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28<sup>th</sup> January 2014

Dear Karen

**Re: Visit Reference Number: 29878, Dorset Healthcare University NHS Foundation Trust 12 December 2013**

Further to the MHA Provider Action Statement which was submitted yesterday, can I firstly thank you for the report. The feedback from this report highlights many areas where we are still not getting things right and must continue to make improvements and the Trust is committed to improving the quality of service we provide.

On reviewing the detail of the report I include some additional information which I hope you find useful.

**Page 3**

Page 3, Para 3: states "A Mental Health Act (MHA) multi-agency group meets bi-monthly". The MHA Multi-Agency Group meets monthly as evidenced by the minutes. Service users and carers are not yet represented on the group, contact has been made with the service user representatives and they have been invited to attend.

Page 3/4, para 7: states, "We found the teams also aimed to act as 'gatekeepers' to acute mental health services and to facilitate "accelerated discharge". No day hospital facilities are provided." This is inaccurate as there are longstanding day service provisions in the East of the county, in the West this commenced in January 2014. Both services operate 7 days per week.

**Page 5**

Page 5, para 3: states, "We were told that the initial impact of bed closures [Hughes Unit and Stewart Lodge] had resulted in "a fair number" of out of county referrals". We closely monitor out of area placements. Patients placed out of area are predominately from the East of the county (63 service users placed out of area, 9 service users were from Acute services under the Dorset County Council catchment of whom 4 would usually have been admitted to services in the West the remaining 5 were from South & East Dorset and would have been admitted to Acute Services in the East).

### Page 6

Page 6, para 3: states, “We were told that DHUFT was reluctant to release nursing staff to train as AMHPs”. Currently two health trained AMHPs working for the Trust and the Trust is committed to identifying and releasing nursing staff to attend AMHP training, however, due to the number of vacancies within the community teams it is difficult to execute at present.

### Page 7

Page 7, para 3: it states “Another service user expressed concern that people were being shipped out of county in crisis with no support or steps for recovery on return”. The Trust has taken measures to ensure that service users placed out of area are repatriated as soon as it is practicable in line with clinical need. Weekly clinical updates are obtained by the Trust in addition to the monthly reviews carried out by the Trust to facilitate repatriation.

### Page 8

Page 8, para 4: states, “We were told that the Hughes Unit had closed, no alternative to admission had been put in place by statutory services as promised”. The Crisis Team hours in the West were extended to provide a 24 hour service as an alternative to admission in April 2013 to coincide with the closure of the units.

Page 8, para 5: states, “The group considered that the Trust had not listened to or understood their concerns about the impact of the closure of the Hughes Unit and they had no option but to escalate their concerns”. The Trust appreciates that we continue to have work to do in this area, but should point out that this process was subject to a judicial review, which found the Trust to have consulted effectively with stakeholders.

Page 8, para 7: states: “we were told that service users were expected to travel to CRHT services for assessments which were often carried out in a general hospital setting”. For clarification we would like to advise that the Crisis Team provide assessments for people in their home who are known to services unless there is a reason why it would be inappropriate to do so (i.e. based on Risk). If this was the case they would be asked to attend one of the Trust’s Hospital sites or the local A&E Department where they will be assessed by a member of the Crisis Team in a more suitable environment.

### Page 14

Page 14, para 1: states, “We found that following closure of the Hughes Unit, Stewart Lodge and the Section 136 suite at Forston Clinic patients had to travel long distances to an available bed, including out of county as far as Cambridge and Kent”. The Trust would prefer to treat people as close to their local communities as practically possible and will do our best to reduce out of area placements. We acknowledge that some people do have to travel a long way but on checking this feedback we are not aware of anyone having to go to Cambridge or Kent.

Page 14, para 2: states: "However we were told that ICDS only operated in the east of the county and that there was no crisis service available for older people with a mental illness". The Crisis Team in the West provides a service for older people with functional mental illness.

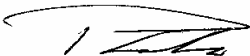
Page 14, para 3: states, "However we found that it was sometimes difficult to ensure professionals with particular expertise for this group [children and young people] and for patients with learning disability". There are resources in place to support Children & Young People and those individuals with Learning Disabilities. Primarily the Intensive Support Team (IST) which is available between 08.00 - 20.00, 365 days a year.

### Page 21

Page 21, para 5: the report refers to Sherwood Lodge; this should perhaps read Stewart Lodge.

I hope these additional points are helpful and thank you again for the report.

Yours sincerely



### Paul Lumsdon

Director of Nursing and Quality

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Glen Gocoul, Head of Specialist Adult Services Dorset County Council  
Jane Elson, Director Mental Health Services, Dorset HealthCare  
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