

Agenda Item:

# Dorset Health Scrutiny Committee

17

## Dorset County Council



Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Quality Accounts – Submitted commentaries 2014/15</b>
Executive Summary	<p>Dorset Health Scrutiny Committee is invited, 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 2014/15 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 attached within the appendices of this report.</p> <p>For the coming year it has been agreed that the current task and finish group approach to working with the relevant Trusts will be continued. However, the number of meetings will be reduced from three per annum to two, tailored around the reporting schedule.</p>
Impact Assessment: <i>Please refer to the</i>	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>

<a href="#"><u>protocol</u></a> for writing reports.	<p>Use of Evidence:</p> <p>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:</p> <p>None.</p>
	<p>Risk Assessment:</p> <p>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:</p> <p>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 2015/16.</li> </ol>
Reason for Recommendation	<p>The work of the Committee contributes to the County Council's aim to protect the health and well-being of Dorset's citizens.</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 Trust.</li> <li>2. Commentary submitted to the Dorset County Hospital NHS Foundation Trust.</li> <li>3. Notes of the task and finish group for the Quality Account for Dorset Healthcare University NHS Foundation Trust</li> <li>4. Commentary submitted to the Dorset Healthcare University NHS Foundation Trust.</li> </ol>
Background Papers	<p>None.</p>
Report Originator and Contact	<p>Name: Ann Harris, Health Partnerships Officer            Tel: 01305 224388            Email: a.p.harris@dorsetcc.gov.uk</p>

## **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 13 April 2015.

### **Present:**

#### Dorset Health Scrutiny Committee

Ronald Coatsworth (Chairman), Bill Batty-Smith and Gillian Summers.

#### Officers

Ann Harris (Health Partnerships Officer) and Denise Hunt (Senior Democratic Services Officer).

#### Dorset County Hospital NHS Foundation Trust

Neal Cleaver (Deputy Director of Nursing).

### **Apology for Absence**

5. Apologies for absence were received from Patricia Miller and Alison Tong.

### **Notes**

6. The notes of the meeting held on 10 February 2015 were confirmed.

### **Quality Account 2014/15**

7.1 The Deputy Director of Nursing updated the group verbally on the Trust's progress against the priorities for 2014-15 during Quarter 4 within the 3 areas of patient safety, clinical effectiveness and patient experience. He confirmed that there had been no inspection by the Care Quality Commission since 2013 and that the action plan arising from that inspection was monitored by the Trust Board.

#### Patient Safety:

##### Zero Tolerance to Hospital Acquired Pressure Ulcers

7.2 The Deputy Director of Nursing reported that a lot of progress had been made in this area and therefore the situation regarding incidences of pressure ulcers had continued to improve where these had been acquired as a result of a hospital stay. The number of pressure ulcers acquired outside of hospital had remained stable and the Trust had recently signed up to a Pan-Dorset Strategy to further tackle this issue.

7.3 It was considered that further investigation with the relevant healthcare provider should take place regarding incidences of patients arriving in hospital with pressure ulcers to find out the reasons why. However, the point was also made that a large number of people requiring medical did not access any healthcare and that the Clinical Commissioning Group (CCG) would be undertaking a study to find out the reasons why this was the case.

##### Reducing Harm to Patients who Fall in Hospital

7.4 The Group had been advised at the previous meeting that some falls were completely controlled with the assistance of a physiotherapist. It was felt that such falls should come under a separate category as a fall by its definition was an uncontrolled event.

7.5 The Deputy Director of Nursing advised that the focus of this indicator was on moderate and severe falls. There had been one severe fall in December 2014 in the car

park whilst the patient was escorted by a relative. He reported that this indicator would be retained in 2015-16 as it was felt that more could be achieved in this area.

7.6 It was suggested that the severe incident recorded in December 2014 would be an ideal opportunity to review whether patients were adequately escorted out of hospital. The risk of slips due to wet floors in toilets and bathrooms was also highlighted and members were advised that the Trust had recently purchased slipper socks to be trialled within the elderly care wards.

#### Management of Diabetes as a Co-Morbidity to Hospital Admission

7.7 The Deputy Director of Nursing advised that there had been no incidences so far in 2015 and that this indicator would be removed as a quality priority.

#### Clinical Effectiveness:

##### Improve the Effectiveness of Discharge from Hospital-Waiting for Medications

7.8 The Group were advised that the trial of the ward based pharmacy discharge team in two surgical wards had been successful and would now be rolled out to other wards.

##### All Patients will be Reviewed by a Consultant within 14 hours of Admission to Hospital

7.9 The Group were informed that this indicator would be discontinued as a quality priority due to lack of evidence regarding its impact on patient outcomes. However, it would continue to be monitored and reported against as a national indicator and further work undertaken to assess its impact.

7.10 The Group considered that the need for review by a Consultant was dependent on the severity of the patient's medical condition that would require review in longer or shorter timespans than 14 hours.

##### Zero Tolerance to Preventable Cancelled Operations due to Equipment Availability / Failure

7.11 The Deputy Director of Nursing reported that there had been no incidences of cancelled operations due to equipment availability or failure in January 2015 and one incident in February 2015 due to a hole in a piece of equipment that had rendered it unsterile.

7.12 In response to a question, the Group was informed that operations cancelled as a result of other factors were monitored by the Finance and Performance Committee and was therefore not part of the quality priority report. However, the view was expressed that this needed to be monitored as a quality priority in order to understand the reasons for cancelled operations, such as theatre availability, emergency operations and bed capacity.

#### Patient Experience:

##### Improve the Experience of Carers of Patients with Dementia

7.13 The Group was advised that this element would be removed as a quality priority due to the small number of new patients coming into hospital which had resulted in the same people providing the feedback.

7.14 The Group discussed when a person on the verge of dementia was admitted to hospital and thereafter unable to cope on returning home, which appeared to have been exacerbated due to the shift in living environment. Members suggested that such incidences should be explored and methods employed so that people maintained a degree of control during a hospital stay. It was requested that this element remain as a quality priority.

7.15 The Deputy Director of Nursing informed the group that assessments were undertaken in the patient's home rather than in hospital and confirmed that a themed report could be produced as part of the Friends and Family Test

### Friends and Family Test

7.16 This would remain as a quality priority in 2015-16 and, in response to a question, it was confirmed that there was scope in the standard set of questions to include an additional question as well as space to leave additional comments. Methods other than the questionnaire were also used to gather information.

### Improve Access to Clinics

7.17 Members were informed that this quality indicator would be removed due to significant improvement in this area which concerned individual clinic appointments.

### National Requirements:

#### Cancer Pathways – 85% of Patients will wait no longer than 62 days following Urgent GP Referral for Treatment of Cancer

7.18 The Group was particularly concerned at the length of time for cancer treatments and were informed that this sometimes related to availability of trained staff, for example, with regard to breast screening. The Group considered that this was an urgent matter to be addressed within the oncology service.

7.19 Members were informed that this would continue to be reported back as part of national requirements and that the Clinical Services Review may address the concern expressed by the Group as it related to people accessing services.

**7.20 The Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2014/15 and in particular, made the following comments.**

**7.21 Members were pleased with the progress made in reducing the incidences of pressure ulcers and welcomed the initiative taken by the Trust in signing up to the Pan-Dorset Strategy which would be a way of expanding this indicator into the home care environment. They commended the improvements made in reducing harm to patients who fall in hospital and noted that the majority of falls in December 2014 had resulted in no harm. Members recognised that there were certain actions that could be extended in order to keep up the momentum in this area. Members also congratulated the Trust on its success in the management of patients being admitted to hospital who had diabetes as a secondary ailment.**

**7.22 The Group welcomed the significant improvement that had been made in patient access to outpatient clinics and also the effective discharge of patients following a hospital stay. The latter had been as a direct result of a trial of the ward based pharmacy team in two of the surgical wards and Members were pleased that this would now be extended to other parts of the hospital. Further comment was made concerning other potential reasons for delayed discharges such as hospital transport and that this should also be reviewed in future order to assess its impact.**

**7.23 Members agreed that further work would be necessary to assess whether a Consultant review within 14 hours of admission to hospital made a difference to patient outcomes despite this being a national target. A good start had also been made with regard to improving the experience of carers of patients with dementia and it would be important for this to continue. Therefore it was suggested that a themed report was produced as part of the Friends and Family Test quality priority in 2015-16.**

**7.24 The Group had met with the Trust on three occasions during 2014/15 to discuss progress on the priority indicators.**

8. The Group was advised of the quality account priorities in 2015-16 outlined below:-

<b>Patient Safety</b>	Priority 1	Zero tolerance to Hospital Acquired Pressure Ulcers
	Priority 2	Reducing harm to patients who fall
	Priority 3	Reducing the incidence of severe sepsis
<b>Clinical Effectiveness</b>	Priority 4	Reducing the amount of patients discharged at night
	Priority 5	Increasing the amount of Electronic Discharge Summaries sent within 24 hours
	Priority 6	Learning from 'near miss' incidents
<b>Patient experience</b>	Priority 7	Friends and Family Test
	Priority 8	Robust application of the duty of candour
	Priority 9	Timely and compassionate response to complaints

**Date of Future Meetings**

9. The next meetings of the Task and Finish Group would be held on the following dates:-

- Monday 2 November 2015 at 10.00 am in Committee Room 6
- Monday 11 April 2016 at 10.00 am in Committee Room 2a

Meeting Duration: 2.00pm – 3.00pm

**Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2015:**

The Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2014/15 and in particular, made the following comments:

Members were pleased with the progress made in reducing the incidences of pressure ulcers and welcomed the initiative taken by the Trust in signing up to the Pan-Dorset Strategy which would be a way of expanding this indicator into the home care environment. They commended the improvements made in reducing harm to patients who fall in hospital and noted that the majority of falls in December 2014 had resulted in no harm. Members recognised that there were certain actions that could be extended in order to keep up the momentum in this area. Members also congratulated the Trust on its success in the management of patients being admitted to hospital who had diabetes as a secondary ailment.

The Group welcomed the significant improvement that had been made in patient access to outpatient clinics and also the effective discharge of patients following a hospital stay. The latter had been as a direct result of a trial of the ward based pharmacy team in two of the surgical wards and Members were pleased that this would now be extended to other parts of the hospital. Further comment was made concerning other potential reasons for delayed discharges such as hospital transport and that this should also be reviewed in future order to assess its impact.

Members agreed that further work would be necessary to assess whether a Consultant review within 14 hours of admission to hospital made a difference to patient outcomes despite this being a national target. A good start had also been made with regard to improving the experience of carers of patients with dementia and it would be important for this to continue. Therefore it was suggested that a themed report was produced as part of the Friends and Family Test quality priority in 2015-16.

The Group had met with the Trust on three occasions during 2014/15 to discuss progress on the priority indicators and welcomed these opportunities for constructive and open dialogue.

## **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 16 April 2015.

### **Present:**

Dorset Health Scrutiny Committee

Bill Batty-Smith and Ronald Coatsworth (Chairman).

### Officers:

Ann Harris (Health Partnerships Officer) and Denise Hunt (Senior Democratic Services Officer).

Dorset HealthCare University NHS Foundation Trust

Fiona Haughey Director of Nursing and Quality

### **Apologies for Absence**

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

### **Notes**

5. The notes of the meeting held on 16 February 2015 were confirmed.

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

6.1 The Group considered Dorset HealthCare University NHS Foundation Trust's Quality report for 2014/15. The priorities for 2014/15 were split into the areas of patient safety, clinical effectiveness and patient experience. The report did not include information on progress against the quality priority areas for Quarter 4 (Q4) and the Group was verbally updated where this information was known during the report discussion.

#### Patient Experience

6.2 The Director of Nursing and Quality reported that complaints concerning staff attitude had not improved and that this indicator had not been achieved and, unfortunately, the Q4 data was not available at the meeting. She explained that the majority of complainants would like the complaints process to be quicker with the opportunity of face to face contact in order to resolve complaints. The Trust had achieved the other two indicators within the patient experience quality priority.

**6.3 Comment was made that a breakdown of complaints relating to agency and in-house staff would be useful to know in future in order to identify any pattern of staff behaviour and, furthermore, that compliments were also included in the report in order to provide a balanced view.**

6.4 It was confirmed that a breakdown of complaints concerning staff attitude arising from agency or in-house staff was not currently measured. Compliments were currently incorporated in the Trust's Annual Report and this information could be provided in the quality account as a footnote.

6.5 The Group heard that a number of focus groups had been arranged to discuss patients' experiences in order to demonstrate learning from complaints. Complaints were now dealt with within 14 days and could be submitted using a variety of methods that were fed into the corporate complaints system via the Customer Services team. It was reported that less complainant feedback had been received in Q3.



### Patient Safety

6.6 The Director of Nursing and Quality explained the process for gathering the staff shift data and explained that in order to satisfy the first indicator, both the correct number of staff and skill mix needed to be achieved. However, the computer system did not allow the flexibility to override the staff number / skill mix ratio in the event that some ward beds were empty. This meant that even though on some occasions there was sufficient staff with the correct skill mix for the number of patients on the ward, the system would still record that the target had not been met as it was based on the assumption that all of the beds were full.

6.7 The Group commented on the difficulty in measuring the indicator in relation to patients feeling safe within the ward and hospital environment and that it was important to indicate the level of harm resulting from incidents.

6.8 They were informed that the progress against this objective was described at the beginning of the report which provided some narrative against the statistical detail. However, the Director of Nursing and Quality agreed that further narrative should be provided alongside the statistical information and, in particular, indicating the level of harm resulting from assaults on the ward under the headings “no harm”, low harm” and “serious harm”. She was not able to confirm how the Trust’s figures compared with similar organisations nationally.

6.9 The patient – staff indicator was below target at less than 45 incidents per month and 20% lower than the previous year. The Trust was a high reporter of incidents due to staff confidence in reporting in this area.

**6.10 The Group considered the situation to be favourable in the area of patient safety within mental health units and also commended the work achieved in hospitals to reduce pressure ulcers. They hoped that this work could be extended outside of hospital into community health services.**

### Clinical Effectiveness

6.11 The Director of Nursing and Quality advised that the indicator in relation to staff delivering quality, evidence based care had shown an improvement during Q4 due to a focussed effort by staff.

**6.12 The Group commented that there had been an improvement in the level of quality, evidence based care, but there was still some way to go in achieving and maintaining a higher target level.**

**6.13 The Group commended the Trust's achievements regarding the indicator which measured the percentage of patients' whose physical and mental health needs had been considered in assessments, due to the long term effectiveness that this indicator would have.**

**6.14 In relation to dementia case finding in community hospitals, an ambitious target had been set for this, but not quite achieved yet. Again the Group commended the Trust and it was hoped that this could be provided outside of the hospital setting too. The Group was informed that there was currently a drive for early case finding via GP surgeries, supported by the fact that this was a CQUIN target.**

6.14 The Director of Nursing and Quality informed the group that training for staff had taken place on the systems and required standards for patient care plans and that Q4 data would provide a more reasonable position than previously reported.

**6.15 The Group commented that the Trust had made a good start in the area of patient care plans and looked forward to further improvements in the future.**

**Performance Against Key National Priorities – Quality Indicators 2014-15**

7. Unfortunately year-end information was not available at the time of the meeting and the national quality indicator in respect of “minimising delayed transfers of care” was of particular concern. The Director of Nursing and Quality noted the challenge in achieving targets for this indicator and explained that packages of care and placements were often difficult to find. However, work with partner agencies was going well and the Director of Nursing and Quality agreed to forward the Q4 information following the meeting.

**Future Meetings**

8. Members noted the arrangements for future meetings of the Group in 2015/16 as listed below:-

- Monday 9 November 2015, 10.00am, Committee Room 6, County Hall
- Thursday 14 April 2016, 10.00am, Committee Room 2a, County Hall

Meeting Duration: 10.00am – 11.20am

**Dorset Health Scrutiny Committee commentary for Dorset HealthCare NHS University Foundation Trust, May 2015:**

The Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2014/15 and in particular, made the following comments:

Members recognised the on-going work around complaints being undertaken by the Trust and suggested that a breakdown of complaints relating to agency and in-house staff would be useful to know in future, in order to identify any pattern of staff behaviour and, furthermore, that compliments could also be included in the report in order to provide a balanced view.

The Group considered the situation to be favourable in the area of patient safety within mental health units and also commended the work achieved in hospitals to reduce pressure ulcers. They hoped that this work could be extended outside of hospital into community health services.

With regard to clinical effectiveness, the Group commented that there had been an improvement in the level of quality, evidence based care, but there was still some way to go in achieving and maintaining a higher target level.

The Group commended the Trust's achievements regarding the indicator which measured the percentage of patients' whose physical and mental health needs had been considered in assessments, due to the long term effectiveness that this indicator would have.

In relation to dementia case finding in community hospitals, an ambitious target had been set for this, but not quite achieved yet. Again the Group commended the Trust and it was hoped that this could be provided outside of the hospital setting too. The Group was informed that there was currently a drive for early case finding via GP surgeries, supported by the fact that this was a CQUIN target.

The Group commented that the Trust had made a good start in the area of patient care plans, especially around training, and looked forward to further improvements in the future.

The Group had met with the Trust on three occasions during 2014/15 to discuss progress on the priority indicators and welcomed these opportunities for constructive and open dialogue.