose and ready for use in the emergency department. A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.
- MD17 – Regular monitoring of the environment and equipment within the emergency department, and action taken to reduce risks to patients.
- SD6 - Review of hybrid clinical and management roles in ED.
- MD18 – Mixed sex breached in Critical Care must be reported within National guidance and immediately that the breach occurs.
- SD9 – A recognised pain assessment tool is used in critical care to assist in the monitoring and managing pain for patients.
- SD23 – The development od critical care follow up clinics in line with national guidance, in consultation with stakeholders and commissioners.
- SD43 – There are ongoing risk assessments and improvements in the environment of the critical care unit, taking into account the guidance set out in HBN 04-02.
- MD6 – The numbers of nursing on duty are based on the numbers planned by the trust all times of the day and night to support safe care.
- SD5 – The trust electronic incident reporting system is fully implemented throughout the surgical specialty.
- SD38 - Cleaning between cases in day surgery is sufficient and there are effective arrangements to prevent cross infection.
- SD12 – Standards of cleanliness are maintained in all outpatient areas.
- SD13 – Patient outcome data is recorded and analysed to identify
- SD18 – Increased compliance with recording of key metrics in outpatients services, such as the time the patient is seen, to enable data analysis to be more meaningful when used to monitor service quality.
- SD40 – there are arrangements for more timely discharges earlier in the day (before lunchtime) and more effective use of the discharge lounge by all ward teams.
- SD41 – Governance arrangements provide sufficient overview of the quality and risks across outpatient services.

- MD14 – Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited.
- SD24 – All maternity guidelines are reviewed to ensure they are up to date.
- MD15 – Consultants supervise junior registrars in line with RCOG guidance
- SD39 – Nursing handover on Day Lewis ward are arranged to respect patients' privacy and dignity.

4.4 Areas requiring further efforts to improve services and meet the CQC recommendations within the timescales set.

**Trustwide:**
- Risk registers of local, directorate and divisional level still require review and alteration
- The outpatients environment requires alteration to accommodate the provision for children

**End Of Life Care:**
- Consultant provision face to face 7 days/week. A review of working practices and demand is currently taking place and is due to be reported back at the next End Of Life Committee to determine the action required.

**Surgery:**
- WHO Checklists. Audits currently taking place to ensure compliance.

**Outpatients/Diagnostics:**
- Therapy staffing- currently under review and recruitment strategies identified

**Maternity/Gynae:**
- GROW package is being introduced. All midwives are being trained on this package.

## 5. Looking forward

### 5.1 Focus Groups 28/02/17

As part of our regular quarterly meetings with our local CQC lead and as part of the new inspection regime, the CQC have requested 2 focus groups with staff on the 28th February 2017. They have requested to speak with both the consultant team and band 5 (clinical and non-clinical) staff. Communications have been distributed and staff encouraged to attend.

### 5.2 Your Time To Shine

The Trust board has agreed a booklet which updates our staff on our progress with the recommendation outlined in our inspection report. The booklet explains the actions that the Trust is undertaking around the 'Must Do' recommendations and what the next steps are with regards to the new CQC inspection regime. The booklet is attached for your information.

This page is intentionally left blank

# DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST

## CQC ACTION PLAN

| Reference Key | | | | |
|---|---|---|---|---|
| MD = Must Do | S = Safe | Med – Medicine Inc. Older People | M&G = Maternity and Gynaecology | CYP = Children and Young People |
| SD = Should Do | C = Caring | | | |
| | E = Effective | U&E = Urgent and Emergency | EOL = End of Life | O&D = Outpatients and Diagnostics |
| Reg - Regulation | R = Responsive | | Sur = Surgery | |
| | WL = Well-led | TW = Trustwide | CC = Critical Care | |

| RAG Key | | | |
|---|---|---|---|
| Recommendation | Green = Recommendation action complete | Amber = Recommendation action in progress | Red = Recommendation action not fully development |
| Assurance | Green = Full assurance met | Amber = Partial assurance met | Red = No collated assurance met |



## TRUSTWIDE

| No. | Our Ref | Recommendation | Ref | Action required to meet recommendation | Target Completion Date | Lead Manager / Exec Lead | Evidence | Assurance |
|---|---|---|---|---|---|---|---|---|
| 1 | MD11 | All patient records must be stored securely to maintain patient confidentiality. | S Reg17 TW | Consistent approach to security of patient records across the Trust. | **01/11/16** | Medical Records Manager /IG Lead | IG checklists. IGC minutes | Datix report of Incidences involving security of patient records to Information Governance Committee.<br><br>IG Checklist Audit reported to compliance of security of notes. |

**Current Status**
**Complete:**
1. Lockable cupboards and secure processes in areas are now in place, where ordering of new notes trolley is in progress.
2. GUM roof repairs complete. All archived notes now secured.
3. Outpatient Access Co-Ordinator completes an IG checklist each month and any required actions are logged and undertaken.
4. Trolleys now sources through procurement (Bristol Maid MR210- small medical records trolley; MR210- medium medical records trolley or MR410 large medical records trolleywhich are all lockable.

In progress:
1. All outpatient areas to be revisited by the IG Lead and protocols tightened.
2. Initial and follow up walk around of medical/surgical, orthopaedics, REI, maxfax and women's health outpatients completed. Completion of the remaining outpatient departments booked, returning to re-assess two weeks after.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2 | MD3 | The management and administration of medicines always follows trust policy. | S<br>Reg12<br>TW | All Actions to be completed and signed off by Medicines Safety and Governance Committee<br>Detailed Action Plan Available. | 01/11/16 | Matrons / Chief Pharmacist | **Action Plan**, Audit protocols, Medicines Governance meeting minutes. | Quarterly CD Audit and Medicines Management action plan monitored through Medicines Safety & Governance (Minutes). |
| **Current status:**<br><br>**EVIDENCE REQUESTED** | | | | | | | | |
| 3 | MD12 | Risk registers at local, directorate and divisional level are kept up-to-date; include all factors that may adversely affect patient safety. And progress with actions is monitored. | S<br>Reg17<br>TW | Embed processes for recording and monitoring all Risk Registers. | 01/11/16 | Divisional Managers & Heads of Service | Risk Registers and meeting minutes. | Risk Management review and sign off of risk registers through Risk Management Committee (minutes). |
| **Current status:**<br>**In Progress:**<br>1. All Risk registers are being brought up to date and will be maintained via new internal governance process.<br>**Complete:**<br>1. Trust risk register has now been updated. | | | | | | | | |
| 4 | MD16 | Continue the development of governance processes across all specialties and divisions, with a standardised approach to recording and reporting. Ensure the information is used to develop and improve service quality. | WL<br>Reg17<br>TW | 1. Review of Corporate and clinical governance processes to be undertaken and frameworks developed with robust reporting structures. | **01/04/17** | Director of Nursing and Quality / Chief Executive | Governance framework, including templates and reporting structure. Board minutes Dashboards. Divisional Governance Minutes. | Revised governance framework development monitored through Trust Board Meeting (minutes). |
| 5 | SD3 | Recommendations from the external mortality review are implemented. | WL<br>TW | 2. Complete coding review as part of the outstanding aspect of the implementation plan from the external review recommendations. | **01/04/17** | Head of IT / Medical Director | Governance framework. Board minutes. Dashboards. | Mortality review group notes. |
| 6 | SD22 | Service leads review how they use data to improve patient outcomes. | R<br>TW | 3. Data is used across the Trust to assist with service and patient outcome improvement. | **01/04/17** | Director of Nursing | Governance framework, Dashboards | Divisional exception reports to Clinical Governance committee.<br>KPI Dashboards to Quality Committee.<br>KPI Dashboards to Trust Board. |
| 7 | SD33 | Identify and develop a quality dashboard to monitor the quality of the services. | R<br>TW | 4. Dashboard developed, implemented across the trust and monitored through appropriate committees with business intelligence support. | **01/04/17** | Director of Nursing & Director of Finance | Governance framework, Dashboards Business Intelligence support function. | Divisional Performance reviews. |
| **Current status:**<br>**Complete:**<br>1. External review completed and received. Clinical Governance Project manager has been appointed and plan has been presented to the Board for approval.<br>2. External review received and Mortality Review meeting has been implemented and case notes reviewed.<br>**In Progress:** | | | | | | | | |

1. Corporate Governance review is underway and all other works will feed into this project.
2. Coding review action from external recommendations in progress and links to PAS system change required (IT action in progress).
3. Performance Framework to go to SMT
4. Link to Governance Framework to be ratified at Board January

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | SD2 | There is formal, systematic review and benchmarking against the recommendations in the Francis review 'freedom to speak up' report. | WL<br>TW | 1. We will review the incidence of Whistleblowing at Board on a monthly basis.<br>2. We will review the Staff survey results in relation to staff's confidence in raising concerns, and use national comparators as a source of benchmarking.<br>3. We will review our Raising Concerns Policy, and ensure it is fit for purpose.<br>4. We will Embed our Values, and ensure this supports individual's confidence in raising concerns. | 01/09/16<br><br>01/04/17<br><br>01/09/16<br><br>01/11/16 | Director of Workforce / Freedom to speak up guardian | Board minutes.<br><br>Board report in July 2017.<br><br>Policy available.<br><br>SMT report on performance appraisals in June 2017. | Reports monitored through Trust Board and SMT (minutes). |

**Current status**
**In Progress:**
1.
**Complete:**
1. Reviewed at Trust Board Meeting Monthly, ongoing.
2. On track, and complete for 2015 staff survey. Results available in March 2017.
3. On track appraisal relaunch in October 2016 as part of a refresh.

Page 56

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9 | SD4 | All staff report incidents and feedback is given to the member of staff reporting the incident, and learning from incidents is shared with staff and across teams when relevant. | S<br>TW | Review of incident reporting policy as part of Risk management policy then implement and embed the across the trust .<br><br>Refresh feedback loop via risk management forums and media. | 01/11/16<br><br>01/11/2016 | Head of Risk / Director of Nursing and Quality | Governance Minutes, Datix system reports, Communications, CEO Brief. | Feedback for Learning from incidents monitored through the Risk Management Committee monthly (Minutes). |

**Current Status**
**Complete:**
1. Development of a Risk management policy/procedures (sign off due at Board 28/09/2016).
**In Progress:**
1. Process to strengthen feedback for the individual who raised the incident report in development along with the shared learning across services/teams in the Trust.
2. Divisions to add as an agenda item in team meetings

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 10 | SD8 | Staff follow trust procedures when patient group directions (PGDs) are updated, so it is clear they are authorised for use. | S<br>TW | 1. All trust PGDs to be logged centrally with version control.<br>2. Review of arrangements for storage within local areas ensuring that latest version is available and signatory lists are up to date. | **01/12/16**<br><br>~~**01/12/16**~~<br>**01/03/17** | Chief Pharmacist | PGD documents on SharePoint and within departments. | Pharmacy checks recorded and reported by exception to the Medicines Safety and Governance Committee (minutes). |
| **Current Status**<br>**Complete:**<br>1. Process revised and implemented.<br>**In Progress:**<br>1. Review of local storage arrangements. | | | | | | | | |
| 11 | SD10 | Pain score appropriate tools are used for non-verbal patients across the hospital. | R<br>TW | Identify most appropriate tool available, including for non-verbal patients and implement across the Trust.<br><br>Install new pain tool onto VitalPac for clinical staff. | 01/11/2016<br><br><br><br>01/08/17 | Critical Care Lead/<br>Pain team /LD Advisor<br><br>Head of IT | Identified tool, audit and future monitoring. | Pain tool development and implementation will be monitored through an appropriate group (to be identified).<br>Initial meeting taken place 29/09/16. |
| **Current Status**<br>**Complete:**<br>1. Working group in place to develop and implement Assessment Tool.<br>2. Abbey Pain Assessment tool identified as most appropriate.<br>**In Progress:**<br>1. Development of flexible EWS is still in the planning stage and should be ready the first half of 2017 through vitalpac<br>2. Abbey Pain Assessment Tool being taken to Medical Clinical Governance and Health Records Group for Approval.<br>3. LD and Safeguarding information on intranet being reviewed to include Pain Assessment | | | | | | | | |
| 12 | SD36 | The arrangements for children attending appointments in general outpatient clinics are reviewed. | R<br>CYP<br>TW | To review current practices and formally include actions into the transformation work. | 01/12/16 | Child Safe guarding Lead | Outpatient Transformation Group minutes and action plan. | Action plan to be monitored through the Outpatients Transformation Group (Minutes). |
| **Current Status**<br>**In Progress:**<br>1. Review of current practice and revise any Trust-wide recommendations at the Outpatient Transformation Group (cohorting of children within clinics.)<br>**Complete:**<br>1. Lead by a member of the Outpatient Transformation Group. | | | | | | | | |
| 13 | SD 7 | Trust review of procedure that resuscitation trollies are tamper proof. | S<br>TW | Tamper evident seals to be reviewed in line with national practices and any update on current practices to be implemented. | 01/12/2016 | Matrons<br>Resus Advisor | Policies. Audit of trollies. Risk Assessments | Audit of trolleys and review of the policy monitored through the Resuscitation Committee (minutes). |
| **Current Status:**<br><br>**Evidence forwarded to CQC for review and sign off** | | | | | | | | |

| No. | Our Ref | Recommendation | Ref | Action required to meet recommendation | Target Completion Date | Lead Manager / Exec Lead | Evidence | Assurance |
|---|---|---|---|---|---|---|---|---|
| 14 | SD1 | There are quarterly reports to the Board on progress against implementation of standards for patients with a learning disability. | WL TW | LD report to be included in the safeguarding Reports. | 01/11/16 | Safeguarding Adults Lead/ LD advisor | Reports, meeting minutes | Reports to Safeguarding Committee and exception report to Quality Committee. |

**Current Status**
**Complete:**
1. Refresh of LD as part of our Safeguarding assurance processes.

## URGENT AND EMERGENCY

| No. | Our Ref | Recommendation | Ref | Action required to meet recommendation | Target Completion Date | Lead Manager / Exec Lead | Evidence | Assurance |
|---|---|---|---|---|---|---|---|---|
| 15 | MD1 | All equipment is clean and fit for purpose and ready for use in the emergency department.<br>A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded. | S Reg15 U&E | Robust cleaning regimes are implemented with auditable evidence of completed work. | 05/09/16 | Matron ED | Audit protocol.<br>Cleaning records. | Cleaning audit reports to Infection Prevention and Control Committee (IPC) (minutes). |

**Current Status**

**EVIDENCE REQUESTED**

| No. | Our Ref | Recommendation | Ref | Action required to meet recommendation | Target Completion Date | Lead Manager / Exec Lead | Evidence | Assurance |
|---|---|---|---|---|---|---|---|---|
| 16 | MD17 | Regular monitoring of the environment and equipment within the emergency department, and action taken to reduce risks to patients. | S Reg17 U&E | Appropriate storage for equipment and robust cleaning regimes are implemented with auditable evidence of completed work. | 05/09/16 | Matron ED | Environmental Audits, cleaning schedules. | Cleaning audit reports to IPC (Minutes). |

**Current Status**

**EVIDENCE REQUESTED**

| No. | Our Ref | Recommendation | Ref | Action required to meet recommendation | Target Completion Date | Lead Manager / Exec Lead | Evidence | Assurance |
|---|---|---|---|---|---|---|---|---|
| 17 | MD4 | Patients in the minor operations room (used as a majors cubicle) in the emergency department have a reliable system in place to be able to call for help from staff. | S Reg15 U&E | Procurement sourcing interim electronic bleep system for patients.<br><br>Sustainable call systems in place to ensure safety of staff and patients . | 01/10/2016<br><br>01/04/17 | Matron ED / Chief Operating Officer | Capital bid, meeting minutes of discussion. Patient feedback. | Capital bid to Finance and Performance Committee. |

**Current Status**
**Complete:**
1. Temporary measure in place for calling staff.
**Future planning:**
1. Minor alterations planned for minor ops area awaiting capacity for commencement of the work.

<table>
<tr><td>18</td><td>SD6</td><td>Review of hybrid clinical and management roles in ED.</td><td>WL<br>U&E</td><td>Clearly defined management and nursing split roles within ED.</td><td>**01/09/16**</td><td>Divisional Manager</td><td>Divisional structure, organisational chart. Job description.</td><td>Job description written and currently submitted to Banding Review. Interim position filled for both service manager and matron post.</td></tr>
<tr><td colspan="9">**Current status**<br><br>**EVIDENCE REQUESTED**</td></tr>
<tr><td>19</td><td>SD42</td><td>The emergency department environment is reviewed to make it more children friendly.</td><td>S<br>U&E</td><td>Separate child waiting areas cleaned and maintained for use and well sign posted .</td><td>**01/10/16**</td><td>Matron ED</td><td>Environmental audits. cleaning rotas<br>Patient feedback,<br>Friends and Family.</td><td>Cleaning audit reports to IPC. Friends and Family and patient feedback monitored through Speciality meetings.</td></tr>
<tr><td colspan="9">**Current status**<br>**Complete:**<br>1. Environmental audits for cleanliness and maintenance. Additional signs to guide young people so they can choose their waiting area. Family/Quiet room available room available as alternative if required.<br>2. Children's waiting room has link nurse assigned to ensure cleanliness and check toys.<br>3. Link with children's ward to supply equipment, books, toys etc.<br>4. Comments from Friends and Family regularly reviewed and actioned.</td></tr>
<tr><td colspan="9">**END OF LIFE CARE**</td></tr>
<tr><td>20</td><td>MD7</td><td>Sufficient palliative care consultant staffing provision in line with national guidance and to improve capacity for clinical leadership of the service.</td><td>S<br>Reg18<br>EOL</td><td>Develop end of life additional roles to support leadership of end of life care.</td><td>01/12/2016</td><td>Palliative Care Consultant / Director of Nursing and Quality</td><td>Business planning, Rota.</td><td>Developments monitored through the End of Life Care committee. (Minutes).</td></tr>
<tr><td colspan="9">**Current status**<br>**In Progress:**<br>1. Initial scoping of roles to meet patient and clinical staff need commenced.<br>2. Plan in place for Leadership.<br>3. EOL committee to be re-invigorated and membership reviewed to include management lead from Medicine Division and appropriate clinical leadership to represent all areas of the Trust.<br>**Complete:**</td></tr>
<tr><td>21</td><td>MD13</td><td>There is implementation of clear and measurable action plans for improving end of life care for patients. There is monitoring and improvement in service targets and key performance indicators, as measured in the National Care of the Dying Audits.</td><td>E<br>Reg17<br>EOL</td><td>Development of an internal EOLC strategy and implementation plan for 2016-2021 with clear and measurable action plans progress against which to be to be monitored bimonthly at the EOLC committee.<br><br>Dashboards developed to monitor Key Performance Indicators.</td><td>01/04/17</td><td>Palliative Care Consultant / Director of Nursing and Quality</td><td>Dashboards.<br>Quality Committee Minutes.<br>EOLC Minutes.</td><td>Action plans monitored through the End of Life Care Committee. (Minutes).<br>KPI Reports to Quality Committee (Minutes).</td></tr>
</table>

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Engage in Dorset wide collaboration for End of Life and continue to work on information sharing across health systems.<br><br>Internal action plan adapted as part of the wider system for working for End of Life Care. | 01/04/17<br><br>**01/11/2016** | | Collaborative work with our stakeholders as agreed at the Quality Summit. | |

**Current Status**

**Complete:**

1. Key performance indicators (as identified by the National care of the Dying Audit) being collected monthly.
2. Service targets set and being collected monthly and monitored at the End of life Committee meeting.
3. Development of local strategy completed and approved

**In Progress;**

1. Two KPIs monitored on Quality Committee dashboard.
2. Work underway to review working practices with our stakeholders and identify resolutions through collaborative working.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 22 | SD20 | Face-to-face specialist palliative care service, 7 days per week, to support the care of dying patients and their families. | E<br>EOL | Full compliance with recommendation for end of life support.<br><br>Develop action plan to address shortfall in face to face palliative care. | 01/08/17<br><br>~~01/12/16~~<br>**01/03/17** | EOL consultant / Director of Nursing and Quality | Rota/timetable showing cover for 7 day service. Meeting minutes. | Monitoring of action plan through End of Life Committee (Minutes). |

**Current Status**

**In Progress:**

1. Review scope for altering current service to better meet demand. Scoping exercise started

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 23 | SD37 | The Trust will review the provision for Training staff around the Care of The Dying. | S<br>EOL | All relevant staff receives access to training on End of Life Care.<br><br>All relevant staff to have completed revised training. | **01/12/2016**<br><br>01/08/2017 | Divisional Manager / Director of Nursing and Quality | Training records. | Report of completed training to End Of Life Committee. Exception report to Clinical Governance Committee. |

**Current status**

**Complete:**

1. Review clinical staff training requirements as part of mandatory education review and redesign
2. Consultant Staff will have received end of Life Communication Training as part of their clinical audit half day by end of 2016.
3. NC TJ to meet to arrange tiers of training requirement

**In Progress:**

1. return visits with some consultant staff
2. finalise implementation of training for other staff

## CRITICAL CARE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 24 | MD18 | Mixed sex breaches in critical care must be reported within national guidance and immediately that the breach occurs. | R<br>CC | Mixed sex breaches are managed within NICE Guidance recommendations.<br><br>Processes are clarified and redeveloped as part of Pan-Wessex critical care network and Dorset CCG, to ensure that this is defined within our trust policy. | **01/11/2016**<br><br>01/04/17 | Matron /Director of Nursing and Quality | Local policy.<br>NICE Guidance.<br>Audit data.<br>Handover sheets<br>Critical Care Delivery Group Minutes<br>Surgical Clinical Governance Minutes | Local policy and associated compliance audits.<br>NICE Guidance is monitored through the NICE Implementation Committee. |

**Current Status/**
**Complete:**

1. Baseline data for October/November collected and provisional actions agreed to improve compliance and accuracy of data essential for avoiding breaches and improved escalation.
2. Local agreement with CCG and network. Discussions to take place with stakeholders regarding best practice.
3. Accurate recording of breach times on database and CCU handover sheets.
4. New policy approved through Critical Care Delivery Group Meeting and the Surgical Division Governance Committee – COMPLETE

**REQUEST EVIDENCE**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 25 | SD 9 | A recognised pain assessment tool is used in critical care to assist in the monitoring and managing pain for patients. | R<br>CC | Appropriate tool available and used across the Trust. | ~~01/11/16~~<br>01/02/17 | Critical Care Lead/<br>Pain team /LD Advisor | Identified tool, audit and future monitoring. | Development and implementation monitored through the Critical Care Delivery Group. |

Current Status
**Complete:**
1. Introduce behavioural pain assessment tool for patients that are unresponsive.
2. Audit of use of the behavioural pain assessment tool registered and results available in January 2017

**REQUEST EVIDENCE**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 26 | SD21 | The critical care unit access is secure to maintain infection prevention and control and the safety of vulnerable patients on the unit. | S<br>CC | Operational policy to be updated to reflect changes to processes to improve security. | **01/12/16** | Matron Surgery | Operational Policy. | Operational policy agreed and ratified by Clinical Governance Committee. |

**Current Status**
**Complete:**
1. Full risk assessment undertaken These include red tape place on floor to distinguish ITU boundaries for non-relevant staff/visitors. Guidance for Lock down process has been revisited and attached to the Operational Policy.
**In Progress:**
1. Options for further security are being considered. Either moving the connecting doors or extending the Call bell range

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 27 | SD23 | The development of critical care 'follow up' clinics, in line with national guidance, in consultation with stakeholders and commissioners. | R<br>CC | Fully review pilot service and identify any additional resources and undertake patient feedback. Introduce patient support group. | **01/10/16** | Matron Surgery | Clinic templates.<br>Critical Care delivery Group Minutes | Report post implementation to the Critical Care Delivery Group. (Minutes). |

**Current status**
**Complete:**
1. 1. New follow-up clinics now implemented
2. Trial of new service in September 2016 to be reviewed 3 months post implementation.

**In Progress:**
**REQUEST EVDENCE**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 28 | SD43 | There are ongoing risk assessments and improvements in the environment of the critical care unit, taking into account the guidance set out in HBN 04-02. | S<br>CC | Ensure that environmental risk assessments undertaken and recorded. | **01/12/16** | Matron of Surgery | Risk Assessments. | Risk assessment monitored through the Critical Care Delivery Group. |

**Current Status**
**Complete:**
1. Compliant to Building regulations at point of construction.
2. Mission criteria for HDU has been revised and includes risk assessments of the environment and suitability of patients and the equipment required around bed space.
3. Operational Policy has been updated to provide updated criteria
**In Progress:**

**Evidence requested**

## SURGERY

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 29 | MD2 | The five steps to safer surgery checklist is appropriately completed. | S<br>Reg12<br>Sur | All WHO Checklists are completed in an appropriate manner and signed off by relevant staff. The compliance is audited on a regular basis and required actions taken. | **01/09/16** | Head of Theatres /Divisional manager | Audit protocol. | Audit report to Surgical Division Governance Committee. |

**Current Status**
**Complete:**
1. Process for the audit of the checklists for compliance (monthly) with daily verification at the end of each Theatre list to ensure that all documentation is complete.
2. Green status on completion of a full audit cycle.
**In Progress:**
1. Review of the audit tool and process being undertaken
2. report back TO Clinical Governance

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 30 | MD6 | The numbers of nursing on duty are based on the numbers planned by the trust all times of the day and night to support safe care. | S<br>Reg18<br>Sur Med | Appropriate numbers and skill mix as agreed through the Nurse staffing review. | **01/09/16** | Matrons / Director of Nursing and Quality | Safe staffing board reports. | Reports to Quality Committee and Trust Board (Minutes). |

<table>
<tr><td colspan="9">Current Status<br>Complete:<br>1. Skill mix review has been completed.<br>2. Board has supported £1.2m investment to nursing and Midwifery staffing which is being phased in to enable supervision support.<br>In Progress:<br><br>Evidence requested</td></tr>
<tr><td>31</td><td>SD5</td><td>The trust electronic incident reporting system is fully implemented throughout the surgical specialty.</td><td>S<br>Sur</td><td>Datix system being reviewed for specific drop down list for anaesthetics to support improved reporting.</td><td>01/10/16</td><td>Matron Surgery</td><td>Report from Datix.</td><td>Incidents reports to Surgical Division Governance Committee.</td></tr>
<tr><td colspan="9">Current status<br>Complete:<br>Incident post-box removed. All theatre and Anaesthetic risks reviewed monthly by Clinical Director and discussed at Governance meetings. Reporting of risks promoted by CD.<br>In Progress:<br><br>Evidence requested</td></tr>
<tr><td>32</td><td>SD38</td><td>Cleaning between cases in day surgery is sufficient and there are effective arrangements to prevent cross infection.</td><td>S<br>Sur</td><td>Further discussion with IPC on robustness of new policy and standards. Policy to be agreed via the Infection Prevention Control Committee.</td><td>01/10/16</td><td>Day Surgery Lead</td><td>Revised Policy.</td><td>Cleaning audit reports and ratification of policy update through IPC.</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>1. Risk assessment undertaken and policy reviewed. All staff aware of new standards.<br>2. Policy for ratification in December<br>In Progress:<br><br>Evidence Requested</td></tr>
<tr><td colspan="9">OUTPATIENTS AND DIAGNOSTICS</td></tr>
<tr><td>33</td><td>MD5</td><td>There is sufficient therapy staff available to provide effective treatment of patients.</td><td>S<br>Reg18<br>O&D</td><td>Appropriate staff available to provide effective treatment to patients with clear standard for operating intervention by therapists outlined.<br><br>Final review and any staffing remodelling complete and implemented, linked to Clinical</td><td>01/12/16<br><br><br><br>01/04/17</td><td>Head of Therapies / Chief Operating Officer</td><td>Contract Report<br>Action plan Staffing reports.<br>SMT minutes.<br>Workforce plan for STP.</td><td>Contract Monitoring (Minutes).</td></tr>
</table>

Page 63

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Services Review and care pathway changes. | | | | |

**Current Status**
**Complete:**
1. OT review complete and presented to SMT.
**In Progress:**
1. Review of services provided across the Trust using Carter metrics to ensure efficiency and effectiveness of current workforce is maximised.
2. STP and CSR planned public engagement/consultation process as per national directive and local CCG plan.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 34 | MD10 | Turnaround times for typing of clinic letters are consistently met, monitored and action taken when targets are not met across all specialities within the trust. | R Reg17 Reg12 O&D | Action plans to manage turnaround times for typing letters is in place for each service. | 01/09/16 | Service Managers / Chief Operating Officer | | Monthly report of turnaround times to Clinical utilisation Group (minutes). |

**Current Status**
**Complete:**
1. Action plans are in place for each service.
2. Clinical utilisation group set up with Service Manager attendance. Monthly report on turnaround times shared with CCG.
**In progress**
1. Tracking of turnaround times and any intervention to resolve any delay in progress through Clinical Utilisation Group.
2. Outliers of the standard to be reviewed and reported
3. IT tasked with piloting voice recognition technology in this financial year

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 35 | SD11 | Discharge letters are sent to GPs in a timely way and patients are given a copy. | S O&D | To implement ICE EDS for all discharge letter. | 01/09/16 | Divisional Manager / Medical Director | Audit protocol. | Reports to Quality Committee |
| | | | | To ensure that the escalation protocol is in place and embedded within the services. | ~~01/11/16~~ | | | |

**Current Status**
**Complete:**
1. ICE EDS has been implemented.
**In Progress:**
1. Re-review process for capture of EDS within time requirements.
2. Duplication of EDS to be resolved

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 36 | SD12 | Standards of cleanliness are maintained in all outpatient areas. | S O&D | Standards are maintained and evidence is recorded . | 01/10/16 | Matrons for Surgery | Cleaning rotas, audit results. | Cleaning audit reports to IPC. |

**Current Status**
**Complete:**
1. Cleaning rotas are completed and records kept.
**In Progress:**

<table>
<tr><td colspan="9">Evidence requested</td></tr>
<tr><td>37</td><td>SD13</td><td>Patient outcome data is recorded and analysed to identify improvements to services for patients.</td><td>E<br>O&D</td><td>Robust processes for Business Intelligence.</td><td>01/03/17</td><td>Deputy Chief Operating Officer / Director of Finance</td><td>Business Intelligence Planning.</td><td>Business Intelligence strategy currently being finalised .</td></tr>
<tr><td colspan="9">Current Status<br>In Progress:<br>1. Revision of Business Intelligence within the Trust and Implement change.<br><br>EVIDENCE REQUESTED</td></tr>
<tr><td>38</td><td>SD18</td><td>Increased compliance with recording of key metrics in outpatient services, such as the time the patient is seen, to enable data analysis to be more meaningful when used to monitor service quality.</td><td>E<br>O&D</td><td>Develop and implement Dashboard of Key Metrics.<br>Develop the effective utilisation Work stream.</td><td>01/11/16</td><td>Deputy Chief Operating Officer</td><td>Dashboard. Action plan .</td><td>Development monitored through OPD transformation Group (Minutes).</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>Dashboard in place and Work stream developed.<br><br>EVIDENCE REQUESTED</td></tr>
<tr><td>39</td><td>SD14</td><td>Staff working in outpatients always follow the trust interpretation policy for patients who are non-English speaking.</td><td>R<br>O&D</td><td>Staff are aware of Trust Policy and adhere to the practices identified.</td><td>01/09/16</td><td>Deputy Chief Operating Officer</td><td>Meeting minutes and newsletters.<br>Posters.</td><td>Reaffirming processes through team meetings (Minutes).</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>1. Staff reminded via staff meetings and minutes of the need to adhere to Trust policy on this matter.<br>2. Posters for staff areas developed.<br>In Progress:<br>PALS and NEDS to be invited to test the use of the Interpretation Policy in all Outpatients.</td></tr>
<tr><td>40</td><td>SD19</td><td>Daily recording of data on missing notes for outpatient clinics, which is audited and actions taken.</td><td>E<br>O&D</td><td>Processes and policies reviewed and updated in line with current practices .<br>Enhance Medical Records Governance arrangements<br>Robust audit procedures.</td><td>~~01/09/16~~<br>01/02/17</td><td>Head of Medical Records/ Deputy Chief Operating Officer</td><td>Meeting minutes and Newsletters.<br>Health Records Group Minutes</td><td>Reports to Outpatients Transformation Group.</td></tr>
</table>

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**Current Status**
**In Progress:**
1. Processes reviewed and monitored through the OPD transformation Group.
2. Records kept of missing notes
3. Local risk register of missing notes

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 41 | SD40 | There are arrangements for more timely discharges earlier in the day (before lunchtime) and more effective use of the discharge lounge by all ward teams. | R O&D | Safer patient flow bundle implemented across Medicine linked to the full transformation work. | 01/01/17 | Access and flow Lead | Meeting minutes. | Implementation of bundle monitored through the Patient flow steering group and Access and quality transformation group Minutes. |
| | | | | Roll out Trust wide key aspects of safe flow bundle to all inpatient adult wards. | **01/11/16** | | | |

**Current Status**
**In Progress:**
1. Part of wider system partnership working action plan.
2. Surgery awaiting further work

**REQUEST EVIDENCE** from Medicine

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 42 | SD41 | Governance arrangements provide sufficient overview of the quality and risks across outpatient services. | WL O&D | Enhance Governance arrangements ensuring they are robust and complete. | **01/12/16** | Chief Operating Officer | Meeting minutes. Performance review notes. Action Plans. | Action plans monitored through the Outpatient Transformation Group. |

**Current Status**
**Complete:**
1. The Outpatient Transformation Programme brings together clinical and managerial staff from across the organisation in a number of action groups with service improvement plans across a range of quality and access issues.

**EVIDENCE REQUESTED**

## MATERNITY & GYNAECOLOGY

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 43 | MD8 | The number of midwives is increased according to trust plans and in line with national guidance, to support safe care for women. | S Reg18 M&G | Midwife to birth ratio reduction to 1:28. | **01/11/16 for phase I.**<br><br>01/07/17 for phase II. | Head of Midwifery | Record of establishment. Staffing reports. | Reports of establishment monitored through the Division Governance Committee. |

**Complete:**
1. Feb 2017 - first phase of midwifery recruitment complete. Midwife to birth ratio now 1:30. Second phase in new financial year
**In Progress:**
1. Phased recruitment of midwives

2. Review of substantive staff verses budgeted to be undertaken

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 44 | MD9 | Staff attend and or complete mandatory training updates. | S<br>Reg18<br>M&G | Full compliance with attendance and or completion of mandatory training sustained. | 01/04/17 | Service Manager / Director or workforce | Education report. | Education Report to Quality Committee and SMT |

**Current Status**
**Complete:**
1. New KPI report has been produced for presentations to Clinical Governance which includes training updates.
New KPI report has been produced for Clinical Governance which will is discussed at the monthly meetings and incudes training updates
**In progress:**
1. Revised Divisional performance reviews to ensure trajectory of delivery remains on track – local divisional management team to oversee performance..
2.HoM to put together an action plan for maternity mandatory training for when maternity staffing levels increase.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 45 | MD14 | Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited. | E<br>Reg12<br>M&G | All National guidance is reviewed and compliance is audited and recorded centrally. Local guidance is reviewed on a regular basis and recorded centrally. | 01/11/16 | Head of Midwifery / Medical Director | Clinical Guidelines and NICE Guidance reports<br>Current guidelines report from SharePoint. | Reports to all Division Governance Committees.<br>Report to Clinical Governance Committee. |
| 46 | SD24 | All maternity guidelines are reviewed to ensure they are up to date. | S<br>M&G | | | | | |

**Current Status**
**Complete:**
1. All Guidance is discussed at the monthly Divisional clinical Governance meetings and attendance at NICE Implementation Committee to feedback on progress.
**In progress:**
1. Divisional Governance and Trust clinical audit team are revising processes to ensure compliance of most appropriate national guidance, with the associated audit trail of decisions.
2. Divisional Governance leads are validating local guidance to ensure only relevant guidance remains on the system.

**EVIDENCE REQUESTED**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 47 | MD15 | Consultants supervise junior registrars in line with RCOG guidance. | S<br>Reg12<br>M&G | All Junior registrars to be supervised in line with RCOG guidance clearly outlined to medical leads.<br><br>Audit process and feedback to demonstrate compliance. | 01/08/2016<br><br>01/11/16 | Head of Midwifery / Medical Director | Audit protocol and report. | Audit report to Division Governance Committee. |

**Current Status**
**Complete:**
1. Discussions have taken place at the Divisional Governance Meeting and agreement of actions required.
**In Progress:**
1. Spot audit throughout the coming year. Jan 2017 - Audit is currently being completed
2. Feb 2017 - daily risk review checks if consultant present in hours for difficult instrumental/difficult caesarean section – 100% compliance. Out of hours will be called in if there is time

**EVIDENCE REQUESTED**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| 48 | SD25 | Pregnant women's mental health is assessed throughout pregnancy using a tool as recommended by NICE 'Antenatal and Postnatal Mental Health' guidance. | E<br>Reg12<br>M&G | Joint clinics in place and running. Guideline on intranet and audit on its use.<br>Use of the new national notes will ensure that women are screened throughout pregnancy. | **01/12/16** | Head of Midwifery | Training records, and protocol Appropriate tool and guidance. | Audit reports to Division Governance Committee. |

**Current Status**
**Complete:**
1. Now have a mental health midwife lead in place (continuation dependant on funding agreement with CCG) and a joint Obstetric mental health clinic is being set up.
**In Progress:**
1. Lead midwife will provide training and is currently producing guidelines.
2. Introduction of new National Maternity Notes scheduled for March 2017 will ensure assessment is incorporated into the booking details. This process has taken time as all staff require training to use this new notes system. Project led by two senior midwives

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 49 | SD26 | The use of a NICE recommended CTG evaluation tool which should be entered into the woman's notes every time the trace is reviewed. | E<br>M&G | Audit on sticker use, patient's notes and updated guideline. | **01/12/16** | Head of Midwifery | Copy of the sticker to be used. Evaluation tool and protocol. | Guidance ratified by Clinical Governance Committee. |



**Current Status**
**Complete:**
1. CTG sticker developed and now embedded
**In Progress:**
Guidance for care of women in labour requires review

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 50 | SD27 | The use of a software package, with an individualised growth chart designed to more accurately detect foetal growth problems which are associated with stillbirth. | E<br>M&G | Appropriate midwives trained on system and using (i.e., patient notes audit). | 01/04/17 | Head of Midwifery | Audit results and report. | Audit reports to Division Governance Committee. |

**Current Status**
**Complete:**
1. GROW package. 1 midwife lead for GROW package and all midwives now trained in correct fundal height measurement.
**In Progress:**
1. Audit currently in progress to identify how many scans this is. Planned implementation date of January 2017
2. Drs require training to correctly measure fundal height.
3. IT link required so that the growth charts can be generated for each woman.
4. Concerns raised by USS department regarding increased numbers of scans. the use of this software package is a national requirement, linked with the Saving Babies' Lives Care Bundle.

<table>
<tr><td>51</td><td>SD28</td><td>The development of a midwifery led birthing unit, in line with National Maternity review recommendations.</td><td>R<br>M&G</td><td>Awaiting finalised arrangements for building work to begin.</td><td>Tbc (Dependent upon confirmed construction from builder)</td><td>Head of Midwifery</td><td>Building works completed and area used as MLU.</td><td>Monitored through Division Governance Committee.</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>1. The MLU has been designed with Funding and business case granted.<br>In progress:<br>1. Funding and business case has been granted for the MLU. Oct 2016: Estates going to tender for the work. Needs to be completed by Feb 2017. Jan 2017 - Date of completion has moved as surveys need to be done. A company has been identified to complete the surverys - date TBC..</td></tr>
<tr><td>52</td><td>SD30</td><td>The use of the Stillbirth Care Bundle developed by NHS England to ensure that all known measures are taken to reduce the chances of stillbirth.</td><td>E<br>M&G</td><td>Full implementation and sustained delivery of the GROW package by lead Midwife.</td><td>01/03/17</td><td>Head of Midwifery</td><td>Local guidance.</td><td>Implementation monitored through Division Governance Committee.</td></tr>
<tr><td colspan="9">Current Status<br>Completed:<br>1. Identified lead in place and plan developed.<br>2. 3 of the 4 care pathways completed – smoking cessation support, reduced FMs management, analysis of CTGs. The use of the GROW package is as above.<br>In progress:<br>1. Gap analysis to be undertaken to ensure that all aspects of the bundle are covered.<br>2. Individual areas of the bundle have been implemented with scheduled full embedding by March 2017.</td></tr>
<tr><td>53</td><td>SD29</td><td>The use of the modified ‘Sepsis 6 care bundle’ in the maternity units.</td><td>E<br>M&G</td><td>Implementation across maternity unit.</td><td>01/04/17</td><td>Head of Midwifery</td><td>Guideline completed and uploaded to SharePoint. Box available on the unit for use.</td><td>Guideline ratified by Clinical Governance Committee.<br>Monitoring of use through audit report to Division Governance Committee.</td></tr>
<tr><td colspan="9">Current Status<br>In Progress:<br>1. Midwife identified to lead on Sepsis. Box to be agreed to treat women on the unit and guideline to be written.</td></tr>
<tr><td>54</td><td>SD32</td><td>A robust system to support lone workers in the community.</td><td>S<br>M&G</td><td>Mobile phones for midwives in place.<br><br>Trust-wide roll out and compliance with Lone Worker Policy and monitoring embedded within local areas.</td><td>01/09/2016<br><br>01/04/17</td><td>Head of Midwifery<br><br>Health and Safety Coordinator</td><td>Policy for lone workers.</td><td>Implementation monitored through Divisional Governance Committee.</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>1. Home birth team have mobile phones and protocol for keeping in touch.<br>2. All staff working in the community now have access to a smart phone (some phones still awaiting collection from ICT).<br>3. All women booked are now risk assessed regarding visiting. Details of this assessment are kept in the woman’s caseload folder in the community office.<br>In progress:</td></tr>
</table>

<table>
<tr><td colspan="9">1. Local Arrangements within teams –interim measure in place with robust Trust-wide policy processes in development.<br>2. The lone worker app to be reviewed.</td></tr>
<tr><td colspan="9">CHILDREN AND YOUNG PEOPLE</td></tr>
<tr><td>55</td><td>SD15</td><td>Nurse staffing on the children's unit is reviewed in line with The Royal College of Nursing (2013) guidelines in terms of numbers or ratios of nurse to healthcare assistants.</td><td>S<br>CYP</td><td>Business planning cycle paediatric nursing to be included. Ratios are currently within 5% of target.</td><td>01/04/17</td><td>Safeguarding Children Lead</td><td>Business planning cycle and Report of Establishment.</td><td>Report to Division Governance Committee.</td></tr>
<tr><td colspan="9">Current Status<br>Complete:<br>1. RCN guidelines are met for day time shifts Monday-Friday.<br>In Progress:<br>1. Weekend days required further work<br>2. Review of Band 3 role development and subsequent effects on staffing ratio.<br>3. ANP development will increase reg nurse complement.<br>4. Remain within 5% of target</td></tr>
<tr><td>56</td><td>SD16</td><td>Review of medical staffing in line with British Association of Perinatal Medicine (2010 Standards) requirements for sufficient medical staff on the neonatal unit at all times, including overnight (9pm to 8am).</td><td>S<br>CYP</td><td>Sufficient cover of the neonatal unit and Kingfisher Ward according to final model as per CSR and STP outcome.</td><td rowspan="2">01/04/17</td><td rowspan="2">Divisional manager</td><td rowspan="2">New model following CSR.</td><td rowspan="2">CSR Model to Trust Board.</td></tr>
<tr><td>57</td><td>SD17</td><td>Compliance with Facing the Future-Standards for acute general paediatric services (RCPCH, Revised 2015) requirements for consultant paediatrician present and readily available during the times of peak activity, seven days a week.</td><td>S<br>CYP</td><td>Compliance with guidance.</td></tr>
<tr><td colspan="9">Current Status<br>In Progress:<br>1. Introduction of a project manager to oversee options appraisals.<br>2. Review as part of the CSR and Vanguard work with the report from the Royal College recommendations. CCG leading</td></tr>
<tr><td>58</td><td>SD34</td><td>Implementation of nursing staffing acuity tool in child health.</td><td>S<br>CYP</td><td>Successful pilot and complete implementation.</td><td>01/12/16</td><td>Child Safeguarding Lead</td><td>To review the tool after 3 months.</td><td>Monitored through Divisional Governance (Minutes)</td></tr>
<tr><td colspan="9">Current Status<br>In Progress:<br>1. Collaborative Pilot of Sheffield Tool with Poole to ensure consistency across providers<br>2. Tool now in place . review after 3 months</td></tr>
<tr><td>59</td><td>SD35</td><td>Supervision for staff involved in children's safeguarding.</td><td>S<br>CYP</td><td>Safeguarding committee will monitor compliance.</td><td>01/10/16</td><td>Child Safeguarding</td><td>Training records</td><td>Reports to Safeguarding Committee.</td></tr>
</table>

| | | | | | | Lead | | |
|---|---|---|---|---|---|---|---|---|
| **Current Status**<br>**Complete:**<br>1. Supervision training complete.<br>**In Progress:**<br>1. Models now being introduced. | | | | | | | | |
| **MEDICINE INCLUDING OLDER PEOPLE** | | | | | | | | |
| 60 | SD31 | Improved rates of dementia screening to ensure that all emergency admissions over 75yrs are screened and then appropriately assessed. | R<br>Med | Trust meeting national recommendations for screening and assessment of dementia. Trust aims for stretch target of meeting the dementia alliance concordat recommendations and sustained achievement. | 01/04/17 | Divisional Manager / Chief Operating Officer | Compliance rates as reported in the Divisional Dashboard. | Report to Dementia Group. |
| **Current Status**<br>**Complete:**<br>1. Daily review of compliance against the screening to be monitored by matron for older people services and relevant consultant for each ward. | | | | | | | | |
| 61 | SD39 | Nursing handover on Day Lewis ward are arranged to respect patients' privacy and dignity. | C<br>Med | All staff hand overs will be conducted to maintain patients' privacy and dignity. | **01/10/16** | Divisional Manager | Handover documentation.<br>Transformation initiative meeting minutes | Observational Spot checks performed by Matrons |
| **Current Status**<br><br>**EVIDENCE REQUESTED** | | | | | | | | |

Page 71

This page is intentionally left blank

Dorset County Hospital NHS
NHS Foundation Trust

# CQC Inspection

# Follow up

## *Your Time To Shine*

# Introduction

## Our Inspection outcome

Our CQC Inspection took place in March 2016 and although recommendations were received, The Trust performed well. The feedback received from the CQC was very positive and they expressed their confidence in us to address the issues raised. The overwhelming feedback from our patients was that DCH is a caring organisation where they are treated with kindness and respect.
The report highlighted that four of the eight core services were rated as 'Good' and the Trust was rated as 'Good' overall for the caring domain. There were also areas where we needed to improve. We developed an action plan and have been committed to making these positive changes.
In this leaflet we have set out a sample of the recommendations and our progress with the improvement work.

Should you have any queries, you can contact the CQC Project Team on the email below
CQCProjectTeam@dchft.nhs.uk.

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Urgent & emergency** | **Requires Improvement** | **Good** | **Good** | **Good** | **Requires Improvement** | **Requires Improvement** |
| **Medical care** | **Requires Improvement** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **Surgery** | **Requires Improvement** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **Critical care** | **Good** | **Good** | **Good** | **Requires Improvement** | **Good** | **Good** |
| **Maternity & gynaecology** | **Requires Improvement** | **Requires Improvement** | **Good** | **Requires Improvement** | **Requires Improvement** | **Requires Improvement** |
| **Children & young peo-** | **Good** | **Good** | **Good** | **Good** | **Good** | **Good** |
| **End of life care** | **Requires Improvement** | **Requires Improvement** | **Good** | **Good** | **Inadequate** | **Requires Improvement** |
| **Outpatients & diagnostic** | **Requires Improvement** | **Inspected but not rated** | **Good** | **Good** | **Requires Improvement** | **Requires Improvement** |
| **Overall** | **Requires Improvement** | **Requires Improvement** | **Good** | **Requires Improvement** | **Requires Improvement** | **Requires Improvement** |

*“We're all here to provide the best care for our patients and the CQC visit can help us do that. Be open and honest; take pride in what we do well and acknowledge our challenges and what we are doing to address them.“*

*Nick Johnson,*

Director of Strategy and Business Development

## Next steps

We can expect the CQC to return to the Trust at any time for focus sessions with staff groups and unannounced visits by a small inspection team to follow up on the recommendation and improvements that we have made.

We welcome these return visits as they are a real opportunity to demonstrate that we seek feedback about our services, we act upon this feedback promptly in order to improve Safety and Patient Care and have robust systems in place to continue to improve the care we provide.

## Focus Groups

There will be focus groups arranged over the coming months where you will have an opportunity to talk with the CQC team and to share your everyday experiences of caring for our patients here in Dorset. The Trust welcomes and encourages your involvement in these sessions. The focus groups will be an opportunity to demonstrate how seriously we all take patient safety and quality at DCH and to show the inspectors how well we engage with each other in order to improve our services.

We want you to feel comfortable during these sessions and the sessions will be organised in such a way so that you can feel free to speak out.

## Contact details

For further information please contact
CQCProjectTeam@dchft.nhs.uk

## A sample of the recommendations from our inspection

| THEY SAID | WE DID |
|---|---|
| **SAFE** | |
| All patient records must be stored securely to maintain patient confidentiality. | • All areas have secure storage areas.<br>• Information Governance checks will ensure consistent approach to security of patient records. |
| Management and administration of medicines always follows trust policy. | • Action plan drawn up to address areas of concern.<br>• Regular audit programme undertaken to monitor improvements. |
| All Trust Risk registers are to be current and include all factors that may be adversely affect patient safety. | • Risk registers have been reviewed and refreshed.<br>• All areas are undertaking regular review of risk registers. |
| Develop governance processes across all specialities and divisions with a standardised approach to recording and reporting. Information is used to develop and improve service quality. | • Corporate and Clinical Governance review is underway in line with Divisional restructure.<br>• Clear lines of reporting and assurance identified. |
| Consultants supervise junior registrars in line with RCOG guidance. | • Agreed actions through Clinical Governance meeting.<br>• Spot audit to be undertaken and reported through governance. |
| Five steps to safer surgery checklist is appropriately completed. | • Completion of WHO checklist is being monitored.<br>• Audit tool and process being reviewed. |
| Number of nurses on duty are based on the numbers of planned by the trust all times of the day and night to support safe care. | • Skill mix review has been completed and approved.<br>• Skill mix implemented. |

| THEY SAID | WE DID |
|---|---|
| **SAFE** | |
| All equipment is clean, fit for purpose and ready to use in ED. A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded. | • Cleaning audits are undertaken and reported through Clinical Governance.<br>• Cleaning regime has been implemented in the Mortuary and records audited. |
| Regular monitoring of the environment and equipment within the ED and action taken to reduce risks to patients. | • Regular environmental checks are undertaken.<br>• Regular cleaning audits are undertaken and reported upwards. |
| Patients in minor operations room in ED have a reliable system in place to be able to call for help from staff. | • Alterations planned in minor ops area.<br>• Temporary measure in place. |
| Sufficient Palliative care consultant staffing provision in line with national guidance and to improve capacity for clinical leadership of the service. | • Audit underway to scope role requirement for End of Life Care. |
| The number of midwives is increased according to trust plans and in line with national guidance to support safe care of women. | • Plan developed and phase 1 complete.<br>• Review of substantive staff versus budgeted underway |
| There is sufficient therapy staff available to provide effective treatment of patients. | • Team are successfully recruiting to vacancies.<br>• Continued work through Clinical Services Review. |
| Staff attend and or complete mandatory training. | • New Key Performance Indicators reported through Clinical Governance.<br>• Divisional performance reviews to ensure delivery remains on track. |

| THEY SAID | WE DID |
|---|---|
| **RESPONSIVE** | |
| Mixed sex breaches in critical care must be reported within national guidance and immediately that the breach occurs. | • Local agreement with CCG and CC Network.<br>• New policy developed and approved.<br>• Accurate recording on database and on CCU handover sheets. |
| Turnaround times for typing clinic letters are consistently met, monitored and action taken when targets are not met across all specialities within the trust. | • Clinical utilisation group set up and underway.<br>• Action plans developed for each service.<br>• Tracking of turnaround times introduced and monitored. |
| **EFFECTIVE** | |
| Implementation of clear and measurable action plans for improving end of life care for patients. There is monitoring and improvement in service targets and key performance indicators, as measured in the National Care of the Dying Audits. | • Development of local strategy completed and agreed.<br>• Key performance indicators collected and reported monthly.<br>• Service targets set and recorded monthly and reported to EOLC Committee. |
| Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited. | • Feedback from NICE implementation Committee is disseminated.<br>• Current local guidance is reviewed regularly and discussed at Clinical Govern- |

**Inspection Outcome: Requires Improvement**

Everyone has worked tremendously hard to make the improvements required in the recent months and with continued support through leadership development, ongoing education and training , recruitment and staff development we know we can achieve our goal.

We thank you for your continued support and dedication

# Your Time to Shine

We are all very proud of the services and care that we provide at DCH and these follow up visits are your opportunity to show the CQC all the great things you do and how you are working with patients to improve their care. You and your team may wish to have a discussion taking into consideration the questions below.

**How good is the service you provide?**

*(How do you know this and what do your patients say?)*

**What are you proud of?**

(How do you share this?)

**What are your concerns?**

(Where do they get discussed?)

**What change has been made in the Ward/Dept and why were they needed?**

**Are there any other things you would like to discuss with your line manager?**

# Dorset Health Scrutiny Committee

**Dorset County Council**

| | |
|---|---|
| Date of Meeting | 9 March 2017 |
| Officer | Yvette Pearson<br>Principal Programme Lead Service Delivery<br>NHS Dorset CCG |
| **Subject of Report** | **E-zec– Patient Transport Service** |
| Executive Summary | The purpose of this report is to provide an update on the patient transport service commissioned by NHS Dorset Clinical Commissioning Group with E-Zec.<br><br>The report will provide an overview of the following:<br><br>• Background;<br>• Service Costs;<br>• Activity and Performance;<br>• Eligibility:<br>• Next Steps. |
| Impact Assessment: | Equalities Impact Assessment: N/A |
| | Use of Evidence:<br><br>Report provided by NHS Dorset Clinical Commissioning Group |
| | Budget: N/A (for DCC) |
| | Risk Assessment: |

| | |
|---|---|
| | Current Risk: LOW (for DCC)<br>Residual Risk: LOW (for DCC) |
| | Other Implications: N/A |
| Recommendation | The recommendation is for Dorset Health Scrutiny Committee to note and comment on this report and understand the current performance of the NHS commissioned non-emergency transport service. |
| Reason for Recommendation | The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. The update on the current performance of the NHS commissioned non-emergency transport service supports this work. |
| Appendices | None. |
| Background Papers | Report to Dorset Health Scrutiny Committee, 6 September 2016 (please see agenda item 38):<br>Report to DHSC re EZec Patient Transport Services 6 Sept 2016 |
| Officer Contact | Name: Yvette Pearson<br>Tel: 01202 541684<br>Email: Yvette.pearson@dorsetccg.nhs.uk |

**1. Background**

1.1 E-zec was awarded the contract for Dorset's Non-Emergency Patient Transport Service (NEPTS) in October 2013 by NHS Dorset Clinical Commissioning group (CCG) following a tendering exercise. The service was awarded a five-year contract with the possibility to extend for two-years.

1.2 The service experienced severe operational issues at the start of the contract due to the level of activity being much higher than planned for. NHS Dorset CCG worked closely with E-zec and the service is now operating well with a good understanding of expected activity levels.

1.3 Contract review meetings are held on a bi-monthly basis between the commissioner NHS Dorset CCH and the provider E-zec where performance, activity and quality of the service is discussed and reviewed.

1.4 The 2016/17 budget for the E-zec Patient Transport Service is £5.5 million and the service operates within financial expectations.

1.5 A benchmarking exercise has been completed in recent months by the CCG Procurement Team which has confirmed that E-zec is offering a service which is financially equitable with neighbouring CCG's.

**What is Non-Emergency Patient Transport Service (NEPTS)?**

1.6 Non-emergency Patient Transport Services (NEPTS) are provided for patients who are being transported to an NHS funded service for NHS treatment and who are deemed medically eligible based on the Department of Health (DH) eligibility criteria, which Dorset Clinical Commissioning Group (DCCG) has localised.

1.7 This service is for non-urgent, planned transportation of patients whose medical condition is such that they require the skills or support of clinically trained NEPTS staff and/or their equipment on/after their journey. Eligible patients are not charged for NEPTS transport provided by the NHS.

1.8 NEPTS should be seen as part of an integrated programme of care. Some patients may be eligible to have their transport provided for them so that they are able to access non urgent planned healthcare i.e. procedures which were traditionally provided in hospital, but are now available in a hospital or community setting, in secondary and primary care settings, in a reasonable time and in reasonable comfort, without detriment to their medical condition.

1.9 Patients will be able to book their transport direct with the Dorset Patient Transport Bureau (DPTB). The eligibility assessment for NEPTS will be undertaken by the DPTB in consultation with the patient, using the DH eligibility criteria.

**2. Eligibility**

2.1 Patients are deemed eligible for NEPTS where they meet the following Department of Health (DH) criteria.

**Eligible journeys are those:**

- made for non-primary healthcare services, for which the patient has been referred by a doctor or dentist;
- made for treatment paid for by the NHS, regardless of whether it is carried out by an NHS care professional or an independent one.

**Eligible patients are those:**

- where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means;
- where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means;
- recognised as a parent or guardian where children are being conveyed.

2.2 NEPTS could also be provided to a patient's escort or carer where their particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator.

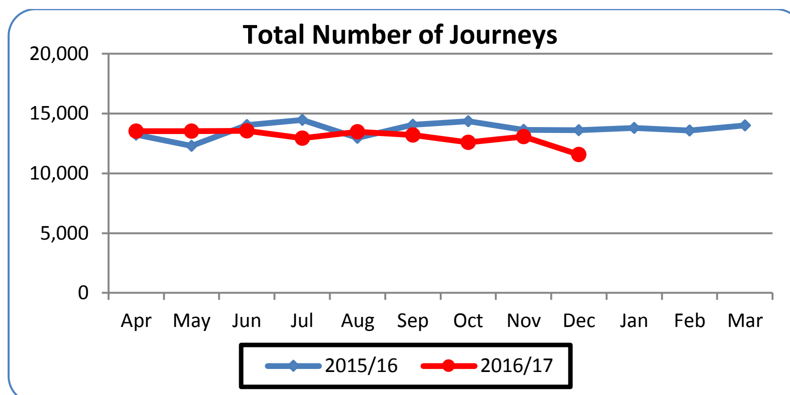
Discretionary provision such as this would need to be agreed in advance, when transport is booked.

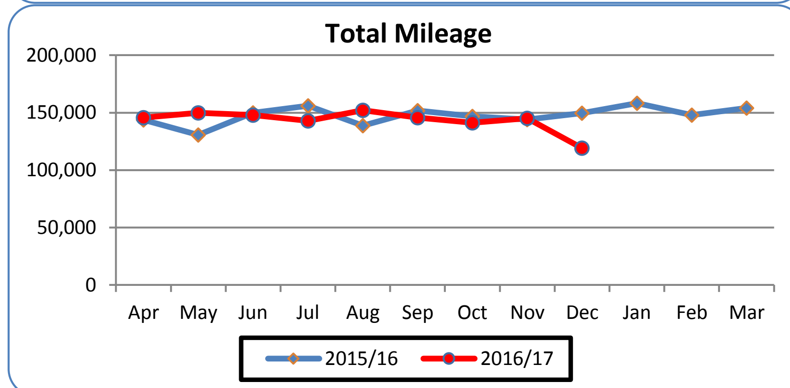
2.3 Affordability is not a qualifying factor for this service, only patients whose health would be adversely affected if travelling by other means are eligible. Financial assistance with transport is provided for through the Hospital Travel Costs Scheme.

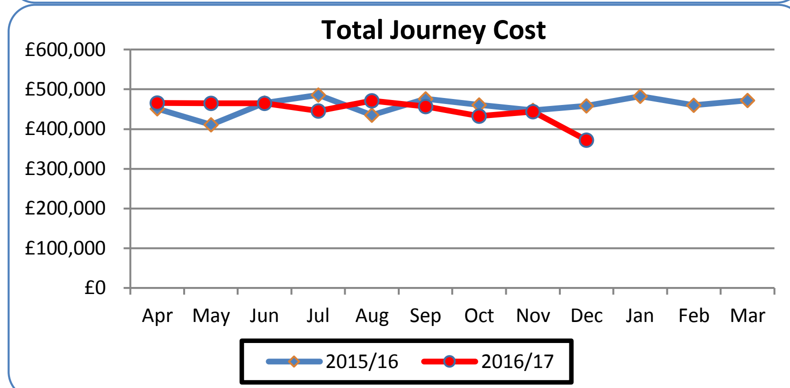
2.4 The NHS Dorset CCG Policy for Non-Emergency Patient Transport Service (NEPTS) Eligibility Criteria is available upon request.

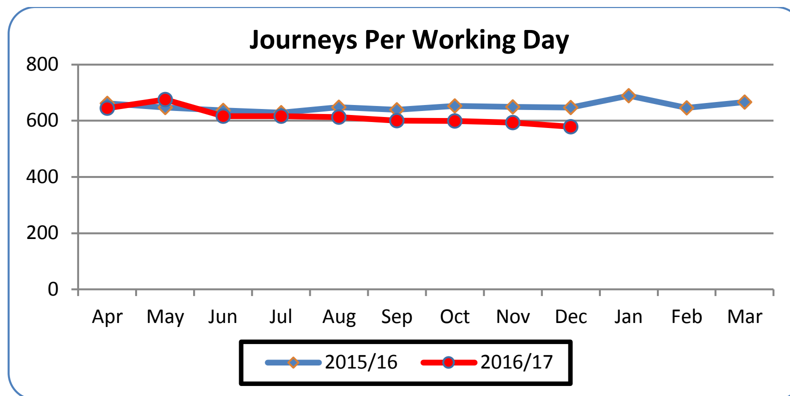
## 3. Activity and Performance

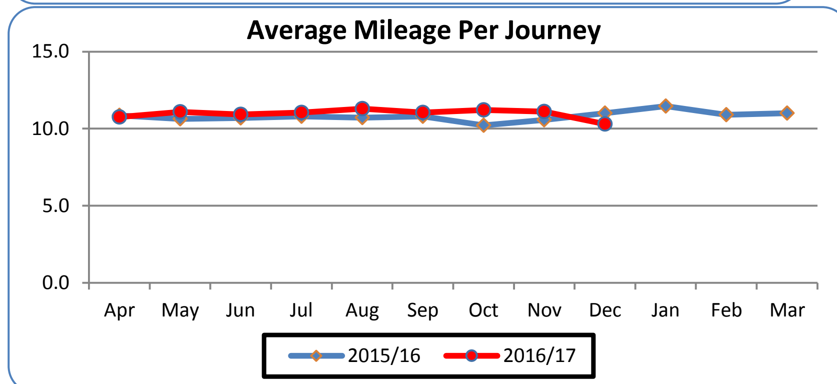
3.1 The information below comprises the activity from April to December in both 2015 and 2016. This is presented at bi monthly review meetings and is used by the CCG to monitor the performance of the contract.

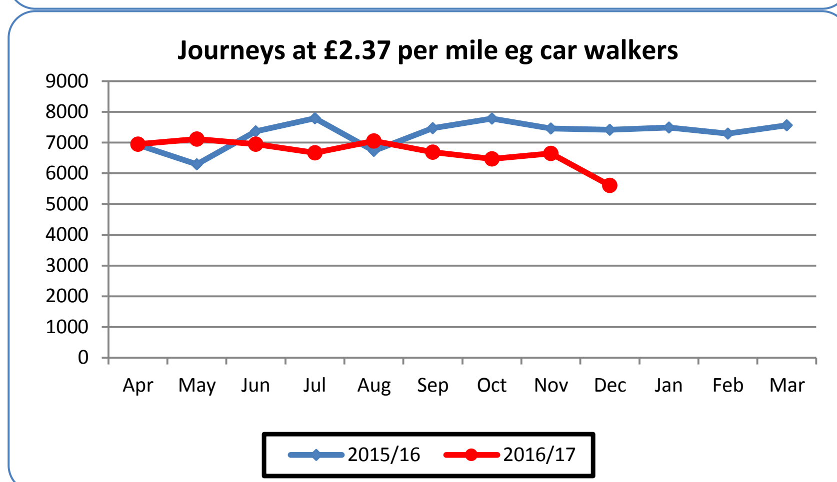


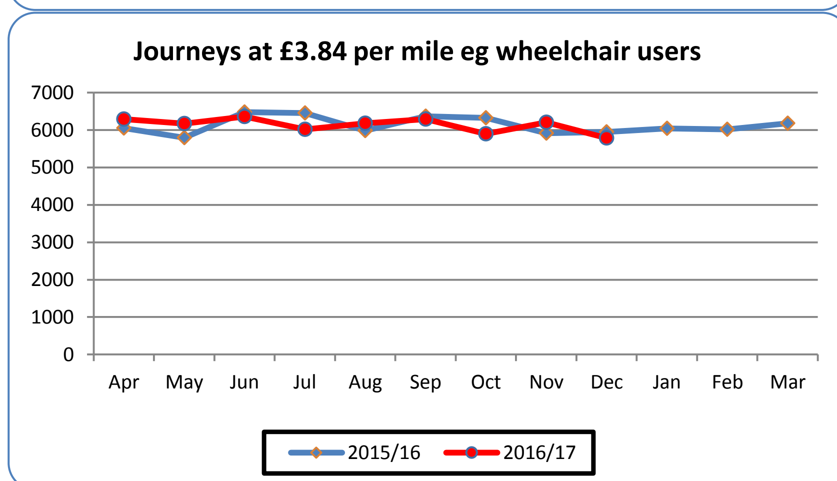



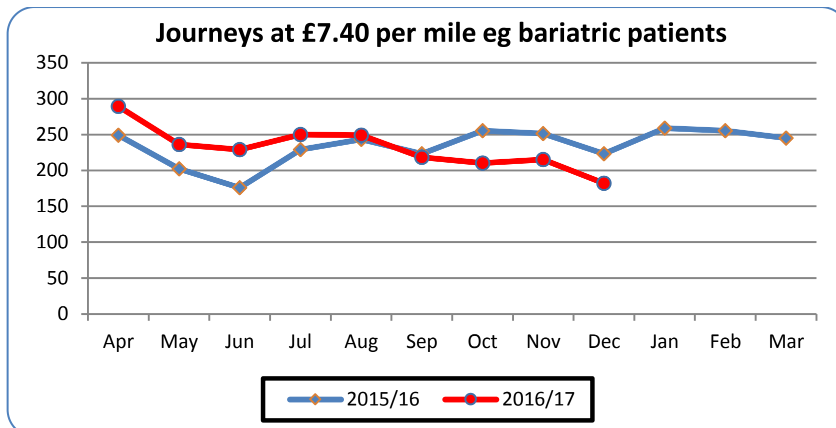




Journeys Per Working Day
800
600
400
200
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2016/17

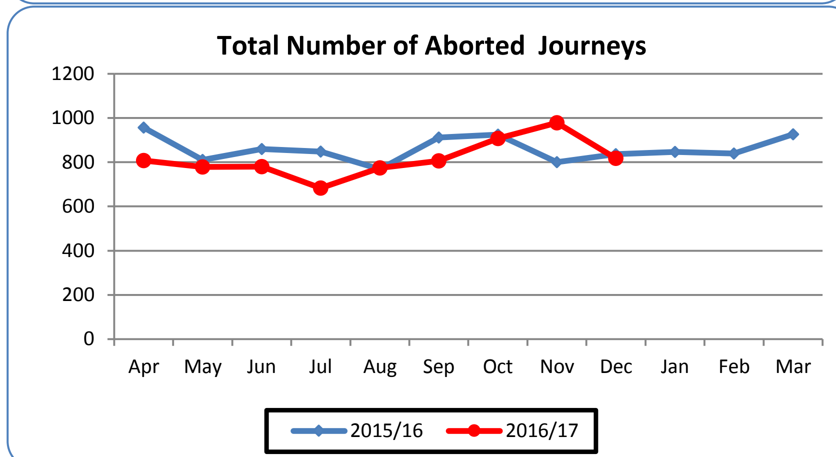

Average Mileage Per Journey
15.0
10.0
5.0
0.0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2016/17


Journeys at £2.37 per mile eg car walkers
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2016/17

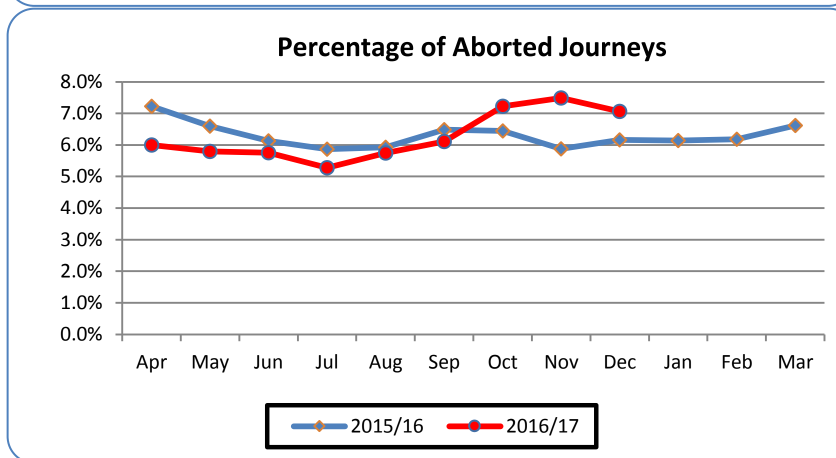

Journeys at £3.84 per mile eg wheelchair users
7000
6000
5000
4000
3000
2000
1000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2016/17



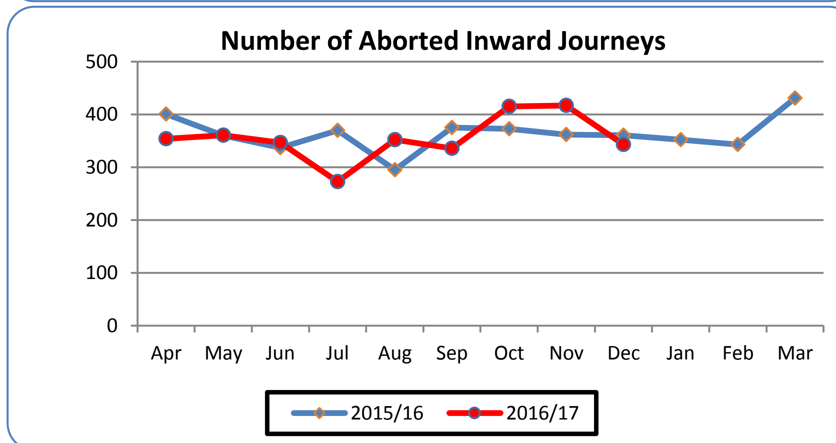
Journeys at £7.40 per mile eg bariatric patients
350
300
250
200
150
100
50
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17

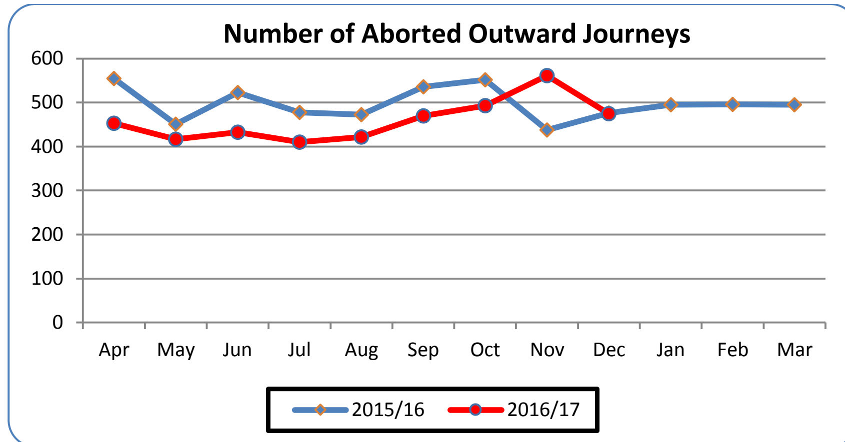
Total Number of Aborted Journeys
1200
1000
800
600
400
200
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17

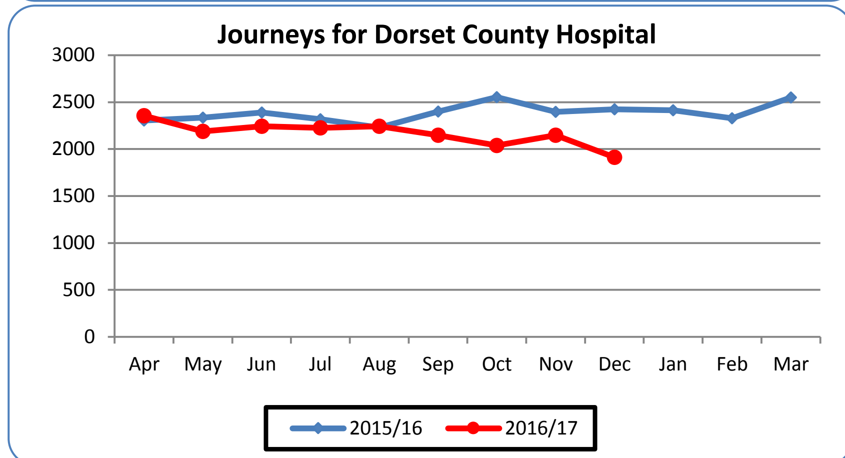



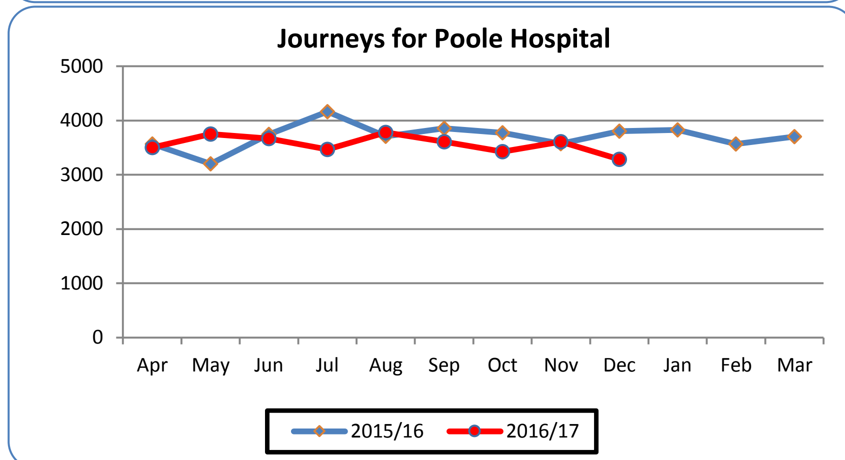
Percentage of Aborted Journeys
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17

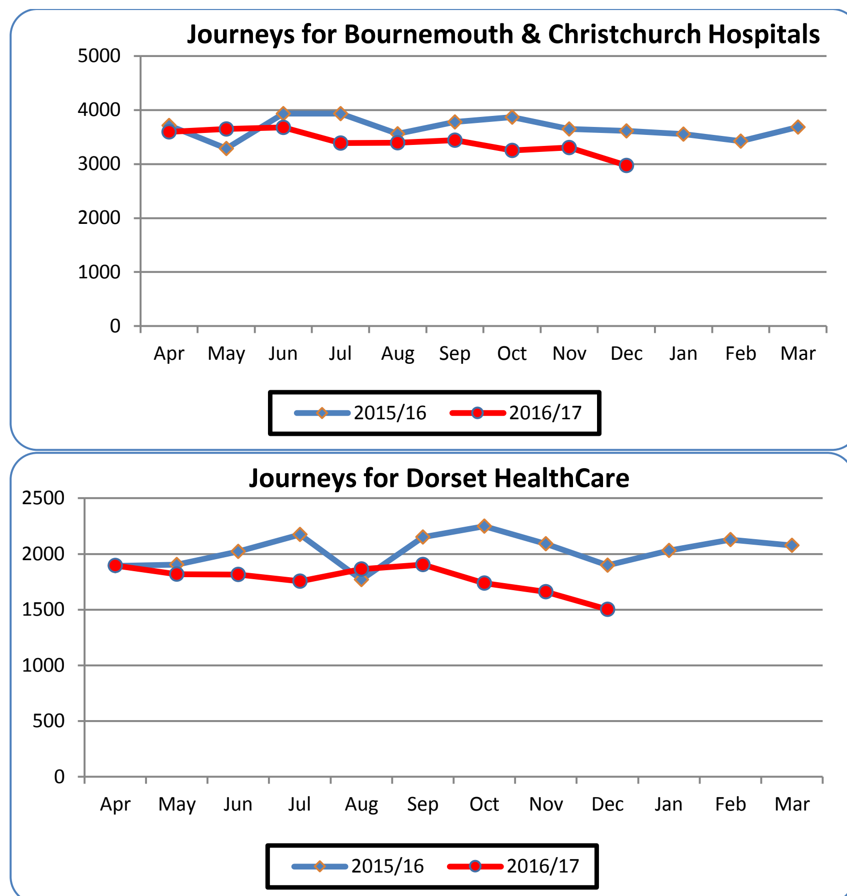



Number of Aborted Inward Journeys
500
400
300
200
100
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17


Number of Aborted Outward Journeys
600
500
400
300
200
100
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17


Journeys for Dorset County Hospital
3000
2500
2000
1500
1000
500
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17


Journeys for Poole Hospital
5000
4000
3000
2000
1000
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2015/16
2016/17




3.2 The CCG also monitors the quality of the contract against Key Performance Indicators and an agreed Quality Schedule. Performance against key performance indicators continues to improve with the majority now being achieved.

3.3 Performance against Quality Indicators is also reported against exception and areas include:

- Safeguarding
- Complaints
- Incidents
- Staffing levels and training

3.4 Complaints recorded in November 2016 and December 2016 total 3.

3.5 The CCG is working with E-Zec and local providers to reduce the level of aborted journeys and further understand what can be done to reduce these incidents.

## 4. Next Steps

4.1 NHS Dorset CCG continues to monitor all aspects of the E-zec service to ensure it continues to meet the needs of our Dorset registered patients and the providers who utilise them to transport their patients.

4.2 Work is also underway to review the eligibility criteria for this service based on best practice and criteria from other areas and consideration of the extension of the existing contract.

**Mike Wood**
**Director for Service Delivery**
**NHS Dorset CCG**

# Dorset Health Scrutiny Committee

**Dorset County Council**

| Date of Meeting | 9 March 2017 |
|---|---|
| Officer | Interim Director for Adult and Community Services |
| **Subject of Report** | **Joint Health Scrutiny Committee re Clinical Services Review – Update** |
| Executive Summary | This report provides a brief update re the Joint Committee which has been convened to scrutinise the NHS Dorset Clinical Commissioning Group's Clinical Services Review. The most recent formal Joint Committee took place on 23 February 2017. The minutes of this meeting can be found at Appendix 1.<br><br>The purpose of this meeting was for the Members to debate, consider and make comment on the final proposals, which had been submitted for formal public consultation for a period of 12 weeks, ending on 28 February 2017. In addition, members were asked to consider and comment on the consultation process.<br><br>The views were collated to form a collective response from the Committee for submission to the CCG by 28 February 2017.<br><br>A further meeting of the Joint Health Scrutiny Committee has been convened for 23 March 2017, to enable the Committee to formulate a response to the separate consultation which is taking place with regard to the Mental Health Acute Care Pathway Review.<br><br>After the consultation has ended, a further meeting will be convened with the CCG to review the process. |
| Impact Assessment: | Equalities Impact Assessment:<br>Not applicable. |

| | |
|---|---|
| | Use of Evidence:<br>Minutes of Joint Health Scrutiny Committee meeting on 23 February 2017. |
| | Budget:<br>Not applicable. |
| | Risk Assessment:<br>Current Risk: LOW<br>Residual Risk LOW |
| | Other Implications:<br>None. |
| Recommendation | 1 That members note and comment on the report. |
| Reason for Recommendation | The Committee supports the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. |
| Appendices | 1 Minutes of Joint Health Scrutiny Committee 23 February 2017 |
| Background Papers | Committee papers – Joint Health Scrutiny Committee:<br>http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268 |
| Officer Contact | Name: Ann Harris, Health Partnerships Officer, DCC<br>Tel: 01305 224388<br>Email: a.p.harris@dorsetcc.gov.uk |

**Helen Coombes**
**Interim Director for Adult and Community Services**
March 2017

# Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held at  on Thursday, 23 February 2017.

**Present:**
Ronald Coatsworth (Chairman)
Ros Kayes, Vishal Gupta, Jane Newell, Rae Stollard, Phillip Broadhead, Roger Huxstep and David Harrison.

Officer Attending: Jason Read (Democratic Services Officer), Ann Harris (Health Partnerships Officer) and Helen Coombes (Interim Director for Adult and Community Services).

Others attending:
Tim Goodson, Chief Officer, NHS Dorset CCG
Dr Phil Richardson, Director of Transformation, CCG
Debbie Fleming, Chief Executive, Poole Hospital
Patricia Miller, Chief Executive for Dorset County Hospital
Sally Sandcraft, Deputy Director Review Design and Delivery, CCG
Sally Shead, Director of Nursing and Quality
Charles Summers, Director of Engagement and Development

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Cabinet to be held on **Thursday, 23 March 2017**.)

**Apologies for Absence**

1 Apologies for absence were received from David d'Orton-Gibson (Bournemouth Borough Council), Jennie Hodges (Borough of Poole), Linda Vijeh (Somerset County Council), Hazel Prior-Sankey (Somerset County Council), John Parnham (Somerset County Council) and Chris Carter (Hampshire County Council).

**Code of Conduct**

2 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

**Minutes**

3 The minutes of the meeting held on 27 October 2016 were confirmed and signed.

**Public Participation**

4 Public Speaking
There were three public questions asked at the meeting in accordance with Standing Order 21(1). The questions and responses are attached as an appendix to these minutes.

Mrs Claudia Sorin read a statement which outlined the impact that the proposals in the Clinical Services Review consultation document  could potentially have on the transport arrangements for the Kingfisher Group and other service users. She also highlighted some data that had been obtained via a survey regarding the matter.

Petitions
There were no petitions received at the meeting in accordance with the County

Council's Petition Scheme.

**NHS Dorset Clinical Commissioning Group Clinical Services Review - Response to the Formal Consultation**

5 The Committee considered a report by the Interim Director for Adult and Community Services, Dorset County Council. The Committee agreed that a themed approach to the meeting would ensure progressive discussions and help formulate a structured response to the consultation.

Acute Care

The Committee were reminded that Dorset, Bournemouth and Poole currently had three hospitals that were all under significant and unsustainable pressure. The proposals detailed in the consultation aimed to ease pressure of on all three locations and provide a more consistent approach to service delivery across the County. This would provide better outcomes for patients and enable consultants to be available in the specialist areas where they were needed across all three locations.

Representatives of Dorset explained that their overall consideration was to have the major emergency care option in Poole (Option A in the CCG's consultation document) based on the length of travel times for residents living in the West of the County. Concerns were raised by Poole representatives that the travel data in the consultation document was not accurate. The CCG explained that the travel data in the report was based on travel under blue light to nearest working A&E and that Purbeck and Dorchester residents' nearest A&E would still be Dorchester.

Representatives of Bournemouth felt that it was important to consider the expansion potential for each site, and whilst the Poole option seemed sensible in many ways, the Bournemouth site had more potential for expansion, which in turn meant the potential for a wider range of improved services in the future.

Representatives of Hampshire explained that they felt Option B as detailed in the consultation document was the most sensible approach. They felt that it would enable residents from across the County to access a full range of services and that these services would be enhanced as a result of the proposed changes.

Some of the Dorset representatives felt that Bridport's rural transport issues had not been taken into account in the modelling and similar concerns had been raised by residents based in North Dorset. It was felt that Poole is easier to access than Bournemouth from these areas of Dorset.

The CCG clarified that Dorchester would remain the first point of call for residents in Bridport and that sending all patients to Poole and Bournemouth was not the intention of the proposals. It was noted that many serious cases would continue to go out of County, which was the current arrangement. The CCG explained that the proposals were based less around travel times and more around ensuring the highest standards of patient care was met on arrival. It was also noted that ambulance crews would always stabilise patients before transporting them. It was felt that the extra travel time for some residents would be 'trumped' by the improved quality of services that would be provided by the proposals in the consultation. Concerns were raised that whilst it made sense to travel slightly further for better care, ambulances would still have to make the return journey, which would inevitably be made longer, and this would impact on patients requiring quick responses. The CCG explained that they had spoken extensively with the Ambulance Trust and they had no concerns over the proposals. A wide range of medical professionals had agreed that improved clinical outcomes with higher levels of consultant support significantly outweighed the extended travel times and many of the consultation responses had supported this logic.

Maternity and Paediatrics.
The CCG explained that the aim of the proposals for maternity and paediatric care focussed on providing specialist services in the same location. It was noted that the current model in Dorset was not sustainable. Work was on-going between Dorset County Hospital and Yeovil Hospital to consider opportunities to combine working arrangements. There would also be an increased focus on home births and providing better care for mothers in the community.

Representatives of Poole and Dorset raised concerns over travel times for high risk mothers and seriously ill children. They explained that if children were unwell, many mothers would drive to the nearest hospital themselves and were unlikely to call an ambulance. Therefore, the blue light travel data did not accurately reflect the travel times for these types of scenarios. The CCG accepted the concerns but explained that the same scenario would occur for residents in other parts of the County, depending on which option was used and there was not a 'one size fits all' approach that could be taken. It was felt that the proposals in the consultation provided a balanced approach across the County and focussed on ensuring high standards of services delivery. Representatives of Bournemouth agreed that travelling slightly further would be acceptable if it meant receiving a higher standard of care.

Care Closer to Home
Concerns were raised regarding Westminster Hospital in Shaftesbury having beds removed. Some representatives of Dorset felt that proper consideration had not been given to next 10-15 years and in particular the housing developments and population increase in the area. The CCG clarified that they were proposing to keep a Hub open in the Shaftesbury and Gillingham area but it was not yet certain which of the sites would be the best location. It was noted that an enhanced focus would be put on care at home which would decrease the demand for community hospitals. Work was being undertaken with the care market to adopt flexible approach to the use of beds depending on demand and this would be adaptable based on population changes. It was noted that a similar approach had been taken in Lyme Regis following the closure of a community Hospital and the arrangements had been successful. They had been operating with the model for over 25 years and it was considered to be working very well and providing adequate services for the area.

Dorset representatives raised concerns with the level of details around the care at home options in the consultation and in particular, the finance information. Detailed plans were not yet available and it was felt that councillors were unable to comment fully on the proposals without seeing detailed plans, staffing levels and finance information. The CCG confirmed work was being undertaken to improve recruitment across Dorset.

Consultation Process
Some representatives of Poole felt that the consultation process had been inconclusive and poorly researched. Dorset representatives explained that numerous concerns had been raised in regards to the telephone polling element of the consultation and in particular, that residents felt that a detailed back ground had not been provided and the questions asked were leading and did not give a sense of the true implications of the proposed changes. Similar complaints had been raised about the drop in events and that residents felt their views had not been properly recorded.

The CCG explained that the consultation had been a very vigorous and comprehensive exercise and the feedback received contradictory to the issues raised by councillors. The CCG had worked with the Consultation Institute to seek reassurance as to the validity and sufficiency of the consultation. The drop in events had received very positive feedback and many had found them to be informative and

beneficial. Representatives of Hampshire confirmed that their drop in events had been very successful and had received positive responses. They had been both well served and well attended.

**Resolved**

1. That a formal response from the Joint Health Scrutiny Committee to the consultation being undertaken by NHS Dorset Clinical Commissioning Group would be drawn up on the basis of the discussions which took place at the meeting. Once agreed by all members of the Committee, that response would be submitted to the CCG.

Meeting Duration: 2.00 pm - 4.15 pm

# Dorset Health Scrutiny Committee

**Dorset County Council**

| Date of Meeting | 9 March 2017 |
|---|---|
| Officer | Pauline Swann, Vascular Programme Manager, NHS England South (Wessex) |
| **Subject of Report** | **Changes to the provision of Specialist Vascular Services** |
| Executive Summary | A briefing paper regarding changes to the provision of specialist vascular services across Dorset and Wiltshire was provided for Dorset Health Scrutiny Committee on 21 December 2016. Members requested further information and this report provides an update of progress.<br><br>The Vascular Society of Great Britain and Ireland (VS) undertook an independent expert review of the current vascular services configuration and proposals of the Dorset and Wiltshire Vascular Network, the final recommendations from which will be presented to the Vascular Steering Group on 13 March 2017.<br><br>In summary, the Vascular Society were supportive of the direction of travel and believed that the Dorset and Wiltshire Vascular Network would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. From a patient safety and service perspective, they emphasized the need to complete the transfer of all major elective arterial procedures to the Major Arterial Centre (at Royal Bournemouth Hospital) as soon as possible.<br><br>Communication and engagement with a range of stakeholders is being undertaken and it is intended to establish a patient reference group to support implementation of any proposals recommended by the review. |
| Impact Assessment: | Equalities Impact Assessment: N/A – Report provided by NHS England |

| | |
|---|---|
| | Use of Evidence:<br><br>Report provided by NHS England |
| | Budget:<br><br>None (for DCC). |
| | Risk Assessment:<br><br>Current Risk: LOW (for DCC)<br>Residual Risk: LOW (for DCC) |
| | Other Implications:<br><br>N/A |
| Recommendation | That Members note and comment on the report. |
| Reason for Recommendation | The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent. |
| Appendices | None. |
| Background Papers | Briefing paper to Dorset Health Scrutiny Committee, 21 December 2016 (please see agenda item 61):<br>Briefing reports DHSC 21 December 2016 |
| Officer Contact | Name: Pauline Swan, Vascular Programme Manager, NHS England South (Wessex)<br><br>Email: pauline.swan1@nhs.net |

## 1 Background

1.1 In March 2013, the National Service Specification (NSS) for Specialised Vascular Services stated that there was strong evidence that death from planned surgery for aneurysm is "significantly less in centres with a high caseload than in hospitals that perform a lower number of procedures".

1.2 This was based on recommendations from the Vascular Society of Great Britain and Ireland POVS12[1] report in which they set out the need for hospitals to collaborate in a

[1] VSGBI "The Provision of Services for Patients with Vascular Disease 2012"

network to provide patients care. As part of this collaboration there is a requirement for the network to decide upon a single hospital which will provide both planned and emergency arterial vascular surgical care, and a requirement that all major arterial intervention is performed on the designated arterial site.

## 2 Dorset and Wiltshire Vascular Network

**<u>Establishment of the network</u>**

2.1 A Dorset and Wiltshire Vascular Network (DWVN) was established in 2010, as agreed by the then South West Strategic Health Authority and in 2012 the following arrangement for services was proposed:

| | Hospital | Designation |
|---|---|---|
| RBH | Royal Bournemouth Hospital | Major Arterial Centre (MAC) |
| JGH | Jersey General Hospital | Non-Arterial Centre (NAC) |
| PHFT | Poole Hospital | Non-Arterial Centre (NAC) |
| DCH | Dorset County Hospital NHS Trust (Dorchester) | Non-Arterial Centre (NAC) |
| SDH | Salisbury District Hospital NHS Foundation Trust | Non-Arterial Centre (NAC) |

2.2 Following the Vascular Society report, the requirement for and need for formalisation of the DWVN was recognised, and was supported by all three Trust Management Teams with the establishment of a Steering Group to oversee implementation. As the emerging network model allowed for only one ‘hub’, it was agreed in December 2012 that Royal Bournemouth Hospital (RBH) would become the arterial centre and Dorchester and Salisbury’s hospitals would become ‘spokes’.

2.3 In June 2012 a draft of the National Specifications, based upon the Vascular Society’s recommendations, was issued. In December 2012 a Dorset and Wiltshire Vascular Network was duly recommended.

2.4 This proposed RBH as the single arterial network hub undertaking all elective arterial surgery and complex vascular interventional radiology. Salisbury and Dorchester would be spokes with weekday (0900-1700) vascular presence (including DCH renal access surgery), and elective vascular interventional radiology. This would include centralisation of the emergency rota which was then operated as a 1:7 flipping between Bournemouth and Salisbury. The proposal was approved.

2.5 The first step in creating the network, was to centralise emergency on call at RBH in December 2013. A 1:7 rota was established, including vascular surgeons from Bournemouth, Dorchester and Salisbury Hospitals. Additional related out of hours procedures were also centralised at Bournemouth.

**<u>Activity to complete the programme of reconfiguration</u>**

2.6 The Dorset and Wiltshire Vascular Network Vascular Implementation Board (VIB) was established in October 2015 to oversee completion of the transfer of major arterial services to RBH.

2.7 It was clearly recognised by the VIB that a sustainable vascular service requires a minimum of six vascular surgeons and six vascular interventional radiologists to provide 24/7 emergency vascular on call. This was the rationale for centralisation of emergency services to one site. It was also clearly recognised that to provide elective vascular services without 24/7 on site emergency vascular services was an unacceptable risk.

2.8 None of the sites on its own has a population size which would make a 1:6 rota financially viable. Equally, there would be insufficient procedures for three sites to ensure surgeons maintained their current skill base by undertaking the recommended minimum number of procedures.

2.9 The population of Dorset for 2015 is estimated at 762,400 and the Community Areas (CA) surrounding Salisbury, including Salisbury itself, have a population of around 106,000 making a total of 868,400. The population of Jersey is just over 100,000 making the total population served nearly 1m. When the higher than average percentage of people aged 65 years or over is factored in (particularly in Dorset), the population to be served is substantial.

2.10 Whilst Jersey and Poole do not have an on-site vascular surgical service, Dorchester and Salisbury do have their own vascular surgeons (two and one respectively, plus two general surgeons who continue to undertake some elective vascular procedures). Bournemouth has four vascular surgeons.

2.11 Bournemouth currently acts as a Major Arterial Centre (MAC) for emergency vascular services (centralised in 2013) for all hospitals. The Dorchester and Salisbury vascular surgeons make up a 1:7 emergency on call rota with those from Bournemouth (although one from the latter has been on long term sick leave).

2.12 The vascular surgeons based at both Dorchester and Salisbury carry out some elective surgery at Bournemouth and some at their own hospitals, with local surgeons providing informal emergency on call when elective surgery is undertaken. Salisbury also undertake Abdominal Aortic Aneurysm (AAA) screening on behalf of the network.

2.13 All AAA procedures have now been transferred to Bournemouth and it is planned that the small number of remaining major elective arterial procedures will transfer to RBH by a date to be confirmed. Work is also progressing to ensure that vascular services are available at all the Non-Arterial Centre sites to support dependent services as needed, and to allow for patients to have vascular outpatient appointments and investigations carried out at the spoke sites. For elective (planned) surgery, in line with national policy on patient choice, patients in the geography can choose to access care at other hub sites.

## 3 Progress Update

3.1 The Vascular Society of Great Britain and Ireland (VS) undertook an independent expert review of the current vascular services configuration and proposals of the Dorset and Wiltshire Vascular Network, to make recommendations for finalisation of reconfiguration.

They visited Bournemouth and Salisbury sites, with plenary sessions and individual sessions with key personnel from Dorchester and Poole as appropriate. They also had a tour of the on site vascular facilities and met with the vascular teams.

The draft report was reviewed at the Vascular Implementation Board on 13th February 2017 and recommendations and responses will be presented to the Vascular Steering Group on 13th March 2017, after which the final report will be issued to stakeholders.

In summary, the VS were supportive of the direction of travel and believed that the DWVN would provide a strategically sustainable vascular network for the patient cohort within Dorset and Wiltshire. From a patient safety and service perspective, they emphasized the need to complete the transfer of all major elective arterial procedures to the MAC as soon as possible.

3.2 The new job plans for network surgeons at RBH were implemented from the beginning of January 2017 and all DCH elective procedures have now transferred.

3.3 The communications and engagement workstream established to ensure strong public, patient, staff and clinical engagement is in place. This group includes Dorset and Wiltshire Healthwatch. A patient survey began on 1st January 2017 and is planned to run for three months. Following this, it is intended to establish a patient reference group to support implementation of any proposals recommended by the review.

3.4 The numbers of patients affected by the services changes are small and we are engaging directly with patients and representative groups (diabetes UK; stroke association) about what matters to them before further service changes are implemented. We are undertaking an audit of 16/17 patient numbers to end March 2017 to ensure volume data is current and confirm capacity planning at the MAC.

## 4 Next Steps

1) Complete internal review of VS recommendations and issue final report to stakeholders.

2) Implement VS recommendations as appropriate, within the umbrella of CSR approved proposals.

3) Complete service level definitions at NACs and sign off pathways and protocols.

4) Transfer remaining major elective vascular procedures to MAC.

**Dorset Health Scrutiny Committee – Forward Plan, March 2017**

| **Committee: 9 March 2017** | | | |
|---|---|---|---|
| Format | Organisation | Subject | Comments |
| | | | |
| Report | The Care Quality Commission | CQC Inspections of GP surgeries in Dorset | To look at the outcomes of local inspections and the quality of GP services |
| Report | NHS Dorset Clinical Commissioning Group | Primary Care Commissioning Strategy | Following report to Committee on 6 September 2016 and 21 December 2016 |
| Report | Dorset County Hospital | Update re action plan following the CQC inspection carried out in March 2016 | Following report to Committee on 6 September 2016 |
| Report | NHS Dorset Clinical Commissioning Group | Non-emergency patient transport services | To provide further information re progress and performance, following report to Committee on 6 September 2016 |
| Report | Joint Health Scrutiny Committee | Clinical Services Review – update | To provide an update regarding progress, as appropriate |
| Report | NHS England | Changes to the provision of specialist Vascular Services | To provide an update regarding progress, following a briefing to Committee on 21 December 2016 |
| Forward Plan | Dorset Health Scrutiny Committee | Forward Plan – Dates of future meetings, including planned agenda items | To raise awareness of and agree future agenda items, meetings, workshops and seminars. |
| **Items for information or note** | | | |
| Briefing | NHS England | Changes to services for individuals with Cystic Fibrosis | To provide an update regarding progress, following a briefing to Committee on 21 December 2016 |
| Briefing | Joint Health Scrutiny Committee | South Western Ambulance Service NHS Foundation Trust | To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT |

| Committee: 16 June 2017 | | | |
|---|---|---|---|
| Format | Organisation | Subject | Comments |
| | | | |
| Report | Dorset Health Scrutiny Committee | DHSC ToR | To refresh ToR, if appropriate |
| Report | Dorset Health Scrutiny Committee | Appointments to Committees and sub-Committees | Following any changes to membership in May 2016 |
| Report | Dorset Health Scrutiny Committee | Annual Work Programme | To agree the Programme discussed at annual workshop |
| Report | Dorset County Hospital NHS Foundation Trust | Update regarding Dorset County Hospital's organisational Strategy | As requested following report to Committee on 14 November 2016 |
| Report | Dorset HealthCare University NHS Foundation Trust | Outcome of the CQC inspection of Addiction Services (13/12/16) | Following CQC inspection on 13 December 2016 - TBC |
| Report | Joint Health Scrutiny Committee | Clinical Services Review – update | To provide an update regarding progress, as appropriate |
| Forward Plan | Dorset Health Scrutiny Committee | Forward Plan – Dates of future meetings, including planned agenda items | To raise awareness of and agree future agenda items, meetings, workshops and seminars. |
| **Items for information or note** | | | |
| Briefing | Dorset Health Scrutiny Committee | Quality Accounts – commentaries from Dorset Health Scrutiny Committee | Annual report |
| Briefing | Joint Health Scrutiny Committee | South Western Ambulance Service NHS Foundation Trust | To provide an update regarding the progress and/or outcome of the Joint Committee considering issues relating to services provided by SWASFT |

| **Committee: 4 September 2017** | | | |
|---|---|---|---|
| Format | Organisation | Subject | Comments |
| | | | |
| Report | Joint Health Scrutiny Committee | Clinical Services Review – update | To provide an update regarding progress, as appropriate |
| Forward Plan | Dorset Health Scrutiny Committee | Forward Plan – Dates of future meetings, including planned agenda items | To raise awareness of and agree future agenda items, meetings, workshops and seminars. |

| **Agenda planning meetings (Officers' Reference Group only)** | | | |
|---|---|---|---|
| **Date (to be confirmed)** | **Venue** | **Papers required by Health Partnerships Officer** | **Papers dispatched and published on-line by Democratic Services** |
| 30 March 2017 (for Committee on 16 June 2017) | County Hall, Committee Room 6 | 25 May 2017 | 8 June 2017 |
| 26 June 2017 (for Committee on 4 September 2017) | County Hall, Committee Room 6 | 10 August 2017 | 24 August 2017 |
| 12 September 2017 (for Committee on 13 November 2017) | County Hall, Newberry Room (Colliton Club) | 20 October 2017 | 3 November 2017 |

| **Workshops and development sessions (all DHSC Members)** | | | |
|---|---|---|---|
| **Date** | **Venue** | **Topic** | **Comments** |
| June / July 2017 | TBC | DHSC induction workshop | To support newly elected Members following Council elections in May 2017 |

**Committee dates 2017: 9 March; 16 June; 4 September; 13 November**

Ann Harris, Health Partnerships Officer, March 2017

This page is intentionally left blank

# Dorset Health Scrutiny Committee

**Dorset County Council**

| Date of Meeting | 9 March 2017 |
|---|---|
| Officer | Helen Coombes, Interim Director for Adult and Community Services |
| **Subject of Report** | **Briefings for information / note** |
| Executive Summary | The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.<br><br>For the current meeting the following information briefings have been prepared:<br><br>• Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England)<br><br>• Minutes of the Joint Health Scrutiny Committee meeting to scrutinise matters pertaining to the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (23 January 2017) (Please follow link to minutes under Appendix 2) |
| Impact Assessment: | Equalities Impact Assessment:<br><br>Not applicable. |
| | Use of Evidence:<br><br>Report provided by University Hospital Southampton; Minutes provided by Borough of Poole |

| | |
|---|---|
| | Budget:<br><br>Not applicable. |
| | Risk Assessment:<br><br>Current Risk: LOW (for DCC)<br>Residual Risk: LOW (for DCC) |
| | Other Implications:<br><br>None. |
| Recommendation | That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting. |
| Reason for Recommendation | The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence. |
| Appendices | 1. Changes to the provision of health services for individuals with Cystic Fibrosis (commissioned by NHS England)<br><br>2. Minutes of the Joint Health Scrutiny Committee meeting to scrutinise matters pertaining to the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (23 January 2017): Joint Scrutiny Meeting- NHS 111 Services provided by SWASFT 23 Jan 2017 |
| Background Papers | Briefing paper to Dorset Health Scrutiny Committee, 21 December 2016 (please see agenda item 61):<br>DHSC Briefing papers 21 Dec 2016 |
| Officer Contact | Name: Ann Harris, Health Partnerships Officer<br>Tel: 01305 224388<br>Email: a.p.harris@dorsetcc.gov.uk |

**Appendix 1**

University Hospital Southampton
NHS Foundation Trust

# Wessex adult cystic fibrosis service reconfiguration update

## 1. Introduction

Representatives from the Wessex Cystic Fibrosis (CF) service met with the chair of the Dorset Health Scrutiny Committee on the 1st December 2016 in order to informally discuss upcoming changes in relation to the CF service. A briefing from this meeting was provided to the Committee and discussed at a Committee meeting in December.

## 2. December/January/February Update

| Action taken/Update | Responsible provider |
|---|---|
| Bridging plan for the adult inpatient (IP) service to be relocated to University Hospital Southampton (UHS) on 1.2.2017 and outpatient (OP) clinics being maintained at Poole Hospital has been agreed whilst discussions with appropriate HOSCs, patient and staff engagement/consultation continue to take place regarding long term option. | NHSE |
| Poole consultant leaves current post on 1.2.2017. UHS and Poole working to transfer inpatient to UHS in readiness for this date. | UHS/PHFT |
| Patient engagement has commenced with 2 webinar events. These were hosted by NHSE with representatives from both providers (clinical and managerial). | NHSE |
| Regular communications to patients has taken place throughout December and January to inform patients of the changes, the options being presented and how they can express their views in a number of ways. This has included three communication briefs, a very detailed letter about both the bridging plan, the rationale and the options going forwards along with a FAQ sheet. | NHSE/UHS |
| Staff consultation commenced in Poole to inform staff working in the current Poole service about the changes to the service and how this will affect their current contract. The consultation has subsequently finished. | PHFT |
| As part of the agreed bridging plan, all Poole inpatients have transferred to UHS, all new admissions from Dorset are now being admitted to UHS. All inpatients have received a welcome pack and feedback is being collated from patients and relatives as part of UHS working practice. | UHS |
| Outpatients continue to be run from Poole Hospital. Poole Hospital can accommodate the CF outpatient service until April. UHS continue to try and source alternate outpatient accommodation but this is proving difficult currently as capacity is limited for the CF requirements (5 rooms on same day) | UHS |

**Patient engagement feedback so far**

All adult people with CF have been given the opportunity to join an on line meeting, to make an appointment to meet either provider and they have all been given an e-mail address to send written information and comments into, as well as a telephone number to ring in. The first webinar with the Dorset CF patients took place on 16th December in the afternoon. The webinar was hosted by NHS England with support from both the clinical lead at UHS, senior manager representation from both UHS and Poole and the CF trust. The second of two webinars took place on the 4th January early evening. There was a small on line turn out with approx 2-3 patients online at any one point on both occasions. All patients who attended on line prefer service model 2, which is that inpatient move to UHS and OP to be provided within Dorset along with provision of a community service.

Themes from these two events included:

- Funding. Is this being done to save money?
- Practicalities of services to be provided at UHS. Do UHS have the same facilities as Poole for an inpatient staying at the hospital
- Decision process going forwards. How long will this take?

**3. Next Steps**

| Action | Responsible provider | By when? |
|---|---|---|
| Patient engagement continuation – all patients to be sent a survey asking for their comments | NHSE | 28th February 2017 |
| Completion of Staff consultation | PHFT | 18th March |
| Letter to be sent to all HOSC chairs | NHSE | 31st January |
| Review of all patient feedback | NHSE | 14th March |
| Transfer of inpatients from PHFT to UHS | UHS | 1st February |
| Decision regarding Long term commissioning arrangements | NHSE | 31st March |

Victoria White – Care Group Manager, UHS
Sian Summers – Senior Commissioning Manager, NHSE

February 16th 2017