Agenda Item:

# Dorset Health Scrutiny Committee

### **Dorset County Council**





| Date of Meeting    | 8 September 2015  |  |  |
|--------------------|---|--|--|
| Officer            | Director for Adult and Community Services   |  |  |
| Subject of Report  | Seven Day Services Update, Dorset County Hospital NHS Foundation Trust  |  |  |
| Executive Summary  | This update follows the previous brief presented to Dorset Health<br>Scrutiny Committee in March 2015.<br>Since March, and in keeping with the national drive, the Dorset<br>Clinical Commissioning Group has included some provision of<br>seven day services into the annual contract for 2015/16. The<br>contract requires Dorset County Hospital to deliver any 5 of the 10 |  |  |
|                    | clinical standards in 2015/16 and the remaining 5 the following year. This reports outlines progress against the 5 standards for 2015/16.   |  |  |
| Impact Assessment: | Equalities Impact Assessment: N/A   |  |  |
|                    | Use of Evidence:  |  |  |
|                    | Report provided by Dorset County Hospital NHS Foundation Trust.   |  |  |
|                    | Budget: N/A   |  |  |
|                    | 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:<br>Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate)<br>Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)<br>( <i>i.e. reflecting the recommendations in this report and mitigating actions proposed</i> )                           |  |  |
|----------------------------------|--|--|--|
|                                  | Other Implications:  |  |  |
|                                  | None.  |  |  |
| Recommendation                   | That the Health Scrutiny Committee consider and comment on the progress made in delivering seven-day services at Dorset County Hospital.   |  |  |
| Reason for<br>Recommendation     | The work of the Health Scrutiny Committee contributes to the<br>County Council's aim to protect and improve the health, wellbeing<br>and safeguarding of all Dorset's citizens.  |  |  |
| Appendices                       | 1 Progress update with Seven Day Services  |  |  |
| Background Papers                | Papers Report to Dorset Health Scrutiny Committee, 10 March 2015:<br><u>http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/</u><br><u>BE4256ED6618623980257DF9003A54F8/\$file/06%20-</u><br><u>%20Progress%20with%207%20Day%20Services%20</u><br>(Dorset%20County%20Hospital).pdf |  |  |
| Report Originator and<br>Contact | Name: Ann Harris, Health Partnerships Officer<br>Tel: 01305 224388<br>Email: <u>a.p.harris@dorsetcc.gov.uk</u>   |  |  |

## Progress Update with Seven Day services

#### 14<sup>th</sup> August 2015

#### **Introduction**

This update follows the previous brief presented at the March 2015 committee.

Since March, and in keeping with the national drive, the Dorset Clinical Commissioning Group has included some provision of seven day services into the annual contract for 2015/16. The contract requires Dorset County Hospital to deliver any 5 of the 10 clinical standards in 2015/16 and the remaining 5 the following year.

The clinical standards are attached and were described in the NHS England report 'NHS Services, Seven Days a Week Forum - Summary of Initial Findings', first published December 2013. For clarity, seven day services currently relates to unplanned care.

Within the hospital, demand for beds has continued to be high with little reduction since the winter. As next winter draws closer, the hospital needs to improve the flow of patients to meet the expected increased demand for beds. Consequently, Dorset County have concentrated on the clinical standards that relate to and can support improved patient flow. These are:

| Serial | Standard | Heading                         |
|--------|----------|---------------------------------|
| 1.     | 2        | Time to first consultant review |
| 2.     | 3        | Multi-disciplinary Review       |
| 3.     | 4        | Shift Handovers                 |
| 4.     | 6        | Interventions / Key Services    |
| 5.     | 9        | Transfer to community, primary  |
|        |          | and social care                 |

#### **Progress**

Overall progress toward each standard is generally good.

#### Time to first consultant review

The hospital introduced a new ambulatory care service that ensures patients are assessed early following admission by a consultant. This new service will need a stock-take in time for its wider benefits but all patients are currently reviewed within the times specified within the standard.

Work is ongoing to provide this service seven days a week. The main challenge is recruitment of consultants. The benefit from this work is to ensure that patients receive appropriate treatment in the right setting.

#### Multi-disciplinary (MDT) Review

All admitted patients across the different unplanned settings are reviewed by a MDT. Work is ongoing to ensure that every profession is represented across seven days.

This standard ensures there is a holistic treatment plan in place so that patients receive the care they need from a variety of professionals.

#### Shift Handovers

Shift handovers are well-established within the hospital seven days a week. The main area of work is to bring surgical and medical handovers together.

Effective shift handovers ensure that patient's condition, treatment and well-being are captured by the oncoming shift so their recovery is not hindered.

#### Interventions / Key Services

The hospital provides a range of interventions seven days a week. Some of the services are provided through an on-call arrangement and the demand suggests this is the right approach.

Work is ongoing to ensure all necessary interventions are available seven days a week.

#### Transfer to community, primary and social care

This is the area of most work and challenge. Most patients are discharged home with few complexities. However, increasingly patients have more complex needs; they are living with long-term conditions, are frailer and need on-going support. As a result discharges are delayed which has a negative impact on the patient and means there is one less bed to accommodate for new patients.

The hospital and our partners are working together to meet this standard. The aim is to reduce the number of transfer delays and the length of delay by developing integrated discharge pathways to provide safe and timely discharges seven days a week.

#### Paul Lewis MBE Head of Service Improvement & Business Development Dorset County Hospital NHS FT