NHS Dorset ICB Board Part 1 (Public) meeting

Thu 07 March 2024, 10:00 - 13:30

Boardroom, 1st Floor, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TS

If you are unable to attend, please notify Steph Lower (stephanie.lower@nhsdorset.nhs.uk)

Jenni Douglas-Todd
ICB Chair

Agenda

10:00 - 10:05
5 min

1. Formalities

1.1. Welcome, apologies and quorum

Verbal *Chair*

- Matthew Bryant, ICB Board Provider Trust Partner Member
- Sam Crowe, Director of Public Health for Dorset and BCP Councils
- Graham Farrant, Chief Executive, BCP Council
- Spencer Flower, ICB Board Local Authority Partner Member (Dorset Council)
- Paul Johnson, ICB Chief Medical Officer
- Matt Prosser, Chief Executive, Dorset Council
- Vikki Slade, ICB Board Local Authority Partner Member (BCP Council)
- Jon Sloper, Chief Executive, Help and Kindness

1.2. Declarations of Interest

Verbal *Chair*

1.3. Minutes of the Part 1 meeting held on 11 January 2024

Enclosure for Approval *Chair*

01.3 ICB Board Minutes DRAFT Part 1 110124 V1.pdf (9 pages)

1.4. Action Log from the Part 1 meeting held on 11 January 2024

Enclosure for Approval *Chair*

01.4 ICB Board Part One Action Log for 070324.pdf (2 pages)

Standing Items

10:05 - 10:35
30 min

2. Board Story - Family Hubs and Early Help, Bournemouth, Christchurch and Poole (BCP) Council

Presentation *Jillian Kay, Corporate Director for Wellbeing, BCP Council*

10:35 - 10:50
15 min

3. Acting Chief Executive Officer Report

Enclosure for Noting *David Freeman, Acting Chief Executive Officer*

What are the current local and national developments that impact the Dorset Integrated Care System?

- 03 Acting CEO Report 070324.pdf (16 pages)

10:50 - 11:05
15 min

4. Quality Report

Enclosure for Assurance *Debbie Simmons, Chief Nursing Officer*

What are the key quality and safety issues within the services commissioned by NHS Dorset ICB and what issues are being escalated to the Board?

- 04 Quality Report February 2024 070324.pdf (7 pages)
- 04 x Appendix 1 070324.pdf (11 pages)

11:05 - 11:20
15 min

5. Dorset ICS Finance Update

Enclosure for Assurance *Rob Morgan, Chief Finance Officer*

How well is the Dorset system performing financially and what issues are being escalated to the Board?

- 05 Dorset Integrated Finance Report 070324.pdf (6 pages)
- 05 x Appendix 1 070324.pdf (6 pages)

11:20 - 11:35
15 min

6. System Performance Report

Enclosure for Assurance *Dean Spencer, Chief Operating Officer*

How well is the Dorset system performing operationally and what issues are being escalated to the Board?

- 06 System Performance Report 070324.pdf (8 pages)
- 06 x Appendix 1 070324.xlsx (1 pages)
- 06 x Appendix 2 070234.pdf (54 pages)

11:35 - 11:45
10 min

Break

11:45 - 12:00
15 min

7. Committee Escalation reports

Enclosures for Discussion *Committee Chairs*

What are the key themes the Board wishes to discuss arising from the Committees as a whole?

- 07 Escalation Report ICP Jan to March Board 070324.pdf (2 pages)
- 07 Escalation Report PECC Feb to March Board 070324.pdf (2 pages)
- 07 Escalation Report PEOC Feb to March Board 070324.pdf (1 pages)
- 07 Escalation Report PPC Feb to March Board 070324.pdf (2 pages)
- 07 Escalation Report QESC Feb to March Board 070324.pdf (2 pages)
- 07 Escalation Report RAC Feb to March Board 070324.pdf (1 pages)
- 07 Escalation Report SOC Feb to March Board 070324.pdf (1 pages)

Items for Decision

12:00 - 12:20
20 min

8. Joint Forward Plan Review and Refresh

Enclosure for Approval *Neil Bacon, Chief Strategy and Transformation Officer*

Does the Board approve the approach to the Joint Forward Plan review and refresh?

08 Joint Forward Plan Review and Refresh 070324.pdf (7 pages)

12:20 - 12:35
15 min

9. Clinical Plan

Enclosure for Approval *Alyson O'Donnell, Deputy Chief Medical Officer*

Does the Board approve the Clinical Plan?

09 Clinical Plan 070324.pdf (7 pages)
09 x Appendix 1 070324.pdf (12 pages)
09 x Appendix 2 070324.pdf (5 pages)
09 x Appendix 3 070324.pdf (1 pages)

12:35 - 12:45
10 min

10. Prevention, Equity and Outcomes Committee Work Plan

Enclosure for Approval *Liz Beardsall, Head of Corporate Governance*

Does the Board approve the revised Work Plan?

10 Prevention Equity and Outcomes Committee Work Plan 070324.pdf (5 pages)
10 x Appendix 1 070324.pdf (1 pages)

Items for Noting/Assurance/Discussion

12:45 - 13:00
15 min

11. Right Care Right Person Implementation in Dorset

Enclosure for Discussion *Helen Brittain, Senior Programme Lead*

What is the plan and progress for Right Care Right Person implementation in Dorset?

11 Right Care Right Person Implementation update 070324.pdf (7 pages)

13:00 - 13:15
15 min

12. ICB Annual Assessment 2023/24

Enclosure for Noting *Dean Spencer, Chief Operating Officer*

What are the key principles and next steps of the ICB Annual Assessment for 2023-24?

12 ICB Annual Assessment 2023 to 24 070324.pdf (6 pages)

Items for Consent (to be taken without discussion unless any Board member requests prior to the meeting that any be removed from the consent section for further discussion)

13:15 - 13:15
0 min

13. Dorset Delivery Plan for Recovering Access

Enclosure to Note *Kate Calvert, Acting Chief Commissioning Officer*

13 NHS Dorset Delivery Plan for Recovering Access Report 070324.pdf (22 pages)
13 x Appendix 1 070324.pdf (11 pages)
13 x Appendix 2 070324.pdf (3 pages)

Closing Items

13:15 - 13:20
5 min

14. Questions from the Public

Verbal *Chair*

13:20 - 13:25
5 min

15. Any Other Business

Verbal *Chair*

13:25 - 13:30
5 min

16. Key Messages and Review of the Part 1 meeting

Verbal *Chair*

13:30 - 13:30
0 min

17. Date and Time of Next Meeting

Verbal *Chair*

The next formal meeting of the NHS Dorset ICB Board will be held on Thursday 16 May 2024 at 10am in the Phoebe Room at the offices of Bournemouth, Christchurch and Poole Council, Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY.

13:30 - 13:30
0 min

Exclusion of the Public

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

Minutes of the meeting of the Part 1 Public ICB (ICB) Board of NHS Dorset
Thursday 11 January 2024 at 10am
Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TS
and via MS Team

Members Present:		
	Jenni Douglas-Todd (JDT)	ICB Chair
	Rhiannon Beaumont-Wood (RBW)	ICB Non-Executive Member
	John Beswick (JB)	ICB Non-Executive Member
	Matthew Bryant (MB) (virtual)	Joint Chief Executive Dorset County Hospital and Dorset HealthCare NHS Foundation Trusts and ICB Board NHS Provider Trust Partner Member
	Jonathon Carr-Brown (JCB)	ICB Non-Executive Member
	David Freeman (DF)	Acting ICB Chief Executive Officer
	Leesa Harwood (LH)	ICB Interim Non-Executive Member
	Paul Johnson (PJ)	ICB Chief Medical Officer
	Rob Morgan (RM)	ICB Chief Finance Officer
	Paula Shobbrook (for Siobhan Harrington)	Deputy Chief Executive University Hospitals Dorset NHS Foundation Trust
	Debbie Simmons (DSi) (virtual)	ICB Chief Nursing Officer
	Vikki Slade (VS) (virtual) (part)	Leader BCP Council and ICB Local Authority Partner Member (East)
	Kay Taylor (KT)	ICB Non-Executive Member
	Dan Worsley (DW)	ICB Non-Executive Member
Invited Participants Present:		
	Jim Andrews (JA) (virtual)	Chief Operating Officer, Bournemouth University
	Neil Bacon (NB) (virtual)	ICB Chief Strategy and Transformation Officer
	Louise Bate (LBa) (virtual) (part)	Manager, Dorset Healthwatch
	Zoe Bradley (ZB)	Interim Chair, Dorset VCSE Board
	Kate Calvert (KC)	Acting ICB Chief Commissioning Officer
	Dawn Harvey (DH)	ICB Chief People Officer
	Matt Prosser (MP) (virtual) (part)	Chief Executive, Dorset Council
	Ben Sharland (BS)	Primary Care Participant
	Jon Sloper (JS)	Interim Programme Director, VCS Assembly
	Stephen Slough (SS)	ICB Chief Digital Information Officer
	Dean Spencer (DSp)	ICB Chief Operating Officer
In attendance:		
	Liz Beardsall (LBe)	ICB Head of Corporate Governance
	Jane Ellis (JE)	ICB Chief of Staff
	Dr Kate Goyder (KG) (for item ICBB24/005) (virtual)	Paediatric Consultant, University Hospitals Dorset NHS Foundation Trust
	Jillian Kay (JK) (virtual)	Corporate Director for Wellbeing, Bournemouth, Christchurch and Poole Council
	Steph Lower (SL) (minutes)	ICB Deputy Head of Corporate Governance
	Josie Roberts (for item ICBB24/005) (virtual)	Clinical Lead, University Hospitals Dorset NHS Foundation Trust
	Sue Whitney (for item ICBB24/005) (virtual)	Operational Manager (UHD)
Public:		

	1 members of the public was present in the room. The meeting was also available via livestream.	
Apologies:		
	Cecilia Bufton (CB)	Integrated Care Partnership Chair
	Sam Crowe (SC)	Director of Public Health for Dorset and Bournemouth, Christchurch and Poole (BCP) Councils (participant)
	Graham Farrant (GF)	Chief Executive, Bournemouth, Christchurch and Poole Council
	Spencer Flower (SF)	Leader Dorset Council and ICB Local Authority Partner Member (West)
	Siobhan Harrington (SH)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member (member)
	Patricia Miller (PM)	ICB Chief Executive (member)
	Andrew Rosser (AR)	Chief Finance Officer, South Western Ambulance Service Foundation Trust (participant)
	Forbes Watson (FW)	GP Alliance Chair, Primary Care Partner Member

ICBB24/001 Welcome, apologies and quorum

The Chair declared the meeting open and quorate. There were apologies from Cecilia Bufton, Sam Crowe, Graham Farrant, Spencer Flower, Siobhan Harrington, Patricia Miller, Andrew Rosser and Forbes Watson.

ICBB24/002 Conflicts of Interest

The following interests were declared:-

- John Beswick - agenda item 02 – Board Story (paediatric virtual ward). JB was an executive and Board member of Great Ormond Street Hospital children's hospital where children were referred from other hospitals. This was already declared on the Register of interests and there was no conflict of interest with this item or action required.
- Jonathon Carr-Brown – agenda item 10 – Improving Patient Access to Emergency Care. JCB stated he held a senior role in a self-care company (Healthily) that used artificial intelligence to signpost people and explain what they needed to know. The company did not contract with the NHS sector so there was no conflict of interest with this item or action required. This was already declared on the Register of Interests.

ICBB24/003 Minutes of the Part One Meeting held on 2 November 2023

The minutes of the Part One meeting held on 2 November 2023 were agreed as a true and accurate record.

V Slade joined the meeting.

Resolved: the minutes of the meeting held on 2 November 2023 were approved.

ICBB24/004 Action Log

The action log was considered, and approval was given for the removal of completed items. It was noted that all items were complete apart from ICBB23/183 as the action relating to the inclusion of further Primary Care information was due to be incorporated in early 2024. It was agreed this action could be marked for removal.

Action: SL

In relation to action ICB23/179 Freedom to Speak Up, there was a keenness to receive updates in relation to the learning from the CQC inspection (due to be published in late March) and the recent staff survey. These would be included on the Board Work Plan accordingly.

Action: SL

Resolved: the action log was received, updates noted, and approval was given for the removal of completed actions.

Standing Items

ICBB24/005 Board Story: virtual wards

The Deputy Chief Executive Officer, UHD introduced the paediatrics virtual ward story video.

Key issues to note included:-

- The paediatrics virtual ward was part of a national NHS-funded project.
- The virtual ward focus was on the group of children who required more care than parents would be able to offer but were safe to be treated within their home environment.
- Virtual ward benefits included early discharge from hospital and a reduction in unnecessary visits and/or admission to hospital, along with enabling families where possible to be able to carry on with their normal lives.
- Since commencement, the service had seen 239 individual patients and 1,165 bed days had been saved.
- Examples of conditions treated through the paediatric virtual ward include bronchiolitis, gastroenteritis and wheeze.
- The positive feedback in terms of the care received.

The Chair asked that the Virtual Ward Wrapped poster be circulated to the Board.

Action : SL

Although recognising the paediatric virtual ward model of care was specific, the learning and insights from implementing the model were being shared to assist in paving the way for other parts of the virtual ward initiative to progress.

In terms of next steps, work was being taken forward with primary care which was a key enabler to preventing hospital admissions. The ICB Chief Medical Officer would meet with Dr Kate Goyder outside of the meeting to discuss further.

Action: PJ

Effective local engagement regarding the service was key to ensuring the virtual ward was able to treat the right patients.

The Board noted that a holistic assessment was undertaken for every patient including their environment.

ICBB24/006 Acting Chief Executive Officer's Report

The Acting ICB Chief Executive Officer (CEO) introduced the Acting CEO's Report.

Key issues to note:-

- The unprecedented year of NHS industrial action which had had a significant scale of impact for Dorset. There was acknowledgement of the hard work undertaken by all during such periods.
- The reprioritisation of the ICB's operational targets and financial position following the NHS England national letter.
- The progress being made with the Joint Forward Plan in terms of delivery.
- The successful recent public market-place engagement events undertaken.
- The positive ongoing conversations with the Portland community regarding their healthcare services.

L Bate joined the meeting

There was a national challenge in terms of NHS staff vaccine uptake but Dorset was performing comparatively well in the South West/nationally. The overall challenges for NHS staff were recognised and work would continue in terms of engaging with staff including increasing vaccine uptake.

Regarding the Electronic Patient Record (EPR) business case, discussions were taking place regarding the governance structure which would include partnering up with the Somerset ICS system. NHS Dorset had stepped back from its early- stage lead role with the Dorset providers now progressing the work. The ICB Board would be required to sign off any resourcing requirements etc. and this would enable sight of the evolution of the work. Work was underway to develop the options appraisal for the Outline Business Case and the Board noted the focus on ensuring the programme aligned with primary care.

There was a query regarding whether the current operating/resource model was right and whether the symptoms or root cause were being addressed. Recognising the current significant challenges, there would be a need to address the symptoms at present however there was a need not to lose sight of how to make the changes necessary to enable sustainable delivery of services. Work was progressing in terms of the individual priority focuses e.g. the integrated neighbourhood team programme.

M Prosser left the meeting

Resolved: the Board noted the Acting Chief Executive Officer's Report.

ICBB24/007 Quality Report

The ICB Chief Nursing Officer introduced the Quality Report which had been previously scrutinised by the Quality, Experience and Safety Committee.

Key points to note:-

- In terms of the follow-on waiting lists (FOWL) backlog, a system deep dive would be undertaken to explore whether there had been any clinical harm identified to patients in light of the ongoing industrial action. Dorset County Hospital had already commenced an initial focus on ophthalmology patients and once completed, the findings would be shared to inform the approach for wider partners. The Chief Nursing Officer was on a national group and would link with the group to ascertain what other systems were doing in terms of solutions.
- No criteria to reside continues to be a challenge and a key area of focus.
- The Dorset Medicines Safety Officers had commenced a task and finish group to investigate improvements with medicines prescribed on hospital discharge.

Action: DS

Resolved: the Board noted the Quality Report.

ICBB24/008 Dorset ICS Finance Update

The ICB Chief Finance Officer introduced the Dorset Integrated Care System Finance Update covering the financial position of the Integrated Care Board and Integrated Care System NHS providers as at month 8.

Key points to note:-

- The ICS was reporting a year-to-date deficit of £41.6M which was a deterioration from month 7. The main drivers included Personal Health Commissioning (PHC), inflation, elective activity performance and agency spend.
- In terms of agency costs, although the Dorset system was over the cap set by NHS England, improvement was being seen and use of some of the more high-cost agencies had ceased.
- Operational pressures relating to industrial action were a significant financial performance challenge. An additional £9.3M funding had been received which had been shared between both acute providers.
- Further discussion would take place in Part 2 in terms of the end of year financial position and what would be achievable.

The agency spend challenges were multi-faceted. There was an underlying issue in terms of staff shortages and the inability to recruit nationally, particularly in rural areas such as Dorset. It was noted that reducing the rate card would help financially but would not resolve the issue itself. Work continued to address the issues both in the shorter and longer term.

Concern was raised regarding the continued increase in PHC costs which was a longstanding issue. This was a national issue and was being driven by the numbers, acuity and price increases. A PHC financial recovery group had been set up to explore what could be done. A further discussion would be held in Part 2.

Regarding inflationary pressures, the biggest movement continued to be driven by energy prices. The Board noted Dorset was signed up to receive the best prices. Work was being taken forward to see if Dorset could access any of the regional contingency funding. This issue would be picked up in more detail at the Productivity and Performance Committee.

Action: DW/RM

Resolved: the Board noted the Dorset ICS Finance Update.

ICBB24/009 System Performance Report

The ICB Chief Operating Officer introduced the System Performance Report.

Key issues to note:-

- There had been an increase in the number of targets met from 6 to 10 with improvement seen in 17 other areas.
- A number of standards were off track with several attributable to industrial action.
- There were a number of key focuses for the remainder of the year including the delivery of safe services, maintaining elective activity, reducing waiting lists and maintaining /improving cancer care.

- Work continued in relation to adult virtual wards, having reached half way towards the levels anticipated.
- No criteria to reside remained of concern. A number of multi-agency discharge events had been held to assist capacity and increase flow, with particular success within the mental health area, however sustainability was key.
- Access to A&E remained a concern with Dorset ICS (combined) under-performing against the 4-hour standard of 76% of patients waiting less than 4 hours to be seen.

The Urgent and Emergency Care Delivery Group was looking at ambitions for the forthcoming year in terms of achieving the step changes required to help tackle the broader issues such as population health, inequalities and value for money.

A further discussion would be held in Part 2 in terms of performance delivery.

Resolved: the Board noted the System Performance Report.

ICBB24/010 Committee Escalation Reports

The Board Committee Chairs presented the committee escalation reports from the December meetings which included an additional Risk and Audit Committee report from the November meeting. All issues discussed were included in the previously circulated reports and key issues for noting included:-

- People, Engagement and Culture Committee – future system People Performance report and dashboard reports would be by exception. The NHS Dorset People Performance Plan was more outcome focused. Recognition of the achievement of the winter communications and engagement plan without any budget. There had been rich feedback following the culture of system working deep dive however this had been compromised by the low response rate. Board colleagues were asked to socialise the report within their organisations to help improve future response rates. The temporary workforce discussion would be brought back for a further discussion.
- Prevention, Equity and Outcomes Committee – this was the inaugural meeting and provided an opportunity to discuss how the committee would be different and would relate to other committees including overlaps. The committee considered its revised Work Plan with an emphasis on prevention and equity through an 'outcomes' lens.
- Productivity and Performance Committee – there was a detailed finance and performance discussion including the H2 position. There were a number of deep dives including medicines, cancer and mental health. The committee had sought to re-escalate the PHC position to the ICB Board and this would be picked up under Part 2.
- Quality, Safety and Experience Committee – the committee took assurance around the Quality report with selected highlighted areas and approved the two remaining Patient Safety Incident Response Plans for Dorset County Hospital NHS Foundation Trust (DCH) and University Hospitals Dorset NHS Foundation Trust (UHD). An update was received on the Dorset Local Maternity and Neonatal System in terms of the key quality and safety issues. The committee received a baseline assessment on approaches to quality improvement across NHS Dorset and was supportive of a future development session.
- Risk and Audit Committee – there had been two meetings since the last Board. There had been a focus on the risk register noting the risks were being managed rather than remaining static. Development of the Board Assurance Framework had been a key focus of the two meetings culminating in a workshop to be held in Part 2 of this meeting. The committee had received an update on the planned replacement of the Finance Ledger (ISFE2) and would look at the development of that programme.
- Strategic Objectives Committee – this was the inaugural meeting and provided an opportunity to discuss the future focus of the committee to enable it to be effective.

There was also discussion in relation to overlaps with the other committees. A key issue would be how to assess the value added and what metrics to be used to ensure effective progress was being made.

Resolved: the Board noted the Committee Escalation Reports.

Items for Decision

ICBB24/011 Committee Terms of Reference and Work Plans

The Head of Corporate Governance introduced the Committee Terms of Reference (TORs) and Work Plans.

Following the committee refresh, the Board approved the revised ToR and Work Plans at it November meeting noting the two new committees and the Risk and Audit Committee would review their respective ToRs and Work Plans at their December meetings and bring any amendments back to the Board for approval.

The proposed changes were as highlighted in the report. In addition, for the Strategic Objectives Committee, there had been a line added in relation to reporting into the Integrated Care Partnership, the addition to the membership of the Chief Commissioning Officer and the inclusion of a mechanism to ensure a seamless transition from the transformation phase to business as usual.

Further work was being undertaken on the Prevention, Equity and Outcomes Committee Work Plan. The Committee would consider this at its February meeting and any further changes would be brought back to the Board for approval.

In relation to the Strategic Outcomes Committee Work Plan, there was a significant amount of research and innovation work going on across individual organisations so there was a need to ensure a co-ordinated holistic approach to ensure research and innovation were adding to the ICS agenda. This could be looked at as a higher education work piece and it was suggested a conversation take place outside of the meeting.

Action: NB/JA

Resolved: the Board approved the recommendations set out in the Committee Terms of Reference and Work Plans subject to the action set out above.

Items for Noting/Assurance/Discussion

ICBB24/012 Patient Safety Incident Response Framework Plans (PSIRF)

The ICB Chief Nursing Officer introduced the Patient Safety Incident Response Framework Plans for the remaining two organisations – DCH and UHD.

The Plans had been approved at their respective trust Boards and the December ICB Quality, Experience and Safety Committee and were compliant with the relevant legislation.

Resolved: the Board noted the Patient Safety Incident Response Plans for DCHFT and UHD.

ICBB24/013 Improving patient access to emergency care across Dorset

The Manager, Dorset Healthwatch introduced the Improving patient access to emergency care across Dorset report.

Healthwatch Dorset had been asked by NHS Dorset to evaluate residents' understanding of the different healthcare settings available and how easily accessible they were.

The Board noted there was less feedback from young people and the local male population.

The findings were broadly grouped into two key themes – a need for improved communication between units, patients and NHS111 and a need to better align demand and capacity across the different urgent care and same day response offers. Specific areas of feedback included public difficulty in understanding the language/signposting and messaging, however there was positive feedback regarding treatment provided.

The findings had shaped six recommendations for improvement as set out in the report. There were a number of longer-term issues that would be addressed through the Urgent Care Delivery Board.

Caution was expressed in relation to the timescale for recommendation 4 in terms of the provision of a more consistent offer across MIUs and UTCs with evenly distributed staffing to enable the same level of care/opening hours. This was an important ambition however units were currently fragile.

A contributory challenge was changing people's behaviour to avoid individuals seeking reassurance from their 'safest space' and more work could be done in this area. People needed high quality prompt information signposting and consideration needed to be given as to how to ensure a consistent response wherever the patient accessed the system.

Action: DS

It was suggested a further evaluation be undertaken in due course in terms of 'you said, we did' to see if experiences of accessing emergency care across Dorset had improved.

There was commitment from all to improve patient experience and ensure services continued to develop to wrap around the needs of the population.

The Chair thanked Dorset Healthwatch for the insightful report.

Resolved: the Board noted the Improving patient access to emergency care across Dorset report.

ICBB24/014 ICB Customer Care Bi-Annual Report

The Chief Nursing Officer introduced the ICB Customer Care Bi-Annual Report.

Key points to note were:-

- Communication remained the key area for improvement.
- Work was progressing in relation to exploring how complaints could be approached differently as a system to improve patient experience and system learning.

Following a query regarding assurance that issues previously raised had been stopped, it was noted the Board report was pitched at a strategic high level however provider reports included patient experiences, improvement work and how any themes were being addressed. This was also discussed in more detail at the ICB's Quality, Experience and Safety Committee.

Resolved: the Board noted the ICB Customer Care Bi-Annual Report.

Items for Consent
There were no items for consent.

ICBB24/015 Questions from the Public
There were no questions received from members of the public.

ICBB24/016 Any Other Business
In relation to the Bibby Stockholm barge, a forthcoming visit from the Home Affairs Select Committee was planned. The ICB's Chief Medical Officer would attend on behalf of the local health sector. It had been determined elements of the living environment could exacerbate the mental health and wellbeing of those individuals on board and an enhanced offer of support had been put in place.

ICBB24/017 Key Messages and review of the Part 1 meeting

The Head of Corporate Governance summarised the key messages from the meeting as:-

- The success of the UHD paediatric virtual ward highlighted in the Board story was welcomed.
- Good work continued to manage the challenges in relation to the industrial action.
- The continued work to mitigate the quality, financial and operational challenges.
- The improvements in the UHD maternity services noting the joint/collaborative working.
- The clear commitment to the six actions set out in the 'Improving Access to Emergency Care' Healthwatch Dorset report and the importance of closing the loop on the actions.

The Board reflected on:

- The need for reporting strategic progress either within the CEO report or as a standalone item.
- The balance between Board and Committee reporting detail. However, it was recognised Board reports were pitched at a high level therefore caution was given in terms of slimming down the information provided. It was suggested consideration be given to expanding what was presented to committees.
- The Board welcomed the meeting focus on the Dorset population and the need to look through a well-being lens rather than ill-health.
- Tackling the symptoms versus the root cause and the need for more prevention discussions through the Development Sessions.
- Constructive challenge to the regional NHS team on the best use of the system's resources.

The Chair thanked everyone including the public, for their attendance.

ICBB24/018 Date and Time of Next Meeting
The next meeting of the ICB Board would be held on Thursday 7 March 2024 at 10am, at the offices of Bournemouth, Christchurch and Poole Council. Further details would follow.

ICBB24/019 Exclusion of the Public
The Board resolved that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

Signed by:

Lowe, Steph 01/03/2024 14:18:03

Jenni Douglas-Todd, ICB Chair

Date:

Action Log – ICB Board Part One

Presented on: 7 March 2024

Minute/Ref	Action	Owner	Timescale	Outcome	Remove?
Actions from meeting of 11 January 2024					
ICBB24/004	To mark item ICBB23/183 for removal.	Steph Lower	January	Actioned.	Yes
	To add learning from the CQC inspection and recent staff survey to the Board Work Plan	Steph Lower	January	Actioned – add to Work Plan accordingly.	Yes
ICBB24/005	The Virtual Ward Wrapped poster be circulated to the Board	Steph Lower	January	Circulated by e-mail to the Board 16/01/24	Yes
	ICB Chief Medical Officer to meet with Dr Kate Goyder to discuss next steps further.	Paul Johnson	February	A discussion took place on 9 February following which a further call was being arranged with University Hospitals Dorset. The ICB Deputy Chief Medical Officer planned to attend the Virtual Wards Board to provide support and assistance in developing a governance framework.	Yes
ICBB24/007	Chief Nursing Officer to enquire what other systems were doing in terms of Follow-on Waiting Lists (FOWL) backlog solutions and associated harm.	Debbie Simmons	March	A draft paper on industrial action was sent to ICB Executives in January and will be an appendix to the Quality Report presented to the Quality, Experience and Safety Committee in February. A Deep Dive on Ophthalmology from Dorset County Hospital is underway, and it is being taken through the System	Yes

				Quality Group to look at evaluation and methodology. The next steps are for it to be shared and widened to other specialties.	
ICBB24/008	The energy prices issue to be further discussed at the Productivity and Performance Committee.	Rob Morgan	April P&P Committee	This has been added to the Work Plan for discussion.	Yes
ICBB24/011	In relation to the Strategic Outcomes Committee Work Plan, a discussion to take place between Bournemouth University and NHS Dorset regarding a co-ordinated holistic approach to research and innovation and possible higher education work piece.	Neil Bacon/Jim Andrews	March	The Deputy Chief Strategy and Transformation Officer would have a conversation with Jim Andrews outside of the meeting accordingly.	Yes
ICBB24/013	To consider how we ensure a consistent response whenever the patient accesses the system.	Dean Spencer	March	The Chief Operating Officer is taking forward with the Chief Strategy and Transformation Officer and an update will be provided at the meeting.	No

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Chief Executive Officer Report
Responsible Chief Officer	David Freeman, NHS Dorset Acting Chief Executive Officer
Author	Jane Ellis, NHS Dorset Chief of Staff

Confidentiality	Not confidential
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Chief Executive Officer	29/02/2024	Approved

Purpose of the Paper	This report provides the Board with further information on strategic developments across the NHS and more locally within Dorset. It also includes reflections on the system and the key areas of focus.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	The key national developments are as follows: • Release of NHS app service update to view prescriptions • Roll out of Martha's Rule The financial and operational pressures in Dorset remains very challenging combined with the impact of current industrial action across the organisations. It is however important that while we manage the current position we also plan for the coming year. This report sets out some of the significant developments as we end 2023/24 and set the conditions for 2024/25 and support us in delivery of our vision.						
Action recommended	The Board is recommended to **NOTE** the content of this report**.**						

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	Failure to operate within the statute and regulatory framework would lead to the system being placed in special measures. Consequently, losing the capability to make local decisions for local communities.

Finance and Resource	**YES**	Failure to address key strategic and operational risks would place the system at risk in terms of its financial sustainability
Risk	**YES**	Failure to understand the wider strategic and political context, could lead to the Board making decisions that fail to create a sustainable system. The Board also needs to seek assurance that credible plans are developed to ensure any significant strategic and operational risks are addressed.

Risk Appetite Statement	
ICB Risk Appetite Statement	Not applicable

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	Not applicable
Quality Impact Assessment (QIA)	**NO**	Not applicable

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	The Board of the ICB needs to understand the wider strategic and political context, and horizon scan to support the achievement of the fundamental purposes of Integrated Care Systems.
Tackling unequal outcomes and access	As above.
Enhancing productivity and value for money	As above.
Helping the NHS to support broader social and economic development	As above.

System Working	
System Working Opportunities	This report includes updates and latest news from all health providers and local authority partners.

Chief Executive Officer Report

1. Introduction

1.1 This report provides the Board with an overview of the strategic developments across the NHS and more locally across the Dorset Integrated Care System. It also includes reflections on the system developments and the key areas of focus.

2. Strategic Update – National & Regional Perspective

2.1 NHS App Service Update to View Prescriptions

Following a successful trial in 2023, NHS England has added a new service to the NHS app which enables individuals to see when their prescriptions have been issued and view their prescribed medication. Individuals without a nominated pharmacy will be able to use a barcode in the app to collect their prescription from any pharmacy instead of needing a paper version. Anyone who has a nominated pharmacy can continue to collect medication without a paper prescription or barcode as details are sent to their pharmacy electronically. This new feature is in addition to use of the NHS App to request repeat prescriptions digitally and supports front line staff in providing the most effective service and will support Dorset people in provision of a more convenient prescription service.

2.2 Martha's Rule

NHS England has announced the roll out of Martha's Rule in hospitals across England from April 2024, enabling patients and families to seek an urgent review if their condition deteriorates. This is planned to be rolled out to at least 100 NHS sites and will give patients and their families 24/7 access to a rapid review from an independent critical care team if they are worried about their or a family member's condition. NHS Dorset looks forward to the opening of the pilot across the NHS.

3 Strategic Update – Local Relevance

3.1 Industrial Action

British Medical Association (BMA) and Hospital Consultant Specialist Association (HCSA) Junior Doctors are undertaking strike action over period 24 – 28 February and 24 – 29 February respectively. The Dorset system is working hard to maintain delivery of safe urgent and emergency care services in line with previous well-established procedures with NHS Dorset providing support through the System Co-ordination Centre. Our focus coming out of this industrial action will be to ensure we do everything we can to reduce the ongoing impact and recover services for the Dorset population. Regardless of the pressures it is important that those individuals that need care continue to come forward using 111 in the first instance or 999 and A&E in life-threatening emergencies.

Over the December 2023 and January 2024 period of Industrial Action, 58 - 70% of BMA Junior Doctors who would normally be working in the Dorset system undertook Industrial Action. Following Industrial Action 536 inpatient and 2528 outpatient elective appointments were rescheduled, noting this does not include the appointments and operations that were not booked at the point strike dates were announced leading to a bigger unknown impact. Work is underway to recover this activity but in conjunction with the February 2024 Industrial Action, there will be an impact on NHS Dorset meeting its operational performance standards trajectories

putting waiting time standards and elective recovery targets at increasing risk, full details are set out in the ICB Board System Performance Report.

3.2 Dental Plan

NHS England has announced a national dental plan as a first step towards recovering and reforming NHS Dentistry. The government has released increased investment to support access to dental services for those that need it and improve preventative care for the youngest children. This is supported by the NHS Long Term Workforce Plan to increase training places for dentists, dental therapists, and hygiene professionals, which will help to address capacity gaps for the future. A number of areas including Dorset will also be supported with introduction of a new dental van to support in increasing dental access. In Dorset we know that dentistry services were significantly impacted by the pandemic and our current dental capacity does not meet the demand for the NHS dental services. NHS Dorset are working with the Dorset Local Dental Committee to deliver on our collectively agreed dental plan which this NHS England announcement supports and increase NHS Dentist access in Dorset.

3.3 2024/25 Operational Planning and Joint Forward Plan Refresh

NHS England released its initial 2023/24 priorities and operational planning guidance on 23 December 2023 and high level timetable in January 2024, full planning guidance is expected to be released at the start of March 2024. Guidance received set out that the requirements including the priorities and objectives set out in 2023/24 planning guidance for urgent and emergency care, primary care and elective care not expected to fundamentally change, there is a continued focus on recovery of core service delivery and productivity and system need to achieve and prioritise financial balance. NHS Dorset are now working with NHS partners in Dorset on its System Operating Plan for 2024/25 with full submission to NHS England for 21 March 2024.

NHS England has also issued guidance on updating the Joint Forward Plan for 2024/25, work is now underway in Dorset to refresh our plan in line for submission to NHS England by 31 March 2024. NHS Dorset are now working with system partners to update on progress since publication in July 2023 but significant change to our Joint Forward Plan is not anticipated. This review presents an opportunity to update on progress and reflect the new and emerging areas of work and focus such as Neighbourhood & Place and the Women's Health Hub.

4 NHS Dorset – Latest update

4.1 2023/24 Financial and Operational plan delivery

In line with the re-baselined system allocation, NHS Dorset have implemented the steps to support delivery on the agreed plan. However, NHS Dorset Integrated Care System has continued to face a very challenging financial and operational position over the start of 2024 impacted by the continued Industrial Action, the high operational demand and the winter pressures. The full impact of this on our financial and operational plan delivery is being fully worked through but this will significantly impact how we end 2023/24. How we end this financial year is really important to not only give us the best start to 2024/25 but also in ensuring we deliver the best possible care to the population of Dorset.

4.2 Clinical Plan

NHS Dorset has been developing its 2023-2028 Clinical Plan for Dorset clinical services, this is key to enabling our clinical services support the wider strategic objectives or the Integrated Care System. We want to make sure everyone has access to the right support so they can live their best life. Our goal is to help everyone live healthy, happy lives from birth until the end of life. Therefore, our services need to be high quality and consider the needs at all stages through health and care services.

The Clinical Plan sets out how Dorset will deliver the clinical care people of Dorset need to recover from or live well with long-term medical conditions and the key principles by which our clinical services need to be reviewed, planned, transformed and delivered.

4.3 BCP Performance of Special Educational Needs and Disability (SEND) Provision

Following consideration of the Joint Ofsted and Care Quality Commission report, the Secretary of State for Education has issued a Statutory Direction for SEND services in the Bournemouth, Christchurch & Poole (BCP) area. It is recognised that it is the collective responsibility of statutory partners to bring about improvements needed for children and young people with SEND. NHS Dorset continues to accept the collective responsibility and accountability for the performance of SEND provision alongside BCP Council and we are fully committed to work together with the council and partners on the delivery of SEND improvement activity to bring about improvements in services across the local area and experience and outcomes for the children and young people who depend upon them.

Risks and Priorities

5.1 Key Risks

This continued industrial action by Junior Doctors is impacting the delivery of health care to our population. High levels of cancellations as a consequence of current and previous action continue to place NHS Dorset waiting time standards and elective recovery targets at increasing risk, with an additional impact on our ability to deliver improvements whilst the provider's recover to normal ways of working.

high demand, costs of care and other operational pressures have combined in recent weeks to put significant pressure on the health service budgets and operational targets for 2023/24. Work is underway to recover performance as quickly as possible and the latest progress, challenges and opportunities are set out in this month's performance and finance reports to the Board.

5.2 Priorities for the remainder of this year

There are a number of priorities for the remainder of this year, which will be the focus of our delivery and recovery efforts:

- A clear focus on the priority operational standards achieving improvement across all areas and full delivery wherever possible.

- Reducing agency costs as a minimum to levels agreed in the cost improvement plan.
- Accelerating cost improvement programmes in all areas with a view to achieving our financial targets this year.
- Commencing delivery of the five year forward plan five pillars and the creation of integrated neighbourhood teams. These two programmes are key to transforming care and reducing the overall cost of health and social care.
- Continuing to support the delivery of the primary care transformation plan as part of this transformation work.
- Further developing our system NHS medium term financial plan with the goal of sustainably breaking even within the next few year. This will be supported by detailed transformation plans which support more efficient ways of work and improved access for communities. It is important this plan signals a change in the ICB's investment portfolio in line with the transformation plans agreed.
- Working with local authority partners to develop further integrate our ways of working and care delivery to support all partners in becoming financially sustainable.

6 Conclusion

6.1 The ICB Board is asked to **note** the content of this report.

Author's name and title: Jane Ellis, Chief of Staff

Date: 28 February 2024

Appendices	
Appendix 1	**Health Provider – Latest News**
Appendix 2	**Local Authority – Latest News**

Appendix 1 – Health Provider – Latest News

1. Dorset County Hospital and Dorset Healthcare

1.1 Working Together – Dorset County Hospital and Dorset HealthCare

Both Boards approved the recommendation from their Committee in Common to move to a federated operating model for the two trusts. This model means that the trusts each retain their individual sovereignty and are separately accountable to NHSE and regulated by the CQC.

They still have separate identities but can also have an identity for the federation. They have a shared executive team and can have shared back office services with some shared structures where this makes sense. They develop a shared culture, sense of governance and strategy. Trust leaders are now working through the detail to agree how the federation will develop in the next phase.

In addition to Jenny Horrobin joining in the role of Joint Director of Corporate Affairs in March, three further joint appointments came into post in February. These are Nicola Plumb - Joint Chief People Officer, Chris Hearn - Joint Chief Finance Officer, and Nick Johnson - Joint Chief Strategy, Transformation and Partnerships Officer.

The two trusts have been running a range of engagement activities to support the development of a joint strategy. This included opportunities for stakeholders including staff, patients, partners, and the public, to give their views about the priorities for our trusts in the coming years. The engagement finished at the end of January and is now being analysed and themed.

Development of the draft strategy is now underway, taking account of what people have told us as well as a number of other drivers including the priorities set out in the Integrated Care Partnership (ICP) strategy. Further testing with stakeholders is then planned with final approval scheduled by early summer.

2. Dorset HealthCare University NHS Foundation Trust

2.1 Providers Selected for Access Wellbeing Service

Local charities Bournemouth Churches Housing Association (BCHA) (lead provider), Help & Care and the Lantern Trust have been awarded the tender to provide the universal part of the Access Wellbeing community mental health and wellbeing new model of care. This is part of the wider model to give local people access to the mental health and wellbeing support that meets their individual needs, with a strong emphasis on preventing mental health from deteriorating. The new model demonstrates a positive move towards working in partnership with third sector organisations.

In addition, the first pilot Access Wellbeing hub site in the Dolphin Centre, Poole, opened its doors in January with Weymouth's Hope House is due to open in February. Both are being delivered by a partnership of local charity providers. Wellbeing coordinators at the hubs will work with people across a

range of issues with the support of colleagues in other services. The hubs will help support the development and planning of the broader model.

2.2 Work begins on £2.9 million revamp of Blandford Community Hospital

Refurbishment work is underway at Blandford Hospital to improve and increase the range of services available there. The hospital has been awarded £2.9 million by NHS England and the Department of Health and Social Care to upgrade facilities and relocate services currently based at the Blandford Clinic in nearby Salisbury Street.

Work at the hospital will run until the end of the year. It will focus on improving patient experience by upgrading existing clinical areas, offices, reception areas, the public entrance and dedicated waiting areas.

The work will enable the hospital to host additional services including midwifery and health visitors, school nursing and school immunisations, paediatrics, podiatry and mental health services.

2.3 Mental Health inpatient flow multi-disciplinary team

The expanded patient flow MDT team for mental health was launched in January. The team includes an associate clinical director for flow, additional clinical site managers, psychology, a home treatment Team and patient flow manager, as well as lived experience practitioners and support roles.

As well as reducing the number of people waiting for a bed, or who are out of area, the team will help overhaul how we manage flow into and from the community, aligned to the new Mental Health Integrated Community Care (MHICC) model.

2.5 Dorset's NHS111 service has best response times in the country

Dorset's NHS111 service, run by Dorset HealthCare, was recently revealed to have the best response times in the country.

On average, colleagues took less than 18 seconds to answer 111 calls in 2023 – currently the best performance of any 111 service in the country - and almost all calls were picked up in under a minute.

NHS111 operators can provide expert advice and arrange for people to access the care they need – reducing unnecessary trips to hospital emergency departments and the long waits which may follow and easing the pressures on the busy ambulance service.

3. Dorset County Hospital NHS Foundation Trust

3.1 Opening of Outpatient Assessment Centre at South Walks House

The Trust's newly refurbished Outpatient Assessment Centre, funded with more than £14million from the NHS England Elective Recovery and Community Diagnostics Programme, opened at South Walks House in Dorchester in February.

The funding has been used to create two floors of dedicated clinical space that will allow the Trust to run more outpatient clinics, offer diagnostics appointments (such as x-rays and scans), day case local anaesthetic procedures and health and wellbeing services.

DCH started running a pop-up Outpatient Assessment Centre on one floor of the building in November 2021. This was initially set up as a temporary measure to tackle NHS waiting lists and was created as part of a partnership between NHS Dorset, Dorset HealthCare, Active Dorset and Live Well Dorset. After signing a 20-year lease with Dorset Council the permanent clinic space is now in operation.

3.2 Positive feedback for Dorset County Hospital maternity service in national survey

DCH's maternity team scored some of the best results in the region in the 2023 Care Quality Commission (CQC) survey of women's experiences of maternity care in England.

DCH's services were rated better or the same as maternity services across the country in all areas that were surveyed – with several areas among the top results for the region.

The survey asked women about their experiences of care across the whole pregnancy pathway - antenatal care, labour and birth, and postnatal care. 124 responses were received for Dorset County Hospital.

3.3 National Preceptorship Quality Mark

Dorset County Hospital NHS Foundation Trust has been successful in being awarded the National Preceptorship Quality Mark, which is valid for two years from 14 February 2024.

The Quality Mark indicates that the clinical preceptorship programme for nurses and midwives, including newly qualified and internationally educated staff, meets the highest quality standards in training and education.

4. University Hospitals Dorset NHS Foundation Trust

4.1 Junior Doctor Industrial Action

The last round of industrial action by junior doctors from 24 – 28 February 2024 has concluded. This continued to impact on elective performance and the work of the trust.

4.2 Mass Musculoskeletal Clinic

On Saturday 27 January, 144 patients attended the first of three scheduled mass clinics.

The patient experience survey result of 9.2/10 was representative of some of the excellent feedback after the event, where patients and staff reported good outcomes and a positive perception overall. Patient comments mentioned a well organised “exciting and dynamic” atmosphere and a “professional and caring” service.

As a result of the day, Poole sites longest wait was reduced by 9 weeks to 55.

The next mass clinic took place in Christchurch on 25 February, supported by Dorset Mind, Diabetes UK, Live-Well Dorset, BU Physiotherapy students, DCH volunteers, a member of DCH staff, Dorset MSK Surgical Interface Service, and UHD Occupational Therapists and administrative staff. Over 100 patients were seen.

4.3 Transformation

There are 57 weeks to go until maternity services move from St Mary’s to Poole to the Beach building at Royal Bournemouth Hospital. Our service ready and patient ready programmes continue alongside the building ready programme. Our Transforming Care Together Board Steering group has convened and work continues at pace.

Engaging with patients and public on communicating and discussing the changes is incredibly important through this year. We have completed changes on stroke and cardiac pathways and are finalising the detail on changes to the treatment investigation units.

4.4 Electronic Health Record (EHR)

The Outline Business Case for an HER is progressing with colleagues from Somerset with meetings planned to review the strategic, commercial, management and economic cases. The specification is also nearing sign off with a plan to present the business case to the Board for approval in April 2024. Once the case is with the Region for approval, a more detailed pre-market engagement will take place with demos and discussions with the suppliers. At this point we will increase the clinical and operational engagement with the programme before procurement launches.

4.5 Tina Ricketts – Chief People Officer

I am pleased to announce the arrival of Tina Ricketts the new chief people officer for UHD. Tina is a fellow of the Chartered Institute of Personnel and Development

and has been a Director of Human Resources within the NHS since 2011. Over the last 15 years, she has held a range of senior management positions within the health and care system in Gloucestershire.

5. Dorset General Practice Alliance

5.1 Professor Claire Fuller visit to Dorset General Practice Alliance

Professor Claire Fuller National Medical Director for Primary Care with NHS England has accepted an invitation from the Alliance to visit Dorset to hear first hand about the Alliance report on "Creating Sustainable General Practice in Dorset". The visit will also allow for a system discussion on Dorset's approach to creating Integrated Neighbourhood Teams, which were recommended in Professor Fuller's report 'Next steps for integrating primary care: Fuller stocktake report'.

5.2 Creating Sustainable General Practice in Dorset

The Alliance has commenced work on the implementation of the recommendations in its report "Creating Sustainable General Practice in Dorset". A project steering group is now under way with a number of workstream leads from the practices and the National Association of Primary Care. There are ten workstreams looking at areas including how to improve staff wellbeing; what 'working smarter' would look like; how to improve system integration in Dorset; what a potential GP operating model could be; and what a workforce model would look like to provide safe working in Dorset set around the BMA guidance. An additional workstream to the report focusing on the green agenda for practices has also commenced. It is hoped that the work will help practices to manage the relentless pressures that they are facing, which are being reported weekly through the General Practice Alert System (GPAS) which the Local Medical Committee (LMC) operates on behalf of Dorset's practices. The full Report is available on the Alliance website www.dorsetgpalliance.co.uk.

5.3 Dorset General Practice Alliance Future Organisational Form

The Alliance continues to assess its future organisational form and has been asking its members to consider creating a Community Interest Company limited by shares. All members of the Alliance were invited to attend a meeting in February to understand why this is needed, and how it would help to give a more robust legal and governance structure to the Alliance. The event was well attended and supported by the Alliance lawyers and accountants. The Alliance now needs to consider the feedback and decide whether to pursue this option. A decision will be taken later in the year.

6. South Western Ambulance Service NHS Foundation Trust

6.1 Dr John Martin appointed as Chief Executive at the South Western Ambulance Service NHS Foundation Trust

Dr John Martin has been appointed as the Chief Executive at the South Western Ambulance Service NHS Foundation Trust.

John joined the Trust at the end of December last year as interim Chief Executive on secondment from the London Ambulance Service where he held the positions of Chief Paramedic Officer and Deputy Chief Executive.

6.2 Main Operating Base in Dorset

Last year we launched our ambitious 2023-28 Trust Strategy. A key objective of the Strategy is to develop a new infrastructure to support the growth of the service and support new ways of working which will ultimately improve patient care.

As part of this modernisation programme, we are pleased to share that we are introducing a Main Operating Base (MOB) in Dorset.

The MOB will be a multi-functional building that supports a range of Trust departments. This new addition to our estate will provide the space we need for our new Ambulance Vehicle Preparation which will help deliver patient care in Dorset and better facilities for our people.

It will incorporate all staff and vehicles currently based at Bournemouth and Wimborne Ambulance Stations, as well as operational teams from St Leonards. Our people have been consulted on this and for your reassurance, there will be no redundancies due to this move.

In line with best practice in the ambulance sector, our aim is to have a combination of Main Operating Bases, Ambulance Stations and Community Ambulance Points across the south west over the next few years.

As this project is still very much in its early stages, the Trust is yet to complete a design of the full MOB, but we will be looking for staff representatives and key stakeholders to be part of the design process. It is vital our people and our partners are part of the process every step of the way.

6.3 South Western Ambulance Service launches paramedic apprenticeship with the University of Cumbria

Applications are being accepted for a new apprenticeship pathway for those looking to become a paramedic in the South West of England.

In collaboration with the University of Cumbria, we are offering a new, one-year innovative programme, providing a unique opportunity to enter the ambulance service.

Students completing the course will gain a Certificate of Higher Education in Emergency Care, before taking up paid employment with SWASFT, as an Emergency Care Assistant, and after 12 months, they will automatically secure a spot on the Paramedic Degree Apprenticeship, which is fully funded by the Trust.

Appendix 2 – Local Authority – Latest News

1. Bournemouth, Christchurch, and Poole Council

1.1 BCP Council Budget

In February the Council agreed a balanced budget for 2024/2025 and Medium-Term Financial Plan (MTFP) which involves increasing council tax, collecting the full additional adult social care precept and implementing a financial strategy. Key to balancing the budget and providing the basis of a more financially sustainable council moving forward, is a programme of savings, efficiencies and income generation to correct the inherited deficit from 2023/24 as well as addressing other cost pressures.

More information on the budget and MTFP can be found here.

1.2 BCP Council Vision and Ambitions

In January the Council formally adopted a new vision and set of ambitions for Bournemouth, Christchurch and Poole, taking into consideration feedback from consultation with residents and stakeholders. Cabinet and the Executive Leadership team met for two full days in February to discuss delivery of the vision and ambitions, including resourcing and measuring progress through key performance indicators. A supporting delivery plan with these details will be presented to Cabinet and Council in April for formal approval.

1.3 BCP Council Health and Wellbeing Board

The Health and Wellbeing Board met on 5 February. The Board approved the updated Joint Strategic Needs Assessment produced by Public Health Dorset, as well as a new approach to the Health and Wellbeing strategy – 'from strategy to action'. There will now be a light touch refresh of the Health and Wellbeing strategy with a clear focus on practical actions and priorities for the place-based partnership workplan. The next discussion of plans will be at the Board's meeting in April.

2. Dorset Council

2.1 Adult Social Care

In January this year, Dorset Councils 4th Adults Quality Assurance Board took place. Leaders from Dorset Council, along with representatives from system groups including SWAP, Healthwatch and the NHS Dorset quality lead were in attendance.

Board members were led through a comprehensive QA report looking at activity across Operations, Commissioning and Housing Services, including how we are linking with system partners in quality spaces and the Safeguarding Adults Board.

One area was the Operations redesign. Through this redesign, we are looking to improve outcomes and waiting times, support people's wellbeing and meet our statutory obligations. In 'phase 1', we have completed an extensive period of intelligence, gathering data and insight to give us a greater understanding of our demand and we are using this data to target interventions to make the changes that have the most impact.

In Commissioning, the Dorset Care, Support, Housing and Community Safety Framework (DCF2) represents the main route to the provider market for Adults Services. We are working with providers to procure to our residential care lots now, which will help meet the increasingly complex needs of the local older population in the future.

2.2 Housing

It is recognised that there are many influencing and cross-cutting factors linking Health and Housing. Our new Housing Strategy sets out our vision, aims and objectives for housing in Dorset and brings together extensive research and analysis of housing issues from a local and national context. A detailed delivery plan plus supporting strategies, policies and procedures will be developed over the lifetime of the strategy and will set out how these objectives will be delivered.

2.3 Children's Services. Re-imagining pre-proceedings – Dorset Pilot

Dorset has been selected by Family Rights Group as a pilot area in its 'Reimagining pre-proceedings' project. The pilot will last just over a year and will include Dorset Council children's services as well as families in Dorset, partner agencies, local services, and the Dorset Family Court. The pilot will see how Dorset can better create the conditions for families and their children to get the help they need at an earlier stage. This presents a unique opportunity to help reduce the need for care proceedings by finding ways for everyone to work in partnership with our children and families early, effectively and safely.

You can read more in the press release from Family Rights Group.

2.4 Children's Services. Chestnut House – a new home for young people who are disabled

Chestnut House is now ready to be home to three children or young people with learning disabilities and autism who are aged between 8 and 17 years old. The rooms are furnished and laid out just like our own houses but with adaptations to help support any special needs our individual young people have. It forms part of the Lighthouse model of care and support which is a wraparound service supporting children and young people with disabilities in a variety of settings which meets the needs of both the children and their family by providing residential care, short breaks and outreach.

2.5 Children's Services. Family Hubs – a single place for advice

Family Hubs are a welcoming place that families can go to if they need information, advice or help. They also offer activities and social opportunities, health visiting and midwifery appointments, parenting programmes and information sessions on topics such as healthy eating, managing your money and looking after your mental health. Family Hubs are located within communities across the Dorset Council area and there are now four open in Wimborne, Ferndown, Bridport and Wareham.

One parent said: ‘The family hub is not just for families in crisis. You can come for any help you need, even if it’s just a chat. Sometimes, a simple conversation can be exactly what you need. The hub provides a wide range of support, and it takes that burden off of trying to find the right services when you’re stuck and not sure where to go. It’s all here. It’s very supportive.’

2.6 Children’s Services. Campaign to support families with school attendance

The "In This Together" campaign spans a year or more, focusing on addressing attendance challenges for schools and education settings in Dorset. Its objective is to foster change through a positive and supportive approach, with encouraging messaging and practical tips for families facing attendance difficulties. It is important that young people are in school not only for their education, but also for their social and emotional well-being and because data tells us that they are safer when they regularly attend school. The campaign promotes existing ways of support, both by signposting to external organisations and to those offered by Dorset Council. So far the campaign has reached 34k on social media, resulting in 804 link links to the website – (that’s potentially over 800 people finding out how to access support). The comments on social media have been mixed (which was to be expected with a contentious topic) but have become generally more positive over time. We are following up with people who share negative experiences with us. The schools have been very supportive so far, with 41 schools requesting school gate banners.

2.7 Corporate Services

Dorset Council approved a balanced budget at its full Council meeting on 13 February 2024. We have developed this balanced budget in a national context of significant financial challenge. Our overriding aim is to protect the essential frontline council services on which local residents and businesses rely.

Budget headlines:

- Dorset Council provides around 450 different services to just under 380,000 residents.
- our budget has increased by 8% to £377m. This is mostly due to keeping pace with inflation. In particular, we are making a substantial investment in the home to school transport budget, as the cost of providing this statutory service are continuing to rise significantly.
- council tax next year will rise by just under 3% and the precept for adult social care by 2%, giving an overall increase of 4.996% (this results in an annual band D council tax charge of £2,001.15, an increase of around £1.82 per week). This doesn’t include changes for other organisations, such as the Police, Fire and Rescue or town parishes.
- to help us manage rising costs, we have already identified £18m of cost reductions from new and existing transformation programmes and other activities across the council.
- earlier in February we saw £3.9m additional funding for Dorset Council as part of the government’s settlement, which was not part of our initial budget proposals.

- thanks to this we have been able to lower our cost reduction target from Our Future Council transformation work to £8.1m.

A link to our recent press release can be found here: Council approves a balanced budget which continues to protect frontline services - Dorset Council

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Dorset Quality Report
Responsible Chief Officer	Debbie Simmons, Chief Nursing Officer
Author	P O'Shea, Deputy Chief Nursing Officer

Confidentiality	Not confidential
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Quality, Experience and Safety Committee	22 Feb 2024	Approved

Purpose of the Paper	The purpose of the report is to inform the Board on the key quality issues in the system.						
	Note:	✓	Discuss:		Recommend		Approve:
Summary of Key Issues	No immediate direct harm has been evidenced because of Industrial Action (IA) however this is having a negative impact on patient waiting times for treatment and longer-term impact is anticipated. Whilst areas for improvement have been identified, there are no significant risks associated with local paediatric audiology services. Regionally patients are experiencing harm because of a delay in Category 2 ambulance response times. Significant improvements have been made by Dorset HealthCare (DHC) to reduce the risk of harm to patients placed out of area whilst also ensuring those patients are repatriated at the earliest opportunity. DHC is working closely with partners to reduce the impact for children and young people waiting for specialist mental health and/or eating disorder services. A local Mental Health Homicide Review has been published. The System Quality Group has requested an update on Right Care, Right Person to understand potential risks in advance of local implementation.						
Action recommended	The ICB Board is recommended to **NOTE** the report.						

Governance and Compliance Obligations

Legal and Regulatory	**NO**	The ICS is required to meet the National Quality Board's shared view of quality and good practice principles.
Finance and Resource	**NO**	None identified.
Risk	**NO**	Currently no foreseen risks.

Risk Appetite Statement	
ICB Risk Appetite Statement	The ICB strives to provide high quality services for the population of Dorset and has a low appetite for risks that that will have consequential effects upon patient safety, quality of care and/or service or clinical outcomes.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	Not applicable
Quality Impact Assessment (QIA)	**NO**	Not applicable

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	A system wide quality improvement approach will create a shared vision to achieve agreed quality goals and improve outcomes for the whole population.
Tackling unequal outcomes and access	A system wide quality approach will ensure health inequalities are considered, identified, and responded to.
Enhancing productivity and value for money	A system wide approach to delivering high quality care will drive efficiencies to making the best use of resources in achieving outcomes.
Helping the NHS to support broader social and economic development	Quality improvements and outcomes are reviewed in the wider social context

System Working	
System Working Opportunities	Ensuring communities receive the highest quality of health and care is applicable across the various organisations within the Dorset Integrated Care system.

Dorset Quality Report

1. Introduction

1.1 This report provides an overview of quality within services commissioned by NHS Dorset ICB.

1.2 The Business intelligence Quality Overview Report - v2 - Power BI represents the most recent available data. Areas are being updated as soon as NHS digital restarts data collection or from direct monthly updates from providers. The dashboard contents and presentation are currently being refreshed and updated with a final agreed version further extended to the end of quarter four.

2. Updates

2.1 Industrial Action (IA)

Since Autumn 2022, IA has continued across differing NHS professional groups. Initially beginning with Paramedic and Nursing colleagues, then continuing with Physiotherapy and other Allied Health Professionals, it has now moved to be predominantly focussed on IA undertaken by Doctors (GPs excluded to date) with the latest announcement of IA by junior doctors planned for 5 days at the end of February.

In considering the impact of harm to patients because of IA, there is general agreement that:

- there isn't a single system to identify specific IA related harm linked either to specific healthcare and /or health related harms.
- there are differences between Direct impacts (access to urgent/emergency care and Elective waits) versus Indirect impacts (for example people impacts).
- there is anticipation that the cumulative impact of increased elective waits will have a knock-on impact into primary care with an increase in patient demand for GP appointments relating to waiting list challenges.

Within Dorset significant planning takes place within Organisations and across the wider system with twice daily resilience reports from Trusts. Providers shared the following at the recent System Quality Group (SQG):

University Hospitals Dorset (UHD) set up a dashboard to look at their quality and safety processes but saw nothing serious. Some delays in accessing test results but nothing significant. Less activity was lost in January compared to December and thoughts are that this may have been because the Trust had more notice to plan for IA.

Dorset County Hospital (DCH) are not seeing any acute or immediate issues but are experiencing an increase in complaints with patient's appearing less tolerant to

the recent periods of IAs. There is also anecdotal feedback of the positive value to patient flow by having senior clinical leadership during IA making rapid decisions.

DHC reported good mechanisms in place to minimise adverse impact.

GP Primary Care –Junior Doctor's rotate through general practice. This creates issues for some practices with partners stepping in or employing locums to cover.

All Providers continue to undertake work to understand the impact of IA and findings will be shared.

General feedback suggests that there now appears to be a shift to a Business As Usual approach to IA however it must be acknowledged that any normalisation of the NHS response to IA could in itself pose a significant risk.

2.2 **Paediatric Audiology**

In 2021 there was an independent review of an NHS paediatric audiology service which identified systemic failures resulting in missed diagnosis of children and babies. A national audit was completed and DHC as the local provider of services has shared their findings with both the national team and the ICB. Whilst there are areas for improvement that are being progressed, there are no significant concerns which require intervention by the national programme.

It has been agreed the Paediatric Hearing Services Improvement Programme will be a standing agenda item on Dorset HealthCare's Performance and Contracts Touchpoint Meeting agenda and any emerging risks to patient safety or quality of care shared via the SQG.

2.3 **Impact of delayed response times for Category 2 patients**

SWAST has undertaken a review of data between April 2018 and February 2023 focusing on patients requiring a category 2 response for suspected cardiac presentation and subsequent survival at 30 days. It has been observed that the number of patients surviving to 30 days has significantly dropped since 2020 and appears to be linked to extended waiting times for an ambulance with patients experiencing deterioration resulting in an out of hospital cardiac arrest and associated resuscitation. It should be noted that this refers to data across the South West region and is not Dorset specific.

Ambulance handover delays resulting in direct harm to patients

2.4 Following a request from QESC, discussions took place at the recent SQG regarding direct harm to patients because of ambulance handover delays and an update on findings will be included in the next quality report.

Follow Up Waiting Lists

2.5 Following a request by QESC for SQG to undertake a deep dive into waiting lists and impact on patients, each NHS Provider has identified an area of high clinical risk to review. DHC has identified young people waiting for a CAMHS Tier 4 inpatient bed which includes: General Adolescent Unit (GAU), Specialist Eating

Disorder and Psychiatric Intensive Care (PICU) beds. An update on current arrangements for monitoring these young people whilst waiting including future improvement work for better support and treatment options will be presented at the next SQG meeting in March.

Out of Area (OOA) Mental Health Placements

2.6 Following a recent Regulation 28 letter to DHC related to a patient with mental health needs placed out of area, significant work is taking place to reduce the number of OOA placements whilst also ensuring that those who are placed remotely receive safe, high-quality care and are repatriated at the earliest opportunity. DHC has developed a new standard operation procedure for out of area beds and updated its' acute inpatient operating policy. As commissioner, DHC has written to providers reconfirming expectations, a new clinical coordinator has been appointed and each patient is also now allocated a local coordinator.

Right Care, Right Person (RCRP)

2.7 RCRP is an approach developed originally by Humberside Police. It sets out the principles around a partnership approach which aims to ensure that individuals in mental health crisis are seen by the right professional. The aim of RCRP is to improve outcomes and the experience for people who need mental health support, improve accessibility to suitable places of safety, and to act as a catalyst for removing the focus on police being a primary responder to people presenting with a mental health need.

In planning and implementing RCPC for people with mental health needs, there must be a focus on ensuring that patient safety is maintained and that people who are experiencing a mental health crisis are not left without support. A cross agency task and finish group has been established in Dorset to jointly plan and develop RCPC implementation.

An update on progress to date will be shared at the next System Quality Group to identify any potential or emerging risks for people with mental health needs as well as an understanding of potential impacts on local NHS services.

Further information on RCPC is available via the following link:

National Partnership Agreement: Right Care, Right Person - GOV.UK (www.gov.uk)

Updates to Quality Dashboard

2.8 With the transition of NHS Trusts and some independent providers to the new national Learn from Patient Safety Events (LFPSE) system and the Patient Safety Incident Response framework (PSIRF) there are plans to refresh the information on the Patient Safety page of the Quality dashboard. This is dependent on the release of the ICB oversight app within LFPSE, however some initial changes will be made to reflect the changes in approach and will be available for the next Quality report cycle.

The NHS England National Patient Safety team will launch a consultation in the week commencing 5 February 2024 to consider revisions to the NHS England » Never events list. Never Events are patient safety incidents that should be wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. The consultation will be live for 12 weeks and will consider recommendations from two previous reports by CQC in 2018 where a focus on leadership and safety culture was suggested and the Health Services Investigation Branch (HSIB 2021) recommendation to remove events that do not have strong and systemic safety barriers.

Mental Health Homicide Review (MHHR)

2.9 NHS England has published an independent investigation report into the care and treatment of 'JW', who killed an employee at the accommodation where he was staying in December 2020. The majority of the recommendations from the review related to His Majesty's Prisons and Probation services which will be monitored by the NHS England Health and Justice teams. There was one action for Dorset Healthcare which has already been closed and confirmed through the ICB patient safety audit.

A new MHHR has been commissioned by the NHS England SW Regional team and the independent investigator will work with Dorset Healthcare and the ICB to produce an overarching summary report and learning of the case, alongside a review of the new PSIRF governance processes to identify what could support development and organisational investigation & ICB capability which can be also applied to the wider system.

Medical Examiner (ME) Programme

2.10 The Patient Safety team are supporting the local Medical Examiners Offices at UHD and DCH with the continued roll out of ME scrutiny in primary care. Death certification national reforms are planned from April 2024 and the draft regulations have been laid before Parliament. The new Medical Certificate of Cause of Death will reflect the role of the MEs, who will scrutinise the proposed cause of death. Deaths will not be registered until the registrar received notification of the cause by the ME or the coroner and therefore all GP practices will need to engage with the referral system that has been implemented in Dorset.

In the East of the county there is good uptake so far with almost all practices planning to or already referring deaths to the UHD office. Uptake in the West of the county is slower, although progress has been made with engagement and only 5 practices not yet responding to offers to set up the system and test.

3. Conclusion

3.1 The ICB Board is asked to note the report.

Author's name and title: P O'Shea, Deputy Chief Nursing Officer

Date: 13.02.2024

APPENDICES	
Appendix 1	**Quality Dashboard**

Quality Overview

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

Link to NHSE National Quality Tooklit *(login required)*

CONTENTS

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

Quality Overview - Adverse Events

Total Serious Incidents 23/24: 70

Total Never Events 23/24: 5

Provider Name: All

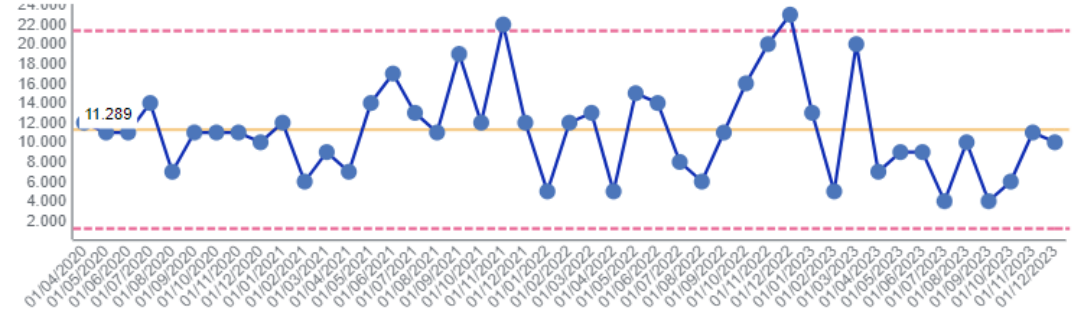
Cause Group: All

Date Range: All

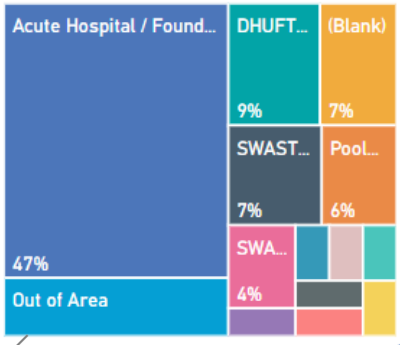
Link to the Model Health System

Link to Getting it Right First Time (GIRFT) Reports

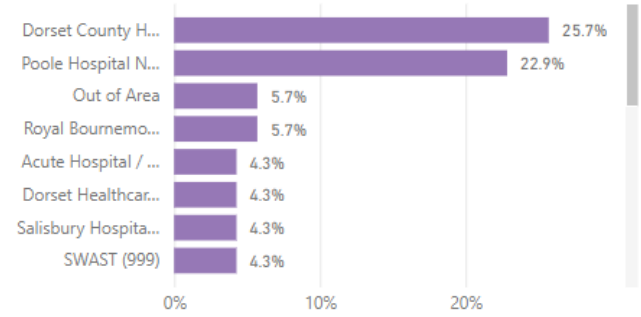
Serious Incidents (Month Reported Date) - Statistical Process Chart



Incidents by Provider



Incidents by Site/Department



Cause Group	2022/23 FY	2023/24 YTD
	1	
Abuse/Violence	1	
Accident, Injury Or Illness	1	
Care Delivery	33	26
Clinical Assess. (Diag, Scans, Tests)	15	3
Infection Prevention And Control	1	
Information Governance	1	
Medical Device, Equipment		1
Medication	4	1
Mortality And Morbidity	62	7
Never Event	6	5
Pressure Ulcer	16	15
Self Harm	4	
Service Delivery	2	6
Slips, Trips And Falls	5	5
Slips, Trips or Falls	4	
Vehicle Transport Delay		1

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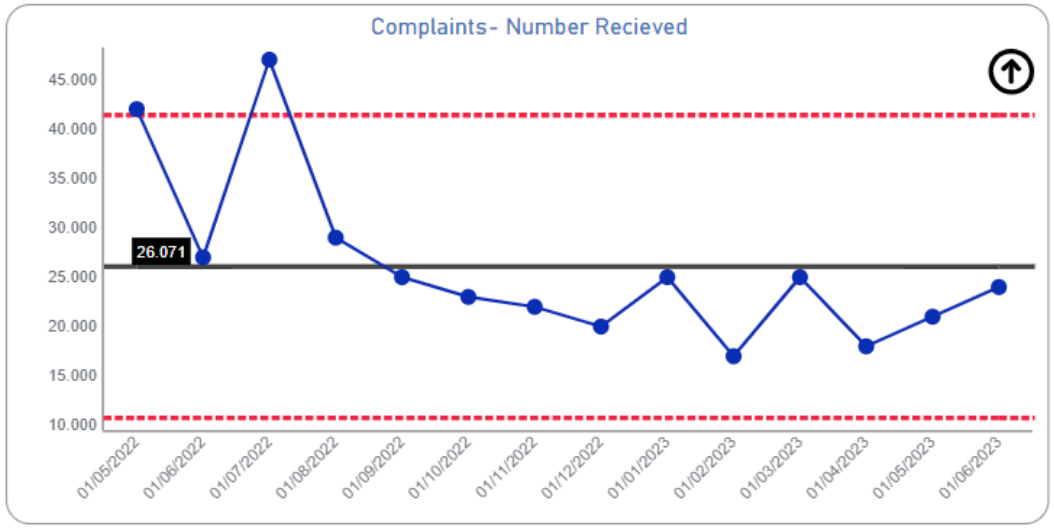
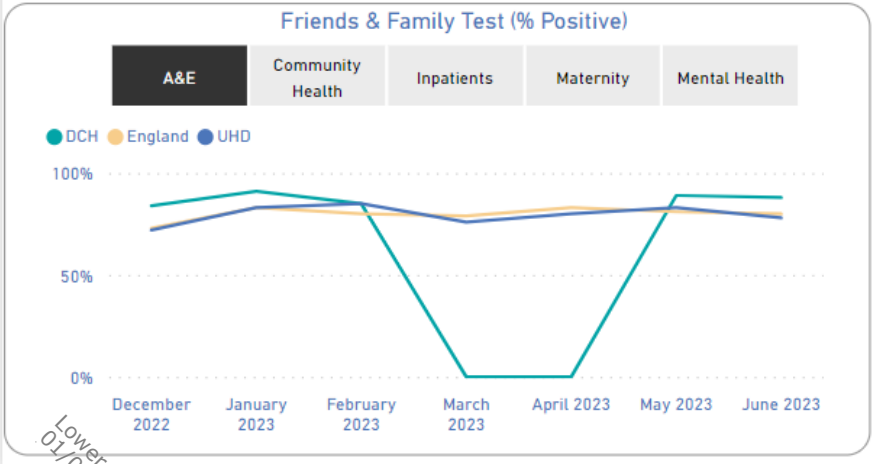
Quality Overview - Patient Experience

Service / Population Group: Overall

Provider Name: Dorset County Hospital NHS Fo...

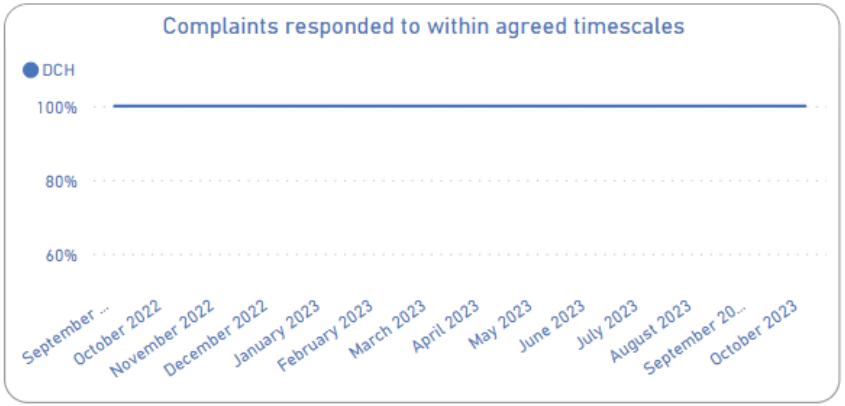
Domain	Latest Rating	Publication Date
Caring	Good	06 November 2018
Effective	Good	06 November 2018
Overall	Good	06 November 2018
Responsive	Good	06 November 2018
Safe	Requires improvement	06 November 2018
Well-led	Good	06 November 2018





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

Click **here** to access these reports



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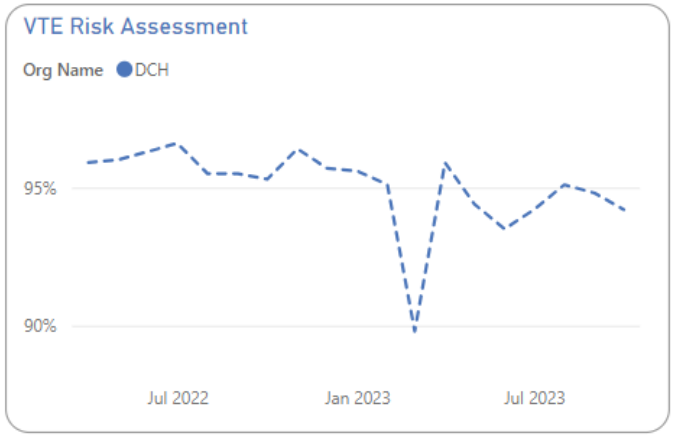
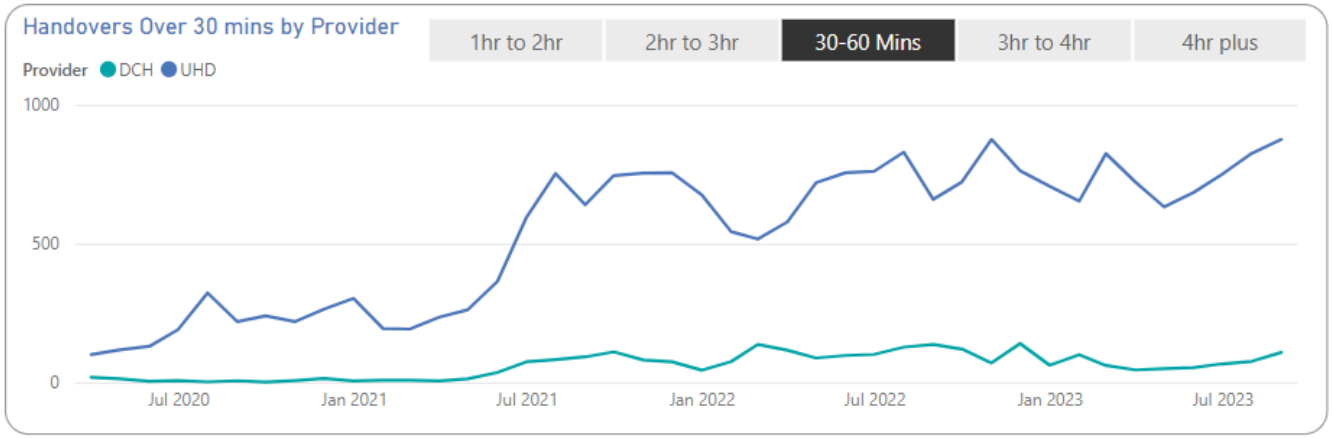
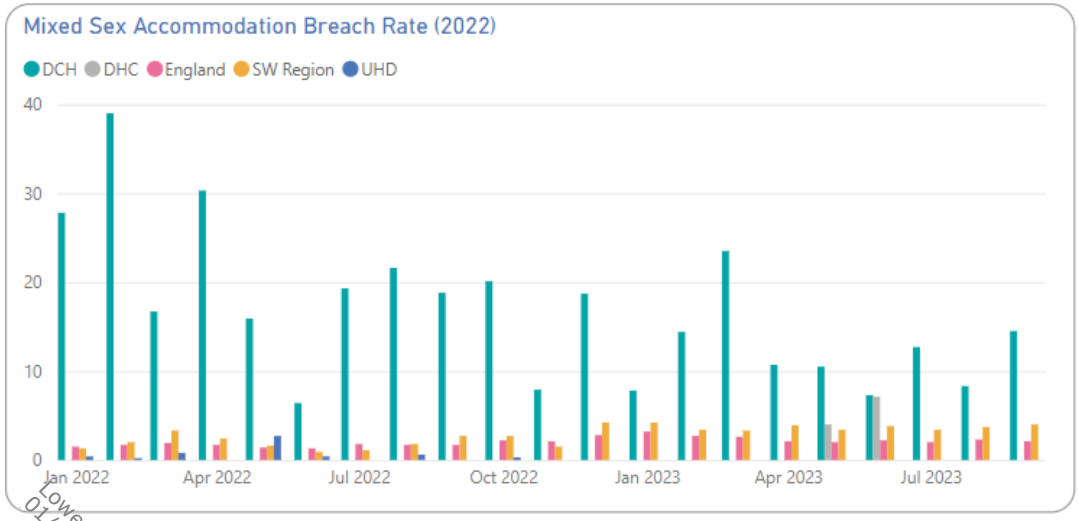
Quality Overview - Inpatient & Ambulance







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

By Provider | By Site

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Quality Overview - Infections

CDiff Providers are measured against HOHA and COHA. ICS is measured against 4 algorithms HOHA, COHA, COIA, COCA so will be above sum of providers.

Our Dorset

Case Type

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

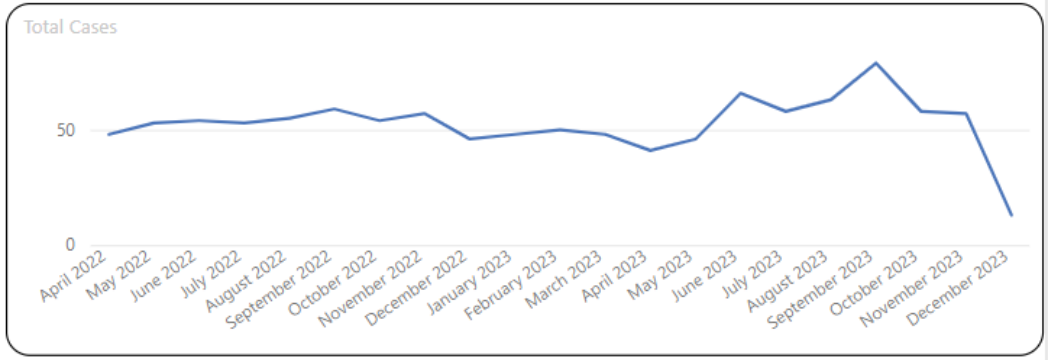
Apportionment

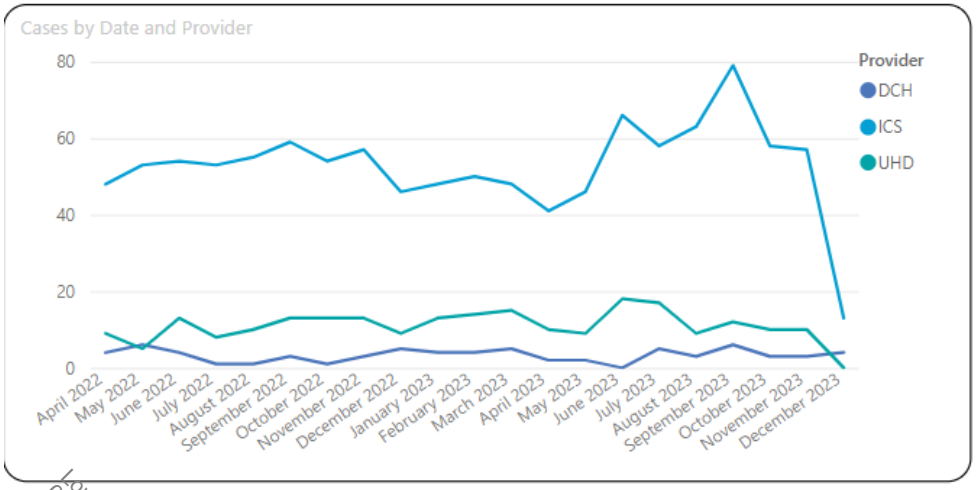
- [ ] Total

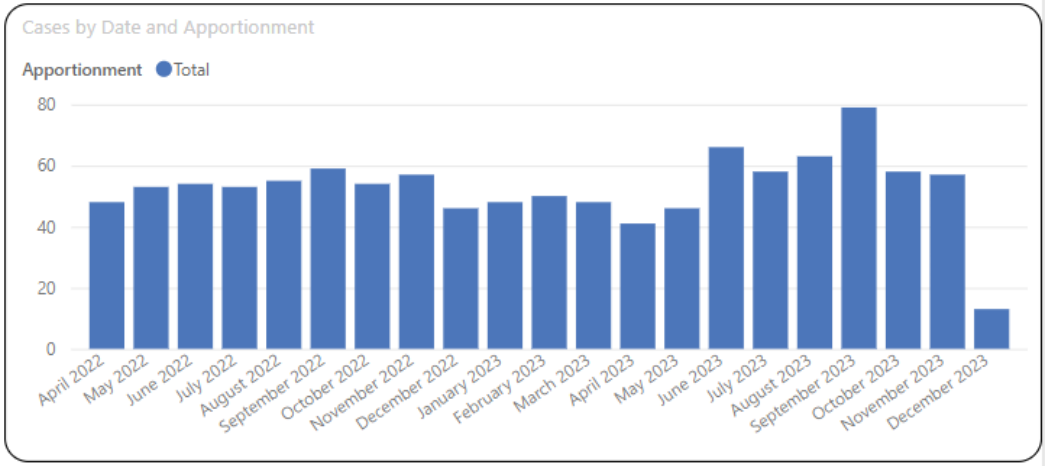
Case Analysis for E. coli

Total Cases 2023/24	Trajectory 2023/24
481	562

ICS







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Quality Overview - SMI Health Check (Patient Experience)

Month: December 2023

38	4	10.5%	10.5%
Total Sent	Total Responses	Response %	6Month Response %

Responses Recieved By

SMS 100%

Total Responses

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

Q2 - What did we do well?

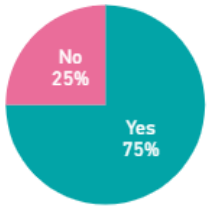
Q3 - What could we do better?

	Count
⊞ Positive Response	2
⊞ Improvement suggested	1

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

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

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



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

	%Total
Yes	75%
No	25%

Q8 - If answer No, what were you expecting?

⊞ General Comment

Q9 - Will be attending physical health assessment next year

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Quality Overview - SMI Health Check Metrics

SMI Health Checks Completed and DNA in the previous 12 months

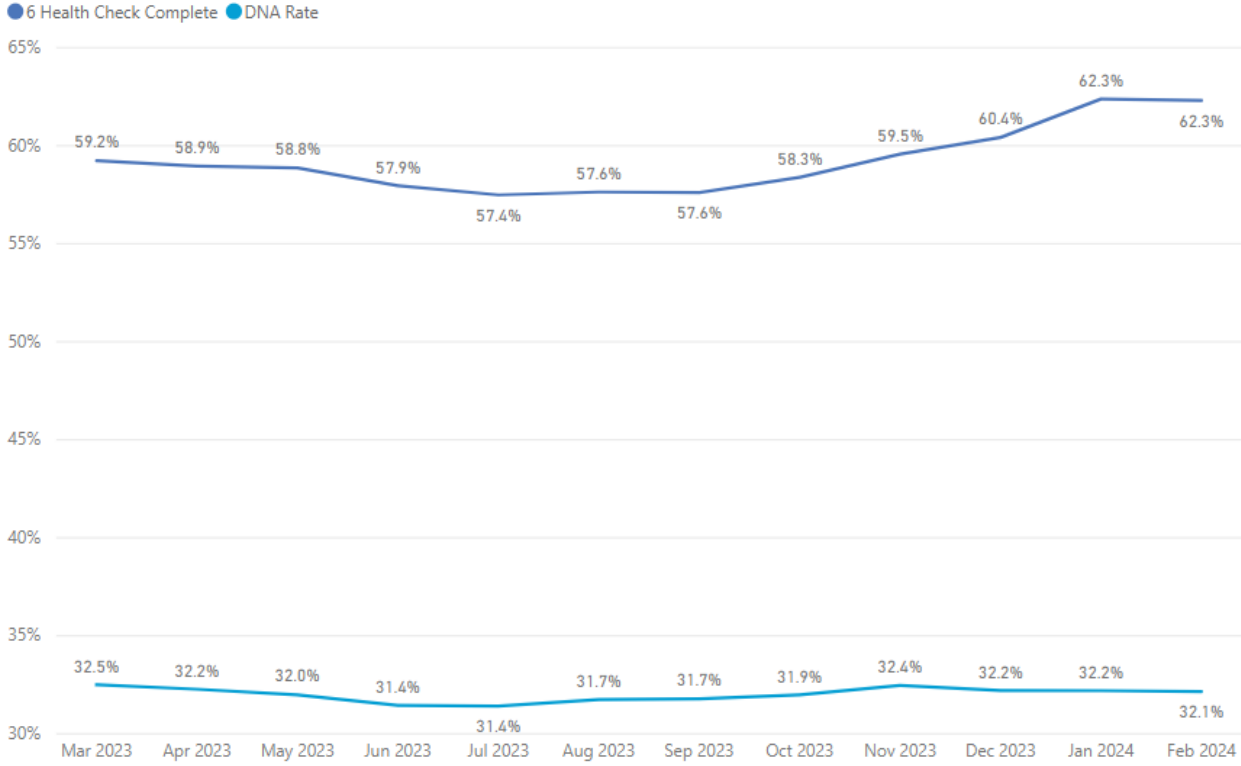
Month Select: Current Month

8,327	5,185	62.3%	32.1%
SMI Patients	Health Checks	Health Checks %	DNA Rate

PCN / Practice Breakdown

PCN	SMI Patients	Health Checks	Health Check %	DNA Rate %
Blandford	200	152	76.0%	27.0%
Bournemouth East Collaborative	798	602	75.4%	29.2%
Central Bournemouth	491	338	68.8%	33.3%
Christchurch	401	181	45.1%	37.1%
Crane Valley	210	103	49.0%	51.4%
Jurassic Coast	415	224	54.0%	39.5%
Mid Dorset	420	259	61.7%	21.4%
North Bournemouth	546	338	61.9%	15.7%
Poole Bay and Bournemouth	285	190	66.7%	29.8%
Poole Central	655	477	72.8%	28.0%
Poole North	466	286	61.4%	27.0%
Purbeck	316	142	44.9%	50.0%
Sherborne Area	189	158	83.6%	22.4%
Shore Medical	610	325	53.3%	50.0%
South Coast Medical	707	342	48.4%	51.0%
The Vale	371	272	73.3%	30.6%
Weymouth and Portland	932	597	64.1%	32.8%
Wimborne and Ferndown	315	199	63.2%	50.0%
Total	**8,327**	**5,185**	**62.3%**	**32.1%**

SMI Health Checks % and DNA Rate Trend



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Quality Overview - Primary Care Complaints

Regional Complaints data only includes cases with a Resolved Date
Complaints that has been submitted twice will only be counted once against the practice but will be showin in the Complaint subject

To Primary Care Survey & FFT

To Primary Care CQC Ratings

Our Dorset

Total Complaints (22/23)
18

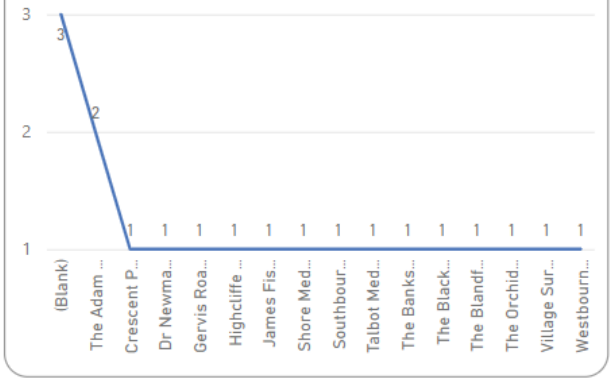
Financial Year: All

Primary Care Network: All

GP Surgery: All

Total Written Complaints
1,684

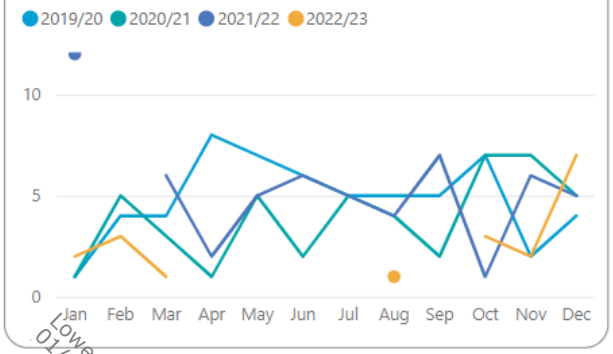
Complaints by Practice (Regional 22/23)



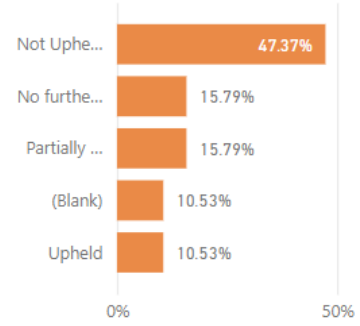
Complaint Subject	Total
	19

Primary Care Network	Population	22/23 Total	Rate per 10,000
	77,292	3	0.04
Weymouth and Portland Primary Care Network	76,006		
Poole Central Network	66,612	2	0.03
North Bournemouth Primary Care Network	58,408	3	0.05
Shore Medical	57,958	1	0.02
Poole North Primary Care Network	55,089		
Bournemouth East Collaborative Network	54,043	1	0.02
South Coast Medical	51,934	1	0.02

Complaints by Month (Regional)

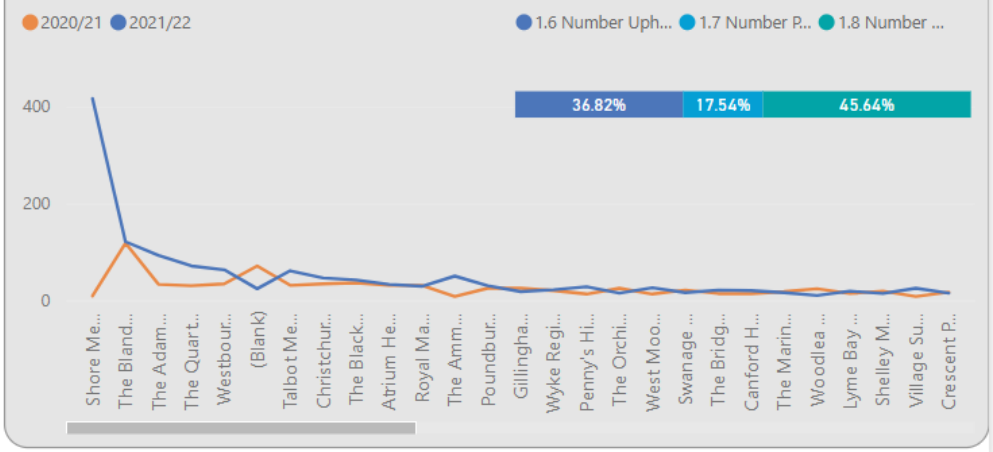


Complaint Outcome (Regional)



2021/22 Written Complaints (K041b Only)

Complaint Outcome (K041b Only)



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Quality Overview - Primary Care FFT & GP Survey

GP Response Rate %	% Positive	Total Responses	Patient Rate %
12.05%	95%	114,124	1.22%

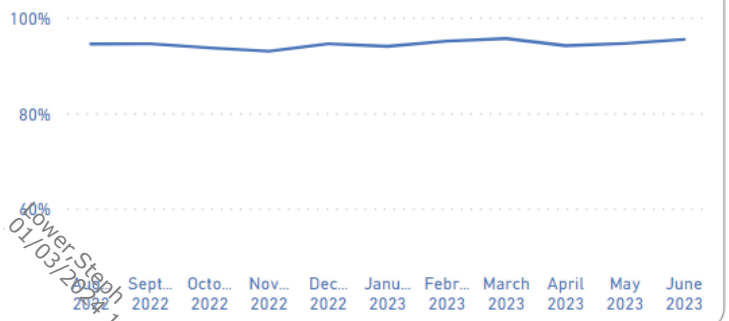
See details

Primary Care Network: All

GP Surgery: All

Friends & Family Test - Response Rate

Friends & Family Test - % Positive Responses



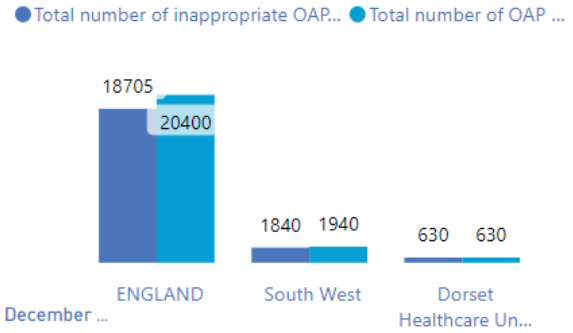
GP Surgery	Response Rate %
Evergreen Oak Surgery	7.80%
The Banks & Bearwood Medical Practice	5.90%
The Birchwood Practice	5.72%
Penny's Hill Practice	5.22%
Talbot Medical Centre	4.43%
Lyme Bay Medical Practice	4.13%
The Grove Surgery	3.91%
The Marine Surgery	3.83%
Cerne Abbas Surgery	3.59%
St Albans Medical Centre	3.47%
The Blackmore Vale Partnership	3.45%
Walford Mill Medical Centre	3.39%
The Adam Practice	3.15%
Shelley Manor Medical Centre	2.28%
The Bridges Medical Practice	1.99%
Highcliffe Medical Centre	1.91%
Royal Crescent Surgery	1.87%
Dr Newman's Surgery	1.75%
Woodlea House Surgery	1.68%
Atrium Health Centre	1.34%
Fordington Surgery	1.26%
Littledown Surgery	1.20%
Yetminster Health Centre	1.16%
Village Surgery	1.07%
Swanage Medical Practice	1.06%
The Apples Medical Centre	1.06%
Rosemary Medical Centre	1.06%

Survey Question	2021 Response %	Variance PY
Ease of getting through to someone at GP practice on the phone - 'Easy'	81.90%	-1.35%
Frequency of seeing preferred GP - 'Always/A lot'	56.37%	-2.80%
Have agreed a plan with healthcare professional to manage condition(s) - 'Yes'	60.98%	-0.92%
Healthcare professional's recognition/understanding of mental health needs - 'Yes'	91.43%	-0.05%
Helpfulness of receptionists at GP practice - 'Helpful'	93.00%	-0.28%
Satisfaction with general practice appointment times	73.93%	2.71%
Type of last general practice appointment - 'In person'	67.75%	-21.04%

Survey Question	2021 Response %
Health experiences over the last 12 months - 'None of the above'	79.00%
Most common action after not accepting appointment offered - ' Didn't see or speak to anyone'	30.00%
Most common reason for not getting an appointment - 'I was not offered an appointment'	32.00%

Quality Overview - Other

Mental Health - Out of Area Placements

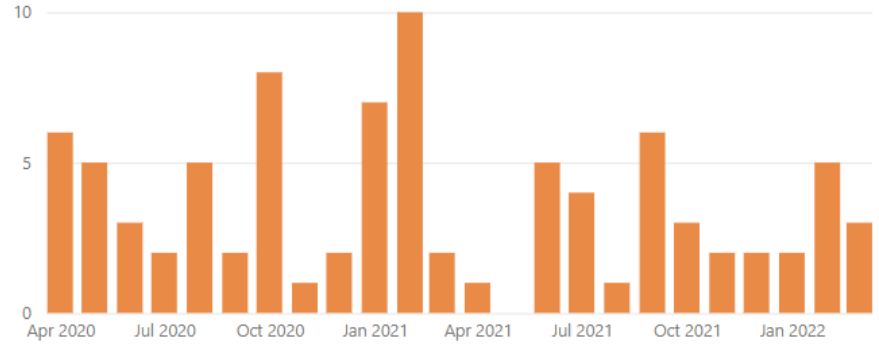


Summary Hospital-Level Mortality Indicator (SHMI)

Provider	SMHI Value
DCH	1.14
UHD	0.93

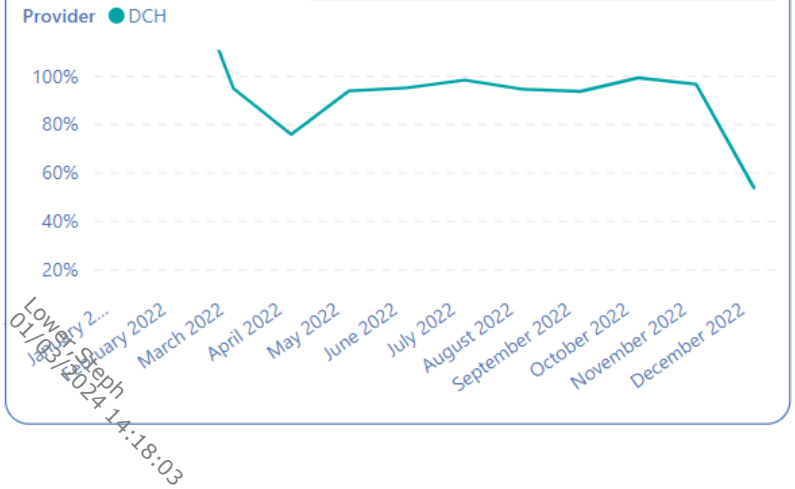
Link to NHS Digital SMHI Interactive Report

LeDeR Notifications by Month



Dementia

Dementia - % case finding applied



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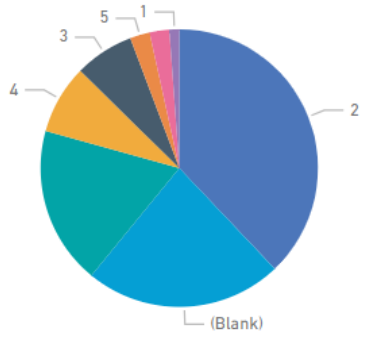
LeDeR Grading



Outcome/ Findings

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

Quality Overview - Metadata

Area	Data Source	Update Frequency
Adverse Events - Serious Incidents/Never Events	Ulysses	Monthly
Ambulance Handovers	SWASFT D040	Monthly
Care Home Incidents	Ulysses	Monthly
Care Home Occupancy	Capacity Tracker	Weekly
Dementia	Provider Quality Scocrecard	Monthly
Infection Prevention Control	Direct from Providers	Monthly
Inpatient - Mixed Sex Accomodation	NHSE Statistical Work Area	Monthly
Inpatient - VTE Risk Assessment	Provider Quality Scocrecard	Monthly
MH - Out of Area Placements	NHS Digital Data collection	Monthly
Patient Exp - Complaints/Response Time	Provider Quality Scorecard	Monthly
Patient Exp - CQC Ratings	CQC Website	Adhoc
Patient Exp - Friends & Family Test	NHSE Website data collection	Monthly
Primary Care - Complaints	Ulysses	Quarterly
Primary Care - GPPS	GP Patient Survey Website	Annually
Safeguarding - FGM	NHS Digital Data collection	Quarterly
Safeguarding - HRDA/MARAC	Direct from Local Authority	Quarterly
Safeguarding - Training	Provider Quality Scocrecard	Monthly
SMI Health Checks	Provider Gather Report	Monthly
Summary Hospital Mortality Indicator	NHS Digital Data collection	Monthly

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Dorset ICS Finance Update
Responsible Chief Officer	R Morgan, Chief Finance Officer, Dorset ICB
Author	J Wyatt, Deputy Director of Finance - System, Dorset ICB

Confidentiality	No
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Productivity and Performance Committee	22nd February 2024	The current position and risks to the forecast were discussed, and a number of actions put into place including weekly system calls with Chief Executive Officers and Chief Finance Officers
System Recovery Group	Weekly	Risks to the 2023/24 position are presented and discussed.

Purpose of the Paper	The purpose of the report is to provide an update on the current financial position and the revised H2 forecast for the Dorset system to the Board.						
	Note:		Discuss:	✓	Recommend:		Approve:
Summary of Key Issues	This report contains an update for members on the financial position of both the ICB and ICS NHS providers as at January 2024 (Month 10). **The system has reported a year to date deficit of £36.7m as at Month 10, with a revised forecast deficit of £16.7m**. This represents the agreed deficit position of £12.3m plus further industrial action costs totalling £4.4m However there remains a high level of risk in delivering against the agreed deficit, which is being reported to the System Recovery Group weekly. Current risk rating and delivery reporting of schemes suggest that further mitigations of c£11m are required to be delivered to achieve the agreed deficit, plus additional emerging risks relating to operational pressures. The year to date position is further broken down below, with the main drivers and risks including elective activity performance, agency spend, inflation and PHC explored in more detail.						
Action recommended	The Board is recommended to **DISCUSS** the Dorset ICS Finance Report and forecast update.						

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	*The ICB has a statutory duty to keep expenditure within resource limits.*
Finance and Resource	**YES**	*The report is for discussion, to inform future decision making on financial matters based on the position and risks highlighted.*
Risk	**YES**	*The ICS has currently identified a high level of financial risk which will need to be managed in order to achieve breakeven in 2023/24. If breakeven positions are not reported, the system risks receipt of national funding flows and a greater level of scrutiny through the Oversight Framework. The risk of not achieving breakeven is included in the corporate risk register.*

Risk Appetite Statement	
ICB Risk Appetite Statement	*This paper helps to inform decision making in alignment with the following risk statement: The ICB has a low risk appetite for delivering services outside budgets modelled within our financial plans. All such financial responses will be undertaken only after all other available options have been considered and discounted, and will ensure optimal value for money in the utilisation of public funds.*

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	*The report is for information only*
Quality Impact Assessment (QIA)	**NO**	*The report is for information only*

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	
Tackling unequal outcomes and access	
Enhancing productivity and value for money	*This paper is intended to inform financial decision making by providing a summary of the current position, therefore ensuring value for money and transparency of decision making.*
Helping the NHS to support broader social and economic development	

System Working	
System Working Opportunities	*This paper support system working as it includes a financial update for both the ICB and NHS partners within the system, having been produced in conjunction with system finance teams.*

DORSET ICS FINANCE UPDATE

1. Introduction

1.1 **Appendix 1** provides a summary and update of the financial position of the ICS as at January 2024. This incorporates Month 10 reporting for ICS Providers and for NHS Dorset ICB.

2. Report

Integrated Care System (ICS)

2.1 The ICS is reporting a year-to-date deficit of £36.7m against breakeven plans submitted to NHS England, with in-system NHS acute providers and the ICB reporting a deficit against plans and the ambulance trust and Dorset Healthcare NHS Trust reporting breakeven or a small surplus. The system has reviewed the Forecast Outturn (FOT) in line with the "H2 resubmission" process and has updated it to reflect the agreed deficit of £12.3m plus further industrial action costs of £4.4m to give a revised forecast deficit of £16.7m.

2.2 However there remains a significant level of risk to delivery against the agreed deficit, which is reported to the System Recovery Group weekly. Current risk rating and delivery reporting of schemes suggest that further mitigations of c£11m are required to be delivered.

2.3 Commentary and key drivers of the year-to-date position by provider are shared in Appendix 1, slide 5, however the main drivers are also shown below:

Drivers of variance against plan, YTD Month 10	Impact of Industrial Action	Industrial Action Funding	Inflation not in plan	Agency/ Escalation beds	Efficiency Shortfall	Vacancies	PHC	Other	Total Deficit YTD Month 10 Excl ERF	ERF /PbR Impact	Total Deficit YTD Month 10
Dorset County Hospital	(3.0)	2.4	(2.0)	(2.1)	(4.7)			(1.0)	(10.4)	0.5	(9.9)
Dorset Healthcare				(1.9)	(0.7)	7.3		(4.4)	0.3		0.3
SWASFT									0.0		0.0
University Hospitals Dorset	(3.6)	6.9	(4.1)	(5.0)	(9.8)	0.0	0.0	4.5	(11.1)	(2.2)	(13.3)
TOTAL Provider Surplus/(Deficit)	**(6.6)**	**9.3**	**(6.1)**	**(9.0)**	**(15.2)**	**7.3**	**0.0**	**(0.9)**	**(21.2)**	**(1.7)**	**(22.9)**
Dorset ICB							(13.8)		**(13.8)**		**(13.8)**
TOTAL System Surplus/(Deficit)	**(6.6)**	**9.3**	**(6.1)**	**(9.0)**	**(15.2)**	**7.3**	**(13.8)**	**(0.9)**	**(35.0)**	**(1.7)**	**(36.7)**

2.4 Operational pressures relating to the Industrial Action are a key theme to the challenge on financial performance for both acute trusts, with an estimated cost of £6.6m to date relating to both direct medical and nursing costs. However, this has been supported by additional funding received of £9.3m which has been shared between both acute providers.

As previously described, this also includes the impact on the system's ability to recover elective activity. In recognition, the system target to earn additional Elective Recovery Funding has been reduced by 4% in addition to a movement of target related to a restatement of the UHD baselines, resulting in a revised target for Dorset of 100%. This has reduced the level of income risk to providers under the Payment by Results (PbR) regime. However, risk remains in relation to the recovery that was imbedded in the H2 forecast, particularly the impact of coding

improvements at UHD. It was anticipated that the system would report a surplus position by March 2024 which is still to be confirmed.

NHS England have now published performance data for April to October which shows a remaining under performance against plans for University Hospitals Dorset, offset by an overperformance by our Independent Sector Providers (ISPs). The financial impact of £1.7m (improved from £4.7m in Month 9) estimated by both operational teams is reflected in the year-to-date position. This assumes that the ICB has a neutral position due to the funding flows mirroring the national calculations, with clawbacks from NHS providers being offset by additional expenditure with ISPs.

The system is expecting a draft calculation relating to Q4 activity and subsequent funding flows shortly which will confirm the financial risk in 2023/24. We understand there will be an opportunity for local review to ensure recent improvements are reflected.

2.5 In addition, inflationary pressures above the level assumed in national modelling are estimated to have contributed £6.1m to the year-to-date deficit (£5.2m Month 9), with the biggest movement continuing to be driven by energy prices. Revised forecasting undertaken in Q2 reduced the forecasted pressure for energy from earlier estimates, however this is still expected to be higher than nationally assumed inflation levels. Alongside this are emergent issues with drugs and continence products.

2.6 Across the system, the ability to achieve Cost improvement Programmes (CIP) savings which are, in some cases, heavily phased into the second half of the year has also increasingly impacted on the ability to maintain a breakeven position in line with plans. Dorset County and UHD are recognising further slippage, along with plan phasing impacting Quarter 4. The current underperformance is £4.7m at Dorset County and £9.8m at UHD, with significant schemes achieved non-recurrently which impacts the ability to breakeven in 2024/25.

2.7 Agency expenditure continues to be a key focus area for the ICS with an in-depth view of agency included in appendix 1, showing expenditure against plan and NHSE targets by provider. In summary, expenditure to date remains higher than plan across all Dorset providers although the system has worked to successfully eliminate use of Thornbury. This is a key aim for the system to ensure spend is within the target of 3.7% of total pay (£44m) as set out by NHS England, with current forecasts suggesting a spend of £50.4m against this target, with a risk of further deterioration due to the current operational pressures. However, a reduction to the system rate card has been enacted for on-framework agency usage with effect from 1st January, which is proposed to save £900k over Q4 across the system. This is evidenced at both Dorset County and Dorset Healthcare with Month 10 spend dropping form December levels. Further work is being done to gather shift data to understand average rates to demonstrate this reduction further.

Dorset Integrated Care Board (ICB)

2.8 The ICB has reported a year-to-date deficit of £13.8m against plans as at January 2024 (Month 10). This is a change in reporting from previous months, to reflect the move towards the agreed deficit of £12.3m plus Industrial Action.

2.9 Several significant risks in-year have crystallised, including a high level of efficiency targets, staffing, prescribing and Personal Health Commissioning (PHC). The ICB is currently investigating all non-recurrent funding sources to manage these pressures in-year, however it is increasingly unlikely that non-recurrent sources can be found to cover the entire risk which is reflected in the latest forecast submission. In addition, the challenge for future years remains where savings cannot be found recurrently.

2.10 Personal Health Commissioning (PHC) budgets continue to be particularly pressured, with predicted inflationary pressures above 2022/23 outturn unable to be funded within the financial envelope. As described in Appendix 1, slide 6, current estimates are that an additional £34.3m will be required in 2023/24, which represents an increase of 25% on last year's spend. This relates to increased costs of packages of care, and increased acuity of cases.

2.11 In prescribing, current forecasts show a overspend of £7.4m against plans.

Data analysed to date shows a 5% increase in general drugs tariffs since plans were set alongside a significant impact from drug prices as they exit NCSO tariffs which are estimated to result in a cost pressure of £4.3m. This is an improvement from the forecast cost pressure earlier in the year due to savings identified from the Medicines Optimisations Team plus a lower than previously forecast growth assumption.

In addition, the ICB continues to experience increases in No Cheaper Stock Obtainable (NCSO) spend, with national modelling suggesting a cost pressure of £3.1m above planned levels. National funding was received in 2022/23 for NCSO impacts, however funding has not been identified in 2023/24 to date, therefore it is increasingly likely that this overspend will also need to be managed within the ICB control total.

2.12 Activity data received to date with our Independent Sector Providers (ISPs) for 2023/24 indicates that activity is being delivered above 2022/23 levels to support delivery of elective targets, with activity as at October showing delivery of 182.5% against 19/20 (£7.4m). This is nominally funded through Elective Recovery Funding (ERF) as the contracts are variable, however this necessitates enacting variable payments with any underperforming NHS contracts in line with national guidance and does not generate an earning potential for the system as cost is also at tariff.

2.13 The ICB is also carefully managing its cash position given the revenue challenges. ICBs draw down their cash on the 16th of the month for the following month

alongside a forecast cash requirement for the month after. At the same time, the NHS England Cash Team review cash expenditure by ICBs to date.

As with many ICBs in 2023/24, Dorset has utilised significantly more cash year to date than planned on a pro rata basis. There are a number of factors, including the late allocation of funding in 2022/23 that could not be transacted in year and therefore needed to be transacted in 2023/24.

Dorset ICB is currently awaiting approval of the March cash request. If cash requests from ICBs are not able to be funded nationally, we will see a reduced cash allocation in March, which we will need to manage with partners, with our biggest partners being NHS providers, followed by Local Authorities. We would, though, request additional cash for April out of the 2024/25 cash allocation and clear any amounts we have not been able to service in March as early in April as possible.

Conclusion

3.1 The Board is asked to note the report and financial position of the ICS as at Month 10, including the year to date position and the ongoing and emergent risks.

3.2 The Board is also asked to note the revised forecast outturn reported, noting the significant associated risks to delivery.

Author's name and title: J Wyatt, Deputy Director of Finance - System

Date: 14th February 2024

APPENDICES	
Appendix 1	**Dorset ICS Finance Report, January 2024**

Finance KPIs

£m	Dorset County Hospital	Dorset Healthcare	University Hospitals Dorset	SWASFT	Dorset ICB	ICS	Notes
YTD Position - variance	**(9.9)**	**0.3**	**(13.3)**	**0.0**	**(13.8)**	**(36.7)**	The system has reported a deficit of £36.7m as at Month 10, demonstrating a slight improvement on Month 9 in line with the agreed forecast deficit. The reported forecast outturn (FOT) has moved from breakeven to a deficit of £12.3m plus Industrial Action costs of £4.4m .
Change from last month	(0.9)	0.2	0.9	0.0	(3.4)	(3.2)	
Year End Outturn - variance	**(0.6)**	**1.5**	**(3.8)**	**0.0**	**(13.8)**	**(16.7)**	
Agency spend per month (Average)	**1.2**	**1.0**	**2.1**	**0.1**		**4.4**	Monthly agency spend remains high (Total spend to date £43.9m), with a revised forecast of £50.4m against planned levels of £37.7m. A deep dive on agency is included in slide 4.
Change from last month	(0.0)	(0.0)	0.0	0.0		(0.0)	
Agency Forecast Outturn	**11.8**	**12.7**	**25.1**	**0.8**		**50.4**	
Efficiency Total	**3.4**	**13.4**	**14.9**	**12.9**	**42.4**	**87.0**	Efficiency delivery remains below plan, with a further challenge reported in Q4 due to phasing. This is driven by slippage most notably in Dorset County and University Hospitals Dorset. The ability to identify recurrent schemes is also a concern, with Dorset County and University Hospitals Dorset both reporting recurrent efficiencies below the system target of 60%
Variance to plan	**(4.9)**	**0.1**	**(10.9)**	**0.0**	**0.0**	**(15.7)**	
Variance movement from last month	(0.8)	(1.9)	(2.8)	0.0	0.0	(5.5)	
Recurrent efficiencies % of total	29%	62%	44%	100%	69%	70%	
System CDEL (excl IFRS) outturn - variance to plan	**0.0**	**0.5**	**0.0**	**(0.8)**		**(0.3)**	The system is also forecasting a £4.7m overspend for IFRS related CDEL which arises from the significant shortfall in allocation for IFRS 16 (£7.5m allocation vs £12.2m forecast) that was confirmed recently by NHS England. However, all Dorset providers are forecasting areas of slippage on nationally funded schemes. SWASFT are expecting an increase in allowance for MH Vehicles which will negate their variance.
Other Capital outturn - variance to plan	**2.3**	**14.7**	**73.4**	**(3.5)**		**86.9**	

System Financial Position

As at Month 10, the NHS ICS has reported a variance to the breakeven plan of £36.7m, which represents a small improvement on the previous run rate due to the recognition of mitigations to support the planned system deficit. Following recent national forecast discussions, the system has moved the Forecast Outturn (FOT) position in national reporting from breakeven to a deficit of £16.7m which represents the agreed forecast of £12.3m plus £4.4m relating to actual and forecast Industrial Action in December and January. However there remains a high level of risk in achieving this deficit, with c£11m of mitigating actions still to be identified or delivered plus an additional risk estimated to be £6m within the ICB.

For the ICB particularly, the internal risks around PHC and prescribing, are becoming well established and the risk for PHC of £34.2m full year is now reflected in the year to date position. Mitigating actions are being sought but this is not currently forecast to cover the level of risk being experienced.

Of the current year to date deficit within providers, it is estimated that £6.6m relates to the cost of Industrial Action to date, additional funding of £9.3m has been received by the system to support this and the indirect costs. There is also a resultant impact on activity. Following publication of the national activity data set to October, a financial impact within our two acutes totalling £1.7m has been recognised in Month 10 reporting, with adjustments to variable contracts required as a result to offset above target independent sector and out of area provider activity.

A further £6.1m of the deficit in our system trusts relates to inflationary pressures outside of national planning assumptions. In addition, efficiency recovery has been lower than planned, contributing £15.2m to the year to date deficit.

As shown in the subsequent slides, agency spend remains high into 2023/24 with spend of £43.9m to date against a ytd plan of £30.6m. In 2023/24, ICS's are tasked with keeping agency spend lower than 3.7% of total pay costs, which gives a forecast target of £45.2m for the Dorset System by the end of March. Current forecasts would suggest a spend of £50.4m against this.

Finance Summary

System Financial Performance

Dorset ICS performance YTD Month 10	Income			Expenditure			Financial Performance		
	Plan	Actual	Surplus/ (Deficit)	Plan	Actual	Surplus/ (Deficit)	Plan	Actual	Surplus/ (Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Dorset County Hospital	226.7	235.6	8.9	(226.7)	(245.5)	(18.8)	0.0	(9.8)	(9.9)
Dorset Healthcare	296.8	315.8	19.0	(297.6)	(316.4)	(18.7)	(0.8)	(0.6)	0.3
University Hospitals Dorset	624.3	663.7	39.5	(626.8)	(679.6)	(52.8)	(2.6)	(15.9)	(13.3)
SWASFT	314.8	318.1	3.2	(314.8)	(318.1)	(3.2)	0.0	0.0	0.0
Dorset Provider Total	**1,462.6**	**1,533.2**	**70.6**	**(1,466.0)**	**(1,559.5)**	**(93.5)**	**(3.4)**	**(26.3)**	**(22.9)**
Dorset ICB	1,541.2	1,541.2	0.0	(1,541.2)	(1,555.0)	(13.8)	0.0	(13.8)	(13.8)
Dorset ICS Total							**(3.4)**	**(40.1)**	**(36.7)**

Dorset ICS performance YTD	Plan	Actual	Surplus/ (Deficit)
	£m	£m	£m
Dorset Providers			
Income	1,462.6	1,533.2	70.6
Pay	(1,016.2)	(1,063.6)	(47.4)
Non-pay	(431.4)	(484.3)	(52.9)
Non Operation Items	(18.4)	(11.7)	6.8
Dorset Provider Total	**(3.4)**	**(26.3)**	**(22.9)**

Dorset ICB			
Acute Services	(772.7)	(772.5)	0.2
Mental Health Services	(154.9)	(157.0)	(2.0)
Community Health Services	(159.8)	(160.1)	(0.3)
Continuing Care Services	(97.2)	(123.8)	(26.6)
Primary Care Services	(143.3)	(149.0)	(5.7)
Other Commissioned Services	(17.4)	(17.5)	(0.1)
Other Programme Services	1.9	16.7	14.9
Delegated Primary Care	(184.2)	(178.3)	5.9
ICB Running Costs	(13.5)	(13.5)	(0.0)
Dorset ICB Total	**(1,541.2)**	**(1,555.0)**	**(13.8)**

ICB Financial Position

At month 10 a number of risks to a breakeven position that were identified in the opening ICB plan have crystallised into actual forecast cost pressures.

High levels of efficiencies were included in the final plan submitted to NHS England, most prominently relating to non-recurrent income requirements, and within PHC and prescribing, which saw very high cost 2022/23 pressures. These savings targets were required to achieve a balanced plan and to ensure budgets reflected the ICB's overall allocation growth of 4.5%.

Several areas are showing activity and growth pressures far exceeding plan growth. The main areas of concern at month 10 continue to be Continuing Health Care (CHC), Prescribing and the ICB establishment costs, but we are also seeing a significant cost pressure materialise in the system investment funding allocation.

CHC is showing high year on year growth in activity, cost inflation and acuity of care and is forecast to be £34.2m overspent which includes all identified QIPP savings against the plan target of £20m.

The main driver of the prescribing full year overspend continues to be cost pressures due to in year NCSO (No Cheaper Stock Obtainable) price concessions. We are seeing a consistent high level of direct NCSO costs, and in addition we are seeing an increasing general price trend from drugs previously on NCSO coming back on tariff at a substantially higher price than pre NCSO level (total NCSO forecast cost pressure £6.1m). Alongside this we have seen a higher than planned general price inflation, which has been part offset by in year category M price reductions from Q2 and Apixaban coming off patent in Q3.

There is also a risk around Independent Sector Providers which saw very high activity growth in 2022/23. It is expected that this growth will continue into 2023/24 based on current activity data. Should the ICB exceed the ERF target of 100% of 19/20 activity levels it is expected that excess activity will be funded. However, should the ISP's overperform and the ICB in total does not meet or exceed the overall target, this would need to be funded from clawback of under activity from NHS providers.

In addition, a pressure relating to the deployment of UEC/discharge related funding is emerging. Consisting of two allocations to the system and bought forward funding, an investment stream of £34.4m was identified to support flow and winter pressures within the system in 2023/24. This is forecast to overspend by £2.7m, due to demand on complex discharge capacity and D2A beds being higher than anticipated.

The main ICB risk areas are detailed further in the subsequent slides.

Finance - Dorset ICS

System Efficiencies

Dorset ICS Efficiency Performance YTD Month 10	Full year plan total	TOTAL EFFICIENCIES			RECURRENT			
		YTD Plan	YTD Actuals	Variance	YTD Plan	YTD Actuals	Variance	% recurrent
	£m	£m	£m	£m	£m	£m	£m	£m
Dorset County Hospital	10.9	8.2	3.4	(4.9)	5.0	1.0	(4.0)	28.9%
Dorset Healthcare	17.5	13.3	13.4	0.1	8.0	8.3	0.4	62.4%
University Hospitals Dorset	33.3	25.8	14.9	(10.9)	22.9	6.5	(16.4)	43.6%
South West Ambulance Service	15.5	12.9	12.9	0.0	12.9	12.9	0.0	100.0%
Provider Total	**77.2**	**60.2**	**44.5**	**(15.7)**	**48.7**	**28.7**	**(20.0)**	**64.5%**
Dorset ICB	44.9	34.1	34.1	0.0	23.4	23.4	0.0	68.7%
Dorset ICB schemes impacting providers	10.0	8.3	8.3	0.0	8.3	8.3	0.0	100.0%
Dorset ICS Total	**132.1**	**102.7**	**87.0**	**(15.7)**	**80.5**	**60.5**	**(20.0)**	**69.5%**

System Risks

Dorset ICS Risks	Potential Risk £m	Mitigated impact £m
Dorset County Hospital	(14.7)	(0.6)
Dorset Healthcare	(2.1)	0.0
University Hospitals Dorset	(33.2)	(5.0)
SWASFT	(0.8)	0.0
Dorset Provider Total	**(50.7)**	**(5.6)**
Dorset ICB	(21.3)	0.0
Dorset ICS Total	**(72.0)**	**(5.6)**

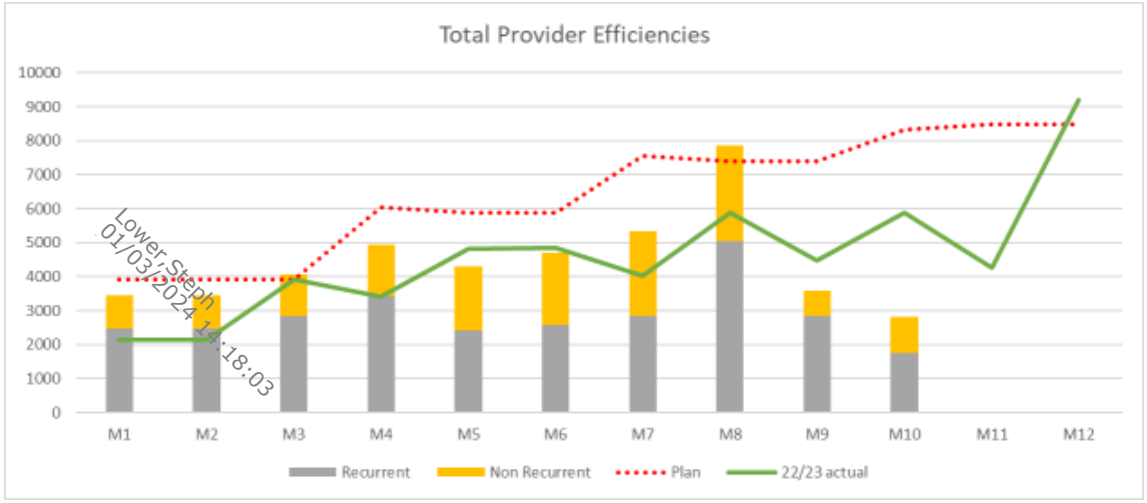
Since Month 9, the risks reported have been reviewed in line with the H2 submission to NHSE on 22nd November. Particularly in light of additional national funding, assumptions on ERF recovery and other internal mitigations.

The Dorset ICS has reported total risks to breakeven of £80.4m as at Month 10 (£80.4m in Month 9). They are currently reported to be fully mitigated except for £0.6m at DCH relating to recent strike action costs, and £5.0m at UHD relating to industrial action and ERF income risks.

Other risks described mainly relate to inflation (£10.1m excl PHC and prescribing) and CIP achievement (£40.1m) risks. In line with reported positions, £2.2m of the system risks relates to Elective Recovery, and variable contract underperformance within the acute providers.

In addition, agency and escalation beds (£10.2m) and PHC (£3.0m above the CIP slippage reported) are also risks to the position.

Provider Efficiencies



Capital

Overall, the system is forecasting a £5.0m overspend for CDEL related expenditure which arises from the significant shortfall in allocation for IFRS 16 (£7.5m allocation vs £12.2m forecast) that was confirmed recently by NHS England. We will be required to utilise slippage in our wider CDEL capital programme to cover this where it can be identified. The system is, however, forecasted to be significantly behind plan for other Capital expenditure, which includes amounts related to the New Hospital Programme and other centrally funded schemes.

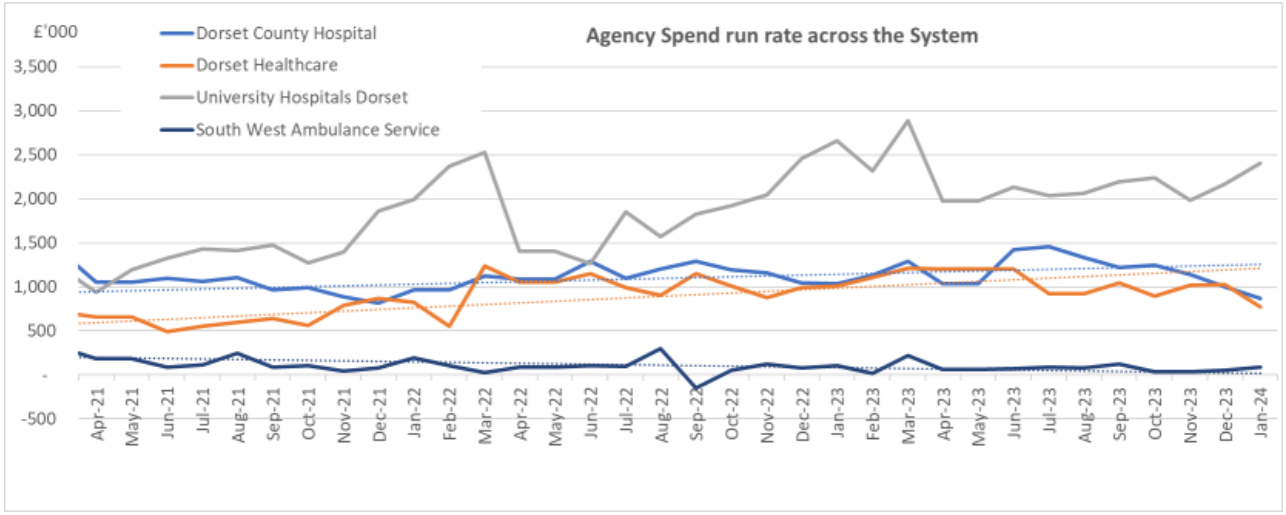
Dorset ICS Providers	2023/24 Full year								
	System CDEL (Excl IFRS)			Other Capital			IFRS CDEL		
As at Month 10	Plan £m	Forecast £m	Variance £m	Plan £m	Forecast £m	Variance £m	Plan £m	Forecast £m	Variance £m
Dorset County Hospital	7.5	7.5	0.0	20.8	18.5	2.3	4.3	3.3	1.0
Dorset Healthcare	10.0	9.5	0.5	24.5	9.8	14.7	5.4	1.7	3.7
University Hospitals Dorset	25.9	25.9	0.0	173.0	99.6	73.4	0.4	0.4	0.0
South West Ambulance Service	21.2	22.1	(0.8)	5.1	8.7	(3.5)	5.1	6.9	(1.8)
Provider Total	**64.6**	**64.9**	**(0.3)**	**223.4**	**136.6**	**86.9**	**15.2**	**12.2**	**3.0**
IFRS 16 Allocation (system total)							**7.5**	**12.2**	**(4.7)**

Finance - Dorset ICS Agency

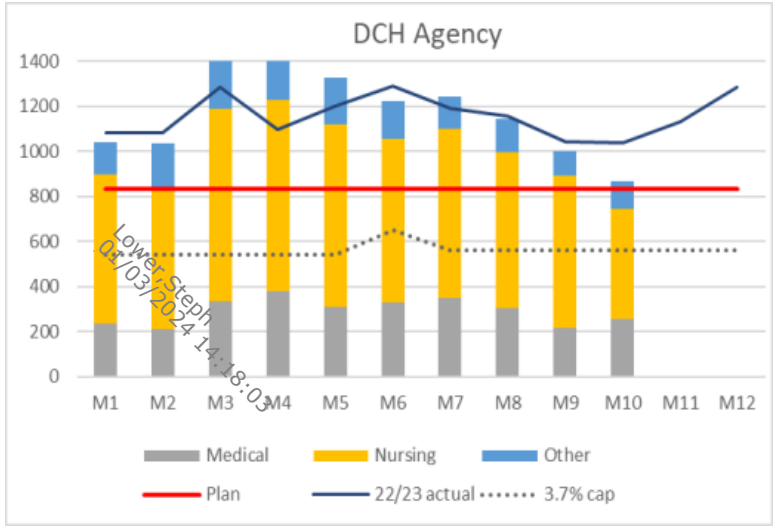
Agency – Month 10 financial position

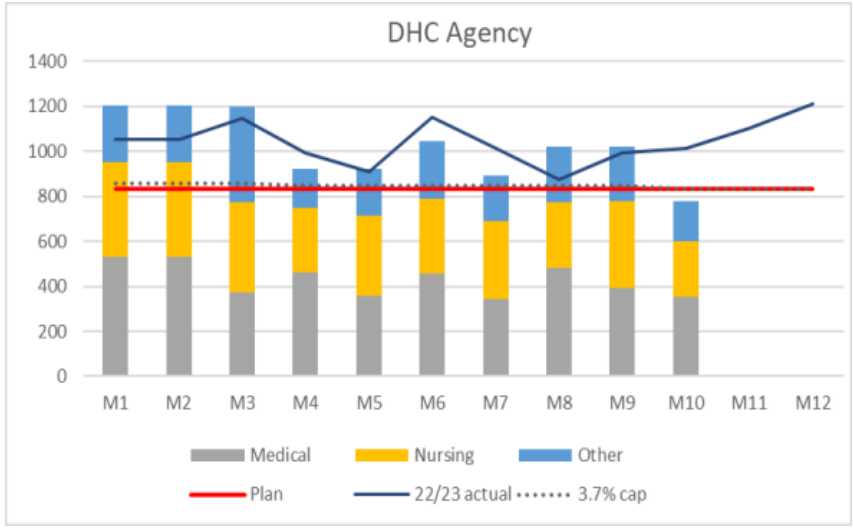
YTD Month 10	Agency					Workforce
	NHSE Cap £'000	Plan £'000	Actuals £'000	Variance against Plan £'000	Variance against Cap £'000	Agency % - actual agency against planned pay
Dorset County Hospital	5,612	8,330	11,771	(3,441)	(6,159)	7.8%
Dorset Healthcare	8,476	8,340	10,212	(1,872)	(1,736)	4.5%
University Hospitals Dorset	15,248	13,068	21,181	(8,113)	(5,933)	5.1%
South West Ambulance Service	8,263	910	686	224	7,577	0.3%
Dorset Providers Total	**37,599**	**30,648**	**43,850**	**(13,202)**	**(6,251)**	**4.3%**

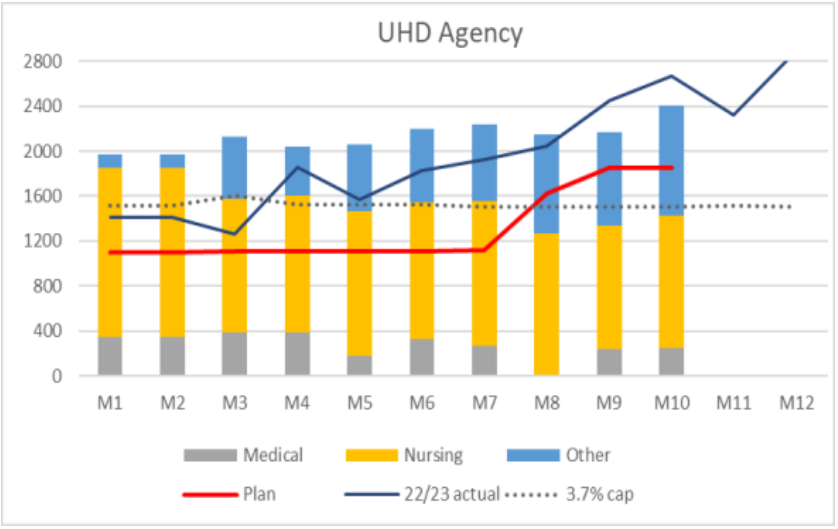
Agency – Run Rate by month



Agency – Analysis by provider







Finance - Dorset ICS provider summaries

University Hospitals Dorset (UHD)

Drivers of the Month 10 Position	£m
Inflation - energy	(4.1)
Agency (escalation beds)	(5.0)
Cost of Industrial Action	(3.6)
ERF underperformance	(2.2)
Efficiency shortfall	(9.8)
Other	4.5
National Funding	6.9
Deficit	**(13.3)**

University Hospital Dorset	Plan £'000	Actual £'000	Variance £'000
Financial Performance	(2,587)	(15,906)	(13,319)
Agency	13,068	21,181	(8,113)
Bank	33,001	41,381	(8,380)
Efficiencies	25,766	14,891	(10,875)
Recurrent	22,863	6,488	(16,375)
Non-Recurrent	2,903	8,403	5,500

'At the end of January 2024 the Trust has reported a deficit of £15.9 million against a planned deficit of £2.6 million representing an adverse variance of £13.3 million. This is mainly due to a reduction in elective income of £2.2 million reflecting lower than planned activity; energy cost inflation of £4.1 million; and unfunded escalation costs of £5.0 million. Premium cost pay overspends within Care Groups have been partially off-set by additional bank interest and reduced depreciation charges.

Included within the Year to Date position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trusts share of the nationally announced £800 million financial support.

Dorset County Hospital (DCH)

Drivers of the Month 10 Position	£m
Inflation - energy & Drugs	(2.0)
Unachieved CIP	(4.7)
Cost of Industrial Action	(3.0)
Agency	(2.1)
ERF overperformance	0.5
Other	(1.0)
National Funding	2.4
Deficit	**(9.9)**

Dorset County Hospital	Plan £'000	Actual £'000	Variance £'000
Financial Performance	14	(9,841)	(9,855)
Agency	8,330	11,771	(3,441)
Bank	7,874	(10,506)	18,380
Efficiencies	8,248	3,367	(4,881)
Recurrent	4,970	973	(3,997)
Non-Recurrent	3,278	2,394	(884)

The month 10 & YTD performance is largely driven by:
- Ongoing IA with £604k Dec & Jan worsening incl.
- Ongoing use of high cost agency to meet demands, driven by expanded bed base, vacancy & sickness cover & supporting MH patients
- Above plan levels of inflation
- Efficiency delivery challenges

Further initiatives in relation to high cost agency reduction is under way, with the 15% agency rate reduction making a positive impact in M10. Active system discussions are taking place to de-escalate beds across system.
DCH approach to efficiency delivery inc. a revised governance process has been improved with the Value Delivery Board now active, however there is a risk to full target delivery with mitigations & stretch targets applied, & further IA will potentially adversely impact.

Dorset Healthcare (DHC)

Drivers of the Month 10 Position	£m
Agency costs	(1.9)
Inflation	0.0
Unachieved CIP	(0.7)
Out of area placements	(4.4)
Subtotal of cost pressures	**(7.0)**
Vacancies/SDF slippage	7.3
Deficit	**0.3**

Dorset HealthCare	Plan £'000	Actual £'000	Variance £'000
Financial Performance	(835)	(568)	267
Agency	8,340	10,212	(1,872)
Bank	17,970	17,863	107
Efficiencies	13,300	13,376	76
Recurrent	7,981	8,344	363
Non-Recurrent	5,319	5,032	(287)

Dorset HealthCare is £46k favourable to YTD plan as at month 9 with a deficit plan of £1.3m YTD. This is primarily due to out of area placements, utilities inflation and agency costs, offset by vacancies. 2023/24 will be a financially challenging year, the Trust is committed to working with system partners to achieve financial balance.

South Western Ambulance (SWASFT)

South Western Ambulance Services	Plan £'000	Actual £'000	Variance £'000
Financial Performance	0	0	0
Agency	910	686	224
Bank	4,790	5,113	(323)
Efficiencies	12,900	12,900	0
Recurrent	12,900	12,900	0
Non-Recurrent	0	0	0

Plan is a balanced YTD & Forecast plan. The actual position includes the impact of donated income & donated depreciation.

The Capital position shows a variance as the disposal of a large asset was expected in the first few months but has been delayed. It is still forecast to take place during 23/24. The rest of the capital plan is shown to be on track but the Trust is working with an administrator as one of the national convertors has gone into administration. This position is very complex. This could result in a significant I&E & Capital variance but the M10 submission still includes the delivery of 162 DCAs. NHSE are aware of the situation & the risks etc.

The Trust plan includes investment phased in line with the £35m which is to support delivery of operational performance.

Prescribing

Prescribing data is subject to a 2 month time delay so as at January 2024 there are 8 months data available for 2023/24.

The month 10 risk adjusted position is an overspend of £7.4m. The main driver of the full year overspend is cost pressures due to in year NCSO (No Cheaper Stock Obtainable) price concessions. We are seeing a consistent high level of direct NCSO costs (£250k per month, £3.1m forecast for 2023/24), and increasing general price trend from drugs previously on NCSO coming back on tariff at a substantially higher price than pre NCSO level (£3m forecast cost pressure). Alongside this we have seen a higher than planned general price inflation, which has been part offset by in year category M price reductions from Q2 and Apixaban coming off patent in Q3.

This is a slight deterioration of £0.1m against the month 9 reported position due to the November activity growth being slightly higher than the average year to date growth.

The direct NCSO pressure was centrally funded in 2022/23, however, there has been no communication as yet that this will continue to be funded in 23/24 so has been assumed as being unfunded as part of the month 10 £7.4m forecast overspend position.

Independent Sector Providers (ISP)

Activity with our ISPs was an area of very high growth in 2022/23 with a year-end overspend of £6.6m. This cost pressure was built into the 2023/24 financial plans, with the expectation that 2023/24 remained at similar levels.

There are indications that some providers have substantial year to date variances against plan. Nuffield is showing a YTD overspend April to November of £1,235k, which looks to be driven by high referrals from UHD and an increase in complex trauma and orthopaedics. The performance and contracting team are working with the provider and UHD to further understand these drivers. We have also seen a step trend increase in activity with SpaMedica since M4, with the Q1 average spend of £527k, Q2 average spend of £714k and a step trend in M7/8 of £769k and £778k. The current forecast year end overspend for SpaMedica is £2.8m assuming the M7/8 spend level continues. Conversely, BMI Circle were showing a YTD April to October underspend of £1,160k. However, this underspend has reduced to -£553k YTD April to November due to an increase in activity at BMI Circle relating to the transfer of patients from DCH that is set to continue for the rest of 23/24.

Further work is ongoing to understand the recurrent nature of the current spend to be able to give a more accurate full year effect position.

For 2023/24 we have been funded, as a system, for ERF activity to 100% of 2019/20 activity levels. Therefore, as the forecast activity levels in ISP providers for 2023/24 are expected to exceed 100%, this necessitates clawbacks of any under activity from NHS providers, both in and out of system.

System Investment Fund (UEC / discharge)

The ICS set plans to utilise £34.4m of discharge funding (including some non-recurrent money carried forward by the local authorities). The original plans were for £39.6m, with the system expectation to realise £5.2m of savings throughout the year arising from expected delays in delivery (recruitment slippage, contract delays) and revisions to planned spend as the UEC position improved. However, current forecasts show a remaining overspend of £2.7m against this fund as at Month 10.

The majority of the overspend (£1.2m) is costs incurred through the complex discharge (256) pathway. This pays for bespoke spot placements in the community for people on the D2A pathway whose needs cannot be met by our core intermediate care offer (Pathway 1 and community beds). The overspend is due to higher-than-expected demand on this pathway. To date, 56 people have been supported on this pathway at an average cost of £28k per patient. The overspend position has been reviewed at the system Weekly Intelligence Group with consensus that it needed to continue in the absence of a viable alternative option.

The other pressure is on the D2A beds commissioned by the ICB on behalf of the system. The £116k overspend is attributed to the requirement to maintain the full bed base (35) for the whole year due to system demand compounded by a small mid-year price increase by one provider. These beds are in scope as part of the ICS-wide commissioned bed review to assess the required bed configuration required for intermediate care and D2A moving forward.

Further cost pressures relating to discharge are being managed within the Trusts and council's positions and are not shown here.

£000s	Original plan	Revised plan	Spend	ICB impact
ICB	6,770	4,595	5,931	1,337
UHD	6,119	6,119	6,119	0
DCH	1,828	1,828	1,828	0
DHC	2,162	1,228	1,228	0
DC	14,121	13,971	13,971	0
BCP	8,529	7,986	7,986	0
Savings requirement	(5,118)	(1,315)	0	1,315
Total	**34,411**	**34,411**	**37,063**	**2,652**

Personal Health Commissioning (PHC)

Personal Health Commissioning is forecasting an overspend of £34.3m, which includes all identified QIPP savings against the plan target of £20m. Any additional QIPP savings achieved this year will improve the position. The FOT represents a 26% increase on 2022-23 outturn. The current areas reporting significant overspends are Adults CHC, CYPCC, Fast Track and Section 117:

- Adults CHC – forecast overspend of £31.7m with a slight decrease of £73k this month. The movement is due to revised PHB reclaim figures offset by other package changes.
- CYPCC – forecast overspend of £1.6m – there was minimal movement this month, as increased revised PHB reclaim forecasts offset the other growth within CYPCC of £300k seen due to increased usage of the commissioned packages, up significantly on last year.
- Fast Track – forecast overspend of £589k with the main driver being increased patient numbers.
- Section 117 – forecasting overspend of £627k mainly due to the DC pooled budget, although both are overspent, with the drivers being the full year effect of higher cost patients that commenced packages last financial year and an increase in patient numbers.

Weekly Cost	Number of Cases	Equivalent Annual Cost
£7,550 - £9,500	35	£15,039,511
£9,500 - £11,500	12	£6,558,625
£11,500 - £13,500	8	£5,201,938
£13,500 - £15,500	2	£1,543,906
£15,500 plus	9	£9,937,761
Total	**66**	**£38,281,741**

Currently there are 66 packages where the cost is in excess of £7,550 per week. This extrapolates to £38.3m for the full financial year, should their care needs remain unchanged.

For comparison, at month 9, there were 63 cases with weekly costs exceeding £7,550 with equivalent annual cost of £36.1m. This means there has been an increase of 3 cases and a corresponding increase in equivalent annual cost of £2.2m at month 10 in this cohort.

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	System Performance Report
Responsible Chief Officer	Dean Spencer, Chief Operating Officer
Author	Natalie Violet, Head of Planning and Oversight Rebekah Parrish, Planning and Oversight Officer

Confidentiality	Not confidential
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Productivity and Performance Committee	22 February 2024	Received, discussion reflected in Chair's escalation report to the Board.
Deputy Chief Operating Officer, NHS Dorset	12 February 2024	Approved.
Deputy Director of Performance and Planning	08 February 2024	Approved.
Provider Performance Leads, Chief Operating Officers, and Delivery Group Senior Responsible Officers	January/February 2024	Paper developed in collaboration.
ICB Heads of Service and Deputy Directors	January/February 2024	Narrative for service areas written with the Heads of Service and/or Deputy Directors.

Purpose of the Paper	The purpose of this paper is to provide an overview of current system performance against the operating plan.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	The purpose of this paper is to provide an overview of performance against the H2 standards, a performance overview against all operating plan standards, and highlight areas of focus. An overview of the performance against all operating plan standards can be found in Appendix 1. This is broken down by provider, where applicable. Performance progress reports in Appendix 2 outline whether each standard is achieving trajectory and whether performance has deteriorated, improved, or maintained compared to the previous month. The performance progress reports (appendix 2) also contain statistical process control (SPC) charts along with associated actions. This report includes thirty-nine standards, of which:						

	• Twenty-one areas are performing as expected when compared to the agreed operating plan trajectories. • Nine areas are not performing as expected when compared to the agreed operating plan trajectories, however performance was either maintained or improved. • Nine areas are not performing as expected when compared to the agreed operating plan trajectories and performance deteriorated. There are three top standards at risk of achieving the H2 trajectories which are virtual wards, 78-week waiters, and the four-hour emergency department standard.
Action recommended	The ICB Board is recommended to **NOTE** the content of this paper.

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	Under the NHS England 2023/24 Priorities and Operational Planning Guidance all systems are required to submit an annual operating plan and monitor progress against plan.
Finance and Resource	**YES**	Financial standards are included in the operating plan and performance against these are included within the report.
Risk	**YES**	There are potential clinical risks associated with poor performance against the operating plan standards, especially in respect of ambulance response times, cancer services, and long waiting patients.

Risk Appetite Statement	
ICB Risk Appetite Statement	The ICB has a low to moderate appetite for risks impacting the ICB's ability to meet the required performance indicators.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	N/A
Quality Impact Assessment (QIA)	**NO**	N/A

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare **Tackling unequal outcomes and access** **Enhancing productivity and value for money** **Helping the NHS to support broader social and economic development**	The NHS England 2023/24 Priorities and Operational Planning Guidance outlines three key tasks – recover core services and productivity, make progress in delivering the key ambitions of the NHS Long Term Plan, and continue to transform the NHS for the future. Systems are expected to do this whilst considering the four fundamental purposes of Integrated Systems.

System Working

System Working Opportunities	The 2023/24 Operating Plan is a system wide plan, developed in partnership across the Dorset system. Both the ICB and providers monitor progress against the standards.

System Performance Report

1. Introduction

1.1. The NHS England 2023/24 Priorities and Operational Planning Guidance outlines three key tasks – recover core services and productivity, make progress in delivering the key ambitions of the NHS Long Term Plan, and continue to transform the NHS for the future.

1.2. In response to the guidance, NHS Dorset submitted the system's annual operating plan for 2023/24 to NHS England South West at the end of April 2023. It is important to note the submission assumed no impact of any industrial action during 2023/24.

1.3. In November 2023, upon request from NHS England following a letter regarding the impact of industrial action, the Dorset system submitted a revised operating plan for the remainder of 2023/24 (known as H2). Consequently, key performance standards were agreed.

1.4. The H2 submission committed to deliver the following standards by the end of March 2024:

Standard	End of March 2024
Virtual ward utilisation	80%
Virtual ward capacity	360 beds
78-week waiters	Zero
65-week waiters	1,053 (previously zero)
100% of 2019/20 activity (ERF)	100%
Faster diagnosis standard	75%
62-day cancer backlog	290
4-hour emergency department standard	76%
Category 2 ambulance response times	21 minutes

1.5. The submission did not commit to deliver the standard of zero patients waiting beyond 65-weeks.

1.6 The submission did not include any impact of further industrial action and industrial action by junior doctors announced for December 2023 and January 2024 will impact performance.

1.7 H2 operational standards are monitored through the System Recovery Group and Chief Executives Meeting on a weekly basis.

2. Performance Overview

2.1 An overview of the performance against all operating plan standards can be found in appendix 1. This is broken down by provider, where applicable.

2.2 Performance progress reports in appendix 2 outline whether the operating plan standards are achieving trajectory and whether performance has deteriorated, improved, or maintained compared to the previous month. This is summarised below showing **H2 standards** in **bold**. The reports in appendix 2 also contain statistical process control (SPC) charts along with associated actions and supporting narrative.

2.3 The following twenty-one areas were performing as expected at the end of December 2023 when compared to the agreed operating plan trajectories:

- 2-hour urgent community response contacts
- 2-hour urgent community response times
- 2-week primary care access
- **78-week waiters**
- **65-week waiters**
- **100% activity (ERF)**
- Elective recovery – first outpatient appointments
- Elective recovery – follow-up appointments
- Patient initiated follow-ups
- Reduction in total waiting list
- Reduction in follow-up outpatients
- Diagnostics
- **4-hour emergency department standard**
- Bed occupancy
- 40-minute handover delays
- Out of area placements
- NHS Talking Therapies
- Dementia diagnosis rates
- Children and young people mental health – urgent access to eating disorders
- Reduce inpatient care for people with a learning disability and autism – adults
- Reduce inpatient care for people with a learning disability and autism – CYP

2.4 The following nine areas were not performing as expected at the end of December 2023 when compared to the agreed operating plan trajectories, however performance was either maintained or improved:

- **Virtual ward capacity**
- Elective recovery – inpatient ordinary activity
- **62-day backlog**
- No criteria to reside
- Overall access to core community mental health services for adults and older adults with severe mental illness
- Perinatal mental health access
- Children and young people mental health access
- Children and young people mental health – routine access to eating disorders
- People aged over 14 on GP LD registers to receive an Annual Health Check

2.5 The following nine areas are not performing as expected at the end of December 2023 when compared to the agreed operating plan trajectories and performance deteriorated:

- **Virtual ward utilisation**
- Increase in primary care appointments
- Elective recovery – day case activity
- Advice and guidance
- Theatre utilisation
- Day case rates
- **Faster diagnosis standard**
- **Category 2 ambulance response times**

- Children and young people mental health – CAMHS Gateway

3. Areas of Focus

3.1 The following areas have been identified through this report as requiring additional focus with actions addressing the challenges detailed in the performance progress reports (appendix 2).

3.2 There are three top standards at risk of achieving the H2 trajectories which are:

- **Virtual wards:** performance did not achieve the required utilisation percentage or capacity numbers outlined in the H2 plan for the end of December. Utilisation was 50% against a trajectory of 60%. From a capacity perspective, there are 60 remote monitoring beds which are not included in the numbers. If included the system would achieve the required number of beds but reduce the utilisation further. Good progress has been made to increase the number of virtual ward beds and the number of patients using them. However, there needs to be another significant step change by the end of March 2024; an additional 166 in addition to the current 194 (including remote monitoring beds). January's performance trajectories are not expected to be achieved. Virtual ward performance is monitored through the System Recovery Group and Chief Executives Meeting on a weekly basis.

- **78-week waiters:** performance against the 78-week trajectory was achieved in December 2023, however this will not be maintained in January. It is important to note the H2 trajectories did not include the impact of any further industrial action however, four days of industrial action took place in December 2023 with a further four days announced for February 2024. Providers make every effort to protect the 78-week waiter cohort, however due to industrial action and operational pressures this is not always possible. The predicted end of January position is 146 patients waiting beyond 78-weeks (60 at Dorset County Hospital, and 86 at University Hospitals Dorset). This will be 72 beyond trajectory. Due to the upcoming strikes in February 2024, the 78-week trajectory is not expected to be achieved. Conversations continue through the tiering meetings to monitor 78-week performance with a national expectation of zero by the end of March 2024. At the end of January 2024, national guidance was published regarding Community Paediatric reporting. It confirmed this cohort of patients is not reportable against the referral to treatment (RTT) standard from February 2024. This will reduce the cohort of 65-and-78-week patients at University Hospitals Dorset.

- **4-hour emergency department standard:** performance at University Hospitals Dorset is not improving at the rate required to achieve the trajectory of 76% treated or admitted within 4-hours by March 2024. The main barrier relates to the time it takes to admit a patient through the emergency department. To achieve 76%, 4 in 10 patients would need to be admitted within 4-hours from the time of arrival and 9 out of 10 patients need to be treated and leave to go home within 4-hours. There are insufficient empty beds on the wards in the two hospitals to admit patients quickly enough. A system wide plan has been agreed to speed up the time it takes to put the required support in place for those who no longer need the resources of an acute hospital but cannot manage by themselves, i.e. they need domiciliary care in their own homes or in a community bed or care home.

3.3 Other, areas to note are:

- **Faster diagnosis standard:** performance for December 2023 is yet to be available however, performance at the end of November 2023 was 67.2%. 2.7% below trajectory. This is attributed to University Hospitals Dorset due to eight dermatology clinicians being unwell in November 2023. To mitigate impact insourcing options were explored however capacity levels to maintain the October 2023 position were not available. December's performance is expected to be below trajectory however, insourcing was booked for every weekend in January 2024 to recover the position. University Hospitals Dorset at expecting their performance to be 72.7%, 0.2% above their plan.

- **Category 2 ambulance response times:** in December, performance was 35.1 minutes, 7.1 minutes above trajectory. South Western Ambulance reported extremely high activity volumes across the first two weeks of the month; rising to over 3,300 incidents per week in Dorset and 20,800 incidents per week across the South West. Combined with poor handover times, this impacted their ability to deliver the category 2 response times trajectory. To mitigate the pressures South Western Ambulance delivered significantly high levels of operational resourcing, not previously seen, however this was still insufficient to meet the level of handover delays reported. Performance is expected to return to trajectory from January 2024 with December's performance being associated with unprecedented demand. It is important to note South Western Ambulance Trust were removed from Urgent and Emergency Care tiering, by the national team, in January 2024.

3.4 Areas outside of the H2 standards which require additional focus are:

- **Outpatient follow-up waiting list:** the number of follow-up patients waiting past their clinical to be seen date continues to maintain at around 36,000. Both providers have plans in place to reduce the number of patients on their follow-up waiting lists with the System Quality Group planning to incorporate this cohort of the patients within a Quality and Safety Committee deep dive into the waiting list. A deep dive into ophthalmology follow-ups to identify harm because of delays will be presented by Dorset County Hospital at the next System Quality Group in March 2024.

- **Audiology reporting:** Dorset HealthCare continue to resolve the data quality issues relating to diagnostic reporting (DM01) with reporting expected to recommence in February 2024. Regular progress updates are being provided to the Planned Care Improvement Group, with escalation to the Planned Care Delivery Group if necessary.

- **Diagnostic surveillance audit:** following a request from the National Diagnostics Board Meeting the system submitted a diagnostic surveillance audit to ensure providers were appropriately applying the diagnostic (DM01) guidance for patients requiring surveillance treatment. Consequently, Dorset Healthcare indicated the guidance has not been followed for audiology assessments. Historically not patients were breaching however since the transfer of the service from Dorset County Hospital it was identified there were patients outside of the surveillance period not added to the DM01 reporting. Due to the data quality issues currently experienced It is expected, from March 2024 the service should be able to ensure all surveillance patients are reported as part of DM01. In the meantime, patients are all actively monitored whilst the data issues are resolved.

- **No criteria to reside and bed occupancy:** the number of patients with no criteria to reside remain high at 276, 70 beyond trajectory. Delays in community beds are contributing to this position which is linked to the completion of Care Act assessments. Targeted work is underway to look at how this can be addressed; the ambition is to reduce community bed

delays by 50% by the end of March 2024. Weekend discharges remain low in comparison to weekday discharges. Work is ongoing to improve the discharge pipeline linked to better use of expected discharge dates (EDDs) to drive discharge planning. Proof of concept work is starting in both acute Trusts in February 2024 which will test using the ward list as a trigger for discharge planning rather than waiting for a discharge to assess (D2A) referral. Test sites are also being established in community hospitals.

4. Conclusion

4.1 The ICB Board is recommended to **NOTE** the content of this paper.

Author's name and title: Natalie Violet, Head of Planning and Oversight
Rebekah Parrish, Planning and Oversight Officer

Date: 22 February 2024

APPENDICES	
Appendix 1	**Appendix 1 – Performance Overview – December 2024**
Appendix 2	**Appendix 2 – Performance Progress Reports – December 2024**

Operational Plan Metric	Metric Definition	Data Frequency	System						Dorset County						University Hospitals Dorset					
			End March 2024 Target	End of Reporting Month Target	Data Source	Performance	Variance from Target	Achieving Trajectory	End March 2024 Target	End of Reporting Month Target	Data Source	Performance	Variance from Target	Achieving Trajectory	End March 2024 Target	End of Reporting Month Target	Data Source	Performance	Variance from Target	Achieving Trajectory
Primary and Community Care																				
80% virtual wards utilisation	Reported virtual ward occupied capacity by the total available virtual ward capacity – the number of patients who can simultaneously managed within a virtual ward service	End of month position	80%	60%	Dec-23	50%	-10%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virtual ward capacity	Increase the number of patients the virtual ward can simultaneously manage.	End of month position	360	175	Dec-23	134	-41		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-hour urgent care response (no. of referrals)	A count of 2-hour urgent care response first care contacts delivered	End of month position	1,300	1,300	Nov-23	1,490	190		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-hour urgent community response times	% of compliant referrals within 2 hours	End of month position	70%	70%	Nov-23	86%	16%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% increase in primary care appointments	Planned total number of appointments	End of month position	450,289	482,530	Nov-23	458,880	-23,650		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-week primary care access	% of appointments within 14 days of contacting surgery	End of month position	75%	70%	Nov-23	75%	5%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Planned Care																				
+78 week waiters	Number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 78 weeks or more	End of month position	0	97	Dec-23	96	-1		0	60	Dec-23	39	-21		0	37	Dec-23	57	20	
+65 week waiters	Number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more	End of month position	1053	1,779	Dec-23	1,687	-92		500	509	Dec-23	374	-135		553	1,270	Dec-23	1,313	43	
100% activity (ERF)	ERF VWA Calculation - Currently provided by Region	End of month position	100%	100%	Oct-23	106.3%	6.3%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elective Recovery - day case	Compared to operating plan submission numbers	Monthly	10,123	12,016	Nov-23	8,070	-3,946		2,306	2,690	Nov-23	1,235	-1,455		7,120	7,860	Nov-23	5,268	-2,592	
Elective Recovery - inpatient ordinary	Compared to operating plan submission numbers	Monthly	1,506	1,802	Nov-23	1,371	-431		300	338	Nov-23	92	-246		1,256	1,284	Nov-23	1,032	-252	
Elective Recovery - outpatient first attendances	Compared to operating plan submission numbers	Monthly	25,235	27,768	Nov-23	32,601	4,833		4,170	4,656	Nov-23	4,574	-82		18,053	20,048	Nov-23	15,967	-4,081	
Elective Recovery - outpatient follow-up attendances	Compared to operating plan submission numbers	Monthly	29,013	32,219	Nov-23	85,005	52,786		8,401	9,165	Nov-23	6,920	-2,245		21,818	24,770	Nov-23	19,180	-5,590	
% advice and guidance of outpatient attendances	Requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage approaches, that facilitate the seeking and/or provision of specialist advice prior to, or instead of, a referral to secondary care. Where that advice is expected to support a referrer to manage a patient without the need for an unnecessary outpatient appointment.	End of month position	17%	15%	Oct-23	12.5%	-2.5%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% patient initiated follow-ups (PIFU) of discharges	A percentage of the number of outpatient attendances that resulted in a patient being moved or discharged to a formal patient-initiated follow-up pathway.	End of month position	5%	4.1%	Nov-23	4.7%	0.6%		5%	3.5%	Nov-23	3.5%	0%		5%	4.5%	Nov-23	4.5%	0%	
Theatre utilisation	GIRFT has set a target for Integrated Care Systems and providers to achieve 85% theatre touchtime utilisation by 2024/25	End of month position	80%	77%	Dec-23	74%	-3%		85%	76%	Dec-23	73%	-3%		80%	77%	Dec-23	73.00%	-4%	
Day case rate	The proportion of all admissions for a Trust that were day cases for all procedures in the British Association of Day Surgery (BADS) Directory	End of month position	83.7%	85%	Aug-23	83%	-2%		85%	85%	Aug-23	85%	0%		83.2%	85%	Aug-23	82%	-3%	
Reduction in total waiting list	Total number of patients on the waiting list	End of month position	97,789	97,746	Dec-23	90,034	-7,712	N/A	19,337	19,866	Dec-23	21,067	1201	N/A	76,972	76,398	Dec-23	68,967	-7431	N/A
Reduction in follow up outpatients	Number of patients seen as a follow-up, all outpatient, consultant and non-consultant led ALL specialities	End of month position	29,013	32,219	Nov-23	26,100	-6,119	N/A	8,401	9,165	Nov-23	6,920	-2,245	N/A	21,818	24,770	Nov-23	19,180	-5,590	N/A
Diagnostics																				
Increase the percentage of patients receiving diagnostic test within 6 weeks	The number of diagnostic tests for the specified test group carried out during the month within 6 weeks	Monthly	88.4%	85.89%	Dec-23	87.8%	1.91%		88.40%	85.89%	Dec-23	84.20%	-1.69%		88.40%	85.89%	Dec-23	89.2%	3.31%	
Cancer																				
Cancer Faster Diagnosis Standard	Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following: • an urgent referral for suspected cancer • a referral for breast symptoms where cancer was not initially suspected or secondary care professional; or • an urgent referral from an NHS Cancer Screening Service	In period mean	75.2%	69.9%	Nov-23	67.2%	-2.7%		75.94%	74.1%	Nov-23	74.4%	0.3%		75%	68.5%	Nov-23	64.3%	-4.2%	
62 day cancer backlog	Number of patients waiting beyond 62 days for treatment	In period activity	290	333	Dec-23	336	3		70	83	Dec-23	95	12		220	250	Dec-23	241	-9	
Urgent and Emergency Care																				
4-hour ED standard	% patients seen with 4 hours. Type 1, 2, & 3 A&E attendances included	Monthly	76%	67.7%	Dec-23	68.9%	1.2%		76%	76%	Dec-23	77%	1%		76%	64%	Dec-23	60.8%	-3.2%	
Cat 2 Response (minutes)	Avg time to respond to Cat 2 calls for SWAST for Dorset	Monthly	21	28	Dec-23	35.1	7.1		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reduction in No Criteria to Reside	No of patients that no longer meet the criteria to response	Monthly	206	206	Dec-23	276	70		45	45	Dec-23	55	10		161	161	Dec-23	221	60	
Bed Occupancy - 92% Ambition	G&A Bed Occupancy only	Monthly	96.71%	97.43%	Dec-23	96.1%	-1.33%		92.06%	92.1%	Dec-23	96.1%	4%		98.08%	99%	Dec-23	96.1%	-2.9%	
40-Minute Handover Delays	Average handover time for the month	Monthly	40	40	Dec-23	38.2	-1.8		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health																				
Reduce mental health adult acute out of area placement	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	Monthly	0	300	Dec-23	631	331		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Increase number of adults and older people accessing IAPT	Total access to NHS Talking Therapies services	Monthly	1,489	1,489	Nov-23	1,590	101		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Overall access to core community mental health services for adults and older adults with severe mental illness	Number of people who receive two or more contacts from NHS commissioned community mental health services for adults and older adults with severe mental illness	12 Month Rolling	8,897	7,450	Nov-23	7,235	-215		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dementia diagnosis rate	Percentage diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care	Monthly	56%	55%	Dec-23	55.3%	0.3%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Improve access to perinatal MHS	Number of women accessing specialist community PMH and MMHS services in the reporting period	YTD Cumulative	714	650	Dec-23	618	-32		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CYP MH service	Number of CYP accessing MH Service	12 Month Rolling	7,515	7,260	Dec-23	5,921	-1339		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CAMHS Gateway <4wks	Percentage of CYP accessing the CAMHS Gateway within 28 days	Monthly	95%	95%	Dec-23	80%	-15%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CYP Access to Eating Disorders <4wks	Percentage of CYP gaining routine access to an eating disorder clinic within 4 weeks	Monthly	95%	95%	Dec-23	50%	-45%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CYP Access to Eating Disorders <1wk	Percentage of CYP gaining urgent access to an eating disorder clinic within 1 week	Monthly	95%	95%	Dec-23	100%	5%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Learning Difficulties																				
People aged over 14 on GP LD registers to receive an Annual Health Check	People aged over 14 on GP LD registers to receiving an Annual Health Check by a GP (quarterly target)	Monthly	75%	48.75%	Dec-23	47.6%	-1.15%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reduce reliance on inpatient care for people with a learning disability and autism – children and young people	Reduce reliance on inpatient care for people with a learning disability and autism – children (quarterly target)	Monthly	1	3	Dec-23	3	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reduce reliance on inpatient care for people with a learning disability and autism – adults	Reduce reliance on inpatient care for people with a learning disability and autism – adults (quarterly target)	Monthly	24	28	Dec-23	17	-11		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reduce reliance on inpatient care for people with a learning disability and autism – total	Reduce reliance on inpatient care for people with a learning disability and autism – total (quarterly target)	Monthly	25	31	Dec-23	20	-11		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prevention and Health Inequalities																				
Increase % patients hypertension treated to NICE guidance to 77%	% patients hypertension treated to NICE guidance	Quarterly	77%	77%	Sep-23	64.69%	-12.31%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Increase % patients between 25 & 84 with a CVD risk score > 20% on lipid lowering therapies to 60%	% patients between 25 & 84 with a CVD risk score > 20% on lipid lowering therapies	Quarterly	60%	60%	Dec-23	67%	7%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NHS Dorset

System Performance Report

December 2023

Performance Summary 1/3

NHS Dorset

Standard	Achieving trajectory	Comparison to previous month	Details	SPC – trend over time
Virtual ward utilisation H2	No	Deteriorated	Comparing December to November, performance deteriorated by 1%	Insufficient data to determine either special cause or common cause variation
Virtual ward capacity H2	No	Maintained	Comparing December to November, performance was maintained at 134 beds	Insufficient data to determine either special cause or common cause variation
2-hour urgent community response contacts	Yes	Improved	Comparing November to October, performance improved by 576 contacts	Special cause variation of an increasing nature – significant UP
2-hour urgent community response times	Yes	Improved	Comparing November to October, performance improved by 13.6%	Common cause variation, no significant change
Increase in primary care appointments	No	Deteriorated	Comparing November to October, performance deteriorated by 65,721 appointments	Common cause variation, no significant change
2-week primary care access	Yes	Improved	Comparing November to October, performance improved by 8.5%	Insufficient data to determine either special cause or common cause variation
78-Week waiters H2 SOF	Yes	Deteriorated	Comparing December to November, performance deteriorated by 8 patients	Special cause variation of an increasing nature – DOWN
65-Week waiters H2 SOF	Yes	Deteriorated	Comparing December to November, performance deteriorated by 41 patients	Special cause variation of an increasing nature – DOWN
100% activity (ERF) H2	Yes	Improved	Comparing October to September, performance improved by 2.8%	No SPC, taken from Future NHS
Elective recovery – Day Case activity	No	Deteriorated	Comparing November to October, activity demonstrated 600 fewer day cases	No SPC, taken from SUS data
Elective recovery – IP Ordinary Activity	No	Improved	Comparing November to October, activity demonstrated 13 more inpatients	No SPC, taken from SUS data
Elective recovery – OP First Appt. Activity	Yes	Deteriorated	Comparing November to October, activity demonstrated 402 fewer first outpatients	No SPC, taken from SUS data
Elective recovery – Follow Up Activity	Yes	Improved	Comparing November to October, activity demonstrated 41 more follow-up outpatients	No SPC, taken from SUS data
Advice and guidance	No	Deteriorated	Comparing October to September, performance deteriorated by 0.2%	Common cause variation, no significant change
Patient initiated follow-ups	Yes	Maintained	Comparing November to October, performance stayed the same	Special cause variation of an increasing nature – significant UP
Theatre utilisation	No	Deteriorated	Comparing December to November, performance deteriorated by 2%	No SPC available
Day case rates	No	Deteriorated	Comparing September to August, performance deteriorated by 1%	No SPC available

H2 Standards associated with 2023/24 H2 operational plan submission, performance is expected to achieve the national standard by March 2024, except for zero 65-week waiters.

SOF Standards associated with the System Oversight Framework with performance against the operating plan assessed by the regional team on a quarterly basis to decide on the segmentation for each provider and the system. In addition, they could trigger tiering.

Performance Summary 2/3

NHS Dorset

Standard	Achieving trajectory	Comparison to previous month	Details	SPC – trend over time
Reduction in total waiting list*	Yes	Improved	Comparing December to November, performance improved by 157 patients	Special cause variation of an increasing nature - UP
Reduction in follow-up outpatients*	Yes	Deteriorated	Comparing November to October, activity demonstrated 2,564 more follow-ups	No SPC, taken from the System ERF Dashboard
Diagnostics	Yes	Deteriorated	Comparing December to November, performance deteriorated by 2.1%	Common cause variation, no significant change
Faster Diagnosis Standard H2 SOF	No	Deteriorated	Comparing November to October, performance deteriorated by 1.8%	Common cause variation, no significant change
62-Day backlog H2 SOF	No	Improved	Comparing December to November, performance improved by 19 patients	Special cause variation of an increasing nature – significant UP
4-hour emergency department standard H2 SOF	Yes	Deteriorated	Comparing December to November, performance deteriorated by 0.8%	Common cause variation, no significant change
Category 2 ambulance response times H2 SOF	No	Deteriorated	Comparing December to November, performance deteriorated by 9.2 minutes	Special cause variation of an increasing nature – significant DOWN
No criteria to reside	No	Improved	Comparing December to November, performance improved by 22 patients	Common cause variation, no significant change
Bed occupancy*	Yes	Improved	Comparing December to November, occupancy decreased by 1.6%	Special cause variation of an increasing nature – significant UP
40-minute handover delays	Yes	Deteriorated	Comparing December to November, performance deteriorated by 9.2 minutes	Special cause variation of an increasing nature – significant DOWN
Out of area placements SOF	Yes	Deteriorated	Comparing December to November, performance deteriorated by 203 bed days	Special cause variation of an increasing nature – significant UP
NHS Talking Therapies	Yes	Deteriorated	Comparing November to October, performance deteriorated by 50 patients	No SPC available
Overall access to core community mental health services for adults and older adults with severe mental illness	No	Improved	Comparing November to October, performance improved by 15 patients	No SPC, taken from NHS England submission
Dementia diagnosis rates	Yes	Improved	Comparing November to October, performance improved by 0.2%	Common cause variation, no significant change
Perinatal mental health access	No	Improved	Comparing December to November, performance improved by 15 patients	Special cause variation of an increasing nature – significant UP

* Within the operating plan submission, the system commits to achieve all standards except three - reduction in total waiting list, 25% reduction in follow-up outpatients, and 92% bed occupancy.

H2 Standards associated with 2023/24 H2 operational plan submission, performance is expected to achieve the national standard by March 2024, except for zero 65-week waiters.

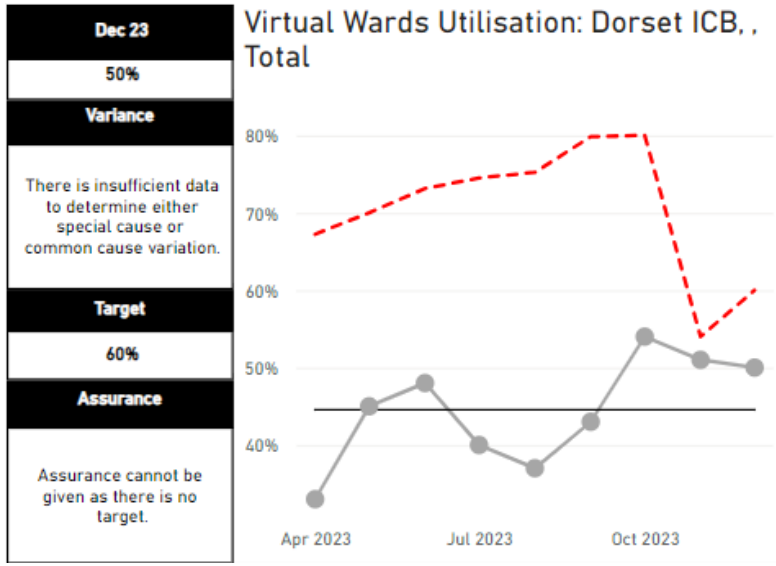
SOF Standards associated with the System Oversight Framework with performance against the operating plan assessed by the regional team on a quarterly basis to decide on the segmentation for each provider and the system. In addition, they could trigger tiering.

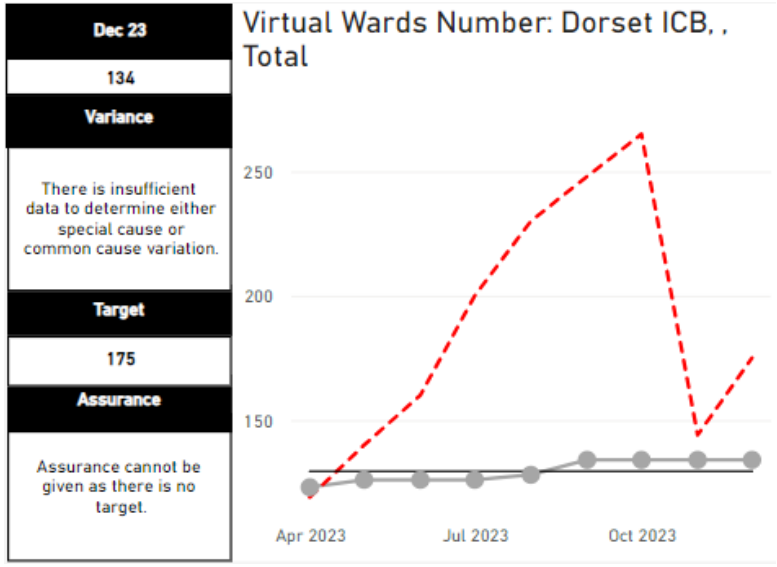
Performance Summary 3/3

NHS Dorset

Standard	Achieving trajectory	Comparison to previous month	Details	SPC – trend over time
Children and young people (CYP) mental health access	No	Improved	Comparing December to November, performance improved by 79 patients	Special cause variation of an increasing nature – significant UP
CYP mental health – CAMHS Gateway	No	Deteriorated	Comparing December to November, performance deteriorated by 7%	Special cause variation of an increasing nature – significant UP
CYP mental health – Routine access to Eating Disorders	No	Improved	Comparing December to November, performance improved by 50%	Common cause variation, no significant change
CYP mental health – Urgent Access to Eating Disorders	Yes	Improved	Comparing December to November, performance improved by 25%	Common cause variation, no significant change
People aged over 14 on GP LD registers to receive an Annual Health Check	No	Improved	Comparing December to November, performance improved by 6.1%	No SPC available
Reduce reliance on inpatient care for people with a learning disability and autism – adults	Yes	Maintained	Comparing December to November, performance stayed the same	Special cause variation of an increasing nature - UP
Reduce reliance on inpatient care for people with a learning disability and autism – CYP	Yes	Maintained	Comparing December to November, performance stayed the same	Special cause variation of an increasing nature – DOWN
Increase % patients hypertension treated to NICE guidance to 77%	No	N/A	N/A – no comparison available	No SPC available
Increase % patients between 25 & 84 with a CVD risk score > 20% on lipid lowering therapies to 60%	Yes	N/A	N/A – no comparison available	No SPC available
Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	N/A			
Increase fill rates against funded establishment for maternity staff	N/A			
Vaccination Programme – Covid & Flu	N/A			

Performance Report
Primary and Community Care: Virtual Wards H2 1/2





Latest reporting period: **31 December 2023**
Source: [Dorset ICB System Performance Report - Power BI]

Data confidence	
Medium	Utilisation information is currently taken from NHS England with a snapshot taken on one day, every two weeks, however a local dashboard is under development. The performance figures do not include remote monitoring data.

Variance against operating plan

80% VW Utilisation	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	67.23%	70%	73.13%	74.5%	75.22%	79.84%	80%	54%	60%	65%	70%	80%
Actual	33%	45%	48%	40%	37%	43%	54%	51%	50%			
Variance	-34.23%	-25%	-25.13%	-34.50%	-38.22%	-36.84%	-26%	-3%	-10%			

Number of VW Beds	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	119	140	160	200	230	248	265	144	175	236	298	360
Actual	123	126	126	126	128	134	134	134	134			
Variance	4	-14	-34	-74	-102	-114	-131	-10	-41			

Trajectories revised from November 2023 as part of H2 planning

Standard:
- 80% virtual ward utilisation
- Increase the number of patients the virtual ward can simultaneously manage

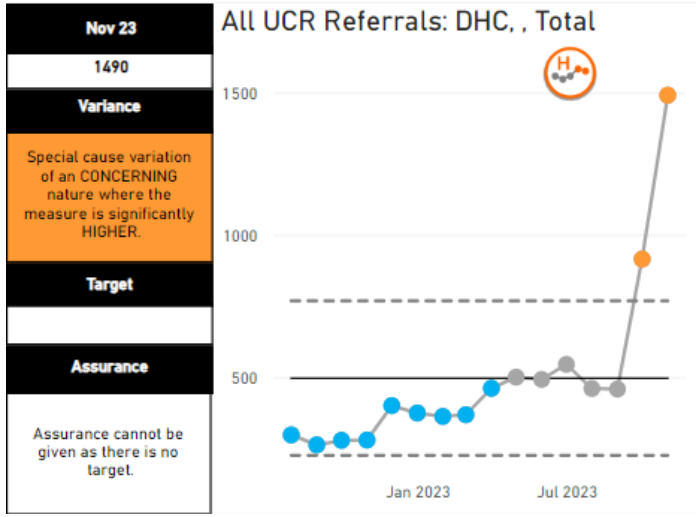
Performance against trajectory:
- Underperforming for both standards:
  - 10% under for utilisation
  - 41 beds under for total number of beds (there are 60 remote monitoring beds which are not in these figures and would take it to 19 over, this would however bring the utilisation % down further)

Performance Report
Primary and Community Care: Virtual Wards H2 2/2

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Additional face-to-face beds are expected.	10 additional heart failure beds at UHD, 5 additional atrial fibrillation (AF) beds at UHD, 5 additional paediatrics beds at UHD and 20 additional frailty beds across the system.	The UHD heart failure and atrial fibrillation pathways went fully live in November with patients going through however the overall capacity did not increase. Underutilised face-to-face beds are being used consequently supporting the utilisation %. Paediatric activity at UHD has been exceeding capacity supporting utilisation rather than increased face-to-face bed capacity. Virtual ward beds at UHD are no longer being allocated by specialty, there are currently a total of 40 beds. In January UHD are expecting to increase by 10 beds with an ambition of a total of 75 by the end of March 2024. Initial data is demonstrating utilisation has grown from 35% to 80% in December. 20 frailty beds were not launched in December, mobilisation is expected in January and capacity is reduced to 10. This forms part of DHC and DCH working together programme. Conversations have commenced in the east to establish if beds could be increased in the east.	UHD now have 49 beds which is an increase of 9 for heart failure and respiratory. Paediatric activity is going well at UHD, and a presentation was made to the ICB Board in January. NHSE requested the Dorset system remove virtual ward beds associated with Children's Mental Health from the capacity reporting on the basis it should not include paediatric capacity. Only beds which support increased flow from acute providers will be included so the reported virtual ward capacity will reduce by 12 beds from January 2024. Virtual wards at UHD are attracting a lot of attention and the BBC are due to visit UHD on 2 February regarding a piece of frailty work and an IV antibiotic pathway. A video made at UHD is available on YouTube Virtual Wards - Hospital at home for children (youtube.com)	Q4
2	Clinical teams will be encouraged to double the number of face-to-face beds.	Increasing capacity by another 40 in Q4.	Clinicians are being encouraged to maximise virtual ward capacity. The performance in December is expected to demonstrate an increase in utilisation. A workshop is being held in January with the aim to address some of the cultural barriers experienced in this programme. This includes system leaders including clinical leads. There is a proposal for a system wide Virtual Ward Team rather than individual organisations having their own teams.	UHD's and DCH's utilisation has seen no growth however is on track against trajectory. The system total is lower than trajectory due to DHC performance. The January workshop was a success with one system group now developing a delivery plan, along with a clinical governance document, which will form a clinician-led business case to be taken to SEG. A further system meeting taking place on 1 February will re-assign roles of existing staff to create a single team.	Q4
3	Demand review for step-up and step-down provision will take place ensure capacity can flex.	To meet the needs of Dorset residents, keeping individuals outside of the acute setting unless clinically appropriate.	Demand known for step-up and step-down; biggest areas of demand is respiratory and older people. Primary Care are able to identify patients suitable for remote monitoring however there is an issue with clinical responsibility. The next step is to resolve issues with clinical responsibility within respiratory. This issue has been escalated to both Chief Operating Officers at UHD and DCH. A new consultant at UHD is being employed, there is a proposal Virtual Wards will be included within their job description.	DHC are not reporting to SITREP and have been asked to do so and to focus on more than just step up from the frailty service by working with the acutes for step down and GPs for step up as well as with UCR, 111 and locality hubs. This will be raised at the DHC Provider Touchpoint meeting. The demand review for step-up and step-down provision within respiratory is yet to take place due to the ongoing issues with clinical responsibility. The COOs have removed some of the blockers regarding respiratory consultants.	January
4	Maximise on opportunities to utilise the remote monitoring capacity across the system.	Increase in remote monitoring utilisation.	As above for step up and step down. DCH will be increasing capacity in January with cardiology patients utilising remote monitoring, initially with 5 patients. There is an ambition to roll this out across other specialties following this initial pilot. Programme Lead has been attending the Tactical Resilience Group and Discharge and Flow Cell to promote remote monitoring.	Work with Primary Care and the acutes is looking at increasing remote monitoring for hospital at home care under DHC and DCH. This will be tested in Mid-Dorset PCN and South Coast Medical Group and the pathway details will be finalised. Sign-off of a clinical digital safety case for remote monitoring has been delayed but is expected to go live on 5 February.	Q4
5	Progress joint frailty model at 'Place' through 'team of teams' offer.	Maximise system resources.	N/A	New System one module being developed to support 'place based' Frailty ward oversight across providers. System discussion re pharmacy and prescribing arrangements progressing well. System Working Groups in place between DHC and DCH and between DHC and UHD with both groups taking forward community access to diagnostic to support virtual wards.	Ongoing

Performance Report
Primary and Community Care: Urgent Community Response (UCR) 1/2



Variance against operating plan

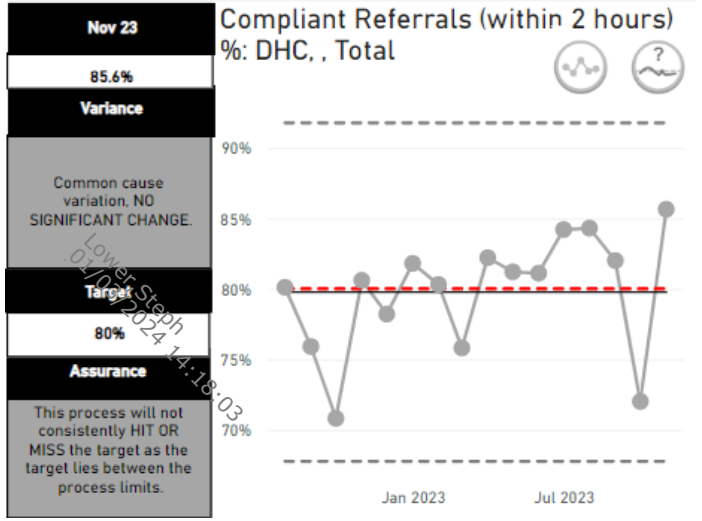
2-hour UCR no. referrals	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	720	720	720	800	800	800	800	1300	1300	1300	1300	1300
Actual	460	499	491	544	459	457	914	1490				
Variance	-260	-221	-229	-256	-341	-343	114	190				

Trajectory revised from November 2023

Standard:
- 2-hour urgent community response contacts (no. of referrals)

Performance against trajectory:
- Overperforming by 190 referrals

NB. The significant increase in October and November activity was due to the Night Nursing Service including their applicable referrals in the data collection for this standard. UCR activity is expected to meet or exceed the trajectory for the remainder of the year.



Variance against operating plan

2-hour UCR % within 2hrs	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Actual	82.2%	81.2%	81.1%	84.2%	84.3%	82%	72%	85.6%				
Variance	12.2%	11.2%	11.1%	14.2%	14.3%	12%	2%	16%				

Standard:
- 2-hour urgent community response time (% within 2 hours)

Performance against trajectory:
- Overperforming by 16%

NB. In December 2023 there was a national directive to maximise all UCR activity recognising this may lead to performance being below the 70% response target.

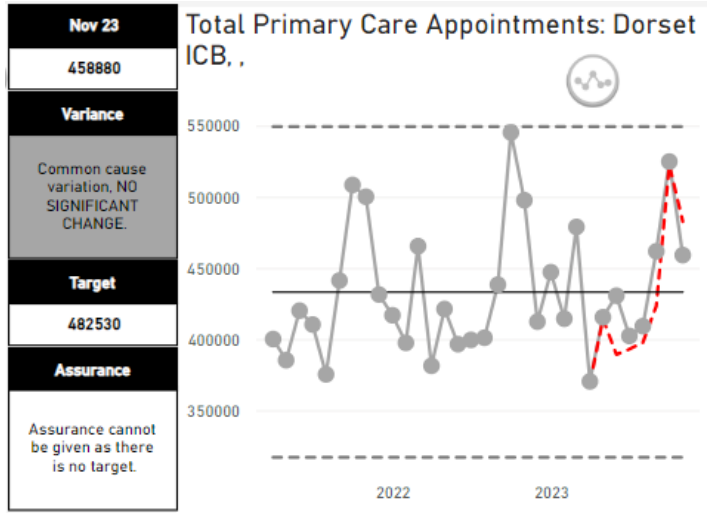
Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
Medium	Data discrepancies exist between local data and the NHS England UCR dashboard: Statistics » 2-hour Urgent Community Response (england.nhs.uk). Work is underway between BI Teams to rectify this.

Performance Report
Primary and Community Care: Urgent Community Response (UCR) 2/2

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Regional priority to increase referrals out of the SWASFT Emergency Operations Centre (EOC) to UCR and system CASs (in order to access other alternative pathways) – NHSE supporting SWASFT as part of their Tier 1 support package. A number factors are being worked through and the way the system is set up is already preventing referrals to SWASFT. A meeting will be set up with DHC and SWASFT colleagues to look at pathway redesign.	Increase referrals into the UCR service, currently unquantified.	Meeting scheduled for January 2024, to discuss streamlining of taking level 1 and 2 falls from the 999 call stack into the UCR team.	Due to operational issues with SWAST they were not represented at the meeting and therefore this was not discussed. An update via email has been requested.	January 2024
2	Falls prevention workshop – awaiting feedback from SWASFT.	Falls prevention workshop took place on 27/09/2023 to look at moving level 1 falls to the VCSE sector, level 2 falls to the UCR service, leaving level 3 to SWAST. Currently unquantified.	VCSE sector requires additional funding in order to take level 1 falls, as part of the Place Based Partnership and Integrated Neighbourhood Teams development, this will be explored. Communication and engagement with locality teams will still continue and support provided where possible.	The falls summit summary was published by NHS England South West however the supporting data was unavailable and expected at a later date. The UCR updated guidance was also published. A gap analysis was undertaken, and it was identified regular coding audits needed additional focus and DHC were actioned with reviewing this.	Unknown
3	The frailty virtual ward offer varies around the county and staff are being recruited to develop the service more widely around the county.	Increase referrals to a virtual ward.	N/A	The UCR service can refer onto the frailty virtual ward in East Dorset, and the UCR referrals to Integrated Community Rehab Teams (ICRTs) are also considered for virtual ward support when indicated.	Ongoing

Performance Report
Primary and Community Care: Primary Care Access 1/2



Variance against operating plan

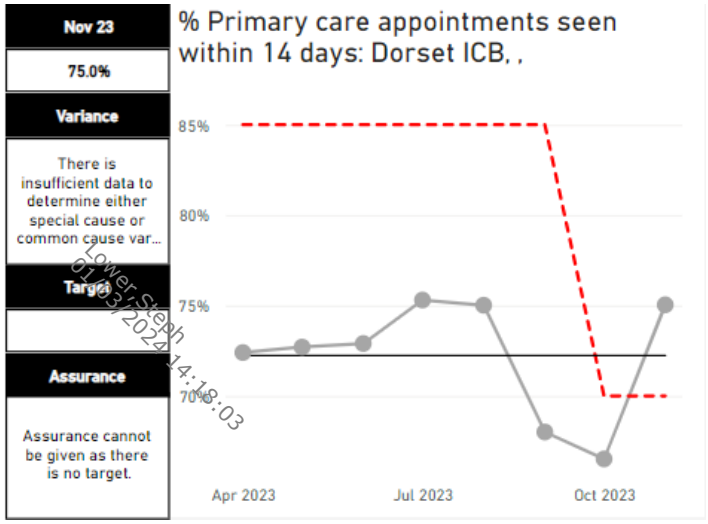
Increase in appointments	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	368,609	414,219	389,121	392,794	397,505	423,211	522,267	482,530	403,704	404,328	389,529	450,289
Actual	370,165	415,248	430,978	402,137	408,974	461,546	524,601	458,880				
Variance	1,556	1,029	41,857	9,343	11,469	38,335	2,334	-23,650				

Standard:
- Increase in primary care appointments

Performance against trajectory:
- Underperforming by 23,650 appointments

Data confidence	
Medium	Data is difficult to validate as NHS England use slot types and groupings that the ICB does not have access to. The fall in appointments in November is being investigated with potential causes being fewer Covid vaccination appointments in 2023 and the change from DiiS to GPAD reporting.

Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report - Power BI



Variance against operating plan

2-week access	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	70%	70%	75%	75%	75%
Actual	72.4%	72.7%	72.9%	75.3%	75%	68%	66.5%	75%				
Variance	-12.6%	-12.3%	-12.1%	-9.7%	-10%	-17%	-18.5%	5%				

Standard:
- 2-week primary care access

Performance against trajectory:
- Underperforming by 5%

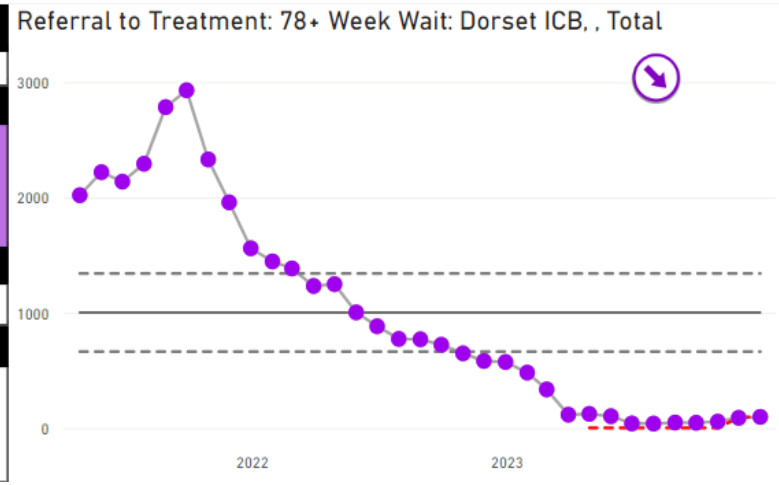
Data confidence	
Medium	For the 2-week access performance data, the information comes from the NHS Digital General Practice Appointment Data (GPAD) platform which measures practices on all patients attending, including patients booked beyond 2 weeks for reasons associated with their care i.e., routine reviews or patient choice. Routine reviews are a significant part of general practice and will increase as new ways of working are embedded. The data accuracy issues have been escalated to NHS England and it is proposed appointments beyond 2 weeks for clinical reasons will not be counted, however, timescales to rectify this are currently unknown.

Performance Report
Primary and Community Care: Primary Care Access 2/2

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Resolve data accuracy issues with NHS Digital General Practice Appointment Data (GPAD) Platform. National issue with NHS England, NHS England South West aware.	The Primary Care Team expects to see a significant improvement in performance once the data accuracy issues have been resolved.	Ongoing, with national teams, not expecting this to be resolved during 2023/24.	No further update.	Not expecting this to be resolved during 2023/24
2	Delivery plan for recovering access in Primary Care.	Improve access across primary care, being presented to the Board of the ICB on 02/11/2023.	Complete, presented to the Board of the ICB in November. Associated actions continue throughout 2023/24 and beyond. Further update on progress to be presented back to the Board of the ICB in Q4.	No further update.	Throughout 2023/24 and beyond

Performance Report
Planned Care: 78 Week Waiters SOF H2 1/2

Dec 23
96
Variance
Special cause varation of an increasing nature where DOWN is not necessarily improving nor concerning.
Target
97
Assurance
Assurance cannot be given as there is no target.



Variance against operating plan

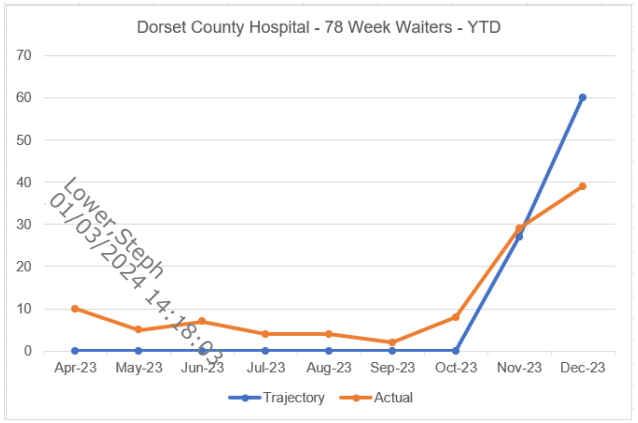
System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	0	0	0	0	0	0	0	92	97	74	30	0
Actual	122	102	39	38	47	45	55	88	96			
Variance	-122	-102	-39	-38	-47	-45	-55	4	1			

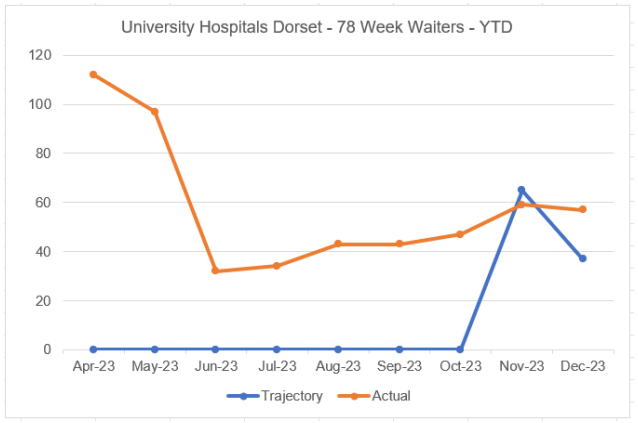
Dorset County Hospital	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	0	0	0	0	0	0	0	27	60	50	30	0
Actual	10	5	7	4	4	2	8	29	39			
Variance	-10	-5	-7	-4	-4	-2	-8	-2	21			

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	0	0	0	0	0	0	0	65	37	24	0	0
Actual	112	97	32	34	43	43	47	59	57			
Variance	-112	-97	-32	-34	-43	-43	-47	6	-20			

Trajectories revised from November 2023 as part of H2 planning

NB. Following an amendment to the RTT guidance, community paediatrics will be removed from RTT reporting from February 2024 onwards.





Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Standard:
- Zero 78+ week waiters

Performance against trajectory:
- 1 less patient waiting beyond 78 weeks than expected at the end of December (overperformance of 21 at DCH offsetting underperformance of 20 at UHD)

Data confidence	
High	No concerns

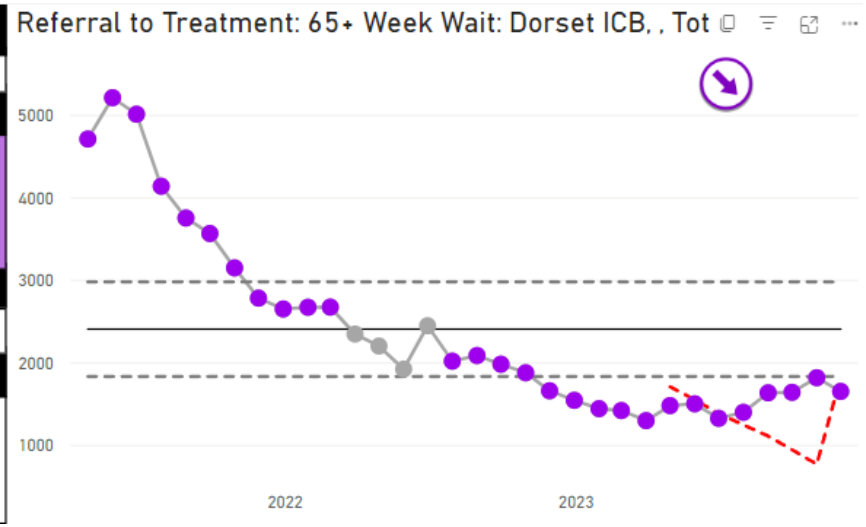
Performance Report
Planned Care: 78 Week Waiters SOF H2 2/2

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Insourcing and outsourcing of patients within the 78-week cohort.	Reduction in 78-week waiters.	Insourcing and outsourcing continues in Q4 and is incorporated in the revised H2 trajectories. However, discussions underway with region regarding the cost associated with insourcing and outsourcing and the impact of ceasing this.	Insourcing and outsourcing continues in Q4 and is incorporated in the revised H2 trajectories. 78-week waiters are discussed at alternate week tiering meetings with region. Region have not proposed ceasing insourcing and outsourcing since the H2 submission. The region are currently discussing the possibility of additional funding to clear 78-week waiters at DCH and UHD following cancellations.	Quarter 3 and 4
2	Utilising the independent sector provider contractual envelope with the ICB to transfer patients from the 78-week waiter cohort.	Reduction in 78-week waiters.	Underspend in the ISP contracts continue to be utilised to support the delivery of the 65-and-78-week standards. DCH are utilising the Winterbourne for 35 cases per month in Orthopaedics. Agreed to end of March 2024.	Underspend in the ISP contracts continue to be utilised to support the delivery of the 65- and 78-week standards. DCH are utilising the Winterbourne for 35 cases per month in Orthopaedics. Agreed to end of March 2024.	Quarter 3 and 4
3	Dorset wide demand and capacity review of community paediatrics.	Clear understanding of system wide issue and identification of potential opportunities.	Work continues to understand the demand and capacity. Provision varies between the east and west of Dorset which is adding complexity. Delivery date extended to February.	Work continues to understand the demand and capacity, expected in February.	February 2024
4	Both UHD and DCH have been placed in Tier 2 by NHS England South West for elective waiting times due to performance concerns.	Regular meetings to take place with the region to support improvement in performance.	Fortnightly meetings to commence on 19 January 2024.	Meetings continue focused on long waiters and those patients in the long waiter cohort without a first outpatient appointment. For January, the system is expecting to have 141 patients waiting beyond 78-week, 67 above trajectory. Noting the impact of industrial action was not incorporated in the revised trajectories.	Quarter 4

Performance Report
Planned Care: 65 Week Waiters SOF H2 1/2

Nov 23
1646
Variance
Special cause varation of an increasing nature where DOWN is not necessarily improving nor concerning.
Target
1818
Assurance
Assurance cannot be given as there is no target.



Variance against operating plan

System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	1702	1547	1378	1241	1105	940	763	1,818	1,779	1,573	1,490	1,053
Actual	1,474	1,496	1,320	1,393	1,629	1,635	1,812	1,646	1,687			
Variance	228	51	58	-152	-524	-695	-1,049	172	92			

Dorset County Hospital	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	409	375	335	298	258	221	181	442	509	564	510	500
Actual	225	254	267	271	336	401	481	375	374			
Variance	184	121	68	27	-78	-180	-300	67	135			

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	1,268	1,149	1,023	925	831	705	571	1376	1270	1009	980	553
Actual	1,249	1,242	1,053	1,122	1,293	1,234	1,331	1,271	1,313			
Variance	19	-93	-30	-197	-462	-529	-760	105	-43			

Trajectories revised from November 2023 as part of H2 planning

NB. Following an amendment to the RTT guidance, community paediatrics will be removed from RTT reporting from February 2024 onwards.

Latest reporting period: **31 December 2023**

Source: Dorset ICB System Performance Report - Power BI

Standard:

- Zero 65+ week waiters

Performance against trajectory:

- Achieving revised trajectory, 92 fewer patients waiting beyond 65 weeks than expected at the end of December (135 fewer at DCH and 43 more at UHD)

Data confidence	
High	No concerns

Performance Report
Planned Care: 65 Week Waiters SOF H2 2/2

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	All patients breaching 65 weeks by March 2024 to receive a first outpatient appointment on or before 31 October 2023.	Reduction in 65-week waiters	Although performance has greatly improved since earlier in the financial year, UHD are flagging regionally as second worst in the region. Both regional and national teams are concerned about the plans to delivery zero patients waiting for their 1st outpatient appointment by 31 March 2024. UHD continue to prioritise the 'at-risk' cohort including creating additional capacity. DCH has a risk in Ophthalmology and ENT and are currently reviewing the Trust wide insourcing programme, to determine if funds could be moved, to address this, where others are ahead of plan.	Tiering meetings continue focused on long waiters and those patients in the long waiter cohort without a first outpatient appointment.	December 2023
2	Insourcing and outsourcing of patients within the 65-week cohort.	Reduction in 65-week waiters	Insourcing and outsourcing continues in Q4 and is incorporated in the revised H2 trajectories. However, discussions underway with region regarding the cost associated with insourcing and outsourcing and the impact of ceasing this.	Insourcing and outsourcing continues in Q4 and is incorporated in the revised H2 trajectories. 65-week waiters are discussed at alternate week tiering meetings with region. Region have not proposed ceasing insourcing and outsourcing since the H2 submission.	Quarter 3 and 4
3	Maximising on theatre and outpatient productivity opportunities incorporating the learning from Getting It Right First Time (GIRFT).	To create additional capacity to treat patients within the 65-week waiter cohort.	UHD: a reduction in the theatre case opportunity has been seen at UHD demonstrating improved productivity. An increase in theatre sessions is scheduled in Q4 2023/24 with a focus on specialties with long waiters. A newly appointed General Manager for Outpatients is now post and leading changes to deliver improvements in outpatient productivity. A digital outpatient programme supporting a reduction in DNA rates following the roll out of DrDoctor. DCH: Outpatient and theatre productivity/service improvement programmes in place. This includes DrDoctor supported validation project, digitalisation programme, new Booked Admissions (booking tool for Admissions) and revised theatre productivity governance and work programme.	No further update, work continues as per December update.	Quarter 3 and 4
4	Both UHD and DCH have been placed in Tier 2 by NHS England South West for elective waiting times due to performance concerns.	Regular meetings to take place with the region to support improvement in performance.	Fortnightly meetings to commence on 19 January 2024.	Meetings continue focused on long waiters and those patients in the long waiter cohort without a first outpatient appointment.	Quarter 4

Performance Report
Planned Care: 100% Activity H2

NB. This target originally was 106%, then reduced to 104%. As part of H2 planning it was further reduced to 100%.

System Total	April	May	June	July	August	September	October	YTD
NHS Dorset ICB	106.3%	107.2%	100.7%	104.4%	103.1%	103.5%	106.3%	104.4%

Provider Breakdown	April	May	June	July	August	September	October	YTD
Dorset County Hospital NHS Foundation Trust	96.1%	102.5%	93.0%	100.7%	97.3%	99.6%	96.6%	97.9%
Dorset HealthCare University NHS Foundation Trust	-	-	-	-	-	-	-	-
University Hospitals Dorset NHS Foundation Trust	96.9%	100.4%	93.5%	93.6%	93.7%	93.1%	93.8%	100.4%

Latest reporting period: **31 October 2023**
Source: Future NHS

Data confidence	
Low	Information based on financial calculations, not activity based. This is the most accurate information available. Further to previous issues, no DHC figures were included in the latest Future NHS report.

Standard:
- Deliver 100% of 2019/20 activity

Performance against trajectory:
- YTD overperforming by 4.4%, against 100%
- End of October, overperforming by 6.3%, against 100%

ERF methodology only includes:
- Elective ordinary
- Elective day cases
- Outpatient First attendances (consultant and non-consultant led)
- Outpatient procedures with a published tariff price
- Advice and guidance

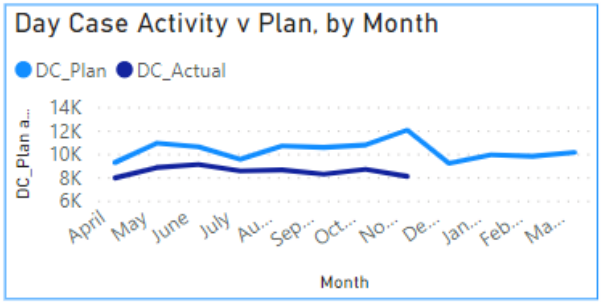
Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Actions associated with 78 and 65-week waiters (as per previous slides)	To increase activity numbers.	See previous slides	N/A	Quarter 3 and 4
2	Maximising on theatre and outpatient productivity opportunities incorporating the learning from Getting It Right First Time (GIRFT).	To increase activity numbers.	UHD: a reduction in the theatre case opportunity has been seen at UHD demonstrating improved productivity. An increase in theatre sessions is scheduled in Q4 2023/24 with a focus on specialties with long waiters. A newly appointed General Manager for Outpatients is now post and leading changes to deliver improvements in outpatient productivity. A digital outpatient programme supporting a reduction in DNA rates following the roll out of DrDoctor. DCH: Outpatient and theatre productivity/service improvement programmes in place. This includes DrDoctor supported validation project, digitalisation programme, new Booked Admissions (booking tool for Admissions) and revised theatre productivity governance and work programme.	No further update, work continues as per December update.	Quarter 3 and 4

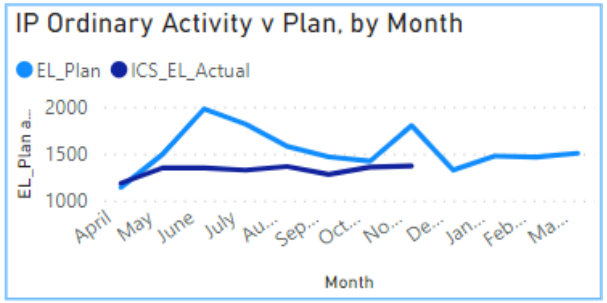
Performance Report
Planned Care: Elective Recovery 1/2

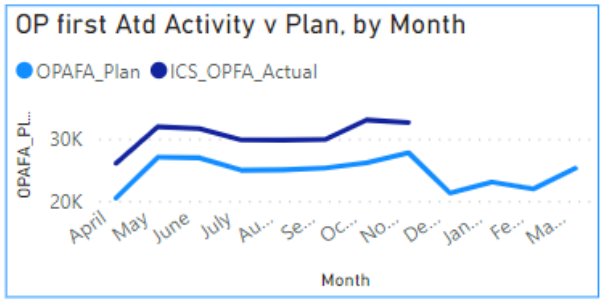
NHS Dorset

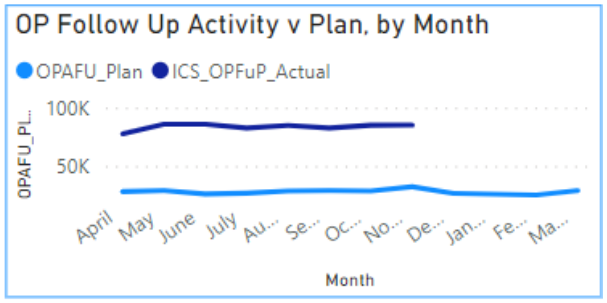
Elective Recovery Against Plan

Month	Day Case	IP Ordinary	OP First Atd	OP FUp Atd
April	85.71%	103.86%	127.33%	276.38%
May	80.96%	90.29%	118.15%	297.60%
June	85.80%	68.20%	117.37%	329.25%
July	89.45%	72.91%	119.64%	309.75%
August	80.93%	86.39%	119.15%	297.73%
September	78.27%	87.19%	118.12%	285.76%
October	80.67%	95.50%	126.38%	297.32%
November	67.16%	76.08%	117.40%	263.84%









NB. Performance affected by industrial action on the following dates:

- 16 April
- 18 June
- 16 / 23 July
- 13 / 20 / 27 August
- 24 September
- 2 / 3 / 4 October
- 20 / 21 / 22 / 23 December

Data confidence	
Medium	Taken from SUS activity data which can experience delays as it is reliant on the 'cashing up' of clinics and admissions.

Latest reporting period: **30 November 2023**
Source: Elective Recovery - Power BI

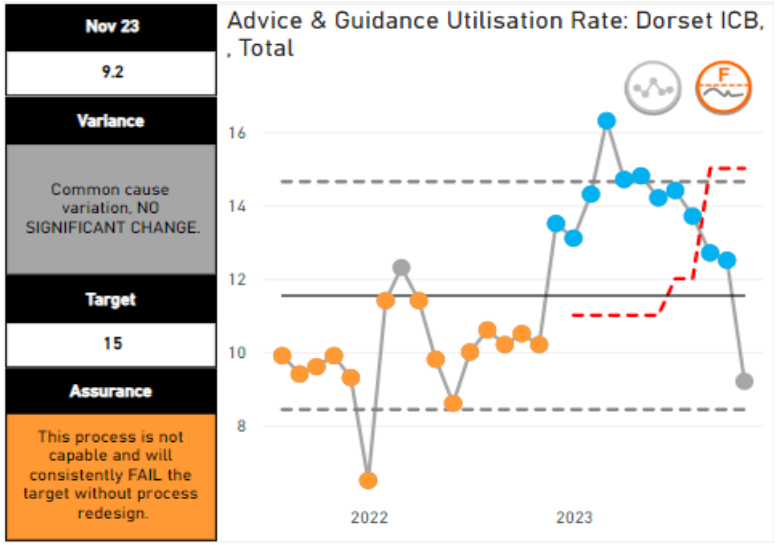
Variance against operating plan

	Plan									Actual									Variance								
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD Total
ICS_Day Case	9,253	10,894	10,593	9,536	10,654	10,538	10,748	12,016	84,232	7,931	8,820	9,089	8,530	8,622	8,248	8,670	8,070	67,980	-1,322	-2,074	-1,504	-1,006	-2,032	-2,290	-2,078	-3,946	-16,252
ICS_IP Ordinary	1,141	1,494	1,978	1,816	1,580	1,468	1,422	1,802	12,701	1,185	1,349	1,349	1,324	1,365	1,280	1,358	1,371	10,581	44	-145	-629	-492	-215	-188	-64	-431	-2,120
ICS_OP First Atd	20,458	27,022	26,937	24,939	25,004	25,282	26,114	27,768	203,524	26,049	31,927	31,615	29,836	29,793	59,864	33,003	32,601	274,688	5,591	4,905	4,678	4,897	4,789	34,582	6,889	4,833	71,164
ICS_Op Fup Atd	28,037	28,827	26,034	26,625	28,495	28,862	28,577	32,219	227,676	77,488	85,788	85,717	82,471	84,838	82,477	84,964	85,005	668,748	56,387	56,961	59,683	55,846	56,343	53,615	56,387	52,786	441,072

Performance Report
Planned Care: Elective Recovery 2/2

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Actions associated with 78 and 65-week waiters (as per previous slides)	To increase activity numbers.	See previous slides.	See previous slides	Quarter 3 and 4
2	Maximising on theatre and outpatient productivity opportunities incorporating the learning from Getting It Right First Time (GIRFT).	To increase activity numbers.	UHD: a reduction in the theatre case opportunity has been seen at UHD demonstrating improved productivity. An increase in theatre sessions is scheduled in Q4 2023/24 with a focus on specialties with long waiters. A newly appointed General Manager for Outpatients is now post and leading changes to deliver improvements in outpatient productivity. A digital outpatient programme supporting a reduction in DNA rates following the roll out of DrDoctor. DCH: Outpatient and theatre productivity/service improvement programmes in place. This includes DrDoctor supported validation project, digitalisation programme, new Booked Admissions (booking tool for Admissions) and revised theatre productivity governance and work programme.	No further update, work continues as per December update.	Quarter 3 and 4

Performance Report
Planned Care: Advice and Guidance



Variance against operating plan

Advice and Guidance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	11%	11%	11%	12%	12%	15%	15%	15%	15%	17%	17%	17%
Actual	14.7%	14.8%	14.2%	14.4%	13.7%	12.7%	12.5%	9.2%				
Variance	3.7%	3.8%	3.2%	2.4%	1.7%	-2.3%	-2.5%	-5.8%				

November position unvalidated, performance expected to improve

Latest reporting period: **31 October 2023**

Source: Dorset ICB System Performance Report - Power BI

Standard:
- Increase the % of advice and guidance of outpatient attendances

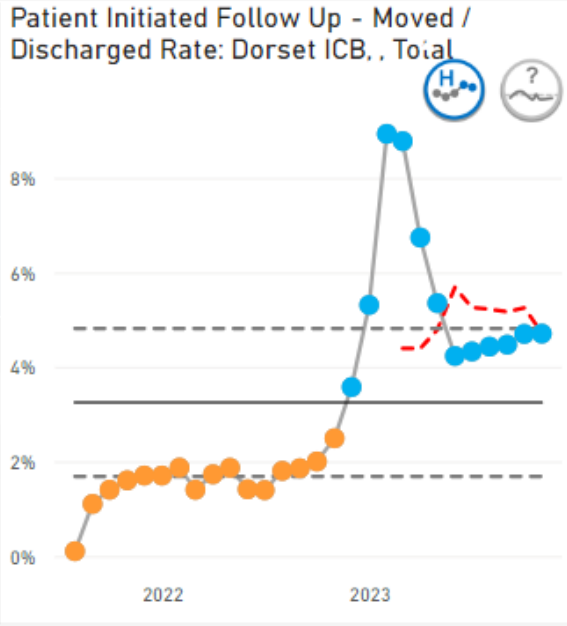
Performance against trajectory:
- Underperforming by 2.5% as of October 2023

Data confidence	
Low	Dorset HealthCare patients not currently included.

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Advice and guidance (A&G) is being picked up through the Planned Care Improvement Group, recognising an increase in A&G demand will require additional workforce capacity which may not be the best use of resources considering 65 and 78-week waiters and cancer. The introduction of teledermatology and AI within cancer will reduce the demand for A&G requests within that specialty so a reduction may be seen.	To establish what is required to improve performance.	Deep dive into Advice and Guidance underway, to be presented to the Planned Care Improvement Group in January 2024.	Presented to the Planned Care Improvement Group in January 2024. 2024/25 planning discussions currently expect A&G performance to be maintained. Conversations are taking place to establish the performance expected for next year.	Closed
2	The ICB Planned Care Team have prioritised referral management, including the use of advice and guidance (workplan to be signed off and other areas of work paused).	The acutes providing this service are unable to influence demand. However, it is believed those Primary Care Networks (PCNs) who are high referrers will be low users therefore targeted work could improve performance.	Awaiting outcome of Advice and Guidance Deep Dive above.	No further update, work continues as per December update.	Quarter 4
3	Patients identified by Dorset HealthCare to be added to the performance data, backdated to 01 April 2023.	Increase in performance.	BI Team working through, patients expected to show in February performance reporting (October data).	No further update, work continues as per December update.	January 2024

Performance Report
Planned Care: Patient Initiated Follow-Ups

Nov 23
4.70%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
4.72%
Assurance
This process will not consistently HIT OR MISS the target as the target lies between the process limits.



Variance against operating plan

System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	4.4%	4.8%	5.7%	5.3%	5.2%	5.2%	5.3%	4.1%	4.5%	5.1%	5.4%	5%
Actual	6.74%	5.35%	4.23%	4.33%	4.43%	4.47%	4.7%	4.7%				
Variance	2.34%	0.55%	-1.47%	-0.97%	-0.77%	-0.73%	-0.6%	0.6%				

Dorset County Hosptial	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	4.4%	4.8%	5.7%	5.3%	5.2%	5.2%	5.3%	3.5%	3.5%	4%	4.5%	5%
Actual	3.4%	3.1%	3.7%	3%	3.6%	3.2%	3.44%	3.5%				
Variance	-1%	-1.7%	-2%	-2.3%	-1.6%	-2%	-1.86%	0%				

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	4.4%	4.8%	5.7%	5.3%	5.2%	5.2%	5.3%	4.5%	4.6%	4.7%	4.8%	5%
Actual	8.5%	5.8%	3.7%	3.6%	3.9%	4.2%	4.4%	4.5%				
Variance	4.1%	1%	-2%	-1.7%	-1.3%	-1%	-0.9%	0%				

Trajectories revised from November 2023

NB. System performance includes Dorset HealthCare

Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report - Power BI

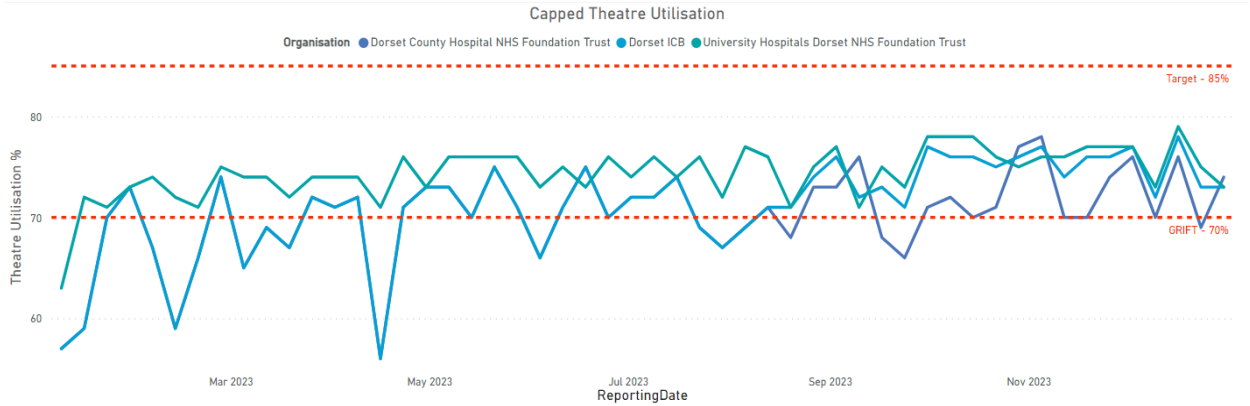
Data confidence	
High	No concerns

Standard:
- Increase the % of patient-initiated follow-ups of discharges

Performance against trajectory:
- Overperforming by 0.6%

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	DCH have reviewed their PIFU delivery programme, increasing resource, and widening the scope.	Expecting performance to recover by March 2024.	Trajectory to achieve 5% by March 2024, this includes roll out of areas yet to uptake PIFU.	No further update, work continues as per December update.	Quarter 4
2	UHD have a plan to meet the national target with PIFU as an integral safety net for eliminating 2-year overdue follow ups (patients who meet criteria for PIFU but not discharged will be placed on PIFU following validation). Further rollout of PIFU aligned to the 3 phases of the 2-year follow-up reduction project.	Expecting performance to recover by March 2024.	Overdue Follow up reduction programme is continuing to be deployed. Improving performance trend demonstrated.	No further update, work continues as per December update.	Quarter 4

Performance Report
Planned Care: Theatre Utilisation



Variance against operating plan

System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	77%	77%	77%	78%	80%
Actual	73%	74%	72%	68%	74%	71.9%	71%	76%	74%			
Variance	-12%	-11%	-13%	-17%	-11%	-13.2%	-14%	-1%	-3%			

Dorset County Hosptial	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	72%	76%	79%	82%	85%
Actual	71%	69%	68%	65%	73%	62.6%	68%	74%	73%			
Variance	-14%	-16%	-17%	-20%	-12%	-22.4%	-17%	2%	-3%			

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	77%	77%	77%	78%	80%
Actual	73%	76%	76%	72%	75%	79.7%	72%	77%	73%			
Variance	-12%	-9%	-9%	-13%	-10%	-5.3%	-13%	0%	-4%			

Trajectories revised from November 2023

Standard:
- 85% theatre utilisation

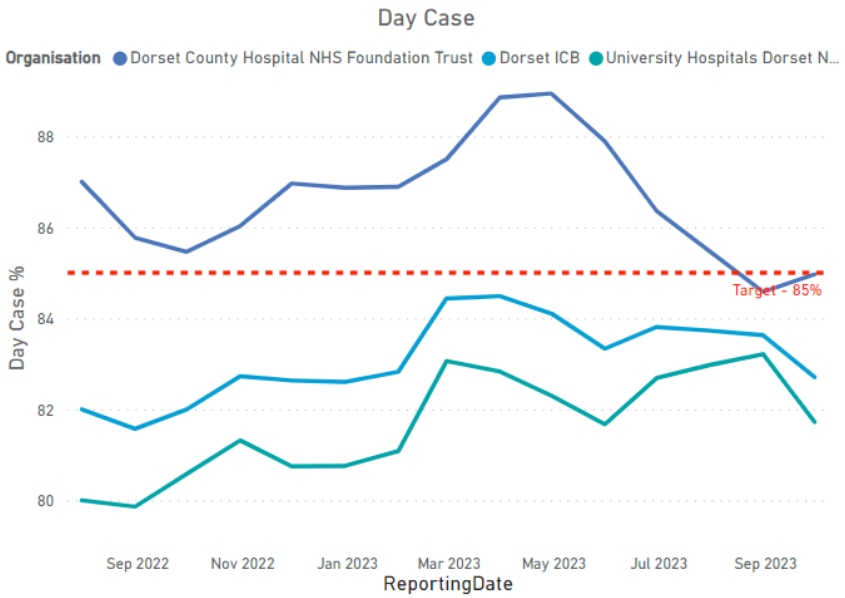
Performance against trajectory:
- Underperforming by 3%

Latest reporting period: 31 December 2023
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
High	No concerns

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	UHD Theatre Improvement Programme in place.	Expecting to meet 80% theatre utilisation by the end of March 2024.	Targeted work underway to focus on orthopaedic and oral surgery utilisation and reduce case opportunity. Ongoing work to build additional sessions into schedule to increase activity. Implementation of MyPreOp and linkage to the Care Coordination Solution (CCS) tool to support Pre-Operative Assessment.	No further update, work continues as per December update.	Beyond March 2024
2	DCH Theatre Improvement Programme in place.	Expecting to meet 85% theatre utilisation by the end of March 2024.	Capped utilisation has improved to 74% and is ahead of trajectory. New management approach in place and reviewing all booking guidelines and SOPs	No further update, work continues as per December update.	March 2024
3	Maximising on theatre productivity opportunities incorporating the learning from Getting It Right First Time (GIRFT) following GIRFT Senior Implementation Manager visit to both UHD and DCH in November.	To increase utilisation.	UHD: a reduction in the theatre case opportunity has been seen at UHD demonstrating improved productivity. An increase in theatre sessions is scheduled in Q4 2023/24 with a focus on specialties with long waiters. A newly appointed General Manager for Outpatients is now post and leading changes to deliver improvements in outpatient productivity. A digital outpatient programme supporting a reduction in DNA rates following the roll out of DrDoctor. DCH: Outpatient and theatre productivity/service improvement programmes in place. This includes DrDoctor supported validation project, digitalisation programme, new Booked Admissions (booking tool for Admissions) and revised theatre productivity governance and work programme.	No further update, work continues as per December update.	Quarter 3 and 4

Performance Report
Planned Care: Day Case Rates



Variance against operating plan

System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	83.6%	83.6%	83.7%	83.7%	83.7%
Actual	80%	79%	80%	84%	84%	83%						
Variance	-5%	-6%	-5%	-1%	-1%	-2%						

Dorset County Hosptial	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Actual	88%	86%	85%	85%	85%	85%						
Variance	3%	1%	0%	0%	0%	0%						

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	85%	85%	85%	85%	85%	85%	85%	83%	83%	83.1%	83.2%	83.2%
Actual	78%	78%	79%	84%	83%	82%						
Variance	-7%	-7%	-6%	-1%	-2%	-3%						

Trajectories revised from November 2023

Latest reporting period: **30 September 2023**
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
High	No concerns

Standard:
- 85% day case rate

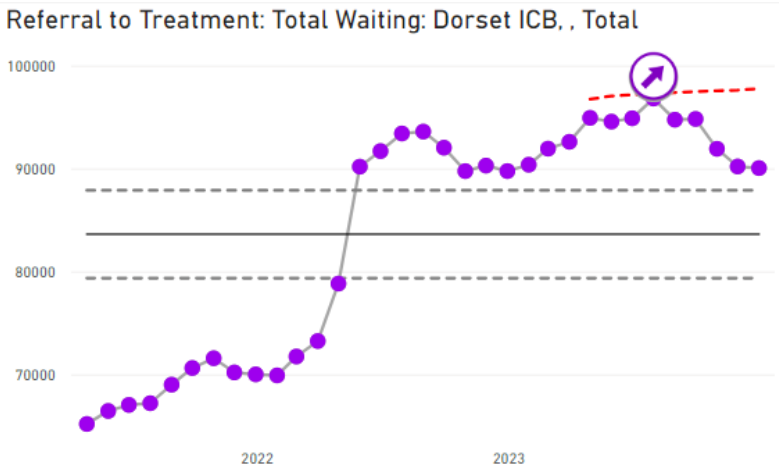
Performance against trajectory:
- Underperforming by 2%

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Theatre improvement actions outlined on previous slide.	Improvement in utilisation and day case rates	See previous slide	See previous slide	Quarter 3 and 4

Performance Report
Planned Care: Reduction in Total Waiting List

NHS Dorset

Dec 23
90034
Variance
Special cause varation of an increasing nature where UP is not necessarily improving nor concerning.
Target
97746
Assurance
Assurance cannot be given as there is no target.



Variance against operating plan

Reduction in total waiting list	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	96,725	97,032	97,137	97,248	97,371	97,467	97,534	97,604	97,746	97,791	97,784	97,789
Actual	94,547	94,547	94,871	96,788	94,732	94,805	91,905	90,191	90,034			
Variance	-2,178	-2,485	-2,266	-460	-2,639	-2,662	-5,629	-7,413	-7,712			

Standard:
- Reduction in total waiting list

Performance against trajectory:
- Overperforming by 7,712 patients

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
High	No concerns

NB. Reduction in total waiting list is one of the three standards the system did not commit to achieve within the operating plan submission. The system still holds trajectories outlining expected performance and the standard continues to be monitored.

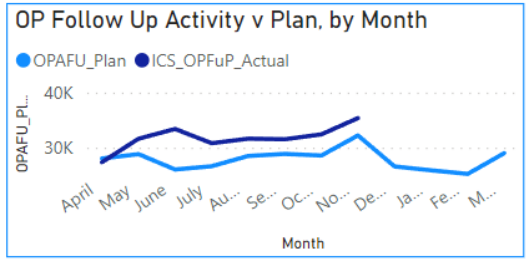
NB. Following an amendment to the RTT guidance, community paediatrics will be removed from RTT reporting from February 2024 onwards.

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Validation of waiting list as per national guidance.	Reduced waiting list size, increased clock stops, improved data quality, and support the delivery of zero 65-week waiters by March 2024.	UHD participated in a regional validation pilot focussing on improving data quality by targeting duplicate or incorrect pathways utilising the LUNA tool. The outcomes include reducing waiting list size, increased clock stops, improved data quality, and supporting the delivery of zero 65-week waiters by March 2024. The pilot was successful reducing the number of over 40-week waiters not validated to only one patient at the end of October. 22,764 records were validated during the pilot achieving 5,321 clock stops. A removal other than treatment (ROTT) rate of 23% which was the highest among the three Trusts in the pilot. UHD have extended the validation support contract until the end of March 2024. The Trust continues to maintain a monthly reduction in the total RTT waiting list. There has been a 5% reduction since March 2023. DCH is now fully compliant with the national validation milestones and is achieving 90%+ of all patients being validated (contacted) every 12 weeks. Roll out of DrDoctor text service to support this is completed.	No further update, work continues as per December update.	Ongoing

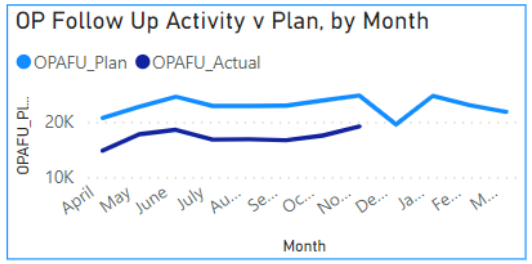
Performance Report
Planned Care: Reduction in Follow-up Outpatients

NHS Dorset

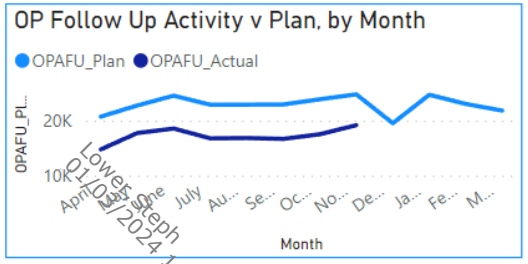
System



DCH



UHD



Variance against operating plan

System	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	28,037	28,827	26,034	26,625	28,495	28,862	28,577	32,219	26,588	25,879	25,230	29,013
Actual	20,169	24,042	24,736	22,610	22,700	22,619	23,536	26,100				
Variance	-7,868	-4,785	-1,298	-4,015	-5,795	-6,243	-5,041	-6,119				

Dorset County Hospital	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	6,971	8,094	8,959	7,898	8,071	7,992	9,092	9,165				
Actual	5,396	6,291	6,170	5,826	5,855	5,928	6,007	6,920				
Variance	-1,575	-1,803	-2,789	-2,072	-2,216	-2,064	-3,085	-2,245				

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	20,718	22,747	24,530	22,881	22,899	22,928	23,872	24,770				
Actual	14,773	17,751	18,566	16,784	16,845	16,691	17,529	19,180				
Variance	-5,945	-4,996	-5,964	-6,097	-6,054	-6,237	-6,343	-5,590				

The tables above illustrate system performance based on Dorset County Hospital and University Hospitals Dorset as per the planning submission.

Data confidence	
Medium	The provider charts consider all population (inc. non-Dorset). Whereas the System chart is for Dorset only and includes ISPs.

Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report – Power BI

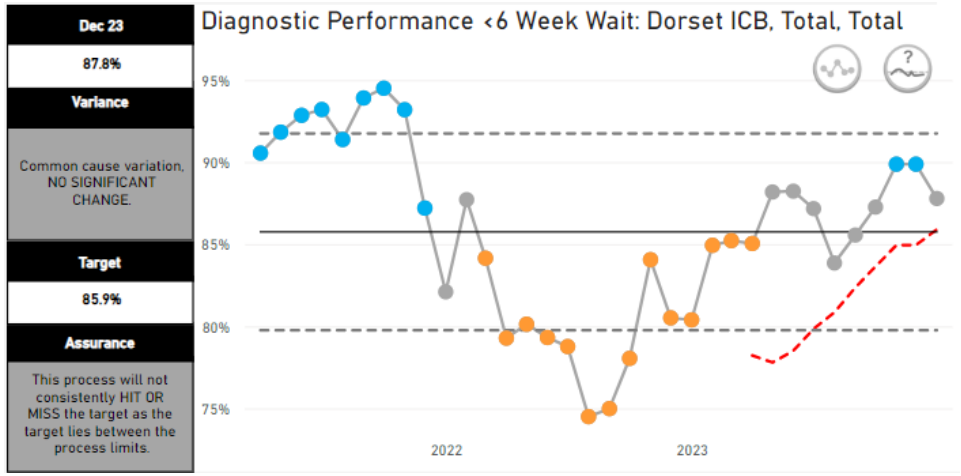
Follow-up Outpatient Waiting List (patients not on an open RTT clock and past their clinical to be seen date):

- DCH – the follow-up backlog decreased by 191 patients in December, with 9,289 patients overdue their target date for a follow-up appointment.
- UHD – the follow-up backlog increased by 227 patients in December, with 26,733 patients overdue their target date for a follow-up appointment.

NB: 25% reduction in follow-up outpatients is one of the three standards the system did not commit to achieve withinthe operating plan submission. The system still holds trajectories outlining expected performance and the standard continues to be monitored.

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Follow-up outpatient waiting list review to ensure no patients are coming to harm – request from the ICB Quality and Safety Team.	To ensure no patients are coming to harm.	Being discussed at System Quality Group in January with a focus on Ophthalmology at DCH. Being combined with a Quality and Safety Committee deep dive into the waiting list.	A deep dive into ophthalmology follow ups to identify harm as a result of delays will be presented by DCH at the next SQG on 27 March.	March 2024

Performance Report
Planned Care: Diagnostics 1/2



Variance against operating plan

Diagnostics	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	78.22%	77.79%	78.51%	79.83%	80.84%	82.36%	83.63%	84.94%	85.89%	86.15%	87.12%	88.4%
Actual	78.2%	88.2%	88.2%	87.2%	83.9%	85.6%	87.3%	89.9%	87.8%			
Variance	-0.02%	10.41%	9.69%	7.37%	3.06%	3.24%	3.67%	4.96%	1.91%			

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Standard:
- Increase % of patients receiving a diagnostic test within 6 weeks

Performance against trajectory:
- Overperforming by 1.9%

Data confidence	
Low	Complex data quality issues at Dorset HealthCare resulting in no reporting available for Audiology.

For modalities of concern, see next slide.

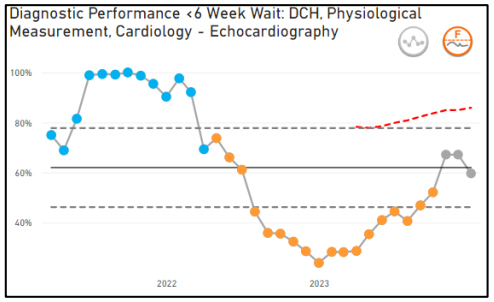
Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Recovery plan in place for audiology at Dorset HealthCare	To improve performance against this standard.	Since the Audiology recovery plan was approved in September 2023, Dorset HealthCare has encountered data quality issues. A complex migration exercise led to the inability to submit the monthly diagnostic (DM01) return to report diagnostic performance. In November 2023, a west Dorset migration increased pathways, but crucial performance information was missing. This hampers accurate diagnostic performance reporting until a complete dataset is available. Additional administrative support is being sought. NHS England South West Team is aware of submission challenges for the monthly diagnostic return. A full review of the recovery plan awaits resolution of data quality issues, with ongoing updates provided to the Planned Care Improvement Group, with escalation to the Planned Care Delivery Group if necessary.	No further update, work continues as per December update.	Ongoing Reporting anticipated to resume in February 2024
2	Recovery plan in place for echocardiography at Dorset County Hospital	To improve performance against this standard.	Performance against recovery plan is underperforming, DCH reviewing and update to be provided through PCIG.	Awaiting revised recovery plan from DCH.	Ongoing
3	Develop a SOP	To ensure surveillance cases are put on the correct wait list with clear review date. including process for starting a DM01 clock for any patient over the wait time.	Confirmation was required from providers, through an NHS England South West return on 19 January 2024, that surveillance patients are included in the DM01 figures if waiting beyond their expected to be seen by date.	Surveillance patients are all on wait lists now and will be seen based on clinical priority noting the current focus on improving the data quality for all patients following the migration.	Update expected through PCIG in February

Performance Report
Planned Care: Diagnostics 2/2 – Modalities of Concern

NHS Dorset

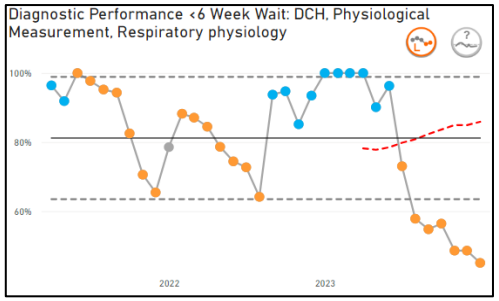
Dorset County Hospital

- Echocardiography – 59.6%



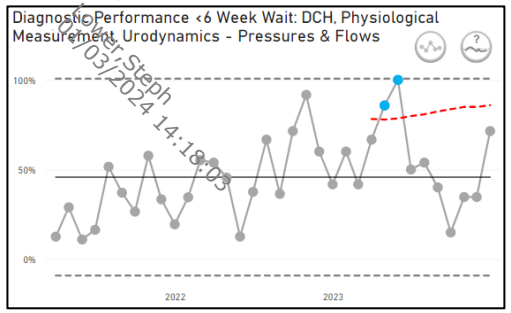
Performance deteriorated by 7.5% compared to November

- Respiratory Physiology – 45.1%



Performance deteriorated by 3.5% compared to November

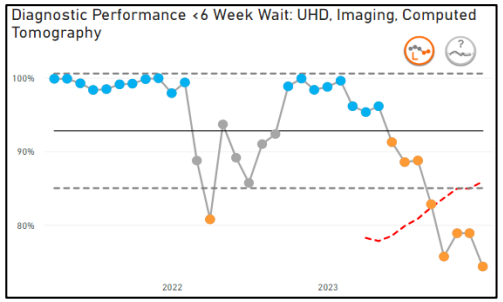
- Urodynamics: Pressures and Flows – 71.4%



Performance improved by 36.8% compared to November

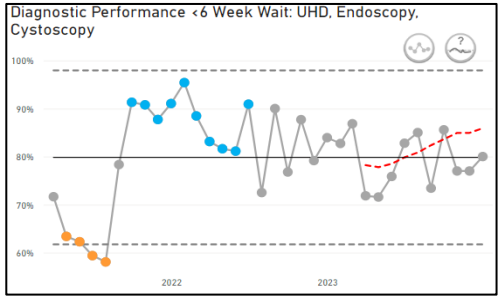
University Hospitals Dorset

- CT – 74.3%



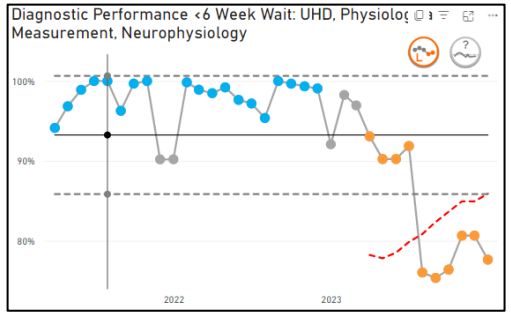
Performance deteriorated by 4.6% compared to November

- Cystoscopy – 80%



Performance improved by 3% compared to November

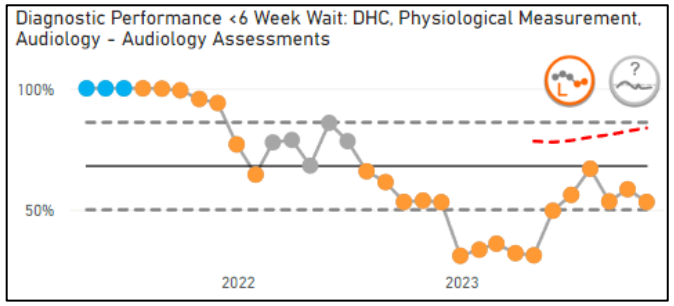
- Neurophysiology – 77.6%



Performance deteriorated by 3% compared to November

Dorset HealthCare

- Audiology – % (October position)



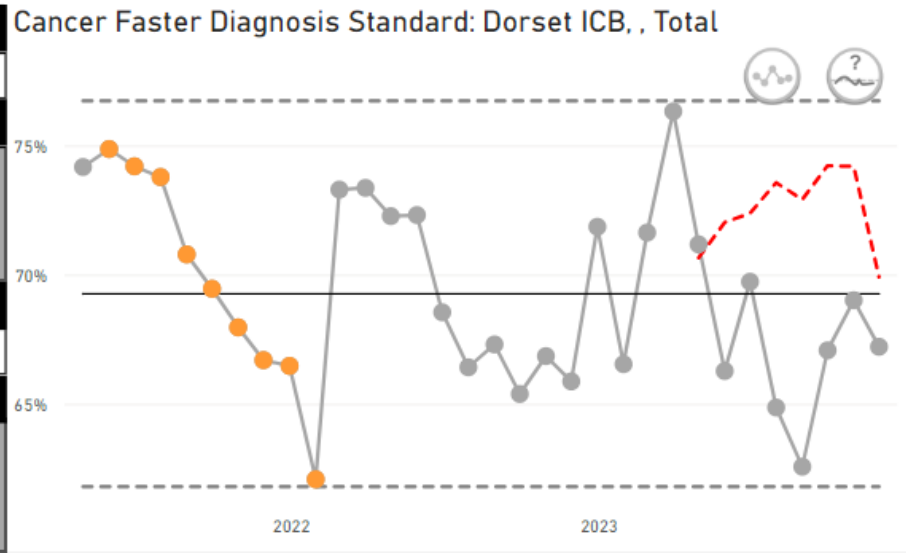
Performance reporting beyond October 2023 is currently unavailable and data confidence in this SPC is low due to data issues.

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Performance Report
Planned Care: Cancer – Faster Diagnosis Standard SOF H2 1/3

NHS Dorset

Nov 23
67.2%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
69.9%
Assurance
This process will not consistently HIT OR MISS the target as the target lies between the process limits.



Variance against operating plan

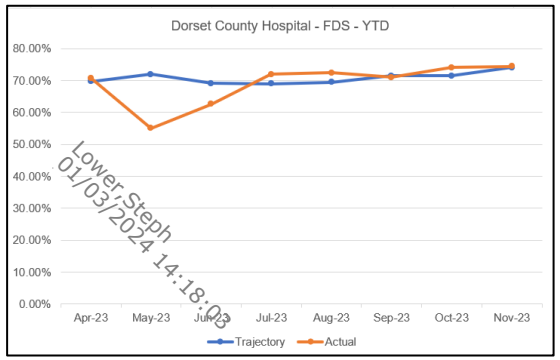
System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	70.64%	72.01%	72.37%	73.55%	72.9%	74.21%	74.18%	69.9%	73.2%	73.2%	74.5%	75.2%
Actual	71.25%	66.3%	69.7%	64.9%	62.6%	67.1%	69%	67.2%				
Variance	0.61%	-5.71%	-2.67%	-8.65%	-10.3%	-7.11%	-5.18%	-2.7%				

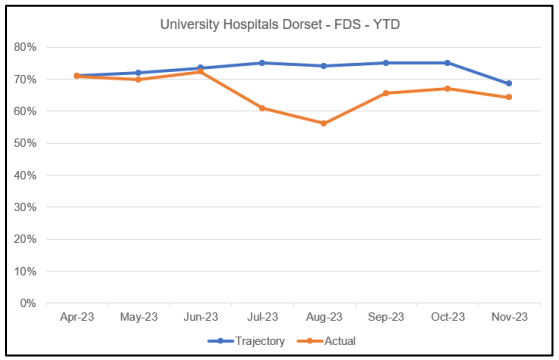
Dorset County Hospital	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	69.66%	72.02%	69.13%	68.98%	69.44%	71.50%	71.49%	74.1%	75.3%	75.64%	75.95%	75.94%
Actual	70.8%	55.1%	62.6%	72%	72.4%	71%	74.1%	74.4%				
Variance	1.14%	-16.92%	-6.53%	3.02%	2.96%	-0.5%	2.6%	0.3%				

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	71%	72.01%	73.51%	75.03%	74.1%	75.03%	75%	68.5%	72.5%	72.5%	74%	75%
Actual	70.9%	69.8%	72.3%	60.9%	56.1%	65.6%	67%	64.3%				
Variance	-0.1%	-2.21%	-1.21%	-14.13%	-18%	-9.43%	-8%	-4.2%				

Trajectories revised from November 2023 as part of H2 planning

Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report - Power BI





Standard:
- 76% of patients diagnosed within 28-days

Performance against trajectory:
- Underperforming by 2.7%

Data confidence	
High	No concerns

Performance Report
Planned Care: Cancer – Faster Diagnosis Standard SOF H2 2/3

NHS Dorset

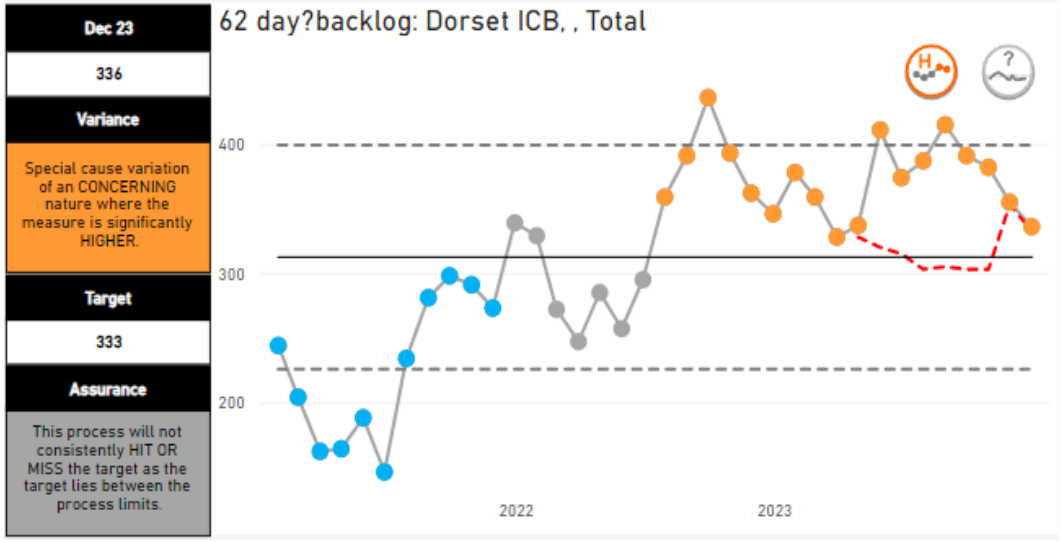
	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Colorectal – decommission the FIT <10 pathway following NICE publication.	Create additional capacity for fast-track appointments as patients will be managed in primary care. However, there is a significant risk hindering this with coding and identification of patients in primary care which has been escalated nationally. Currently unquantified.	The coding issue has been resolved and the FIT < 10 pathway was decommissioned on 8 January 2024. Lower GI 2ww referral proforma and communications were sent to Primary Care in December however Trusts are concerned about a potential increase in lower GI USC (urgent suspected cancer) referrals – this will be monitored. With fewer referrals, it is expected that specialist cancer nurses will have the following extra capacity: UHD – approx. 3 appointments per day; DCH – approx. 1-2 appointments per day.	Initial analysis against the impact of this are showing an improvement in FDS performance in colorectal. However, further improvements are required in performance at UHD. An update on colorectal cancer demand and capacity to be discussed at February Performance and Contracts Touchpoint Meeting.	8 January 2024 Review expected April 2024
2	Gynaecology – GP direct access pathway for individuals with post-menopausal bleeding taking HRT went live at UHD on 20 November 2023.	Reduce pathway and reduce inappropriate referrals to colposcopy capacity, currently unquantified.	The GP direct access pathway is going well with good buy-in from secondary care clinicians at UHD. Weekly meetings are being held with the navigator clinician at UHD along with the cancer intelligence team. A full impact review will take place at the 3-month point.	Minimum referrals have been received into the service. There appears to be an issue with requested ultrasound scans which is being reviewed which may increase utilisation. Initial analysis identifies gynaecology FDS appears to be improving at UHD, but it is not clear if this is due to the introduction of this pathway. DCH performance is gynaecology is deteriorating which is believed to be attributed to capacity issues for diagnosing patients. The ICB Cancer Team are looking at how to introduce this pathway in the west.	Delivered Review – end February 2024
3	Skin – teledermatology and AI	Phase 1 (pre-referral pathway): Community Diagnostic Centre photo hubs (to take images of skin lesions) which will be piloted with one in the east and one in the west of Dorset. Phase 2 (post-referral pathway): introduction of AI skin analytics to reduce demand on dermatology services.	Phase 1 has been delayed due to awaiting financial approval of the external funding for the bank staff required to conduct the clinical safety case – this has been escalated to SyRG. Phase 1 will now go live at the same time as Phase 2 which has been delayed slightly from mid-January to early February with IG sign-off expected on 10 January. There has been good engagement and service managers at UHD and DCH who have identified staffing as well as physical space required as part of the service model. Training has commenced for some HCAs at UHD on 8 January.	Initial analysis of January performance is showing improvement in skin at UHD through the insourcing during January following the sickness. The AI project is progressing well. A clinical safety case workshop took place on 26/01/2024 with a further session on 09/02/2024. Both DCH and UHD are looking to be operationally ready with a soft launch planned for 19 February 2024. 30% of patients expected not to require a first OPA.	19 February 2024 – soft launch
4	Mitigate expected deterioration in January performance due to 8 dermatology clinicians being unwell in November.	Recover the FDS position.	Insourcing booked throughout January 2024.	Insourcing continuing throughout January 2024.	February 2024

Performance Report
Planned Care: Cancer – Faster Diagnosis Standard SOF H2 3/3

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
5	Urology – local template biopsies	Introduction of local template biopsies in October 2023 undertaken by consultants to reduce the pathway with a long-term plan to also do these nurse led to increase capacity and competence.	The ICB Cancer Pathway Improvement and Performance Programme Manager is due to attend a face-to face meeting in Southampton with a prostate deep dive by Wessex Cancer Alliance, in order to keep the Dorset position highlighted and help streamline the pathway at DCH.	Update requested from the ICB Cancer Pathway Improvement and Performance Programme Manager.	Unknown (ongoing) – for nurse led
6	Skin – learning from significant increase in demand during the summer.	The learning from this activity will be shared and any inappropriate referrals identified to support conversations with Primary Care.	A feedback letter has been developed to be sent to the GP when an inappropriate referral is received, and the use of this form is due to start imminently. In addition, once the AI skin analytics has been implemented, and following a 4-6 week testing period and ramp up, the aim is for all suspected cancer referrals to go through AI triage. The AI report will then be sent back to the referrer, which will support education for referrers and should improve referral quality. This work will also be picked up as part of the referral review work.	N/A - closed	Unknown
7	Gynaecology urgent suspected cancer pathway review	Review of the current pathways at both DCH and UHD against the published best practice pathway. Aiming to speed up the pathway to diagnosis and treatment.	N/A – action added 29/01/2024	On workplan for NHS Dorset Cancer Team, date of commencement TBC. Dependent on the completion of the work on the GP direct access pathway for individuals with post-menopausal bleeding.	TBC
8	Bid to the National Institute for Health and Care Research (NIHR)	Introduction of a risk assessment tool in C-The Signs to proactively send invites to women to undertake a risk stratification questionnaire. This would then be used to assess the risk of breast cancer for onward referral into the family history service.	N/A – new action added 29/01/2024	Awaiting response following the bid.	TBC
9	Community Diagnostic Centres (CDC)	Moving work out of acute trusts to speed up pathways.	Work continues. Community Diagnostic Centres will be used for photo clinics.	South Walks house and Beales is in the activity plan for dermatology AI. Breast family history is in the activity plan for the Poole hub. Cytosponge clinics are being planned for 2024/25 within CDCs for Barrett's Oesophagus patients (this supports FDS and 62-day performance). CDC are being explored for GP direct access for CT scans chest/abdominal/pelvis, CT chest, and brain MRI. As well as CTs for suspected pancreatic cancer and CTs for lung health checks (this supports FDS and 62-day performance).	Throughout 2023/24 and beyond (some delays experienced)

Performance Report
Planned Care: Cancer – 62-Day Backlog SOF H2 1/2



Variance against operating plan

System Total	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	328	320	315	303	305	303	303	353	333	330	310	290
Actual	337	411	374	386	415	391	382	355	336			
Variance	9	91	59	83	110	88	79	2	3			

Dorset County Hospital	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	70	70	75	78	80	83	83	83	83	80	75	70
Actual	60	98	89	89	78	78	83	76	95			
Variance	-10	28	14	11	-2	-5	0	-7	12			

University Hospitals Dorset	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	258	250	240	225	225	220	220	270	250	250	235	220
Actual	279	314	286	298	338	317	298	279	241			
Variance	21	64	46	73	113	97	78	9	-9			

Trajectories revised from November 2023 as part of H2 planning

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Standard:
- Reduce the number of patients waiting beyond 62-days for cancer treatment

Performance against trajectory:
- Underperforming by 3 patients (DCH underperforming by 12 and UHD overperforming by 9)

DCH did not achieve the December 62-day backlog trajectory as part of H2 due to delays in pathways over the festive period and unexpected sickness. Recovery is at risk due to the impact of industrial action in January. H2 trajectories did not incorporate any impact of industrial action.

Data confidence	
Medium	Snapshot taken at the end of the month, however, should patients in the backlog be treated and found not to have cancer they will be removed from the backlog numbers. DCH and UHD show the number of patients at those providers, but the total on the SPC is Dorset-registered patients only. It is being investigated why such a high percentage are out of Dorset patients.

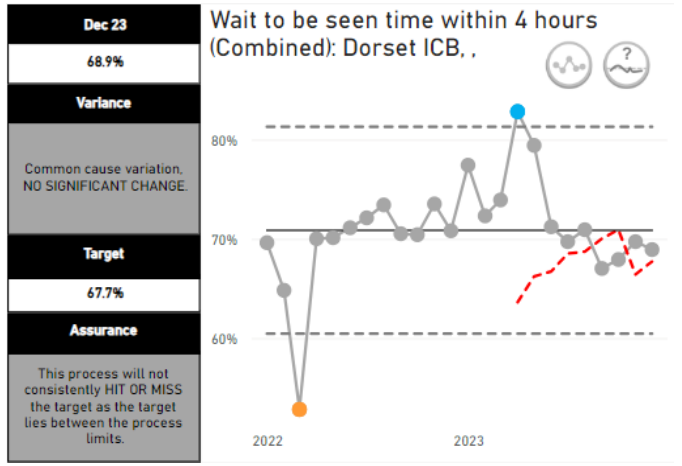
Performance Report
Planned Care: Cancer – 62-Day Backlog SOF H2 2/2

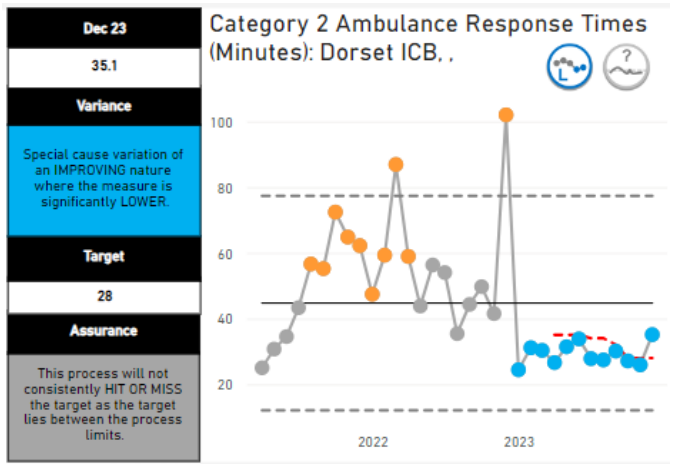
NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Faster diagnosis standard actions outlined on previous slide	Support the reduction of the 62-day backlog.	N/A	N/A	N/A
2	Autumn focus at UHD	An autumn focus on the 62-day backlog with weekly clinical reviews of backlog patients continuing with the aim to reduce numbers in the backlog. Currently unquantified.	Since its height in August 2023 the 62-day backlog number has reduced by 59 patients, although it is the same number as in April 2023.	N/A – closed	Unknown
3	Recruitment and retention initiatives at UHD	Breast locum radiologist to support one-stop clinics due to workforce vacancies to support the delivery of complex cases.	Ongoing work underway at UHD.	Breast locum is in place and position is holding steady.	Ongoing
4	Transformation of MDT meetings at UHD	Release capacity for pathology, radiology and tumour site consultants.	Ongoing work underway at UHD.	Internal housekeeping within UHD and not tied to any performance recovery.	Unknown
5	Skin – across the system	Insourcing of capacity to support demand.	UHD and DCH continue to insource pending the implementation of teledermatology and AI.	Insourcing continues, the AI soft launch is expected by 19 February 2024.	Ongoing

Performance Report
Urgent and Emergency Care: 4-Hour Standard H2 SOF and Category 2 Ambulance Response H2 SOF 1/2

NHS Dorset





Variance against operating plan

4-Hour ED												
System Total	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	63.64%	66.24%	66.68%	68.49%	68.67%	69.96%	70.93%	66.4%	67.7%	68.7%	72.4%	76.0%
Actual	82.8%	79.4%	71.2%	69.7%	70.9%	67%	67.9%	69.7%	68.9%			
Variance	19.16%	13.16%	4.52%	1.21%	2.23%	-2.96%	-3.03%	3.3%	1.2%			

Dorset County Hospital	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	71.99%	73.99%	75.01%	76%	76%	76.01%	76%	76%	76%	76.01%	76%	76%
Actual	82.8%	79.40%	80.6%	79.3%	79%	78%	77.9%	77.9%	77%			
Variance	10.81%	5.41%	5.59%	3.3%	3%	1.99%	1.9%	1.9%	1%			

University Hospitals Dorset	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	60%	63%	63%	65%	65%	67%	68.5%	62.5%	64%	66%	71%	76%
Actual	-	-	61.6%	60.1%	62.9%	61.5%	61.5%	61.5%	60.8%			
Variance	N/A	N/A	-1.4%	-4.9%	-2.1%	-5.5%	-7%	-1%	-3.2%			

Cat 2 Response	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	35	35	35	34	34	32	28	28	28	22	22	21
Actual	26.6	31.4	33.8	27.8	27.4	30.1	27.1	25.9	35.1			
Variance	-8.4	-3.6	-1.2	-6.2	-6.6	-1.9	-0.9	-2.1	7.1			

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Standard:
- 76% of patients waiting less than 4 hours to be seen
- Average time to respond to Category 2 ambulance calls for SWAST for Dorset

Performance against trajectory:
- Overperforming against the 4-hour standard by 1.2%
- Underperforming by 7.1 minutes for Category 2 response

Data confidence	
High	No concerns

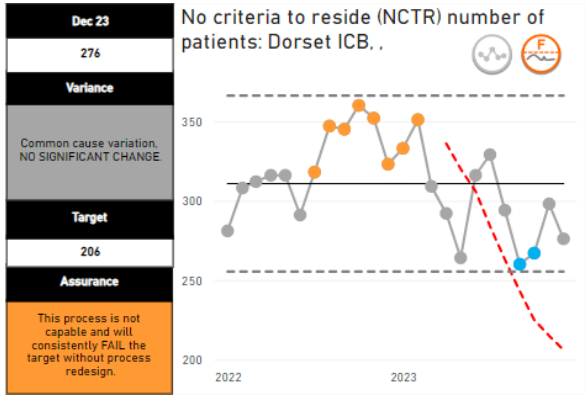
NB. NHS England confirmed to SWAST on 23 January 2024 that Tiering has been stopped for ambulance services for the current time.

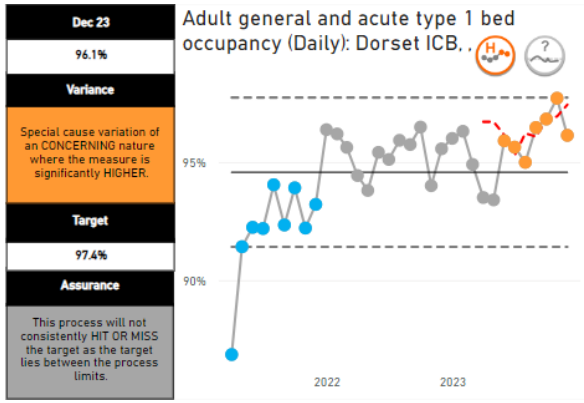
NB. South Western Ambulance Trust (SWAST) reported extremely high activity volumes across the first two weeks of December; rising to over 3,300 incidents per week in Dorset and 20,800 incidents per week across the South West. Combined with poor handover times, this impacted the ability to deliver the category 2 response times trajectory. To mitigate the pressures SWAST delivered significantly high levels of operational resourcing, not previously seen, however this was still insufficient to meet the level of handover delays reported. Performance has since recovered during January however the operational pressures in the urgent and emergency care pathway pose risk for the remainder of the winter.

Performance Report
Urgent and Emergency Care: 4-Hour Standard H2 SOF and Category 2 Ambulance Response H2 SOF 2/2

	Action	Expected impact of action	Progress update – January 2024	Delivery date
1	Focus on maximising utilisation of non-ED pathways (acute and community) - UCR, Virtual Wards, UTCs, SDEC etc	Fewer preventable ED attendances and admissions via ED (Reduced conveyance to ED). Reduction in the volume of ambulances dispatched to lower acuity patients in the community where clinically safe. Release of ED capacity enabling better flow and increasing ability to meet 4-hour standard.	Increased VW utilisation. Paper planned to go to SLT with a revised system agreed model which will identify changes to the pathway learning on 23/24. This includes a Pan Dorset Clinical Coordination approach referring to existing place-based models. Workforce also to be reviewed to meet the target of 360 VW beds. Q4 Plan - Discovery piece commenced in increasing referral access points from 111 with engagement from GP Alliance, DHC and ICB. expansion of 111 direct booking. Attendance and Admission Avoidance Demand and Capacity working group developed. Gathering data into one central point and identifying gaps in data feeds.	Ongoing (month-on-month improvement)
2	Targeted workshops with focus on admission and attendance avoidance	Attendance avoidance – mapping secondary prevention provision (Reducing exacerbation of LTC or existing mental health need). Assessment of acutely ill patients outside of the acute hospital. Avoidance of unnecessary admission of patients following assessment and initial diagnosis. Earlier discharge (prior to full admission) from an acute by enhancing collocated or community based ongoing clinical, mental health and social care.	Q4 Plan – Focus on General Practice appointments. Reporting to WIG. 24/25 Attendance and Admission Avoidance Plan developed with detailed plan.	Jan – Dec 2024
3	With the main barrier to achieving the 4-hour ED standard at UHD being the time it takes to admit a patient through the emergency department, a system wide plan has been agreed.	To speed up the time it takes to put the required support in place for those who no longer need the resources of an acute hospital but cannot manage by themselves, i.e. they need domiciliary care in their own homes or in a community bed/care home.	To achieve 76%, 4 in 10 patients would need to be admitted within 4 hours from the time of arrival and 9 out of 10 patients need to be treated and leave to go home within 4 hours. There are currently insufficient empty beds on the wards in the two hospitals to admit patients quickly enough. Work on the plan continues to address this.	Unknown
4	Meeting requested by NHSE SW.	To understand Dorset's 4-hour ED standard performance.	A conversation between ICB and UHD COOs will take place in early February.	February 2024

Performance Report
Urgent and Emergency Care: No Criteria to Reside and Bed Occupancy





Standard:
- Reduce the number of patients with no criteria to reside
- Percentage of general and acute bed occupancy

Performance against trajectory:
- Underperforming for NCTR by 70 patients (10 at DCH, 60 at UHD)
- Overperforming against trajectory by 1.33% for bed occupancy

NB. 92% bed occupancy is one of the three standards the system did not commit to achieve within the operating plan submission. The system still holds trajectories outlining expected performance and the standard continues to be monitored.

Variance against operating plan

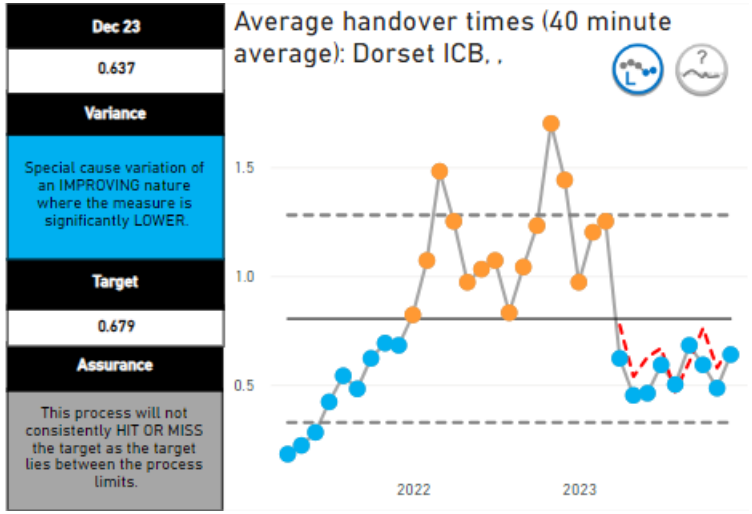
NCTR												
System Total	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	336	320	306	284	263	243	225	215	206	206	206	206
Actual	292	264	316	329	294	260	267	298	276			
Variance	-44	-56	10	45	31	17	42	83	70			
Dorset County Hospital	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	75	75	75	67	59	51	45	45	45	45	45	45
Actual	56	53	65	66	55	59	64	69	55			
Variance	-19	-22	-10	-1	-4	8	19	24	10			
University Hospitals Dorset	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	261	245	231	217	204	192	180	170	161	161	161	161
Actual	235	211	251	264	240	201	203	229	221			
Variance	-26	-34	20	47	36	9	23	59	60			
Bed Occupancy												
System Total	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Trajectory	96.70%	96.70%	96.14%	95.29%	96.21%	96.07%	96.79%	96.93%	97.43%	97.14%	97.00%	96.71%
Actual	93.5%	93.4%	95.9%	95.6%	95%	96.5%	96.8%	97.7%	96.1%			
Variance	-3.2%	-3.3%	-0.24%	0.31%	-1.21%	0.43%	0.01%	0.77%	-1.33%			

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
High	No concerns

Action		Expected impact of action	Progress update – January 2024	Delivery date
1	Increased system focus on reducing delays in exiting intermediate care services to ensure there is capacity to move people from hospital as required.	Reduction in delays in intermediate care (community) capacity will in turn increase outward flow from acute hospitals and reduce NCTR.	Remains an area of concern. Delays in community beds totalling 110 as at 31/01/24. This represents a third of all community beds. Primary delay linked to completion of care act assessment (49 delays). Targeted work underway to look at how this can be addressed, recognising that delays are contributed to by lack of therapy (slows recovery) and thin spread of social work resource across acute and community which can impact pace of process. Plan is to reduce community bed delays by 50% by end March.	Ongoing from now (month-on-month improvement)
2	Creation of a consistent 7-day discharge pipeline across all pathways (including P0) to reduce the impact of low weekend discharges and subsequent weekday surges.	Increase in number of weekend discharges to be equivalent to weekday discharges across all pathways (potentially up 100 extra discharges per week).	Weekend discharges still remain low (around 55% of weekday discharges). Work ongoing to improve discharge pipeline but slow to build. Impact will be linked to better use of EDDs (DRDs) to drive discharge planning (see action area 3).	Ongoing from now (month-on-month improvement)
3	Step change increase in early discharge planning across all partners linked to increased use of DRDs on acute wards and stronger/earlier system escalation processes.	Reduction in Length of Stay/Delay as a result of earlier discharge planning and reduced risk of missed opportunities.	Proof of concept working starting in both acute trusts in Feb (UHD 11/02) which will test using the ward list as trigger for discharge planning rather than waiting for D2A referral. Test sites also being established in community hospitals. Linked to this is redesign/improvement in decision-making steps to reduce hand-offs between partners.	Ongoing from now (month-on-month improvement)

Performance Report
Urgent and Emergency Care: 40-Minute Handover Delays



Variance against operating plan

Av. 40 Minute Handover Delays	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	40	40	40	40	40	40	40	40	40	40	40	40
Actual	48.6	27	27.6	35.4	30	40.8	35.4	29	38.2			
Variance	8.6	-13	-12.4	-4.6	-10	0.8	-4.6	-11	-1.8			

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

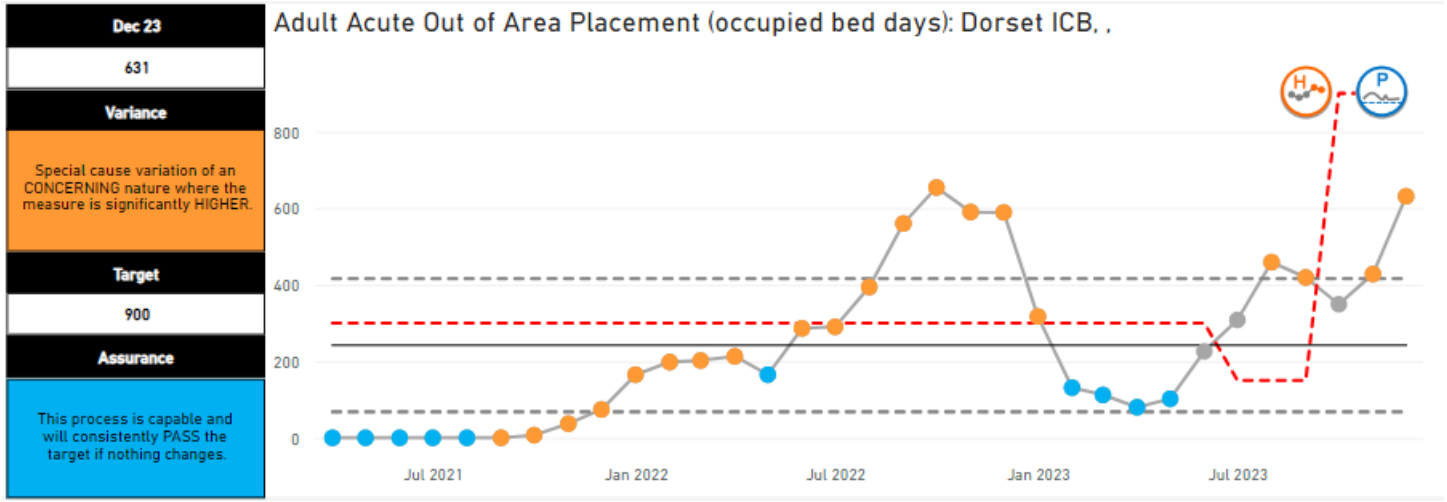
Standard:
- Reduce average time lost to handover delays to below 40 minutes

Performance against trajectory:
- Overperforming by 1.8 minutes

Data confidence	
High	No concerns

Action		Expected impact of action	Progress update – January 2024	Delivery date
NB: Handover delays are a symptom of lack of flow in the system and/or poor utilisation of alternatives to ED that could have reduced front door demand. Therefore, actions to achieve a reduction in reduction in handover delays are mirrored from other ED action areas.				
1	Focus on maximising utilisation of non-ED pathways (acute and community) – UCR, Virtual Wards, UTCs, SDEC etc	Fewer preventable ED attendances and admissions via ED (Reduced conveyance to ED). Reduction in the volume of ambulances dispatched to lower acuity patients in the community where clinically safe. Release of ED capacity enabling better flow and increasing ability to meet 4h standard.	Increased VW utilisation. Paper planned to go to SLT with a revised system agreed model which will identify changes to the pathway learning on 23/24. This includes a Pan Dorset Clinical Coordination approach referring to existing place based models. Workforce also to be reviewed to meet the target of 360 VW beds. Q4 Plan - Discovery piece commenced in increasing referral access points from 111 with engagement from GP Alliance, DHC and ICB. expansion of 111 direct booking. Attendance and Admission Avoidance Demand and Capacity working group developed. Gathering data into one central point and identifying gaps in data feeds.	Ongoing from now (month-on-month improvement)
2	Creation of a consistent 7-day discharge pipeline across all pathways (including P0) to reduce the impact of low weekend discharges and subsequent weekday surges	Increase in number of weekend discharges to be equivalent to weekday discharges across all pathways (potentially up 100 extra discharges per week). Release of bedded capacity will in turn release ED capacity which will in turn create capacity for timely handover.	Weekend discharges still remain low (around 55% of weekday discharges). Work ongoing to improve discharge pipeline but slow to build. Impact will be linked to better use of EDDs (DRDs) to drive discharge planning.	Ongoing from now (month-on-month improvement)

Performance Report
Mental Health: Out of Area Placements SOF 1/2



Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Data confidence	
High	DiiS data taken from DHC DMG Report and validated against the monthly regional submission.

Variance against operating plan

Out of Area Placements (Bed Days)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	300	300	300	150	150	150	0	900	900	0	0	0
Actual	80	102	226	308	459	419	349	428	631			
Variance	-220	-198	-74	158	309	269	349	-472	-269			

OOA Placements	End Q1	End Q2	End Q3	End Q4
Trajectory	300	150	900	0
Actual	226	419	631	
Variance	-74	269	-269	

Trajectory revised in November

Trajectory is quarterly, expecting zero by 31 March 2024 however out of area beds days are expected to continue in January and February despite end of Q4 trajectory being zero.

Standard:
- Reduce the number of adult mental health patients inappropriately placed out of area

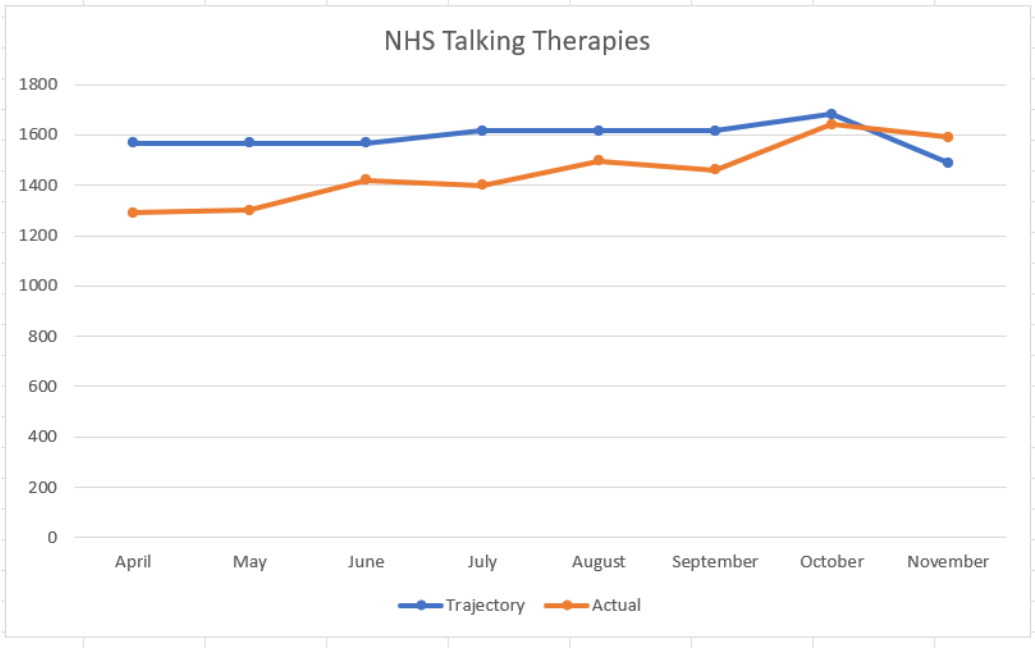
Performance against trajectory:
- Overperforming by 269 occupied bed days at the end of quarter 3

Performance Report
Mental Health: Out of Area Placements SOF 2/2

NHS Dorset

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Top-priority, targeted work at Dorset HealthCare including: • Review of standard operating procedures. • Auditing of the 'to come in' list. • Clinical Co-Ordinator face-to-face visits. • Weekly updates from out of area placement providers. • Urgent referral process review. • Enhanced flow multi-disciplinary team. • Out of area placement provider assurance. • Multi-agency discharge events (MADEs). • Repatriation prioritisation review. • Daily SITRP and OPEL escalation level reporting.	Reduction in out of area placements.	• Out of Area Co-Ordinator appointed. • Complex clinical decision-making panel in place to prevent admissions and support complex discharge. • Two MADE have been convened. For Harbour ward, the event identified the ongoing challenges in lack of support housing. For Waterston ward, the event resulted in several expedited discharges with support from partners. • Recruitment of an expanded MDT underway to introduce a new clinical model to admission decisions. • DHC and ICB colleagues undertaking a review of current effectiveness of the acute care pathway as a means of informing gaps and future procurement requirements for crisis alternatives along with any immediate mitigating supporting actions. Aligned with the national policy in respect of Right Care Right Person. • A review of the Recovery Houses occupancy in partnership with the provider (BCHA) has identified opportunities to consider altering the scope to encompass use of the beds for the purpose of step down. Referral routes into the Recovery Houses has also been broadened so that CMHT can facilitate direct access. • Wider work progressed in respect of opening VCSE led step down beds (8 in total). The beds are anticipated to open in December 2023. • An existing pilot scheme to support discharge and re-settlement in the community has been expanded to operate 7 days a week (Hospital to Home).	Social worker allocation to mental health inpatients was identified through a mental health gold call in December. Actions were set for all patients with no allocated social work to have one allocated by early January. This was achieved, but beyond deadline. Work to establish clear discharge process KPI's is ongoing with system partners. Two workshops have taken place to co-produce the new patient flow clinical model for mental health, led by the Associate Clinical Director for Patient Flow. This will go through DHC's clinical governance for approval and will include significant change proposals. Pepperell House Step Down beds provided by BCHA from a Trust property opened in Shaftesbury with the first person moving there from hospital on 22/01/2024. Work to utilise all 8 beds has commenced and the property is expected to be at full occupancy by mid-February. A conversation is due to take place at the DHC Performance and Contracts Touchpoint Meeting on 08 February 2024 to discuss the deliverability of zero out of area placements by the end of March.	March 2024
2	The national Getting it Right First Time (GIRFT) have been invited to visit DHC to assess the levels of assurance.	To make sure the organisation is compliant and has sufficient oversight.	The outcomes of the visit included: • Further GIRFT session planned with ICB colleagues • Dedicated GIRFT session planned with Consultant workforce • Follow up action planning meeting with GIRFT Lead and Associate Director for Patient Flow, Clinical Director and Head of High Acuity Services. • Process mapping session to remap the access points for beds with a proposal to move from multiple access points to the new Patient Flow team only.	Update expected from DHC at Performance and Contracts Touchpoint Meeting on 08 February 2024.	January 2024
3	Medium to long-term action: transformation of adult community mental health services.	More emphasis on early help to reduce the need for inpatient mental health care.	A new model has been co-produced which is framed around an increased emphasis on early help and prevention through the introduction of a new universal open access element supported by a universal + and universal ++ offer. Procurement of this new universal service element has commenced with timelines for contract award kept to the absolute minimum. Contract award is scheduled for February 2024 with the expectation that mobilisation plans will adopt the same principle of minimising timescales.	Successful tender process using a sprint procurement approach for the universal offer complete with BCHA awarded working in partnership with Help and Care and the Lantern Trust. Mobilisation now commencing. The complex trauma pathway implementation has commenced with DHC as lead.	2023/24 and beyond
4	Long term action: development of the St Ann's site.	Increase Dorset beds by an additional 10.	No further update, beds commissioned from the Priory in Southampton continue.	No further update, beds commissioned from the Priory in Southampton continue.	2025/26

Performance Report
Mental Health: NHS Talking Therapies 1/2



Variance against operating plan

Talking Therapies	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	1,567	1,567	1,567	1,617	1,617	1,617	1,683	1,489	1,489	1,489	1,489	1,489
Actual	1,290	1,300	1,420	1,400	1,495	1,460	1,640	1,590				
Variance	-277	-267	-147	-217	-122	-157	-43	101				

Talking Therapies	End Q1	End Q2	End Q3	End Q4
Trajectory	4,700	4,850	4,466	4,466
Actual	4,010	4,355	3,230	
Variance	-690	-495	-1,236	

Trajectory revised from November 2023

Latest reporting period: **30 November 2023**
Source: DHC Monthly DMG Report

Data confidence	
High	No concerns

Standard:
- Increase the number of adults and older adults accessing NHS Talking Therapies. Previously known as Improving Access to Psychological Therapies (IAPT).

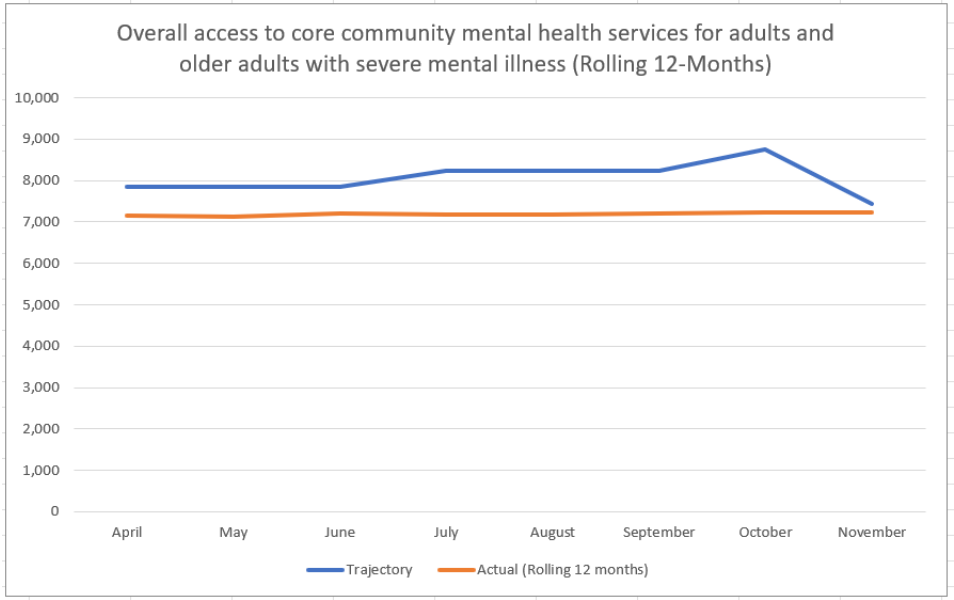
Performance against trajectory:
- Underperforming against trajectory by 495 at the end of quarter 2 (quarter 3 figure does not yet include December's performance).

Performance Report
Mental Health: NHS Talking Therapies 2/2

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Communications plan in place due to reduced referrals. DHC note September 2023 – YTD 16,848 referrals down, 0.7% from same period previous year.	To promote the service to local communities.	Year to date growth in referrals compared to 2022/23 is equivalent to a 0.1% increase. Overall activity has grown by 1.1% suggesting those accessing the service are receiving a longer duration of care/increase psychological sessions. Of those accessing the service, the year-to-date mean recovery rate is 50% which on a par with the national threshold. The onset of other developments such as social prescribing alongside new VCSE service offers is potentially drawing people away from the service. Greater connectivity to PCN social prescribers and the Dorset MIND Active Monitoring programme to increase referral rates and ensure local people are offered evidence-based interventions where indicated.	The access rate remains off track. This is consistent with other NHS Talking Therapies services nationally who have also failed to recover their access target following the pandemic. In response, the national team are looking to review the Long-Term Plan expansion and associated access rate targets. The activity templates associated with 2024/25 planning suggest this indicator is being removed with a shift in focus to reliable recovery and improvement. The Communications Officer continues to work to promote the service to stakeholders and the public with a written communications plan in place.	Q4
2	Medium to long-term action: transformation of adult community mental health services.	More emphasis on early help.	A new model has been co-produced which is framed around an increased emphasis on early help and prevention through the introduction of a new universal open access element supported by a universal + and universal ++ offer. Procurement of this new universal service element has commenced with timelines for contract award kept to the absolute minimum. Contract award is scheduled for February 2024 with the expectation that mobilisation plans will adopt the same principle of minimising timescales. Steps to Wellbeing forms a key part of and has a strong interface with the Access Wellbeing programme (previously MHICC). It will feature within the universal element of the new model of care.	Successful tender process using a sprint procurement approach for the universal offer complete with BCHA awarded working in partnership with Help and Care and the Lantern Trust. Mobilisation now commencing. The complex trauma pathway implementation has commenced with DHC as lead.	2023/24 and beyond
3	DHC are supporting two test of concept universal hubs to be launched this financial year (Poole and Weymouth).	To achieve greater visibility and presence to improve referral rates.	Two test of concept universal hubs are being mobilised between now and the end of the calendar year and it is envisaged greater visibility and presence in these spaces will improve referral rates.	Poole Access Wellbeing Hub opened on 29/01/2024 with the Weymouth hub expected to open on 05/02/2024. DHC are supporting to ensure data flow of activity into MHMDS.	End Q4 2023/24

Performance Report
Mental Health: Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 1/2



Standard:
- Increase the number of adults and older adults with SMI accessing CMHS (rolling 12-month activity)

Performance against trajectory:
- Underperforming against trajectory by 215 people

Latest reporting period: **30 November 2023**
Source: Dorset ICB System Performance Report - Power BI

Variance against operating plan

CMHS for SMI	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	7,850	7,850	7,850	8,240	8,240	8,240	8,765	7,450	7,450	8,897	8,897	8,897
Actual	7,145	7,135	7,200	7,190	7,170	7,205	7,220	7,235				
Variance	-705	-715	-650	-1,050	-1,070	-1,035	-1,545	-215				

Trajectory revised from November 2023

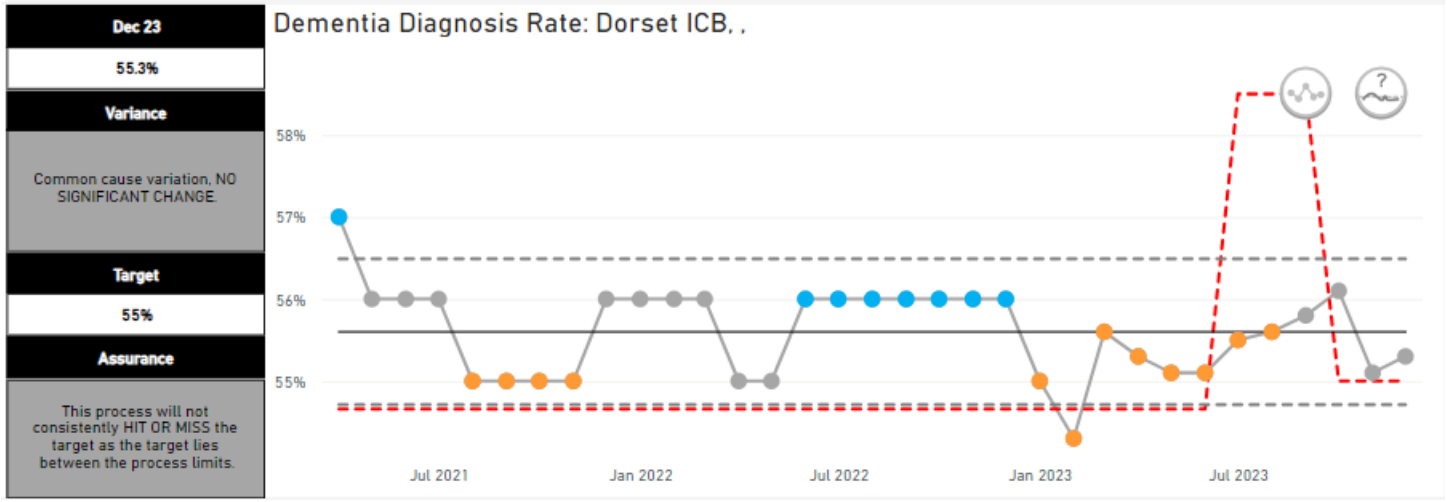
Data confidence	
Low	Data review in DHC has identified missing activity – mean of **4545 contacts per month not currently flowing**. This is because this is CMH activity which has no "referral" on the system e.g. open access services. DQ review completed and activity will flow from October for majority of these services (though reporting remains 2 months in arrears so will not show in MHMDS yet). Due to lack of inter-operability across information systems, challenges remain in respect of capturing primary care based Mental Health Additional Reimbursement Roles (ARRS) activity on a consistent basis.

Performance Report
Mental Health: Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 2/2

NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	DHC are supporting two test of concept universal hubs to be launched this financial year (Poole and Weymouth).	To achieve greater visibility and presence.	Test of concept universal hubs agreed and will be operational by December 2023. A framework for demonstrating the outcomes is in the process of being developed.	Poole Access Wellbeing Hub opened on 29/01/2024 with the Weymouth hub expected to open on 05/02/2024. DHC are supporting to ensure data flow of activity into MHMDS.	End Q4 2023/24
2	Medium to long-term action: transformation of adult community mental health services via the Access Wellbeing programme (previously MHICC).	More emphasis on early help.	A new model has been co-produced which is framed around an increased emphasis on early help and prevention through the introduction of a new universal open access element supported by a universal + and universal ++ offer. Procurement of this new universal service element has commenced with timelines for contract award kept to the absolute minimum. Contract award is scheduled for February 2024 with the expectation that mobilisation plans will adopt the same principle of minimising timescales.	Successful tender process using a sprint procurement approach for the universal offer complete with BCHA awarded working in partnership with Help and Care and the Lantern Trust. Mobilisation now commencing.	2023/24 and beyond
3	Development and implementation of a dedicated complex trauma (personality disorder) pathway including recruitment.	Implementation of a dedicated complex trauma (personality disorder) pathway.	Development and implementation of the pathway will be running in parallel with the above procurement exercise. Dorset Healthcare will be recruiting into new roles modelled as part of the pathway development with the aim of having commenced aspects of the revised offer of support operational by the end of the calendar year. The pathway and interventions will operate across all elements of the new model of care.	The complex trauma pathway implementation has commenced with DHC as lead.	December 2024
4	Open Dialogue is being adopted as the principal way of working within the new model with practitioners across all 3 elements of the model of care due to training before the end of the year.	Open Dialogue is a Systemic Dialogic approach that helps people, and their families feel heard, respected, and validated and is shown to improve outcomes and reduce the risk of relapse significantly.	Training expected to be complete before the end of the year.	First cohort commenced in September 2023, two residentials have taken place with two further residentials due to take place. A meeting is due to take place in February with regards to progressing a further cohort.	March 2024
5	Develop a VCSE round table partnership, with support from the ICB	An MOU has been drafted and it is anticipated that this will form the partnership infrastructure for the delivery of the universal plus interventions within the new Access Wellbeing (previously MHICC) model as well as potential oversight of the bids and grants grass roots activity and outcomes.	The links to the VCSE assembly are being developed to ensure no duplication and partnership working remains strong.	As DHC have been part of a tender process involving VCSE partners, this has not been progressed further with the intention maintain transparency for the procurement process.	Closed

Performance Report
Mental Health: Dementia 1/2



Latest reporting period: **31 December 2023**
Source: [Dorset ICB System Performance Report - Power BI]

Data confidence	
High	No concerns

Variance against operating plan

Dementia Diagnosis Rate	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	54.66%	54.66%	54.66%	58.5%	58.5%	58.5%	63.75%	55%	55%	56%	56%	56%
Actual	55.3%	55.1%	55.1%	55.5%	55.6%	56%	55%	55.1%	55.3%			
Variance	0.64%	0.44%	0.44%	-3%	-2.9%	-2.5%	-8.75%	0.1%	0.3%			

Dementia Diagnosis Rate	End Q1	End Q2	End Q3	End Q4
Trajectory	54.66%	58.5%	55%	56%
Actual	55.1%	56%	55.3%	
Variance	0.44%	-2.5%	0.3%	

Trajectory revised from November 2023

Standard:
- Increase the percentage of people diagnosed with dementia

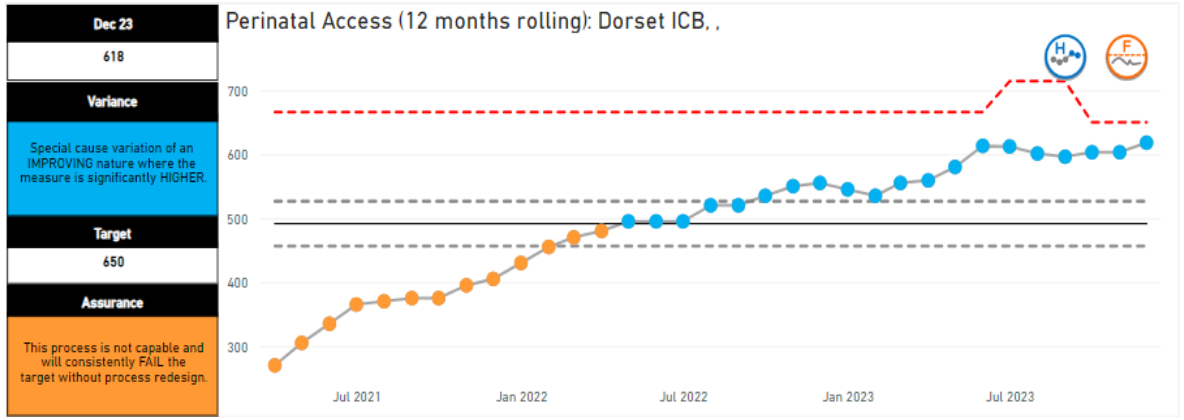
Performance against trajectory:
- Overperforming by 0.3% at the end of quarter 3

Performance Report
Mental Health: Dementia 2/2

NHS Dorset

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	DHC using £160,000 non recurrent slippage for outsourcing within the financial year (as agreed in October 2023).	To create additional capacity in the memory assessment service	Approved was given in October 2023, minimal time operational mobilisation time to use funds prior to the end of the financial year. DHC are reviewing insourcing options.	Provided now approved for use. Due to commence in January 2024.	January 2024
2	Focused communication and engagement with referrers to be initiated.	To address an increasing number of inappropriate referrals.	Anecdotal feedback suggests a contributing factor for these referrals may be linked to unintended consequences of changes in practice within other pathways of care – a further understanding of this is required.	Now deemed BAU.	Ongoing
3	The System Dementia Diagnosis Rates Improvement Plan for 2023/24 has several objectives including: • Raise awareness of dementia. • Ensuring Health Inequalities are highlighted and addressed. • Work more effectively with the voluntary, community, and social enterprise (VCSE) sector. • Improve identification of dementia and raise awareness of dementia within care homes. • Work more effectively with partner organisations. • Seek to resolve ongoing operational challenges in respect of enabling full implementation of diagnosis by advanced care practitioners as per model outlined within the Dementia Services Review.	Increase diagnosis rates to provide individuals and their families with clarity and understanding of the condition which is crucial for making informed decisions about care, treatment, and planning for the future. Enabling early intervention, supporting personalised care, and providing a roadmap for families, contributing to a more holistic and patient-focused approach to managing dementia.	Work continues along with additional actions outlined on this slide. There will be a focus this year on understanding community waiting lists as there is currently a gap in local intelligence.	The service continues to receive more than commissioned capacity (3,200) for referrals. As of the end of December the service received 2,862 referrals, a predictive FYE of 3,816. Diagnostic capacity commission for 2,400 slots per year. Current job plans offer 2,940 diagnosis slots per year. Concerns remain the national 67% target for Dorset does not reflect actual dementia population. The revised H2 trajectory is expected to achieve 56% at the end of March. A performance update is expected at the DHC Performance and Contracts Touchpoint meeting on 08 February 2024.	2023/24
4	Target Primary Care Networks (PCNs) with lower-than-expected diagnosis rates.	Increase diagnosis rates.	Dorset Intelligence and Insights Service (DiiS) continues to be used to inform targeted approaches. As part of improving data and accuracy of dementia prevalence and incidence recording, an initial evaluation of existing demand has been completed. This will be reviewed further, and system investment may be required.	Closed, outlined above.	Ongoing
5	Improve data and accuracy of dementia prevalence and incidence recording.	To gain understanding and greater clarity of required capacity in the service.	An initial evaluation of existing demand has been completed. This will require further review and agreement of system investment.	Closed, outlined above.	Ongoing

Performance Report
Mental Health: Perinatal Mental Health Access



Variance against operating plan

Perinatal Mental Health Access	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	666	666	666	714	714	714	714	650	650	714	714	714
Actual	560	580	615	610	600	595	601	603	618			
Variance	-106	-86	-51	-104	-114	-119	-113	-47	-32			

Trajectory revised from November 2023

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

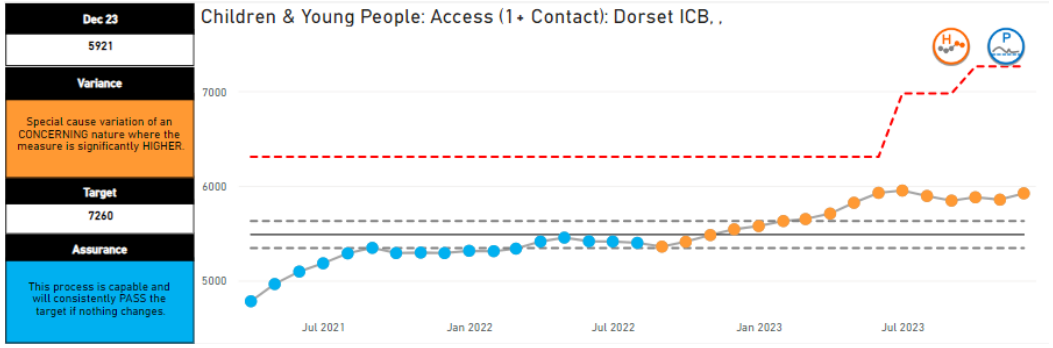
Data confidence	
Low	Work undertaken by acute Trust employed specialist midwives is currently not captured by MHMDS and therefore there is missing activity towards this indicator. This is expected to be resolved in January 2024 so will be picked up going forward.

Standard:
- Increase the number of people accessing perinatal mental health services

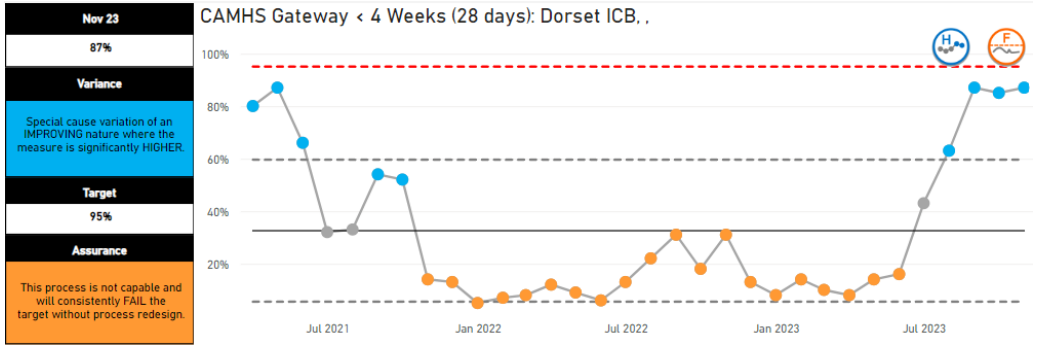
Performance against trajectory:
- Underperforming by 32 people

	Action	Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Recovery plan in place including targeted education programmes to increase referral rates, reduced screening thresholds, increased capacity, weekly monitoring of assessment uptake, joint research is being undertaken with Bournemouth University entitled "Younger Women's Physical and Mental Health Preparedness for Motherhood" to support with reducing DNAs. DHC leads are re-looking at the effectiveness of the above actions along with engaging with local maternity system colleagues.	To support improved referral rates.	A targeted education programme is being implemented. The referral screening threshold has been lowered and those with a family history of serious mental illness, who are currently well, are being offered signposting and a prevention assessment appointment. The service has implemented enough slots per month to meet the trajectory. Weekly monitoring of assessment uptake by service leads.	Meetings to discuss and agree the role of the specialist acute MH midwives have taken place with service/clinical leads with clear agreement on the remits of the roles. Good partnership working is in place.	Ongoing

Performance Report
Mental Health: Children and Young People – Access and CAMHS 1/2



This is a rolling 12-month metric



SPC does not include latest December data

Metric measured as part of the NHS Long Term Plan for Children and Young People Mental Health

Variance against operating plan

CYP Access	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	6,306	6,306	6,306	6,975	6,975	6,975	7,500	7,260	7,260	7,515	7,515	7,515
Actual	5,707	5,821	5,926	5,950	5,893	5,844	5,870	5,842	5,921			
Variance	-599	-485	-380	-1,025	-1,082	-1,131	-1,630	-1,418	-1,339			

CYP Access	End Q1	End Q2	End Q3	End Q4
Trajectory	6,306	6,975	7,260	7,515
Actual	5,926	5,844	5,921	
Variance	-380	-1,131	-1,339	

Trajectory revised from November 2023

Variance against operating plan

CAMHS Gateway <4wks	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Actual	8%	14%	16%	43%	63%	87%	84%	87%	80%			
Variance	-87%	-81%	-79%	-52%	-32%	-8%	-11%	-8%	-15%			

Standard:
- Increase number of people accessing children and young people's mental health services

Performance against trajectory:
- Underperforming by 1,339 at the end of Q3

Standard:
- CAMHS Gateway < 4 weeks (28 days)

Performance against 95% target:
- Underperforming by 15% at the end of December 2023

Data confidence	
Low	Kooth data (online mental wellbeing community for children and young people) is not included. There is ongoing dialogue about capturing school-based activities and interventions in the access standard. The 4-week target has been implemented locally but does not represent the only waits associated with CAMHS. Once assessed by Gateway, a number of CYP then also wait for treatment. Currently, the longest wait for treatment is 610 days, which relates to one person and is considered a data quality anomaly, not a genuine wait. This is being looked into to remove from reporting.

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

Performance Report
Mental Health: Children and Young People – Access and CAMHS 2/2

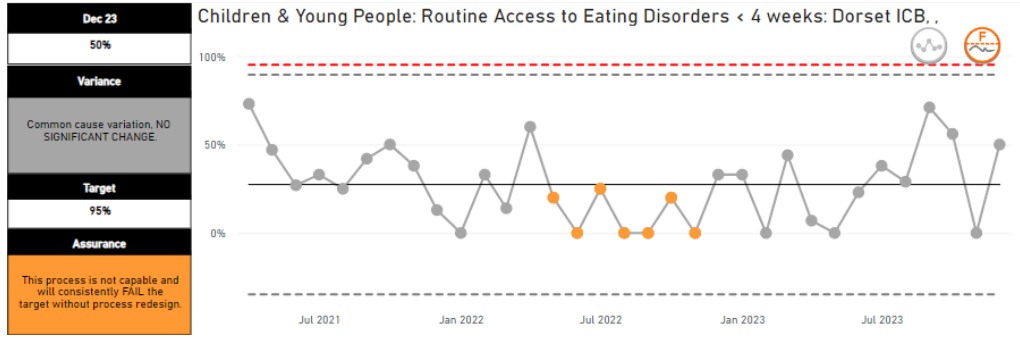
NHS Dorset

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	Mental Health Support Teams in schools	Increase number of people accessing children and young people's mental health services	This continues to be well received. Anecdotal evidence suggests a positive impact on the rate of referral into mainstream CAMHS services, specifically where children and young people may have a neurodiverse element.	Now deemed BAU.	Ongoing
2	Dialogue with the NHS regional team	Continued overall improvement	Ongoing dialogue with the NHS regional team has been positive and supportive with the feedback framed around the continued improvement overall. NHSE have confirmed that Dorset has been successful in their recent application for an additional mental health support team (MHST) as part of the next wave of national roll out and implementation planning has now commenced to support this.	Dorset is in wave 12 for one team. Currently awaiting NHS England to come back with the final allocation. The majority is being allocated to BCP. Training the EMHP's. takes 1 year. Introducing this will build capacity to 50% of school across Dorset. NHS England are required to confirm when full roll out to all schools is expected.	Ongoing
3	Medium to long-term action: transformation of children and young people's mental health services based on the THRIVE framework.	Improved accessibility, support available for those who need it, early help, integrated approach, creating a more supportive and effective system for the children and young people of Dorset.	The business case is expected to be finalised by March 2024 with initial developments expected to commence in this financial year including expansion to schools-based teams, development of crisis community front rooms, and proposed wider use of the voluntary and community sector. To ensure that a true CYP system transformation can be realised, as opposed to a CAMHS specific transformation, a session with Dorset Council clarified specific resources in the scope of reconfiguration and transformation and a similar session with BCP Council will follow.	Four workshops have taken place in December and January with Dorset Council to look at detailed operational model for new offer. Proposing an integrated front door between CAMHS Gateway and Dorset Council's Children's Services. Time in motion study to take place in February between Gateway, CYP Public Health and Dorset Council's Children's Services Front Door to inform final model. Similar modelled workshops to commence with BCP in February 2024. All proposals to sit in the finalised business case with population health modelling underpinning proposal.	2024/25
4	Activity based interventions have been commissioned through the use of an existing local authority framework approach on a pilot basis	Increase number of people accessing children and young people's mental health services.	Evaluation of the impact and outcome is required but feedback to date indicates a positive impact for children and young people	The system is currently in the 2nd year of this pilot. The key learning from the first year indicates improved early intervention before getting to Gateway. The future of this pilot will be reviewed as part of the mental health priorities once SDF and MHIS confirmed.	Ongoing
5	Address workforce vacancies.	To tackle associated challenges. The < 4 weeks indicator saw a marked improvement from July 2023.	An additional Enhanced Practitioner appointed to provide supervision and manage complex assessments, along with ensuring clinical supervision is in place for agency staff. An MDT decision making process to underpin referrals from the Gateway and maximise 'core' CAMHS capacity has been instigated and includes the Gateway Senior Leadership Team. Agency staff have been recruited specifically for treatment and other agency staff for assessment.	Business case approved for CAMHS stabilisation work with aim to provide in year investment pending wider transformation to reduce waits for CAMHS Gateway and provide input to young people on the waiting lists for treatment. Recruitment underway currently.	Ongoing

Performance Report
Mental Health: Children and Young People – Eating Disorders

Metrics measured as part of the NHS Long Term Plan for Children and Young People Mental Health

Latest reporting period: **31 December 2023**
Source: Dorset ICB System Performance Report - Power BI

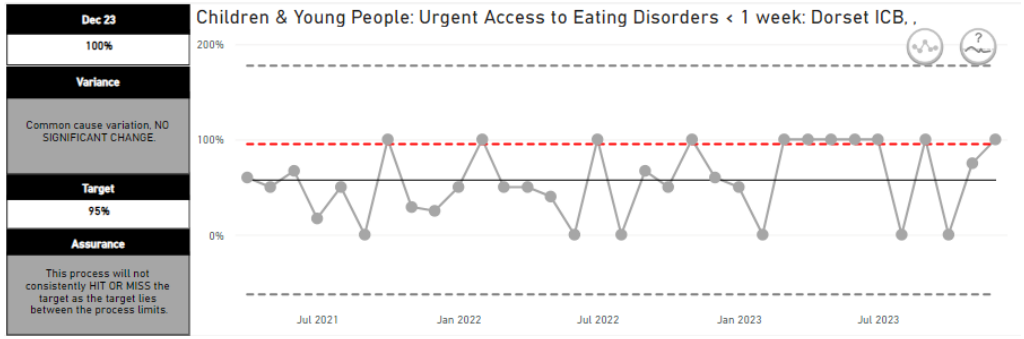


Standard:
- Children & Young People: Routine Access to Eating Disorders < 4 weeks

Performance against 95% target:
- Underperforming by 45%

Variance against operating plan

CYP Access to ED <4wks	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Actual	7%	0%	23%	38%	29%	71%	56%	0%	50%			
Variance	-88%	-95%	-72%	-57%	-66%	-24%	-39%	-95%	-45%			



Standard:
- Children & Young People: Urgent Access to Eating Disorders < 1 week

Performance against 95% target:
- Overperforming by 5%

Variance against operating plan

CYP Access to ED <1wk	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Actual	100%	100%	100%	100%	0%	100%	0%	75%	100%			
Variance	5%	5%	5%	5%	-95%	5%	-95%	-20%	5%			

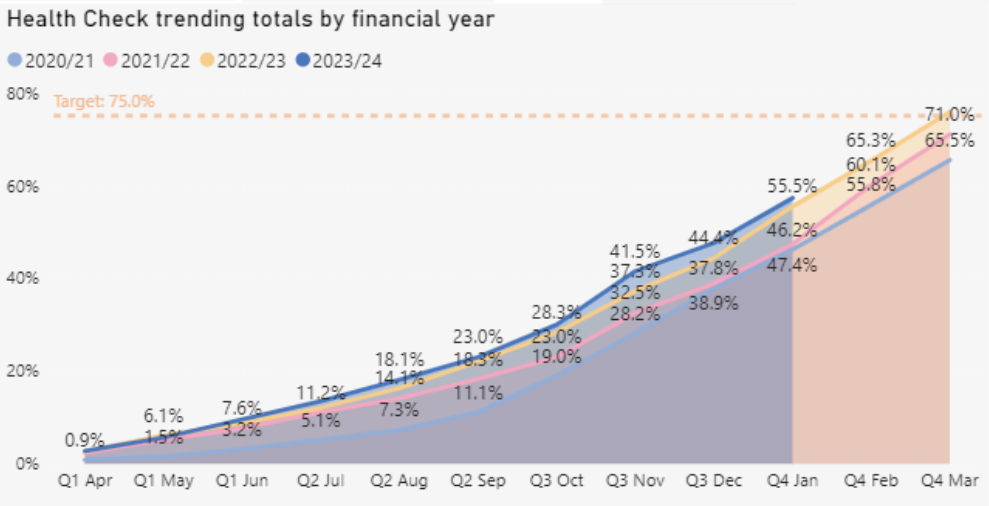
Data confidence

Low

There will be a significant delay in the improvements showing in the KPIs from the recovery plan due to the way the calculation and criteria for RTT pathway works – until the back log is clear those patients will continually breach the target as will be outside expected times to be seen and the RTT clock does not stop, e.g. for patient choice. If a CYP takes a holiday/leave of absence these will breach too.
NB. Small numbers can cause varying percentages to look more significant.

Action		Expected impact of action	Previous progress update – December 2023	Progress update – January 2024	Delivery date
1	A 2-year recovery plan business case was agreed in October 2023 – the Eating Disorder service are currently implementing that plan, including recruitment.	Additional workforce to clear the backlog. Steady improvement in the routine access expected.	Ongoing	Ongoing	March 2025
2	Recruitment to date (however, there are workforce gaps within the core team due to moving into Tier 4 developments and the remaining recovery plan posts to recruit into that will have an impact on capacity to maintain the current agreed trajectories).	Help meet the CYP urgent access standard and reduce the CYP Waiting List (backlog) whilst meeting new demand.	Some recruitment delayed due to core staff vacancies.	Update expected following MH Programme Lead & ED service bimonthly touchpoint meeting scheduled 23 February 2024.	Ongoing
3	Work with DiiS to develop monitoring of the CYP backlog trajectories.	To support in reducing the backlog.	In progress	Discussions have started and a meeting will be scheduled shortly.	Unknown

Performance Report
Mental Health: 14 Years+ with Learning Disabilities – Annual Health Checks



Variance against operating plan

LD 14+ AHC	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	13.5%	13.5%	13.5%	30%	30%	30%	48.75%	48.75%	48.75%	75%	75%	75%
Actual	2.8%	5.7%	9.6%	13.5%	18.1%	23%	30%	41.5%	47.6%			
Variance	-10.7%	-7.8%	-3.9%	-16.5%	-11.9%	-7%	-18.75%	-7.25%	-1.15%			

LD 14+ AHC	End Q1	End Q2	End Q3	End Q4
Trajectory	13.5%	30%	48.75%	75%
Actual	9.6%	23%	47.6%	
Variance	-3.9%	-7%	-1.15%	

Latest reporting period: **31 December 2023**
Source: Power BI

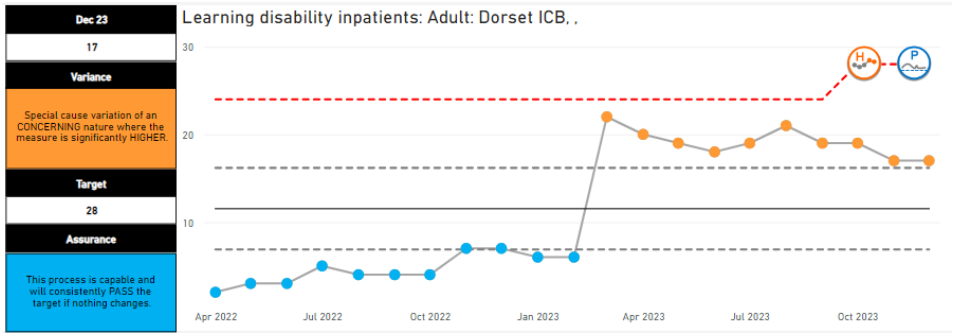
Data confidence	
High	No concerns

Standard:
- Percentage of people aged over 14 on GP learning disabilities registers receiving an annual health check

Performance against trajectory:
- Underperforming by 1.15% at the end of quarter 3

Action		Expected impact of action	Progress update – January 2024	Delivery date
1	Annual audit tool, asking practices to carry out self-evaluation of their systems and processes.	Improved systems and processes through self-evaluation.	No further update, work continues as per December update.	Launched July 2023
2	Co-produced Register Inclusion Tool.	To enhance the experience of Annual Health Checks ensuring inclusivity and catering to diverse needs.	No further update, work continues as per December update.	August launch
3	Young people's campaign.	Create awareness and promote participation in Annual Health Checks, ensuring that young people with learning disabilities receive the specialised care they need.	No further update, work continues as per December update.	Main launch Sept 2023
4	Quarterly drop-ins.	To support practices with challenges and issues.	No further update, work continues as per December update.	Throughout the year
5	Training programme being rolled out for all practice staff.	To enhance skills, knowledge and expertise and to build confidence when working with this client group.	No further update, work continues as per December update.	Throughout the year

Performance Report
Reducing Reliance on Inpatient Care: Learning Disabilities and Autism



Variance against operating plan

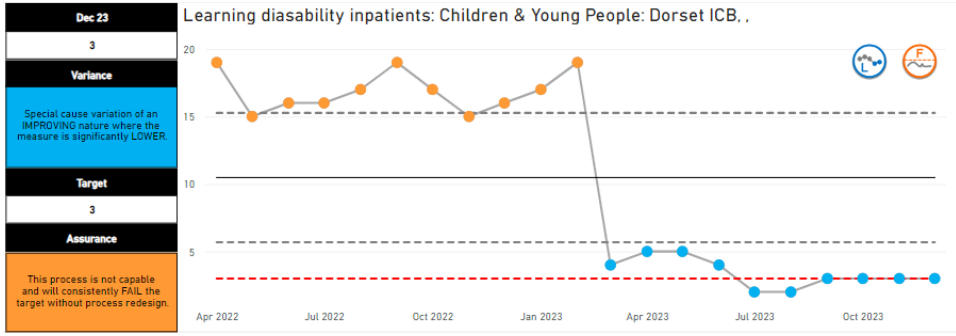
LD&A -adults	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	24	24	24	24	24	24	23	28	28	24	24	24
Actual	20	19	18	19	21	19	19	17	17			
Variance	-4	-5	-6	-5	-3	-5	-4	-11	-11			

LD&A -adults	End Q1	End Q2	End Q3	End Q4
Trajectory	24	24	28	24
Actual	18	19	17	
Variance	-6	-5	-11	

Trajectory revised from November

Standard:
- Reduce reliance on inpatient care for people with a learning disability and autism – adults (quarterly target)

Performance against trajectory:
- Overperforming against trajectory by 11 adults



Variance against operating plan

LD&A -CYP	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trajectory	3	3	3	3	3	3	2	3	3	1	1	1
Actual	5	5	4	2	2	3	3	3	3			
Variance	2	2	1	-1	-1	0	1	0	0			

LD&A -CYP	End Q1	End Q2	End Q3	End Q4
Trajectory	3	3	3	1
Actual	4	3	3	
Variance	1	0	0	

Standard:
Reduce reliance on inpatient care for people with a learning disability and autism – children and young people (quarterly target)

Performance against trajectory:
- Meeting trajectory for children and young people

Latest reporting period:
31 December 2023
Source: Dorset ICB System Performance Report - Power BI

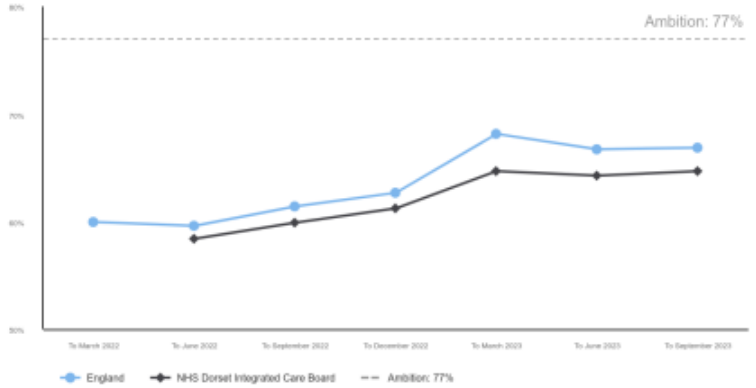
Data confidence	
High	Validated against the monthly inpatient report produced by the Strategic Commissioning and Place Directorate who track all Dorset patients with learning disabilities and/or autism in an inpatient setting.

Action		Expected impact of action	Progress update – January 2024	Delivery date
1	Regular proactive patient tracking of all inpatients identifying and mitigating barriers to discharge, including regular calls with local authorities and specialist commissioning	More efficient discharges, enhanced overall patient experience, and smoother transitions from inpatient to community care through anticipating potential challenges, implementing timely interventions, reducing length of stay, and working in collaboration with partners.	Proactive patient tracking continues.	Monthly
2	Six monthly Care and Treatment Reviews undertaken	Promote proactive healthcare management through identification of any emerging concerns, enabling prompt intervention and personalised adjustments to treatment plans.	Six monthly Care and Treatment Reviews continue.	Six monthly

Performance Report
Prevention and Health Inequalities

Target	Dorset	England
77%	64.69%	66.87%

Latest reporting period: **30 September** (updated quarterly)
Source: Regional & ICS Insights | CVDPREVENT



Standard:
- Increase patients' hypertension treated to NICE guidance to 77%

Performance against trajectory:
- 12.31% below target at the end of Q2

Target	Dorset	England
60%	67%	74%

Latest reporting period: **31 December**
Source: Impact Investment Fund Splash Page | NHS England applications (model.nhs.uk)

Data confidence	
High	No concerns

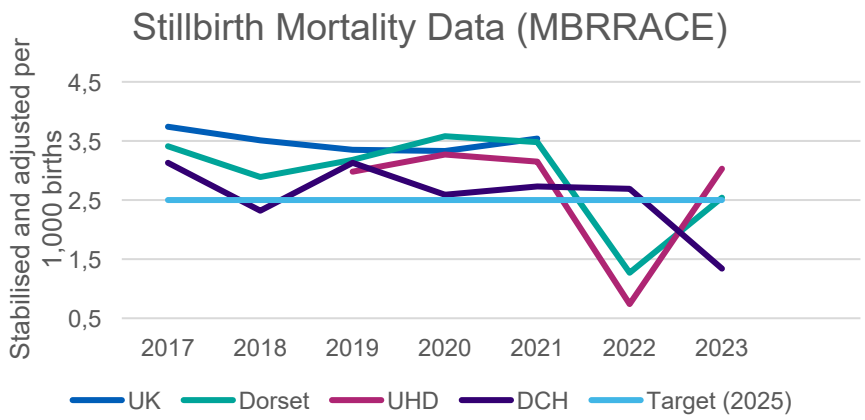
Standard:
- Increase patients aged 25-84 with a CVD risk score >20% on lipid lowering therapies to 60%

Performance against trajectory:
- 7% above target at the end of December 2023

Variance against operating plan
No agreed trajectory for either metric, assessed against March 2024 target.

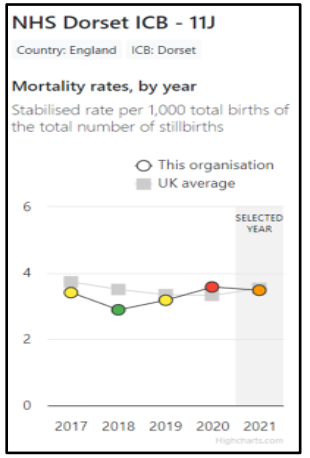
Action		Expected impact of action	Progress update – January 2024	Delivery date
1	Improvement plan looking at hypertension and CVD management to be presented at CPRG in November.	Improve diagnosis and optimal management of patients recognising an increase in diagnosis will impact the denominator and deterioration in optimal management will occur as patients commence treatment and become stable.	High level plan presented to CPRG in November 2023. Detailed two-year comprehensive delivery plan requested and being finalised. This includes new action already underway, such as securing additional funds from NHSE focused on the lowest preforming PCNs in Q4 (funding secured but not moved forward due to financial challenge position), the identification of a dedicated programme lead to co-ordinate the work (in addition to clinical lead) and the agreement of a comprehensive CCLIP and supporting action for CVD Prevention. The CCLIP has been agreed in principle through PCSOG and final refinement being undertaken.	Intention to implement from April 2024, subject to agreement by PCSOG in March 24

Performance Report
Maternity and Neonatal: Make progress towards the national safety ambition to reduce stillbirth and neonatal mortality



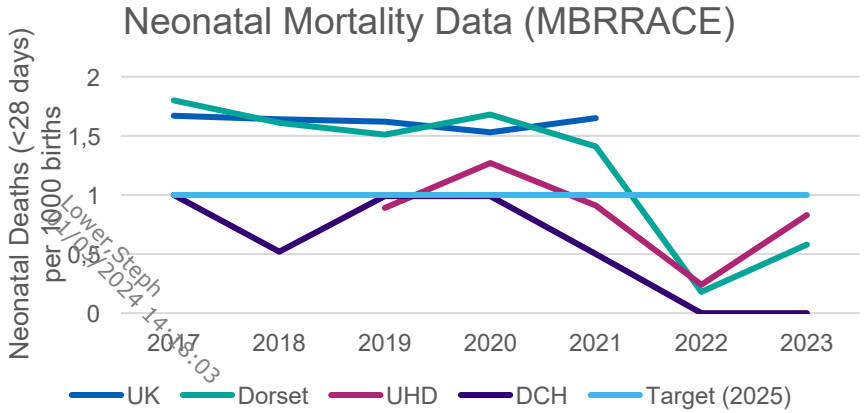
Graph: Stabilised and adjusted stillbirth rates per 1,000 births by provider, ICB and nationally

Stillbirths: The annual stillbirth rate in Dorset has remained largely static however as the national stillbirth rate has decreased, the comparison against the national average is declining and Dorset is now within 5% of the national average (2021).



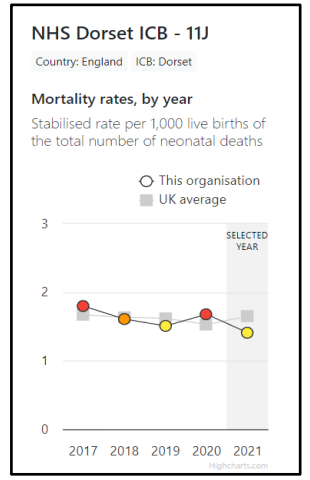
Rate compared with the UK average

Over 15% lower | 5 to 15% lower | Within 5% | Over 5% higher



Graph: Stabilised and adjusted neonatal death rates per 1,000 live births by provider, ICB and nationally

Neonatal mortality: The neonatal mortality rate in Dorset continues to decline steadily and was 5-15% below the national average in 2021.

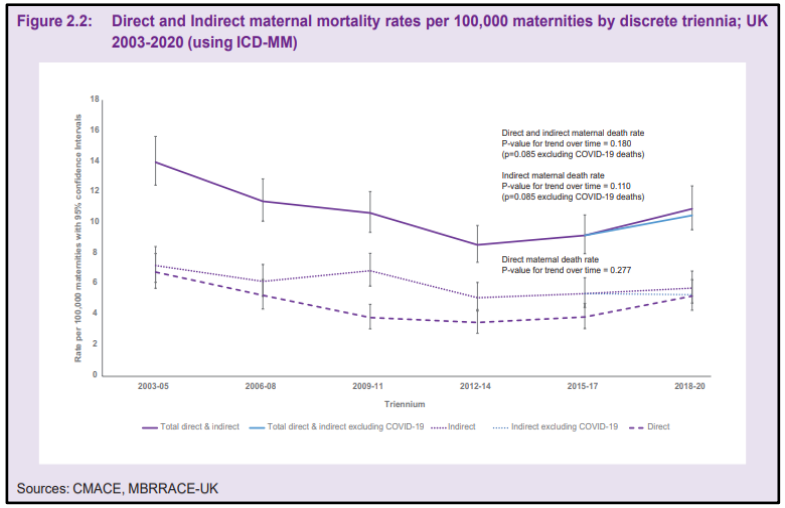


Latest reporting period:
31 August 2023
Source: MBRRACE

Data confidence
Medium
Due to low numbers stillbirth figures are difficult to interpret quarterly and the annual national reports provide a stronger analysis after accounting for confounding variables. 2022 and 2023 data from MBRRACE are crude figures only.

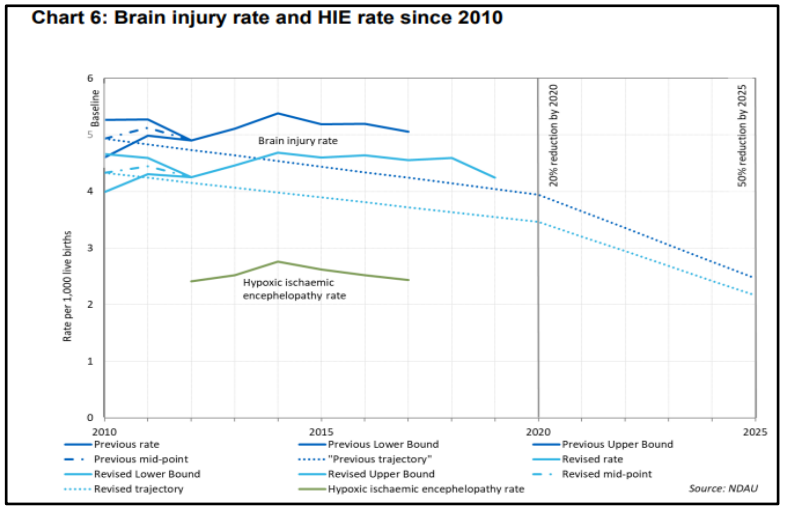
Performance Report
Maternity and Neonatal: Make progress towards the national safety ambition to reduce maternal mortality and serious intrapartum brain injury

NHS Dorset



Maternal deaths: It is not possible to report on maternal deaths as a system as the incidence is incredibly low. Latest MBRRACE- UK maternal mortality figures show the rate in 20-22 was 13.41 per 100,000 maternities. This is significantly higher than the rate of 8.79 deaths per 100,000 maternities in the previous three-year period 2017-19.

- Excluding COVID the rate is 11.54 per 100,000 which is 31% higher than 2017-19. 11.7 women per 100,000 in the UK
- Leading causes are thromboembolism/ thrombosis, cardiac disease and mental health
- Maternal death rate for Black women decreased slightly but still 3x higher than white women and Asian women remains two times higher.



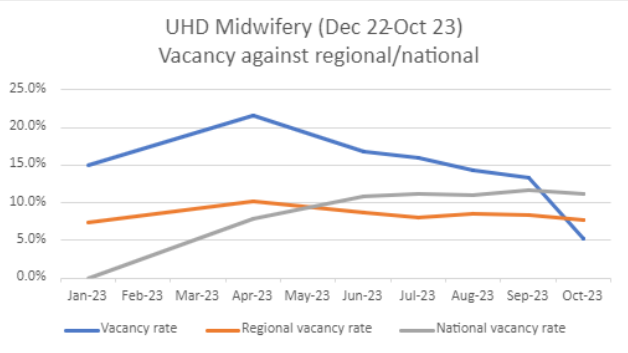
There has been a media focus about the increased maternal death rate nationally which is thought to depict maternity services under pressure. The last maternal death in Dorset was in 2018.

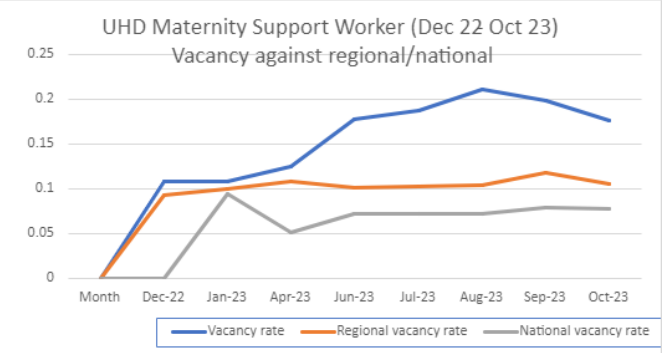
Action – January 2024		Expected impact of action	Delivery date
1	Developing and implementing the maternal medicine network	Avoid maternal death	Ongoing
2	Implementing continuity of carer teams in line with CORE20plus5	Avoid maternal death	Ongoing
3	Perinatal and maternal mental health support	Avoid maternal death	Ongoing

National **brain injury** rate for babies born at 37 weeks or above.

- Brain injury definitions have been revised since the National Halve It Ambition.
- To achieve the national ambition in 2025 the rate of serious brain injury needs to be 2.2 per 1,000 live births Safer Maternity Care: progress report (2021).
- The incidence in Dorset is very low and therefore will be presented annually.

Performance Report
Maternity and Neonatal: Increase fill rates against funded establishment for maternity staff





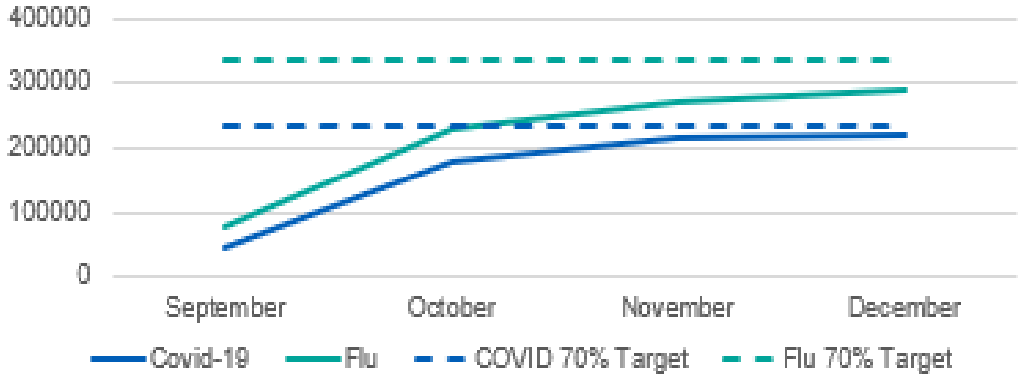
Latest reporting period: Q2
Source: PWR data from region validated with local data.

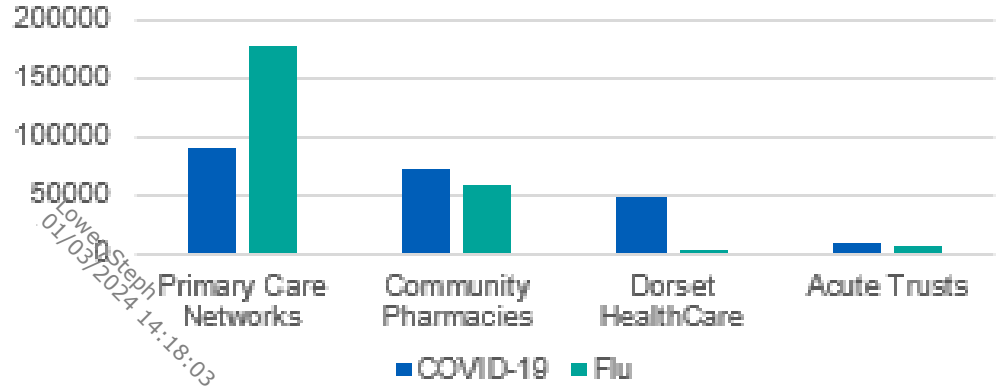
Midwifery vacancies across the system continue to improve. With UHD, MSW vacancies as of December 2023 have decreased down to just 5%.

Data confidence	
High	No concerns

Action		Expected impact of action	Progress update – January 2024	Delivery date
1	Use funding received via the neonatal operational delivery network.	To support both Trusts to achieve BAPM workforce standards.	UHD received funding in October to support tier 2 split rota (0.5 PA) and 2 PAs consultant time to support safety and quality; insufficient funding for consultant time to meet BAPM standards. DCH received additional funding to the above to support an additional ANNP. Oversight of progress occurs through the LMNS Transformation group.	Ongoing
2	Obstetric consultant funding has been received into the ICB and there are ongoing discussions with Trusts to ascertain how this is allocated.	To fund obstetric consultancy.	Bids received from both Trusts exceed available funding, discussion unable to reach consensus at LMNS Board. Further discussion January 16th between LMNS SRO and Regional Obstetric lead on how to apportion funding. Funding to be confirmed 28th February and available April.	01 April 2024
3	UHD maternity support worker vacancies are at 5%; there is an action plan in place.	To improve the vacancy percentage.	Ongoing action plan effective in reducing MSW vacancy from 17% to 5% end of December 2023.	Ongoing
4	UHD's consultant obstetric vacancy has increased due to an expansion in the allocated budget. The trust have not been able to appoint to this vacancy which now sits at 18%; this is monitored on provider and local maternity and neonatal system risk registers.	To monitor the risk of the consultant obstetric vacancy.	This has not improved- the risk is partially mitigated by locums but further work is needed.	Ongoing
5	DCH have minimal midwifery vacancy rates reported however this is not reflective of the current service needs and a business plan for workforce is awaiting approval in the Trust for midwifery and maternity support workers.	To meet the midwifery service needs.	The Trust has recently increased the midwifery establishment by 5WTE and will undertake BR+ in 2024.	Ongoing
6	DCH have unmet requirements of consultant obstetric capacity that need at least one additional consultant post to achieve; a business case is in progress in the Trust.	To meet consultant obstetric capacity requirements.	The business case has now been approved for the 9th consultant and will go out to advert imminently.	Early 2024

Performance Report
Vaccination Programme: COVID and Flu 1/2





Latest reporting period: **31 December 2023**
Source: DiiS and Foundry

Data taken from	COVID-19	01/01/2024
Foundry	Overall vaccinated	222,175
	Overall % uptake	66.56%
	Total no. co-administered with Flu	71,140
	Staff	45.00%
	LD	47.70%
	SMI	35.15%
	Care Home Residents	85.10%
DiiS	Housebound	82.00%

Data taken from	Flu	01/01/2024
Foundry	Overall vaccinated	291,266
	Overall % uptake	61.11%
	Staff	32.00%
	2- and 3-year-olds	45.00%

Data confidence	
Medium	Data used from Dorset Insight & Intelligence Service (DiiS) and National Foundry pages (as per links). Data confidence varies across forums. Coding / data cleanse at GP level would support in increasing confidence.

Performance Report
Vaccination Programme: COVID and Flu 2/2

NHS Dorset

Supporting narrative
A cohesive and well organised vaccination and immunisation programme is fundamental to health protection. Vaccines are the most effective way to prevent infectious diseases and severe illness (hospitalisation and death) and to decrease the spread of disease to others. The seasonal flu and COVID-19 vaccination programmes aim to minimise levels of infection circulating in communities; improve immunity in individuals and populations; and maximise uptake in eligible cohorts.

There is an effective system plan implemented to maximise uptake and high performance has been achieved for the initial priority groups – residents in care home settings and housebound people. Focus is now on continuing to promote access for eligible people yet to come forward and increasing uptake in frontline health and social care workers (FHSCWs), people with Learning Disabilities/Severe Mental Illness, and delivery of health inequality initiatives to underserved communities (e.g. Weymouth, Portland, Boscombe, Kinson, Moordown, West Howe).

Key issues are:

- Difficulties in accurate reporting of uptake of FHSCWs.
- Point of Care (POC) systems not allowing data to flow through to Foundry resulting in inaccurate reporting at national level.
- Co-administration of flu and COVID-19 vaccinations across providers due to contractual and legal constraints on movement of flu vaccine.
- Financial viability for lead provider, with BAU costs covered through surge and health inequalities funding.
- Vaccine confidence/fatigue in the population.

Entering the last month of the programme gives Dorset the opportunity to increase the eligible populations protection and focus and work on identified key issues.

Action		Expected impact of action	Delivery date
1	Uptake of Frontline Health & Social Care Workers (FH&SCWs)	Providers to review their offer for staff and ensure all options are being taken forward for maximising uptake within the national timescales for both COVID & Flu.	COVID: end by 31/01/2024 Flu: end by 31/03/2024
2	Targeted initiatives for underserved populations	Health Inequalities group working with providers to cover geographical areas, COPD and LD special schools to improve access, engagement and increase uptake.	End by 31/01/2024 & on-going for future vaccination programmes
3	Lessons learnt focus	System wide partners and providers working together to review latest vaccination programmes and improve future phases going forward.	Approx. Mar 2024
4	Spring 2024 COVID programme planning	Ability to plan ahead and have Dorset wide system response ahead of programme start.	Approx. Feb 2024
5	System wide finances	Work underway with system partners - still awaiting confirmation from region of programme financial allocation for 2024/25 to support forward planning.	On-going – timeline TBC

Escalation Report

Reporting Committee:	Integrated Care Partnership (ICP)
Date of Meeting:	23 January 2024
Presented by:	Cecilia Bufton, Chair of the ICP
Presented to:	ICB Board, 7 March 2024

Decisions made by the committee	• There were no items for decision by the ICP.
Key messages from the meeting:	• Welcomed that the Integrated Care System branding had been agreed and would now be rolled out. • Noted the Dorset labour market and skills data as collected by the Local Enterprise Partnership. Dorset's workforce has grown by 16,500 in the year to July 2023 and the number of economically inactive people has fallen. Unemployment is low at 2.6%, which is less than the national average of 3.7%. With c39,000 vacancies in the first 9 months of 2023, mid-skilled and lower-skilled roles made up around 54% of demand including vacancies within the health sector for support workers, care assistants and health care assistants. Salaries associated with these roles tend to be advertised as starting at minimum/living wage and just above. • Reiterated the ICP's commitment to issues relating to housing. Received an update from Dorset Council and BCP Council on housing and health joint strategies and initiatives, noting the interconnectivity between housing and health. A request for commitment from partners for funding to support the work would be discussed at the next Housing Round Table. • The ICP agreed it had an appetite for a focus on social mobility work, noting this work was a strategic enabler and a priority for the system. The ICB Acting Chief Executive offered to lead on commencing this work and establish a task and finish group as a starting point. • Going Smoke Free by 2030: the ICP stated its commitment to the smoking cessation ambition, welcoming the excellent work which was already underway and noting the importance of a system approach to the upcoming Swap to Stop scheme and to messaging especially around vaping as a pathway to smoking cessation. Other opportunities for prevention where system partners could work together were discussed, noting hypertension as an initiative with strong evidence of impact. • Welcomed the potential benefits of the Creative Health (active engagement with arts, culture and creativity) approach

	and supported the establishment of a task and finish group to explore the concept of a Dorset Creative Health Month. • Supported the anchor institution approach in Dorset as a vehicle for change, noting its alignment to the ICS core purposes, and welcomed the establishment of a working party for a sub-set of ICP members.
Significant issues for escalation to the ICB Board for action	• There were no significant issues for escalation to the ICB Board for action.

Escalation Report

Reporting Committee:	People, Engagement and Culture Committee (PECC)
Date of Meeting:	20 February 2024
Presented by:	Leesa Harwood, Chair of PECC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Approved and recommended to the ICB Board the Equality Delivery System data and the refreshed Equality Objectives 2024-2025 for publication on the ICB's website, noting the approach taken, progress made and the proposed next steps. • Agreed the agenda for the committee's Development Planning Workshop on 25 March, noting the suggestions raised from committee for inclusion.
Key issues/matters discussed by the committee	• Received the Operational Plan Workforce Data and Narrative, noting the challenges to delivery and that workforce planning needed to be seen in the context of the operating plan. • Received an update on the ICS People Plan Priority 1 - Planning for the Future, welcoming the progress to date especially around retention in relation to apprenticeship and scholarship models. • Received a paper on Social Care and Care Provider Workforce Development, from the committee's ICS social care representative, noting future challenges and priorities, including the importance of increasing diversity, retention and pathways for growth. • Received an update from the ICS Lead for Staff Wellbeing and Psychological Professions, on the Enhanced Health and Wellbeing Service for primary and social care services, noting that this programme of work was ceasing at the end of the current financial year and a review was underway of the health and wellbeing offer across the Integrated Care System. • Received the reports from the People and Culture, and Communications and Engagement steering groups, noting there were no items for escalation to the committee.
Significant issues for escalation to Board for action	• There were no significant issues for escalation to the Board.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• There were no implications for the Corporate Risk Register or the Board Assurance Framework.
Items/issues for referral to other committees	• In relation to workforce productivity, the committee agreed that there was cross-over with the work of the Productivity and Performance Committee. The Chief People Officer and Chief Operations Officer agreed to discuss further the work which the People, Engagement

and Culture Committee wished to refer to the Productivity and Performance Committee.

Escalation Report

Reporting Committee:	Prevention, Equity and Outcomes Committee (PEOC)
Date of Meeting:	21 February 2024
Presented by:	Jonathon Carr-Brown, Chair of PEOC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Approved and recommended to the ICB Board the committee's revised workplan, noting that the workplan would evolve as the committee became established. • Received the escalation report from the Primary Care Strategic Oversight Group, and approved the revised Terms of Reference for the group and approved the proposed priority areas for the 2024/25 Clinical Commissioning Local Improvement Plan.
Key issues/matters discussed by the committee	• Received a presentation on the Prevention and Health Inequalities Programmes, as part of the committee's training and development, noting the work which was underway on a system-wide, integrated Health Inequalities and Prevention Plan, and the work of Public Health Dorset regarding prevention. The committee agreed to start the preparation of prevention dashboard to submit to the ICB Board bi-annually or quarterly. • Received a presentation on Cardiovascular Disease Prevention, noting the work which was already underway on prevention and reducing health inequalities in this area and the plans for delivery under the proposed 2024/25 Clinical Commissioning Local Improvement Plan. • Noted the progress to date and the plans for access improvement initiatives in the Dorset Delivery Plan for Recovering Access. The plan is also on the Part One ICB Board agenda as a consent item for noting.
Significant issues for escalation to Board for action	• There were no significant items for escalation to the ICB Board for action.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Approved the risks relevant to the committee on the Corporate Risk Register, including recommending the down-rating and removal from the Corporate Risk Register of the risk regarding staff resources following the transfer of pharmacy, optometry and dental contracts, but noting there was potentially a new risk to be added around broader primary care challenges. • There were no other implications for the Corporate Risk Register or the Board Assurance Framework.
Items/issues for referral to other committees	• There were no items for referral to other committees.

Escalation Report

Reporting Committee:	Productivity and Performance Committee (P&PC)
Date of Meeting:	22 February 2024
Presented by:	Dan Worsley, Chair of P&PC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Approved and recommended to the ICB Board the awards of contract under the Provider Selection Regime and approved the amendments to the Standing Financial Instructions in line with the Provider Selection Regime framework
Key issues/matters discussed by the committee	• Received the System Performance Report, noting the progress against the key operating standard and focusing on the challenges around out of area placements, the four-hour emergency standard, the primary care access indicator, No Criteria to Reside, and Child and Adolescent Mental Health Service (CAMHS). • Received the Dorset ICS Finance Update, noting the commitment to achieving the planned year-end financial position and the challenges and risks relating to this. The committee agreed to an additional meeting to discuss the year-end financial position in more detail and to further advise and assure the Board on the outturn, its risks and its key assumptions. • Noted the Operational Planning Update for 2024/25, including the national planning requirements, the progress to date and the timeline for completion. • Received an update from the ICB Chief Finance Officer on the financial planning for 2024/25, including the work undertaken to date and the next steps. • Commenced work on a working definition of productivity, agreeing that the committee would return at its next meeting to the question: what does productivity mean to the Dorset Integrated Care System? The committee asked the Chief Officer team to start shaping the definition, agreeing to review and iterate the definition at pace over the coming meetings. • Noted the NHS Oversight Framework segmentation outcomes for quarter three as a consent item.
Significant issues for escalation to Board for action	• There were no significant issues for escalation to the Board for action.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Noted the risks relevant to the committee on the Corporate Risk Register as a consent item. • There were no implications for the Corporate Risk Register or the Board Assurance Framework.

Items/issues for referral to other committees	• There were no items for referral to other committees, but the committee noted the importance of cross-committee working, especially in relation to quality, performance and finance, and the roles of the Productivity and Performance Committee and the Strategic Objectives Committee in relation to near-term issues and those requiring a transformational response.

Escalation Report

Reporting Committee:	Quality, Experience and Safety Committee (QESC)
Date of Meeting:	22 February 2024
Presented by:	Rhiannon Beaumont Wood, Chair of QESC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Approved the Dorset Quality Report, particularly noting the progress and challenges regarding industrial action, paediatric audiology, ambulance response times, out of area placements, Right Care Right Person, Children and Adolescent Mental Health Services, and reporting on complaints regarding primary care, and ratified the Terms of Reference for the two Dorset and BCP Place Quality Groups. • Recommended the Clinical Plan to the ICB Board for approval, noting that a draft had previously been seen by the committee and further engagement on the plan had taken place around the Dorset system on the content of the plan. It was agreed that reference to the scrutiny and assurance role of the QESC needed strengthening in the Clinical Network Terms of Reference. • Noted the System Quality Group (SQG) Chair's Report and approved the revised SQG Terms of Reference, noting that at the next review the committee were keen to strengthen the explicit reference to 'safety' in the SQG Terms of Reference.
Key issues/matters discussed by the committee	• Received the bi-annual Safeguarding Report from the ICB's Head of Safeguarding, welcoming the full compliance with the Safeguarding Commissioning Assurance Toolkit and noting the work which was underway to maintain robust arrangements for discharging the ICB's statutory safeguarding duties. • Noted the Patient Safety Incident Response Learning Report, which provided an overview of learning themes and included themes from the providers and an update on NHS Dorset Freedom to Speak Up. • Received the Learning Disability and Autism Host Commissioner Guidance and Gap Analysis, noting that a robust and effective system was in place to identify and address concerns. • Received the Mortality Group Chair's Report, noting the key issues and themes which were being reviewed and scrutinised by the group.
Significant issues for escalation to Board for action	• There were no significant issues for escalation to Board for action.
Implications for the Corporate Risk Register	• The committee reviewed the full Corporate Risk Register from a quality and safety perspective.

or the Board Assurance Framework (BAF)	• There were no implications for the Corporate Risk Register or the Board Assurance Framework.
Items/issues for referral to other committees	• There were no items for referral to other committees.

Escalation Report

Reporting Committee:	Risk and Audit Committee (RAC)
Date of Meeting:	22 February 2024
Presented by:	John Beswick, Chair of RAC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Received and update from the internal auditors, including the audit report on Key Financial Systems and approved the internal audit plan for 2024/25, subject to a secondary review by the ICB Chief Officer team to ensure all required areas were covered.
Key issues/matters discussed by the committee	• Received an update on the Value for Money Assessment, which was underway and the year-end Key Judgements and Risk Assessments. It was noted that the judgements the ICB would make as part of the year-end process were not considered critical judgements or key sources of estimation. • Noted and welcomed the ICB Annual Report and Accounts 2023/24 Plan, including the plan for the presentation of the Annual Report and Accounts at the Part One ICB Board meeting in September, with marketplace engagement events to follow later in the year. • Noted the Award of Contracts without Competition Report. • Received an update from the External Auditors covering the external audit plan, including the timetable and strategy for the audit. • Received a progress report on the Anti-Crime Service work for Fraud, Bribery, Corruption against the 2023/24 work plan.
Significant issues for escalation to Board for action	• There were no significant issues for escalation to the Board for action.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Reviewed and approved the full Corporate Risk Register, noting that all committees had reviewed the risks relating to their remits and the Quality, Safety and Experience Committee had reviewed the full risk register from a quality and safety perspective. • Approved and recommended to the ICB Board the strategic Risk Appetite Statement framework and the revised Board Assurance Framework. The ICB Board will consider the Risk Appetite Statement and Board Assurance Framework, and the recommendations from the committee, in its Part Two meeting.
Items/issues for referral to other committees	• There were no items for referral to other committees.

Escalation Report

Reporting Committee:	Strategic Objectives Committee (SOC)
Date of Meeting:	21 February 2024
Presented by:	Kay Taylor, Chair of SOC
Presented to:	ICB Board, 6 March 2024

Decisions made by the committee	• Recommended the Terms of Reference for the Strategy and Transformation, and Digital Reference Groups to the System Executive Group for approval, subject to the committee's suggestions for amendments especially around wider membership. • Approved and recommended to the ICB Board the approach set out in the Five Year Forward Plan Refresh plan.
Key issues/matters discussed by the committee	• Received a presentation on the Strategic Portfolio Management Office and the Gateway Process. The committee made some suggestions for inclusion in the process and encouraged a focus on outcomes and decision-making agility. The committee welcomed the rigour, control and measurement of benefits that the process would provide to the Integrated Care System. • Received the Inward Investment Quarterly Report and an update on the Income Generation Approach. • Noted the escalation report from the Strategy and Transformation Reference Group.
Significant issues for escalation to Board for action	• There were no significant issues for escalation to the ICB Board for action.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Reviewed and recommended the inclusion in the Board Assurance Framework of three strategic risks relevant to the remit of the committee. • There were no implications for the Corporate Risk Register.
Items/issues for referral to other committees	• There were no items for referral to other committees.

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Joint Forward Plan (JFP) Review and Refresh
Responsible Chief Officer	Neil Bacon, Chief Strategy & Transformation Officer
Author	Michelle Higgins, Head of Strategic Planning & Partnerships

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Strategic Oversight Committee (SOC)	21/2/2024	For information and update only – no further recommendations
Strategy & Transformation (S&T) Strategic Planning Group	30/1/24	Timeline for submission
Various	Various	Summary of updates required from partners and stakeholders requested

Purpose of the Paper	The purpose of the report is to update the Board of the intended timeline and approach to the update the JFP Plan. The Board is asked to support this approach and the timeline for submission.						
	Note:	✓	Discuss:	✓	Recommend:		Approve:	✓
Summary of Key Issues	Work has commenced on updating the JFP using the supporting information issued by NHS England for 2024/25 as a guide. National Guidance describes that NHS Dorset ICB, and its partners must review and publish a refresh of their plan and any changes to previous plan. The guidance has issued some changes to how we are expected to update and refresh our plans and will focus on: **1. Building on current year's strengths and the delivery plan for our ICS Strategy: '5 Pillars':** • 1. Making Dorset the healthiest place to live • 2.Transforming what we do • 3. Improving or Health & Care services today						

	Looking back (In-Flight Projects, BAU) & looking forward • Did we deliver on what we said we would do – and what has been the impact? • What are we planning to do – and how do we anticipate this will impact performance? **What's new/different?** • Reflection on achievements • Extra focus on financial context (Finance Plan) • Additional emphasis on public/patient involvement • Checking we meet expectations of the latest guidance. Therefore, the ICB will consult with its stakeholders for any changes to narrative and direction as appropriate, aiming to collate and draft changes by the first milestone of end February ICB Board.
Action recommended	The Board is recommended to: 1. **NOTE** the statutory requirements of the JFP updating Guidance from NHS E dated 17 Jan 2024. 2. **NOTE** the update on the process to update the JFP. 3. **APPROVE** the proposed approach to update the JFP including delegated authority to the ICB Chief Executive Officer to sign off the plan prior to submission due to the timeline.

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	The ICB has several Legal and Regulatory Requirements that are referenced in the following: NHS England » NHS Five Year Forward View NHS Long Term Plan Joint Forward Plan – NHS Dorset http://www.ourdorset.org.uk/strategy
Finance and Resource	**YES**	The JFP is fully costed and resourced. Any risk to that for non-recurrent cost and resources is articulated in the supporting evidence as Business Cases or Contracts which are articulated as a risk to the appropriate System oversight body within the NHS Dorset Operating Model and Governance Structure.
Risk	**YES**	The ICB has no appetite for risks that impact on the ability of the ICB to meet our statutory duties – the Joint Forward Plan is the cornerstone document that unifies the various enabling. The level of risk is articulated in the Business Assurance Framework (BAF) which identifies strategic risk to the NHS ICB objectives. .

Risk Appetite Statement	
ICB Risk Appetite Statement	The ICB has no appetite for risks that impact on the ability of the ICB to meet our statutory duties – the Joint Forward Plan is the cornerstone document that unifies the various enabling. The level of risk is articulated in the Business Assurance Framework (BAF) which identifies strategic risk to the NHS ICB objectives. The emphasis remains that the JFP supports local thinking about what we consider to be key in meeting the needs of the people of Dorset as a System. Any substantial change would require wider consultation and the intent remains the is refresh and not a rewrite reflecting progress made to date since the issue of the Dorset JFP 2022/24.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	EIA will continue to be required for an enabling activity such as Programmes/Projects/Commission Activity that deliver the JFP.
Quality Impact Assessment (QIA)	**NO**	QIA will continue to be required for an enabling activity such as Programmes/Projects/Commission Activity that deliver the JFP.

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	Ther JFP is aligned to all 4 statutory purposes of NHS Dorset ICB as its core strategic objectives. Using data and population insights to evidence improvement.
Tackling unequal outcomes and access	Population Health approach to identify unequal outcomes and access to services and resources and take action to reduce and eliminate these.
Enhancing productivity and value for money	Identify opportunities by developing key measures and metrics to monitor and manage progress. Leverage the strength of our collaborative partnerships to innovate and change and ensure that future investment is seen as high value and improves productivity.
Helping the NHS to support broader social and economic development.	Partnership working, economies of scale, co creation with industry and academic partners with the NHS Dorset being an anchor institution.

System Working	
System Working Opportunities	The update will include our plans to optimise working as a system, using the ICP and its named Partners and extending other bodies such as academia, life sciences and commercial.

5 Year Joint Forward Plan Refresh 2024

1. INTRODUCTION

1.1 This paper provides an update on the changes and planning approach for 2024/25 review of the NHS Dorset Joint Forward Plan (JFP) and the timeline leading to submission.

1.2 NHS England (NHS E) issued the JFP Refresh Guidance on 22/12/2023 (see Appendix) and has been followed by more detailed guidance issued on 17/01/2024. The guidance is intended to support ICBs to further develop JFPs by recommending and suggesting areas for additional content.

1.3 There have been minimal changes to supporting materials, however it advises a focus on areas where substantial changes have been made, such as financial, inequalities, workforce and digital. support our thinking around what to consider in a more robust plan (see Appendix).

1.4 NHS England has issued a deadline of **Thursday 28/03/2024 Midday** to submit the draft refreshed plan.

1.5 The guidance highlights the crucial role in how Integrated Care Systems (ICS) aim to fulfil their duty to consider broader implications of decisions on health and care provision. This duty, termed the 'triple aim,' emphasises collaboration among local health and care organizations for the benefit of the population. The JFP should consistently incorporate considerations of the triple aim in its creation, design, ongoing decision-making, and evaluation processes to ensure a comprehensive and accountable approach.

1.6 Our aim is to coordinate across the system to provide updates on progress since July 2023, new and emerging areas of work and focus and as far as possible we will draw on existing work to do this.

1.7 We do not anticipate significant changes, or the requirement for public consultation. Changes are anticipated around work that has now started since first publication, such as Neighbourhood & Place and the Women's Health Hub, plus updates on work in progress and their trajectories for the next 5 years.

2. BACKGROUND

2.1 In July 2023 NHS Dorset published its first 5-year Joint JFP, that set out how we would deliver and provide NHS services to meet Dorset populations health and

social care needs. The plan focused on actions delivered as a system with an emphasis on prevention and reducing health inequalities. As our system develops our future plan and our refresh will reflect more fully our wider partnership activities and their impact.

2.2 Based on our first version, we know that workstreams and projects have started, progressed, or changed in priority based on emergent issues such as financial position, winter pressures and workforce. We therefore want to ensure that this refresh includes our plans to manage and monitor the high impact areas of work that is measurable and evidenced and will prioritise and deliver across the lifespan of the plan and make a real impact on health outcomes.

3 ACTIONS

3.1 There are therefore a number of areas which we want to highlight in the refresh that are successful and progressing, and some that we need to focus on to improve, ahead of the final submission.

3.2 There is opportunity at this juncture to determine scope and work towards a shared delivery plan for the ICS, including Local Authorities (LA) that is supported by the whole system.

3.3 We will build on our 2023 submission, collate responses through February then share with system partners as part of our collaborative approach to joint working.

3.4 **The key steps in preparing the final submission include**:

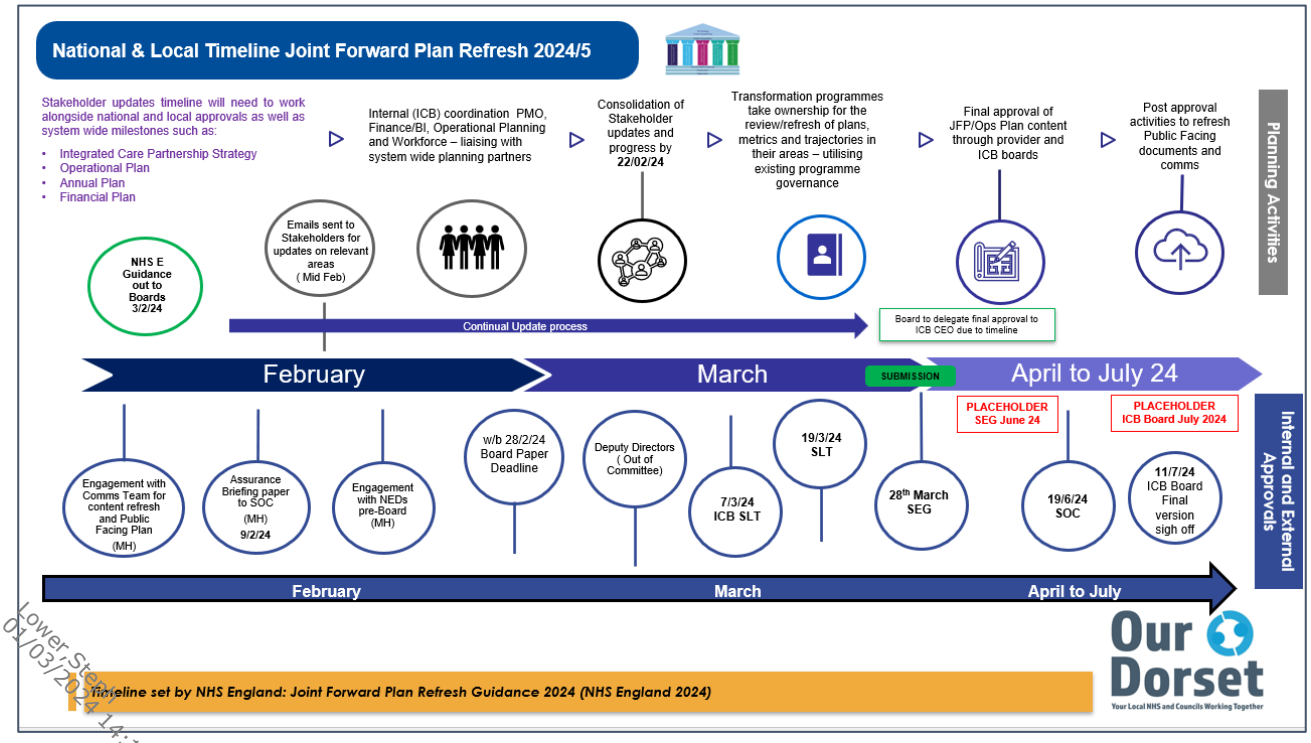
- Deliver a clear timeline and milestones of plans and meetings ahead of final return.
- Strategic Planning Group to oversee the development of the draft version for submission.
- Request for all stakeholders and partners Trusts to review their plans and provide an update on progress, impact, and trajectories for year 2-3 and beyond.
- Meetings with Regional Teams to support and assure our refresh content.
- Meet with relevant providers, Voluntary Community and Social Enterprise (VCSE) and local LA teams to as a ‘confirm and challenge’ approach to the key areas with the aim of ensuring we are maximising opportunity to improve outcomes.

3.5 Our aim is to coordinate across the system to provide updates on progress since July 2023, new and emerging areas of work and focus and as far as possible we will draw on existing work to do this.

4. OUTLINE SUMMARY TIMETABLE OF KEY TASKS

Dates	Key Tasks
Early Feb	Comms to all Stakeholders, Partners, and chairs for Health and Social Care (H&SC) for updates.
Mid-Feb	Engage with Non-Executive Directors (NEDs) pre-Board
21st Feb	Briefing paper with progress and to approve approach to SOC
Through Feb	Engagement with Partners to advise change/ update to content of the JFP - including. • Dorset Acute Trusts • LAs/Health and Wellbeing Boards (HWBs) • VCSE • Primary Care Providers • People & communities • Academia and Innovation • Industry
End Feb	Collate returns into draft revised plan
Early March	Present draft JFP to ICB – request delegated final sign off to CEO
Early march	Presentation of draft JFP across the Dorset system for input
Mid-March	Finalise the JFP
End March	Sign off of JFP by ICB
April - May	Process of review with NHS E and Internal review
June - July	Engage with Comms for publish of final public facing plan

4.1 Timeline



5. RECOMMENDATIONS

The ICB Board is recommended to:

1. **NOTE** the statutory requirements of the JFP refresh Guidance.
2. **NOTE** the update on the process to develop the JFP.
3. **APPROVE** the proposed approach to update the JFP including delegated authority to the ICB Chief Executive Officer to sign off the plan prior to submission due to the timeline.

Author's name and title:
Michelle Higgins
Head of Strategic Planning & Partnerships

Date:
12th Feb 2024

APPENDICES	
Appendix Guidance on updating the Joint Forward Plan for 2024/25	NHS England » Guidance on developing the joint forward plan

NHS Dorset

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Update on Final Clinical Plan
Responsible Chief Officer	Paul Johnson, Chief Medical Officer
Author	Alyson O'Donnell, Deputy Chief Medical Officer

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Wide system consultation	October-December 23	Comments and suggestions received and incorporated
Clinical and Professional Reference Group	25 January 24	Approved
ICB Deputies Meeting	21 February 24	Approved
ICB Senior Leadership Team Meeting	20 February 24	Approved with agreement that Clinical Networks will require support to be successful and that they must link into system operating model as well as Clinical and Professional Reference Group/System Executive Group
Quality Experience and Safety Committee	22 February 24	As above. The committee recommended the Clinical Plan to the ICB Board for approval.

Purpose of the Paper	The Board is asked to receive the report and finalised Clinical Plan following completion of system consultation as part of the system governance processes for approval and implementation.						
	Note:		Discuss:		Recommend:	Approve:	✓
Summary of Key Issues	The Clinical Plan has been produced as a natural follow-on from the Integrated Care Plan, Core Integrated Care System Principles and from ambitions set out in the Five Year Forward Plan. A set of principles have been developed which can be applied across the system and to any service rather than as specific annual objectives.						

	The document has now completed wider engagement across the system and once signed off by system governance processes will begin implementation via a matrix of Dorset Clinical Networks for which complementary terms of reference to support delivery have been developed.
Action recommended	The Integrated Care Board is recommended to discuss and **approve** the clinical plan as developed in response to the changes and additions arising from the consultation process.

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	The ICB has a duty to improve the quality of services delivered to our population and to decrease health inequalities
Finance and Resource	**NO**	
Risk	**YES**	Contributes to mitigation of the majority of elements in the Board Assurance Framework across all five pillars

Risk Appetite Statement	
ICB Risk Appetite Statement	• The ICB has no appetite and seeks to avoid decisions that result in poor quality of care, unacceptable clinical risk, non-compliance of CQC standards and poor clinical or professional practice. • The ICB strives to provide high quality services for the population of Dorset and, in commissioning these services, has a low appetite for risks that that will have consequential effects upon patient safety, quality of care and/or service or clinical outcomes. • The ICB strives for equality of access and outcomes across the Dorset population and therefore has a low appetite for risks that that will result in variation and disparate health outcomes. • The ICB has a high appetite for transformation and innovation that supports quality, safety, and operational effectiveness.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	
Quality Impact Assessment (QIA)	**NO**	

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	By setting out a set of principles to guide the design of all clinical services in line with ICS objectives ie person centred, joined up and delivered as locally as possible
Tackling unequal outcomes and access	By setting out principles which align to tackling inequalities of access and outcomes with targeted and different services when required to do so
Enhancing productivity and value for money	By setting out principles which encouraged empowerment and self care of individuals, maximising digital opportunities and ensuring delivery through Dorset Clinical Networks
Helping the NHS to support broader social and economic development	By setting out principles which ensure individuals are considered in their locality and place. By recognising that healthy communities allow individuals to thrive

System Working	
System Working Opportunities	By setting out principles which are at heart about delivering 'One Dorset' care with the ambition to join up pathways of care and to consider an individual's health and social care needs in a more holistic fashion.

9.

Update on the draft Clinical Plan

1. Introduction

1.1 In order to deliver the ambitions of both the Integrated Care Plan and the Five Year Forward Plan it is essential to have a Clinical Plan which under pins these.

1.2 Consideration has been given to these overarching plans to ensure that there is consistency of messaging about our ambitions as an ICS.

1.3 An initial stakeholder engagement event was held with a broad range of system partners on the 23 May with the aim of agreeing a core set of principles which can underpin the development of services.

1.4 The draft document was produced in response and has undergone wider system testing. It has been reviewed by the ICB Quality, Experience and Safety Committee, who recommend the Clinical Plan to the ICB Board for approval.

2. Report

2.1 The core part of the Plan is a set of 5 principles distilled from the previous 11 principles which were felt to be too many.

Clinical services have agreed to use the following principles when developing services, we will:

1. Actively move services to focus on prevention and early intervention
2. Make sure services and access to services across Dorset is equitable, fair, inclusive and tackles inequalities in areas where it is needed most.
3. Consider your health, social care and wider needs together, designing services for care closer to home where it makes sense.
4. Apply the latest evidence, along with local research opportunities so we offer the most effective treatments in line with NICE and other national guidance.
5. Design services to support you to manage your own conditions, health, care and wellbeing through better access to digital services.

2.2 Clinical commissioning decisions have largely been made for the 23/24 and 24/25 commissioning rounds. We will use this time to develop our clinical priorities over the next five years. We will prioritise these by:

1: Identifying of inequality especially where outcomes are poorer or where it is more difficult to access care

2: Where the capacity of a service can't meet the demand for care or is not available equally across the county

3: Where a service is identified as being fragile – most often where services are very small or have a single point of failure

4: Where emerging evidence means we need to change or modernise how we deliver care

5: Where you have told us that you are concerned about the care being provided

2.3 Our expectation is that Dorset Clinical Networks will become the delivery arm of the Clinical Plan.

2.4 Clinical Networks exists to enable patients, professionals and organisations to come together to achieve the best possible outcomes for populations. Networks work best when the bring the right people and a broad range of expertise together to drive improvement. This allows them to own outcomes and lead on programmes of quality improvement.

2.5 In Dorset a number of clinical networks already exist some of which are formal with identified funding and support and others which are a more informal gathering of clinicians. The latter are often secondary care focussed and do not represent the broader pathway of care.

2.6 To support this a consistent set of Terms of Reference which can be applied no matter what speciality (Appendix 2).

2.7 In order that networks can help us deliver the principles which form our Clinical Plan it will be important that we:

- Standardise Leadership and Support
- Establish common governance structures and reporting.

2.8 To strengthen leadership we ensure that our network leaders can access leadership development through the ICB Development Programme.

2.9 Current priorities have been identified for the Cardiovascular, Respiratory and Neurology work programmes to become the first wave of clinical networks but it is clear that this list may need to expand quickly in response to emerging issues and priorities.

2.10 A network proposal is attached (Appendix 3) to ensure that adequate project management and administration support can be provided by the system to priority networks as fundamental to their success.

2.11 The Networks are overseen by the Clinical and Professional Reference Group and System Executive Group so we can be sure that we continue to do what we said we would. In response to more recent feedback it is currently being explored how best to fit operational assurance into our current operational framework.

2.12 A full implementation and communication plan will be developed to sit behind the Plan.

3. Conclusion

3.1 The Integrated Care Board is asked to approve the Clinical Plan as part of system assurance to permit the move to the communication and implementation phase.

Author's name and title: Alyson O'Donnell, Deputy Chief Medical Officer

Date: 28/02/2024

9.

APPENDICES	
Appendix 1	**Final Clinical Plan**
Appendix 2	**Draft Network Terms of Reference**
Appendix 3	**Network Proposal**

NHS Dorset

Clinical plan 2023-2028

Dorset Clinical Services:
Excellence from prevention to palliation

Introduction

We all want Dorset to be a healthy place. This means taking care of our bodies and minds to stay well. The way we provide services is changing to meet your needs.

We want to make sure everyone has access to the right support so you can live your best life. Our goal is to help everyone live healthy, happy lives from birth until the end of life. Our services need to be high quality and consider your needs at all stages of your journey through health and care services.

We know that feeling well is not just about the services provided by health and social care. To make sure we are supporting you to live well we must listen to what matters to you and make it easier for all services to work together to provide joined up care.

This plan sets out how we will deliver the clinical care you need to recover from or live well with long-term medical conditions. The principles set out apply to all aspects of health and care including children, women's health, mental and physical health and wellbeing.

Dorset's integrated care partnership

The integrated care partnership is a group jointly formed between NHS Dorset, Bournemouth, Christchurch and Poole Council (BCP) and Dorset Council. It brings together a broad range of people who are concerned with improving your care, health, and wellbeing. This includes police, fire, higher education providers, the business community, and voluntary and community groups. Dorset has an Integrated Care Partnership Strategy – Working Better Together. This strategy explains where we are now, what we hope to achieve, and how we're planning to do that. It sets out how the NHS, councils, and other members of the integrated care partnership will work together to make the best possible improvements in health and wellbeing for everyone. This means changing the way we work to provide the right health and care services across Dorset.

Our key priorities:

1: Prevention and early help

Helping you to stay well by providing prevention support as early as possible.

2: Thriving communities

Investing in communities, building strong networks, and developing high quality spaces in the community where we can work together.

3: Working better together

Considering your needs at all stages when designing integrated care. This includes your mental and physical health and what you tell us matters to you.

Our vision

To make Dorset the healthiest place to live.

By working together, we can achieve the best possible improvements in your health and wellbeing and how we plan and deliver clinical care across Dorset will support our ambition of achieving this vision.

“Our patients interact with our clinical services through multiple contact points, at all stages of their life and throughout the course of the conditions and illnesses that they may be at risk of or experience, from preventative interventions, screening and wellbeing checks, illness management, acute episodes of care, recovery and for some palliation and symptom control. That is why our Clinical Plan is about providing **excellence from prevention to palliation** (and everything in between).

We need to make sure that our services are designed in a way that at all of these points we are able to offer the care and access people need in a way that is joined up and easy to navigate. This means making sure that we provide excellent clinical care in our hospitals, GP surgeries, pharmacies and clinics whilst also shifting our focus on preventing ill health, promoting wellbeing and detecting and treating conditions earlier. It is far better to prevent, detect and treat high blood pressure than have to support someone through a serious event such as a heart attack or stroke.

So my hope is that this plan will ensure we fulfil this ambition in all our clinical services and achieve our vision that Dorset will indeed be the healthiest place to live.”

Dr Paul Johnson

Chief Medical Officer, NHS Dorset

To deliver our vision we have three values for how we work. These focus on working together with you to achieve the best possible outcomes for you. Working together will help up be more person-centred and make better use of our staff, facilities, and funding. This means you are at the centre of our decisions.

Ambitious

TO DELIVER EXCELLENT CARE AND WORLD CLASS OUTCOMES FOR OUR RESIDENTS

Community driven

BY DELIVERING CARE AS CLOSE TO HOME AS POSSIBLE AND MAXIMISING THE SUPPORT OF THRIVING COMMUNITIES

Partnership

DEVELOPING NETWORKS OF CARE TO DELIVER CARE ACROSS HEALTH, SOCIAL AND VOLUNTARY SECTORS

Challenges

Dorset is a great place to live and grow – over half the county is an area of outstanding natural beauty. The mix of coastal, urban and rural areas offers variety in both the landscape and activities that can support health and wellbeing. But we also have populations of people living in more deprived areas. These communities all have different challenges and may need different solutions.

As people are living longer, there are more older people in our communities. Older people make a huge contribution, with retirement providing opportunities for volunteering and helping to keep local communities vibrant and active. However, for some people, older age can provide challenges. It is important older people have a good quality of life and receive any support they need. Our focus is often on treating elderly and frail people with long-term conditions but taking a proactive and preventive approach is crucial in accomplishing our goal of helping older people to live well. Traditionally our budgets have been spent on treating illness with only £1 in every £100 spent on prevention. If we focused more on preventing people becoming unwell and supporting people to live well we can reduce the number of people who will need acute, emergency and long-term care.

Health and social care services in Dorset directly employ around 50,000 people, which is 15% of the total workforce in Dorset and accounts for 11% of Dorset's economy. However, we are experiencing a shortage of staff, which means we don't have enough people to meet the demands for services. Despite our investments to increase staffing, it is difficult to keep up. We have challenges in recruiting and retaining a diverse range of staff with the right skills to deliver the services you need. It is essential that we design services that are sustainable and with the right workforce.

Our health and social care services are already overstretched which makes it more difficult to provide equitable services across the county and transform how we do things. We can't immediately do less, but we can look at how we do things differently. Everyone has an important part to play in prevention so we must equip our people and communities with the opportunity, skills and confidence to do this.

Listening to you

"We need to listen and learn by trying to understand other's lived experiences. We need to design with you the services that people and communities in Dorset need going forward. We want to work with you and our partners to help everyone live not just a long, healthy life, but also long lives that enable individuals and families to thrive and achieve personal happiness."

Patricia Miller OBE
Chief Executive, NHS Dorset

We have made a promise to have important conversations with you. These conversations have given us a good understanding of the things you feel are most important when it comes to health and wellbeing.

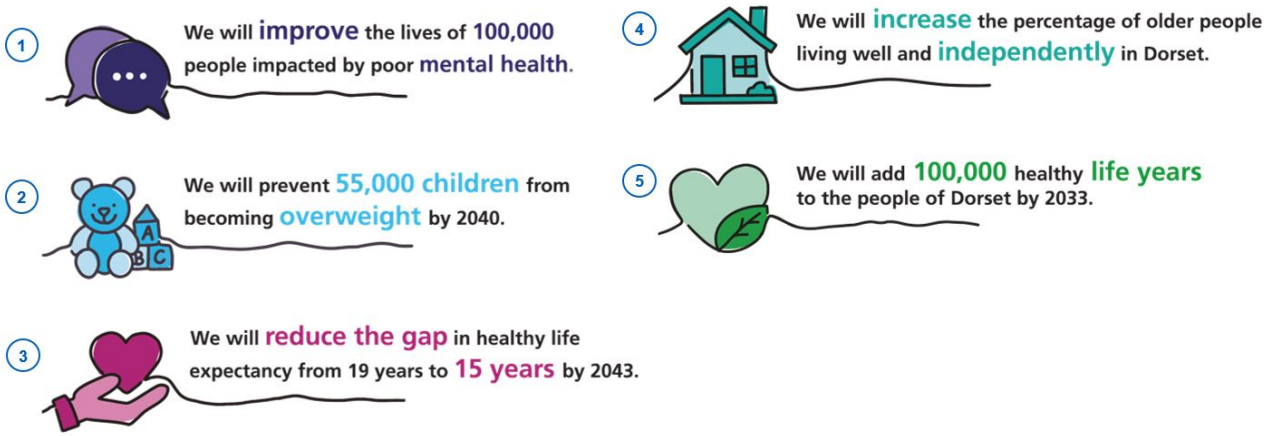
You have told us that if services work well you:

- Would feel listened too and involved in your care
- Feel a sense of purpose and belonging to your community
- Do not feel passed around services
- Would be given the tools to remain independent
- Would use the natural environment to enhance your wellbeing
- Be considered as a whole person or family

We are going to continue these conversations and make it a regular thing to listen to people in different communities, making sure we reach those who are less likely to be heard. We want to hear from you, your family, and your neighbours and understand their experiences and needs so that we can make sure our plans meet their expectations.

Our plan

This clinical plan is informed by what you have told us and, alongside the plans for digital, people and research, supports the five main outcomes from the NHS Dorset Joint Forward Plan. These are the outcomes we have agreed to focus on whilst making sure that we provide excellent joined up care if you are unwell.



We want to make sure everyone gets the same excellent care no matter where they live.

In some areas of Dorset where people have less money and access to services or resources, they might not live as long or be as healthy as people in wealthier areas. It's not just about having access to good healthcare, but also other factors that affect our health. We know people in these areas tend to get a long-term condition at an earlier age and are less likely to go to the doctor. They can also find it harder to go to a hospital appointment and have less access to things that play a big part in keeping us healthy. These are known as 'wider determinants of health' and include having a good job, enough money, a good education, access to services, and a nice place to live. When we have all of these things, it helps us stay healthy.

Our principles

Through the conversations we have had with you as well as our clinical and care staff we have developed a set of principles which, if consistently applied, will give us the best chance of providing the health and care services you need.

We will:

1. Actively move services to focus on prevention and early intervention.
2. Make sure services and access to services across Dorset is equitable, fair, inclusive and tackles inequalities in areas where it is needed most.
3. Consider your health, social care and wider needs together, designing services for care closer to home where it makes sense.
4. Apply the latest evidence, along with local research opportunities so we offer the most effective treatments in line with NICE and other national guidance.
5. Design services to support you to manage your own conditions, health, care and wellbeing through better access to digital services.

1: Actively move services to focus on prevention and early intervention

“The focus now is on what we need to do to prevent illness, address inequalities and the support communities need to manage their own health and wellbeing. We know that when we make prevention the core of what we do, it will lead to better outcomes and quality of life, more personalised services and, vitally, will reduce the inequities across the county. Prevention is a real and long-lasting way to reduce the unsustainable load on our health and care services. This is an exciting time for Dorset, and we all have an important role to play in this transformation.”

Neil Bacon, Chief Strategy and Transformation Officer – NHS Dorset

When we diagnose, treat, or provide direct care to you we will look at what we can do to reduce the impact of a disease or injury and to stop it happening again. We will also use the information we gather to learn what we can do to prevent disease or injury before it happens.

This could include things in the community like advice on healthy eating and how you can stay physically active. It would also include asking you to attend a screening appointment for example a mammogram, over 50’s health check or sending you a kit to test your poo in the post. If you have already been ill, we will support you to get better and stop it from happening again.

We know that there are times in life where it is easier to make positive changes to your lifestyle or where they will have the biggest impact on your health and wellbeing.

- Pregnancy
- The early years of a child’s life particularly the first 1000 days from conception
- Middle life years (45-55 years)

The first five years is a critical time in setting out not just a child’s development but also the roadmap for their lifelong health. This is why the prevention of childhood obesity is an area of focus for us over the next five years.

We also know that helping people to lead a healthy lifestyle in their middle life years makes the biggest difference to good in health in older years. This might include stopping smoking, moving more, being a healthy weight and treating conditions such as high blood pressure and diabetes

earlier. We know it is also important for people to have activities that they enjoy and that they are able to socialise. All of these increase the chances of living well and independently in later life.

We will make sure that we properly understand factors that increase your risk of developing conditions or can affect the severity of those conditions, making sure that all our clinical services are designed to support you in addressing these as much as caring for you when those conditions progress or deteriorate.

2: Make sure services and access to services across Dorset is equitable, fair, inclusive and tackles inequalities in areas where it is needed most.

We have been working with other health and care organisations through our Health Inequalities Group to make plans to improve the health of communities. We also have a new way of working more closely with the communities where you live to make sure you have the services and support you need. Using the information, we have about our communities and the people living there means we can better understand their needs and target services to support them.

This clinical plan aligns with the national programme aimed at reducing health inequalities known as Core20PLUS5. This means improving the health of the 20 per cent most deprived parts of our communities focussing on the top five areas that can lead to long-term poor health outcomes and/or a shortened life span.

For adults this means:

1. Better maternity care particularly for those from ethnic minority communities
2. More people with serious mental illness getting an annual physical health check
3. Diagnosing cancer earlier so people have better outcomes
4. More people with a chronic respiratory disease getting seasonal vaccinations
5. Spotting people who have high blood pressure or high cholesterol levels earlier to prevent them from having a stroke or heart attack

For children this means:

1. Helping those with asthma manage their condition to reduce attacks
2. Supporting diabetic children with real time monitoring and using insulin pumps to prevent long-term complications
3. Improving access to specialists for children with epilepsy, particularly for young people with learning disabilities or those newly diagnosed
4. Speeding up appointments for children who need to have teeth out in hospital
5. Better access to mental health services for all children and young people, particularly those in high-risk groups

It is important that we understand the factors that lead to poorer health outcomes and experience of care and that services will be co-designed using lived experiences of people and communities.

We will us this understanding to drive our decisions about the clinical services we deliver aiming for the same outcomes and positive experience for all our population, investing more in some areas and providing different types of care where this is needed.

3: Consider your health, social care and wider needs together, designing services for care closer to home where it makes sense.

We know that it is rare for a medical condition to occur in isolation, and often impacts on your wider needs or exists alongside other conditions. We also know the impacts of wider social factors on medical conditions and your overall health and wellbeing. We need to make sure that all these wider factors are considered when providing care and that our clinical services work in a way that understands and addresses these.

When we are designing services, we will look to how we can deliver them closer to home where we can. We are improving access close to home for appointments and diagnostic tests in the Dorset Health Villages in Poole and Dorchester and in the Community Diagnostic Centre in Weymouth. We are growing access to our virtual wards to allow you to be cared for and monitored at home rather than being admitted to hospital. Your GP practice, local pharmacy, opticians and dentist are essential parts of our clinical service, and we need to ensure that the skills and opportunities they offer and are able to deliver in your local communities are maximised as part of our clinical pathways. This may mean shifting resources and services away from our larger hospitals or working differently in partnership as part of an integrated team in your local neighbourhood.

We will build on the work already done by our clinical networks to advise us on how we design and deliver our services to make it happen. Importantly, we can provide almost all the health services you may need in Dorset. However, if you need more specialist care, it may be necessary for you to travel further within Dorset or to a neighbouring hospital such as Southampton.

We will make the best use of local services and teams, ensuring your wider needs are understood and met, that those local services can provide excellent care for you and that access to specialist care further away is available when you need it.

4: Apply the latest evidence, along with local research opportunities so we offer the most effective treatments in line with NICE and other national guidance.

Our clinical teams are always looking for new evidence on how we improve care. We will continue to make sure we have reviewed all national guidance through our clinical networks and the Clinical and Professional Advisory Group. This will ensure all Dorset residents have access to the most appropriate treatment with services that are effective, add value and importantly give the best outcomes for people.

Our links with the universities in Bournemouth means we can offer access to clinical research trials in ways that have not been possible before. We now have four research hubs across the county to help people take part in a wide variety of clinical research. The hubs are in Royal Bournemouth Hospital, the outpatient centres in the Dolphin Centre in Poole and South Walks Dorchester and in the Weymouth research hub. We know that taking part in research actively improves outcomes and is important in helping us to change and improve services.

One example of this is the CHAIN research programme, a partnership between Bournemouth University and University Hospitals Dorset. CHAIN demonstrated that a cycling-based exercise programme not only improves the quality of life for people with hip pain but reduces the number of people who would have needed a hip replacement.

We will ensure that our clinical services are informed by the latest evidence and are designed in a way that enables you to participate in research which builds on that evidence.

5: Design services to support you to manage your own conditions, health, care and wellbeing through better access to digital services.

Digital advancements will help us to deliver care in different ways. This may be by providing different ways for you to access services or help when you need it. It also provides the opportunity for you to be able to monitor and manage your health yourself while providing easier access to advice and support when you need it. We are also working on the Dorset Care Record and the Dorset Electronic Patient Record which will make sure that important information is available to everyone who is caring for you, so you don't have to repeat your story.

Some examples of successful projects that we are building on include:

- Rheumatology team remote consultations
  Video consultations are offered as an alternative to face-to-face appointments. This can help make life easier for you by reducing the need to travel to a clinic for an appointment.
- Remote monitoring
  We use virtual wards so that we can monitor your condition remotely. You remain under the hospital's care whilst being monitored remotely by the remote monitoring team. We can identify what tools you need to successfully support with monitoring your condition. These include things like a pulse oximeter, blood pressure monitor, thermometer or scales.
- Home blood pressure monitoring
  Dorset GP practices are providing the tools to support you to monitor and manage your blood pressure remotely in partnership with your clinical team.
- Outpatient transformation
  Last year, nearly one million outpatient appointments took place in Dorset which equates to approximately 15 million miles in travelling to and from hospital for appointments. We know that when you have a long-term condition you don't always need regular follow-up appointments with our hospital teams. It is more important that you have timely access when you need it. Using a patient-initiated follow-up approach means you will be able to access care when you need it, so you don't have to attend unnecessary appointments.

We will build on these examples to ensure that our clinical services work in a way which maximises the opportunity that technology offers for you to understand and manage your own conditions, access expert help in ways that are convenient to you, and for those involved in your care to be better connected.

What we are going to do

There are many clinical services we provide, so we need to be able to prioritise which ones we focus on. Some priorities will already be set locally (such as the NHS Dorset Joint Forward Plan) and nationally (such as the Core20Plus5). In addition, we will use the following criteria to identify further priority services:

1. Identifying of inequality especially where outcomes are poorer or where it is more difficult to access care.
2. Where the capacity of a service can't meet the demand for care or is not available equally across the county.
3. Where a service is identified as being fragile – where services are very small, and more likely come under strain leaving gaps in service provision.
4. Where emerging evidence means we need to change or modernise how we deliver care.
5. Where you have told us that you are concerned about the care being provided.

The consistent set of principles we have developed will be important to how we develop and deliver excellent services over the coming years. We have set these out as a series of system

principles, but they will be owned and delivered by local teams and our Dorset Clinical Networks covering all aspects of healthcare provision.

Dorset Clinical Networks

Clinical Networks are a key driver and enabler. They enable patients, professionals and organisations to come together to achieve the best possible outcomes for our population. This means that they will own outcomes and lead on programmes of quality improvement to improve these now and for the future. Networks work best when the bring the right people and a broad range of expertise together to drive improvement.

In Dorset a number of clinical networks already exist some of which are formal with identified funding and support and others which are a more informal gathering of clinicians.

In order that networks can help us deliver the principles which form our Clinical Strategy it will be important that we:

- Standardise Leadership and Support
- Establish common governance structures and reporting

To strengthen leadership, we ensure that our network leaders can access leadership development through the ICB Development Programme.

The networks are overseen by the Clinical and Professional Reference Group and System Executive Group so we can be sure that we continue to do what we said we would.

How we are going to measure progress

We will use all sources of information, such as DIIS, to ensure that we are basing our decisions on our population and delivery of clinical services. We will ensure that this is underpinned by strong governance processes where plans are agreed through CPRG and the Dorset Clinical Networks will be accountable to the CPRG for delivery of those plans.

This will allow us to be clear about the intended outcomes and to measure success against those. We would expect to see progress year on year against nationally set targets.

Some areas we would expect to see improvements through delivery of this plan are:

- By ensuring a greater proportion of patients with severe mental illness receive all components of an annual physical health check we are able to identify physical health conditions earlier
- We will increase the number of patients with chronic respiratory disease to receive annual vaccinations. By preventing infectious diseases in this group we will decrease acute hospital admissions
- We will increase the number of people identified with high blood pressure and high cholesterol. We will actively seek those people with familial hypercholesterolaemia. Over the next 5-10 years we can expect this to decrease the number of strokes and heart attacks
- We will improve wellbeing and prevent complications in children with diabetes by increasing the use of real time glucose monitoring and the use of insulin pumps for children in our most deprived areas and by ensuring that all children with type 2 diabetes have an annual physical health check

These are examples where people from more deprived communities are more likely to hospitalised, have more complications or die younger than those from less deprived communities.

If successful, in five years' time we see that the people of Dorset report fewer handoffs in their care and can access appropriate expert help when they need it. By supporting thriving communities and considering people's needs holistically we will see a decrease in some of the preventable diseases such as stroke and heart attack. We will have improved people's confidence to manage their own long-term conditions when they can. When all of these things are taken together, we should see fewer people needing to access health care as an emergency and fewer entering or delaying the age at which they may need residential care. All of these things can happen that quickly if we all work together.

Dorset XXX Clinical Network

Terms of Reference

Background

Clinical networks have existed for a period time and vary from networks which are formalised and hosted by NHS England to more informal meetings largely of secondary care clinicians. The purpose of clinical networks is to adopt a whole system approach to working with stakeholders across complex pathways of care and to provide specialist advice to commissioners on standards and variations in service delivery. Clinical networks should support change management and quality improvement through innovation and transformational leadership.

Clinical networks are not mandated by policy but have been identified as the means by which the Dorset Integrated Care Board Clinical Strategy can be most effectively implemented.

Purpose

- The Dorset xxx Clinical Network will have a network board which will be the expert vehicle driving forward change and improvement. The board provides a forum for multi-professional clinicians to meet and share their specialist expertise, clinical experience and in strategic knowledge in an impartial and bi-partisan manner. The board will act as the clinical expert arm of the network and will exist to provide collective knowledge and strategic leadership on behalf of the network community. The network will function serve to clinically champion future service re-design in line with the key principles as set out in the Dorset Clinical Plan

Role

- To provide objective, evidence-based solutions on major clinical strategy areas which address quality and safety issues in Dorset
- To provide a space where clinical leaders can meet to share collective knowledge on cardiovascular care, clinical issues, both to each other and to relevant stakeholders.
- To support and provide expert advice to clinical pathways spanning organisations and localities.
- To ensure that a focus is maintained on key ICB priorities
    - To tackle health inequalities by maintaining a population health focus
    - To move to early intervention and prevention
    - To encourage self care and self management where appropriate
    - To ensure that the wider determinants of health are considered when developing clinical pathways
- To encourage collaboration, participation, joint understanding and a holistic view of Dorset's health system.
- To develop and monitor a dashboard linking to Health Inequalities where appropriate.
- To support research, innovation and diffusion of best practice standards around xxxx care and pathways aiming to reduce unwarranted variation
- Where appropriate maintain the 'legacy' programmes that have been inherited from previous structures closing or adapting to future work as necessary.

Key Functions

Quality and Performance

- Direct clinical conversations on performance in Dorset and provide expertise of key indicators and outcomes that measure improved patient care.
- Ensure pathway utilises best use of resources to ensure demand met in most efficient way, drawing on resources such as GIRFT.
- Support health organisations across Dorset to develop and make recommendations for strategy and vision and future alignment with national priorities and the key principles as set out in the Dorset Clinical Strategy.

Clinical Leadership

- Offer strategic leadership on xxx issues pertaining to Dorset and be source of legitimate specialist expertise on policy, operational and workforce matters
- Serve as clinical champions on future service re-design in line with the key principles as set out in the Dorset Clinical Plan
- Make recommendations as required and support the production of evidence, updates and reports to key stakeholders

Partnership and networking

- The Network Board will work in partnership with other clinical networks and identify areas for shared working to aid the development of a holistic approach to prevention and multimorbidity.
- The Network Board will develop partnership working with other Dorset Clinical Networks where there are common objectives (such as xxx and xxx networks).
- The Network Board will develop working relationships with other expert groups to share best practice and information.
- The Network Board will establish strong working relationships with the Clinical Senate, Health Innovation Wessex, Wessex Health Partnership, academic institutions and other partners as required.
- Establish clear routes to and from the National Clinical Director

Commissioning

- Provide expert advice into key aspects of commissioning plans, including service changes to the Dorset ICB and the specialist commissioning hub
- Consider how quality and safety are maintained within commissioning of services
- Ensure that commissioning plans are focussed on providing equity of outcomes and population health management

Patient Involvement and advocacy

- Demonstrate evidence of patient / carer and public involvement in decision making
- Develop systems for accessing patient / carer and public involvement (this may range from service users being members of the Board to working with the voluntary sector to develop an external patient platform / panel).

- Work with a PPI lead from the ICB team to work with the Network Board around patient / carer and public involvement.
- Review and audit patient / carer and public involvement as part of governance processes

Research and Innovation

- Support research and innovation with partners including Bournemouth University and the Wessex Health Partnership
- Support research, innovation and education to improve xxx pathways to improve eg prevention, inequity of outcomes and premature death

Accountability and Governance

The Dorset Clinical Network is a non-statutory body. However, it is charged with adopting a whole system approach to healthcare design and delivery. The Network will work with the Dorset ICB and providers to reduce service variation across complex pathways of care by ensuring the key principles, as set out in the Clinical Strategy, are applied to service delivery and development.

The network board which is a clinically expert group will act as a vehicle for change and pathway improvement.

The network board will be chaired by xxx. A number of sub-groups will be required to focus on any areas of particular concern and these will report to the network board.

Clinical recommendations will be made to the Clinical and Professional Reference group and will then link to provider governance routes and the System Executive Group.

It is expected that all clinical pathway changes which are recommended to CRPG will be supported by a SQEEIA.

Reporting will be via

- A quarterly exception report to CPRG
- An annual report to CPRG and onto SEG

Network Board Management

Chair

It is expected that the Network Board will be chaired by xxx. A deputy should be nominated to ensure chairmanship of the meeting in the absence of the chair. Professional development will be offered to the chair as part of the ICB leadership development offer.

Membership

Membership is mostly drawn from the clinical community and should comprise those who are able to offer a strategic leadership overview.

It is important that clinicians are drawn from the entire clinical pathway and should include representatives from each NHS trust, primary care and any other partner involved in delivering care for this patient group.

Attention should be paid to ensuring that there is a broad range of clinical expertise included in the core membership

- Nurse specialists
- Physiologists
- Radiologists
- Pharmacists
- Allied health professionals
- Clinicians from allied specialities

Membership will also include key managerial and operational leads able to bring insight and support.

Arrangements for patient and public involvement must be clearly established within the group and may include formal patient representation on the group.

Members represent collective interests and must complete a declaration of interest form.

Programme management support will be provided either from within the ICB or where more appropriate from one of the member partner organisations.

Attendees

It is essential to ensure that appropriate operational and commissioning expertise is used to support the work of the network. These experts may be required to attend the Network Board and all attendees will be invited by the chair. They may be invited temporarily to aid with a specific piece of work or on a more regular basis. In the unlikely event of the Network Board having to vote on an issue attendees will not have voting rights.

Frequency

Meetings will take place as determined by the membership. It is expected that this should be monthly and no less frequently than quarterly.

Quorum

A quorum for the meeting will be 51% plus one of core membership, including the chair. If decisions require specific clinical expertise it will be at the discretion of the chair to decide if there is adequate representation at the meeting for safe decision making.

Attendance

It is expected that members will attend a minimum of 50% of meetings annually. Attendance below this should be monitored and addressed by the chair.

Outcomes

The Network Board will be expected to develop a work plan which is signed off by the group. This will be presented to the CPRG for agreement. The work plan should be informed by national, regional and local priorities/strategies. The group will be expected to develop work streams to address any actions arising from the work plan.

Terms of reference

Terms of reference will be reviewed by the Network Board and reviewed on an annual basis and agreed by CPRG to ensure consistency across all networks.

Dorset Clinical Networks Proposal

1. Introduction

The Clinical Plan will very shortly come to ICB and partner Boards for approval. This will set out the key principles by which our clinical services need to be reviewed, planned, transformed and delivered. This is a key enabler to ensure that our clinical services support the wider strategic objectives of the Integrated Care System

2. Proposal

1.1 key proposal within the Clinical Plan is for the formation of Dorset Clinical Networks (DCNs). These will be the essential delivery mechanism of the Clinical Strategy and will provide a consistent way in which clinicians and managers from across the system will come together within a particular patient cohort or disease modality, with clear consistent governance and expectations.

1.2 Each of the Clinical Networks will have consistent terms of reference (Appendix 1), with accountability to SEG via CPRG. They will also need to link in to appropriate system Delivery Groups.

1.3 These DCNs will be developed either de novo or by realigning established clinical forums within Dorset. A prioritisation approach as described in the Clinical Plan will be used to determine the sequencing of which DCNs are established, the intensity of the work plan and frequency of meeting. This will help ensure that resources are directed to areas in line with agreed priorities.

1.4 In order for each of these DCNs to function effectively, deliver the outcomes within the Clinical Strategy, and have oversight of the clinical delivery, quality and efficiency of commissioned services, the following will be required:

- For the ICB commissioning and operational teams to work in a way that is aligned and embedded within the DCNs where appropriate.
- For the ICB to ensure that there is sufficient programme management for the DCNs, either provided directly from the ICB or by a system partner where more appropriate.
- For the emerging CANDo networks, focussing on acute hospital elements of patient care, to be aligned (and incorporated where appropriate) to the DCN.
- For the digital team to work alongside each network to co-design and create a Network dashboard

3. Request

For SLT to consider how the ICB can support the formation and implementation of DCNs and meet the requirements described above.

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Prevention, Equity and Outcomes Committee Work Plan
Responsible Chief Officer	Kate Calvert, Acting Chief Commissioning Officer
Author	Liz Beardsall, Head of Corporate Governance Steph Lower, Deputy Head of Corporate Governance

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
ICB Board Development Session	8 June 2023	Discussed the committee Review/Refresh and agreed to take forward option '2.5'.
ICB Board meeting	6 July 2023	Discussed summary from the Board Development Session, considered three potential structures and agreed option one to take forward.
ICB Board Development Session	3 August 2023	Received the proposed revised structure and provided feedback prior to the proposal being worked up.
ICB Board	2 November 2023	Received and approved the proposed Terms of Reference (ToRs) and Work Plans for the revised committees noting that the two new committee and Risk and Audit ToRs would be taken to their respective December meetings before being brought back to the Board for final approval.
Prevention, Equity and Outcomes Committee	13 December 2023	The inaugural meeting discussed the committee's remit and noted further work would be undertaken to finalise the Work Plan.
ICB Board	11 January 2024	The Board approved the ToRs for the Strategic Objectives, Prevention, Equity and Outcomes and Risk and Audit committees.
Prevention, Equity and Outcomes Committee	21 February 2024	Received the updated outline Work Plan in light of the discussions at its inaugural meeting in December 2023 and

		recommended to the March ICB Board for approval.

Purpose of the Paper	The purpose of the report is to approve the outline Prevention, Equity and Outcome Committee Work Plan following the review and refresh of the ICB Board committees.						
	Note:		Discuss:		Recommend:	Approve:	✓
Summary of Key Issues	Following discussion at the Prevention, Equity and Outcomes inaugural committee meeting in December 2023, the committee received an updated Work Plan at its meeting on 21 February 2024. The ICB Board is asked to approve the updated Work Plan (Appendix 1) noting the content would continue to evolve as the committee became established. The master work plans document which will be held by the Corporate Governance Team will include columns for the author and status of the report (e.g. for approval, for noting) and will be used as a working document for forward planning and agenda setting.						
Action recommended	The Board is asked to **approve** the updated Prevention, Equity and Outcomes Work Plan.						

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	There are statutory requirements for the ICB to have a Remuneration and a Risk and Audit Committee. In addition to this the ICB needs a strong committee structure to provide assurance to the Board that the ICB is discharging its statutory functions and duties.
Finance and Resource	**NO**	N/A
Risk	**YES**	The ICB's committee structure is an integral part of the assurance process in the ICB's Risk Management Framework. There is a governance risk if a committee attempts to act outside its Terms of Reference.

Risk Appetite Statement	
ICB Risk Appetite Statement	The ICB has a low appetite for risks that will impact upon the ICB's ability to conduct its business within the legal and governance frameworks.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	An EIA is not required.

Quality Impact Assessment (QIA)	**NO**	A QIA is not required.

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	A committee structure with increased alignment to the core ICS purposes will promote delivery of, and improve the quality of assurance on, improving population heath and healthcare. To strengthen the alignment of the committees to the fundamental purposes, each committee's work has been mapped to the four fundamental purposes and a paragraph has been inserted into all the draft Terms of Reference highlighting the committees' role in supporting the ICB to deliver the purposes.
Tackling unequal outcomes and access	
Enhancing productivity and value for money	
Helping the NHS to support broader social and economic development	

System Working	
System Working Opportunities	The ICB's committee structure, through its role in assurance, scrutiny and decision making underpins strong system working. The committee refresh has reviewed and strengthened the system partnership representation on the committees. The revised Terms of Reference for all committees include the ICB committee Chairs meeting regularly with counterparts in the system.

Committee Work Plan

1. Introduction

1.1. Following the review and refresh of the ICB Board committee structure, updated Work Plans have been worked up for all committees and were taken to the November ICB Board for approval. The Board approved an initial plan for the Prevention Equity and Outcomes Committee, noting that the Work Plan would be reviewed at the committee's inaugural meeting in December.

2. Report

2.1 Attached at Appendix 1 is the revised committee Work Plan for the Prevention Equity and Outcomes Committee for December 2023 to April 2025, which was considered at the committee's February meeting.

2.2 The Work Plan has been updated to include the outcomes of the discussions on the committee's remit at the inaugural meeting in December and is recommended to the ICB Board for approval.

2.3 The Work Plan is not an exhaustive list and additional items/deep dives may be added to the agenda when appropriate.

2.4 The master Work Plans document which will be held by the Corporate Governance Team will include columns for the author and status of the report (e.g. for approval, for noting) and will be used as a working document for forward planning and agenda setting.

3. Conclusion

3.1 The Board is asked to approve the updated Work Plan (Appendix 1) noting the content would continue to evolve as the committee became established.

Author's name and title: Liz Beardsall, Head of Corporate Governance and Steph Lower, Deputy Head of Corporate Governance

Date: 27 February 2024

APPENDICES	
Appendix 1	**Committee Work Plan – December 2023 to April 2025**

Prevention, Equity and Outcomes Committee Work Plan	Frequency	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Dec-24	Feb-25	Apr-25
Standing Items										
Formalities (declarations, minutes, actions, quoracy)	Each meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corporate Risk Register - risks relevant to the committee	Each meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Care (escalations, recommendations/assurances from PCSOG re. POD and GP primary care)	Each meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓
Items										
Health Outcomes										
Current Prevention programmes / investment	As required		✓							
CVD prevention	As required		✓							
NHS Dentistry	As required		✓							
NHS Dentistry 2024/25 plans	As required					✓			✓	
Health Inequalities Strategy	As required			✓						
VCS Assembly (supporting the Committee's duty around involvement and communities)	As required			✓						
Health Inequalities Delivery Plan	As required						✓		✓	
Comms & Engagement in relation to PE&O	As required			✓						
Integrated Neighbourhood Teams (progress/recommendations)	As required			✓			✓			✓
Children and Young People Delivery Programme & Progress	As required				✓			✓		
Mental Health ICC programme (assurance/recommendations)	As required				✓			✓		
Outcomes-based commissioning development (progress/recommendations)	As required							✓		
Better Care Fund (plans, progress and to receive new Strategy)	As required					✓				✓
Presentations/Deep Dives										
Anchor institutions (new responsibilty - statutory requirement of ICBs - what does this agenda mean for us?)	Once				✓					
Environmental work (new responsibility - statutory requirement of ICBs - what does this agenda mean for us?)	Once					✓				
Outcomes-based commissioning (to support an understanding of the hew ways of working and the complex nature of the programme and steps to success - to ready the committee for future decisions/assurance)	Once				✓					
Specialised Commissioning - specifically the South East/South West issues for Dorset (to support an understanding of the work to tackle this complex area/assurance that the plans support integration of services and people centred care etc.)	Once						✓			
Sub-Group Escalation Reports										
PCSOG (see Primary Care standing item above)	As above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance										
Review Committee Effectiveness	Annual					✓				
Review Committee Terms of Reference	Annual					✓				
Review of Committee Workplan	Annual					✓				
Terms of Reference for the PEOC sub-groups	As required	*as required*	*as required*	*as required*	*as required*	✓	*as required*	*as required*	*as required*	*as required*

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	Right Care, Right Person (RCRP) Implementation in Dorset
Responsible Chief Officer	Kate Calvert, Acting Chief Commissioning Officer
Author	Nel Brittain, Senior Programme Lead

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Dorset Police Mandate	25 July 2023	Approved
Dorset Police- informal stakeholder engagement including Adult Safeguarding Board	July 2023	
RCRP- partnership meeting	13 Sept 2023	Development of PID and draft timeline
Partner discussions re PID draft and DHSC and Home Office Survey RCRP	October 2023	Consultation and socialisation of RCRP/PID and survey completion
ICP Board	31 Oct 2023	Approved development of implementation plan
ICB Board	2 Nov 2023	Approved development of implementation plan
System Executive Group	29 Nov 2023 & 30 Jan 2024	
Strengthening Service Board (Pan Dorset Safeguarding Children Board)	29/1/24	

Purpose of the Paper	To present an update about Right Care Right Person implementation in Dorset.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	In July 2023, the Department of Health and Social Care and Home Office published the National Partnership Agreement (NPA): Right Care, Right						

	Person (RCRP) in response to ongoing challenges related to a lack of a consistent response to mental health crisis presentations across the country and subsequent scope for improvement through new ways of cross agency working. Due to existing custom and practice within Dorset, changes outlined within the policy may have a number of implications for both health and social care services and as such careful consideration and a multi-agency partnership approach to implementation is required. Work has commenced to develop a collaborative approach to oversee a phased implementation that minimises risk of harm and any unintended consequences. A gap, risk and mitigation analysis exercise has been completed. Emerging System themes have been identified.
Action recommended	The ICB Board is asked to **Note** progress to date and planned implementation phases.

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	National Partnership Agreement, the RCRP approach and the guidance/toolkits that will be published to support the implementation of RCRP are not statutory and do not seek to override legislation, regulations, or statutory guidance that the police or health and social care partners are subject to. Detailed legal guidance is being produced as part of the National Police Chiefs' Council and College of Policing toolkit on the operational considerations of Right Care Right Person
Finance and Resource	**YES**	Implementation of Right Care Right Person may result in the need for additional capacity across the System. Costings and investment requirements will be assessed as part of implementation planning
Risk	**YES**	As risks are identified, these will be registered accordingly. Potential non budgeted capacity and resource risk across the System.

Risk Appetite Statement	
ICB Risk Appetite Statement	• Quality, safety, and outcomes Emerging System themes from the gap, risk and mitigation exercise include a risk of potential impact on patients including risk of harm through potential delay, or omission. Safeguarding risks have likewise been identified.

The risks around *current* practice is under assessment to understand the impact of incorrect service (e.g. Police) response.

- Innovation and transformation

  The collaborative System approach to the implementation of RCRP in Dorset is enabling a consideration and review of current service provision and identify opportunities to develop agreements within and across existing services.
  Timescale conflict risk between Police intended implementation and development of System response, particularly where Memorandum of Understanding (MOU) development is the preferred mitigant to subsequent service gap.

- Reputation

  Failure to implement and comply with the national partnership agreement may result in reputational damage to the ICB and poorer working relationships with system partners.

- Workforce

  Engagement, communication and training plans are being developed and considered through the Task and Finish groups. Opportunities to undertake joint training is being explored to enable greater inter agency understanding of practice and partnership.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	To be completed as part of work to mitigate any identified gaps in current processes
Quality Impact Assessment (QIA)	**NO**	To be completed as part of work to mitigate any identified gaps in current processes

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	Ensuring that individuals in mental health crisis and/or need receive the right level of proportionate and least restrictive response from the right agency will support improved outcomes and reduce to the risk of unintended harm associated with the possible perception of criminality.

Tackling unequal outcomes and access	Ensuring people with mental health needs receive the correct health and/or social care response supports an objective of achieving parity of access with wider physical health services. Right Care Right Person prevents avoidable harm associated with the potential misconception of criminal behaviour where the police are the first responders. Implementation should help support the reduction of people from ethnic minorities in the urgent mental health pathway, who disproportionately experience restrictive interventions and are more likely to access mental health care via the criminal justice system.
Enhancing productivity and value for money	RCRP supports wider system productivity enhancements by releasing policing capacity to respond to core policing emergencies. Potential efficiencies with services reviewed and collaborative agreements developed subsequent to RCRP
Helping the NHS to support broader social and economic development.	RCRP supports broader social development by enabling local police support to be focused on core policing priorities.

System Working	
System Working Opportunities	Joint and cross agency partnerships to be developed as part of implementing new ways of working.

Right Care, Right Person (RCRP) Implementation in Dorset

1. Introduction

1.1 In July 2023, the National Partnership Agreement (NPA): Right Care, Right Person (RCRP) policy paper was published by the Department of Health and Social Care and the Home Office.[1]

1.2 The paper highlighted the need for greater joined up working between police, health and social care partners to ensure the police involvement in a response is proportionate and consistent with their statutory responsibilities.

1.3 This report provides an update on local progress to embed the new policy.

1.4 A multi-agency health and care system collaborative phased implementation approach has been implemented with an agreed plan and approach in place framed around completion of a gap analysis, associated risk and mitigation planning alongside consideration of any additional resource needs.

1.5 While no additional funding has been identified in support of RCRP implementation, an understanding of the estimated costs has been requested by Dept Health and Social Care (DHSC) and this is being collated through the Task and Finish Groups.

2. Report

2.1 Timeframes for RCRP implementation have been influenced by the national College of Policing guidance, with responses to concern for welfare scheduled for commencement from April 2024 locally agreed start point from 15th April 2024.

2.2 System partners has been tasked with completing a gap analysis to inform potential gaps / risks that may emerge as a result of change to current policing practices.

2.3 Key themes arising from the analysis to date include concerns relating to:

- Powers of entry
- Powers of restraint
- Protection powers
- Lack of clear procedures outlining responsibilities
- Fear of additional pressure on already stretched health and care services

2.4 Through the work to date, it has become evident that partners are not fully sighted or understand each other's core statutory responsibilities and/or powers and this

[1] National Partnership Agreement: Right Care, Right Person (RCRP) (2023). https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp.

has provided an opportunity for learning and greater shared understanding of each other's roles.

2.5 To aid and build upon this, the programme steering group has agreed to develop what has been termed as an 'Memorandum of Understanding' that sets out each organisation's responsibilities including any related powers. This document will be collated and presented back to the next programme steering group for agreement and sign off. The aim of this is to inform and support staff across agencies to direct their concerns / request to the correct agency.

2.6 Alongside this Community Action Network have also continued to build up a directory of community-based assets and local voluntary offers that may be avenues of support for situations that in the past may have been passed to the police. To date Community Action Network have advised they have collated the details of 600 local support agencies spread across the county.

2.7 To mitigate any immediate risks / concerns associated with the impeding 'go live' date for concern for welfare, the dedicated task and finish group will be developing a clear escalation protocol that bridges across operational through to tactical and up to strategic leads so as to ensure there is a clear process in place to respond to any emerging issues that may arise. The protocol a will be presented back to the next steering group in March/ early April.

2.8 Dorset police call handlers will be undertaking training in the coming weeks that evolves around an agreed question set to determine the appropriateness of a police response. Dorset Police had also confirmed that close monitoring of calls into the control centre and responses from their call handlers will be in place at the time of implementation. Data will be collected in respect of calls that are deferred so as to inform learning and ongoing dialogue to determine the impact of any other partners, including any need for additional resource/ capacity. Dorset police have also agreed an overarching commitment to adopt a test and learn approach that fosters ongoing dialogue and partnership working that recognises there is a degree of unknown in the context of the potential impact of proposed changes.

2.9 A dedicated multi-agency (including lived experience) communications and engagement task and finish group has also been meeting to develop a communication strategy that sets out the strategic aims of the RCRP programme in a clear and consistent way for all partners. The group are also developing messaging for internal / external audiences. A draft plan has been shared with stakeholders for comments with a view to having it ready to share at the next programme steering group.

2.10 The next phase of the implementation plan is focused on Absent without Leave (AWOL) & walking out of healthcare facilities which is scheduled to be implemented by July 2024. A separate task and finish group has commenced to consider any implications including potential scenarios and associated risks.

3. Conclusion

3.1 The ICB Board is asked to note the progress to date, noting that phase one – concern for welfare is due to go live from the 15 April.

Author's name and title: Nel Brittain, Project Manager

Date: 28/2/24

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	ICB Annual Assessment 2023/24
Responsible Chief Officer	Dean Spencer, Chief Operating Officer
Author	Natalie Violet, Head of Planning and Oversight

Confidentiality	Not confidential
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
ICB SLT	07/02/2024	Contents noted and SLT agreed the Interim Chief Executive and Chair will meet with the Health and Wellbeing Board Chairs to ensure feedback is provided to the region for this years' Annual Assessment.
Chief Operating Officer	07/02/2024	Approved.
Deputy Director of Performance and Planning	06/02/2024	Approved.
Head of Corporate Governance	06/02/2024	Paper shared along with 2022/23 key lines of enquiry.
Head of Strategic Planning and Partnerships	06/02/2024	Paper shared along with 2022/23 key lines of enquiry.

Purpose of the Paper	The purpose of this paper is to outline the key principles of the Annual Assessment, the actions underway to support the 2023/24 exercise, and next steps.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	The Annual Assessment 2023/24 for Integrated Care Boards (ICBs) is a statutory process undertaken by NHS England. The structure of the assessment follows the four purposes of Integrated Care Systems (ICSs) and the system leadership role of ICBs, aligning with eight statutory duties of ICBs.						

	Evidence for the assessment is drawn from ICBs' Annual Reports, with feedback sought from Health and Wellbeing Boards and Integrated Care Partnerships. The timetable for the assessment process is detailed, including key actions and deadlines. Next steps include strengthening Annual Reports and Joint Forward Plans to support the assessment and engaging with Health and Wellbeing Boards to ensure feedback is provided to the region.

Action recommended	The Board of the ICB is recommended to **NOTE** the content of this paper.

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	Under the terms of The Health and Care Act 2022 NHS England is required to undertake an annual assessment of ICBs looking at how well the organisation has performed. The ICB is required to provide assurance and input into this assessment and publish the summary report.
Finance and Resource	**NO**	N/A
Risk	**NO**	N/A

Risk Appetite Statement	
ICB Risk Appetite Statement	Potential reputational risk should the outcome of the ICB Annual Assessment reflect negatively on the organisation.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	N/A
Quality Impact Assessment (QIA)	**NO**	N/A

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	The assessment will consider how successfully each ICB has contributed to each of the four fundamental purposes of ICSs.
Tackling unequal outcomes and access	The assessment will consider how successfully each ICB has contributed to each of the four fundamental purposes of ICSs.

Enhancing productivity and value for money	The assessment will consider how successfully each ICB has contributed to each of the four fundamental purposes of ICSs.
Helping the NHS to support broader social and economic development	The assessment will consider how successfully each ICB has contributed to each of the four fundamental purposes of ICSs.

System Working	
System Working Opportunities	ICBs are required to obtain feedback from key system partners as part of the ICB Annual Assessment evidence.

ICB Annual Assessment 2023/24

1. Introduction

1.1. NHS England has a statutory duty to undertake an Annual Assessment of each Integrated Care Board following the end of each reporting year.

1.2. On 01 February 2024, NHS England South West set out the key principles of the assessment in support of the actions required to support the implementation for the 2023/24 exercise. It was shared ahead of formal guidance being published and is based on the key features expected to be confirmed in the upcoming months.

1.3. The purpose of this paper is to outline these principles, and the next steps.

2. Structure of Assessment

2.1. The 2023/24 assessment will be similar in approach to 2022/23 with the core structure being the four purposes of ICSs alongside the system leadership role of ICBs.

2.2. These headline objectives of ICBs will be mapped to the eight statutory duties of ICBs which are required in legislation to be considered in the assessment and are a subset of the Joint Forward Plan areas.

2.3. The table below sets this mapping out though it is likely there will be overlap in the evidence considered across the different elements of the assessment.

ICS Purposes and ICB Leadership	Related statutory duties required to be reflected in the ICB Annual Assessment
System Leadership	• duty to take appropriate advice. • duty to consult patients and the public about decisions that affect them.
Improving population health and healthcare	• duty to improve the quality of services
Tackling unequal outcomes, access, and experience	• duty to reduce inequality of access and outcome
Enhancing productivity and value for money	• financial duties • duty to facilitate, promote and use research
Helping the NHS to support broader social and economic development	• duty to have regard to the effect of decisions (The “triple aim”) • duty to contribute to wider local strategies.

2.4. As with, 2022/23 the outcome of the exercise is expected to be a narrative assessment without any overarching assessment classification/rating derived.

3. Evidence Sources

3.1. Building on the approach used for 2022/23 NHS England regional teams will use the ICBs Annual Report as the key source of evidence for the 2023/24 assessment.

3.2. By making ICBs aware of this intention at this earlier stage this should facilitate appropriate tailoring of the Annual Reports to the structure of the Annual Assessment.

3.3. It is acknowledged the Annual Report has a wider remit, and the region will ensure ICBs have the opportunity to put forward additional evidence where the information, or the way in which this is presented, might not be relevant for the Annual Report but is appropriate to consider for the Annual Assessment.

3.4. Given the timing requirements of the end of year assessment the Draft Annual Report due for submission on the 24 April 2024 will be used for the assessment. Joint Forward Plans, and the progress made on the preceding year/challenges highlighted, will also be used to inform the Annual Assessment.

3.5. In addition, in line with the approach for 2022/23, feedback will be requested from Health and Wellbeing Boards and Integrated Care Partnerships to inform the assessment and the region will be engaging with them to instigate seeking their input.

3.6. It is important to note, for the 2022/23 Annual Assessment, NHS Dorset were the only South West ICB who did not receive any feedback from Health and Wellbeing Boards despite the request from region.

3.7. Whilst this will be the second Annual Assessment of ICBs the requirements are likely to evolve in the next few years as the new NHS system architecture embeds.

4. Timetable and Approach

4.1. The table below sets out the current headline timings to support the ICB Annual Assessment process for 2023/24. This is based on the latest intel on the requirements of the process and the work up needed to build towards these.

4.2. It is important to note, there is an additional step in the process this year is the year-end discussion with ICBs to inform the assessment. This discussion did form part of the assessment model in some regions for 2022/23 and will be something adopted for all ICBs for 2023/24 (with an indicative date of June 2024 for these) and will be organised to align with/complement the governance arrangements in each region with their ICBs.

Date	Action
January 2024	• NHS England South West to write to ICBs informing of assessment approach and requirements. • NHS England South West to instigate receipt of feedback from Health and Wellbeing Boards (HWBs) and Integrated Care Partnerships (ICPs). • ICB Annual Report and Accounts 2023/24 guidance and templates released.
February 2024	• ICB development of draft 2023/24 Annual Reports. • HWB and ICPs submit feedback to NHS England South West.
March 2024	• ICB development of draft 2023/24 Annual Reports.
April 2024	• ICBs to submit draft 2023/24 Annual Report and additional evidence. • NHS England South West to review draft ICB Annual Report, Joint Forward Plans, and other evidence.
May 2024	• NHS England to inform ICBs of any gaps in assurance/evidence.
June 2024	• ICBs submit final Annual Report 2023/24.

	• Year-end review discussions between NHS England South West and ICBs. • Regional Support Groups to approve each ICB assessment.
July 2024	• NHSE issues 2023/24 Annual Assessment outcome letters to ICBs.

5. Next Steps

5.1. ICBs are asked as part of their draft Annual Report preparations to consider how they might strengthen their reports to also support the ICB Annual Assessment. This is being coordinated through the NHS Dorset Corporate Governance Office and the previous Annual Assessment key lines of enquiry have been shared for reference.

5.2. ICBs are asked to ensure Joint Forward Plans are reviewed and reflect on the aims of previous Joint Forward Plans, during the previous year, to help inform the Annual Assessments. This is being coordinated through the NHS Dorset Strategy and Transformation Team and the previous Annual Assessment key lines of enquiry have been shared for reference.

5.3. Once the formal Annual Assessment of ICBs 2023/24 Guidance is available the region will arrange further briefings.

5.4. In May 2024, the Head of Planning and Oversight will lead the response to NHS England following any identification of gaps in assurance/evidence.

5.5. The Interim Chief Executive and Chair plan to meet with the Health and Wellbeing Board Chairs to ensure feedback is provided to the region for this years' Annual Assessment.

6. Conclusion

6.1. The Board of the ICB is recommended to **NOTE** the content of this paper.

Author's name and title: Natalie Violet, Head of Planning and Oversight

Date: 23 February 2024

NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	7 March 2024
Paper Title	The Dorset Delivery Plan for Recovering Access
Responsible Chief Officer	Kate Calvert, Acting Chief Officer, Commissioning
Author	Alan Young, Senior Primary Care Lead Sarah Boltwood, Primary Care Programme Lead Crystal Dennis, Head of Digital Access to Services at Home Fiona Arnold, Community Pharmacy Clinical Integration Lead Sarah Scally, Senior Primary Care Lead

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Primary Care Commissioning Committee	August 23	Approval of use of funding streams.
Primary Care Commissioning Committee	October 23	Approval of ICB Paper.
ICB Board meeting	November 23	Noting of ICB Paper.

Purpose of the Paper	As requested by NHS England (NHSE), this paper is for noting at a forthcoming ICB Part 1 Board meeting which is held in public. The purpose of the paper is to give a public update regarding the position of NHS Dorset against the Access Recovery guidance published in May 2023.						
	Note:	✓	Discuss:		Recommend:		Approve:	
Summary of Key Issues	The Delivery Plan for Recovering Access was released by NHSE in May 2023. The guidance outlined the national direction for improving access within General Practice, considering a wide range of activity. The key areas for noting are: - A move towards a modern model of General Practice; - Empowering Patients; - Cutting Bureaucracy; - Building capacity; This paper sets out NHS Dorset progress against the key areas utilising the NHSE published checklist. Moving forwards there are a number of challenges set against varying workstreams which are covered in the report. Despite the outlined						

	challenges, NHS Dorset is optimistic about achieving its plans for improving access.
Action recommended	The ICB Board **is recommended to note** the paper in line with the mandated request for a public paper detailing progression against the delivery plan for recovering access.

Governance and Compliance Obligations		
Legal and Regulatory	**NO**	
Finance and Resource	**YES**	This paper outlines funding mechanisms under the Delivery Plan for Recovering Access. This paper refers to the Capacity and Access Payments for Primary Care Networks (PCNs), the funding for Cloud-Based Telephony and the funding towards the transition and transformation fund. NHS Dorset are responsible for commissioning the funding into primary care, although it is the Practice and/or PCN responsibility to utilise the funding to meet the needs of the delivery plan for recovering access. NHS Dorset are facilitating each funding stream and gaining appropriate assurance where appropriate.
Risk	**NO**	

Risk Appetite Statement	
ICB Risk Appetite Statement	The ICB strives to provide high quality services for the population of Dorset and, in commissioning these services, has a low appetite for risks that will have consequential effects upon patient safety, quality of care and/or service or clinical outcomes. The ICB strives for equality of access and outcomes across the Dorset population and therefore has a low appetite for risks that that will result in variation and disparity of health outcomes. The ICB has a significant appetite for transformation, depending upon the nature of the transformation being proposed. For innovation and transformation that has been tested elsewhere and proven to be transferable and will enable the ICB to meet its quality, safety, financial, operational and reputational objectives, the ICB has a significant appetite. The ICB has a high appetite for transformation and innovation that supports quality, safety, and operational effectiveness.

Impact Assessments		
Equality Impact Assessment (EIA)	**NO**	The Delivery Plan for Recovering Access represents guidelines that Practices and PCNs can follow to improve

		access within General Practice. The direction of travel and position of each entity varies greatly within Dorset. The set of guidelines represent a national broad direction, but the specifics and practical operational plans sit within each of the Practices and/or PCNs. Therefore, due to the considerable variation of positions, plans and implementation strategy, the ability to compare like for like is minimal. The ICB is engaging with each Practice and PCN to support bespoke development to access whilst considering their engagement with their integrated neighbourhoods. Considering the wide breadth of the document, equality and impact assessments will sit within individual projects/programmes if appropriate.
Quality Impact Assessment (QIA)	**NO**	The Delivery Plan for Recovering Access represents guidelines that Practices and PCNs can follow to improve access within General Practice. The direction of travel and position of each entity varies greatly within Dorset. Due to the considerable variation of positions, plans and implementation strategy, the ability to compare like for like is minimal. The ICB is engaging with each Practice and PCN to support bespoke development to access whilst considering their engagement with their integrated neighbourhoods and ambitions to meet the aims of the delivery plan. Considering the wide breadth of the document, quality assessments will sit within individual projects/programmes if appropriate.

Fundamental Purposes of Integrated Care Systems	
Improving population health and healthcare	One of the ambitions of the Delivery Plan for Recovering Access is to enable access to the 'right clinician' at the 'right time.' By empowering care navigators, utilising more efficient Cloud-Based Telephony systems, utilising a greater skill mix of clinicians and advocating for increased number of access options the document sets out a guide to better supporting the population of Dorset access General Practice more efficiently, allowing for earlier intervention, whilst also better protecting the time of the GP workforce for the more complex caseloads. Access Improvement Plans were submitted under the umbrella of the Delivery Plan for Recovering Access. Via this submission all PCNs were required to engage with their population to ensure that access developments were aligned to their bespoke population needs. NHS Dorset have arranged for Altogether Better charity to engage with Practices to potentially utilise the funding under the capacity and access improvement payments, considering the aim to support the people in the community that may be isolated.
Tackling unequal outcomes and access	Cloud-Based Telephony funding is creating better equity in access through the Dorset region by supporting those Practices that have not been able to transition their services.

	NHS Dorset is also advocating for the national support offers, and facilitating conversations required for the Support Level framework, to support Practices in working through their current position and ambitions.
Enhancing productivity and value for money	Cloud-Based Telephony systems will enable a smoother access journey for people within Dorset, whilst allowing for better analysis of demand and capacity at Practice and PCN level. The utilisation of digital applications will empower patients and provides the opportunity for enhanced productivity at Practice level.
Helping the NHS to support broader social and economic development	N/A

System Working	
System Working Opportunities	System partners have been engaged throughout the Access Delivery Plan process. The Dorset GP Alliance and the Wessex Local Medical Committees (LMC) have been engaged on various workstreams to consider a holistic and sustainable approach. For example, the transition and transformation funding commissioning approach has been created with consistent feedback from both parties to ensure a fair and equitable approach was taken. System partners are responsible for the delivery of the self-referral pathway improvements recommended under the delivery plan. Engagement with system partners has been essential to work towards the future position. The Access Improvement Plans required each PCN to engage with their local population. Healthwatch were engaged along with Patient Participation Group (PPG) leads to ensure that this process was completed with quality. NHS Dorset have arranged for Altogether Better charity to engage with Practices to potentially utilise the funding under the capacity and access improvement payments, considering the aim to support the people in the community that may be isolated.

The Dorset Delivery Plan for Recovering Access

1. Background

1.1 The Covid-19 pandemic significantly altered the public's ability to access healthcare services throughout the United Kingdom (UK), with access to General Practice significantly impacted. The recovery process, on a national scale, is ongoing. The Delivery Plan for Recovering Access to Primary Care was published in May 2023, more commonly known as the Primary Care Access Recovery Plan (PCARP).

1.2 The Delivery Plan for Recovering Access sets out to reduce the number of people struggling to contact their Practice, and for patients to know, on the day they contact their Practice, how their request will be managed, whilst also addressing the '8am rush'. The aims are set out against the backdrop of the national position, requiring recovery of access levels following the effects of Covid-19.

1.3 NHS England (NHSE) have requested that all ICBs provide a public update detailing their progression against the delivery plan for recovering access.

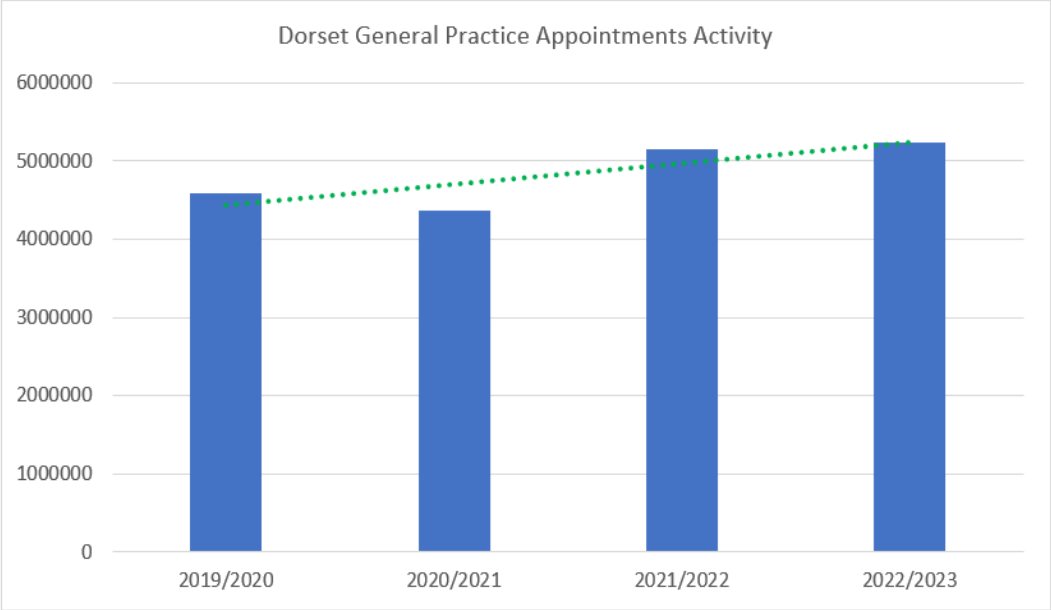


Figure 1. Dorset General Practice Appointment activity 1st April- 31st March from 2019 to 2023

1.4 As seen in Figure 1, prior to the release of the Delivery Plan for Recovering Access in May 2023, Dorset General Practice was already back to pre-pandemic appointment levels.

1.5 Eighty-three percent of all appointments within Dorset were face-to-face in 2019/2020, compared to 80% which were face-to-face in 2022/2023. It is important to add that whilst considering the recovery of appointment activity and the preferred face-to-face modality, face-to-face appointment activity rose by 9% and telephone activity by 37% in this same period. In August 2023, appointment activity within Dorset was 8.8% greater per one thousand population than the national average.

1.6 Considering the appointment activity prior to the release of PCARP, Dorset Practices were well positioned to consider this as opportunity for transformation, rather than requiring a baseline recovery plan.

1.7 The Delivery Plan for Recovering Access set out improvement guidelines for workforce, pharmacy, self-referral, digital, Cloud-Based Telephony (CBT), and communications in line with four main aims:

- Empowering patients;
- Implementing 'Modern General Practice Access;'
- Building capacity;
- Cutting bureaucracy;

1.8 NHSE have provided ICBs with a checklist to support the ongoing implementation of the PCARP (Appendix 1). This paper describes the Dorset position, implementation, and progress of delivering upon the ambitions, whilst considering the wider systems strategic approach to improving access.

2. Empowering Patients

2.1 A primary focus of the Delivery Plan for Recovering access is to transform the digital and technological landscape of General Practice. NHSE are promoting technology to empower General Practice with information to support decision making, making processes more efficient, giving staff more flexibility, and reducing costs. NHS Dorset is committed to support its population with the digital transformation with a robust communication plan. The main three main areas for empowering patients are:

- improving information and NHS App functionality;
- increasing self-directed care where clinically appropriate;
- expanding community pharmacy services.

2.2 The NHSE checklist for Access Recovery advocates for Practices to increase the uptake of the four functions of the NHS App, online messaging, GP records, booking appointments and repeat prescriptions. NHS Dorset have a centralised function for Digital Access to Services at Home (D@SH) as accepted by all health providers.

2.3 To better understand the populations appetite for digital portals, the Dorset Digital Public Engagement Group (DPEG) completed an online population survey which yielded approximately 1200 responses. The results demonstrated that was a requirement for one portal to access six key features:

- book or manage an appointment;
- order a repeat prescription;
- check a test result;
- get access to one's medical record;
- get advice and;
- signposting.

2.4 These are core functions of a Personal Health Record (PHR). The population wanted one approach regardless of if this was primary care, community, mental health, or acute services. There was feedback that the online navigation was so fragmented that it was not fully trusted and so reverting behaviour to telephone and face-to-face. The Dorset system currently has multiple PHRs marketed in different parts of the system of which the NHS App is one. Other Dorset PHRs include patient knows best, myDCR, Airmid app, SystmOne online and other platforms surfacing some functionality including drdoctor for appointment scheduling in University Hospitals Dorset NHS FT (UHD) and Accurx in some PCNs.

2.5 The scope of this work includes the citizen access to medical records and test results from the acutes such as cancer patient-initiated follow-up pathway. There is now a digital front door collaborative group between the digital leads to review the platforms in the system, developments planned particularly with the national digital channels including the NHS App and its limitations with the workflow it supports. This drives agreement to remove divergence where the technology impacts our ability to standardise a pathway and agree what to tolerate, invest in together, eliminate, and migrate away from. The impact of this work might require a migration away from SystmOne online, Airmid and decommissioning of myDCR wrapped around good marketing and comms to the public. Hence the reason to review collectively and support primary care with the adoption of the correct solution.

2.6 To support the empowerment of patient NHS Dorset is advocating for increased access via self-referral pathways over seven clinical areas:

- community musculoskeletal physiotherapy;
- audiology for older people including hearing aid provision;
- weight management;
- community podiatry;
- wheelchair service;
- community equipment services;
- and falls services;

2.7 Across Dorset, there are three established self-referral pathways for Community Musculoskeletal (MSK) physiotherapy services, alongside singular referral pathways for both weight management and community equipment services.

2.8 The significant successes are seen within Community MSK physiotherapy, whereby 37% of all referrals from January to September 2023 were via the self-referral pathway.

2.9 There is a current issue with the MSK reporting of the self-referral data to the Community Services Data Set (CSDS), however that from the September submission this should have been rectified

2.10 In line with the PCARP checklist, the Podiatry self-referral pathway has now been established. This service has been in place since September 2023 and is current receiving referrals. The self-referral pathway for accessing wheelchair services also

went live in September 2023. The new services will support the population of Dorset in achieving its ambition to empower patients.

2.11 The self-referral pathway to Audiology is expected to go live in April 2024 following a planned delay due to the potential impact on existing waiting times and may negatively affect the overall access to the audiology service.

2.12 The falls service self-referral ideation is a complex area due to the significant number of potential avenues of entry. Initial investigative work is underway to review potential processes for future implementation. Increasing the self-referral will put more power into the patients' hands when considering their routes to accessing care, whilst preventing unnecessary delay requiring a referral from a General Practitioner.

2.13 The Pharmacy First Service launches on the 31 January, in Dorset 135 out of 140 contractors have signed up to deliver the service. This service will encompass the current Community Pharmacist Consultation Service (CPCS) with the addition of seven clinical pathways supported by 23 Patient Group Directions (PGD). This will enable more patients to have episodes of care for minor acute illness completed in the community pharmacy setting, thereby extending access, and taking pressure off other providers in the system. The data from the supply against a PGD will be recorded on a central system (EPACT) so that NHS Dorset can monitor the use of antibiotics via this service and ensure it is in line with local Antimicrobial Resistance (AMR) targets. There is a Southwest PCARP Implementation Group in place to support implementation and delivery when the service is live, and NHS Dorset will continue to engage with Community Pharmacy Dorset locally. There has been regional representation on the PGD development groups to ensure that local AMR policies have been considered throughout.

2.14 At present, NHS Dorset continue to meet the expectations of the NHSE checklist with communication support for General Practice related to access and empowering patients. NHS Dorset has a comprehensive communication forward plan to effectively promote key delivery plan and campaign messaging at the local level and to local communities.

2.15 Working closely with the Dorset General Practice Alliance and PCNs, NHS Dorset ensure that GPs and other healthcare professionals have a voice in our messaging to patients. We regularly communicate with other providers as well as primary care organisations to ensure that any communication work is joined up.

2.16 NHS Dorset actively supports primary care in its approach to raise awareness about alternative non-General Practice access routes available to the public. We have been supporting NHSE with guidance on national communications and have been working closely with the regional team on communication to local people and staff about access and the new ways of working in General Practice.

3. Modern model of General Practice

3.1 Under the heading of 'Modern model of General Practice' the Capacity and Access Improvement Payment (CAIP) funding was launched by NHSE in March 2023. The CAIP was divided into three areas: Patient experience of contact, Ease of Access, and Data accuracy.

3.2 PCNs were required to review their patient survey data, their current digital capability, and their engagement with national data sets. One of the key areas of focus of the Dorset approach to access improvement was ensuring the patient voice was heard throughout, with the intention of empowering patients to help inform their own care.

3.3 NHS Dorset provided support to PCNs by extracting all relevant General Practice Patient Survey (GPPS) data for the last 5 years and highlighted where their scorings were below the National average. This encouraged focus around the relevant elements of the patient feedback which would need to be addressed in the plans. NHS Dorset also provided the most up-to-date online appointment data to encourage a similar approach for the planning around 'Ease of Access.'

3.4 There was an expectation that plans should be submitted as a first draft in May 2023 which allowed for discussions between Dorset ICB and PCNs to ensure all relevant information was included and that all plans met the required expectations to the set criteria. A robust panel review process was established to review all draft plans with a view to have 1:1 discussions with all PCNs to complete and consolidate the final plans.

3.5 The review panel included Quality Improvement Leads, IT reps and Primary Care Leads and the review was set out against the following criteria: Planned improvements around uptake and coverage of patient survey (GPPS and FFT) and how they would look to improve results to include the processes to be put in place around the analysis of results, feedback and implementing change. It was expected that PCNs would utilise their Patient Participation Groups as effectively as possible and evidence of this should be shown in the plans where there was not already a robust process in place.

3.6 Plans at Practice level on transitioning to a CBT system where this was not already in place and to include enabling functionality to include call back and call queueing where this would be relevant for that population, stated timeframes on this where applicable. To also include the implementation or ongoing use of any other online consultation/triage models/system or tools that would ease access and what it would be expected to improve. There was also an ask for PCNs to commit to reviewing the NHS App and review the Digital framework (Lot) on release to align with the PCARP.

3.7 Plans on appointment mapping/same day and two-week categories around putting a process in place to monitor this, understand unmapped appointments and improve in this area as well as plans to improve accurate recording of appointments/data and a sign up to access the NHSE General Practice Appointment Dashboard (GPAD) data release to support this.

3.8 On the 31 June 2023 Dorset ICB submitted its completed Capacity and Access Improvement Plan (see Appendix 2).

3.9 The implementation of the CAIP is a PCN responsibility. However, NHS Dorset decided to take a pro-active approach to support Dorset PCNs. In line with the ICBs ambition to cut bureaucracy all support for the implementation for CAIP was considered optional.

3.10 In November 2023, PCNs were invited to attend an optional Mid-Year Check-In with Dorset ICB offering the opportunity to discuss their CAIP progress. The majority of PCNs engaged with this support offer, with many taking the opportunity to discuss the wider impact of CAIP in the context of improving primary care access.

3.11 Data mapping presented as the largest barrier to the majority of PCNs. There are known national data issues that reflect in unmapped appointments. The way in which the GPAD shares the unmapped appointments, does not allow Practices to see which specific appointment is unmapped, therefore the solution is currently not in place for Practices to target errors. Practices are currently required to review all the mapping processes to attempt to rectify the issue, but without a guided approach this has not led to the desired improvements. This has been reported to NHSE and is acknowledged as a national issue.

3.12 All Dorset PCNs have signed a self-certification to commit to accurate recording of appointments in compliance with the GPAD. The self-certification was reflected within every PCN's CAIP.

3.13 NHS Dorset is committed to creating a sustainable General Practice, with a focus upon integrated neighbourhoods which includes accessing support through local partners such as the Dorset LMC and Dorset General Practice Alliance. To support this approach via the ICB CAIP strategy, NHS Dorset set up webinars that were environments for PCNs and local partners to share CAIP experiences, collaborate upon challenges and consider the wider impact of CAIP across Dorset. The final webinar which occurred in February 2024 provided an opportunity for PCNs to discuss their approach to their final presentation for CAIP.

3.14 To enable the implementation of CAIP the PCNs receive monthly funding which amounts to 70% of the overall CAIP funding (as detailed PRN00157-ncdes-v2-capacity-and-access-payment-2023-24-guidance.docx (live.com)). To access the remaining 30% the ICB have requested that all PCNs deliver a presentation to the ICB detailing their progress against the key criteria within the three sections of CAIP. The reviews will be 30 minutes in duration and PCNs are able to choose how best to present, inclusive of data, a PowerPoint presentation, patient stories (etc). It is expected that all PCNs will be able to demonstrate their journey towards modern General Practice access in relation to their initial CAIP submission in June 2023. It will be a requirement to example where they have further empowered patients, have made the necessary changes to their telephony systems to ensure they meet the requirements of an optimal cloud-based system and that they have a better understanding of appointment mapping and have developed a process around

ensuring data accuracy. Each PCN presentation will be reviewed at end of March/early April.

3.15 There will be a formal secondary review session with the General Practice Principal Lead for oversight and assurance. Each PCN presentation will be reviewed at end of March/early April after which time decisions will be made on the allocation of the remaining 30% of PCN DES funding. The awarded funding will be released following the review and prior to the 1 August 2024.

3.16 Throughout 23/24 NHS Dorset has been assured that the PCNs are all working towards meeting the criteria for CAIP, and that risks have been raised, discussed, and mitigated against where possible.

3.17 NHS Dorset is committed to supporting General Practice moving towards a modern model of General Practice. It is appreciated that whilst there is funding to support system and operational change, there must be time and resource allocated to supporting the people who are responsible for working within this new environment.

3.18 NHS Dorset have committed to meeting the requirement of the NHSE PCARP checklist (Appendix 1) to promote the national General Practice Improvement Programme (GPIP) which is designed to support the workforce through significant change.

3.19 The ICB have promoted the engagement of the Care Navigation training via GPIP which is available to every Practice. Through the support of the ICB, there has been significant uptake of the Care Navigation throughout Dorset. There were a small number of Practices that chose not to engage with this training due to their own internal care navigation training and support that they consider to be robust. For those accessing the training, there was a barrier to attendance where spaces were limited on each cohort and therefore many were delayed in their ambition to attend. The anecdotal feedback for the Dorset Practices relays a positive message regarding this training and support on offer for Care navigators via GPIP.

3.20 The role of a Digital and Transformation Lead (DTL), employed at PCN level, is key in the development and implementation of primary care access ambitions. To support the aim of empowering patients and moving towards a model of modern General Practice, the role is designed to consider all access routes, with a particular focus on digital access into primary care. The GPIP offers all PCNs the opportunity to attend national training for their DTL. The majority of PCNs expressed interest in taking up the offer for DTL training via GPIP. However, many PCNs reported that a significant barrier to participation was that the training was only delivered face-to-face in locations outside of the Dorset region.

3.21 To mitigate against any potential for non-participation, NHS Dorset created a Community of Practice for the DTLs across the region, creating an environment which supports sharing of experiences, collaborate upon challenges, and consider the wider transformation across Dorset.

3.22 The Community of Practice has also created an opportunity to consider working at scale for digital transformation moving forwards.

3.23 NHS Dorset is committed to creating a sustainable PCN. With support from the DGPA, NHS Dorset is supporting Practices and PCNs in accessing and utilising the Support Level Framework (SLF). The SLF is a tool that can be completed at PCN or Practice level and requires a facilitated assessment for improvements on six key areas: Supporting Access, Quality and Safety, Leadership and Culture, Stakeholder Engagement, Workforce, and Indicative Data. Practices are required to assess their own current starting position to understand the level of support required for each of the six areas, with a view to prioritising as part of an action plan with expected outcomes. The SLF encourages general practice to reflect honestly to highlight areas that may require improvements.

3.24 The GPIP offers Practices and PCNs access to bespoke "hands-on" support to assist with the implementation of modern General Practice access through universal, intermediate, and intensive offers. The Intermediate offer for Practices is three months of support, and for PCNs a twelve half-day course within a flexible timeframe. The Intensive offer is at Practice level, with six months of support with a designated facilitator. Both the intensive and intermediate courses utilise the SLF to guide Practices through their own transformation and improvement pathways. Also, under the GPIP offer, is the Universal offer provides Practices with a series of webinars and guides around the five core elements of modern General Practice access: telephony, care navigation, demand, and capacity, improving Practice processes, leadership training and GP website creation.

3.25 Our engagement with the GPIP stands at 30% of Dorset Practices having signed up to date, a significant improvement compared to the previous NHSE offer known as the Accelerate programme.

3.26 NHSE have put a significant focus upon moving Practices on to CBT throughout the UK. CBT is an internet protocol technology which is cloud-hosted and integrates with Practice systems. There are numerous benefits of a CBT system which include improving patient experience through automated redirection and routing of calls, reductions in waiting times for patients and supports resilience, demand and capacity and business continuity for Practices. There is a requirement for all Practices to move to a CBT system by 2025.

3.27 Twenty-Two Practices were highlighted within Dorset as having analogue phone systems and therefore qualifying for funding support from NHSE as a priority. This priority group was termed Phase A. NHS Dorset worked very closely with the National Procurement Hub, advocating for the use of the funding and to move Practices to a CBT system on the Better Purchasing Framework (BPF). The BPF was an evolving list of CBT providers that had been centrally assessed by NHSE.

3.28 By the 18 December 2023, all 22 Practices signed a contract to move to a CBT system on the BPF, and thus NHS Dorset met the target set out in the NHSE PCARP checklist (Appendix 1). The opportunity to work at scale was taken by

many PCNs, aligning Practice systems for the betterment of patient equity, reporting and operational processes.

3.29 Phase 2 was introduced in December 2023, which set out the next two priority groups eligible for support;

- **Group A:** Practices who currently have a CBT system with a provider that is not on the current BPF and whereby the functionality is considered 'sub optimal' against the definition set centrally by NHSE. Funding is available for these Practices to exit their current contract and move to a new provider on the BPF with optimal functionality;

- **Group B:** Practices who currently have a CBT system with a provider that is on the current BPF but whereby the functionality is considered 'sub optimal' against the definition set centrally by NHSE. Funding is available for these practices to upgrade their functionality. Some providers are offering these upgrades free of charge.

3.30 At the time of writing this paper, NHS Dorset is supporting Group A as a priority (as guided by NHSE). However, the initial quotes from the Group A Practices are indicating that there will be a cost pressure against the budget set by NHSE. This may result in Group B Practices not receiving funding or receiving only a percentage of the funding required to upgrade.

3.31 NHS Dorset has fed this back to NHSE for a reconsideration of the budget. Locally NHS Dorset may be able to utilise an underspend from Phase A to support, but it is likely that the minor underspend will not support the full aspiration of Phase 2.

3.32 NHS Dorset ICB have strongly recommended that Practices take advantage of funding available to upgrade telephony systems to the latest capabilities and where possible recommend PCNs adopt a long-term strategy that could unify their telephony supplier and alignment of service. By enabling NHS staff access to a telephony system via mobile phones, tablets and desktops, CBT will successfully enhance the ability for primary care to work at scale across multiple locations and deliver a more efficient and accessible service for patients. NHS Dorset ICB will continue to work closely with both Practices and the NHSE National Commercial and Procurement Hub to facilitate and synchronize procurement activities.

3.33 The NHSE checklists advocates for engagement with the Digital Pathways Framework (DPF) which was expected to be released by NHSE prior to the end of the 2023 calendar year but has now been delayed. NHS Dorset remains committed to supporting Practices in accessing the appropriate digital tools and working with the DTLs throughout Dorset to align aspirations and vision at scale.

3.34 The delays in the launch of the Digital Pathways framework and the resulting inability to offer any next steps to Dorset GP Practices have been highlighted at Board level and were, until very recently, to be added to the risk register. The delays have necessitated NHS Dorset to take remedial measures: An extension to the existing contract will be offered to Practices currently under the Digital First,

Online Consultation, Video Consultation (DFOCVC) call-off agreements. This will allow time for appropriate procurement to take place for Online Consultation once the framework is available.

3.35 Publication of the framework and participant suppliers will shape Dorset GP Practice choice via an ICB procurement which will continue to promote a single pan-Dorset platform as the ideal. It is important to remain mindful that some Practices and PCNs have already committed to alternate tools and made significant investments in those systems and that they must be factored into that process.

3.36 Within the Delivery Plan for Recovering Access, the Transition and Transformation funding was announced (as detailed NHS England » Delivery plan for recovering access to primary care). The one-off funding value will be paid to eligible Practices to support their transition to the model of modern General Practice. The NHSE checklist sets out the expectation for the ICB to take responsibility for the commissioning of the transition and transformation funding.

3.37 Preparatory conversations were initially undertaken with the LMC and the DGPA to consider the commissioning approach, whilst Practice appetite had previously been collected via the access improvement submissions. To access this funding, Practices were asked to complete an application process which would outline the planned spend as a way of transitioning to Modern General Practice Access. Practices that were planning to engage with the GPIP or SLF offers would automatically qualify for this funding. Similarly, if a Practice were part of a PCN that had engaged with the Care Navigation and Digital Transformation Lead Additional Roles Reimbursement Scheme (ARRS) role, Practices would automatically receive funding.

3.38 At the time of writing this report, NHS Dorset have commissioned for the release 82% of the current funding, with a remaining 11 Practices to apply. All Practices that have applied for the funding have been accepted thus far, although some were required to provide further information/assurance.

3.39 NHS Dorset expect to have released all of the funding by the end of the financial year, and to have supported all Practices in accessing the transition and transformation funding. NHS Dorset's overall aspiration for this funding was to support all Practices move towards a position of modern General Practice, acknowledging that each Practice is in a different place along their journey.

4. Capacity

4.1 The NHS Long Term Workforce Plan is the main driver for General Practice capacity for the foreseeable future. However, the Delivery Plan for Recovering Access helped to put together some of the main capacity developments that are currently ongoing in General Practice.

4.2 As advocated for in the Delivery for Recovering Access Plan, the ARRS, which went live in 2019, has since developed to include 22 clinical roles. The scheme provides funding for PCNs to employ a clinical skill mix of staff, working towards the modern model of General Practice, advocating for the 'right clinician and the right time.' To-

date, Dorset PCNs have employed 434 additional Whole Time Equivalent (WTE) to their clinical network. However, further growth is expected in line with budget spend by the end of the current financial year;

4.3 Alongside the growth of staff numbers, the Primary Care Training Hub delivery plan is focussing upon four additional areas:

- Intelligence data and insights;
- Engagement and inclusion;
- Levelling up, and;
- Planning for the future.

4.4 The workforce planning needs, and completion of the annual workforce returns have been supported by NHS Dorset Workforce Planning Lead. Information is then fed into the system to the Primary Care Training Hub, estates, and IT colleagues, for planning purposes. Dorset also continues to engage with the GP Retainers' Scheme via the national programme, and other local initiatives such as flexible workforce pools, a coaching and mentoring offer, the flex fellowship scheme, the GP return to work programme and the GP First 5 programme.

4.5 National health and wellbeing offers are regularly disseminated to the workforce via the monthly Primary Care Training Hub update. The offers and links are provided via WellNet, the system wellbeing platform. In addition, there is a local health and wellbeing offer of coaching and support for individuals, and teams, working in PCNs.

4.6 The ICB has set out plans to support and build the General Practice workforce, incorporating the guidance set out by the Delivery Plan for Recovering Access. These plans include the Dorset Integrated Care System People Plan and Primary Care Training Hub Delivery Plan.

4.7 Within the Primary Care Communication plan, NHS Dorset is committed to supporting the public with Dorset understanding the new ways of working addressed within this report.

4.8 NHS Dorset is committed to working across the system to support its population access the right healthcare services at the right time. 111 Direct Access into General Practice is a developing picture within Dorset utilising the Directory of Services.

4.9 The DGPA are in initial discussions with the Dorset 111 service provider to consider the utilisation and provision of the contractually obligated sessions provided within General Practice (1 appointment for every three thousand patients registered). An initial discovery piece considering the number of available appointments, the utilisation, and the appropriateness of referrals from 111 to health care services is due to start in February 2024. The short to mid-term outcome is to achieve a streamlined and efficient access route into the most appropriate healthcare setting.

5. Cutting Bureaucracy

5.1 As seen throughout this paper, the demand upon General Practice continues to rise and is above pre-pandemic levels when considering appointment activity. The Delivery Plan for Recovering Access is a significant piece of work which requires considerable resource at both Practice and PCN level. NHS Dorset is committed to supporting General Practices through the PCARP process whilst maintaining a position of high trust, to ensure that reporting is kept to a minimum. NHS Dorset is supportive of the NHSE intention to cut bureaucracy for General Practice.

5.2 To help support the creation of a high trust environment, the Wessex Local Medical Committee (LMC) and the DGPA have been highlighted as key partners.

5.3 The LMC support the Practices with their sustainability and resilience by providing NHS Dorset with Situational Reports directly from Practices, whilst also supporting the General Practice Assurance Group chaired by NHS Dorset.

5.4 The DGPA have created a General Practice sustainability report which has highlighted a number of key areas upon which they will support. One of the key areas the DGPA are taking the lead on is the primary and secondary care interface issues and challenges. An initial MoU has been put in place to ensure that all the appropriate parties are engaged, and meetings are now ongoing. The interface project has been merged into a larger sustainability piece being termed 'working smarter' which is considering system efficiencies.

6. Opportunities and Risks

6.1 Opportunities

6.1.1. Upon the release of the Delivery Plan for Recovering access, NHS Dorset considered itself to have 'recovered' in many areas compared to the pre-pandemic state. Therefore, PCARP presented the opportunity to consider transformation rather than recovery itself.

6.1.2. The opportunity to work at scale in several workstreams was considered. Cloud based telephony represented the greatest opportunity to work at scale, with many practices opting to align their digital vision across their PCN. Consideration for working at scale enabled NHS Dorset to promote more efficient use of public funding, whilst offering equity of access across Dorset. This has established a new cultural and behavioural base of which can be built upon for future transformation endeavours. PCARP has identified digital platforms and tools to be one of the greatest opportunities to work at scale, and therefore one of the greatest opportunities to implement place based and neighbourhood working.

6.1.3. PCARP has advocated for many new ways of working. NHS Dorset considered PCARP to be a transformation opportunity therefore, the sustainability of change was considered throughout. The Dorset General Practice Alliance (DGPA) have taken a lead on supporting general practice sustainability. When appropriate, the ambitions, plans and implementation of

PCARP were shared and discussed with the DGPA. The transition and transformation fund, alongside the support given by the Wessex Local Medical Council, was a great example of aligning NHS Dorset's vision with system partners. PCARP has highlighted the importance of a continued relationship with the DGPA and the opportunity for future alignment of portfolio ambitions to best support the delivery of services for the population of Dorset.

6.2. Risks

6.2.1. Despite the significant funding that was associated with the areas of work that are caught under the umbrella of PCARP, Cloud Based Telephony presented the only financial risk to what is being considered 'new funding'.

6.2.2. The funding envelope for Phase 2 may not meet the inflated exit costs by providers that are not currently on the Better Purchasing Framework. NHS Dorset continue to work with the national procurement hub to find a solution, whilst also having requested further funding for Practices that may require upgrades to their existing providers. NHS Dorset is not able to overspend on the Cloud Based Telephony funding, and therefore must act within the funding envelope centrally provided.

6.2.3. PCARP identified a risk within the data accuracy of NHS Digital Data which is released publicly via the General Practice Appointment Dashboard (GPAD). Via the CAIP, there are significant concerns that appointments are not accurately 'mapped' across from SystemOne to GPAD. This creates two significant risks;

- Inaccuracy of appointment activity that drives Investment and Impact Funding (IIF) may result in practices not receiving appropriate renumeration for completed activity. The main risk identified by practices is the IIF indicator ACC-08 referencing the 2-week wait target.

- Inaccuracy of data that is publicly available can create inaccurate perceptions of 'demand'.

6.2.4. Concerns have been raised to NHSE regional teams and NHS Digital Teams. Both risks have been acknowledged and are representative of feedback via other ICBs across the UK. NHSE are considering how to best support the practices and PCNs with the data accuracy issue.

6.2.5. As referenced in section 3, the delays in the launch of the Digital Pathways framework were, until very recently, to be added to the risk register. The delays have necessitated NHS Dorset to take remedial measures: An extension to the existing contract will be offered to Practices currently under the Digital First, Online Consultation, Video Consultation (DFOCVC) call-off agreements. This will allow time for appropriate procurement to take place for Online Consultation once the framework is available.

7. Dorset Strategic approach to Improving Access

7.1 As demonstrated throughout this paper, the Delivery Plan for Recovering Access has a wide and overarching presence through General Practice. Therefore, it has been important that the wider strategic Dorset vision has been considered upon both planning and implementation.

7.2. The voice of the Dorset population has been listened to throughout the various access improvement and recovery actions, gaining a better understanding of the needs and wants of the population. The emphasis upon population need will continue to be a central component to access transformation plans moving forwards.

7.3. In the planning phase for Access Improvement, ICBs were asked to reflect upon five patient survey questions targeting access. As seen in Figure 2, Dorset ICB scored above the national average for each question.

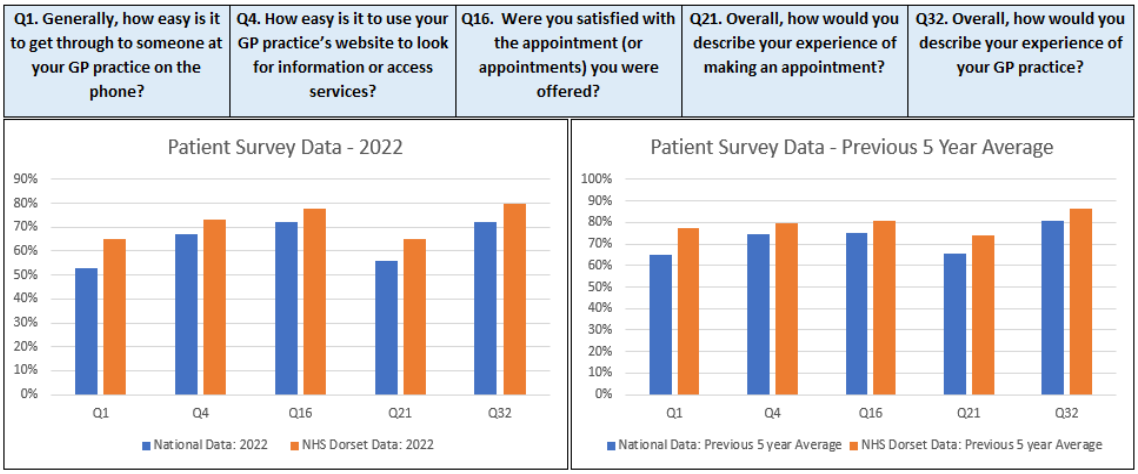


Figure 2. Patient Survey Data for NHS Dorset and Nationally

7.4. It is acknowledged that whilst digital access is at the core of many transformation projects, that traditional access routes are maintained and supported. Feedback at Practice and PCN level via AIPs in the majority stated that traditional face-to-face appointments continue to be the appointment preference (Figure 3).

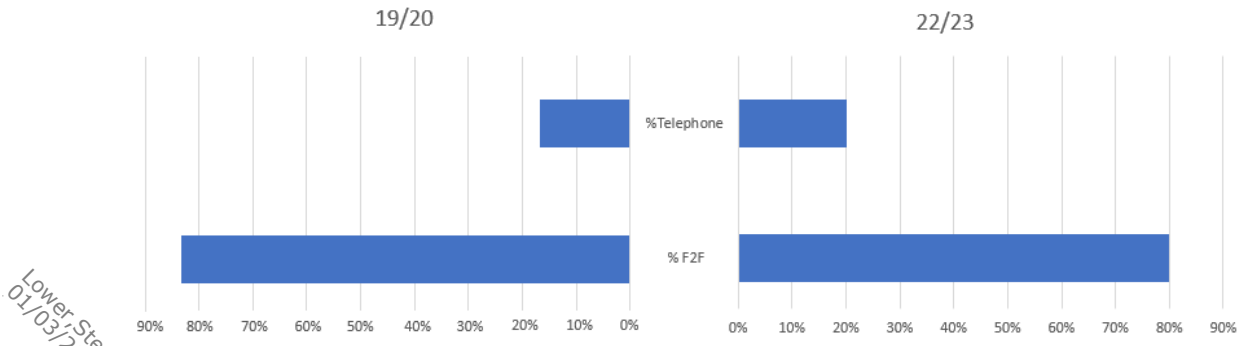


Figure 3. Dorset face-to-face appointment percentage 2019/2020 & 2022/2023

7.5. The most recent data released in November 2023 shows that Dorset face-to-face activity is 8% greater than the national average. However, as seen in Figure 4 the significant uptake of online consultations compared to pre-pandemic across Dorset demonstrate that there is a significant demand for digital access to General Practice.

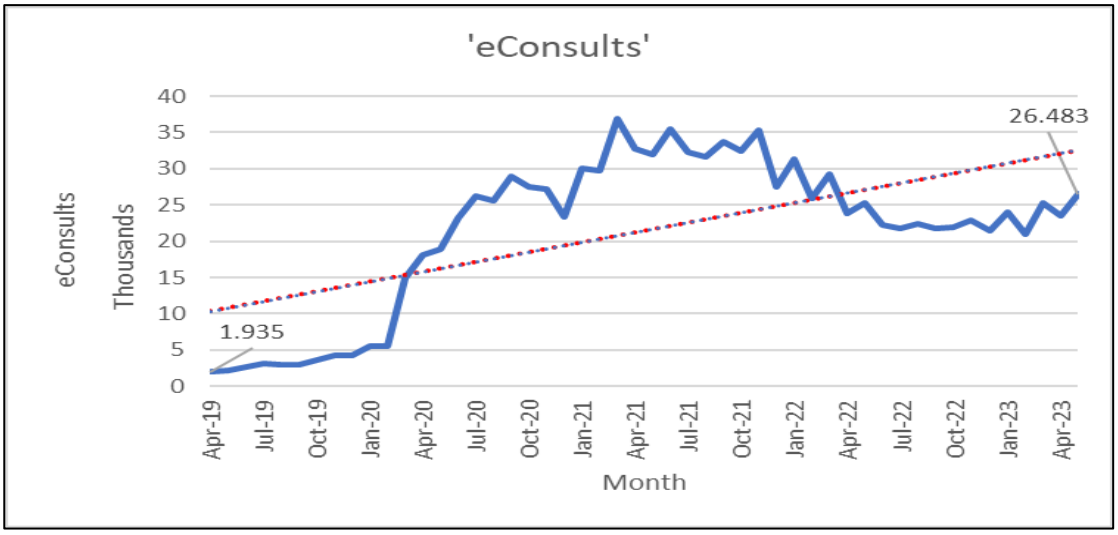


Figure 4. Dorset eConsult data from April 2019 to April 2023. Note: data demonstrates eConsult consultations only, other platforms are utilised through Dorset, although eConsult is the largest provider.

7.6. NHS Dorset continue to invest in the Dorset Intelligence & Insight Service (DiiS) which is positioned to inform Practices and PCNs with up-to-date data and insights for both (but not limited to) population health and General Practice access data. In summary, NHS Dorset is committed to supporting Digital Access Improvements in line with the national direction whilst continually advocating for developments to be aligned to population need and the wider NHS Dorset aims.

7.7. As seen in Figure 5 appointment activity has continually risen over recent years, whilst also evolving in its delivery (Figure 4). The Delivery Plan for Recovering Access aims to make it easier for patients to access care and improving the user's experience. It is likely that improved access routes will further increase the demand for General Practice services. Therefore, NHS Dorset alongside the LMC and the DGPA have been strong advocators for safe working practices for the Dorset clinicians.

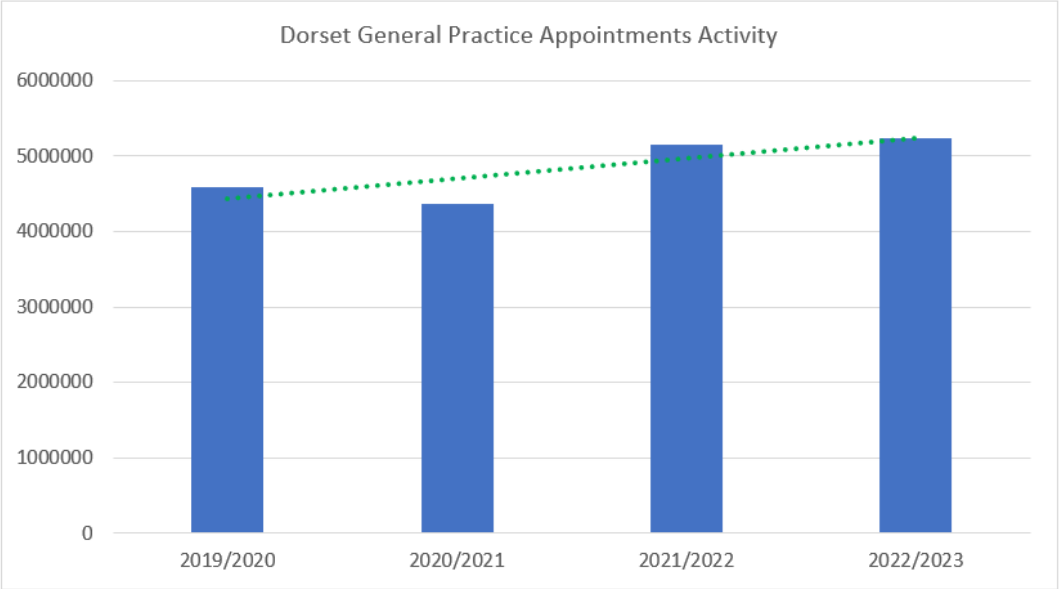


Figure 5. NHS Dorset Appointment Activity April 2019 – June 2023

7.8. NHS Dorset is committed to making access to General Practice across the region equitable, and that those who may struggle to access care currently are advocated for and supported to do so. NHS Dorset provide in-depth population health management data to Practices and PCNs via the DiiS that informs Practices of their population demographics. Alongside this, NHS Dorset ensured that only PCN CAIPs that had engaged with their local population to understand need, would have their plans supported. To ensure that this is continued throughout the delivery of the AIPs, addressing health inequalities will be a key component of the CAIP additional payment at the end of the financial year 23/24. To further support the aim of decreasing health inequalities, the DTL community of Practice, facilitated by NHS Dorset, will ensure that a wider strategic view for transformation is considered. This will also represent an opportunity to consider a scaling approach to CBT and other digital tools across Dorset.

8. Summary

8.1 NHS Dorset are committed to meeting the ambitions of the Delivery Plan for Recovering Access by empowering patients, moving towards a model of modern general practice whilst cutting bureaucracy. NHS Dorset are confident that whilst there are challenges, the journey towards the set aspirations is on track.

8.2. Whilst NHS Dorset are committed to meeting central NHS aspirations and have taken into consideration the wider NHS Impact approach to improvements in England, a significant importance has been placed on the actual need of the population of Dorset throughout the implementation of PCARP. The opportunity to work at scale in a number of workstreams has enabled NHS Dorset to best utilise public funding, whilst offering equity of access across Dorset.

8.3. Working with system partners such as the DGPA and Wessex LMC has enabled NHS Dorset to consider the needs of General Practice in relation to PCARP guidance. This approach is supporting NHS England aspirations whilst ensuring that the population of Dorset voice is heard to inform transformation.

8.4. The Delivery Plan for Recovering Access paper includes pre-existing workstreams such as the ARRS which has significant associated funding. The paper focusses upon the new funding mechanisms that were introduced, and the assurances put in place against each;

- Capacity and Access Improvement Payment;
- Cloud Based Telephony Funding;
- Transition and Transformation Funding.

8.5. NHS Dorset has committed to remaining within budget for each of the new named funding streams above, whilst working towards getting the best outcome for the population of Dorset within the parameters of the guidance. Phase 2 Cloud Based Telephony presents the only financial risk. NHS Dorset is not able to overspend on the Cloud Based Telephony funding, and therefore must act within the funding envelope centrally provided.

8.6. NHS Dorset is currently meeting the expectations of the NHSE checklist (Appendix 1), whilst continuing to consider the wider Dorset and NHS Vision.

8.7. With changes to the National PCN DES contract expected in the preparation for the new financial year 24/25, NHS Dorset is well positioned to be agile in this space. Advancements, additions, and evolutions of the Delivery Plan for Recovering Access via NHSE will be monitored by the NHS Dorset Access Recovery stakeholder team and lead by the Senior Responsible Officer for Access.

8.8. The Delivery Plan for Recovering Access reflects NHS Dorset's short to medium term plan for advancing access throughout Dorset. Long-term aims will be aligning General Practice improvements to population outcomes. The evolution of integrated neighbourhood teams and place-based working represents an opportunity to consider access in a new light.

9. Recommendation

9.1 The Board is asked to **note** the Dorset Delivery Plan for Recovering Access paper which provides an overview of the progression and ambitions against the Delivery Plan for Recovering Access.

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Sarah Boltwood, Primary Care Programme Lead
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Fiona Arnold, Community Pharmacy Clinical Integration Lead
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13.

APPENDICES	
Appendix 1	**NHS Checklist for Recovering Access to Primary Care**
Appendix 2	**NHS Dorset ICB Access Recovery Plan**

Appendix 1

NHSE Delivery Plan for Recovering Access to Primary Care

Most up to date summary of support offers for practices and PCNs and checklist of actions

Modern General Practice Access

	Detail	Date
1	**Cloud-based Telephony** Financial and procurement support to any Practice requiring transition from an analogue system through the Better Purchasing Framework.	1 July 2023 onwards
2	**Digital Pathway Framework** Funding of high-quality tools for online consultation, messaging, self-monitoring and appointment booking.	Framework fully launched by December 2023
3	**National General Practice Improvement Programme** Nationally funded tailored support for Practices and PCNs: • Universal support; • Intermediate Support; • Intensive support for Practices; • Capacity Building.	Ongoing over 2023/2024 and 2024/25
4	**Transition and Transformation Support Funding** An average of £13,500 per practice for funding for Practices to transition and who require additional support.	Ongoing through 2023/2024 and 2024/2025
5	**Care Navigation Training** Each Practice can nominate one individual to undertake training. **Digital and Transformation Lead Training (ARRS)** All PCNs can nominate one lead to undertake training.	From July onwards throughout 2023/2024 and 2024/2025

Modern General Practice Access

	Detail	Date
6	**Repurposed Impact and Investment Funding** • Reduce indicators from 36 to 5; • 70% of Capacity and Access Improvement Funding paid monthly to PCNs unconditionally; • 30% of Capacity and Access Improvement Funding awarded post commissioner assessment of improvement in access performance to be paid no later than August 24.	Ongoing in 2023/2024
7	**Increase in ARRS flexibility and ARRs numbers** • Increase in ARRS funding; • Inclusion of apprentice physician associates and advanced clinical practitioner nurse.	Ongoing in 2023/2024
8	**Communication materials** Available for Practices to support patients to understand around digital access to practices, NHS APP for repeat prescriptions, MDT and Pharmacy/111.	Ongoing in 2023/2024

Checklist of Key Practice and PCN actions

Empowering Patients

	Action for practices/PCNs	Measure for ICB assurance	Time frame	
	NHS APP and enabling 4 functions			**UPDATED POSITION**
1	Settings to be updated to provide patients access to their records	POMI (Patient Online Management Information) to see % of Practices that have enabled all four functions	By 31 October 2023	NHS Dorset Digital Team are taking a wider view of NHS App activity, and the 4 functions are being included within this wider plan.
2	Ensure directly bookable appointments are available online		By 31 October 2023	
3	Offer secure NHSApp messaging where practices have the technical ability to do so		Ongoing	
4	Encourage patients to order repeat medications via NHSApp		Ongoing	
	Practices enable self-directed care			
5	Use messaging software to support patients to communicate with practice including for self-monitoring	ICB assessment	Ongoing	

Checklist of Key Practice and PCN actions

Modern General Practice Access

	Action for practices/PCNs	Measure for ICB assurance	Time due
	Complete IIF CAIP baseline and recovery plan		
1	PCNs to complete Annex B as per Capacity and Access Improvement Plan.	Agreed and submitted by 30 June 2023	COMPLETED
2	Confirm to CBT requests to move from analogue to Cloud-Based Telephony.	By 1 July 2023	COMPLETED
3	Confirm requested support offers to ICB (inc. care navigator/digital and transformation lead training, GPIP, capacity and back fill).	By 15 July 2023	COMPLETED
4	Complete PCN/Practice access improvement plan.	By 31 July 2023	COMPLETED
5	Sign self-certification of accurate recording of all appointments and compliance with GPAD guidance.	Sign self cert and be assessed by 31 March 2024	COMPLETED
6	Implement access improvement plans.	By 31 March 2024	ONGOING - COMPLETED TO DATE

Checklist of Key Practice and PCN actions

Modern General Practice Access

	Action for practices/PCNs	Measure for ICB assurance	Time due
	Digital tools and implantation (including telephony, online consultation and messaging tools)		
1	If already on Cloud- based telephony, ensure call-back functionality and queuing is enabled (if in current contract costs).	From July 2023 and assessment by April 2024	ONGOING – working with the commissioning procurement hub and Practices. COMPLETED TO DATE
2	Identify digital tools to procure in preparation for framework launch.	Identify tools by November 2023	Digital Team are considering procurement process of tools that will populate the framework upon release
3	Use website guidance to update and ensure improved user experience with online tools displayed and that they are available to the Practice/PCN.	Ongoing 2023/24 and 2024/25	Ongoing - COMPLETED TO DATE
	Care Navigation		
4	Training all Practices in the PCN to understand and use local DoS (Directory of Services) including self-referral, community pharmacy and other services.	By 31 March 2024	Comprehensive promotion and sign up for Care Navigation offer

Checklist of Key Practice and PCN actions

Capacity

	Action for practices/PCNs	Measure for ICB assurance	Time due	
	ARRS planned recruitment			
1	Submit ARRS and workforce plan to ICB.	Data automatically collected via NWRS	By 31 August 2023	ONGOING – COMPLETED TO DATE
	Recruitment and retention offer			
2	Review and take up local offers for retention (SDF -System Development Funding)	Money/offers awarded to Practices/PCNs	Ongoing	ONGOING - COMPLETED TO DATE

Reducing Bureaucracy

	Action for practices/PCNs	Measure for ICB assurance	Time due
1	Opportunity to feedback to ICB on progress against primary and secondary care interface issues and challenges, ensuring a system wide approach.	ICB public board report	Ongoing

Checklist of ICB actions

Empowering Patients

	Action for ICBs	Time due	UPDATED POSITION
1	Expand self-referral routes as set out in 23 24 Operational Planning guidance.	By 30 September 2023	Ongoing – Audiology delayed
2	Support the expansion of community pharmacy services and co-ordinate local communications.	Ongoing	Ongoing – completed to date

Checklist for ICBs

Modern General Practice Access

	Action for ICBs	Time due	Position
1	Sign up Practices ready to move from analogue to Cloud-based telephony and co-ordinate access to specialist procurement support through commercial hub.	By 1 July 2023 for sign up Ongoing for co-ordination	Completed
2	Select digital tools from the digital pathway framework lot and determine at what scale the procurement approach would align with local need.	Framework due to be available by December 23	Delayed due to NHSE delayed release – are prepared.
3	Nominate practices and PCNs for national intensive and intermediate support and encourage uptake.	By December 2023 for first tranche	Completed
5	Agree and distribute transition and transformation funding to Practices.	Throughout 2023/2024 and 2024/2025	Ongoing – Complete to date
6	Encourage uptake of nominations for care navigator training, digital transformation lead training etc.	Through 2023/2024 and 2024/2025	Completed
7	Sign off CAIPs.	By 31 July 2023	Completed
8	Access Improvement and pay 30% CAIP funding.	Instruct PCSE by 6 August 2024 To be paid by 31 August 2024	Ongoing – All PCNs have a presentation booked for March 2024
9	Set up processes for Practices to inform of diversion to 111 and monitor exceptional use when over capacity.	Ongoing 2023/2024	PCN and 111 continue to work together to address demand and capacity
10	Develop system level access improvement plans, challenges, wider support needs and barriers and ICB actions.	By Oct/Nov board 2023	Completed

Checklist for ICBs

Capacity

	Action for ICBs	Reporting	Updated Position
1	Support PCNs to use their full ARRs budget and report accurate complement of staff using NWRS portal.	Report progress in October/November 2023 board and April/May 2024 public board	Ongoing

Reducing Bureaucracy

	Action for ICBs	Reporting	Time due
1	ICB Chief Medical Officer to establish the local mechanism which will allow both General Practice and consultant led teams to: • Raise local issues to improve the primary-secondary care interface; • Jointly prioritise working with LMCs; • Tackle the high priority issues including those in the AoMRC report; • Address the 4 priorities in the Recovery Plan.	Report progress in October/November 2023 board and April/May 2024 public board	Ongoing
2	Report in public board updates and plans for improving the primary-secondary care interface ensuring a system wide approach to actions.		Ongoing
3	Support Practices to sign up to “Register with a GP surgery service” and track data.		Ongoing

Checklist for ICBs

Enablers

	Action for ICBs	Reporting	Updated Position
1	Co-ordinate system comms to support the new ways of working in General Practice including digital access, MDTs and wider care available. Messaging should include system specific services and Directory of Local Services.	Report progress in October/November 2023 board and April/May 2024 public board	Ongoing - Complete to date
2	Maintain an up-to-date DoS and deliver training to all practices and PCNs on DoS.		Ongoing – complete to date

APPENDIX 2

Primary Care Access Recovery Plan PCN and Practice Checklist
NHS Dorset

The ambition of NHS Dorset's Access Improvement and Recovery plans are to help support Practices along their journey towards a model of modern General Practice. NHS Dorset are acknowledging the importance of understanding and creating a stable foundation of which we can build upon. The Access Improvement plans, although at Primary Care Network (PCN) level were completed across the board with Practice level data. This has created a very solid baseline of patient surveys, friends and family tests, accuracy of coding, position of cloud-based telephony and the use of online consultations. Utilising the NHS digital tools, the ICB has also created a baseline position against the NHS app. NHS Dorset have created an internal stakeholder team comprised of leads of digital, pharmacy, self-referrals, transformation, contracting, workforce and patient engagement (quality).

The second ambition of access improvement and access recovery was to embed sustainable Practices across Dorset. This document represents the support and training offers that PCNs are planning on engaging with. The ICB is assured that Practices and PCNs are aware of support offers, and we are committed to supporting the ongoing access to each.

Throughout the access improvement and access recovery planning processes, NHS Dorset consistently advocated for PCN and Practice engagement with their population to ensure that patients voices were heard. The ICB have also engaged our Patient Population Group reps, who supported with the review of all 18 PCN plans. Feedback from the reps was shared with the PCNs to inform changes following their first drafts in May 2023. NHS Dorset promoted the use of the DiiS tool (Dorset Intelligence and Insight Service) to consider the health and inequalities and demographic data to help inform their plans. Considerations for safe working environments for their own workforce was also advocated for. NHS Dorset have work closely with the LMC and GP Alliance to continue to advocate for sustainable working patterns.

Through the Access plans a workforce gap has been highlighted at PCN level, recognising that only four of the 18 PCNs currently have a digital and transformational lead (ARRS). To mitigate against this risk the ICBN is creating a Community of Practice for this group of individuals to create a supportive network. This will also help Dorset potentially align its digital journey. The NHS Dorset workforce planning lead and the training hub are re-engaging to support PCNs in the potential recruitment of this role. Considering that 80% of PCNs have highlighted an interest in the digital and transformational lead training, we are assured that most are interested in this role in the long term. Our workforce planning lead is also engaging with the ARRS portal and working against the budget to ensure that across Dorset growth is realised, whilst gaining assurance that the funding is being spent appropriately.

Risks:

NHS Dorset have recently received a number of requests for PCN membership changes. This is a risk that is being considered for the implementation of the Access Improvement Plan (AIP). Following any PCN membership changes, NHS Dorset will ensure that AIP plans are revised to ensure that expectations and ambitions are reflective of any change.

APPENDIX 2

The current access to some of the training/support offers are oversubscribed, and this may lead to a delay in Dorset Practices accessing the support. Support from NHS England (NHSE) on this will be appreciated to ensure that all who request support can access.

NHS Dorset have been allocated £486k to support the transition of any Practices with an analogue telephone system to a Cloud Based Telephony (CBT) system via the NHS Better Purchasing Framework. This was calculated based on the need of 18 Practices. However, Dorset have presented an updated critical list (prior to funding allocation) which reflected 23 Practices in need of critical support. There is a risk that if the funding envelope is not revised, that some Practices in Dorset may not be supported financially to transition to CBT.

NHS Dorset have been allocated £596k as part of the capacity back fill funding available. This funding is to support all Practices with a one-off payment to support transition to a model of modern General Practice. It is likely that most will use this funding to support with additional locum support for capacity backfill or to engage with the Support Level Framework. In the Delivery Plan for Recovering Access to primary care this fund was said to be an average of £13,500 per Practice. The funding allocated in Dorset equates to £8,164 per Practice due to patient population calculations. NHS Dorset have requested clarification over this, as there is a risk that this will be negatively perceived at Practice level. If a mistake has been made, then this should be rectified to avoid any risk of under funding for Dorset Practices.

Support and Training:

The following is an overview of the main support/training offers that Practices/PCNs within Dorset will be engaging with over the following year. This is accompanied by ICB commitments to support our Practices and PCNs accessing each offer.

Training and Support
Care Navigator Training 80% of the PCNs are expecting to utilise this training pathway. Many have already engaged and are either booked on the upcoming course or are on the waiting list. For those who have opted out of this support, this is because their care navigation teams are already embedded into their systems and that they compete their own internal care navigation training.
The ICB is committed to supporting the PCNs access the Care Navigator training.
Digital and Transformation Lead Training 80% of the PCNs are expecting to utilise this training pathway. Many have already engaged and are either booked on the upcoming course or are on the waiting list. For those who have opted out of this support, this is either because they have struggled to recruit in to this role and therefore could not commit to engaging without a person in the role. Or alternatively that the digital and transformational lead role is already embedded in strategic operations and has a wealth of experience regarding transformation in healthcare.
The ICB is committed to supporting the PCNs access the Digital and Transformation Lead training.

APPENDIX 2

Capacity and Backfill funding

100% of our PCNs have indicated that they will engage with accessing this support. We suspect that this will be incredibly popular, and that it will be a challenge to stage the commissioning of this funding over a two-year period. However, we will work with Practices to understand their current position, need and potential use to ensure ourselves that the money goes to the Practices in most need first.
The ICB has a number of questions regarding the funding that have been raised to NHSE for feedback.

The ICB is committed to supporting the PCNs and Practices access Capacity and backfill funding.

Support Level Framework (SLF)

70% of PCNs have signalled that they will likely engage with the SLF through the coming year. This will be at Practice level.
At present two Practices are signed up to the intensive offer via the General Practice Improvement Programme, and a further three Practices are engaged with the intermediate offer.
We took the approach to the SLF for the remaining Practices to our Primary Care Operational Group. With the support of the LMC it was decided that we would have an 'opt in' process for the use of the SLF and for the ICB to act as facilitators.
We are also considering working in conjunction with the GP Alliance to help embed sustainable Practices.

The ICB is committed to supporting the PCNs and Practices access and engage with the Support Level Framework.

Universal offer

80% of PCNs have signalled that they will be utilising the universal offers of support from NHSE. PCNs reported that practices within their PCN are unlikely to take this offer up are either because they are already on the intensive/intermediate offer, or that the Practice is comfortable with their strategy for implementation.
The ICB is committed to supporting all Practices access the Universal Offer, and will continue to signpost to it regardless of the initial intention. Many Practices throughout Dorset are already engaged with this offer.
The ICB is currently utilising the universal offer, alongside the intensive/intermediate offer and the SLF as a way to support Practices or PCNs who are experiencing acute resilience issues.

The ICB is committed to supporting the PCNs and Practices access this support.