

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	7 June 2016
Officer	Director for Adult and Community Services
Subject of Report	Quality Accounts – Submitted commentaries 2015/16
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 2015/16 end of year Quality Accounts.</p> <p>Membership of the task and finish groups has included the Chairman, Vice-Chairman and the 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>In future support for these task and finish meetings will no longer be provided by Democratic Services and reporting is therefore likely to be less formal in format.</p> <p>In addition to the invitation to comment by Dorset County Hospital and Dorset HealthCare Trusts, the Chair of Dorset Health Scrutiny Committee is invited by letter on an annual basis to comment on the Quality Account produced by South Western Ambulance Service NHS Foundation Trust. That submission is also included within this report.</p>

Quality Accounts – Submitted commentaries 2015/16

Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<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>Not applicable.</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: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	<p>The Committee:</p> <ol style="list-style-type: none"> 1. Notes the commentaries that have been submitted on its behalf; 2. Agrees that the task and finish group approach to working with the relevant Trusts continues in 2015/16; and 3. Appoints members to the task and finish groups.
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"> 1. Notes of the task and finish group for the Quality Account for Dorset County Hospital NHS Foundation Trust. 2. Commentary submitted to the Dorset County Hospital NHS Foundation Trust. 3. Notes of the task and finish group for the Quality Account for Dorset Healthcare University NHS Foundation Trust 4. Commentary submitted to the Dorset Healthcare University NHS Foundation Trust. 5. Commentary submitted to South Western Ambulance Service NHS Foundation Trust.
Background Papers	<p>None.</p>
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Task and Finish Group - Quality Account

Dorset County Hospital NHS Foundation Trust

Minutes of the meeting held at on Monday, 11
April 2016

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith and Mike Lovell

Officer Attending:

Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

Appointment of Chairman

1 **Resolved**

That Ronald Coatsworth be appointed Chairman for the year 2016/17.

Apologies

2 An apology for absence was received from Peter Shorland. Mike Lovell attended in his place.

Notes of Previous Meeting

3 The notes of the meeting held on 7 December 2015 were confirmed.

Quality Account Progress against priorities 2015/16

4 The Group considered a report by the Deputy Director of Nursing and Quality for Dorset County Hospital NHS Foundation Trust. The report highlighted the progress that had been made on the nine 2015/16 priorities for quality improvements. Final end of year information had not yet been made available.

Reducing Hospital Acquired Pressure Ulcers

Work had been undertaken to help staff become more aware of pressure ulcers and how to recognise them at an earlier, more treatable stage. Better equipment was now being used such as new mattresses. The CCG were also organising awareness raising campaigns to help target the issue within the community, which would in turn help to reduce the amount of patients being admitted to hospital who already had pressure ulcers. Overall, there had been a significant reduction in hospital acquired pressure ulcers.

Reducing the Harm Caused as a Direct Result of Falling

The reasons behind falls had been analysed and work to target the causes had been undertaken. Sensors had been installed around beds to notify staff when a patient gets up. Improved night lighting had also been installed to help improve disorientation. Some patients were also given hip protectors to help absorb impact if they were to fall. There was also a Fall Committee in place to look at continuous ways of improving. It was noted that there had been a significant reduction in harm caused by falling.

Early Recognition of Sepsis

A Sepsis Nurse had been appointed to help increase knowledge and awareness. There had been an increase in patients who receive antibiotics within the first hour of being admitted and an overall increase of people being treated for Sepsis. The work was having a positive effect, but there was still more progress that could be made.

Reducing Patient Discharges at Night

It had been acknowledged that discharging elderly patients after 9pm could be unsafe. There had been a significant reduction in the amount of patients released after 9pm. Members agreed that anyone being released needed to be sent home to a full stock of food and a heated home.

Electronic Discharge Summaries

There had been an increase in the number of electronic discharge summaries sent to GPs and care homes following patient release. However, it was noted that further work was to be done on improving the quality of information that was sent through.

Learning from Near Miss Incidents

A culture of reporting incidents that potentially could have happened had now been embedded throughout the Trust. The aim was to raise awareness and identify potential risk before any harm could be caused. A large number of near miss incidents had been reported throughout 2015/16.

Friends and Family Test

The Trust had received a good response rate from friends and families. It was noted that different departments receive varied response rates. The emergency department had received comments from 25% of services users. Of these, 90% recommended the service. The trust was ranked within the top quarter nationally, with the emergency department being ranked top.

Application of Duty of Candour and Timely Compassionate Response to Complaints

Once a complaint had been received, the Trust would contact the complainant to establish an agreeable timescale for a response. If the timescale was then not met, the Trust would become non-compliant. It was noted that early contact with a complainant often defused a potentially heated situation.

The Group agreed that overall, measurable progress had been made across all different aspects of the priority targets. Members were pleased with the work that had been undertaken.

Priorities for 2016/17

- 5** The following local priorities have been proposed for the year 2016/17 (in addition to national priorities):

Patient safety

Priority 1 Reducing Hospital Acquired Pressure Ulcers

Priority 2 Improved Mortality Surveillance and reducing Variation

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- Priority 3 Reducing the incidence of severe sepsis/Acute Kidney Injury & managing patients effectively when admitted with sepsis and/or AKI

Clinical effectiveness

- Priority 4 Implementation of improved discharge processes
- Priority 5 Increasing the % of Electronic Discharge Summaries sent within 24 hours and meeting the quality requirements agreed with primary care.
- Priority 6 Improving availability and accessibility of Information to patients

Patient experience

- Priority 7 Improving services for patients with Learning Disabilities
- Priority 8 Timely and compassionate response to complaints
- Priority 9 Advanced Communication skills for staff supporting those at the End of Life

Meeting Duration: 10.00 am - 10.50 am

Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2016:

The Task and Finish Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2015/16 and in particular, made the following comments:

With regard to patient safety, members congratulated the Trust on the significant work that has been undertaken in the past year to reduce the incidence of hospital acquired pressure ulcers but were concerned to hear that patients are often admitted with pre-existing ulcers. Work by the Clinical Commissioning Group (CCG) to analyse occurrence and actions taken was welcomed and members plan to seek further clarification regarding work in the community, particularly with GP practices.

Members commended the Trust on the creditable progress that has been made on reducing the harm to patients that fall in the hospital via a range of preventative measures and were pleased to hear of the developments relating to the early recognition of sepsis. The appointment of a dedicated sepsis nurse and targeted educational programmes seemed to be proving successful.

With regard to clinical effectiveness, the significant reduction in the number of patients discharged at night was welcomed but members emphasised the need for practical home support for older people, particularly food and heat. The increase in the number of electronic discharge summaries sent to GPs and care homes was also welcomed, with recognition that more needed to be done to improve the quality of the information contained within the summaries.

The embedding of reporting of 'near miss' incidents had improved over the last year and members acknowledged that this would enable staff to learn by experience.

With regard to patient experience, members were pleased that the Trust continues to perform well in obtaining Friends and Family feedback and that 90-95% of individuals would recommend the hospital. The Trust's approach to the application of the Duty of Candour and complaints demonstrated to members a commitment to learn from mistakes and to deal with issues in a person-centred manner.

Members of the task and finish group agreed that, overall, measurable progress had been made across all different aspects of the priority targets, and were pleased with the work that had been undertaken. The proposed quality priorities for 2016/17 indicated a continuation of key initiatives and recognition of emerging issues.

Task and Finish Group - Quality Account Dorset Healthcare University NHS Foundation Trust

Minutes of the meeting held at on Monday, 11
April 2016

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith and Ros Kayes

Officer Attending:

Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

Appointment of Chairman

- 1 **Resolved**
That Ronald Coatsworth be appointed Chairman for the year 2016/17.

Apologies

- 2 There were no apologies for absence received.

Notes of Previous Meeting

- 3 The notes of the meeting held on 2 November 2015 were confirmed.

Quality Account Progress against priorities 2015/16

- 4 The Group considered a draft report from Dorset Healthcare University NHS Foundation Trust (DHUFT) which outlined the progress made against the quality accounts priorities set for 2015/16. Comments were currently being received on the draft report and a final version would not be available until it had been agreed in May.

The Group were informed that of the three main priority targets, patient experience, patient safety and clinical effectiveness, two of the objectives had been fully completed with patient safety being partially completed. The report gave a detailed analysis of how each objective had been achieved and the work that had been undertaken.

Members asked what work had been undertaken to mitigate the amount of pressure ulcers within hospitals and across the community. Specialist skin training had been rolled out across all staff to help identify early signs and district nurses were actively aware of the issue within the communities they served. However, it was noted that unless people spoke up at an early stage, it was difficult to prevent the issue.

The Report highlighted that over the past year DHC had not been performing well against the Venous Thrombo Embolism (VTE) assessment standards and needed to improve on that position. Members asked what work was being done to achieve the required improvement. It was noted that staff were being trained in screening processes. Medication historically had been provided by doctors only, but different ways of prescribing medication in the absence of a doctor was now being explored.

Members asked what progress had been made following the CQC inspection, as there had been several 'must do' actions highlighted. The CQC had recently returned to look at seven core services following the initial inspection. Although the final report was not due until June, the overall feeling was that good progress had been made and significant improvement had been achieved.

It was asked why patient safety objectives had only been partly achieved. The challenges set to DHC had been designed to stretch and test services to ensure a high level of standard was achieved. The aim was to have 95% of patients completing risk assessments, but this was currently only on 84%. It was noted that a significant amount of training had been undertaken to ensure staff were correctly equipped, and this was having a noticeable difference.

Members were informed that overall, DHC felt that they had done very well in achieving the targets set to them. There would always be room for improvement, but significant progress had been made and this would continue in the coming year. Members complimented DHC for undertaking some work that had been over and above the targets set.

Priorities for 2016/17

- 5 The following local priorities have been proposed for the year 2016/17 (in addition to national priorities):

Patient experience

Patients and carers are engaged and active participants in care planning and delivery. Recognise quickly when care goes wrong and talk openly and honestly to patients and carers.

Patient safety

To reduce the number of patients using our service who experience an unexpected deterioration in their physical condition which results in an admission to an acute general hospital.

Clinical effectiveness

Support staff to implement NICE quality standards of care to enable the provision of high quality evidence based care to our patients.

Meeting Duration: 11.30 am - 12.40 pm

Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2016:

The Task and Finish Group, commenting on behalf of the Dorset Health Scrutiny Committee, commended the progress made in the Quality Account for 2015/16 and in particular, made the following comments:

With regard to patient safety, members were particularly interested in the on-going work to reduce the incidence of pressure ulcers, many of which are community-acquired. It was noted that these can be difficult to prevent if individuals do not engage with health or social care services at an early stage.

With regard to clinical effectiveness, members questioned how the Trust intended to improve on performance and welcomed the staff training which was being undertaken, along with the exploration of ways to provide prescribed medications.

The outcome of recent inspections by the Care Quality Commission were of particular interest to members, as the Dorset Health Scrutiny Committee has received a number of reports on this matter. Members queried the rate of progress against 'must do' actions and were pleased to hear that good progress was being made, along with significant improvement, particularly with regard to child and adolescent mental health services and minor injuries units.

Members noted that objectives for 2015/16 had been fully achieved in two areas (patient experience and clinical effectiveness), but only partially achieved in the area of patient safety. Root cause analysis for pressure ulcers and risk assessments for patients with mental health problems were reported to be the key areas for further development, but members acknowledged the challenging targets that the Trust had set itself. The staff training taking place to tackle these objectives was welcomed.

Overall, members recognised that there would always be room for improvement, but significant progress had been made and was likely to continue in the coming year given the more robust attitude to the anticipation of issues arising. Members complimented the Trust for stretching to achieve over and above minimum targets and welcomed the opportunity to comment on the proposed priorities for 2016/17.

Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2016:

The Chairman of Dorset Health Scrutiny Committee, on behalf of the Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2015/16 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note that two out of three key priorities for 2015/16 were achieved (Paediatric Big Six and Frequent Callers) and hope that the third priority (Sign up to Safety) will be achieved shortly. With regard to engagement with staff to contribute to the improvement of patient safety, one observation would be that the target of a minimum response rate of 3% seems somewhat low, and the Committee would hope that a higher response rate than this will actually be reached.

The Committee notes the priorities identified for 2016/17 and supports those proposed (Cardiac Arrest, Accessible Information and Human Factors). The priority to increase the accessibility of information is of particular interest in the context of reducing health inequalities, something which the Committee is tasked to promote.

With regard to the reporting of key performance indicators for 2015/16, the Committee recognises the challenges faced by the Trust in relation to the Category A targets and hopes that the improvement plan is successful in identifying key actions and driving development forwards. It was disappointing to find that data was not yet available in the draft Account for some indicators, but the Committee welcomes the commitment to learning from staff feedback and from patient incidents.

The Committee also welcomes the increase in compliments and the way in which these are passed on to staff, but was concerned to find that complaints, concerns and comments had also increased (by over 19%). Analysis of causes and themes for these will hopefully enable measures to be taken to reverse this trend over the next year. Related to this, the patient experience surveys seem to indicate higher levels of appreciation for the GP Out of Hours Service than the NHS 111 Service. Given the recent concerns regarding the NHS 111 Service discussed by the Dorset Health Scrutiny Committee in March 2016, further consideration of this may be helpful.

Over the past year, members of the Dorset Health Scrutiny Committee have continued to engage in a positive relationship with the South Western Ambulance Service NHS Foundation Trust and would like to express their thanks for the Trust's commitment to this.