

Agenda Item:

13

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	30 May 2013
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Quality Accounts - Submitted Commentaries 2012/13</b>
Executive Summary	<p>Members will recall that the Committee is invited on a voluntary basis to comment on the Quality Accounts prepared by NHS Trusts on an annual basis. A task and finish group has worked throughout the year with Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust to formulate the Committee's commentary for the 2012/13 Quality Accounts.</p> <p>Membership of the task and finish group has included the Chairman, Vice-Chairman, the appropriate Liaison member for the relevant Trust and for some of the meetings representative(s) of the Dorset Local Involvement Network (LINK).</p> <p>The Trusts were required to submit their Quality Accounts to Monitor in May. The task and finish group formulated and submitted the respective commentaries, on behalf of the Committee, to both of the NHS Trusts concerned. These are incorporated within the notes of the most recent meetings held with the Trusts and are appended (Appendix 1 and 2).</p> <p>For the coming year it is suggested that the current task and finish group approach to working with the relevant Trusts is continued. Some consideration will be required as to how the task and finish group will want to work with Healthwatch Dorset on these groupings.</p>

Impact Assessment:	<p><u>Equalities Impact Assessment</u> None.</p>
	<p><u>Use of Evidence</u> Information and evidence presented by the NHS Trust and considered by the task and finish group of the Dorset Health Scrutiny Committee have been used as the basis on which commentaries were drafted.</p>
	<p><u>Budget/ Risk Assessment</u> None.</p>
Recommendation	<p>That the Committee:</p> <ul style="list-style-type: none"> <li>I) notes the commentaries that have been submitted on its behalf;</li> <li>II) agrees that the task and finish group approach to working with the relevant NHS Trusts continues in 2013/14; and</li> <li>III) appoints members to the task and finish group.</li> </ul>
Reason for Recommendation	<p>This report contributes to the County Council's corporate aims relating to the protection and enrichment of the health and well-being of both children and adults.</p>
Appendices	<ol style="list-style-type: none"> <li>1. Notes of the task and finish group for the Quality Account for Dorset Healthcare University NHS Foundation including the submitted commentary to the Trust 18 April 2013.</li> <li>2. Notes of the task and finish group for the Quality Account for Dorset County Hospital NHS Foundation including the submitted commentary to the Trust.</li> </ol>
Background Papers	<ol style="list-style-type: none"> <li>1. Report of the Director for Adult and Community Services to Dorset Health Scrutiny Committee, 11 March 2013 – Quality Accounts – Arrangement for Commentaries 2012/13.</li> </ol>
Report Originator and Contact	<p>Name: Lucy Johns, Health Partnerships Officer Tel: 01305 224388 Email: <a href="mailto:lucy.johns@dorsetcc.gov.uk">lucy.johns@dorsetcc.gov.uk</a></p>

## Appendix 1

# Task and Finish Group on Quality Accounts – Dorset HealthCare University NHS Foundation Trust

Notes of a meeting held at County Hall,  
Colliton Park, Dorchester on 18 April 2013.

### Present:

#### Dorset Health Scrutiny Committee

Bill Batty-Smith and Ronald Coatsworth (Chairman)

#### Officers:

Lucy Johns (Health Partnerships Officer) and Paul Goodchild (Senior Democratic Services Officer)

#### Dorset Healthcare University NHS Foundation Trust

Jane Elson (Director of Quality) and Hazel McAtackney (Head of Clinical Effectiveness and Audit)

### Apology for Absence

31. An apology for absence was received from Sally Elliot.

### Notes

32.1 The notes of the meeting held on 8 February 2013 were confirmed.

32.2 With reference to minute 29, it was confirmed that the letter from the Department of Health regarding the reporting of Quality Accounts had only listed changes which had been made to these regulations. Therefore the need would remain for local authority overview and scrutiny committees to consider Quality Accounts and formulate a response.

### Quality Account 2012/13

33.1 The Group considered Dorset HealthCare University NHS Foundation Trust's final draft Quality Account for 2012-13.

33.2 Representatives of the Trust presented the Quality Account and explained that whilst the document was almost complete, some figures and aesthetic elements would be updated before the final version was submitted. Members suggested a number of their own aesthetic and grammatical changes throughout consideration of the Quality Account which would be taken forward before final submission.

33.3 One member asked how effective the Early Warning Trigger Tool had been since implementation. It was explained that this had been very effective in identifying trigger factors and allowing actions to be taken to prevent further deterioration in systems which could impact on patient care. It was noted that the trigger factors which were monitored were not the same as the essential standards which were examined by the Care Quality Commission (CQC).

33.4 Regarding the CQC's investigation into the failings regarding quality of services provided at Minterne Ward, Forston Clinic, it was noted that a full investigation had been carried out and the results would be reported to the next meeting of the Dorset Health Scrutiny Committee on 30 May 2013. Despite changes in clinical and leadership arrangements, changes had not been made quickly enough and a decision had been taken to close the ward to make extensive environmental changes and for staff to undertake a comprehensive training programme. The Director of Quality explained that she would be visiting the ward following the meeting and it was hoped that it would reopen as soon as possible.

33.5 One member asked if a thorough examination of Forston Clinic had been undertaken when the Trust had taken over responsibility for the Clinic. It was explained that an independent review of the Clinic had been carried out and at the time of the handover the quality of care was sufficient. Although there was no mention of the CQC inspection of the Charlbury Unit in Weymouth in the Chief Executive's statement on the quality of services it was explained that the statement presented highlights only and more detail was provided later in the Quality Account.

33.6 Members noted that the web based incident reporting system had been successfully rolled out. The system enabled staff to report incidents or near misses so that trends or clusters could be examined and data could be captured and aid training in the future. Patient Safety Thermometers had also been implemented in both Community Hospitals and District Nursing. These measured the percentage of 'harm free' care in the treatment of pressure ulcers, falls, venous thromboembolism and catheter acquired infections.

33.7 In response to a question on improvements to patient environments, it was noted that during 2012-13 the Trust had relocated and expanded its Adolescent inpatient unit, and had modernised inpatient facilities at St Ann's Hospital to create two new inpatient wards. It was planned that the new wards would open in October 2013.

33.8 In response to a question on the order of the Trust's priorities, it was explained that they were not listed in order of importance. It was suggested that the priority numbers be removed from the final version of the Quality Account for clarity.

#### Patient Experience

33.9 Regarding the table detailing the number of patient surveys which had been undertaken, it was confirmed that the number of patient surveys completed with reference to the Mental Health Crisis Team was particularly low because often it was not appropriate to ask a patient to complete a survey in those circumstances. It was also highlighted that the number of surveys completed was higher than in 2011-12.

33.10 Members noted that the overall satisfaction rates were very high, as 93% of patients who had completed a survey had rated their experience as 'good', 'very good' or 'excellent'.

#### Patient Safety

33.11 It was explained that the Trust was below the target level for numbers of patient falls. A falls risk assessment was to be carried out within 48 hours of inpatient admission. This examined the patient's footwear, age, medication, history of falls, and also looked at their care plan.

33.12 It was highlighted that there had been a significant reduction in the number of catheter associated urinary tract infections in 2012-13. A monitoring tool had been introduced to raise the profile of the issue and change staff practice. There had also been a

decrease in the number of catheterised patients in Community hospitals since the start of the 2012-13 year.

33.13 The number of patient AWOL (absent without leave) incidents had decreased significantly since the previous year, particularly since September 2012. This was due to specific initiatives, such as a review of risk factors, and also environmental changes. It was suggested that the number of AWOLs be included in the Quality Account in context of the total number of patients, and also that repeat offenders be identified.

#### Clinical Effectiveness

33.14 In response to a question on Intermediate Care Services, it was explained that patients were asked to identify up to three goals at initial assessment as score their position in meeting each goal from 1 (goal not met) to 10 (goal met completely). Patients were then asked to score again at discharge. It was highlighted that in each area of care patients' scores against their goals were significantly higher on discharge than on admission.

33.15 In response to a question on the overview of compliance with CQC Essential Standards, it was explained that the Trust did not currently have the results of the assessment into the Betty Highwood Unit, but that this would be included if the results were received in time for submission.

33.16 Members thanked the representatives of the Dorset HealthCare University NHS Foundation Trust for their work on the Quality Account and for being receptive to comments and suggestions made by the Task and Finish Group throughout 2012-13. The Dorset Health Scrutiny Committee's response to the draft final Quality Account would be formulated by the Task and Finish Group and submitted to the Trust for inclusion in the Quality Account in due course.

#### Resolved

34. That the Dorset Health Scrutiny Committee's response to Dorset HealthCare University NHS Foundation Trust's Quality Account for 2012/13 be as follows:

"The Dorset Health Scrutiny Committee appreciates the regular meetings that its members had throughout the year with Trust staff to consider the Quality Account. These meetings have given members a much clearer understanding of the services provided by the Trust, particularly since it assimilated into its remit the community health services previously provided by NHS Bournemouth and Poole and NHS Dorset. Members felt that the Trust had worked hard to harmonise and improve for the enlarged Trust the reporting systems previously used by the three organisations, such as the early warning trigger tool. Members recognised that this had been a big task and the Trust was to be commended for its efforts.

Members also felt that raising the profile of some specific health care issues, such as VTE, appear to be a good way of improving services. Another good example highlighted in the Quality Account is that of catheter-associated urinary tract infections. There has been a marked reduction in the number of catheterised patients as a whole and also in the percentage of catheterised patients who have developed UTI over the same period. Positive results are also recorded in the Quality Account for the number of absconding incidents across mental health services which staff related to a number of contributing factors including earlier engagement with patients as well as making some physical changes to access points.

Members were disappointed to note that the Trust had not met the Care Quality Commission (CQC) standards in relation to several of the CQC outcomes, particularly in relation to Minterne Ward at Forston Clinic, but also at the Chalbury Unit in Weymouth. Members felt that it was unfortunate that the Trust did not pick up on these problems in a more timely

fashion and take appropriate, speedy and corrective action. Members want to be assured that lessons have been learnt by the Trust and there will not be a repeat of these shortcomings.

Trust staff have been open and receptive to the comments and suggestions made by the Committee with regard to the Quality Account and members look forward in the coming year to tracking progress of the quality improvement priorities identified for 2013-14.”

**Date of Next Meeting**

**Resolved**

35. That the next meeting of the Task and Finish Group be held on a date to be confirmed in September 2013.

Meeting Duration: 2.00pm – 4.00pm

## **Task and Finish Group on Quality Accounts – Dorset County Hospital NHS Foundation Trust**

Notes of a meeting held at County Hall,  
Colliton Park, Dorchester on 24 April 2013.

### **Present:**

#### Dorset Health Scrutiny Committee

Bill Batty-Smith and Ronald Coatsworth (Chairman)

#### Officers

Andrew Archibald (Head of Adult Services) and Paul Goodchild (Senior Democratic Services Officer)

#### Dorset County Hospital NHS Foundation Trust

Alison Tong (Director of Nursing).

### **Apology for Absence**

27. An apology for absence was received from Gillian Summers.

### **Notes**

28. The notes of the meeting held on 18 February 2013 were confirmed.

### **Quality Account 2012/13**

29.1 The Group considered Dorset County Hospital NHS Foundation Trust's final draft Quality Account for 2012-13.

29.2 The Director of Nursing presented the Quality Account and explained that whilst the document was almost complete, some figures and aesthetic elements would be updated before the final version was submitted. Members suggested a number of their own aesthetic and grammatical changes throughout consideration of the Quality Account which would be taken forward before final submission.

29.3 It was highlighted that good progress had been made against the Trust's Clostridium Difficile (C Diff) targets. 22 cases had been recorded against a target of 27 cases. This target would be reduced again to 18 in 2013-14. Whilst it was noted that cases of C Diff would never be completely eradicated, it was the Trust's aim to have no preventable cases. In response to a question it was confirmed that reduction in C Diff cases was not listed as a priority for the Trust in 2013-14, but cases would still be recorded as it was a national priority.

29.4 Members noted that hand hygiene compliance rates had increased from 95.4% in March 2012 to 97.2% in March 2013. Members welcomed the measures which had been undertaken by the Trust to improve hand hygiene awareness, including the successful Hand Hygiene Week and involvement of local schools.

29.5 Regarding falls, it was highlighted that whilst it was impossible to prevent all falls, it was possible to minimise harm as a result of falls. This could be done through timely completion of falls risk assessments, i.e. within 24 hours of inpatient admission, and local factors such as bed type and distance of the patient's bed from the nursing station.

29.6 In response to a question it was explained that the number of patients with a completed falls assessment within 24 hours of admission had risen from 66% in Quarter 1 of 2011-12 to 94.5% in Quarter 4 of 2012-13. There had also been an overall reduction in the number of patients who had experienced a fall. The total number of falls had reduced from 850 in 2011-12 to 784 in 2012-13, and the total number of falls resulting in harm had reduced from 161 in 2011-12 to 141 in 2012-13.

29.7 Members noted that there had been a 55% reduction in pressure ulcers developed by patients whilst in hospital. Staff had been trained on new reporting mechanisms and were aware of the new pressure ulcer grading system. No Grade 4 pressure ulcers developed in hospital had been recorded in 2012-13.

29.8 In response to a question it was confirmed that a pressure ulcer which is upgraded once the patient is in hospital, but had already developed before admission, would still be recorded. 20% of the recorded pressure ulcers recorded were hospital acquired. A Grade 3 or 4 pressure ulcer would be recorded in an incident report and then looked at by the safeguarding lead. The number of pressure ulcers developed in hospital is reported monthly to the Trust Board.

29.9 Regarding cancer pathways, the Trust had set a target that 85% of patients would wait no longer than 62 days following urgent GP referral for the treatment of cancer. Performance for 2012-13 had been 89.9%, which was above the target but a decrease from 96.7% recorded in 2011-12. Members noted that there was the potential for a lot of delays in cancer treatment as patients had to wait for test results and appointments to see clinicians. Some patients were referred to Southampton General Hospital, depending on their condition. The Trust was attempting to reduce the number of delays as much as possible.

29.10 Members noted that the Trust had set out to improve access to Transient Ischaemic Attack (TIA) clinics in line with the National Stroke Strategy quality indicators. Therefore a target had been set to fully investigate and treat 60% of high risk TIA patients within 24 hours of admission. A stroke strategy had been developed and the TIA service was now operational seven days a week for health guidance, diagnostics and treatment. Data for Quarter 4 of 2012-13 was not available yet, but there was an indication that the Trust's performance had significantly improved from 2011-12.

29.11 The Director of Nursing explained that figures on the Trust's performance against management of hypoglycaemic attacks were not yet available. Whilst there had been no reported incidents of mismanagement of diabetes to report, early figures indicated that the number of foot amputations as a result of diabetes had increased.

29.12 It was highlighted that it had been agreed that the target to improve the experience of carers of patients with dementia would be carried over into the targets for 2013-14. Communication with patients with dementia was a challenge and, as some could not comprehend what care they received, often this was wrongly thought to be uncompassionate. Projects which were to be undertaken with patients with dementia included arts in hospital, which included music.

29.13 In response to a question it was confirmed that Dorset County Council social services funded a carers support worker who worked with the Trust on carers issues.

29.14 Regarding the development of nursing care, members noted that ten areas for nursing standards had been agreed with matrons and ward sisters following an analysis of existing priorities, patient feedback and patient safety incidents. Each standard had an audit tool which was completed by the ward sister or matron for five patients per ward per



week. Results on how the staff on the ward were performing against these key targets were then displayed and updated regularly. Members agreed that this was an open and innovative method of measuring performance.

29.15 In response to a question on the Trust's Leadership Development Programme, it was highlighted that 24 multi-professional participants had completed the first two modules and the Programme was due to complete in July 2013. Feedback from participants had been very positive and it was hoped that similar programmes could be commissioned in the future.

29.16 It was proposed that the Trust's priorities for 2013-14 be focussed on: end of life care, diabetes services, Total Health gains (as assessed by patients), carers for patients with dementia, the Friends and Family Test, management of deteriorating patients, pressure ulcer prevention and Hospital Associated Thrombosis.

29.17 In response to a question on the Francis report into Mid-Staffordshire NHS Foundation Trust, it was highlighted that report was mentioned in the Chief Executive's summary at the start of the Quality Account but further analysis would be provided after the government had finalised a response to the report. The Trust would look at recommendations and how these would be taken forward.

29.18 Members thanked the Director of Nursing for her work on the Quality Account and for being receptive to comments and suggestions made by the Task and Finish Group throughout 2012-13. The Dorset Health Scrutiny Committee's response to the draft final Quality Account would be formulated by the Task and Finish Group and submitted to the Trust for inclusion in the Quality Account in due course.

### **Resolved**

30. That the Dorset Health Scrutiny Committee's response to Dorset County Hospital NHS Foundation Trust's Quality Account for 2012/13 be as follows:

"Dorset Health Scrutiny Committee meets quarterly with the senior officers from Dorset County Hospital in order to have a dialogue about the Annual Quality Report. This approach is very productive and maintains consistency in providing Members with a clear understanding of the services provided by the Trust and Trust Members to monitor progress on quality against agreed priorities. This approach is very much appreciated by the Committee and will continue to be applied in the forthcoming year.

At the final meeting of this financial year, Members were provided with a comprehensive report in draft form and wished to comment on specific areas which were highlighted as being particularly important regarding the quality of services for the Trust.

1. Members wished to congratulate the Trust on the work they have undertaken in respect of infection control and in particular involvement of local school children in the hand washing campaign which was not only of benefit to the hospital but also in taking the message into the wider community.
2. Members noted the work undertaken in managing the reduction of patient falls in the hospital and the introduction of a new tracking system resulting in more accurate reporting of patients suffering major harm as a result of a fall.
3. In relation to the priority area of preventing patients developing pressure ulcers in hospital, Members were informed of the appointment of a full-time nurse responsible for tissue viability and that this was an improvement on the previous year when the Trust shared

a post with the Trust providing Community Services. Members also noted that the Trust refers grade 3 and 4 level pressure sores to the safeguarding adults lead at DCH.

4. Members wished to congratulate the Trust on its work in meeting the National target of urgent GP referrals for treatment of cancer which is reported as being higher than the level set by the Department of Health.

5. Members noted that the Trust's work in treating people suffering from Transient Ischaemic Attack had improved over the year and that they were able to see and treat all patients referred to them within 24 hours whom they had not previously known.

6. In regard to the area of supporting carers with a relative who suffers with dementia, it was noted that this was a challenging area for the Trust and they had positive contact with the Chair of the Dorset Carers Partnership and that this priority will continue into 2013/14.

7. Members were impressed to hear about the work being undertaken to demonstrate "how we are doing" through the provision of notice boards displayed in wards for all to see. This demonstrated a clear approach by the hospital to be open to challenge about performance.

Overall, this was a positive end to the work of the Health Scrutiny Committee in this financial year."

#### **Date of Next Meeting**

##### **Resolved**

31. That the next meeting of the Task and Finish Group be held on a date to be confirmed in September 2013.

Meeting Duration: 3.30pm to 5.20pm