

Agenda Item:

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# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	23 May 2014
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Quality Accounts – Submitted Commentaries 2013/14</b>
Executive Summary	<p>Dorset Health Scrutiny Committee is invited, on a voluntary basis, to comment on the Quality Accounts prepared by NHS Trusts on an annual basis. Two task and finish groups have worked throughout the year with Dorset County Hospital NHS Foundation Trust (DCH) and Dorset HealthCare University NHS Foundation Trust (DHC) to discuss and review their Accounts and to formulate the Committee’s commentary for the 2013/14 end of year Quality Accounts.</p> <p>Membership of the task and finish groups has included the Chairman, Vice-Chairman and the appropriate Liaison member for the relevant Trust. Support has been provided by the Health Partnerships Officer and Senior Democratic Services Officer.</p> <p>The Trusts were required to submit their Quality Accounts to Monitor by May. The task and finish groups 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>In addition to working directly with the two Trusts noted above, the Chair of Dorset Health Scrutiny Committee, in his capacity as Liaison member for the South Western Ambulance Service NHS Foundation Trust (SWAST), was invited to comment on their annual Quality Account. His response is also appended (Appendix 3).</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.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not applicable.</p> <p>Use of Evidence: Information and evidence provided by Dorset County Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust, and considered by Liaison Members of the Dorset Health Scrutiny Committee, has been used as the basis on which commentaries were drafted.</p> <p>Budget: None.</p> <p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate) Residual Risk <del>HIGH/MEDIUM/LOW</del> (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>Other Implications: None.</p>
Recommendation	<p>The Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the commentaries that have been submitted on its behalf;</li> <li>2. Agrees that the task and finish group approach to working with the relevant Trusts continues in 2014/15; and</li> <li>3. Appoints members to the task and finish groups.</li> </ol>
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults and children.</p>
Appendices	<ol style="list-style-type: none"> <li>1. 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>

	<ol style="list-style-type: none"><li>2. Notes of the task and finish group for the Quality Account for Dorset Healthcare University NHS Foundation, including the submitted commentary to the Trust.</li><li>3. Commentary submitted by the Chair of Dorset Health Scrutiny Committee to South Western Ambulance Service NHS Foundation Trust.</li></ol>
Background Papers	None.
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

## **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 22 April 2014.

### **Present:**

#### Dorset Health Scrutiny Committee

Ronald Coatsworth (Chairman) and Bill Batty-Smith.

#### Officers

Ann Harris (Health Partnerships Officer) and David Northover (Senior Democratic Services Officer).

#### Dorset County Hospital NHS Foundation Trust

Alison Tong (Director of Nursing)

Neal Cleaver (Deputy Director of Nursing).

### **Apology for Absence**

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

### **Notes**

41. The notes of the meeting held on 24 February 2014 were confirmed.

### **Quality Account 2013/14**

42.1 The Group considered Dorset County Hospital NHS Foundation Trust's Quality Account progress report for 2013/14.

42.2 The Director of Nursing introduced the Quality Account and highlighted the Trust's priorities for 2014/15, and invited discussion on these, with the priorities being:-

- **Patient Safety**
  - Zero tolerance to hospital acquired pressure ulcers - the means by which pressure ulcers could be avoided in hospital and effective treatment of the condition upon admittance, if necessary.
  - Reducing harm to patients who fall in hospital - by measures such as improved footwear and the arrangements for how hospital equipment was operated.
  - Management of Diabetes as a Co-Morbidity to hospital admission – the need for an improved awareness of this condition, identifying the signs at an early stage in the assessment process and what to do in the event of an episode.
- **Clinical Effectiveness**
  - Improve Access to clinics – to determine what obstacles prevented attendance and what might be done to resolve this. The availability of public transport in this was acknowledged.
  - All patients will be reviewed by a consultant within 14 hours of admission to hospital – to improve patient flow, their safety and experience.
  - Zero tolerance to preventable cancelled operation due to equipment availability – ensuring the management of equipment and its usage was efficient, where practicable.

- **Patient Experience**

- Improve the experience of carers of patients with dementia - understanding the individual strategies applied by carers and how this could be managed whilst their loved one was in hospital.
- Friends and Family Test – assessment of patient feedback, by a series of means, to obtain their judgement of the hospital experience. The inclusion of staff status in their name badges for identification purposes was suggested.
- Improve the experience of discharge from hospital – to improve patient flow and the ability for timely access to medication, where practicable.

42.3 The Panel were also updated with progress being made against priorities for 2013-14, these being:-

- End of life care
- Diabetes services (clinical management of hypoglycaemic attacks)
- Total health gains as assessed by patients
- Carers of patients with Dementia
- Friends and Family test
- Management of deteriorating patients
- Pressure Ulcer prevention
- Venous thromboembolism (VTE) – Hospital associated thrombosis
- Zero Tolerance to Clostridium Difficile
- Cancer Pathways.

42.4 Of particular note was the work being done in raising awareness of diabetes at an early stage and how the signs of this condition could be identified at an early in the assessment process and what to do in the event of an episode. Significant improvements had been made in this regard.

42.5 The way in which agency staff and Outreach staff were deployed was also discussed, as well as how the part they played was managed and the significant contribution made by both to the delivery of the service.

42.6 How best to engage with those carers of patients with dementia was discussed to determine what strategies were being used in connecting with their loved ones and what techniques might be used in improving this.

42.7 The WOW Awards, designed as an opportunity for any outstanding staff contribution to be recognised by patients, had been very positively received. Conversely, any complaints were regarded as an opportunity for the hospital to address those issues in determining what were the reasons for the dissatisfaction, what could be done differently and how they might be avoided in the future. Efforts had been made to understand the complainant's concern directly.

42.8 The Panels attention was then drawn to the suite of Statements of Assurance from the Board of Directors which accompanied the Account and the key performance indicators contained therein.

42.9 Within the Statements of Assurance, the Director of Nursing noted the visits undertaken by the Care Quality Commission (CQC) in July and October 2013 and the failure by the Trust to achieve standards in six areas. The Panel was assured that an action plan had been put in place by the Trust to remedy the problems and it was anticipated that the Plan was on target to resolve all outstanding issues by the end of June 2014.

**42.10 The Panel, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2013/14 and in the priorities being set for shaping future hospital provision. They congratulated the efforts made in achieving this and had every confidence that these improvements would be maintained. The Panel noted the efforts made by the Trust to gather and respond to patient feedback, looking at the broad picture and success stories, as well as where lessons could be learnt. The robust responses provided in the Quality Account provided the foundation for improvements to be made. Whilst attention was still required around dealing with pressure ulcers, diabetes and support for carers of patients with dementia, the principle of being proactive in addressing issues had undoubtedly led to the improvements which had already been made. Similarly, the health gains which had been achieved provided clear evidence that the arrangements in place were delivering a good service.**

**42.11 The Panel had met with the Trust on three occasions during 2013/14 to discuss progress and had found the meetings to be very helpful. The officers from the Trust had provided clear and open responses to the Panel in what was hopefully a mutually beneficial opportunity.**

**Date of Next Meeting**

43. At this time, no arrangements were made for the date of the next meeting but this would be determined in due course.

Meeting Duration: 3.30 pm – 5.10pm

## **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 17 April 2014.

### **Present:**

#### Dorset Health Scrutiny Committee

Bill Batty-Smith and Ronald Coatsworth (Chairman).

#### Officers

Ann Harris (Health Partnerships Officer) and Helen Whitby (Principal Democratic Services Officer).

#### Dorset HealthCare University NHS Foundation Trust

Hazel McAtackney (Head of Regulation and Compliance) and Fiona Haughey (Interim Director of Nursing and Quality).

### **Apology for Absence**

5. An apology for absence was received from Ros Kayes.

### **Notes**

6. The notes of the meeting held on 17 February 2014 were confirmed.

### **Quality Account 2013/14**

7.1 The Group considered the draft Quality Account for 2013-14 for Dorset Healthcare University NHS Foundation Trust.

7.2 The Head of Clinical Effectiveness and Audit and the Interim Director of Nursing gave a joint presentation on progress with the priorities for 2013/14 (patient Safety, Clinical Effectiveness and Patient Experience). This also provided the background evidence for information contained within the draft Quality Account. Members' views were sought on the draft Quality Account.

#### Priorities 2013/14

##### (a) Patient Safety

7.4 The Head of Regulation and Compliance explained that the Trust had aimed to reduce the number of unavoidable hospital acquired pressure ulcers by supporting front line staff to develop good practice. There was some discussion about how people with ulcers were identified and treated in the community and how they were identified following admission to hospital. Some cause analysis had been undertaken to establish why ulcers had developed and at what point in time so that this could help train and educate staff. Five cases of ulcers acquired in hospital care had occurred during the year (the same as the previous year), none of which were linked. The Trust were disappointed that there had been no reduction, had adopted a zero tolerance to them and a reduction in the number of cases was a main priority for them.

##### (b) Clinical Effectiveness

7.5 The dementia care pathway had been developed, in addition to an audit process for the Memory Assessment Service. The care pathway was being monitored by commissioners and GPs. The Quality Account included information about work streams and progress with the introduction of the pathway across all services, although more work was needed in a couple of areas. This had led to improved dementia care and a consistent approach across the Trust. This remained a priority for the Trust and a further update would

be provided throughout the year (although it will not be one of the three key Quality Improvement Priorities for 2014/15).

7.6 With Dorset's ageing population, primary care and GPs focused on the early identification of deteriorating memory so that patients could access support more quickly and this work would continue. Patients are not yet able to self-refer to this service, but they and professionals outside of the Trust's services could refer through GPs or District Nurses.

(c) Patient Experience

7.7 The Group noted that the Friends and family question had been implemented last year so it could be extended to other services. Response rates for Community Hospitals and MIUs were noted but it was pointed out that patients would not be able to recommend the services of providers other than the one from which their current questionnaire originated. It was also pointed out that patients' views might differ from those of their families with regard to the treatment they received. Members noted that forms were completed anonymously and that consideration was being given to the use of volunteers or the League of Friends to help patients complete the forms.

7.8 Members noted that some of the questions asked were set nationally. The Trust undertook additional patient and service user surveys to obtain their views on the services provided as this could influence future service provision. This was particularly important now that patients had a choice of where they received treatment. The Quality Account included both positive and negative comments and the Trust were keen to improve services where this was needed. Some examples of areas for improvement were given and steps being taken to address these.

7.9 Members also noted that the Trust had a complaints system and were keen to respond to any complaints received. A complaint had been received about patients not being active enough on Older People's wards and steps had been taken to keep them active, engaged and stimulated so that their health did not deteriorate.

7.10 With regard to the Friends and Family Test response rates, it was noted that the rate had improved from 15% in Quarter 1 to 20% in Quarter 4. But it was recognised that getting some people to respond was difficult and that regular attenders were asked to respond on more than one occasion. There was no spare capacity within Minor Injuries Units to help people with responses and other means to carrying this out were being explored. Performance was published on the website and on wards as a means of inspiring staff.

Indicators

(a) Venothromboembolism (VTE)

7.11 The Panel noted that the Trust had met the 95% target for patients having had a Venothromboembolism risk assessment carried out across the whole of the 2013/14 year. This would not be an indicator for the following year but would continue to be monitored and had been included in the admissions policy. Matrons addressed dips in performance to ensure patient safety was maintained. It was an important screening process and staff needed to be aware of this.

(b) Patient Falls resulting in a Fracture

7.12 The Panel noted that there had been a total of 36 patient falls resulting in fractures during 2013/14 and that the downward trend noted during 2012/13 had continued through 2013/14. The Trust hoped to continue the reduction over forthcoming years. Steps taken to reduce falls were explained. Members suggested that an indication of whether there had been a reduction in numbers or percentage should be given and against what base so that figures would be clearer and more meaningful.



7.13 Attention was drawn to the reduced number of falls risk assessments undertaken in March 2014. This was as a result of the change to an electronic system and steps were being taken to address reductions in performance. It was noted that the new system would indicate when assessments were due to be undertaken. The system was now available in hospitals and would be available in the children's and families service in due course. The Trust would continue to strive to undertake 100% of risk assessments.

(c) Clinical Effectiveness

7.14 The improved compliance of 35% for improving the physical health monitoring of patients with schizophrenia was noted. But the Trust recognised that this could be improved further. Further analysis of the results was to be carried out and the Trust would undertake their own audit next year to see whether there had been any improvement.

(d) To Develop Team based Outcome reports

7.15 Officers reported that 92.5% of teams now had reports in place and work continued to develop this further. These would provide staff with information about performance and how well they were serving their patients and it was hoped that this would motivate them and lead to improved standards.

(e) Implementing and Monitoring NICE guidelines and Technology Appraisals

7.16 Attention was drawn to areas of partial compliance, areas currently being assessed and the indicated completion dates.

(f) Patient Experience

7.17 The Panel noted that the number of compliments had increased by 30% and complaints by 9.4%. Officers explained that they encouraged complaints and feedback as this would lead to service improvement. Changes to practices arising from complaints or comments were highlighted.

7.18 Members then sought clarification on a number of points within the Quality Account regarding outcomes, staff recruitment and retention. Attention was drawn to Care Quality Commission Visits to Forston Clinic and Blandford Hospital and whether the entries were correct. Officers explained that the Quality Account related to the previous year and the improvements made would be reported in next year's Quality Account. There had been a significant change in the Trust's management structure and governance arrangements recently and officers explained these in some detail as well as a number of service reviews.

7.19 Having considered the information presented members asked that:-

- The key on page 29 of the Quality Account be changed as it contained conflicting information currently.
- The figures for error rates on page 30 of the Quality Account be checked and the wording clarified.
- The text on page 18 be checked so that the County Council's contribution to mental health services be noted.
- CQC visits be included.

**Resolved**

8, That the comment to be included in the Quality Account for Dorset Healthcare NHS Foundation Trust 20/13 be as follows:-

"The Dorset Health Scrutiny Committee commented as follows on the priorities for improvement for 2013/14:-

- (a) Patient Experience – the Committee welcomed the Trust's efforts which had led to the objectives being achieved.

- (b) Patient Safety – the Committee were disappointed that better results had not been achieved in the prevention of avoidable pressure ulcers, but as this was a priority for 2014/15 hoped that improvements would be made during the forthcoming year.
- (c) Clinical Effectiveness – the Committee noted that this priority had only been partially achieved and that the Trust were continuing their work to improve the quality of life for people with dementia and their carers.

The Committee also recognised that the Trust had experienced governance issues during this year and hoped that the steps taken would give them greater capability and capacity for improvement. The Committee thanked the Trust for the level of engagement around Quality Accounts throughout 2013/14 and expressed appreciation for the efforts made to present data and engage in helpful dialogue.”

**Date of Next Meeting**

9. The next meeting would be held in September/October 2014 on a date yet to be identified.

Meeting duration: 10.00am – 11.50pm

## **Comment on the Quality Review and Quality Account 2013/14 of the South Western Ambulance Service**

The Dorset Health Scrutiny Committee (DHSC) notes that the clear aim and purpose of SWAST is to improve the quality of service to patients by using evidence based methods improved treatment. As examples

SEPSIS – utilising the new sepsis diagnosis code and the use of pre-hospital antibiotics

INFECTION CONTROL – using ATP swab testing in some ambulances

CLINICAL EFFECTIVENESS – using the Post ROSC care system

PATIENT EXPERIENCE – seeking to utilize the opinions of patients by regarding compliments as a pathway to illustrate excellence and complaints to point to areas of concern

COMPASSION – immense care has been taken to deal with the difficulties of patients and carers which often occur in times of great stress and emotion.

The Trust is to be congratulated on the improvements in service achieved during the period of this report.

DHSC has had contact with the Trust on a number of occasions and queries have always been responded to in a rapid and robust manner. There have been no presentations to the Committee on the Quality Accounts by the Trust although this has been done with other trusts on a regular basis throughout the year and is something which ought to be considered.

The Committee has been very concerned regarding the changes in the non-emergency transport service (which is no longer provided by SWAST) as it affected the patients, the hospitals and other user groups, SWAST and the NHS as a whole. The enquiry is on-going with a special meeting to be held in June 2014.

Ronald Coatsworth  
Chairman of Dorset Health Scrutiny Committee