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Agenda

Dorset County Council

Meeting: Dorset Health Scrutiny Committee

Time: 10.00 am

Date: 6 September 2016

Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

Ronald Coatsworth (Chairman)	Dorset County Council
Bill Batty-Smith (Vice-Chairman)	North Dorset District Council
Ros Kayes	Dorset County Council
Paul Kimber	Dorset County Council
Mike Lovell	Dorset County Council
William Trite	Dorset County Council
David Jones	Dorset County Council
Tim Morris	Purbeck District Council
Peter Shorland	West Dorset District Council
Alison Reed	Weymouth & Portland Borough Council
Colin Jamieson	Christchurch Borough Council

Notes:

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- **Public Participation**

  Guidance on public participation at County Council meetings is available on request or at http://www.dorsetforyou.com/374629.

  Public Speaking

  Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 1 September 2016, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Contact: Jason Read, Democratic Services Officer
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Date of Publication:
Friday, 26 August 2016

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

Councillors are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

3. **Minutes** 5 - 10

To confirm and sign the minutes of the meeting held on 7 June 2016.

4. **Public Participation**

(a) Public Speaking

(b) Petitions

5. **Delayed Transfers of Care** 11 - 36

To consider a report by the Assistant Director, Adult Care.

6. **Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust** 37 - 48

To consider a report by Dorset County Hospital.

7. **Fobbed Off - Some Experiences of Making a Complaint about NHS Foundation Trusts in Dorset** 49 - 110

To consider a report by Healthwatch Dorset.

8. **NHS Dorset CCG - Changes to GP Commissioning and Locality Working** 111 - 120

To consider a report by the Director of Design and Transformation for NHS Dorset Clinical Commissioning Group.

9. **E-zec - Patient Transport Service** 121 - 126

To consider a report by the Director for Service Delivery, NHS Dorset Clinical Commissioning Group.

10. **Joint Health Scrutiny Committee (Clinical Services Review) - Update Briefing** 127 - 132

To consider a report by the Interim Director for Adult and Community Services.

11. **Matters for Potential Joint Health Scrutiny Committees: South Western Ambulance Service NHS Foundation Trust (Independent Review and CQC Inspections) and Community Dental Services in East Dorset** 133 - 136

To consider a report by the Interim Director for Adult and Community Services.

12. **Briefings for Information/Noting** 137 - 150

To consider a report by the Director for Adult and Community Services (attached). This report includes the following items;

- Healthwatch Dorset – Summary of Annual Report 2015/16.
- Dorset Health Scrutiny Committee – Annual Report 2015/16.
- Draft Dorset Joint Health and Wellbeing Strategy 2016-2019.
- Dorset Health Scrutiny Committee Forward Plan

13. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Thursday 1 September 2016.

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Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Tuesday, 7 June 2016.

Present:
Ronald Coatsworth (Chairman)
Bill Batty-Smith (Vice-Chairman)

Members Attending
Ros Kayes, Dorset County Council
William Trite, Dorset County Council
David Jones, Dorset County Council
Tim Morris, Purbeck District Council
Peter Shorland, West Dorset District Council
Alison Reed, Weymouth & Portland Borough Council

Officers Attending:
Alison Waller (Head of Partnerships and Performance), Ann Harris (Health Partnerships Officer) and Jason Read (Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **Tuesday, 6 September 2016**.)

Election of Chairman

13 **Resolved**
That Ronald Coatsworth be elected Chairman for the remainder of the year 2016/17.

Appointment of Vice-Chairman

14 **Resolved**
That Bill Batty-Smith be appointed Vice-Chairman for the remainder of the year 2016/17.

Apologies for Absence

15 An apology for absence was received from Sarah Burns (West Dorset District Council).

Code of Conduct

16 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllr David Jones informed the Committee that his spouse was registered disabled. As this was not a disclosable pecuniary interest he remained in the meeting and took part in the debate.

Cllr Alison Reed informed the Committee that she was employed by Dorset Healthcare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she remained in the meeting and took part in the debate.

Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on occasion, her employer received funding from Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she

remained in the meeting and took part in the debate.

Terms of Reference

17 The terms of reference for the Dorset Health Scrutiny Committee were noted.

Noted.

Public Participation

18 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public questions received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Minutes

19 The minutes of the meeting held on 8 March 2016 were confirmed and signed.

Seven-Day Services Update

20 The Committee considered a report by the Deputy Chief Operating Officer, Dorset County Hospital NHS Foundation Trust. The report outlined the work being undertaken to provide a seven day service to patients who needed emergency admission, diagnosis or treatment.

In line with NHS England's direction, the Trust had to be seven day service compliant by 31 March 2020 but aimed to complete the work by March 2018. A recent audit had showed there had been good compliance in some areas, with work still to be done in others. In order to achieve full compliance, the Trust had developed an action plan which would be delivered through a project with clinical and senior management leadership. The report highlighted each area the audit had looked at and detailed the Trust's progression in each area.

Noted.

Child and Adolescent Mental Health Services

21 The Committee considered a joint report by the Director of Service Delivery, NHS Dorset Clinical Commissioning Group and the Director for Children's Services, Dorset County Council. The report outlined the service context for the provision of child and adolescent mental health services (CAMHS), focusing on the performance, particularly around access and waiting times. Improvements had been made in these areas as a result of the range of actions undertaken by the commissioners and providers. However, it was recognised that it was still an area of concern.

The report outlined areas of additional investment in Emotional Wellbeing and Mental Health through the submission of a transformation plan to NHS England on behalf of local partnerships. The report also outlined progress on the development of a new Emotional Wellbeing and Mental Health Strategy for children and young people. Public consultation on the strategy had been completed in May 2016, and the feedback received was now being analysed. An implementation plan would be

published in September 2016.

Some concerns were raised by members regarding the increase in referrals and the increased number of patients being denied treatment. The Committee were reassured that increases were a reflection of what was happening nationally. Dorset's number was below average compared other parts of the Country.

It was noted that historically, a large number of cases had not been identified as soon as they should have been. Officers explained that various different work streams had been undertaken with schools and teaching staff in an attempt to up-skill educational professionals to enable them to identify mental health issues in young people. This would help increase awareness and allow access to treatment at a much earlier stage. It was suggested that the recent review of youth services and changes being made to how Youth Workers delivered services would provide an opportunity to help recognise and prevent mental health issues at an early stage.

The committee felt that there were possible concerns arising over the effect of certain aspects of modern life and believed that the restructuring of youth services had a very important part to play. The Committee suggested that the matter be passed to the appropriate overview committee for consideration on a future agenda. Officers informed the Committee that work in this area had already been undertaken, and would be included as part of the relevant overview and scrutiny committee's work programme in the future.

Noted.

Annual Work Programme April 2016 to March 2017

22 The Committee considered a report by the Director for Adult and Community Services, which outlined the future work of the Committee planned for April 2016 to March 2017.

Discussion at a member's workshop had resulted in a number of items being added to the work programme. It was noted that the forward plan was a standing agenda item and therefore members had the opportunity to amend the plan if they so wished, on a quarterly basis.

Noted.

Appointments to Committees and Other Bodies

23 The Committee considered a report by the Director for Adult and Community Services, which outlined membership to various bodies and asked the Committee to nominate members to fill vacancies.

Two vacancies had arisen on the Joint Health Scrutiny Committee. It was agreed that Councillors Ros Kayes and Bill Batty-Smith be appointed to fill the vacancies. Councillors Alison Reed and William Trite were appointed as reserve members to the Committee.

Resolved

1. That Ros Kayes and Bill Batty-Smith be appointed to sit on the Joint Health Scrutiny Committee.
2. That Alison Reed and William Trite be appointed as reserve members on the
3. Joint Health Scrutiny Committee.

That membership on all other bodies remain as set out in the report.

Revised Protocol for Dorset Health Scrutiny Committee

24 The Committee considered a report by the Director for Adult and Community Services, which outlined the Protocol for the Dorset Health Scrutiny Committee. The revised protocol had been presented to the Committee at the previous meeting held on the 8 March 2016. Members had raised queries regarding two matters, which were clarified as follows;

- The removal of reference to the scrutiny of the Supporting People Programme related to the transfer of this responsibility to the Adult and Community Services Overview Committee, which was agreed by Dorset Health Scrutiny Committee members on 11 March 2013.

- Scrutiny of the Dorset Health and Wellbeing Board (HWB) was not within the remit of the Dorset Health Scrutiny Committee (DHSC). This was considered as part of the work of a task and finish scrutiny review undertaken by Dorset County Council members in late 2015/early 2016. The rationale behind the decision was as follows;
    - DHSC had a statutory role and terms of reference. It undertakes outward looking scrutiny of NHS bodies and proposals for substantial variations in the provision of health services. Part of the role of the HWB was also a scrutiny role. If DHSC was given a role in scrutinising the HWB then it would dilute and distract DHSC from its statutory role and result in the County Council having one scrutiny committee scrutinising the scrutiny conducted by another committee. The task and finish group reported to the Standards and Governance Committee on 25 January 2016 and their recommendations were subsequently agreed by the County Council on 15 February 2016.

As the proposed changes set out within the new Protocol were consequential of changes to regulations and guidance and clarified administrative matters, the changes could be approved by the Committee without the need for any referral to the County Council as host Council. In particular, there were no proposals to change the terms of reference of the Committee.

Resolved.

1. That the revised protocol for the Dorset Health Scrutiny Committee, as set out in the report, be approved.

Dementia Services Review

25 Unfortunately there was no representative from the NHS Dorset Clinical Commissioning Group (CCG) to present the report. Members agreed that in order to give the matter proper consideration, it should be deferred to the September meeting so that a representative of the CCG could attend and present the report.

Resolved.

1. That the report on the Dementia Services Review be deferred until the September meeting of the Dorset Health Scrutiny Committee.

Specialist Dementia Services across Dorset

26 The Committee considered a report by the Dorset Locality Director for Dorset Healthcare University NHS Foundation Trust (DHC). The report informed the Committee of a change to service provision at the Chalbury Unit in Weymouth and the implications these changes would have on patients and carers.

It was proposed that all NHS inpatient care beds for older people with dementia were provided at Alderney Hospital while options were considered for the provision of

specialist dementia services across Dorset. DHC were making adjustments to the environment at Alderney Hospital to accommodate an additional 8 beds. Proposals to introduce different services in the West of Dorset were currently under development. Affected patients, relatives and staff were being consulted about the changes and, at present, it seemed likely that only one patient would have to be transferred to Alderney Hospital. The remaining current patients would be placed in alternative accommodation.

Members asked for assurance that Chalbury Unit would not be closed and expressed concern regarding the lack of provision in the west of the County. It was confirmed that any arrangements in place currently were temporary, and the future of the unit would be considered as part of a larger review. At this time it was difficult to predict the future arrangements of the unit.

Members raised concerns over travel arrangements for patients and carers. It was suggested that an income based criteria should be used when arrangements for transport were reviewed. Members agreed that affordability should play a factor. However, members agreed that arranging the transport should not be the responsibility of patients and carers, regardless of their income or financial situation. Officers agreed to feed the comments back to those responsible for travel arrangements.

Resolved.

1. That the Committee's feedback around transport arrangements be fed back to the officers responsible for reviewing arrangements.

Quality Accounts - Submitted commentaries 2015/16

27 The Committee considered a report by the Director for Adult and Community Services, which highlighted the commentaries made following the most recent Task and Finish Group Meetings. The Committee were invited to comment on Quality Accounts prepared by local NHS Trusts on an annual basis. Two Task and Finish Groups had worked throughout the year with Dorset County Hospital NHS Foundation Trust (DCH) and Dorset HealthCare University NHS Foundation Trust (DHUFT) to discuss and review their Accounts and to formulate the Committee's commentary for the 2015/16.

The Trusts were required to submit their Quality Accounts to Monitor by May 2016. The Task and Finish Groups formulated and submitted the commentaries outlined in the report, on behalf of the Committee, to both of the NHS Trusts concerned.

Future support for the Task and Finish Group meetings would no longer be provided by Democratic Services and reporting was therefore likely to be less formal in format.

Noted

Briefings for Information/Note

28 The Committee considered a report by the Director for Adult and Community Services. The briefings presented in the report were primarily for information and noting.

Noted

The Committee expressed concerns with arrangements and the composition of the Joint Health Scrutiny Committee regarding the lack of information shared by the CCG. As a result, the Committee:-

Resolved

1. Expressed its concern that the current composition of the Joint Health Scrutiny Committee did not allow adequate representation for the people of rural Dorset. The Committee recommended that there be an urgent review of the Joint Health Scrutiny Committee's composition and officer support.

2. Noted that whilst the Joint Health Scrutiny Committee was a legal requirement, for its Dorset members to contribute adequately to the process, there needed to be pre-scrutiny of the relevant matters at the Dorset Health Scrutiny Committee. The Committee strongly recommended that all materials were presented to the full Dorset Health Scrutiny Committee for comment, before any Joint Health Scrutiny meetings.

3. Noted with concern the proposals from the CCG for the re-organisation of hospital services provision. The Committee very strongly expressed its view that such proposals as at present set out could be seriously detrimental to the people of Dorset. The Committee were concerned at the lack of detailed information that the Dorset Health Scrutiny Committee had received. The Committee requested that officers prepare a programme for full and intensive scrutiny and allowed for provision of all appropriate information.

Questions from County Councillors

29 No questions were asked by members under standing order 20(2).

Meeting Duration: 10.00 am - 12.35 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Harry Capron Assistant Director, Adult Care
Subject of Report	Delayed Transfers of Care
Executive Summary	Delayed Transfers of Care (DToC) are a key area of concern across the health and social care community in Dorset. The reasons for delays are numerous and can change on a daily and weekly basis, as can the number of individuals delayed. Most of the individuals delayed require ongoing health and/or social care input upon discharge from hospital. Monthly reporting on Dorset's performance places Dorset into the bottom quartile with high numbers of days delayed in both acute and non-acute hospitals. The current data for Dorset County Council shows that for all delays, the top three attributable reasons for a delay are: • awaiting packages in own home • awaiting nursing home placement • awaiting further non-acute NHS care The recently published High Impact Change Model focuses on eight high impact changes that can support health and care systems to reduce delayed transfers of care. In response to this the System Resilience Group (SRG) have agreed a PAN Dorset Delayed Transfer of Care Plan based around these eight High Impact Changes. Reporting directly to the Dorset SRG there are three Health and Social Care Accountable Care Partnerships. These partnerships

	are responsible for the delivery and update of the DTOC action plan for their area. Royal Bournemouth Hospital (RBH) Following support from NHS England Royal Bournemouth Hospital and their partners have developed a 42 point action plan. There are already robust processes in place to monitor and agree delayed transfers of care so the action plan focuses on improving patient flow and focusing on the eight High Impact Changes. Three key elements to the plan are the development of a Frailty Unit at RBH which will be operational from the beginning of September. The development of a Hub in Christchurch linked to the Frailty Unit which will support discharge to assess and admission avoidance. This will be operational at the end of August and the bringing together of hospital and social care teams into a discharge hub with Trusted Practitioners underpinning the hub will enable discharges across seven days. Dorset County Hospital (DCH) Dorset County Hospital and their partners are also in the process of developing an action plan through their Accountable Care Partnership. The plan is based around the eight High Impact Changes with a priority to develop an Integrated Discharge Team which will bring together health and social care services into a co-located office within DCH. Poole General Hospital (PGH) Poole Hospital and their partners are currently in the process of developing an action plan which will reflect the RBH plan and focus again on the eight High Impact Changes. In partnership PGH are also currently developing a Discharge Bureau. A Project Initiation Document is currently being drafted and key aims will be to co-locate partners responsible for discharge across the hospital providing a central point for discharge coordination and information. Yeovil District Hospital (YDH) Partnership work is at an early stage with Yeovil. Weekly phone calls have been put in place to discuss delays, and escalation processes have been agreed. Partners recently attended a workshop which highlighted areas across the patient pathway where the partnership will carry out further work.

	Salisbury District Hospital (SDH) There are currently formal processes in place for agreeing delays on a weekly basis, however all partners are involved in the 'Green to Go' work that is looking to improve patient discharges. Dorset Health Care (DHC) There are weekly conference calls with all partners to agree delays and actions needed, and escalation processes are in place for patients delayed over a certain length of time. There has been some valuable learning from these cases which have improved future discharges. Key Priorities DCC will continue to work alongside Accountable Care Partnerships and implementation groups to deliver the agreed local Delayed Transfer of Care plans.
Impact Assessment:	Equalities Impact Assessment: Where there are changes or developments in services EqIA screening tools have been used to establish if full EqIA' s are required. This work has been carried out by the responsible working groups.
	Use of Evidence: There have been many reports and reviews carried out across Dorset on various parts of the patient's journey including reviews from NHS England, Local Government Association, Emergency Care Intensive Support Team and reports from the Kings Fund and the Clinical Services Review. All this evidence gathered is used to inform the work around reducing delayed transfers of care.
	Budget: Increased hospital admissions place demand-related pressures on all partner budgets in terms of higher than predicted levels of activity, for example, needing to set up and resource additional hospital beds through to funding extra domiciliary, residential and nursing care.
	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: HIGH Residual Risk: MEDIUM Without the rapid changes set out in this report being implemented the local health and social care system will be significantly challenged financially and clinically to meet the demands we expect during the forthcoming winter and Easter period.
	Other Implications: None.
Recommendation	To note and comment on key service demands and priorities to respond to delayed transfers of care in hospitals.
Reason for Recommendation	To support the progression of the key priorities which will improve Delayed Transfer of Care performance
Appendices	Appendix 1 – Dorset CCG – Delayed Transfer of Care Report June 2016
Background Papers	None.
Officer Contact	Name: Harry Capron Tel: 01305 224363 Email: h.capron@dorsetcc.gov.uk

1. Background

1.1 Delayed Transfers of Care (DToC) is a key area of concern across the health and social care community in Dorset. The reasons for delays are numerous and can change on a daily and weekly basis, as can the number of individuals delayed. Most of these delayed individuals require ongoing health and/or social care input upon discharge from hospital.

1.2 In the recent past there have been joint health and social care commissioning partnership plans and initiatives to support transfers of care.

1.3 NHS England Wessex recently commended Dorset health and social care organisations and staff for their clear commitment and transparency in working together with a clear objective of preventing delayed transfers of care.

1.4 The Delayed Discharge Act of 2003 was replaced by the Care Act 2014. One of the aims of the Care Act is to ensure that people do not remain in hospital when they no longer require care that can only be provided in an acute trust. Arrangements for discharging patients who are likely to have on-going care and support needs have

been designed to encourage acute trusts to plan for discharge in advance of the patient no longer requiring acute care.

1.5 Information about delayed transfer of care is collected for acute and non-acute patients, including mental health and community hospital patients on the monthly Delayed Transfers Situation Report (SitRep) return. The focus on the return is to identify patients who are in the wrong care setting for their current level of need and it includes patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay.

1.6 A SitRep delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready to transfer when:

- A clinical decision has been made that the patient is ready for transfer AND
- A multi-disciplinary team decision has been made that the patient is ready for transfer AND
- The patient is safe to discharge/transfer

1.7 The Care Act brought in some changes which include that every day of the week counts, including weekends and Bank Holidays. Previously delays were only counted during the working week. These changes are in line with the move towards seven day services. For social care delays, reimbursement is no longer mandatory and it is up to the discretion of the local system whether it wants to charge or instead use the resources in a different was to support effective discharge.

1.8 From April 2004 there has been a requirement to return the monthly SitRep report. This identifies all delays in transferring patients from acute and non-acute settings across three broad categories:

- reasons related to social care;
- reasons related to health care (non-acute);
- reasons related to delays in both health and social care.

1.9 When delays are reported they are categorised. Each category has a clear definition that ensures that delays are counted consistently across the country.

1.10 All health and social care delays are required to be reported on a monthly basis, it is common for this to be increased to weekly from October through to April, and sometimes daily. There is a requirement that the return is validated, agreed and signed by the trust and social care. This should be at Executive Director level in the acute trust and the Director of Adult Social Care level in the local authority. Delegation is acceptable as long as there is a process for escalation if there are any disputes.

1.11 From the monthly SitRep there are two specific performance reports, these are known as ASCOF 2C Part 1 and ASCOF 2C Part 2. ASCOF 2C Part 1 is a report on the number of delays at midnight of the last Thursday of the month. ASCOF 2C Part 2 is the number of delays at midnight of the last Thursday of the month that are attributable to social services.

2 Dorset Performance

2.1 The year end outturn for ASCOF 2C Part 1 was **23.5** per 100,000 population compared to 21.31 for 2014-15, against a target of 9.70. ASCOF 2C Part 2 was **9.2** per 100,000 population compared to 7.98 for 2014-15, against a target of 3.10.

2.2 The monthly reporting also produces a 'league table' of all 151 local authorities according to the delayed transfer of care performance. The end of year outturn showed that Dorset is in the bottom quartile for both indicators (146th of 151 authorities for ASCOF 2C Part 1 and 139th for ASCOF 2C Part 2). Data for May 2016 shows Dorset being placed at 141th of 151 authorities for ASCOF 2C part 1 and 135th for ASCOF 2C part 2). A majority of south west authorities and a majority of the Dorset comparator group authorities are also in the bottom two quartiles.

2.3 Delays are categorised by which provider is responsible for discharging the individual, so either health, social care of both. Where the delay is attributable to health the most likely reason is that the person is being assessed for continuing health care or is eligible for continuing health care funding and is awaiting a package of care or a placement.

2.4 The Provider Summary part of the monthly SitRep for the end of year shows 60.9% of Dorset's delays are attributable to the NHS. Of the delays attributable to Adult Social Care in Dorset, over half of all delays (54.5%) are in non-acute beds in community hospitals. However, it should be noted that the strict guidelines of formal attribution can deflect from the root cause of delays. For example, all delays for self-funding patients are attributed to the NHS even though the patient may be trying to arrange a package of domiciliary social care that is very difficult to procure, or a residential home placement in a location with very limited availability.

2.5 The monthly SitRep also reports on the number of days people have been delayed. At year end there had been 14,732 days delayed in acute hospitals and 12,654 days delayed in non-acute hospitals.

2.6 The current data for Dorset County Council shows that for all delays, the top three attributable reasons for a delay are:

- awaiting packages in own home
- awaiting nursing home placement
- awaiting further non-acute NHS care

2.7 It is also recognised that in addition to the recorded attributable reason for delay, health and social care partners need to consider the potential for delays in all parts of the system throughout a patient's journey. Such delays are not captured within the delay recording information but add to a patient's length of stay and the potential for further delays to occur once the patient is considered medically ready to leave hospital are defined in 1.6 above.

<u>DTOC Targets NHS England and Better Care Fund (BCF) Targets</u>

2.8 The current NHS England target for delayed transfers of care for all health providers is 3.5% of their occupied bed state, reducing to an ambition of 2.5% by October 2016.

2.9 Dorset SRG has also agreed targets for the achievement of a reduction of DToCs across Dorset:

2.9.1 For NHS acute providers, the target is 3.5% in the number of people whose transfer is delayed by 31 March 2017, with a stretch target of 2.5% (as monitored nationally by NHSE);

2.9.2 For the NHS community provider (physical and mental health), the target is 7.5% in the number of people whose transfer is delayed by 31 March 2017, with a stretch target of 6.5%.

2.10 The Dorset SRG system is not currently achieving a 5% target on delayed transfers of care performance. As part of the BCF planning process, there have been robust discussions between partners regarding the implementation of a risk share for DToC improvement linked to potential protection of social care monies from Dorset CCG.

2.11 All partners have signed up to targets which are stretching for the local system and are committed to meeting these through harmonising efforts. The stretching local targets for the two local HWBs, reflecting the current DToC status, are:

2.11.1 For Dorset, a reduction of 5% of delayed days (all causes) by 31 March 2017 – this is a reduction of 1,298 delayed days compared with 15/16;

2.11.2 For Bournemouth and Poole, a reduction of 3% delayed days (all causes) by 31 March 2017 – this is a reduction of 411 delayed days compared with 15/16.

2.12 As part of the DToC implementation plans, further work will be undertaken to refine these targets, and agree on a cluster basis:

2.12.1 Targets for those areas where the Local Authorities have clear accountability as part of their statutory responsibilities, and

2.12.2 Targets for those areas where there is a joint responsibility for improvement, for example self-funders

3 Improving Performance

3.1 The recently published High Impact Change Model – Managing Transfers of Care, focuses on eight high impact changes that can support local health and care systems to reduce delayed transfers of care. These impacts are:

(a) Early Discharge Planning In elective care, planning should begin before admission. In emergency /unscheduled care, robust systems need to be in place to develop plans for management and discharge, and allow an expected date of discharge to be set within 48 hours.

(b) System to Monitor Patient Flow Robust patient flow models for health and social care, including electronic patient flow systems, enable team to identify and manage problems

(c) Multi-Agency Discharge Teams Including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and

protocols, and on shared and agreed responsibilities promotes effective discharge and good outcomes for patients

(d) Home First/Discharge to Assess Providing short-term care and reablement in people's homes or using 'step-down' beds to close the gap between hospital and home which means that people no longer need to wait unnecessarily for assessments in Hospitals. In turn, this reduces delayed discharges and improves patient flow

(e) Seven-Day Services Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs

(f) Trusted Assessors Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way

(g) Focus on Choice Early engagement with patients, families and carers is vital. A robust protocol underpinned by a fair and transparent escalation process is essential so that people can consider their options. The voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care

(h) Enhancing Health in Care Homes Offering people joined-up, co-ordinated health and care services can help reduce unnecessary admissions to hospital as well as improving hospital discharges.

3.2 In response to this model the System Resilience Group (SRG) agreed a PAN Dorset Delayed Transfer of Care Action (DTOC) Plan. There have been improvements to many of the processes which may cause delayed transfers of care but merely doing more of the same is unlikely to give ongoing sufficient capacity and flow.

3.3 Transforming the unplanned care pathway to improve patient flow is a key system wide priority, overseen by the Dorset System Resilience Group (SRG). All health and social care partners of the SRG are committed to achieve this transformation to reduce avoidable admissions, provide alternative pathways and ensure that there are robust processes to manage patients effectively through the continuum of the unplanned care pathway, including timely and safe discharge.

3.4 The overarching SRG DTOC action plan supports and addresses the recommendations of two external reviews into the Dorset health and social care system. It references national best practice as set out in the eight High Impact Interventions detailed above and describes a clear governance structure, with a Senior Responsible Officer at director level and reporting and assurance measures.

3.5 Reporting directly to the Dorset SRG are three Health and Social Care Accountable Care Partnerships based on West, Mid and East Dorset. These partnerships are responsible for the delivery and update of the DTOC action plan for their area.

3.6 It should also be noted that a recent NHS England communication in relation to improving Accident & Emergency (A&E) waiting time performance requires SRG's to transform into A&E delivery boards with five initiatives to drive improvements in the streaming, flow and discharge of patients. Further guidance is awaited but it is

anticipated that DTOC plans will need to be updated to incorporate additional actions adopted in order to deliver against the five initiatives defined as follows:

- Streaming at the front door – to ambulatory and primary care;
- NHS 111 – increasing the number of calls transferred for clinical advice;
- Ambulances – aim to decrease conveyance to hospital and an increase in 'hear and treat' and 'see and treat' to divert patients away from Emergency Departments;
- Improved flow – a set of must do's that each trust will need to implement to enhance patient flow;
- Discharge – mandating 'Discharge to assess' and 'trusted assessor' type models.

Royal Bournemouth Hospital (RBH)

3.7 There are already robust processes in place to communicate and respond to actual and forthcoming delayed transfers of care on a daily basis and also to monitor and agree delayed transfers of care, with weekly meetings held to agree the position and agree any further actions required for those that are delayed.

3.8 Following support from NHS England Royal Bournemouth Hospital and their partners have developed a 42 point action plan. There are already robust processes in place to monitor and agree delayed transfers of care so the action plan focuses on improving patient flow and on the eight High Impact Changes detailed in 3.1 above.

3.9 Three key elements to the plan are:

- the development of a Frailty Unit at RBH which will be operational from the beginning of September

- the development of a Hub in Christchurch linked to the Frailty Unit which will support discharge to assess and admission avoidance. This will be operational at the end of August

- the bringing together of hospital and social care teams into a discharge hub with Trusted Practitioners underpinning the hub will enable discharges across seven days

3.10 RBH Frailty Unit - in advance of the operational "go live" date of 7th September when the Frailty Unit will take direct admission to Older Person Medicine, there have been some trial days where direct admissions have been taken from GPs and Emergency Departments. A generic initial assessment form (OPAL) is being used and tested and increased Local Authority presence at whiteboard rounds (ward rounds) is supporting increased Multi-Disciplinary Teams' knowledge and enabling joint decisions to be made about appropriate actions and pathways with each patient.

3.11 Christchurch Locality Hub Project - The project is a joint initiative between RBH, Dorset County Council locality and hospital teams, Dorset Hospital University Foundation Trust and Tricuro and aims to support patients (who are predominately older people) to manage their medical, rehabilitation and ongoing care needs within the Christchurch locality. The hub should provide an alternative to hospital admission or to enable timely discharge from RBH. It is hoped that the locality hub will provide the ability to progress the model for 'Discharge to Assess' (D2A) at scale and enable further integration of the RBH interim care service with community based services

such as Intermediate Care, Day Hospital and Reablement using a trusted assessor framework for patients remaining at or returning home. RBH and partners are also undertaking some work to consider the model required for interim care provision, including, for example, the use of step-up beds within community hospitals and locality based interim step-down beds for patients presenting with moderate to severe frailty. At present, the hub is planned to commence on 29th August to support discharge and 12th September to support both discharge and admission avoidance.

3.12 Integrated Discharge Service Proposal - RBH and partners are currently progressing a proposal to develop a co-located discharge hub. The shared ambition between RBH, DCC and Bournemouth Borough Council (BBC) is to provide an equitable Discharge to Assess service utilising trusted professional models. The discharge hub will develop clear aims and objectives across all agencies and promote joint/integrated working required to:

- improve patient experience and outcomes
- support a reduction in unnecessary admission
- support timely discharge with increased patient flow and reduced delayed transfers of care

The proposal is in draft for agreement by all organisations with an initial implementation plan to follow.

Poole General Hospital (PGH)

3.13 There are already robust processes in place to communicate and respond to actual and forthcoming delayed transfers of care on a daily basis and also to monitor and agree delayed transfers of care, with weekly meetings held to agree the position and agree any further actions required for those that are delayed.

3.14 Poole Hospital and their partners are currently in the process of developing an action plan which will reflect the RBH plan and again focus on the eight High Impact Changes.

3.15 Poole Hospital alongside Dorset County Council, Poole Borough Council, Dorset Clinical Commissioning Group and Dorset Hospital University Foundation Trust are also currently developing a Discharge Bureau. A Project Initiation Document is currently being drafted but key aims will be to co-locate partners responsible for discharge across the hospital, providing a central point for discharge coordination and information. It is anticipated that the Discharge Bureau will strengthen and provide opportunities for development of integrated working, deliver some efficiencies around discharge planning processes and provide opportunities to develop trusted assessor and discharge to assess models. The mid-Dorset Accountable Care Partnership has identified these as key priorities for delivery.

Dorset County Hospital (DCH)

3.16 Dorset County Hospital (DCH) and their partners are also in the process of developing an action plan through their Accountable Care Partnership. The plan is based around the eight High Impact Changes and will focus on an Integrated Discharge Team and the development of a Mid Cluster Hub.

3.17 The integrated Discharge Team will bring together the Acute Hospital at Home service, the Discharge Team and the Hospital Social Care Team. The focus will be on developing the Discharge to Assess model linked with the various Hubs that are developing around the hospital. DCH have invested in resources to support this including the Roaming Nights and additional Social Care resource. DCH have also identified space within the hospital to bring the teams together which should be available from October.

Yeovil District Hospital (YDH)

3.18 There have not been robust processes in place previously for agreeing Dorset's delays with Yeovil Hospital. However following recent discussions there are now weekly meetings on a Thursday with all partners to go through the actions required for any delayed patients and to agree the number of delays. There are also escalation plans in place for when patients have been delayed over a certain length of time.

3.19 Dorset County Council does not have any fixed presence at the hospital and Dorset's referrals go through Somerset County Council. Dorset County Council is now committed to providing a presence at the hospital with support coming from the Social Care Team based at Dorset County Hospital. Recruitment is about to commence for an experienced Social Worker to support the discharge team at Yeovil. With the Yeovil social worker working alongside the acute hospital locality team at Dorset County Hospital, further work will take place around direct referral to Dorset County Council, ensuring prompt referral and response for Dorset patients in Yeovil. Once in place, there are identified areas for development to strengthen Multi-Disciplinary Team working and improving patient experience and discharge pathways.

3.20 On Friday 5 August 2016 a workshop took place at YDH to discuss current pathways, issues with CHC and improving communication. This workshop also contained a detailed case study which has produced some lessons learned by all parties involved. During this workshop a commitment was made by Dorset County Council that there would be a presence at YDG from 1 September 2016 at least half a day a week. When this takes place the current arrangement with Somerset County Council will end and the Adult Access Team will receive referrals directly from YDH. This workshop has also highlighted areas across the patient's pathway where further work will be carried out within the partnership that has formed to improve a patient's journey.

Salisbury District Hospital (SDH)

3.21 There are currently formal processes in place for agreeing delays on a weekly basis, with Salisbury Hospital using their right to invoice Dorset County Council for reimbursable days.

3.22 Dorset County Council do not currently have a presence at Salisbury Hospital however they would like to address this and want to explore different uses of funding to make this happen.

3.23 Currently, Dorset Clinical Commissioning Group and Dorset County Council receive daily reports on DTOC at SDH and liaise with each other if any action needs to be escalated. It is also planned that there will be a weekly meeting similar to that introduced at Yeovil where actions around those delayed and the number of delays can be agreed. All partners are also involved in the 'Green to Go' work that is taking place with the SDH discharge team and Wiltshire Clinical Commissioning Group.

3.24 Dorset County Council are currently undertaking work with locality teams to improve the communication and reporting of discharge progress and any delayed transfers of care. Dorset County Council are also planning workshop sessions with SDH staff to increase understanding and knowledge of discharge options for Dorset residents but it is recognised there is further development work required.

Dorset Health Care (DHC)

3.25 Dorset HealthCare has been very active in analysing the reasons for delays from its Community Hospitals and Mental Health Inpatient Units. A working group has been introduced and through this very good progress has been made across the Trust to identify and break down the barriers to safe and prompt discharge.

3.26 The links between Community Hospital and Adult Social Care staff have been strengthened through weekly conference calls where all delayed patients are discussed with the Community Hospital Matron, managers within Dorset HealthCare and Social Care managers. Where delays persist a multi-agency Case Conference approach has been implemented in each Community Hospital. This is chaired by Dorset CCG with senior decision makers in each organisation in attendance to formally review all delayed patients and those with a length of stay greater than 60 days. From their statistical analysis Dorset HealthCare have identified that the 10% frailest patients with the longest stays will represent a disproportionately high number of delayed discharge patients, and thus it is vital to arrange for discharge to coincide with the patient's readiness to leave hospital, or risk the patient becoming unwell again.

3.27 Where the Case Conference concludes that discharge processes could have been improved, this learning is shared between organisations and internally within them. Also, where common themes have emerged, these have been shared, and improvements made where possible. However, a high proportion of delays are caused by lack of capacity in domiciliary social care provision (particularly for multiple double-up visits per day) and lack of available residential placements in some areas of Dorset, and these issues are not easily resolved.

3.28 As a result of these discussions a range of actions are in train. These focus on two main themes: improved communication and pro-active planning. Actions include:

- more formalised reporting of admissions and ready-for-discharge dates
- more consistent attendance by Social Care at MDT meetings
- more pro-active discharge planning
- sensitive but assertive use of the 'Dorset Leaving Hospital Policy (2016)'
- identification of escalation routes for when barriers to discharge occur

All these actions support the principles of the 'High Impact Change Model' noted above.

3.29 Dorset Health Care have developed and implemented training for Community Hospital staff on effective discharge planning and are working with DCC on a programme of joint training which will promote better joint working practices.

3.30 However, although these actions will continue to improve discharge planning processes, root causes of delays such as lack of capacity in domiciliary care and residential placements in some areas will continue to cause delays in Community Hospital discharges and delay admissions from acute hospitals trying to discharge their patients into Community Hospital beds.

4 Key priorities

4.1 DCC will continue to work alongside Accountable Care Partnerships and implementation groups to deliver the agreed local DTOC plans. Key priorities include:

- Improved presence and integrated working with Salisbury District Hospital and Yeovil District Hospital on discharge processes and pathways and on accuracy of reporting of delayed transfers of care
- Joint workshops/training with Dorset Community Hospital Multi-Disciplinary Teams, aimed at improving MDT function and problem solving, thereby influencing patient length of stay and delayed transfers of care and introducing more robust sign off processes for delayed transfers of care
- Design and delivery of a discharge to assess model which can function at scale and deliver as required through NHS A&E boards
- Continuation of work to date on development of a trusted assessor framework, accepted by all partners to be developed – October 2016
- Progression of Self funders proposal – implementation prior to Winter 2016
- Continuation of work on integrated working practices through discharge hub/bureau models defined above
- Implementation of updated choice policy.

Helen Coombes
Director for Adult and Community Services
August 2016

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Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group - Business Intelligence

Delayed Transfers of Care

June 2016

Produced by: Business Intelligence Team
Data source: Provider Data
Date published: 12/08/2016

Supporting people in Dorset to lead healthier lives

NHS
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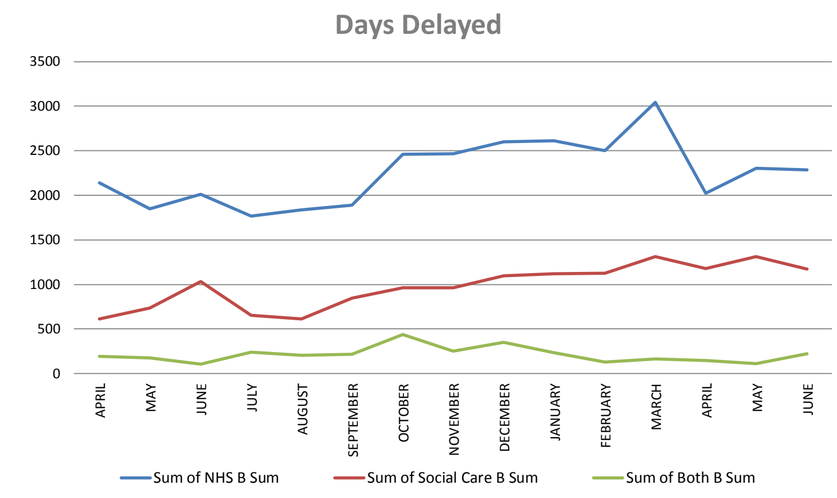
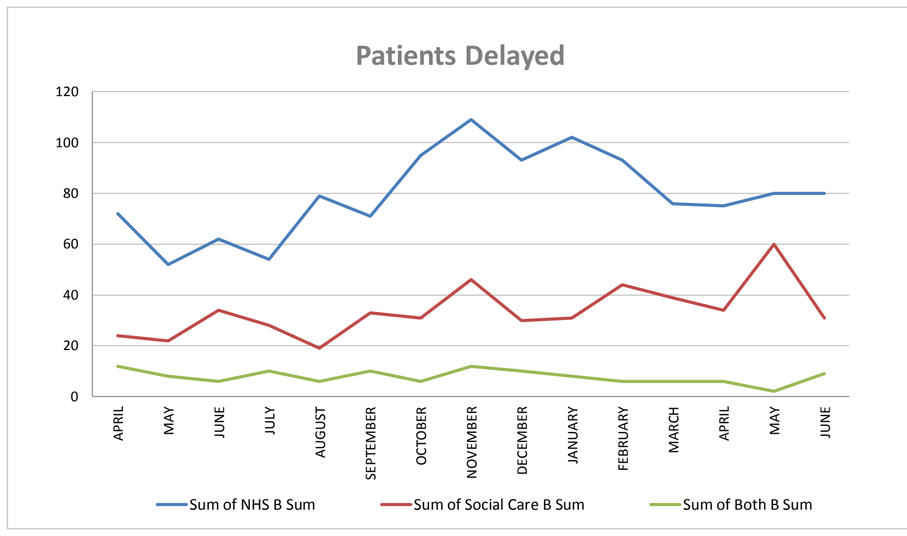
Delayed Transfers of Care Summary

OVERALL PROVIDER OVERVIEW

Overall Providers include Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital and Dorset HealthCare.





Combined Providers include Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital and Dorset HealthCare.

Overall Providers	Performance	15/16										16/17	
		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
DAYS DELAYED OVERVIEW													
NHS		1766	1836	1888	2458	2466	2599	2609	2503	3042	2023	2305	2287
SOCIAL CARE		652	611	845	965	960	1095	1122	1126	1314	1180	1315	1175
BOTH		239	203	214	439	249	348	234	132	167	144	112	220
ALL		2657	2650	2947	3862	3675	4042	3965	3761	4523	3347	3732	3682
PATIENTS DELAYED OVERVIEW													
NHS		54	79	71	95	109	93	102	93	76	75	80	80
SOCIAL CARE		28	19	33	31	46	30	31	44	39	34	60	31
BOTH		10	6	10	6	12	10	8	6	6	6	2	9
ALL		92	104	114	132	167	133	141	143	121	115	142	120

Delayed Transfers of Care (Delayed Days) from hospital per 100,000 population (aged 18+)

The denominator figure is pre-populated (population - aged 18+). The numerator figure is Delayed Transfers of Care (Delayed Days) from hospital.

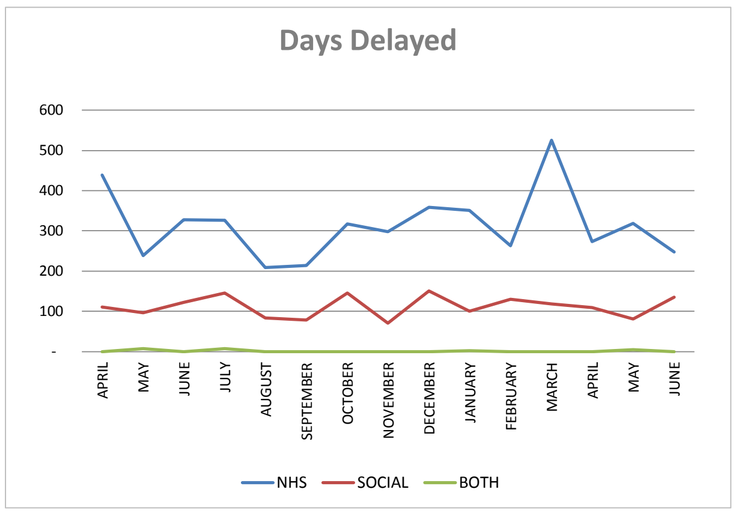
		DELAYED DAYS 15/16				POPULATION 15/16				QUARTERLY RATE 15/16				
15/16 Planned		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Dorset		4,050	4,000	3,950	3,900	342,396	342,396	342,396	344,032	1182.8	1168.2	1153.6	1133.6	
Bournemouth and Poole		2,080	2,000	1,920	1,845	281,118	281,118	281,118	284,196	739.9	711.4	683.0	649.2	
Dorset CCG Total		6,130	6,000	5,870	5,745	623,514	623,514	623,514	628,228	1922.7	1879.6	1836.6	1782.8	
15/16 Actual		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Dorset		5,903	5,372	7,688	8,413	342,396	342,396	342,396	344,032	1724.0	1568.9	2245.4	2445.4	
Bournemouth and Poole		3,115	2,978	3,922	4,243	281,118	281,118	281,118	284,196	1108.1	1059.3	1395.1	1493.0	
Dorset CCG Total		9,018	8,350	11,610	12,656	623,514	623,514	623,514	628,228	2832.1	2628.2	3640.5	3938.4	
Varience 15/16		**2,888**	**2,350**	**5,740**	**6,911**	**Varience 15/16**				**909.4**	**748.6**	**1,803.9**	**2,155.6**	
16/17 Planned		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Dorset		5,626	5,095	7,304	6,650	344,032	344,032	344,032	345,765	1635.3	1481.0	2123.1	1923.3	
Bournemouth and Poole		3,022	2,889	3,804	3,589	284,196	284,196	284,196	286,927	1063.3	1016.6	1338.5	1250.8	
Dorset CCG Total		8,648	7,984	11,108	10,239	628,228	628,228	628,228	632,692	2698.6	2497.6	3461.6	3174.1	
16/17 Actual		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Dorset		6,993				344,032				2032.7				
Bournemouth and Poole		4,290				284,196				1383.7				
Dorset CCG Total		11,283				628,228				3416.4				
Varience 16/17		**2,635**				**Varience 16/17**				**717.8**				

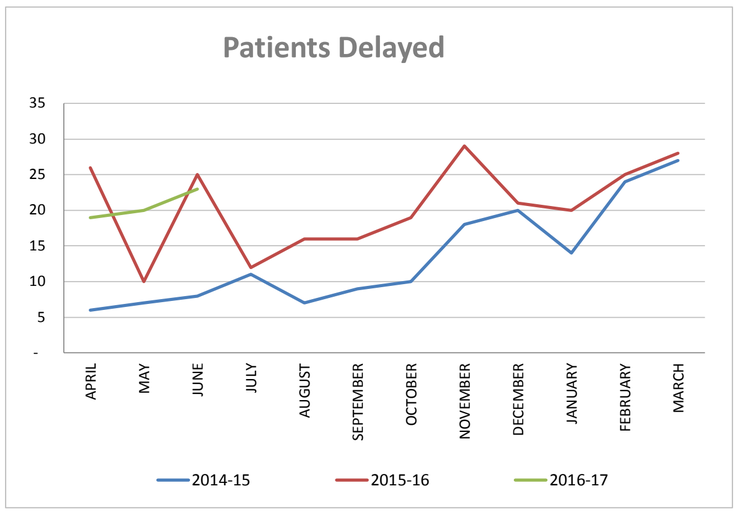
NHS
Dorset
Clinical Commissioning Group

Dorset County Hospital NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	383
NHS	248
Social Care	135
Both	0
Patients Delayed	
Total	23
NHS	12
Social Care	11
Both	0
Patients Delayed Against Target	
% Patients Delayed	4.2%
Target	3.5%
+/-	0.7%

PROVIDER OVERVIEW



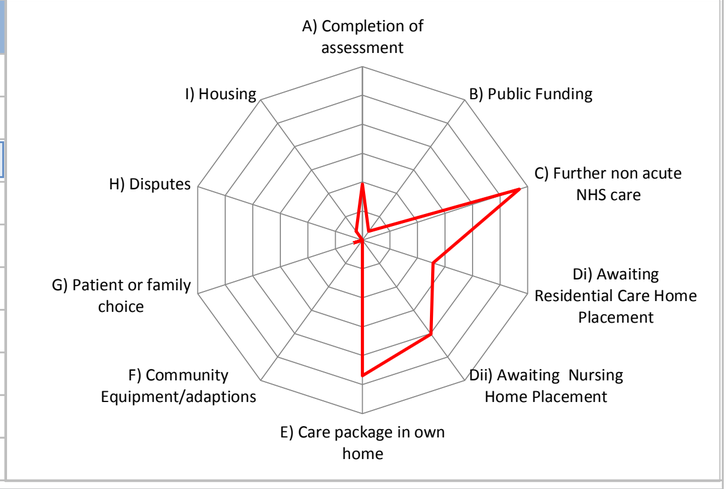


PROVIDER OVERVIEW

Dorset County HospitalTrust has a delayed days per occupied bed percentage of 4.2% for the current month. This is lower than the national average of 4.7% and is a 0.1% decrease on last month.

REASONS FOR DELAY

JUNE	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	18	19	0	10%
B) Public Funding	7	0	0	2%
C) Further non acute NHS care	109	0	0	28%
Di) Awaiting Residential Care Home Placement	39	10	0	13%
Dii) Awaiting Nursing Home Placement	42	35	0	20%
E) Care package in own home	19	71	0	23%
F) Community Equipment/adaptions	0	0	0	0%
G) Patient or family choice	7	0	0	2%
H) Disputes	0	0	0	0%
I) Housing	7	0	0	2%



REASONS FOR DELAY TREND

MONTHLY — Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		166	64	53	105	18	34	69	71	149	92	56	37
B) Public Funding		14	11	10	32	30	34	41	21	47	21	8	7
C) Further non acute NHS care		14	29	52	49	52	151	129	121	176	46	112	109
Di) Awaiting Residential Care Home Placement		40	23	20	40	42	16	15	28	55	47	11	49
Dii) Awaiting Nursing Home Placement		158	100	88	103	113	159	113	50	86	102	82	77
E) Care package in own home		67	53	63	91	65	95	66	81	110	60	105	90
F) Community Equipment/adaptions		20	0	0	0	0	0	0	0	0	15	7	0
G) Patient or family choice		0	0	0	0	0	0	0	0	21	0	0	7
H) Disputes		0	0	0	21	49	21	0	0	0	0	0	0
I) Housing		0	13	7	21	0	0	21	21	1	0	24	7

NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

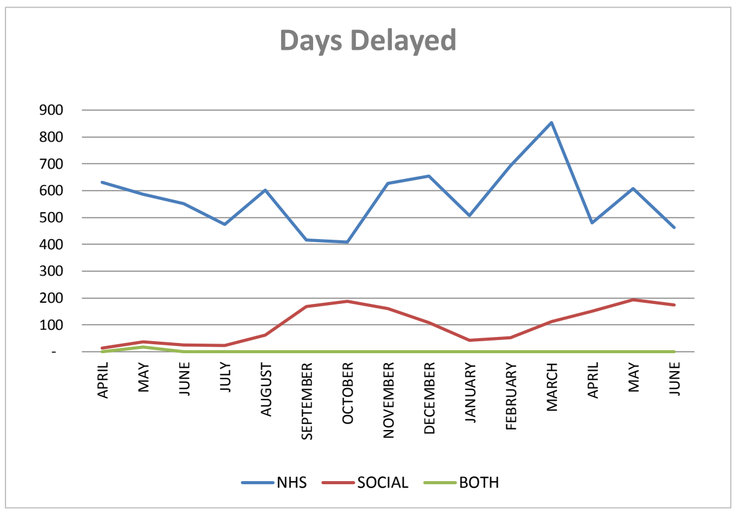
MONTHLY — Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		479	293	293	462	369	510	454	393	645	383	405	383
Poole	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Bournemouth	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Total		479	293	293	462	369	510	454	393	645	383	405	383

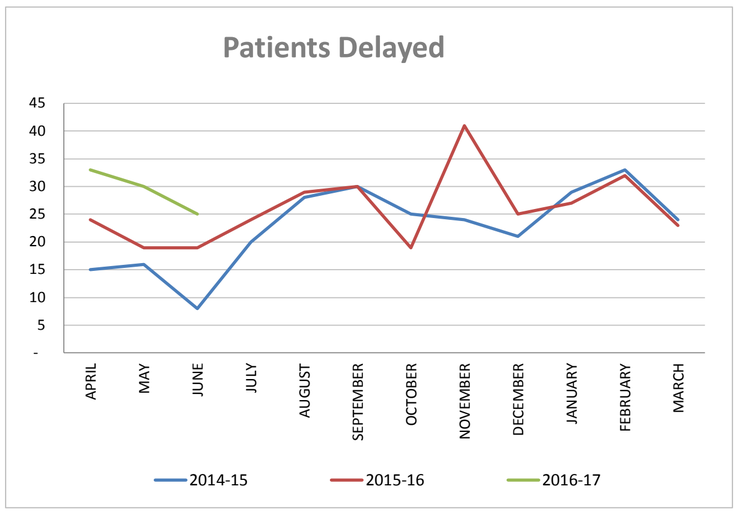
NHS
Dorset
Clinical Commissioning Group

The Royal Bournemouth and Christchurch NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	636
NHS	463
Social Care	173
Both	0
Patients Delayed	
Total	25
NHS	19
Social Care	6
Both	0
Patients Delayed Against Target	
% Patients Delayed	3.7%
Target	3.5%
+/-	0.2%

PROVIDER OVERVIEW



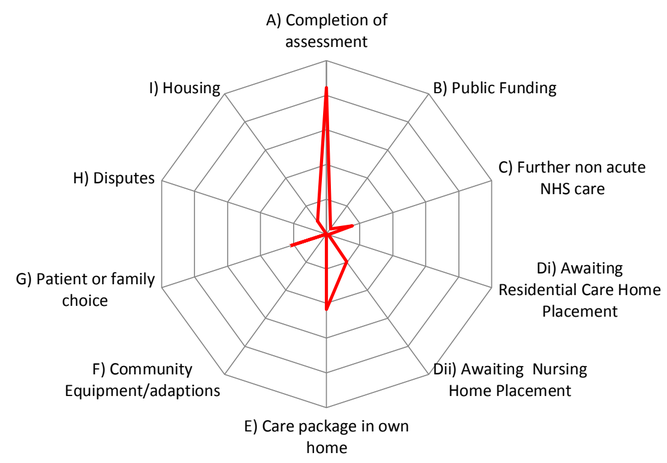


PROVIDER OVERVIEW

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has a delayed days per occupied bed percentage of 3.7% for the current month. This is lower than the national average of 4.7% and is a 0.8% decrease on last month.

REASONS FOR DELAY

JUNE — REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	175	93	0	42%
B) Public Funding	12	0	0	2%
C) Further non acute NHS care	50	0	0	8%
Di) Awaiting Residential Care Home Placement	4	0	0	1%
Dii) Awaiting Nursing Home Placement	42	21	0	10%
E) Care package in own home	83	55	0	22%
F) Community Equipment/adaptions	0	0	0	0%
G) Patient or family choice	68	4	0	11%
H) Disputes	0	0	0	0%
I) Housing	29	0	0	5%



REASONS FOR DELAY TREND

MONTHLY — Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		92	119	96	79	150	160	105	98	155	203	281	268
B) Public Funding		0	39	0	0	22	24	0	0	0	14	0	12
C) Further non acute NHS care		75	95	77	93	124	205	168	212	161	152	107	50
Di) Awaiting Residential Care Home Placement		48	93	19	76	5	7	13	18	67	17	47	4
Dii) Awaiting Nursing Home Placement		28	49	46	61	40	69	54	84	50	85	85	63
E) Care package in own home		49	135	117	72	138	122	94	107	128	45	213	138
F) Community Equipment/adaptions		0	0	0	0	4	0	0	0	0	0	0	0
G) Patient or family choice		162	83	127	89	104	46	84	106	142	59	35	72
H) Disputes		0	0	0	0	47	24	9	0	0	2	5	0
I) Housing		43	50	103	126	154	105	24	121	263	54	28	29

NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

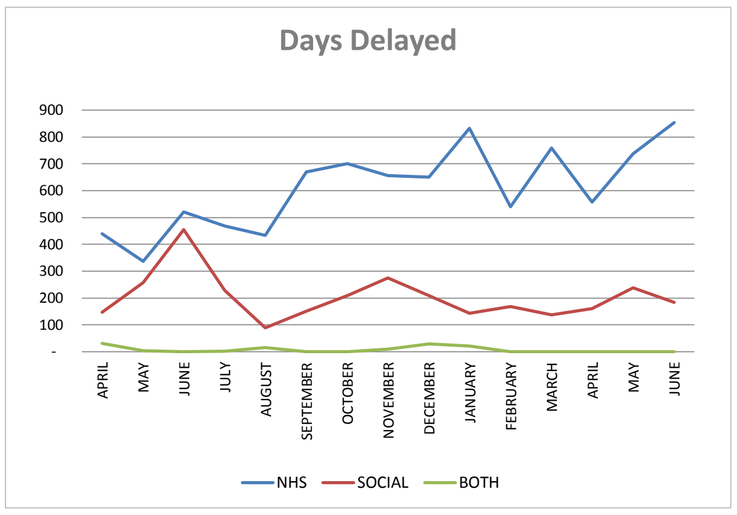
MONTHLY — Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		124	168	124	196	220	256	187	249	217	84	133	103
Poole		11	6	0	2	37	45	38	23	14	30	39	4
Bournemouth		261	377	211	178	244	231	233	333	504	326	367	300
Hampshire		94	112	223	198	287	230	93	141	231	191	262	229
Other		7	0	27	22	0	0	0	0	0	0	0	0
Total		497	663	585	596	788	762	551	746	966	631	801	636

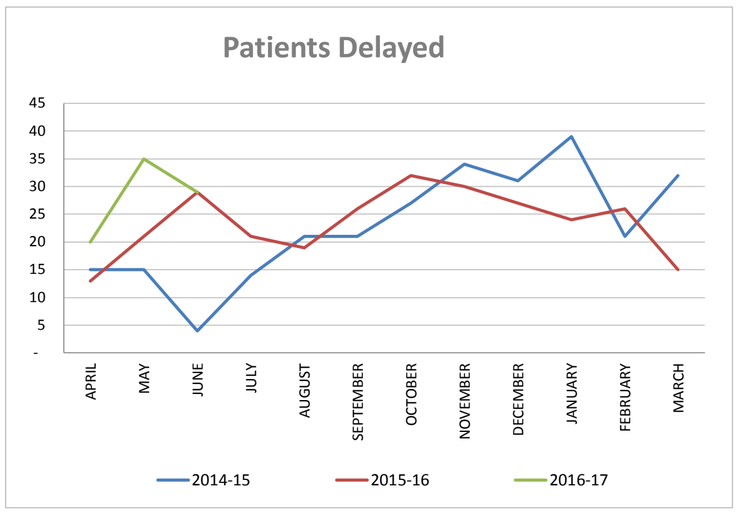
NHS
Dorset
Clinical Commissioning Group

Poole Hospital NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	1039
NHS	855
Social Care	184
Both	0
Patients Delayed	
Total	29
NHS	26
Social Care	3
Both	0
Delayed days per occupied bed	
% Patients Delayed	6.4%
Target	3.5%
+/-	2.9%

PROVIDER OVERVIEW



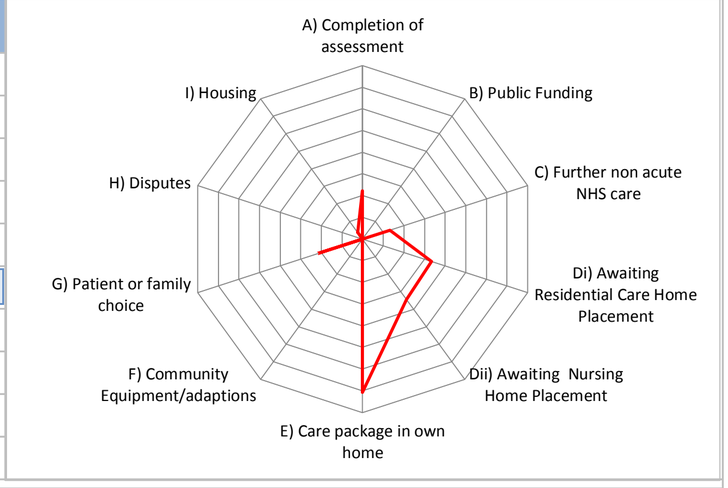


PROVIDER OVERVIEW

Poole Hospital NHS Foundation Trust has a delayed days per occupied bed percentage of 6.4% for the current month. This is higher than the national average of 4.7% and is a 0.6% increase on last month.

REASONS FOR DELAY

JUNE — REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	56	59	0	11%
B) Public Funding	0	0	0	0%
C) Further non acute NHS care	69	0	0	7%
Di) Awaiting Residential Care Home Placement	153	20	0	17%
Dii) Awaiting Nursing Home Placement	152	27	0	17%
E) Care package in own home	290	78	0	35%
F) Community Equipment/adaptions	0	0	0	0%
G) Patient or family choice	115	0	0	11%
H) Disputes	0	0	0	0%
I) Housing	20	0	0	2%



REASONS FOR DELAY TREND

MONTHLY — Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		61	59	111	91	124	139	96	147	187	74	61	115
B) Public Funding		0	0	0	0	0	0	0	0	0	2	4	0
C) Further non acute NHS care		33	109	86	163	108	196	241	230	272	151	88	69
Di) Awaiting Residential Care Home Placement		213	87	43	77	115	171	205	87	53	62	151	173
Dii) Awaiting Nursing Home Placement		150	88	231	170	169	102	159	43	148	99	158	179
E) Care package in own home		221	147	213	153	180	147	180	173	191	279	463	368
F) Community Equipment/adaptions		0	0	0	0	0	0	0	5	7	0	0	0
G) Patient or family choice		18	24	35	154	216	91	84	10	28	42	47	115
H) Disputes		0	1	1	8	0	0	2	10	0	0	0	0
I) Housing		2	21	101	93	30	42	28	4	11	8	3	20

NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

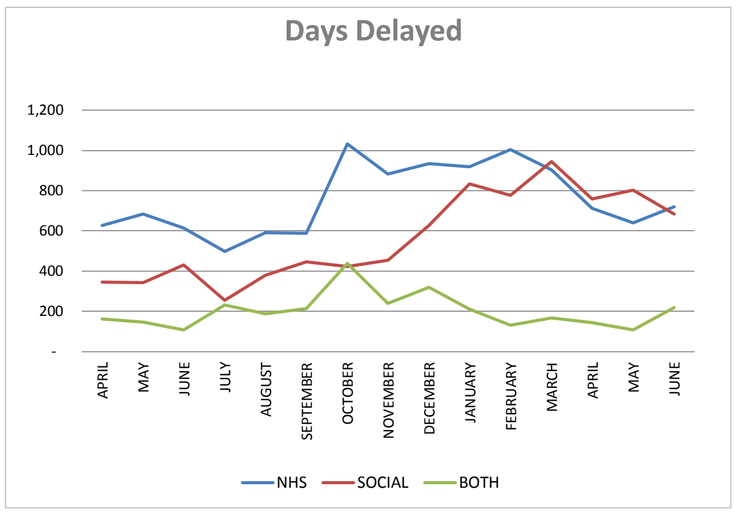
MONTHLY — Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		232	188	330	357	326	423	492	342	426	367	368	259
Poole		292	254	350	411	430	320	396	241	368	288	436	529
Bournemouth		142	79	114	108	175	120	105	121	61	44	154	209
Hampshire		32	15	27	27	9	25	2	5	42	18	17	30
Other		0	0	0	6	2	0	0	0	0	0	0	12
Total		698	536	821	909	942	888	995	709	897	717	975	1039

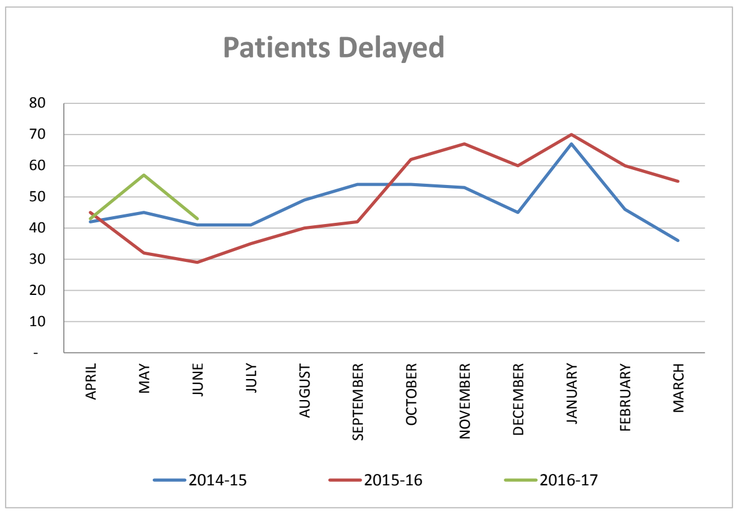
NHS
Dorset
Clinical Commissioning Group

Dorset HealthCare NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	1624
NHS	721
Social Care	683
Both	220
Patients Delayed	
Total	43
NHS	23
Social Care	11
Both	9

PROVIDER OVERVIEW



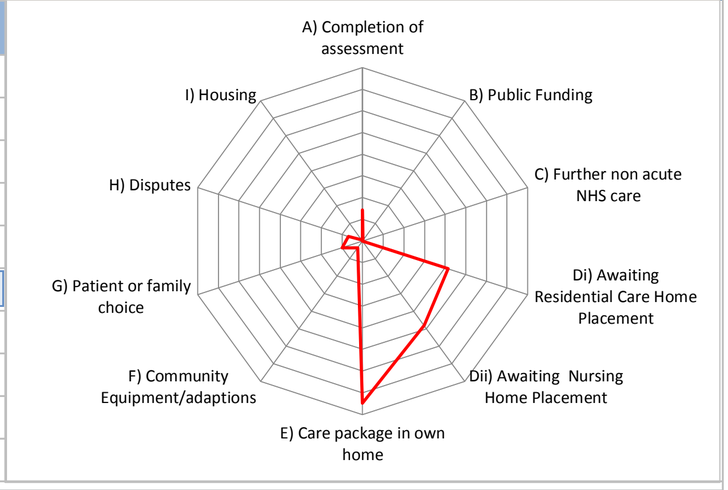


COMMUNITY HOSPITAL OVERVIEW

Snapshot Period	Alderney	Blandford	Bridport	Portland	St Leonards	Swanage	Wareham	Westhaven	Westminster	Wimborne	Yeatman	Total
21/07/2016	10	6	7	1	1	1	4	4	1	3	4	42
28/07/2016	9	5	9	2	1	0	1	5	1	7	5	45
04/08/2016	6	5	7	5	3	0	3	3	1	5	4	42

JUNE — REASONS FOR DELAY

REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	66	50	0	7%
B) Public Funding	1	0	0	0%
C) Further non acute NHS care	0	0	0	0%
Di) Awaiting Residential Care Home Placement	145	192	0	21%
Dii) Awaiting Nursing Home Placement	117	147	127	24%
E) Care package in own home	250	294	63	37%
F) Community Equipment/adaptions	1	0	30	2%
G) Patient or family choice	81	0	0	5%
H) Disputes	57	0	0	4%
I) Housing	3	0	0	0%



MONTHLY — REASONS FOR DELAY TREND

Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		33	11	14	115	44	141	317	272	131	165	115	116
B) Public Funding		8	25	19	31	0	41	50	24	8	75	12	1
C) Further non acute NHS care		69	52	39	45	39	62	41	52	45	0	0	0
Di) Awaiting Residential Care Home Placement		227	333	198	229	196	383	444	497	655	496	381	337
Dii) Awaiting Nursing Home Placement		358	344	345	616	529	633	492	378	440	381	366	391
E) Care package in own home		108	195	364	463	317	307	434	444	472	285	498	607
F) Community Equipment/adaptions		30	65	29	0	13	16	7	11	29	9	43	31
G) Patient or family choice		106	96	144	246	271	155	70	161	205	154	79	81
H) Disputes		0	0	42	59	38	15	0	41	0	14	48	57
I) Housing		44	37	54	91	129	129	110	33	30	37	9	3

MONTHLY — NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

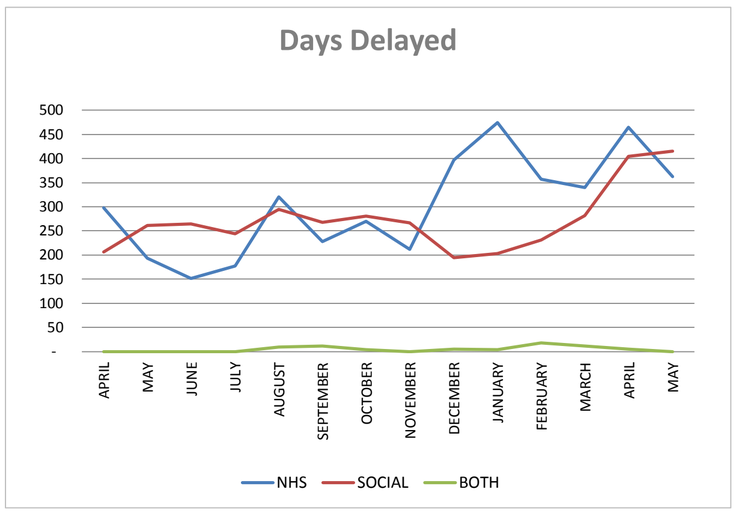
Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		667	793	896	1357	1022	1295	1312	1338	1337	1024	1047	1053
Poole		195	157	153	241	327	350	455	257	238	263	256	202
Bournemouth		73	145	146	249	216	217	161	276	372	267	232	316
Other		48	63	53	48	11	20	37	42	68	62	16	53
Total		983	1158	1248	1895	1576	1882	1965	1913	2015	1616	1551	1624

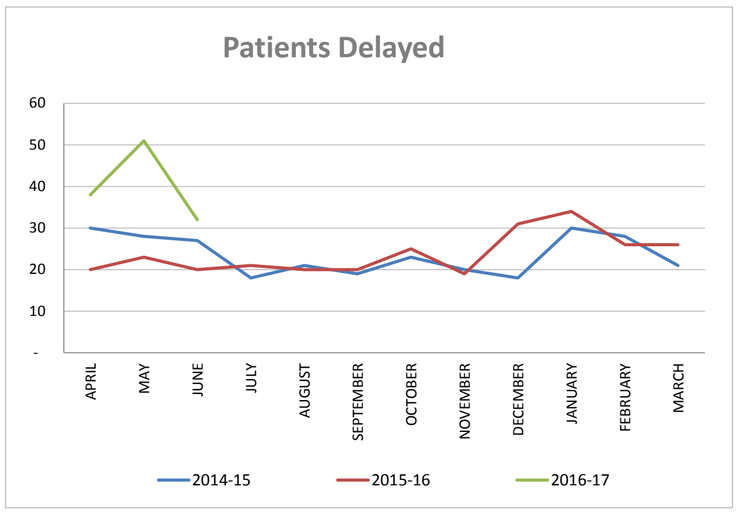
NHS
Dorset
Clinical Commissioning Group

Salisbury Hospital NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	**920**
NHS	**403**
Social Care	**492**
Both	**25**
Patients Delayed	
Total	**32**
NHS	**17**
Social Care	**14**
Both	**1**
Delayed days per occupied bed	
% Patients Delayed	**7.1%**
Target	**3.5%**
+/-	**3.6%**

PROVIDER OVERVIEW



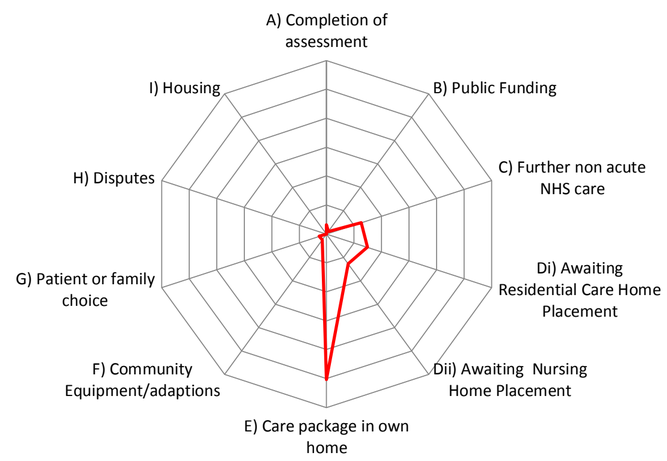


PROVIDER OVERVIEW

Salisbury NHS Foundation Trust has a delayed days per occupied bed percentage of 7.1% for the current month. This is higher than the national average of 4.7% and is a 1.3% increase on last month.

REASONS FOR DELAY

JUNE — REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	0	30	0	3%
B) Public Funding	0	9	0	1%
C) Further non acute NHS care	115	0	0	13%
Di) Awaiting Residential Care Home Placement	43	94	0	15%
Dii) Awaiting Nursing Home Placement	48	69	0	13%
E) Care package in own home	155	283	25	50%
F) Community Equipment/adaptions	17	7	0	3%
G) Patient or family choice	25	0	0	3%
H) Disputes	0	0	0	0%
I) Housing	0	0	0	0%



REASONS FOR DELAY TREND

MONTHLY — Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		62	44	46	38	32	30	41	15	58	42	19	30
B) Public Funding		2	0	0	4	0	0	0	0	17	17	2	9
C) Further non acute NHS care		69	114	92	85	98	206	244	99	147	175	95	115
Di) Awaiting Residential Care Home Placement		82	79	29	66	10	17	35	16	29	56	94	137
Dii) Awaiting Nursing Home Placement		54	186	118	83	75	96	137	136	68	158	136	117
E) Care package in own home		113	149	191	236	222	171	186	282	274	328	328	463
F) Community Equipment/adaptions		19	11	31	41	20	39	31	46	41	91	93	24
G) Patient or family choice		20	41	1	2	22	38	7	12	0	8	10	25
H) Disputes		0	0	0	0	0	0	0	0	0	0	0	0
I) Housing		0	0	0	0	0	0	0	0	0	0	0	0

NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

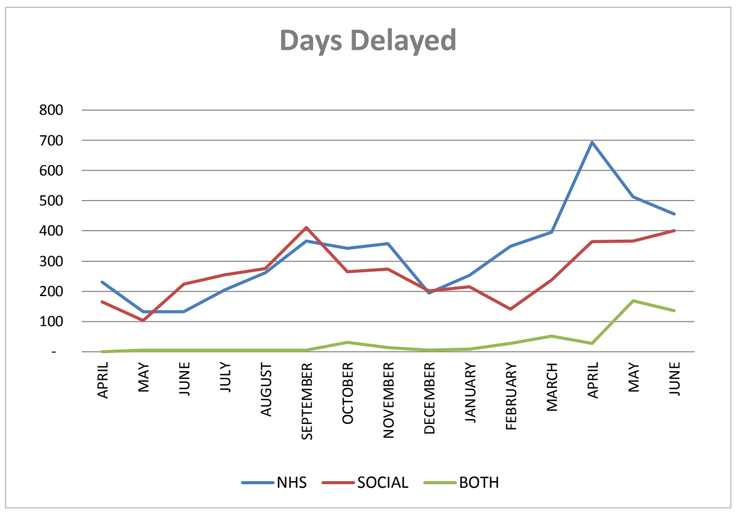
MONTHLY — Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		130	153	154	116	81	115	198	162	193	133	160	188
Poole	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Bournemouth		0	0	5	10	2	6	18	17	0	0	0	0
Other		291	471	349	429	396	476	465	427	441	742	617	732
Total		421	624	508	555	479	597	681	606	634	875	777	920

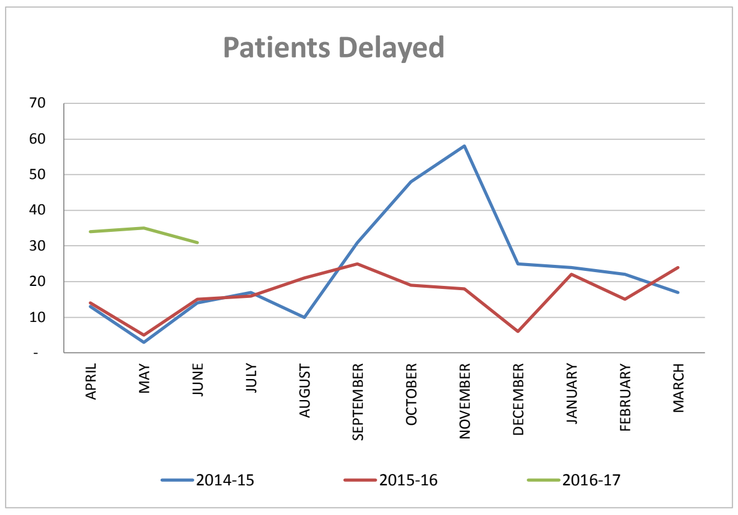
NHS
Dorset
Clinical Commissioning Group

Yeovil Hospital NHS Foundation Trust Overview

JUNE	
Delayed Days	
Total	992
NHS	456
Social Care	400
Both	136
Patients Delayed	
Total	31
NHS	21
Social Care	4
Both	6
Patients Delayed Against Target	
% Patients Delayed	10.7%
Target	3.5%
+/-	7.2%

PROVIDER OVERVIEW



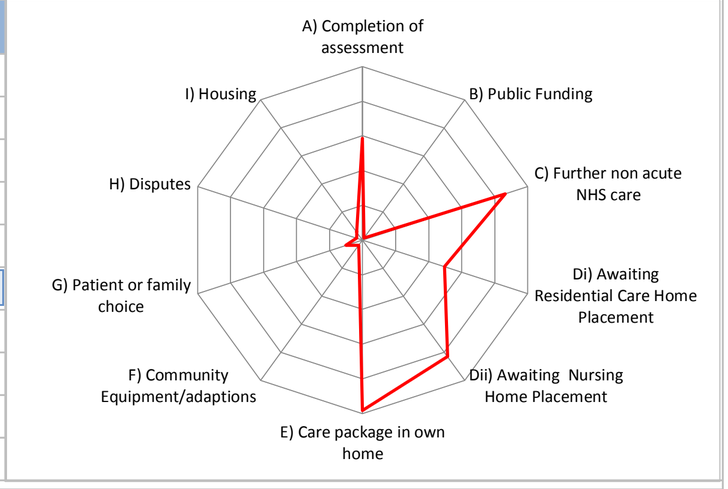


PROVIDER OVERVIEW

Yeovil District Hospital NHS Foundation Trust has a delayed days per occupied bed percentage of 10.7% for the current month. This is higher than the national average of 4.7% and is a 0.8% decrease on last month.

REASONS FOR DELAY

JUNE — REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	22	50	73	15%
B) Public Funding	2	0	1	0%
C) Further non acute NHS care	214	0	0	22%
Di) Awaiting Residential Care Home Placement	37	86	0	12%
Dii) Awaiting Nursing Home Placement	84	82	40	21%
E) Care package in own home	65	160	19	25%
F) Community Equipment/adaptions	6	0	3	1%
G) Patient or family choice	3	22	0	3%
H) Disputes	9	0	0	1%
I) Housing	14	0	0	1%



REASONS FOR DELAY TREND

MONTHLY — Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		5	19	63	18	26	7	13	33	14	59	52	145
B) Public Funding		22	3	29	34	19	30	0	10	0	0	0	3
C) Further non acute NHS care		94	194	231	212	244	125	94	120	225	355	263	214
Di) Awaiting Residential Care Home Placement		90	101	62	51	27	46	89	89	78	124	86	123
Dii) Awaiting Nursing Home Placement		129	106	143	160	120	87	140	104	115	234	252	206
E) Care package in own home		117	115	214	130	180	87	122	123	201	300	365	244
F) Community Equipment/adaptions		0	0	33	1	22	1	3	9	22	7	6	9
G) Patient or family choice		0	4	8	32	6	18	14	5	2	0	22	25
H) Disputes		0	0	0	0	0	0	0	23	28	5	0	9
I) Housing		8	0	0	0	2	0	0	0	0	1	0	14

NUMBER OF DELAYED DAYS SPLIT BY LOCAL AUTHORITY

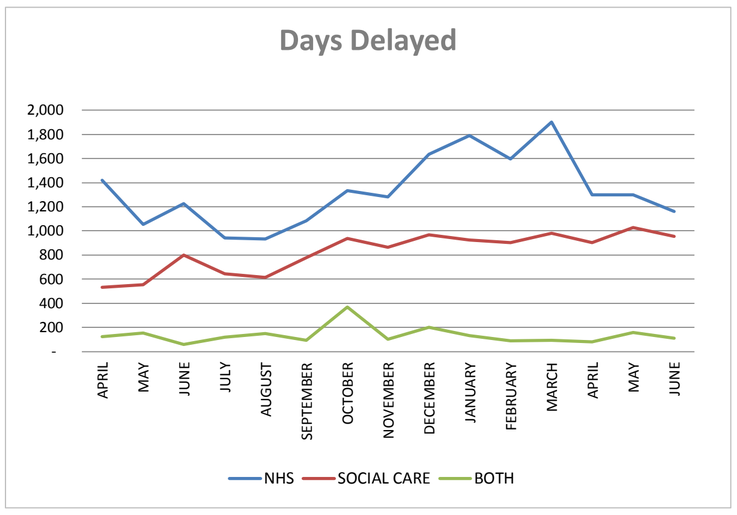
MONTHLY — Split by Local Authority	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset		69	77	146	150	177	171	147	95	159	292	361	240
Poole	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Bournemouth	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Other		396	465	637	488	469	230	328	421	526	793	685	752
Total		465	542	783	638	646	401	475	516	685	1085	1046	992

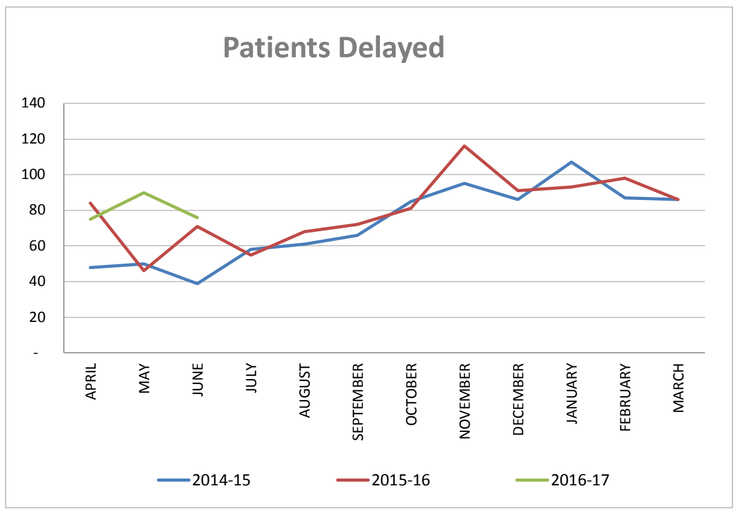
NHS
Dorset
Clinical Commissioning Group

Dorset County Council

JUNE	
Delayed Days	
Total	2226
NHS	1160
Social Care	955
Both	111
Patients Delayed	
Total	76
NHS	45
Social Care	24
Both	7

Responsible Sector





ACTUAL BED DAYS LOST AGAINST PLANNED BED DAYS LOST

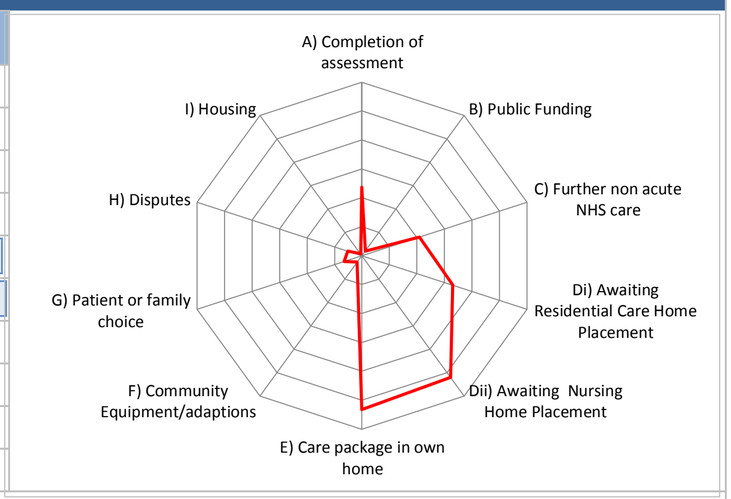
JUNE	ACTUAL	PLAN	+/-
POOLE & BOURNEMOUTH HWB	1565	1007	558
DORSET HWB	2226	1875	351

YEAR TO DATE	ACTUAL	PLAN	+/-
POOLE & BOURNEMOUTH HWB	4290	3022	1268
DORSET HWB	6993	5626	1367

REASONS FOR DELAY

JUNE

REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	130	110	23	12%
B) Public Funding	20	0	1	1%
C) Further non acute NHS care	232	0	0	10%
Di) Awaiting Residential Care Home Placement	162	204	0	16%
Dii) Awaiting Nursing Home Placement	272	251	57	26%
E) Care package in own home	207	386	0	27%
F) Community Equipment/adaptions	1	0	30	1%
G) Patient or family choice	69	4	0	3%
H) Disputes	57	0	0	3%
I) Housing	10	0	0	0%



REASONS FOR DELAY TREND

MONTHLY

Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		268	152	141	262	156	276	412	411	346	298	228	263
B) Public Funding		37	54	16	59	42	78	88	32	55	66	16	21
C) Further non acute NHS care		98	183	232	234	263	454	470	442	499	343	368	232
Di) Awaiting Residential Care Home Placement		396	406	248	408	284	447	477	458	521	414	267	366
Dii) Awaiting Nursing Home Placement		444	394	447	747	650	818	695	422	589	541	689	580
E) Care package in own home		251	339	569	528	474	413	520	599	709	523	748	593
F) Community Equipment/adaptions		47	51	18	4	7	16	9	22	43	26	53	31
G) Patient or family choice		116	108	191	189	134	122	55	79	153	58	36	73
H) Disputes		0	0	42	88	109	50	9	41	0	14	48	57
I) Housing		46	13	56	119	129	128	113	82	62	0	31	10

NUMBER OF DELAYED DAYS SPLIT BY PROVIDER

MONTHLY

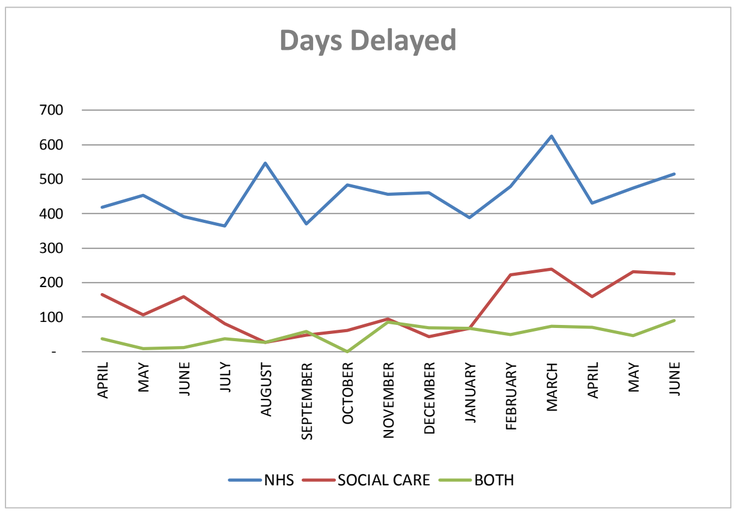
Split by Provider	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset County Hospital		479	293	293	462	369	510	454	393	645	383	405	383
Dorset HealthCare		667	793	896	1357	1022	1295	1312	1338	1337	1024	1047	1053
Poole Hospital		232	188	330	357	326	423	492	342	426	367	368	259
Royal Bournemouth and Christchurch Hospital		124	168	124	196	220	256	187	249	217	84	133	103
Other Providers		201	258	317	266	311	318	403	266	352	425	531	428
Totals		1703	1700	1960	2638	2248	2802	2848	2588	2977	2283	2484	2226

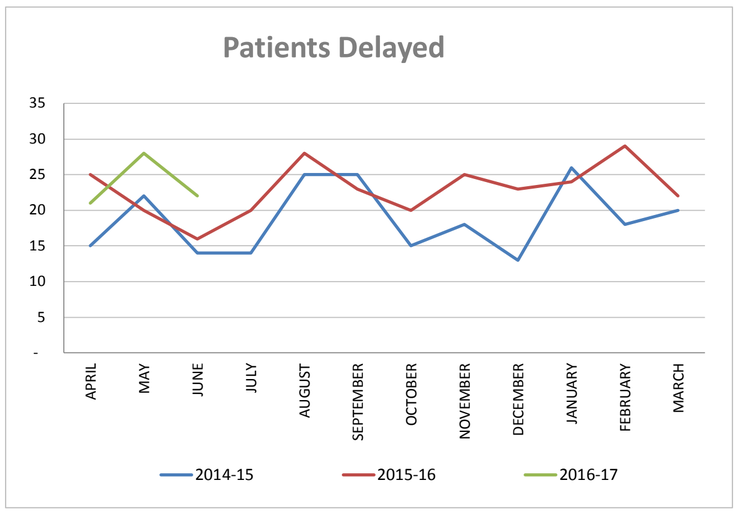
NHS
Dorset
Clinical Commissioning Group

Bournemouth Borough Council

JUNE	
Delayed Days	
Total	830
NHS	515
Social Care	225
Both	90
Patients Delayed	
Total	22
NHS	16
Social Care	3
Both	3

Responsible Sector



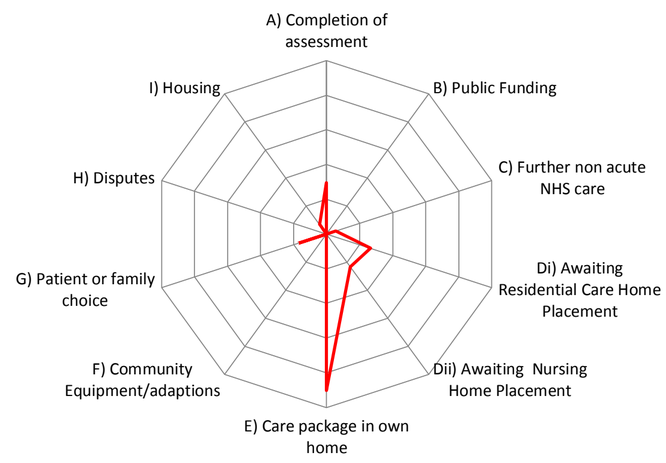


ACTUAL BED DAYS LOST AGAINST PLANNED BED DAYS LOST

	JUNE				YEAR TO DATE			
	ACTUAL	PLAN	+/-		ACTUAL	PLAN	+/-
POOLE & BOURNEMOUTH HWB	1565	1007	558	POOLE & BOURNEMOUTH HWB	4290	3022	1268
DORSET HWB	2226	1875	351	DORSET HWB	6993	5626	1367

REASONS FOR DELAY

JUNE — REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	98	25	0	15%
B) Public Funding	0	0	0	0%
C) Further non acute NHS care	23	0	0	3%
Di) Awaiting Residential Care Home Placement	85	26	0	13%
Dii) Awaiting Nursing Home Placement	20	17	60	12%
E) Care package in own home	187	157	30	45%
F) Community Equipment/adaptions	0	0	0	0%
G) Patient or family choice	73	0	0	9%
H) Disputes	0	0	0	0%
I) Housing	29	0	0	3%



REASONS FOR DELAY TREND

MONTHLY

Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		51	98	29	16	32	52	72	58	83	94	140	123
B) Public Funding		0	21	0	0	0	11	0	0	0	16	7	0
C) Further non acute NHS care		50	63	16	47	35	151	149	159	104	90	48	23
Di) Awaiting Residential Care Home Placement		51	70	21	23	60	58	45	82	206	118	171	111
Dii) Awaiting Nursing Home Placement		64	54	155	153	135	80	92	141	116	124	87	97
E) Care package in own home		125	176	116	127	169	118	104	160	129	73	235	374
F) Community Equipment/adaptions		3	0	0	0	4	0	0	0	0	16	0	0
G) Patient or family choice		96	49	44	107	95	22	41	75	84	43	30	73
H) Disputes		0	0	0	0	25	10	0	0	0	2	5	0
I) Housing		43	70	95	72	82	72	21	76	215	84	30	29

MONTHLY

NUMBER OF DELAYED DAYS SPLIT BY PROVIDER

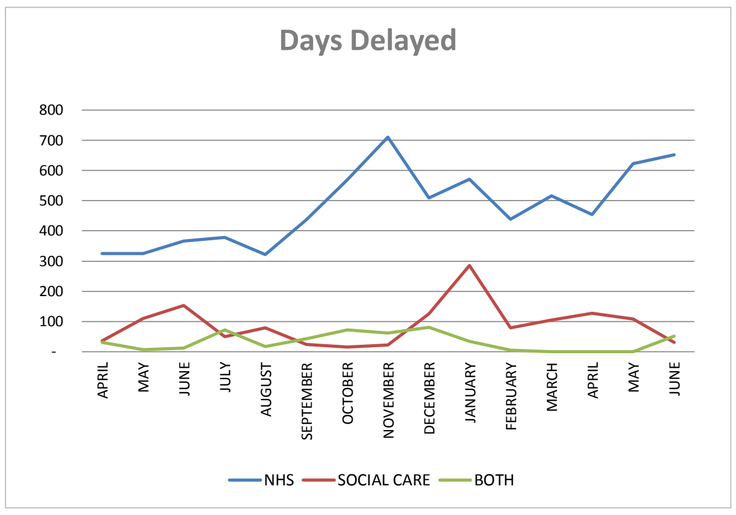
Split by Provider	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset County Hospital	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Dorset HealthCare		73	145	146	249	216	217	161	276	372	267	232	316
Poole Hospital		142	79	114	108	175	120	105	121	61	44	154	209
Royal Bournemouth and Christchurch Hospital		261	377	211	178	244	231	233	333	504	326	367	300
Other Providers		7	0	5	10	2	6	25	21	0	23	0	5
Totals		483	601	476	545	637	574	524	751	937	660	753	830

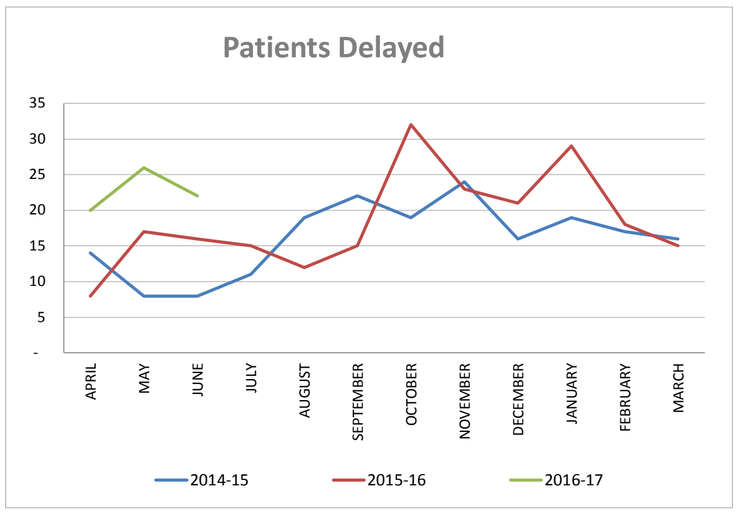
NHS
Dorset
Clinical Commissioning Group

Borough of Poole

JUNE	
Delayed Days	
Total	735
NHS	653
Social Care	30
Both	52
Patients Delayed	
Total	22
NHS	19
Social Care	1
Both	2

Responsible Sector



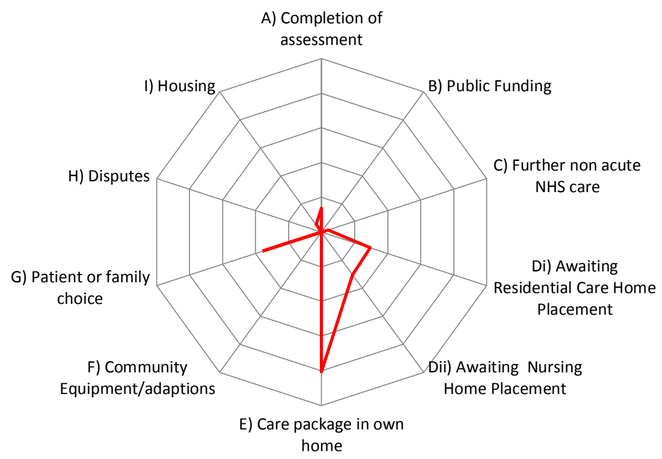


ACTUAL BED DAYS LOST AGAINST PLANNED BED DAYS LOST

	JUNE			YEAR TO DATE			
	ACTUAL	PLAN	+/-		ACTUAL	PLAN	+/-
POOLE & BOURNEMOUTH HWB	1565	1007	558	POOLE & BOURNEMOUTH HWB	4290	3022	1268
DORSET HWB	2226	1875	351	DORSET HWB	6993	5626	1367

REASONS FOR DELAY

REASON FOR DELAY	NHS	SOCIAL CARE	BOTH	% ALL
A) Completion of assessment	50	0	0	7%
B) Public Funding	0	0	0	0%
C) Further non acute NHS care	15	0	0	2%
Di) Awaiting Residential Care Home Placement	95	13	0	15%
Dii) Awaiting Nursing Home Placement	90	0	22	15%
E) Care package in own home	249	17	30	40%
F) Community Equipment/adaptions	0	0	0	0%
G) Patient or family choice	134	0	0	18%
H) Disputes	0	0	0	0%
I) Housing	20	0	0	3%



REASONS FOR DELAY TREND

Reasons for Delay Trend	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
A) Completion of assessment		20	16	75	78	72	69	83	68	99	51	36	50
B) Public Funding		0	0	0	0	18	10	3	0	0	30	1	0
C) Further non acute NHS care		41	67	24	48	52	64	83	56	102	43	19	15
Di) Awaiting Residential Care Home Placement		98	84	28	25	16	81	194	102	109	82	134	108
Dii) Awaiting Nursing Home Placement		180	104	81	90	118	116	106	35	54	62	79	112
E) Care package in own home		121	69	102	95	65	141	244	116	117	163	369	296
F) Community Equipment/adaptions		0	14	27	0	6	0	0	11	3	0	0	0
G) Patient or family choice		38	24	63	219	357	158	126	119	118	135	90	134
H) Disputes		0	1	1	0	0	0	2	10	0	0	0	0
I) Housing		0	38	102	102	90	76	49	4	18	15	3	20

NUMBER OF DELAYED DAYS SPLIT BY PROVIDER

Split by Provider	Performance	15/16 Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	16/17 May	June
Dorset County Hospital	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Dorset HealthCare		195	157	153	241	327	350	455	257	238	263	256	202
Poole Hospital		292	254	350	411	430	320	396	241	368	288	436	529
Royal Bournemouth and Christchurch Hospital		11	6	0	2	37	45	38	23	14	30	39	4
Other Providers	NO DELAYS	0	0	0	0	0	0	0	0	0	0	0	0
Totals		498	417	503	654	794	715	889	521	620	581	731	735

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust**
Executive Summary	Following the CQC planned inspection of 8-10th March 2016, Dorset County Hospital has was rated overall as 'Requires Improvement'. • The Trust was rated as 'Good' for the 'Caring' domain across the board • The Trust was rated as 'Good' for four services overall; children and young people, medical care, surgical care and critical care • The Trust was rated as 'Requires Improvement' in 4 services; Urgent and Emergency services, Maternity and Gynaecology, End of life Care and Outpatients/Diagnostic Imaging • In total, of the 39 factors assessed, the Trust received 'Good' for 25 in total – 64%. The Trust will now host a Quality Summit with the CQC, Clinical Commissioning Group, NHS Improvement and other stakeholders on August 30th 2016. This summit will develop an action plan to address the improvements required.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence:

	Report provided by Dorset County Hospital NHS Foundation Trust.
	Budget: Not applicable.
	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: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That the Committee note and comment on the report.
Reason for Recommendation	The work of the Committee supports the County Council's corporate outcomes to maintain the health and independence of Dorset's residents.
Appendices	None.
Background Papers	Care Quality Commission Inspection Reports for Dorset County Hospital: http://www.cqc.org.uk/location/RBD01/reports
Officer Contact	Name: Patricia Miller, Chief Executive, Dorset County Hospital Tel: 01305 254643 Email: patricia.miller@dchft.nhs.uk

Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust

1. Process and Timescales

1.1 The Care Quality Commission carried out an announced inspection visit to the hospital from 8 to 10 March 2016, and additional unannounced inspection visits between 16 and 21 March 2016. During this time the CQC also visited outpatients, day case surgical services and dialysis services provided at two other Trust sites.

1.2 The resulting rating was based on a combination of what the CQC found when they inspected, information from their 'Intelligent Monitoring' system, and information given to them from patients, the public and other organisations.

2. Matrix and overall findings

2.1 Overall, the Trust was rated as 'Requires Improvement'. The results for the five domains showed us to be rated as 'Good' for caring services and 'Requires Improvement' for safe, effective, responsive and well led services.

2.2 The results for each of the core services rated us as 'Good' for Medical Care, Surgical Services, Critical Care, and Services for Children and Young People. We were rated as 'Requires Improvement' for Urgent and Emergency Care, Maternity and Gynaecology, End of Life Care and Outpatient Services.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Medical Care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Requires Improvement	Good	Good
Maternity & Gynaecology	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Outpatients & Diagnostic Imaging	Requires Improvement	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

3. Urgent and Emergency Services

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Requires Improvement**		**Requires Improvement**

3.1 Comments from the Inspectors

- The department had appropriate medical staffing levels and skilled nurses
- Safeguarding requirements for children, young people and vulnerable adults were understood and there were appropriate checks and monitoring
- Department provided effective care that followed national guidance and this was delivered to a high standard
- Patients gave positive comments about the care they received, especially the attitude of staff
- Culture of accessible leadership with mutual trust and respect, an effective team
- Department visibly clean but the fabric of the building required maintenance
- Service had identified improvements needed in co-ordination of governance processes. Risks not always identified or adequately managed
- ED well led clinically but nursing leadership stretched
- Department had a culture of safety where incidents were reported

3.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- All equipment is clean and fit for purpose and ready for use in the emergency department. A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.
- Regular monitoring of the environment and equipment within the emergency department, and action taken to reduce risks to patients.
- Patients in the minor operations room (used as a majors cubicle) in the emergency department have a reliable system in place to able to call for help from staff.
- Staff attend and or complete mandatory training updates.

3.3 The Trust **should** also ensure that:

- Management and specialist staff have the time to undertake their roles
- Improved rates of dementia screening to ensure that all emergency admissions over 75yrs are screened and then appropriately assessed.
- The emergency department environment is reviewed to make it more child friendly.

4. Medical Care

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Good**		**Good**

4.1 Comments from the Inspectors

- Patients and relatives said staff were caring and compassionate and treated them with respect
- Staff had a good understanding of how to care for vulnerable patients
- Staff managed most aspects of medicine management safely. However, Patient Group Directions for medicines on the renal dialysis unit were out of date or not authorised. Resuscitation trolleys did not have tamper evident seals.
- Staff said managers provided good support , hospital was a friendly place to work and they had good access to professional development
- High level of bed occupancy – not always enough nursing staff, medical staff and therapists to support the needs of patients
- Culture of collaborative working, staff work well together, effective handovers
- Patient records clearly completed but paper records not always kept in secure trolleys
- Wards were clean and infection control team carried out regular audits

4.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- All patient records must be stored securely to maintain patient confidentiality.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

4.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use.
- Nursing handovers on Day Lewis ward are arranged to respect patients' privacy and dignity.
- There are arrangements for more timely discharges earlier in the day (before lunchtime) and more effective use of the discharge lounge by all ward teams.

4.4 The CQC highlighted the following **outstanding practice** within this Core Service

- The hospital@home service provided a valuable service supporting medically fit patients to have earlier discharges to their homes. This service was provided 24/7 and helped improve access and flow in the hospital as well improve outcomes for patients.

- The support for renal dialysis patients was outstanding, with individualised care for patients to receive home dialysis and holiday dialysis when appropriate and safe.
- The genitourinary medicine service was a well-led, patient focused service that had identified the needs of the patient groups it served, many of whom were vulnerable. There was excellent multi-disciplinary working with external agencies and robust clinical standards in place, which they service, audited themselves against, always looking for how they could improve the service. Outpatient clinics and advice sessions were held, where possible, at venues that encouraged attendance from patients who had the greatest need for the service but could not or found it challenging to attend a hospital.
- There were several examples of patient involvement in the codesign and improvement of services and excellent use of experience based design (EBD) methodology.

5. Surgery

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Good**		**Good**

5.1 Comments from the Inspectors

- Patients received care and treatment based on national guidance. Surgical services consultant led, good evidence of multidisciplinary team coordination to support patients
- Staff treated patients with kindness and showed regard to their dignity and privacy
- Patients described receiving good care, thoroughly explained and they had been involved in any decisions relating to them
- Trust has developed services to support patients, daily single point of access MDT provides a coordinated approach to complex discharges
- Staff passionate about improving services and providing high quality care
- Patients encouraged to be engaged in changes to services
- Shortfalls in adoption of the electronic incident reporting tool. However, staff knew how to report incidents and used investigations to share learning with colleagues
- Staff did not consistently complete the Five Steps to Safer Surgery checklist. Patient records not stored securely

5.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The five steps to safer surgery checklist is appropriately completed.
- Staff attend and or complete mandatory training updates.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

5.3 The Trust **should** also ensure that:

- All staff report incidents and feedback is given to the member of staff reporting the incident, and learning from incidents is shared with staff and across teams when relevant.
- The Trust electronic incident reporting system is fully implemented throughout the surgical specialty.
- Cleaning between cases in day surgery is sufficient and there are effective arrangements to prevent cross infection.

6. Critical Care

Safe	Effective	Caring	Responsive	Well-led		Overall
Good	**Good**	**Good**	**Requires Improvement**	**Good**		**Good**

6.1 Comments from the Inspectors

- Strong culture of reporting, investigating and learning from incidents. Patients protected from avoidable harm and abuse and the principles of duty of candour were well understood
- Consultants notably present and juniors well supported in developing critical care skills
- Excellent communication between doctors and nurses during handovers
- Physiotherapy assessments happened within 24 hours of admission and physiotherapists an integral part of the care team
- Patients and relatives involved in decisions made about their care and treatment. Staff were sensitive when required and suitably skilled and experienced staff available to offer support
- Medicines stored and managed safely with the exception of a small number of emergency medicines kept in trolleys which were not tamper-evident
- Mortality outcomes in line with or better than similar units
- Equipment clean and well maintained but the layout of the unit not optimal.

6.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Mixed sex breaches in critical care must be reported within national guidance and immediately that the breach occurs.

6.3 The Trust **should** also ensure that:

- Resuscitation trolleys are tamper evident.
- A recognised pain assessment tool is used in critical care to assist in the monitoring and managing of pain for patients.
- Pain score appropriate tools are used for non-verbal patients across the hospital.
- The critical care unit access is secure to maintain infection prevention and control and the safety of vulnerable patients on the unit.
- Service leads review how they use data to improve patient outcomes.

- The development of critical care 'follow up' clinics, in line with national guidance, in consultation with stakeholders and commissioners.
- There are ongoing risk assessments and improvements in the environment of the critical care unit, taking into account the guidance set out in HBN 04-0.

7. Maternity and Gynaecology

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Requires Improvement**	**Good**	**Requires Improvement**	**Requires Improvement**		**Requires Improvement**

7.1 Comments from the Inspectors

- Overall feedback from women and relatives about their care and treatment was positive. Women were treated with kindness, compassion and dignity throughout our visit
- Nursing and midwifery staff encouraged to report incidents and robust systems were in place to ensure information and learning was disseminated Trust wide. Evidence of learning from complaints
- Women had access to sufficient information to support them with their pregnancy options and gynaecological diagnosis. Clear strategy with strong public and staff engagement
- Consultants did not always adequately supervise juniors and were not always readily available to assist junior staff in theatre if required
- The midwife to birth ratio did not meet national guidelines
- Some maternity records lacked clarity. Risk assessments carried out before admission but lack of evidence that risks to gynae patients were reassessed on admission
- Care and treatment did not consistently take account of current legislation and guidance.

7.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- The number of midwives is increased according to Trust plans and in line with national guidance, to support safe care for women.
- Consultants supervise junior registrars in line with RCOG guidance.
- Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

7.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use,
- All maternity guidelines are reviewed to ensure they are up to date.
- Pregnant women's mental health is assessed throughout pregnancy using a tool as recommended by NICE 'Antenatal and Postnatal Mental Health' guidance.

- The use of a NICE recommended CTG (cardiotocography) evaluation tool which should be entered into the woman's notes every time the trace is reviewed.
- The use of a software package, with an individualised growth chart designed to more accurately detect foetal growth problems which are associated with stillbirth.
- The development of a midwifery led birthing unit, in line with National Maternity review recommendations.
- The use of the modified 'Sepsis 6 care bundle' in the maternity units.
- The use of the Stillbirth Care Bundle developed by NHS England to ensure that all known measures are taken to reduce the chances of stillbirth.
- A robust system to support lone workers in the community.

7.4 The CQC highlighted the following **outstanding practice** within this Core Service:

- The two bereavement midwives made home visits following a stillbirth or neonatal death. They made follow up visits to tell the parents post-mortem results in person and offered to provide antenatal care for women in any subsequent pregnancy. They also set up the monthly 'Forget Me Not' bereavement support group in a local children's centre. They set up and closely monitored a private social media page for women who had lost a baby during pregnancy or after birth.
- A gynaecology specialist nurse ran the 'Go Girls Support Group' along with a former patient, to provide support for women diagnosed with a gynaecological cancer.
- Midwives ran specially designed antenatal, breastfeeding and smoking cessation sessions for 'Young Mums'. They were also offered separate tours of the maternity unit.

8. Children and Young People

Safe	Effective	Caring	Responsive	Well-led		Overall
Good	**Good**	**Good**	**Good**	**Good**		**Good**

8.1 Comments from the Inspectors

- Positive feedback from children, young people and parents about care and kindness of staff
- Openness and transparency about safety and continual learning was encouraged
- Staff listened to feedback from parents. Play therapy staff support children during their stay
- Access to children's ward and neonatal unit secure. Staff clear about responsibilities around safeguarding
- Good levels of low and middle grade doctors who were positive about the Trust as a learning environment
- Care and treatment planned and delivered in line with evidence-based guidance
- Individual needs of children and young people assessed and care and treatment planned to meet those needs

- Clear governance structure to manage quality and risk. Strong visible clinical leadership
- Trust did not follow the Royal College of Nursing guidance on staffing levels for paediatric wards.

8.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Staff attend and or complete mandatory training updates.
- All patient records must be stored securely to maintain patient confidentiality.

8.3 The Trust **should** also ensure that:

- Nurse staffing on the children's unit is reviewed in line with The Royal College of Nursing (2013) guidelines in terms of numbers or ratios of nurse to healthcare assistants.
- Review of medical staffing in line with British Association of Perinatal Medicine (2010 Standards) requirements for sufficient medical staff on the neonatal unit at all times, including overnight (9pm to 8am).
- Compliance with Facing the Future-Standards for acute general paediatric services (RCPCH, Revised 2015) requirements for consultant paediatrician present and readily available during the times of peak activity, seven days a week.
- Implementation of nursing staffing acuity tool in child health.
- Supervision for staff involved in children's safeguarding.
- The arrangements for children attending appointments in general outpatient clinics are reviewed.

9. End of Life

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Requires Improvement**	**Good**	**Good**	**Inadequate**		**Requires Improvement**

9.1 Comments from the Inspectors

- Staff treated people with compassion, kindness, dignity and respect. Feedback from patients and their families consistently positive
- Good examples of staff providing care that maintained respect and dignity. Good care for the relatives of dying patients, and sensitivity to their needs
- Patients had appropriate access to pain relief. Anticipatory end of life care medicines were correctly prescribed and patients provided with pain management support
- Leadership and governance of end of life services needs to improve. Limited capacity to plan and lead services
- The Trust is developing end of life care in line with national guidelines but progress has been slow
- End of life care training provided during induction but not mandatory
- There was investigation of incidents but lack of detail and recording
- New end of life care plan not yet embedded in practice across all areas of the hospital.

9.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Sufficient palliative care consultant staffing provision in line with national guidance and to improve capacity for clinical leadership of the service.
- There is implementation of clear and measurable action plans for improving end of life care for patients. There is monitoring and improvement in service targets and key performance indicators, as measured in the National Care of the Dying Audits.
- A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.
- Staff attend and or complete mandatory training updates.
- Continue the development of governance processes across all specialties and divisions, with a standardised approach to recording and reporting. Ensure the information is used to develop and improve service quality.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

9.3 The Trust **should** also ensure that:

- Face-to-face specialist palliative care service, 7 days per week, to support the care of dying patients and their families.
- All staff caring for dying patients undertake mandatory training in end of life care, so that they have the necessary knowledge and skill to deliver end of life care in line with the 'achieving the five priorities for care of the dying person'.

10. Outpatients and Diagnostics

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Inspected but not rated**	**Good**	**Good**	**Requires Improvement**		**Requires Improvement**

10.1 Comments from the Inspectors

- All patient feedback positive for the care and treatment received from staff. Patients told us staff treated them with kindness and understanding. Staff took time to listen to patients' concerns and explain their condition in a way they could understand
- Services were planned to meet the needs of local people, including those with additional needs
- We observed good multidisciplinary working
- Staff told us they enjoyed coming to work, they were well supported by managers and felt they provided a good standard of care to patients
- Significant delays in the typing of some clinic letters
- Staff did not always report incidents as sometimes they did not receive feedback or learning was not shared at team meetings
- Governance processes across divisions and the different specialties lacked standardisation

- The service overall met referral to treatment time targets but did not consistently achieve the two-week wait for urgent cancer referrals.

10.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- There are sufficient therapy staff available to provide effective treatment of patients.
- Turnaround times for typing of clinic letters are consistently met, monitored and action taken when targets are not met across all specialities within the Trust.
- Staff attend and or complete mandatory training updates.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

10.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use,
- Standards of cleanliness are maintained in all outpatient areas.
- Staff working in outpatients always follow the Trust interpretation policy for patients who are non-English speaking.
- Increased compliance with recording of key metrics in outpatient services, such as the time the patient is seen, to enable data analysis to be more meaningful when used to monitor service quality.
- Daily recording of data on missing notes for outpatient clinics, which is audited and actions taken.
- Governance arrangements provide sufficient overview of the quality and risks across outpatient services.

10.4 The CQC highlighted the following **outstanding practice** within this Core Service

- There were several examples of patient involvement in the codesign and improvement of services and excellent use of experience based design (EBD) methodology.

11. Next Steps

11.1 The Trust will host the Quality Summit on 30th August 2016, along with our Clinical Commissioning Group, NHS Improvement and other stakeholders.

11.2 The Trust, along with all stakeholders, will develop an action plan for making the required improvements and bring our services in line with the rating of good across all core services and domains.

11.3 The Trust will then finalise and submit this formal action plan to the Care Quality Commission within 28 days.

Patricia Miller
Chief Executive
August 2016

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Fobbed Off – Some experiences of making a complaint about NHS Foundation Trusts in Dorset.**
Executive Summary	People's experiences of what happens when they raise a concern or complaint about a service they have received from the NHS has been of particular interest for the Healthwatch network nationally. In 2014 our national body, Healthwatch England, published "Suffering in Silence", setting out what people had told local Healthwatch around the country about their experience of making a complaint. It highlighted the importance of listening and learning when care goes wrong and handling complaints effectively. In 2015, responding to the work in this area done by Healthwatch, the Secretary of State for Health made clear his belief that more could be done on the local scrutiny of complaints handling. In that context Healthwatch Dorset approached the four NHS Foundation Trusts in Dorset with a proposal that we invite everyone who had brought a formal complaint against any of those Trusts in 2015 to share with us their experiences of the complaints process and to highlight any issues that some may have faced in that process. With the involvement of three Trusts our survey was carried out in the early months of 2016. This report sets out what those who responded to our survey told us. Before publication, we shared this report with the NHS Trusts concerned and invited each of them to respond to it. We reproduce their responses at the end of the report.

Impact Assessment:	Equalities Impact Assessment: NA
	Use of Evidence: Report provided by Healthwatch Dorset.
	Budget: NA
	Risk Assessment: NA – Not Dorset County Council report.
	Other Implications: None.
Recommendation	That the Committee consider and comment on the findings and recommendations contained within the report.
Reason for Recommendation	The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	1 Healthwatch Dorset report: Fobbed Off – Some experiences of making a complaint about NHS Foundation Trusts in Dorset
Background Papers	None.
Officer Contact	Name: Annie Dimmick, Research Officer, Healthwatch Dorset Tel: 07717 702131 Email: annie.dimmick@healthwatchdorset.co.uk

healthwatch Dorset

Appendix 1

Fobbed Off

Some experiences of making a complaint about NHS Foundation Trust services in Dorset

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PREFACE

Two years ago, in one of our very first reports – "Every One Matters" – we drew attention to the wide variation in the standard of care that local people reported to us. We said then, "At its best, the quality of…care in the NHS is second to none". But also, "At its worst… (it can end up) denying people…the most basic standards of care and dignity".

The causes of that disparity are many, not least the unprecedented pressures and challenges our NHS faces today, categorised most starkly by the juxtaposition of rising demand, cost and expectations with constrained resources.

Nevertheless, the fundamental principle of the NHS remains – that every single person should receive the best possible service, free at the point of delivery.

In any large, complex organisation there will inevitably be times when things go wrong. Some of the measures of an organisation are how willing it is then to listen, to empathise and not justify; how well and how quickly things are recognised and put right; and how speedily things are put in place to make sure it doesn't happen again.

People's experiences of what happens when they raise a concern or complaint about a service they have received from the NHS has, from the beginning, been of particular interest for the Healthwatch network nationally. In 2014 our national body, Healthwatch England, published "Suffering in Silence", setting out what people had told local Healthwatch around the country about their experience of making a complaint. It highlighted the importance of listening and learning when care goes wrong and handling complaints effectively.

In 2015, responding to the work in this area done by Healthwatch, the Secretary of State for Health made clear his belief that more could be done on the local scrutiny of complaints handling - something in which he hoped local Healthwatch would play "a strong, visible role".

So it is in that context that Healthwatch Dorset approached the four NHS Foundation Trusts in Dorset with a proposal that we invite everyone who had brought a formal complaint against any of those Trusts in 2015 to share with us their experiences of the complaints process and to highlight any issues that some may have faced in that process.

One of the Trusts felt unable to participate this time (the reasons for that are set out below), but with the involvement of the others our survey was carried out in the early months of 2016.

This report sets out what those who responded to our survey told us. Its findings are in line with other studies carried out by local Healthwatch around the country (and with other major national studies, including the Francis Enquiry, the Clwyd-Hart Review and reports from the Parliamentary and Health Service Ombudsman). In some cases, people's experiences of NHS complaints systems and processes are negative. In fact, we were so struck by the fact that a number of our respondents had, quite independently of each other, chosen a particular phrase to sum up their experience that we have made it the title of this report – "Fobbed Off".

This report sets out the facts of the feedback we received from our survey respondents. But we want to make it clear that we do not extrapolate from this to make definitive assumptions about the experiences of those who did not choose to take part. Nor does it allow us to make true comparisons between the NHS Trusts who participated. So we have refrained from suggesting that one Trust may be any better or worse than another in the way that it handles and learns from complaints. The issues are system-wide and not confined to any one organisation.

Before publication, we shared this report with the NHS Trusts concerned and invited each of them to respond to it. We reproduce their responses at the end of the report.

We want all NHS organisations to see complaints as "gold dust", a critical source of intelligence about how to improve services; feedback that should be welcomed as a way to improve how our services treat and care for people.

We look forward to continuing to work closely with our local NHS, to ensure that every person receives the standard of service that they not only deserve but have a right to expect.

We would like to thank all those who contributed to this investigation, in particular the survey respondents who gave their time and effort to tell us about their experiences and the NHS Trusts that took part.

July 2016

REPORT SUMMARY

Healthwatch Dorset has already previously undertaken work to investigate how easy it is for people to make a complaint about their health care (should they need to) and whether they receive the right information and support to do so. This report looks at the other end of the process and asks the question "what was it like to make a complaint?" with a specific focus on complaints made about services provided by the NHS Foundation Trusts in Dorset.

We wanted to find out how people felt about the process of making a formal complaint and whether that process was fit for purpose. We also wanted to be broad in our approach and give everybody who has brought a complaint against one of our NHS Foundation Trusts across Dorset in the previous year (2015) the opportunity to tell us about their experiences of the complaints system. Therefore, we approached all 4 NHS Foundation Trusts in Dorset, Poole and Bournemouth to ascertain their willingness to send out our survey to all patients who had made a formal complaint during 2015. Dorset County Hospital NHS Foundation Trust, The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust and Dorset HealthCare University NHS Trust were very happy to be involved, with one Trust responding "this will help us enhance our existing feedback methods". Poole Hospital NHS Foundation Trust Questionnaire Review Panel decided, after careful deliberation, that they were unable to be involved in a retrospective survey if complainants had not been advised in advance. However, they also stated they would be willing to participate in a prospective study in the future.

- 42% of those who responded to our survey told us that they were not satisfied with the actual process of making a complaint.
- 52% of respondents were not confident that making the complaint would have no adverse effect on any current or future care they might need.
- 78% were not made aware that they could have been supported through the complaints process by an independent advocate.
- 76% said they were not satisfied with the result of the complaint.

We hope that our findings will help our local NHS Trusts to focus on areas that could be improved in order to make people's experience of what can often be a stressful and difficult process a better one.

INTRODUCTION

Healthwatch is the national independent consumer champion for health and social care, established throughout England in 2013 under the provisions of the Health and Social Care Act 2012, with statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Healthwatch exists in two distinct forms – local Healthwatch, and Healthwatch England at national level.

Healthwatch Dorset is one of 148 local Healthwatch organisations with a dual role to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public. The remit of local Healthwatch encompasses all publicly funded health and social care services for both adults and children. Healthwatch Dorset covers the area of the three local authorities of Dorset, Poole and Bournemouth.

Healthwatch Dorset collects feedback on services, from people of all ages and from all parts of the community, through attendance at community events; contact with community groups; comment cards and feedback forms which people send to us in the post; online through web site and social media; from callers to our telephone helpline; and through the Citizens Advice Bureaus in Dorset, Poole and Bournemouth, all of whom offer a face-to-face service. As part of the remit to gather views Healthwatch Dorset also has the power to “enter & view” services and undertake announced or unannounced visits.

BACKGROUND

Every patient has the fundamental right to complain if they are not happy with the care or treatment they have received from an NHS service, or if they have been refused treatment for a condition.

Following on from the report of the Francis Enquiry, much work has been done by various organisations including the Department of Health, Healthwatch England and the Parliamentary & Health Services Ombudsman (PHSO) to review the NHS complaints system and provide recommendations for improvement. We will not repeat or make lengthy references to that work here but have provided links in the References/Bibliography section at the end of this document. We undertook our work to establish the current picture in Dorset (for people making a complaint about care received from any of our NHS Foundation Trusts) and to highlight people's experiences, which we hope will help the Trusts to reflect on whether those recommendations made by organisations such as the PHSO have been actioned where necessary.

METHODOLOGY

After receiving agreement to be involved from 3 out of the 4 NHS Foundation Trusts in Dorset, we developed a survey, using questions already pre-tested and verified (our thanks go to colleagues at Healthwatch Isle of Wight for allowing us to use their survey as a starting point). The survey was developed using our accessible information guidelines. Trusts were invited to comment on the draft survey and their responses/amendments were incorporated into the final version where appropriate. Trusts' Clinical Audit and Information Governance teams were involved in agreeing to the work and we also spoke with the Director of Surveys at Picker Europe to ensure there were no concerns over ethics or confidentiality. The response from Picker was extremely positive with advice for Trusts to ensure they filtered data appropriately.

The Trusts provided us with the number of patients who had made a formal complaint between Jan and Dec 2015. We requested numbers only for those patients whose complaint was now closed. It should be noted that the numbers do not cover EVERY complainant, only those where Trusts had postal addresses and relevant permissions for contact. (Numbers are shown in the Findings section).

The surveys, covering letters and freepost return envelopes were sent to Trusts pre-sealed and stamped in order that each Trust only had to print labels and post the envelopes on our behalf (Trusts could not share patient contact details with us due to data protection and client confidentiality). Healthwatch Dorset covered all costs for developing, printing and sending the surveys.

We also gave every person the opportunity for a phone interview should they wish and we offered home visits. (Note – no respondent requested either of these services). We have included the survey and covering letter as an appendix.

FINDINGS

SUMMARY

The full analysis (figures and percentages) of our survey findings can be found below. Here we provide a summary.

As noted above, it would be unfair to make true comparisons between the NHS Trusts concerned, due to the fact we did not receive exactly the same number of responses for each. We have, therefore, refrained from making any statement suggesting that one Trust may be better or worse than another. However, we have split responses (see the data after this summary) to show the feedback for each individual Trust, which inevitably highlights similarities and differences. Where issues are identified affecting more than one Trust we hope that those Trusts will work together where possible to identify actions for improvement.

1. A total of 764 surveys were sent. 158 people chose to respond (a response rate of 21%).

2. Most people said that their complaint related to quality of treatment, staff attitudes, the patient pathway or access to services.

3. 34% of people found out how to make the complaint by asking PALS (the Patient Advice and Liaison Service run by the NHS Trust). 56% said they were not aware of PALS before making the complaint.

4. 64% felt unable to raise their concerns with staff members before making the complaint.

5. 70% of people said that they were not offered the opportunity to discuss or meet with staff at any point during the process of making the complaint.

6. 51% told us that they found it very easy or easy to find information about how to make the complaint. 17% found it either difficult or very difficult.

7. 78% said that they were not made aware that they could be supported through the process by an independent advocate.

8. 52% told us they did not feel confident that making the complaint would have no adverse effect on any current or future care that they may require.

9. 92% of respondents advised they were able to make complaint in a way that suited them.

10. When asked if they felt concerns raised were being taken seriously from the beginning, 51% said No.

11. 19% told us they had a mutually agreed timescale for the complaint to be resolved, while 33% were given no timescales or dates. Where a timescale was given, 53% told us that those timescales were not met and 79% of those said that they were not provided with a satisfactory response as to why.

12. 54% said that they were kept informed of what was happening with the complaint during the investigation.

13. 74% received their response by letter, although 33% of people told us the method of response was not their chosen method.

14. When asked if the response directly addressed all aspects of the complaint, 61% said No but 65% were given the opportunity to provide their views on the response or to reply. However, 34% of people were not informed of how to proceed if they were not satisfied with the response.

15. 76% said that they were not satisfied with the result of the complaint. People told us they felt that complaints were still unresolved, not handled well and they were unsure if things would improve (this last is reflected in the answer to the question "were you given any information about how things would change so that other people's experiences would be better in the future?" – with 64% of respondents saying No and 91% of those saying they would have liked to receive that information).

16. When asked if they felt the complaint had been handled fairly, 59% said No and 41% said they did not feel they had been treated with kindness and compassion by the people dealing with the complaint.

17. However, 85% said that they would make another complaint in the future if they felt it was necessary.

18. 42% said they were not satisfied with the actual process of making the complaint.

19. When respondents were asked if they had any suggestions about how the process could be improved (full comments can be seen below), the main areas identified were:

    - The language and format of complaint letters.
    - Responses should be within timescales given.
    - Complainants should always be kept informed and complaints should be handled openly, frankly and in a transparent way.
    - Local independent bodies should handle complaints rather than NHS internal processes.
    - There should be more support for people through the process.
    - People would also appreciate being kept informed about actions taken to improve services.

DATA

A total of 764 surveys were sent. Overall response rate 21% (158 returns)

Royal Bournemouth and Christchurch NHS Foundation Trust (RBCH) - 315 sent, 86 returns – response rate 27%

Dorset County Hospital NHS Foundation Trust (DCH) - 230 sent, 36 returns – response rate 16%

Dorset Healthcare University NHS Foundation Trust (DHUFT) - 229 sent, 23 returns – response rate 10%

A number of responses were received that related to more than one Trust:

Combination Poole and RBCH – 4 responses

Combination – Poole, RBCH and DHUFT – 1 response

Combination DCH, Poole and RBCH – 1 response

Combination RBCH and DHUFT – 1 response

Combination DCH and DHUFT – 3 responses

Poole – 1 response received not in combination with other Trusts

Unknown provider – 2 responses received

For the following analysis results for Poole, Unknown and Combined have been amalgamated into the category "Combined"

Question 1. Which NHS Trust and service did the complaint refer to?

Royal Bournemouth and Christchurch NHS Foundation Trust (RBCH)	Service (where known)	No. of responses
	Physiotherapy	1
	Stroke Ward	1
	Haematology	1
	Dermatology	1
	Gastroenterology	1
	ENT	1
	Maternity	2
	Ophthalmology	2
	Oncology	3
	Endoscopy	3
	Cardiology	3
	Gynaecological Dept.	3
	Orthopaedics	4
	A&E	8
	Elderly Care	8

Dorset County Hospital NHS Foundation Trust (DCH)	Service (where known)	Number of responses
	Gynaecological Dept.	1
	Elderly Care	1
	Endoscopy	1
	Gastroenterology	1
	Orthotics	1
	A&E	2

	Urology	2
	Ophthalmology	3
Dorset Healthcare University NHS Foundation Trust (DUHFT)	Service (where known)	Number of responses
	CMHT	1
	Pain Clinic	1
	District Nursing	1
	Gynaecological Dept.	1
	Mental Health (Community Hospital)	2
	Elderly Care	2
	Podiatry	2
	CAMHS	3
	Prison Healthcare	9

Poole	Service (where known)	Number of responses
	Orthopaedics	1

Question 2. Was the complaint on behalf of yourself or someone else?

	RBCH	DCH	DHUFT	Combined	OVERALL
Yourself	71%	97%	65%	54%	75%
Someone Else	29%	3%	35%	46%	25%

Question 3. What was the nature of the complaint? (Note – respondents could tick more than one) Note – where respondents ticked the given option "other" and provided identifiable information – that information has been included in the figures below

	RBCH	DCH	DHUFT	Combined	OVERALL
Access to services	10%	12%	14%	11%	11%
Environment	2%	3%	2%	3%	2%
Equality	2%	1%	8%	0%	3%
Patient Choice	8%	6%	8%	5%	7%
Patient Pathway	11%	19%	10%	29%	15%
Staff attitudes	26%	26%	27%	21%	25%
Quality of treatment	28%	23%	23%	18%	25%
Safety	4%	1%	6%	5%	4%
Discharge	9%	9%	2%	8%	8%

Question 4. How did you find out about how to make the complaint? (Note – respondents could tick more than one)

	RBCH	DCH	DHUFT	Combined	OVERALL
Checked Trust website	21%	16%	18%	38%	**21%**
Checked leaflet/brochure	6%	11%	9%	15%	**8%**
Asked PALS	43%	35%	9%	15%	**34%**
Asked staff	7%	14%	41%	16%	**14%**
Wrote to CEO	10%	8%	0%	0%	**8%**
Other options	13% (largest 2% via social worker and 2% via legal advice)	16% (largest 5% via GP)	23% (largest 9% through being staff members)	16% (largest 8% through notice board and 8% through being staff member)	**15%**

Note "Other Options" – people told us they had found out via social workers, from GPs, from MPs, from CQC, though legal advice, through previous experience, by writing to the CEO, from Health Visitors, from dentists, through the Independent Monitoring Board, through hospital notice boards, from friends and from being a staff member themselves.

Question 5. Were you aware of the Patient Advice & Liaison Service (PALS) before you made the complaint?

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	47%	42%	35%	46%	**44%**
No	53%	58%	65%	54%	**56%**

Question 6. Before deciding to make the complaint, did you feel you could raise the concerns with any staff members? (2 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	39%	30%	27%	46%	**36%**
No	61%	70%	73%	54%	**64%**

Question 7. Were you (or the patient you represented) offered the opportunity to discuss or meet with staff at any point during the process of making the complaint? (5 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	26%	33%	41%	31%	**30%**
No	74%	67%	59%	69%	**70%**

Question 8. How easy was it to find information about how to make the complaint? (1 no response)

	RBCH	DCH	DHUFT	Combined	OVERALL
Very Easy	29%	14%	8%	0%	**20%**
Easy	28%	34%	39%	31%	**31%**
Neither Easy nor Difficult	31%	35%	23%	46%	**32%**
Difficult	6%	17%	15%	23%	**11%**
Very Difficult	6%	0%	15%	0%	**6%**

Question 9. Did anyone make you (or the patient you represented) aware that you could be supported to make the complaint by an independent advocate? (2 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	23%	20%	31%	8%	**22%**
No	78%	80%	69%	92%	**78%**

Question 10. Did you feel confident that making the complaint would have no adverse effect on any current or future care you (or the patient you represented) may require? (6 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	48%	67%	36%	31%	**48%**
No	52%	33%	64%	69%	**52%**

Question 11. Were you able to make the complaint in a way that suited you (or the patient you represented) e.g. in writing, in person, email etc. (2 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	94%	97%	77%	92%	**92%**
No	6%	3%	23%	8%	**8%**

Question 12. Did you feel the concerns raised were being taken seriously from the time that you raised them? (7 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	51%	53%	45%	27%	**49%**
No	49%	47%	55%	73%	**51%**

Question 13. When raising the complaint were you provided with: (respondents could tick more than one) (7 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
A mutually agreed timescale for the complaint to be resolved	17%	13%	32%	18%	**19%**
A date by which the complaint should be resolved	50%	41%	36%	28%	**44%**
No timescales or dates	30%	41%	28%	45%	**33%**
Other	3%	5%	4%	9%	**4%**

Further to Question 13, respondents were given the option to provide any further comments. Comments have been redacted where necessary (e.g. to protect anonymity).

Trust	Comments
RBCH	No complaint procedure in place and confusing number of names and people involved
	Was informed 1-year time allowed. Felt delaying tactics were used. Replies postponed by letter.
	I made the complaint online and when I submitted the complaint I was told the person I addressed it to had left the trust and the complaint would be dealt with by another person. It wasn't and no reply was received.
	Not met, but kept informed.
	We were give one date by letter, but still had to chase this up as staff were on holiday.
	This date was not complied with or resolved by the due date. I did receive a number of letters telling me of further delays,
	Date was given but not complied with. 3 weeks after date, I emailed to ask for an update. I was told that a reply had been sent to me via email, except they couldn't even copy my correct email address. I did not receive the reply until I asked.
	Attempts of dates for a final review of the complaint has been made multiple times, but there were always problems to approve date and time. Eventually I gave up.
	Can't remember but I was told I would hear by post.
	They did not stick to the dates, fobbed off constantly
	Timescale was not met
	Timescale from RBH but not surgery, who took many weeks to respond
DCH	A meeting with the matron and someone else (which was very good of them)
	Took too long, then said I was informed each time it took too long

	The timescale lapsed for months. I received a phone call out of the blue, months after the complaint, although I received a letter with a date that someone would contact me.
DHUFT	A meeting was arranged without prior warning. Just me and two staff members, very uncomfortable.
	I'm not sure. I was confused with the whole process.
Combined	Both dates given were missed, no further information until I made two telephone calls. Blamed staff sickness for late reply.
	First concerns raised verbally and ignored; raised by my friend for me and listened to. Once in writing, I received a letter to say that Head of Dept. (name of Dept. redacted) was promoted and I will get a reply after a few weeks.

Question 14. Were you kept informed of what was happening with the complaint during the time it was being investigated? (4 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	57%	49%	47%	58%	**54%**
No	43%	51%	53%	42%	**46%**

Question 15. If you were provided with timescales, were these met? (42 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	49%	46%	50%	29%	**47%**
No	51%	54%	50%	71%	**53%**

Question 16. If No (to Question 15), were you provided with a satisfactory response as to why? (Note – 14 respondents did not complete question 15 but did answer Question 16)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	27%	25%	8%	0%	**21%**
No	73%	75%	92%	100%	**79%**

Question 17. How did you receive your response? (Respondents could choose more than one) (6 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
By Letter	78%	77%	59%	68%	**74%**
By Email	9%	0%	3%	16%	**6%**
By Phone	10%	15%	19%	11%	**13%**
In a face to face meeting	3%	8%	19%	5%	**7%**
Other	0%	0%	0%	0%	**0%**

Further to Question 17 respondents were given the option to provide any further comments. Comments have been redacted where necessary.

Trust	Comments
RBCH	Dorset advocacy also came to house
	Only had a letter acknowledging complaint, asking for date of birth.
	Sought by letter, received by delayed email. Not impressed.
	Satisfactory at first by letter but no meeting arranged until Ombudsman intervened
	I requested in my complaint letter, sent by me by email, that I receive a response by email. A paper letter was sent and then after I requested email version, one was sent.
	Received phone call from ward sister. Insisted I had reply from CEO. (redacted)

Question 18. Was this your (or the patient you represented) chosen method of response? (17 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	72%	70%	43%	77%	**67%**
No	28%	30%	57%	23%	**33%**

Question 19. Did the response directly address all aspects of the complaint? (8 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	36%	46%	52%	15%	**39%**
No	64%	54%	48%	85%	**61%**

Question 20. Were you (or the patient you represented) given the opportunity to provide your views on the response or to reply? (8 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	69%	69%	48%	66%	**65%**
No	31%	31%	52%	34%	**35%**

Question 21. Were you informed of how to proceed if you (or the patient you represented) were not satisfied with the response? (7 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	76%	53%	36%	66%	**64%**
No	24%	47%	64%	34%	**36%**

Question 22. Overall were you (or the patient you represented) satisfied with the result of the complaint? (7 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	22%	28%	33%	8%	**24%**
No	78%	72%	67%	92%	**76%**

Further to Question 22, respondents were given the option to provide the reason why they had answered “No”. Comments have been redacted where necessary.

Trust	Comments
RBCH	Unresolved, loss of photos of injury, complaints officer unaware of complaints process (redacted).
	Because, in my view, the whole issue was handled appallingly
	Despite being informed all calls are recorded for training purposes, they are actually not. The staff member couldn't recall the contact or what she said. No evidence available.
	Part of reply was incorrect and when I corrected this via email I never received a reply/comment etc.
	The explanations forthcoming were not patient orientated, leaving some of the points raised unclearly explained.
	The complaint was effectively shut down. Inaccurate/dishonest reporting of staff action.
	Do not feel it fully addressed issues. Feel that same problem could happen again. Hospital will complain if patients do not attend appointments, but they cannot organise themselves.
	Quite honestly felt it was a fob off letter.
	Response was contradictory and did not adequately address concerns
	No way of being reassured that training had been given or improvements achieved
	It was a fob off and I am complaining to the Ombudsman
	I am still waiting for outcome
	I felt that the points I raised were not addressed directly, just a general rationalised given.
	They completely failed to address the fact myself and my Doctor saw the changes in my xxx and that the consultant should therefore have been concerned and referred me for a scan but instead just bleated on

	about how they could see nothing untoward, therefore they were not liable for my condition spreading. Made me very angry that they were rallying around and protecting their negligent colleague instead of addressing the view point of my Dr and myself. (redacted)
	Yes, and no because it did address all points but no because the doctor I complained about (his attitude and approach). Perhaps a statement or phone call from him would have been more personal. Instead I have to trust their word that he has taken on board my comments.
	Because of the lack of response initially, too long a period had passed for the complaint to be properly investigated.
	Letter just stated their failings. Staff were very unhelpful at the hospital, no empathy, blaming each other.
	Response did not address issues, late second opinion proved the response incorrect.
	The way I was treated was abhorrent. At no stage did I receive a personal apology for what happened. I was brushed aside several times and the response was unsatisfactory.
	Still felt the reply didn't take into account my true feelings
	We have now had to go via an advocate because we felt the complaint was put on people in the wrong area and brushed under the carpet.
	No, I felt they were not taken seriously.
	Almost all of my concerns were minimised and I felt that no changes for the better would be put in place. I still feel that vulnerable older people will be put at risk.
	After sending required date of birth information, I never heard another thing.
	Letter finally received was very bland, no real apology or response to the problems.
	Still not had a result

	I was greeted with a very aggressive response from Mr X at my next appointment at his clinic. (redacted)
	It was very much lip service, I felt and my family felt that the care was poor. My relative died while in hospital, but it is the care of others that is also my concern.
	I'm still waiting for an outcome from my complaint
	The letter had a usual standard response feel to it. There was no sympathy for my problem expressed.
	No, because I wanted to complain about treatment at Poole. Also, why a consultant took so long to do something (redacted)
	Various listed complaints were not addressed and the main fault became my wife's domain! Apparently, she should not have accepted my discharge, despite raising issues of extreme concern on the day.
	Because what was said by the persons involved was not true
	Not all issues were addressed and no apology
	I do not feel that the impact of the negligence on my life for 4 years was really considered. If I had been given appropriate medication following exam, I would have had 4 normal years.
	Felt the response was defensive, often inaccurate and since the health service ombudsman has got involved, the NHS has conceded points
	The investigating manager appointed didn't contact me when the investigation was delayed. The response didn't answer all my complaints. I was fobbed off.
	8 - 10 months and still waiting
	Time on letter for appointment was x, it was hour and half later before we saw a consultant. The excuse was mix up of paperwork due to change. (redacted)
	Not sure if anything will come from my complaint in regards to improvements
	Not all aspects of the complaint were addressed. Some aspects related to serious nursing practice which did

	not appear to have been addressed. No apology for tardiness of response.
	So biased, didn't address any of the major concerns I had raised. Ridiculously pathetic and subjective.
	Fobbed off- wasted our time on the day and again with response
	Complaint was never answered
	The letter only partly dealt with my concern.
	Trust offered no reassurances or practical actions that would be undertaken to avoid repetition.
	Don't feel it personally responded to all the issues raised. Feel the response was hiding behind guidelines.
DCH	The letter was from a third party at the trust saying Dr (redacted) was sorry. Sorry doesn't help now that I'm left with permanent disability (redacted)
	I went to the hospital to meet Mr X to have my complaint heard but was rushed through and the complaint never heard. (redacted)
	Does not appear to be a significant improvement
	Wasn't taken seriously, complaint was barely addressed. I was just given a series of excuses.
	It did not address the issue of how my medical records were incorrectly annotated and no additional checks made
	My concerns were not answered properly and I felt dismissed. Not happy at all!
	The consultant and his staff were completely exonerated by the CEO, who also reprimanded me for arguing with the consultant.
	Basically provided with a whitewash of my complaints!
	I felt nothing was achieved and attitudes would not change in XX, but a fully apologetic letter received from XX, which was frank and I appreciate that. (redacted)
	Would have liked a personal apology from member of staff involved.

	A delay of 39 days by PALS in responding to questions concerning complaints
	They did not cover the excessive time delay or the fact that a scan would have shown the seriousness of the situation (redacted)
	Because it was my word against theirs (redacted)
	It did not improve the service
	The letter stated that my claims would be looked into. I've heard nothing since.
	The elements of the complaint were brushed to one side. They were touched upon but it did nothing to resolve that the treatment of care would improve.
	After writing on I was sent a holding letter stating that I would receive a response in 4 weeks. I did not receive a response until 7 weeks later. No mention was made of the failed treatment issues (redacted)
	I felt the response was somewhat sarcastic, particularly one paragraph of the letter from the chief executive.
	Quite evident that the whole process was a 'cover our arse' exercise and in no way did it evidence the form of staff attitudes, approach to patient care or quality of care.
	But I feel that the night time discharge of elderly, single people will still go on.
	No one accepted responsibility for the poor service of the complaint
	Wasn't happy with outcome. I was told I would receive an apology from the member of staff. Never came.
	I feel a written apology should have been send direct to myself from the nurse.
DHUFT	Nothing has happened, nurses still treat patients as if they were screws not nurses!!
	I'm on pre-gablin, outside. When in XXX prison I wasn't given them, yet others get them. Now in XXX prison and I have not been given them even though I had an MRI scan and have proof of my back and nerve damage. Others get them here. (redacted)

	Initially the level of care improved but lapsed back to an unacceptable standard after a few weeks and had to complain again
	No one felt that it is appropriate to trust me, an offender with respect, i.e.; turning up 30 mins late to a meeting and not offer an apology.
	I felt that my complaint was the only thing they were interested in and not any mention of support. They simply washed their hands of me.
	The letter was defensive and focused on the process, not on the patient's needs.
	The response I got were empty words, nothing has improved. But then this is a prison HMP XX (redacted)
	I was never told why I had to wait 1 year between appointments
	Almost every issue I raised as being a significant area of concern was refuted. I felt taking the trouble to compose a letter was a complete waste of effort and time. Extremely disillusioned/disappointed
	It was coupled to another issue which made me very cautious and restricted in what I was able to say.
	They didn't take me seriously and still treated me with no respect, causing further distress
Combined	Response to complaint in one area regarding test results which contradicts information provided by the Doctor at the time in A&E. Considering taking complaint to the Ombudsman for further investigation.
	The response received appeared to vindicate the NHS but failed to address the fact that XX was left at risk of self-harm, and indeed did attempt suicide again within 24 hours of being discharged. (redacted)
	Matters raised were twisted and changed in the response received.
	We were placated rather than being listened to.

Question 23. Were you given any information about how things would change so that other people's experiences would be better in the future? (6 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	40%	40%	23%	15%	**36%**
No	60%	60%	77%	85%	**64%**

Question 24. If No, would you have liked that information? Of the 98 people who said they were given no information about how things would change, 93 responded to this question.

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	91%	100%	80%	90%	**91%**
No	9%	0%	20%	10%	**9%**

Question 25. Do you feel the complaint was handled fairly? (18 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	38%	42%	55%	40%	**41%**
No	62%	58%	45%	60%	**59%**

Question 26. Do you feel you (and/or the patient you represented) were treated with kindness and compassion by the people dealing with the complaint? (14 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	57%	66%	54%	66%	**59%**
No	43%	34%	46%	34%	**41%**

Question 27. Do you feel you would make another complaint in the future if you felt it was necessary? (3 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	92%	83%	68%	69%	**85%**
No	8%	17%	32%	31%	**15%**

Question 28. Were you satisfied with the actual process of making the complaint? (5 no responses)

	RBCH	DCH	DHUFT	Combined	OVERALL
Yes	54%	64%	54%	69%	**58%**
No	46%	36%	46%	31%	**42%**

If you have suggestions about how the process could be improved, please state:

Trust	Comments
RBCH	I was very pleased with the process, thank you.
	The process was fine. Hopefully action has been taken to ensure that similar oversights and mistakes do not happen in future
	Reports sent to patients for their information should be in a format and language comprehensive to everyone, not just hospital staff.
	The reply contained inaccurate and incomplete information. Omitted relevant facts. Drew illogical conclusions, protected their own interests and dismissed harm done to me as coincidence.
	Face to face meeting would be more respectful. Staff lied and we needed them to explain their actions with us present
	Hospital should respond in timescales given. They advised complaint had not commenced with an immediate investigation.
	When making a complaint, concerns maybe raised because it is made to an office at the hospital where your complaint is about. This could and would put people off making a complaint to PALS in the first place.
	If the complaints officer dealing with the complaint goes off sick but the complaint is not allocated to anybody else to handle for 6 weeks, this is not really efficient or respectful. In future if complaints officers do go off sick then complaints should be reallocated as soon as possible. I wasn't really treated with kindness or compassion. However the A&E staff member I rang after 6 weeks of no response was helpful in chasing it for me
	Taken seriously when concerned about treatment.
	I was informed at the time I could make a complaint, but not how to do so. In fact, I was adamant that I did not blame the overstretched staff, but the system which treated the patient

	I was dealing with 2 parts of the NHS. In the end they blamed one another and I was left in the middle. Less than an ideal situation I would suggest
	I think more pre-thought could have gone into the process. Everything appeared to be very cold and non-caring
	To be kept up to date with what's going on
	Timescale not met. No monitoring or procedure from manager. Lack of answers, just told to contact Ombudsman.
	To be invited in to talk in person would be so much better. Sometimes it's difficult to express in writing. A follow up to ensure a happy out come as some patients may feel too anxious to take further if they are not happy. Mine was a very emotional matter and face to face therefore would have been better
	The people who deal with complaints are probably first line of defence, therefore their job is to put people off but patients have the right to see justice. XX was uncaring, defensive and downright rude and I worry they could put people off as they'll worry that everyone is like that (redacted)
	I wrote to the CEO and he wrote back. I would have found a face to face conversation helpful as I would have been able to respond directly to his reply.
	The hospital to be frank, open and honest about what went wrong and why
	PALS service was not helpful-did not seem interested in helping. They were chatting about personal stuff when I asked for assistance and I was simply handed a leaflet while they continued their conversation.
	More transparency. Personal apology from the Doctor concerned.
	RBCH never addressed the points in the complaint. CEO was most rude and said they wouldn't answer future emails.
	Management should not ignore patient concerns and try to whitewash and cover up complaints - especially when patients are only trying to help the NHS make

	improvements - those making complaints should not be victimized.
	I do not wish to denigrate PALS. I am articulate enough to make my own representation directly. RBH do not anywhere display an email address for a complaint. I found that the national unit was very helpful in forwarding my complaint to RBH.
	My complaint was not dealt with within the agreed timescale and I continually received letters to extend saying 'they hadn't had time to investigate'. I was never spoken to, or invited to speak to anyone and I should have, considering the way I was treated in xx (redacted)
	It would have been nice to be considered as a human being and not as someone trying to cause problems. A phone call to acknowledge what was happening and not make excuses by letter for staff who cannot be bothered to help.
	Do not dismiss problems because patient is elderly. Do not make promises of action and then do nothing. (redacted)
	To be made aware of actual changes to the service rather than just stating a bunch of failings.
	Still fearful as to how I will be treated next time.
	An answer to my complaint would be good. Here we are 1 year later and I have not had any response to my complaint, apart from the acknowledging letter. My relative has since died.
	The website should be updated as soon as a different person is responsible for particular jobs. A redirection is not good enough.
	The letters received were dated sometimes as much as seven days prior to arrival. There was no discussion of how to improve the patient's care with respect to the complaint. Patient was given excuses.
	I hand delivered all letters to PALS post box outside their office. On one occasion it took 14 days to reach the officer in PALS Dept. I will be contacting the Ombudsman. I feel the whole process reflects that patient views are unimportant at RBH.

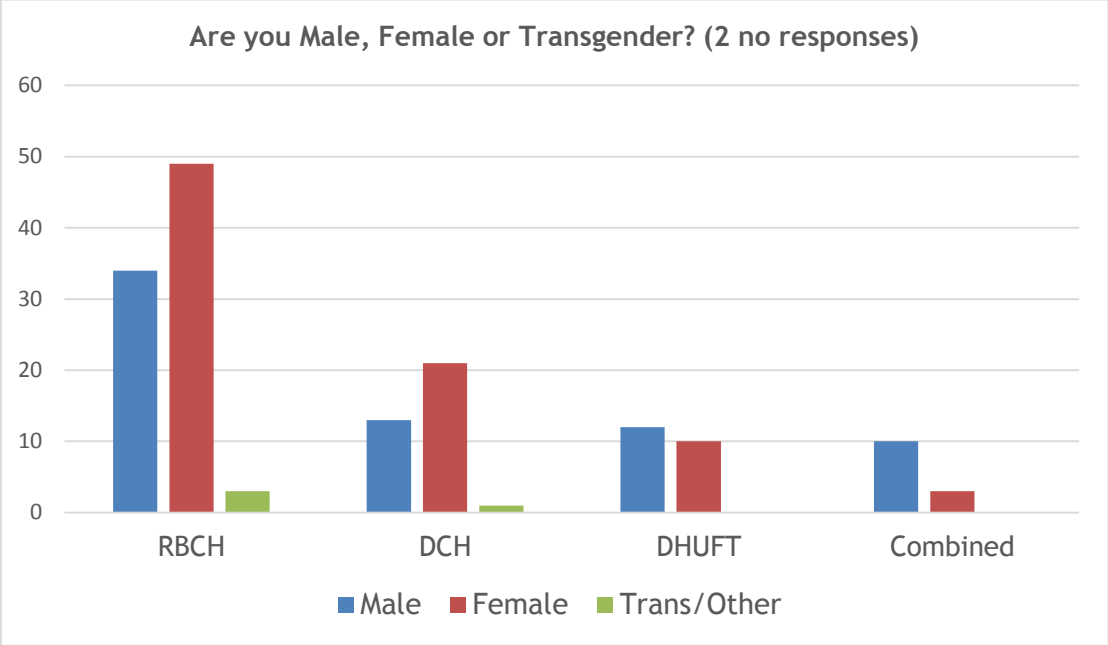
	I feel that the writers response to complaint should include a comprehensive information booklet explaining in detail what to do and when if you have a further complaint.
	I received an initial acknowledgement letter from the complaints manager which was helpful, personal and gave me detailed information about timescales and who would be investigating my complaint. When it was detailed the manager who should be investigating didn't keep me informed of the delay and let the process down.
	Investigating manager should telephone complainant when they are sent the complaint form. The complaints manager would make it more personal if they introduced themselves.
	Tell the truth!
	There should be a clear time limited staged complaints procedure. There should be a named complaints officer who should be responsible for all communications to prevent loss of vital evidence. There should be a reply within 10 days to confirm receipt and explain next steps and who is dealing with complaint
	It becomes the domain of complaints officer whose reply to begin with was offhand and inaccurate. The main most harmful points were left in the 'too hard' basket. More care needed in that department too
	I would have liked the opportunity to discuss the issues with someone - I wasn't offered this. I was cross with the response but did not feel I had the energy to take it any further, plus it caused emotional distress in the family.
	All staff need to be aware of how intimidating it is to patients and relatives asking for help and information. Instead of going to reception. Not knowing who to talk to and being ignored.
DCH	I was incredibly impressed with the matron and other staff member present at our fault finding meeting. Everything was very thorough and dignified. Thank you!

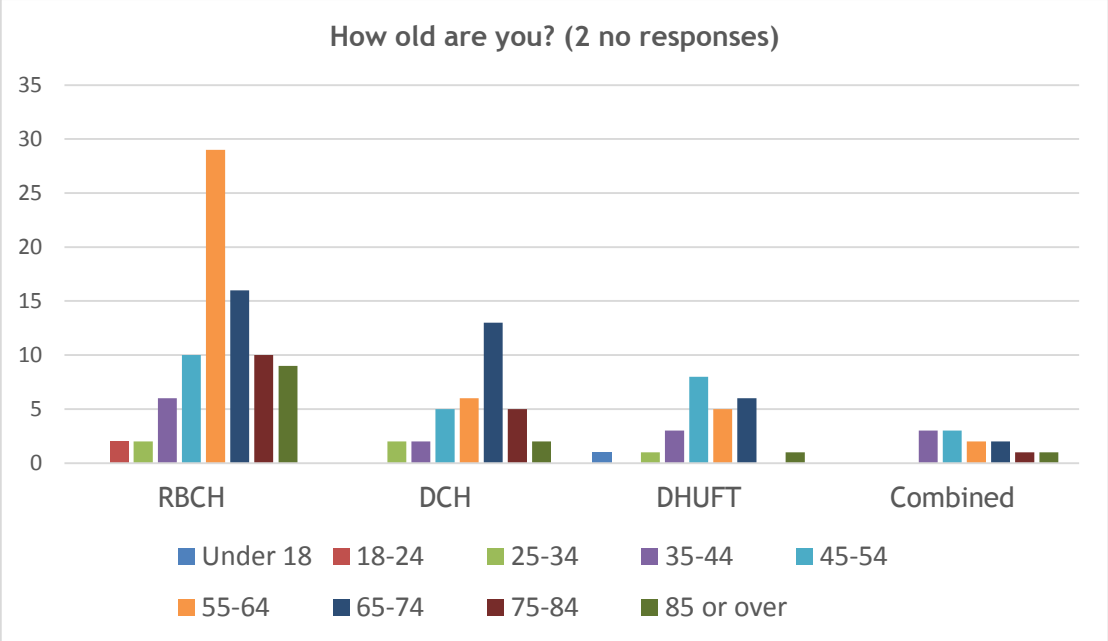
	Staff should understand and respect the severity of complaints. Follow up from staff should also be provided for support.
	I complained in writing and all my complaints were addressed - However, I only have one's word that the issues I had suffered would be put into practice and no one else would be treated like I was, even though I had complained
	My complaint was never heard. I felt that I was not taken seriously and they never addressed my concerns. XX (redacted) was arrogant, rude and showed no concern. The nurse who brought patients into see XX was very unprofessional. The whole event has left me feeling despair and unimportant.
	Because of the complaint I have felt unable to continue treatment. My condition continues and I never self-medicate, however I do not know if my condition deteriorates what I will do. The process was a travesty.
	The whole process needs to be taken out of hospital control and in this so called transparency, the patient given responses (copies) from staff and before a final outcome is reached, allowed to see the details, as points may have been missed or not addressed fully. Needs to stop being a 'cover our arse' exercise and more a real 'patient care' exercise to constantly improve standards.
	The meeting I had, after disagreeing with letter I was sent, would have been better if I could have had the person I complained about present. I think it would be better to be able to face the person, if wanted.
	Speedier response at all stages
	The letter sent giving the response appear to be generic. It did not say what new procedures, if any, would be put in place. Write the letter for my view point and not defensively.
	By answering the complaints in the initial letter we submitted.
	Nurses to show care and compassion. I was treated like a leper. I feel someone should have telephoned me with a follow up appointment to discuss my concerns.

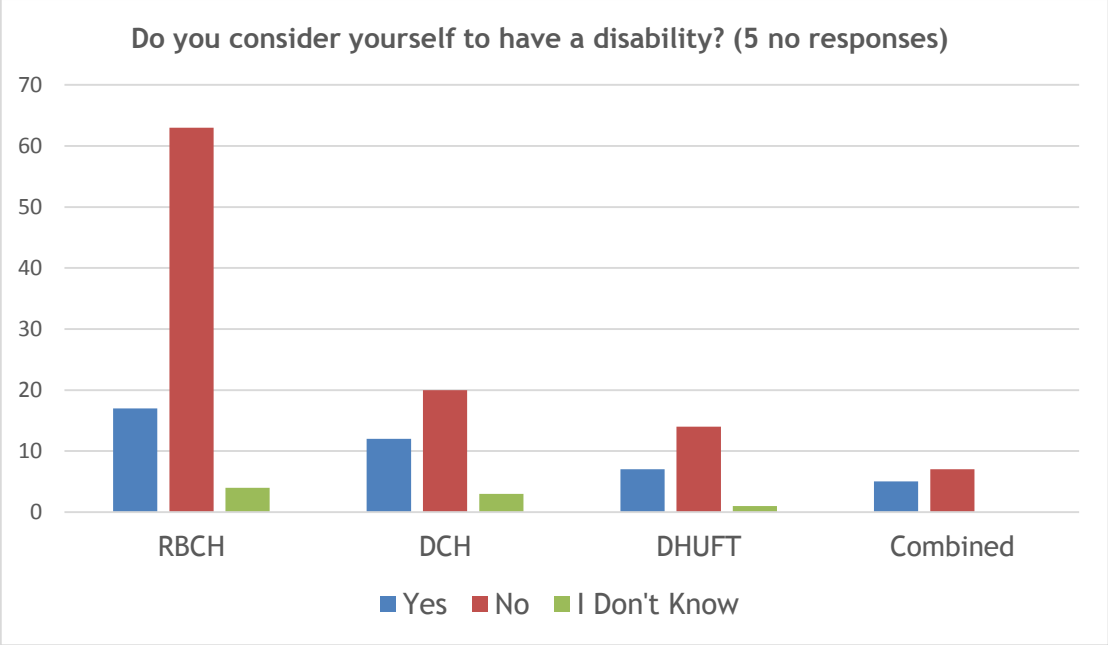
	The progress was ok but the time scales so long it made me feel that complaint was dealt with summarily and not too seriously as no action appeared to be taken except for corporate apology
DHUFT	To engage with imb (Independent Monitoring Board) so complaints got dealt with in the prison service and patients were treated as patients not criminals as their punishment has nothing to do with their health!
	The focus is on the process, not on the outcomes. The complaints are judged against policy and procedure, not against the specific needs of the patient. Funding is a critical issue, but ignored.
	I was certainly listened to. Only one staff member (not from the complaints team), was rude and dismissive.
	Employing consultants who are honest and prepared to accept complaints regarding their practice and during discussion with CEO have the sincerity and patient respect to own up to their failings and apologise. The practitioner involved blatantly lied.
	I'm diagnosed with various mental health disorders, yet was discharged from the CMHT after my complaint. I am left with no support and nowhere to go.
	My complaint was somewhat unusual in that I had been led to believe that a member of staff had discussed my medical history/treatment with an unauthorised person. Upon investigation by XX (redacted), the allegation was found to be untrue, so I withdrew the complaint. XX was extremely professional and kind and handled the whole process excellently.
	How about having a really novel idea of having independent community adjudicators, who have no bias, one way or the other looking at complaints! Makes sense to me!
	The process could be better communicated, dealt with in a timely and impartial way. I had no confidence that any complaint about staff would be treated fairly and was proved right, unfortunately.
	Understand that prisoners are people too. Just because some of us have done bad things, it is not a

	reason for your doctors, in this case, one particular doctor, to consider themselves superior to us and to treat us like some form of sub human life form. Also, stop management staff messing around with things when they are working okay.
	Agree timescale for complaint procedure. Feedback at end of complaint to confirm action taken and agreement to measures put in place.
Combined	Though I saw evidence of an investigation into my complaint, I felt nevertheless that the process was more interested in protecting the NHS and its staff from recognising the very real danger that my relative was left in and the distress caused to the family. We had no interest in playing the blame game, only in ensuring that vulnerable people were better cared for.
	I decided to complain to help improve xxx experience for other people in a similar situation (living in Bournemouth, required care in Poole). I do not think there was any improvement in communication within NHS. There is technology available to exchange information! (redacted)

DEMOGRAPHICS







Respondents were asked to consider which ethnic group they belonged to (from a choice). 97% answered White (British, Irish or any other white background). The remaining 3% considered themselves to be Chinese, Mixed or Any other ethnic group. There were 6 no responses to this question.

CONCLUSIONS & RECOMMENDATIONS

1. Many people told us they were not aware of the PALS service prior to making their complaint and many did not feel able to raise their concerns with staff before making a complaint. If PALS information had been readily available and accessible, it is possible that people could have resolved their concerns at a much earlier stage and been supported and encouraged to talk with staff. In our experience, most people do not wish to make a formal complaint and it can be a difficult and stressful decision to make.

   We recommend that Trusts review the information available to patients, families and carers about PALS, to ensure that from the perspective of patients and families that information is readily available and accessible throughout all services provided by the Trust.

   We also recommend that all staff receive training so that they fully understand the role of PALS. In many circumstances, staff are likely to be already aware that a patient or their relative/carer is unhappy with aspects of their care and they should be empowered to work with patients and families to resolve issues, wherever possible, "in real-time".

2. People said that they weren't given the opportunity to meet with staff during the process.

   We recommend that Trusts consider how they could be more proactive both in giving patients and families the opportunity to meet with staff at the very beginning of the complaints procedure and in supporting and encouraging them to do so. Trusts should be aware that sometimes the complaints process comes across to people as being process-driven rather than person-centred. Some people feel that Trusts "hide behind" procedure. Most people simply want an acknowledgement that something went wrong and an apology for what has happened, and to know that the Trust has learned from it and taken action to ensure that it doesn't happen to someone else.

If this happened more often, we believe that many complaints could be dealt with more quickly, be less stressful for all concerned and would ensure a higher level of satisfaction.

3. Many people told us that they were not informed that they could receive support from an independent advocate.

   We recommend that Trusts not only provide all complainants with information about available independent advocacy services, but also actively ensure that complainants have seen and read that information and have confirmed that they are aware of the support available, should they choose to use it.
   We also recommend that Trusts meet with Dorset Advocacy (the provider of the "Help with NHS Complaints" service in Dorset) to develop an effective process of referral and to discuss how awareness of the advocacy service can be raised.

4. People told us that they did not feel that their concerns were taken seriously. This could reflect the fact that timescales were not met, people were not kept informed as to the progress of the investigation or their chosen method of communication was not used. This causes frustration at an already stressful time and leads to a feeling that Trusts are not being as open and as transparent as they could be.

   We understand that investigating a complaint can sometimes be complicated, with many staff and professionals involved and timescales can slip due to various factors.
   However, **we recommend** that Trusts take steps to ensure that people are always be kept informed as to the progress of their complaint, by their chosen method of communication. If timescales are not going to be met, there should be further communication with the complainant with full and frank reasons for delays made clear.

5. Most people said that they were not told how to proceed if they were not satisfied with the result of their complaint. In fact, the NHS Constitution gives people the right to take their complaint to the Ombudsman if they are not satisfied with the way their complaint has been dealt with by the NHS.

> **We recommend** that Trusts review their procedures to ensure that all complainants are provided with information about what options are open to them if they are not satisfied with the result o*f their complaint, (specifically, information about* the Parliamentary & Health Service Ombudsman).

6. A high percentage of people told us that they felt their complaint had not been handled fairly and they had not been treated with kindness and compassion during the process. We understand that not everyone will be happy with the outcome of their complaint for whatever reason but everyone should be satisfied that the process was fair and everyone should always be treated with kindness, respect and compassion during what is likely to be a very emotional time.

> **We recommend** that staff with any responsibility for handling complaints should be provided with additional/ongoing/updated training in interpersonal and communication skills, to ensure that patients and families receive effective and appropriate support and communication. People will then be more likely to feel that their complaint was fairly handled. Effective ongoing communication at every stage of the process will also go a long way to ensuring that people feel that they are dealing with staff who really care and that their complaint is taken seriously.

WEBSITES REVIEW

Finally, we undertook a review of each Trust's website to establish if information is easy to access, current and comprehensive.

	RBCH	DCH	DHUFT
Where is the information about how to make a complaint found on the site?	Bottom of Home page - "Leave feedback". Bottom of that page "When things don't go to plan". Another click from there to complaints information. Typing in "Complaints" to the site search engine takes you to the "When things don't go to plan" page. You can also get to the same information from the Home page under the tab "Patients and Visitors" then clicking on "Tell us what you think"	Home page - there are 2 tabs "Patients" and "Visitors" both of these have a further link to "Tell us what you think"	Home page - under the tab "Your feedback" then a link to "Compliments & Complaints"
What type of information is provided? Very Basic (e.g. "speak to Practice	Brief Summary. Basic in terms of advised to talk to staff in first instance or to	Comprehensive. Brief info on PALS with a link to their own page. Complaints info	Comprehensive. Page has brief information about PALS and if patient needs

Manager") Brief Summary (e.g. "Write to Practice Manager" with maybe a sentence about the Ombudsman for example) or Comprehensive (a full explanation with possibly a link to a leaflet and details of advocacy or other support)	PALS. If want to make formal complaint email or write to Complaints Manger - email and address provided	provides guidance on how to make a complaint, who to contact and what info to provide. Timescales are given. They also document what they will do after receiving the complaint. Info is given about what to do if patient is not happy with the outcome with references to Dorset Advocacy and to the Parliamentary & Health Services Ombudsman. Full and current contact details are provided for the CEO, for PALS for Dorset Advocacy, PHSO, Healthwatch Dorset and for CQC	help to make a complaint to contact the Patient Experience & Complaints Team (full details provided for both). There's a link to "have your say leaflet" which gives more information on what happens with the complaint and relevant timescales. Although the info doesn't directly say about other sources of info there are links to Dorset Advocacy site, to PHSO, NHS Choices, CQC and SEAP. There is also a statement advising information is available in other formats.
Is there a link to a leaflet?	Yes	No	Yes
Is the information provided up to date?	Yes, apart from the leaflet which has ICAS info which has been out of date for 2/3 years. However, the	Yes	Yes

	leaflet does have a review date of April 2016.		
Is there information about independent sources of advice? E.g. NHS England Health Ombudsman, Dorset Advocacy	No	Yes apart from details for NHSE	Yes apart from details for NHSE
Does documentation say when complaint should be acknowledged?	No	Yes	Yes
Does documentation say when complainant should receive a response?	No	Yes	Yes
Does documentation say what time period complainant has to make a complaint?	Yes, but wording could be felt to be defensive.	Yes	Yes

Additional	There is an easy read version of the leaflet, a link to the latest Complaints Annual Report 2014/15 and a link to "Learning from Complaints Dec/Jan 16" with 4 examples giving "Problem was xxx" and "We did xxx"	Nothing additional	There are links to "Complaints Lessons Learnt" for 2012/13 and links to "Complaints Overviews" from 2012 through to Sept 2015. There is also a link to a YouTube video advising with a "signer for the deaf" and subtitles, how to make a complaint.

RESPONSES FROM THE NHS FOUNDATION TRUSTS

Before its publication, we shared our report with the three NHS Trusts concerned and invited them to respond to it.

Below are their responses, as we received them.

Dorset County Hospital NHS
NHS Foundation Trust

We would like to thank Healthwatch for carrying out the survey and those people who raised a concern with Dorset County Hospital (DCH) that participated in the survey. We appreciate receiving feedback about our services so that we can continually make improvements. We have carefully read the report and would like to assure Healthwatch and our patients, staff, carers and public of our processes and use of the recommendations in the report to make service improvements.

Wherever possible we resolve concerns and complaints in real time at local level, in order to be person-centred and less process-driven. In order to achieve this, we train our staff in person-centred complaint handling so that staff across the Trust can resolve issues as quickly as possible, without involving PALS (Patient Advice and Liaison Service) and taking people through a formal procedure. This approach has seen a 44% reduction in formal complaints in the Trust in the year 2015/16. However, we also acknowledge that some people prefer to use the PALS service as PALS staff are not directly involved in care. With this in mind we have designed stickers with contact details of PALS which are being distributed throughout the Trust, particularly to highly visible areas like patient lockers.

We invite all people raising concerns to meet with staff in the acknowledgement letter that they receive within 72 hours of raising a concern, but in order to make this more explicit we will highlight it in the letter. In this letter and our complaints leaflet we also make people aware of Dorset Advocacy who offer independent support to help people raise concerns, but again we will make this more explicit. We are pleased that many people found it quite easy to get information on how to complain and hope that our sticker campaign will raise awareness even more.

We are pleased that the majority of people responding about DCH felt that raising concerns would not affect their care, however we

acknowledge that for some people this may still be an anxiety. In order to support them, we give people the opportunity to feedback during regular sister and matron rounds and have appointed a volunteer independent of the clinical areas to seek patient and carer views, the volunteer will be supported to escalate any concerns that may be raised.

We are pleased that most of our respondents were able to raise concerns in a way that suited them, but recognise that further assurances need to be given that their concerns are being taken seriously. With this in mind we developed complaints standards, in which all people raising a formal concern are contacted by telephone by senior staff to keep people informed, mutually agree timeframes, the chosen method of response, and what aspects of their concern they would like addressed. We think that this will provide a more person-centred, compassionate and kind service and over time this will improve satisfaction with the process being fair, the outcome of the complaint and the timeliness of our responses.

It is important that people feel able to provide their views on the response and we are pleased that so many of our respondents felt able to do so. However, we also recognise the importance of letting people know how we are using their feedback to improve services, especially as all our respondents who did not receive this information would have liked it and therefore we will make sure that this is more explicitly included in our responses. Although every response contains details of the Parliamentary and Health Service Ombudsman if people wish to take their complaint further, we recognise that this too needs to be more explicit and we will ensure that it is highlighted in future. We want people to feel cared for when raising a concern and that to do so is worthwhile and they would do so again if they needed to. We appreciate that this report has given us greater insight into the experience of people raising concerns at DCH, and think that the service improvements we have identified and implemented as a result will ensure that everyone has a similar experience to one of our respondents who commented that:

“I was incredibly impressed with the matron and other staff member present at our fault finding meeting. Everything was very thorough and dignified. Thank you!”

With regards to the website, we are pleased we are pleased to see the report showed that DCH’s complaints process, contact information (including external organisations), and the procedure for dealing with complainants who are not happy with the outcome, were thoroughly documented and easy to navigate. Nonetheless, recommendations from

the report, including those given to DUHFT and RBH, have been incorporated into DCH's Patient Experience webpages.

Several additions made to the PALS webpage include:

- Link to the PDF version of the "Comments, Complaints, Concerns & Compliments" leaflet added
- Link to the PDF Easy Read version of the "Comments, Complaints, Concerns & Compliments" leaflet added
- NHS England's contact information (including, telephone, email, website, and opening hours) added as an additional independent source for advice and method of complaining. The information was placed near the information for Dorset Advocacy, Healthwatch Dorset, the Parliamentary and Health Service Ombudsman, and the Care Quality Commission (CQC).
- A paragraph regarding providing feedback on the DCH complaints process and a copy of the "Complaints Experience Questionnaire" added
- Link to Parliamentary Health Service Ombudsman's website added (in addition to full contact details that are provided later in the page).
- Updated 'You said, we did' page with recent comments.
- Updated News, Awards and Recognitions page with recent events

Page	Item	Action
18 and 19	Timescales	All acknowledgement letters contain timescales. RBCH are aware that timescales require improving and are working on this currently. This is a priority, with improvement trajectories set and accountabilities clearer to focus on the improvement needed.
23	Complainant view on the response	**All** responses state that the complainant may get in touch if they wish to as a standard template.
23	PHSO	**All** responses give details of the PHSO as a standard template.
24,25,26	Apologies	Concerning that people were not being given apologies. Quality assurance is now strengthened for responses to ensure style and responses are appropriate.
31	Kindness and Compassion	This may have been due to team structure and vacancies for which we sincerely apologise. There is a robust system now in place to ensure responses are of higher quality, and demonstrate appropriate personalisation and empathy.
41	Conclusions and recommendations.	1. PALS is now fully staffed and active within the Trust. PALS has increased its hours of opening in the last three years and also the resources for the team have been increased twice in the last three years. 2. All wards have leaflets for PALS. Holographic information is in the main foyer as is the PALS office. There is a dedicated page on the website which is being revamped and information is given on the back of many other leaflets. 3. Meetings to facilitate early resolution to complaints where appropriate is welcomed and often now offered as we recognise it is often much easier to talk through concerns.

Page	Item	Action
		4. All acknowledgement letters give information on Advocacy as a standard template. The complaints leaflet is currently being updated* with the correct advocacy contact on it and advocacy information is being added to the website, also currently being updated. 5. All acknowledgement letters contain timescales. RBCH are aware that timescales need improving and have a plan in place which is being reviewed at our internal quality board and reported to the Board of Directors. New PALS and Complaints management is in place and this is a priority. 6. All response letters contain information regarding the PHSO as a standard template. This will also be contained in the updated complaints leaflet* 7. New management and quality assurance processes are now in place. While 51% of responders felt that their complaint had not been handled fairly a high percentage of these complainants will not have had the outcome they wished for therefore may be unhappy with the process. * The complaints leaflet is currently being reviewed with a plan to have the information in the leaflet also included on the reverse side of the letter of acknowledgement and subsequent correspondence.
44	Website review	The website is also being reviewed. Plans are: • To raise the position of the Complaints link on the main page to give it greater prominence. • Rewrite the complaints page to be fully comprehensive. • Change out of date information re advocacy. • Ensure information regarding the PHSO is more prominent. • Include timescales within the complaints information – acknowledgement, response, and time period to make complaint. • To include the complaints procedure link on the complaints page.

Dorset HealthCare
University NHS Foundation Trust

This report serves as an important opportunity for us to learn from the experiences of our patients and as a reminder of the importance of responding effectively and compassionately to the complaints we receive. From the feedback within the report we can identify a larger proportion of complaints from our prison services and we have worked really hard to make the complaints process easier to use and more responsive, however acknowledge that further improvements need to be made. Our own review of our complaints process – involving feedback from patients – suggests a more positive picture but we can always improve how we work. We have already been doing this and recently made a series of changes to align our complaints process to the best practice principles outlined by the Parliamentary and Health Service Ombudsman. We would like to thank Healthwatch Dorset for undertaking this important piece of work on behalf of local people and patients.

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APPENDIX

LETTER INVITING PEOPLE TO TAKE PART AND THE SURVEY

Freepost RTJR-RHUJ-XBLH
Healthwatch Dorset
896 Christchurch Road
Bournemouth
BH7 6DL

Tel: **0300 111 0102**
Email: **enquiries@healthwatchdorset.co.uk**
Web: **www.healthwatchdorset.co.uk**

healthwatch Dorset

Hello

Healthwatch Dorset is the independent watchdog for everyone who uses health or social care services in Dorset.

We're contacting people who raised a formal complaint about NHS services in Dorset during 2015, to ask if they would take part in a survey we're carrying out (enclosed), to tell us what they think about the way their complaint was handled and whether they think it could be improved. This letter has been sent to you by the NHS organisation involved in your complaint, on our behalf. We do not have your name or address and those organisations will not see your replies.

You do not have to reply to this survey, but we would very much appreciate it if you do. Your reply will come directly to us and will not go to the NHS, your answers will be treated as confidential and they will not be passed on to anyone in the NHS or to anyone else responsible for providing you with health care or other help.

What we learn from your replies will help us to make recommendations to our local NHS organisations about how they could improve their complaints systems and make them better for people who may have cause to make a complaint in the future.

Once we have the responses to our survey, we will write a report summarising what people have told us in the survey and share it with everyone who has taken part and with the NHS organisations in Dorset, Poole and Bournemouth. Our report will not identify any individuals who have taken part in our survey and any information you give us will be used anonymously. Your feedback really can help to improve the way complaints about health care are handled and resolved.

Once you have completed the survey, please return it to us in the enclosed envelope (no stamp needed) by 31st March.

If you would like, you can ask a friend or a relative to help you complete the survey. Alternatively, we can arrange for someone to go through the survey with you over the telephone. We also have a limited number of home visits available if you would like someone to come out to your home to help you with the survey. Please call us on 0300 111 0102 for further information on those options, or if you would like to receive the survey in another format.

Thank you very much for your time.

Yours sincerely,

Joyce Guest, Chair

If you have any suggestions about how the process could be improved, please put them here:

Answering the next few questions is not obligatory. But any answers you give will be treated in confidence and will help us to make sure that we have a balanced understanding of respondents to our survey. If you represented a patient, please complete the questions on their behalf where possible.

Are you male, female or transgender? Please tick ☑ one box:

☐ Male ☐ Female ☐ Transgender

How old are you? Please tick ☑ one box:

☐ Under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54
☐ 55-64 ☐ 65-74 ☐ 75-84 ☐ 85 or over

Do you consider yourself to have a disability? Please tick ☑ one box:

☐ **Yes** ☐ **No** ☐ **I don't know**

To which of these groups do you consider you belong? Please tick ☑ one box:

☐ White (British, Irish, any other white background)
☐ Mixed (White and black Caribbean, White and Black African, White and Asian, any other mixed background)
☐ Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)
☐ Black or Black British (Caribbean, African or any other Black background)
☐ Chinese
☐ Arab
☐ Any other ethnic group

Thank you for helping us by filling in this survey.

Now please put the completed survey in the envelope provided (no stamp needed) and post back to us.

If you would like to receive a copy of our report once it is available, please enter your contact details here: Either

Email:

Postal address:

healthwatch Dorset

Complaint Survey

1. **Which NHS Trust and service did the complaint refer to?** (you should be able to find the name of the Trust on the correspondence you had). If the complaint was about more than one Trust, please indicate below.)

Trust	Service
Dorset County Hospital NHS Foundation Trust	
Poole Hospital NHS Foundation Trust	
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	
Dorset HealthCare University NHS Foundation Trust	

If you are not sure what to put in the box above, please just put in the box below where and what service the complaint was about. For example, "physiotherapy at Blandford Hospital", "Community Matron care at home", "mental health treatment at St Ann's Hospital".

2. **Was the complaint on behalf of? Please tick ☑ one box:**
   a. ☐ **Yourself** b. ☐ **Someone else**
   If the complaint was made by you on behalf of someone else, please state why. (For example, you may be the advocate or relative of someone with a learning difficulty or for someone with dementia.)

3. **What was the nature of the complaint? Please tick ☑ all relevant:**
   ☐ Access to a service (e.g. opening hours, waiting times, distance to a service)
   ☐ Environment (e.g. buildings and facilities, car parking, equipment, transport)
   ☐ Equality (e.g. discrimination regarding age, faith, gender etc.)
   ☐ Patient Choice (e.g. choice of where to have treatment, time and date of treatment)
   ☐ Patient Pathway (e.g. access to information, admissions, appointments, co-ordination of services, diagnostics)
   ☐ Staff Attitudes (e.g. doctors, consultants, nurses, midwives, health visitors and how they communicated)
   ☐ Quality of treatment (e.g. cleanliness and infection control, confidentiality and privacy, consent to treatment, dignity and respect, food and water, medicines)

☐ Safety (e.g. safe care of patient with mental health concerns or learning difficulties)
☐ Discharge (e.g. transfer of care when leaving hospital, whether to home, to nursing care or care home or to a community hospital)
☐ Other (please describe)

4. How did you find out about how to make the complaint? Please tick ☑ all relevant:

☐ You asked a member of staff
☐ You asked PALS (Patient Advice & Liaison Service)
☐ You checked the information leaflet/brochure
☐ You checked the Trust's website
☐ Other (please specify)

5. Were you aware of the PALS (Patient Advice & Liaison) service before you made the complaint? ☐ **Yes** ☐ **No**

6. Before deciding to make the complaint, did you feel you could raise the concerns with any staff members? ☐ **Yes** ☐ **No**

7. Were you (or the patient you represented) offered the opportunity to discuss or meet with staff at any point during the process of making the complaint? ☐ **Yes** ☐ **No**

8. How easy was it to find information about how to make the complaint? Please tick ☑ one box:

☐ Very easy ☐ Easy ☐ Neither easy or difficult ☐ Difficult ☐ Very Difficult

9. Did anyone make you (or the patient you represented) aware that you could be supported to make the complaint by an independent advocate? ☐ **Yes** ☐ **No**

10. Did you feel confident that making the complaint would have no adverse effect on any current or future care you (or the patient you represented) require? ☐ **Yes** ☐ **No**

11. Were you able to make the complaint in a way that suited you (or the patient you represented) e.g. in writing, in person, by email, by phone ☐ **Yes** ☐ **No**

12. Did you feel the concerns raised were being taken seriously from the time that you raised them? ☐ **Yes** ☐ **No**

13. When raising the complaint were you provided with - please tick ☑ all relevant:

☐ A mutually agreed timescale for the complaint to be resolved
☐ A date by which the complaint should be resolved
☐ No timescales or dates
☐ Other (please explain below)

14. Were you kept informed of what was happening with the complaint during the time it was being investigated? ☐ **Yes** ☐ **No**

15. If you were provided with timescales, were these met? ☐ **Yes** ☐ **No**

16. If No, were you provided with a satisfactory response as to why? ☐ **Yes** ☐ **No**

17. How did you receive your response? Please tick ☑ all relevant:

☐ By Letter
☐ By Phone call
☐ By Email
☐ In a face to face meeting
☐ Other (please specify)

18. Was this your (or the patient you represented) chosen method of response?
☐ **Yes** ☐ **No**

19. Did the response directly address all aspects of the complaint? ☐ **Yes** ☐ **No**

20. Were you (or the patient you represented) given the opportunity to provide your views on the response or to reply? ☐ **Yes** ☐ **No**

21. Were you informed of how to proceed if you (or the patient you represented) were not satisfied with the response? ☐ **Yes** ☐ **No**

22. Overall were you (or the patient you represented) satisfied with the result of the complaint? ☐ **Yes** ☐ **No**
If no - why?

23. Were you given any information about how things would change so that other people's experiences would be better in the future? ☐ **Yes** ☐ **No**

24. If No, would you have liked that information? ☐ **Yes** ☐ **No**

25. Do you feel the complaint was handled fairly? ☐ **Yes** ☐ **No**

26. Do you feel you (and/or the patient you represented) were treated with kindness and compassion by the people dealing with the complaint? ☐ **Yes** ☐ **No**

27. Do you feel you would make another complaint in the future if you felt it was necessary?
☐ **Yes** ☐ **No**

28. Were you satisfied with the actual process of making the complaint?
☐ **Yes** ☐ **No**

If you have any suggestions about how the process could be improved, please put them here:

Answering the next few questions is not obligatory. But any answers you give will be treated in confidence and will help us to make sure that we have a balanced understanding of respondents to our survey. If you represented a patient, please complete the questions on their behalf where possible.

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☐ Black or Black British (Caribbean, African or any other Black background)
☐ Chinese
☐ Arab
☐ Any other ethnic group

Thank you for helping us by filling in this survey.

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If you would like to receive a copy of our report once it is available, please enter your contact details here: Either

Email:

Postal address:

DISTRIBUTION LIST FOR THIS REPORT

- Dorset Clinical Commissioning Group
- Dorset, Poole & Bournemouth NHS Foundation Trusts
- Dorset Healthcare University NHS Foundation Trust
- Dorset Health & Well-Being Board
- Bournemouth & Poole Health & Well-Being Board
- Dorset, Bournemouth and Poole Health Scrutiny Committees
- CQC (Care Quality Commission)
- Healthwatch England
- NHS England Wessex Area Team
- Dorset Advocacy
- Dorset Community Action
- Poole Council for Voluntary Service
- Bournemouth Council for Voluntary Service

Other formats, easy read etc. available upon request. Report will be published on the www.healthwatchdorset.co.uk website.

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healthwatch Dorset

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**NHS Dorset CCG – Changes to GP Commissioning and Locality Working**
Executive Summary	Dorset Clinical Commissioning Group (CCG) received full delegation from NHS England (NHSE) for Primary Care (General Practice) Commissioning on 1 April 2016. This means the CCG has taken responsibility for a range of functions associated with the commissioning of General Practice, continuing to work closely with NHSE who retain responsibility for some areas. Under the terms of a Delegation Agreement with NHS England Wessex the CCG now has responsibility for General Practice Commissioning, Primary Care development, the Design and Implementation of Local Incentive Schemes, General Practice Budget Management and Contract Monitoring.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: GP Forward View
	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: Current Risk: LOW Residual Risk LOW
	Other Implications: N/A
Recommendation	The Committee is asked to note and comment on the contents of this report.
Reason for Recommendation	This paper is presented in response to a request from the Committee following a previous report (8 March 2016).
Appendices	None.
Background Papers	Report to Dorset Health Scrutiny Committee, 8 March 2016 (Agenda item 6): Dorset Health Scrutiny Committee agenda papers 08/03/16
Officer Contact	Name: Phil Richardson Tel: 01305 213516 Email: phil.richardson@dorsetccg.nhs.uk

Phil Richardson
Director of Design and Transformation for NHS Dorset Clinical Commissioning Group
August 2016

1. INTRODUCTION AND BACKGROUND

1.1 Dorset Clinical Commissioning Group (CCG) received full delegation from NHS England (NHSE) for Primary Care (General Practice) Commissioning on 1 April 2016. This means the CCG has taken responsibility for a range of functions associated with the commissioning of General Practice, continuing to work closely with NHSE who retain responsibility for some areas.

1.2 Under the terms of a Delegation Agreement the CCG now has responsibility for General Practice Commissioning, Primary Care development, the Design and Implementation of Local Incentive Schemes, General Practice Budget Management and Contract Monitoring.

1.3 NHSE retains responsibility for Medical Performers Lists, Appraisals and Revalidation, Complaints Management and Capital Funding.

1.4 The CCG Primary Care Commissioning team has been re-shaped, with some additional posts added, in order to meet these new responsibilities. The team no longer has a locality geographical focus, rather it is divided into three pan-Dorset functions:

- Contracting and Commissioning;
- Locality Engagement;
- Primary Care Development

1.5 Two GPs have taken a clinical lead role for primary care; one for Commissioning and one for Development.

1.6 In the first quarter of 2016, the team has transitioned into their new roles and developed detailed work plans, the headline contents of which are described further below. The two main overarching areas of work are 1) Delegation: developing and agreeing processes and interfaces with NHSE, whilst also delivering the new roles and responsibilities; and 2) Strategy Development.

2. CURRENT CONTEXT AND NATIONAL PICTURE

2.1 The GP Forward View (NHS England, April 2016) available at: https://www.england.nhs.uk/ourwork/gpfv/ sets out plans to support the development of General Practice with plans to help struggling practices; plans to reduce workload, expansion of the wider workforce, investment in technology and estates and a national development programme to accelerate the transformation of services. There are four key areas of the strategy:

Workforce

2.2 Having taken the past 10 years to achieve a net increase of around 5,000 full time equivalent GPs, the aim is to add a further 5,000 net in just the next five years. In addition, 3,000 new fully funded practice-based mental health therapists, an extra 1,500 co-funded practice clinical pharmacists, and nationally funded support for practice nurses, physician assistants, practice managers and receptionists.

Workload

2.3 On workload the plan sets out a new Practice Resilience Programme to support struggling practices, changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, cuts in red-tape, legal limits on administrative burdens at the hospital/GP interface, and action to cut inappropriate demand on General Practice.

Infrastructure

2.4 On infrastructure it proposes upgrades to practice premises, new proposals to allow up to 100 per cent reimbursement of premises developments, direct practice investment technology to support better online tools and appointment, consultation and workload management systems, and better record sharing to support team work across practices.

Care Redesign

2.5 On care redesign it signals practical support for individual practices and for federations and super-partnerships; direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care; and a new voluntary GP contract supporting integrated primary and community health services.

Progress So Far

2.6 In Dorset we have recently developed a Primary Care Workforce Centre to begin to address the future workforce needs. The CCG is working with the Local Medical Council to provide additional support to vulnerable practices and targeted improvement planning to address quality concerns. Plans to further invest in transformation including organisational development, infrastructure and technology will further support the local response to national guidance.

2.7 The General Practice Forward View is not just about sustaining General Practice however, it is about laying the foundations for the future, so that General Practice can play a pivotal role in the future as the hub of population-based health care, as envisaged in the New Models of Care programme. Working at scale, with high uptake of new technologies and using the breadth of skills and capabilities across the medical and non-medical workforce, General Practice will be better geared to support prevention, to enable self-care and self-management as part of creating a healthier population and a more sustainable NHS.

2.8 Primary care is also one of the nine national must dos as set out in Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21. The specific requirement is to ‘develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues’. Sustainability and Transformation Planning is now well underway with senior discussions during July with each STP footprint. Primary care and a focus on out of hospital care are featuring strongly in emerging local plans.

2.9 The General Practice Forward View is a five year programme, but we recognise that delivery this year is important to help practices with the pressures they are facing. Our key next steps are focused on:

- the new General Practice Resilience Programme;
- the new General Practice Development Programme;
- proposals to reform indemnity in General Practice;
- increasing the allowances payable under the Retained Doctors Scheme;
- the National Association of Primary Care's Primary Care at Home initiative;
- the new Voluntary Contract covering GPs and Community Health Services – the Multi-Speciality Community Provider Contract; and
- strengthened work on international recruitment, led by Health Education England.

Plans in Dorset

2.10 Local plans to sustain and transform General Practice will be reflected in a General Practice Commissioning Strategy which is currently under development. Details of this work are described in section 4.

3. COMMISSIONING AND CONTRACTING

3.1 A Collaboration Agreement supports the Delegation Agreement and sets out the principles which Dorset CCG and NHSE will work to. This will be supported by a set of shared operating processes that the newly delegated CCGs in Wessex are developing together, with NHSE. Under this model the CCG takes on direct responsibility for:

- Serving as first point of contact for contractual and financial issues;
- Managing relations with contractors;
- Making decisions on contractual issues;
- Engaging with patients and the public as required.

3.2 The key contracting areas include but are not exclusive to:

- Future provision as a result of contractors resignations;
- Applications for closed lists;
- Branch or surgery closures;
- Boundary changes;
- Contract variations (APMS / GMS / PMS);
- Contract variations (local contracts) - this could be GP instigated or Commissioner instigated;
- DES (Directly Enhanced Services);
- Improvement grants;
- Breaches.

3.3 Dorset CCG is working with NHSE to support vulnerable practices identified through commissioning intelligence, quality intelligence and practice profiling activity. Vulnerable practices profiles have being developed to identify and support practices in Dorset. A national scheme for supporting vulnerable practices is now under development and the CCG will be working closely with NHSE to ensure General Practices in Dorset can benefit from additional resources. In the meantime Dorset CCG is working to pro-actively support vulnerable practices as part of a developing Primary Care Commissioning Strategy. Practice vulnerability has been identified around three key areas:

- Quality - support associated with the requirements of the Care Quality Commission inspections both in preparation for inspection and action planning to address key recommendations;

- Workforce - associated with changes in partnership, recruitment and retention;
- Contract intelligence - managing work associated with practice finances, the Primary Medical Services contract review, plans to reinvest in primary care, application for list closure.

Quality

3.4 The CCG Quality team continue with support visits to practices who are identified as vulnerable. In most cases support is identified following CQC inspections where the overall rating (or elements) is 'requires improvement' or 'inadequate'. The team are also supporting practices that are identifying issues themselves or those who want their systems and processes tested prior to CQC visits.

3.5 The CCG has engaged with all practices who have been identified by the CQC as 'requires improvement' or 'inadequate'. The majority of these have led to supportive visits being undertaken by the subject matter experts within the Quality directorate.

3.6 The CCG are currently supporting two practices through a formal improvement and assurance process. Both of these practices have been identified as inadequate and have been put into special measures. There is a tight timeframe to make improvements (three months in relation to the warning notice actions and six months for the other inadequate areas not covered by the notice). Both practices have demonstrated significant improvements. One of the practices has formally requested closing their list, due to significant workforce issues. Monthly formal monitoring meetings are taking place with both providers with NHSE, the CCG and the Local Medical Committee.

3.7 Further work has been undertaken to receive further information from NHSE in relation to Primary Care quality in Dorset. High level information in relation to complaints has been shared and one of these has led to a Serious Incident investigation being launched.

Contract Intelligence

3.8 Practices are reporting increasing pressures of workload and problems with the recruitment of key staff. Practices are being encouraged to work together to explore ways to support each other and maintain access to services.

3.9 The CCG is also scoping work to support practices in managing same day access related to the urgent care needs of patients.

3.10 A General Practice 'profiling' and 'contract management' group has been set up to enable robust monitoring and management of primary care performance. The roles and responsibilities of the internal CCG group are to ensure ongoing development into understanding the profile of General Practices.

3.11 The profiling work will inform identification of variation in referral rates and variation across a number of key areas such as referrals, prescribing, screening and vaccinations to support the long term sustainability of Dorset's health services; use a variety of sources to understand where workforce support might be required and oversee the production of support packages and tools to aid vulnerable practices.

4. PRIMARY CARE LOCALITY ENGAGEMENT

4.1 This is an important function which allows the Primary Care team and wider CCG to engage with localities. Additional administration and management resource has been built in to support Locality Chairs and Deputies with their locality role.

4.2 Plans are now in place to strengthen local engagement and a series of locality meetings have been supported to inform the Clinical Services Review, the Integration of Community Services and the development of a Dorset Primary Care Commissioning Strategy.

4.3 As part of the work to support developing sustainable models of General Practice, the CCG is engaging with patients and public in local areas. In the West Moors area of Dorset, a group of patients were able to inform decision making for the reprovision of Primary Care services due to a recent GP retirement. This resulted in an active engagement of the local population to be able to inform the commissioning approach taken and also resulted in the incoming provider being able to further engage patients to support the successful transition of services.

5. PRIMARY CARE DEVELOPMENT

5.1 A Primary Dare Development programme has been established which focuses on three key areas:

- Supporting the development of new models of care including integrated community services community vanguards and primary care at scale;
- Working with General Practices to sustain and transform the General Practice workforce to maintain access and quality of care whilst supporting transformational change required for the delivery of new care models;
- A Transformation Programme to facilitate the leadership and organisational capacity and capabilities required for collaboration and scaling up of primary care.

Workforce

5.2 A Dorset Workforce Strategy has been developed and this now forms a key part of sustainability and transformation plan, aiming to support health and social care organisations to work in partnership leading and working differently to enable system transformation. The CCG workforce team has also established a support package for General Practices to include recruitment and HR guidance. This Strategy has been shared at Locality and Protected Learning Time meetings with practices.

5.3 The CCG is working closely with NHSE and Wessex Local Medical Committee to support practice workforce issues. The CCG has also launched the Primary Care online recruitment campaign in April with the aim of attracting people to work in primary care in Dorset.

Estates and Technology

5.4 On 30 June 2016 Dorset CCG made recommendations to NHSE for Primary Care Estates and Technology Transformation in line with guidance published in May 2016 (https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/). Dorset plans to invest in developing primary care at scale and technology enabling care delivery systems.

In order to achieve this Dorset CCG recommends a number of schemes which support delivery of the Dorset Local Estates Strategy, our emerging primary care strategy, our Dorset Digital Roadmap and our plans for sustainability and transformation.

5.5 Dorset CCG recommends capital investment in two key strategic areas which align to our plans for sustainability and transformation:

- Technology enabling the delivery of primary care;
- Supporting plans to deliver primary care at scale to improve access to care, care co-ordination through integration of service delivery and to support sustainable models of General Practice.

5.6 Prioritises schemes include plans to:

- Develop new models of care in line with the clinical services review modelling for integrated community services reflecting local need;
- Deliver primary care at scale, setting out details of areas for investment including premises improvements, requirements to invest in new premises and significant redesign of existing estate working with public sector partners;
- Plans to technology enable General Practice to improve 7 day access for patients, supporting new integrated workforce models -delivering integrated patient centred services across health and social care;
- Enhance training and workforce development capacity and capability building on existing training practices to develop a training network supported by:
- A new Primary Care Centre in Dorset for education, training, research, innovation and workforce development.

5.7 NHSE expect these recommendations to contribute to improving access to effective care and include:

- Improvements or extensions to increase clinical capacity;
- Construction of new premises;
- Implementation of IT systems to support access to care and service integration;

5.8 Outcomes of this work are expected to include:

- Improved 7 day access to effective care;
- Increase capacity for primary care and services outside of hospital;
- Increase in the range of services to support reductions in unplanned admissions to hospital;
- Increase training capacity.

5.9 Proposals have been developed to support emerging priorities from Sustainability and Transformation Plans, new care models and the provision of primary care at scale.

5.10 In Dorset stakeholder engagement has been developed through strengthening the Local Estates Forum and establishing a General Practice Estates Forum as a Task and Finish group.

5.11 Oversight has been provided through a group which includes General Practice clinical leads as well as a Strategic Estates Advisor, senior management leads for Primary Care and Integrated Community Services.

5.12 A prioritisation methodology has been developed in line with national guidance to inform these recommendations.

5.13 A Dorset Local Estates Forum has now been strengthened to include NHSE, Local Medical Committee, General Practice clinical and Practice Manager representation.

5.14 Work to develop the Estates Strategy has begun profiling the existing estate and worked with Local Authority and partners to understand local needs and priorities.

Transforming Primary Care

5.15 Dorset CCG is working with NHSE on a Wessex Change programme. Plans supported by NHSE include the establishment of a new Primary Care Transformation Team for Dorset to work with groups of General Practices to consider how best to sustain and transform the current General Practice offer.

5.16 This work supports plans for the development of integrated community services and the delivery of primary care at scale in order to support new contracting forms for General Practice in the future aimed at supporting emerging new care models and redesigning care and further integration of services around the health needs of local populations - https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf

6. GENERAL PRACTICE COMMISSIONING STRATEGY DEVELOPMENT

6.1 As part of the modernising General Practice service offer, Dorset CCG has been undertaking a programme of engagement to all member practices across Dorset to develop the Primary Care Commissioning Strategy.

6.2 The engagement has included a programme of events, led by the Development Leadership Team, which started on 23 June 2016 and is due to finish on 11 August 2016. In this period all localities in Dorset will have been engaged through a series of Locality Meetings, Protected Learning Time sessions (PLT) and a Membership Event on 13 July 2016.

6.3 During this time, the CCG Clinical Leads have presented the draft strategy and have encouraged the member practices to comment and feedback on areas of development for each locality.

6.4 Feedback has been collated for each individual locality which will go towards the next draft version of the strategy. A high level summary of the emerging themes can be found below:

Workforce Recruitment and retention; Skill-mix –introduce new roles; Primary care workforce centre role in developing new workforce roles and models; Nursing in community and primary care; GP Locums; Retirement planning; Locality workforce – integrated team to cover home visits and work with Care Homes; Primary care team looking at same day access; GP as Consultant in General Practice with team built around this; Use of GPs and NPs with additional skills.	**Workload** More work to understand current pressures; Working at scale to manage volume of work differently; Role of Pharmacy to manage minor illness; Reduce contract bureaucracy; Change fatigue; Develop step-up care; intermediate care; Streaming – elective/long term conditions and urgent work.
Ways of working Greater focus on prevention; Focus on cultural change needed for practices working together; Look at how practices can work together to deliver more services within local area – reducing onward referral; Changing access – not all GP direct; tele-consultations; Common IT system; Redesign of estates to support flexible working patterns; Back-office functions; Use of protected learning to support change conversations; MFE (Medicine For the Elderly) led Frailty model at community hubs.	**Sustain and transform** Patient education –better use of NHS; Managing practice vulnerability – impact on system; Collaborative working; Shared vision across practices in a local area; Focus on high volume work that need to change – MFE; One Care record; Develop role of voluntary sector to provide social care support at practice level; Locality model based on existing localities offers opportunity for delivery of primary care at scale and federative working; Opportunity to look at current inefficiencies in care delivery (GP and Community).

6.5 An internal CCG Task and Finish Group has been established to support the development of the GP Commissioning Strategy. A second draft will be shared with stakeholders including patients in August / September, with a final document planned to be presented to the PCCC in October.

6.6 The document will set out the vision for the future as well as articulating the GP model and how it interfaces with the rest of the health and care system in Dorset, in line with planned reconfiguration of acute and community services.

7. CONCLUSION AND RECOMMENDATION

7.1 The CCG is actively undertaking the responsibilities of full delegation for primary care (General Practice) the Committee is asked to note and comment on the report.

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**E-zec– Patient Transport Service**
Executive Summary	The purpose of this report is to provide an overview of the current patient transport service commissioned by NHS Dorset Clinical Commissioning Group with E-Zec. The report will provide an overview of the following: • Background; • Activity; • Performance; • Service Developments; • Next Steps. The paper proposes that a further update report is presented to the Health Scrutiny Committee in 6 months, with a focus on performance.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Report provided by NHS Dorset Clinical Commissioning Group.
	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: Current Risk: Low Residual Risk LOW
	Other Implications: None.
Recommendation	The recommendation is for Dorset Health Scrutiny Committee to note and comment on this report and the service development initiatives underway. The report proposes that a further report is presented in 6 months with a focus on performance.
Reason for Recommendation	Update on delivery of the patient transport service commissioned by NHS Dorset Clinical Commissioning Group with E-zec.
Appendices	None.
Background Papers	Report to DHSC, 22 May 2015 (Agenda item 12): DHSC Agenda papers May 2015 Briefing to DHSC, 16 November 2015 (Agenda item 10): DHSC Agenda papers November 2015 Briefing to DHSC, 8 March 2016 (Agenda item 11): DHSC Agenda papers March 2016
Officer Contact	Name: Mike Wood, Director for Service Delivery, NHS Dorset Clinical Commissioning Group. Tel: 01202 541498 Email: mike.wood@dorsetccg.nhs.uk

1. Background

1.1 E-zec was awarded the contract for Dorset's Patient Transport Service in October 2013 by Dorset Clinical Commissioning group (CCG) following a tendering exercise.

1.2 The service was awarded a five-year contract with the possibility to extend for two-years.

1.3 The service experienced severe operational issues at the conception of the contract due to the level of activity being much higher than planned for. NHS Dorset CCG worked closely with E-zec and the service is now operating well with a good understanding of expected activity levels.

2. Service costs

2.1 The 2015/16 budget for the E-zec Patient Transport Service was £5,459,111.76 (rounded).

2.2 The service is in-line with financial expectations.

2.3 A benchmarking exercise has recently been completed by NHS Dorset CCG to ensure E-zec is offering a service which is financially equitable with neighbouring CCG's. The results will be published in October 2016.

3. Activity

3.1 E-zec activity fluctuates as shown in graph 1. Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospital NHS Foundation Trust are the main users of the service.

Graph 1: E-zec activity April 2015 to May 2016 by NHS Provider.

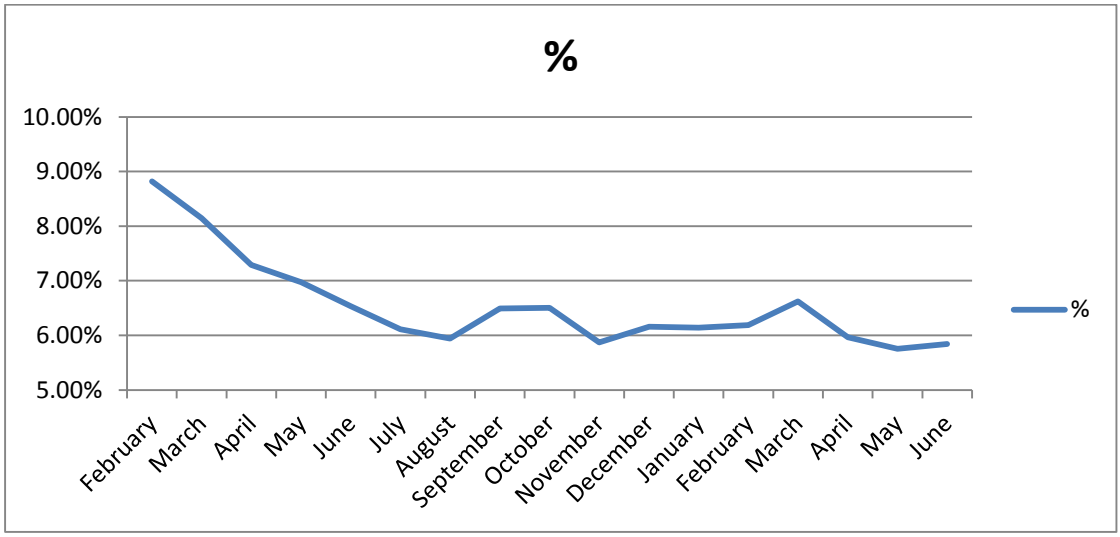
3.2 A particular concern at the conception of the E-zec contract was the level of aborted journeys. As shown in graph 2, the number of aborts has dramatically decreased and has been consistently around 6% for three months.

3.3 E-zec are still undertaking numerous steps to try to reduce this further, including:

- Working with specific wards within the local acute trusts which have the highest number of aborts;
- Contacting patients prior to their booked transport to ensure they still require it;
- Reviewing a proportion of patients who frequently abort or refuse to travel once patient transport has been booked to understand the reasons why and whether future transport requests should be declined.

3.4 There is an expectation that the level of aborts will continue to reduce through the work underway. Reducing aborts is the responsibility of all providers.

Graph 2: Total E-zec aborted journeys February 2015 to June 2016.



3.5 Large proportions (88%) of aborted journeys are due to 'Patient Not Ready' when being collected for / from an Outpatient journey. Specific work is being undertaken with all providers to try and specifically reduce these aborted journeys, the cost saving generated from achieving this is estimated to be around 90k.

3.6 There are established eligibility criteria in place for patient transport services which is based on national guidelines. E-zec has adopted a process to test that all patients accessing the service are eligible.

3.7 Table 1 shows how the number of non-eligible patients has reduced considerably from July 2015 to June 2016.

3.8 There is further work to do to reduce the non-eligible figure even further, the estimated cost-saving for reducing these altogether is approximately 400k per annum.

Table 1: Non-eligible patients July, August 2015, March, April, May and June 2016

	July	Aug	Mar	Apr	May	Jun
Non Eligible	103	87	34	38	58	62
Avg Journeys Per Patient In Booked Month	4	4	4	4	4	4
Journeys Per Month	412	348	136	152	232	248

4. Performance

4.1 Performance against key performance indicators has improved considerably since the conception of the service in October 2013.

4.2 There are KPI's related to call centre activity, inward and outward journeys.

4.3 The KPI's for the call centre are all being fully met.

4.4 The inward journey KPI's are performing well, however the outward journey KPI's are currently under performing. A number of actions have been put in place to improve performance, including:

- KPI Performance Improvement plan in place, which includes improvement trajectory;
- Increased recruitment of bank staff;
- Controller Recruitment and development/Training;
- On-the-Road Training has commenced, which enables staff to be trained on-scene rather than being removed from duty. This is a preferred approach as enables staff to be trained and assessed in a 'real' environment.

5. Next Steps

5.1 NHS Dorset CCG as commissioners of the service will continue to monitor all aspects of the E-zec service to ensure it continues to meet the needs of our Dorset registered patients and the providers who utilise them to transport their patients.

5.2 Due to the nature of the service it is essential to also work with providers utilising the patient transport service. We have established two forums to facilitate this:

- A bi-monthly best practice meeting has been established to offer an opportunity for acute providers, E-zec and NHS Dorset CCG to come together to discuss any issues and agree solutions relating to patient transport;

- A task and finish group was established in May 2016, which brings together E-zec, SWAST, CCG and the acute providers to work through any issues. This group will be running a scenario based exercise in autumn 2016. The exercise will involve working through some examples of complicated patient transport cases to test our current pathways.

6. Recommendation

6.1 This report recommends that a further report is presented to the Health Scrutiny Committee in 6 months, with a focus on performance.

Mike Wood
Director for Service Delivery, NHS Dorset CCG
September, 2016

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Joint Health Scrutiny Committee re Clinical Services Review – Update briefing**
Executive Summary	This report provides a brief update re the Joint Committee which has been convened to scrutinise the NHS Dorset Clinical Commissioning Group's Clinical Services Review. The most recent formal Joint Committee took place on 2 June 2016, at which an update regarding the progress of the Review was presented. The minutes of this meeting can be found at Appendix 1. In addition, informal meetings were held on 14 July, to explore the Integrated Community Services options, and on 10 August 2016, to enable Dorset Health Scrutiny Committee Members to meet with the CCG and have the opportunity to discuss the implications of the current proposals for the Dorset area alone. On 10 August topics covered included: • The acute hospital proposals and what this might mean for Dorset County Hospital in particular; • The community services proposals and the changes to community hospitals that may go forward for consultation; • The rationale behind the proposals and the issues that have influenced them (such as workforce and financial challenges); • Mental health services and how these are being reviewed alongside the wider acute and community services. A further formal Joint Committee meeting had been scheduled to take place on 20 September 2016. However, as the Local

	Authorities involved will be statutory consultees once the formal consultation period commences (in late autumn at the earliest), it was not felt to be appropriate to meet at this time. A request has subsequently been received for the Joint Committee to meet in late October to hear the outcome of the engagement and resultant proposals regarding the Mental Health Acute Pathway Review and the progress of the Review of Dementia Services. A date is to be agreed for this, and for the further meetings which will follow towards the end of the CCG's formal 12 week public consultation period and again after the consultation has ended, to review the process.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Minutes of Joint Health Scrutiny Committee meeting on 2 June 2016; notes from informal meetings.
	Budget: Not applicable.
	Risk Assessment: Current Risk: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That members note and comment on the report.
Reason for Recommendation	The Committee supports the County Council's corporate outcomes to maintain the health and independence of Dorset's residents.
Appendices	1 Minutes of Joint Health Scrutiny Committee meeting on 2 June 2016
Background Papers	Committee papers – Joint Health Scrutiny Committee: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268
Officer Contact	Name: Ann Harris, Health Partnerships Officer, DCC Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Interim Director for Adult and Community Services
September 2016

Joint Health Scrutiny Committee - Clinical Services Review

Minutes of the meeting held at County Hall, Colliton Park, Dorchester on Thursday, 2 June 2016.

Present:
Ronald Coatsworth (Chairman),
Ros Kayes (Vice-Chairman),
Vishal Gupta, Jennie Hodges, David d'Orton-Gibson, Rae Stollard, Roger Huxstep, Phillip Broadhead, David Harrison, Hazel Prior-Sankey and Linda Vijeh.

Officer Attending: Ann Harris (Health Partnerships Officer) and Alison Waller (Head of Partnerships and Performance) and Jason Read (Democratic Services Officer).

(Notes:(1) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee).

Election of Chairman

1 **Resolved**
That Ronald Coatsworth be elected Chairman for the remainder of the year 2016/17.

Appointment of Vice-Chairman

2 **Resolved**
That Ros Kayes be appointed Vice-Chairman for the remainder of the year 2016/17.

Apologies for Absence

3 Apologies for absence were received from Jane Newell (Borough of Poole) and Chris Carter (Hampshire County Council).

Terms of Reference

4 The terms of reference for the Joint Health Scrutiny Committee were noted.

The Committee agreed that Somerset County Council Members should be included in the Terms of Reference to allow them to take part in decision making and full debate at future meetings.

Resolved
1. That Somerset County Council members be included in the terms of reference so that they were able to take part in any future debate or decision making.

*Following the meeting, Somerset County Council requested that they not be included in the terms of reference.

Code of Conduct

5 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllr Ros Kayes added that she was employed in the mental health profession outside of Dorset and on occasion, her employer received funding from Dorset HealthCare University NHS Foundation Trust. As this was not a disclosable pecuniary interest she

remained in the meeting and took part in the debate.

Minutes

6 The minutes of the meeting held on 12 December 2015 were confirmed and signed.

Public Participation

7 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public questions received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Clinical Services Review - Update

8 The Committee received a presentation by a number of officers from the NHS Dorset Clinical Commissioning Group (CCG) which outlined the following subject areas; the CCG's vision for the future of health and care in Dorset, the CCG's vision for community services in Dorset and an update on the mental health acute care pathway service review.

Vision for the Future of Health and Care in Dorset.

The first part of the presentation was given by the Chief Officer, CCG. It outlined the CCG's vision for the future of health and care in Dorset and highlighted the proposals that the CCG were to include in the public consultation. The Committee were reminded of the background and reasons for the Clinical Services Review and noted that making no changes would not be financially viable.

Significant progress had been made on the proposals over the last year. A large number of engagement exercises had been undertaken in order to gather a broad view of opinions from a wide range of professionals and service users, as well as a number of television and radio broadcasts. There had been engagement with the Royal College of Paediatrics and Child Health (RCPCH), who had made recommendations about the proposals and these were highlighted in the presentation.

Following the engagement exercises it had been agreed that only two options remained financially viable. Both options would include three sites across Dorset which would be a major emergency hospital, a major planned care hospital and a planned care and emergency hospital. The functions of the three sites were detailed in the presentation. The two proposed options for acute hospitals were set out as follows;

Option A:	Poole: Major Emergency Hospital Dorchester: Planned and Emergency Hospital Bournemouth: Major Planned Hospital
Option B:	Poole: Major Planned Hospital Dorchester: Planned and Emergency Hospital Bournemouth: Major Emergency Hospital

A wide range of criteria had been used to consider both of the proposed options. Workforce implications, deliverability and quality of care had equal evaluations across both options. However, Option B proved to be a better option in regards to access to care and affordability, and therefore was the CCG's preferred option.

A question was asked as to why changes needed to be made to paediatric and maternity care services at Dorset County Hospital, when other services were seen as sustainable. It was explained that the proposals were based around the number of patients being seen by specialist consultants. The current arrangement was not sustainable as only a relatively small number of patients were using the service provided in Dorchester. The proposed options would mean that more patients would use, and have access to specialist paediatric and maternity care.

Councillors asked whether discussions had taken place between Dorset and Somerset CCG regarding the possible location of shared paediatric and maternity services. The CCG informed the Committee that it was a matter for the Hospital Trusts to look at.

It was noted that £6.2 million had previously been spent on Poole maternity services to make them "fit for the future". However, the CCG clarified that it had made them fit for the future at that time, but not in the longer term.

Some concerns were expressed around travel times and logistics involved for patients if the proposals in Option B were agreed. It was noted that a wide range of professionals had considered this as part of the engagement exercise, but it was felt that the focus should be on getting the highest quality of care available, rather than travel arrangements. Under the proposed arrangements a network would be established and 24/7 access to specialist consultants would be available.

Councillors queried the availability of ambulances overnight and whether this had been factored into discussion. The CCG clarified that ambulances were stationed where the majority of the population live, but that the service would have to change its practice if this became a problem.

The Committee were informed that a public consultation could not take place until further progress was made with NHS England. The consultation was not likely to take place until early September and it would be a twelve week process. A final decision was not likely to be made until March 2017 at the earliest.

Vision for Community Services in Dorset

The second part of the presentation was delivered by the Deputy Director for Review, Design and Delivery, CCG. The Committee were reminded that the CCG's objective was to design an integrated community services model to deliver care closer to home and improve the quality and number of services available locally.

Throughout 2015 the CCG had developed ideas for community services, looked at new and different models of care and explored various ideas with local people, clinicians, providers and other stakeholders. There had been nine community engagement events held and overall 29,000 pieces of feedback that had been subsequently reviewed.

The presentation detailed various work streams that had been undertaken as a result of feedback. These included;

- working more closely together and providing care closer to home
- improving access in relation to times, location and transport
- improving staff recruitment, retention and training
- closer involvement with the voluntary sector
- improving joined up and innovative IT systems
- looking at how changes would be afforded and how money could be saved

Analysis had been undertaken to look at the different levels of need required for community care and support. Integrated services would help to ensure that a more consistent approach was taken as to how care was provided, making it easier and

more efficient for both patient and provider.

Councillors asked how much detail would be provided for the public when the matter went out to consultation. The CCG said they were planning to be explicit about any changes (to Community Hospitals in particular).

Possible options for where and how services might be located and provided were being developed. The next step would be public engagement and a number of roadshows and meetings had been established throughout June 2016 . Members requested that these dates be made available to the Committee, so that they could get involved if they so wished.

Mental Health Acute Care Pathway Service Review
The third part of the presentation was delivered by the Head of Review, Design and Delivery for Mental Health and Learning Disability Services and gave the Committee an update on the progress being made in relation to the review of Mental Health Services.

View seeking exercises had been undertaken and options development was underway. There had been a wide range of engagement with both service users and providers in order to help develop possible models. Once the different options had been finalised, they would need to go through the NHS assurance process. Any approved options would then go out for public consultation (but probably not at the same time as the consultation for the wider Clinical Services Review).

There were currently significant differences in the level, scope and style of services across Dorset. New models that were being developed aimed to provide consistency across all services. There were also issues regarding accessibility, disengagement of local communities from mental health issues and with the style of service provision not lending itself to a patient centred recovery-focused approach.

The presentation outlined some of the new options that were being developed and highlighted the criteria being used to develop them. Some members raised concerns regarding the criteria and that it may pre-determine the outcome of the options development. The Committee were reassured that an external organisation had developed the criteria and had ensured that the correct questions were being asked. Developed options would not go through NHS assurance until November 2016, so the public consultation was still some way off. Members requested that the consultation material be brought before the Committee upon its completion.

Resolved.
1. That the consultation material be brought before the Committee upon its completion.

Meeting Duration: 10.00 am - 12.45 pm

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Matters for potential Joint Health Scrutiny Committees: South Western Ambulance Service NHS Foundation Trust (independent review and CQC inspections) and community dental services in east Dorset**
Executive Summary	This report outlines two matters on which discussions have taken place with a view to convening Joint Health Scrutiny Committees with Bournemouth and Poole, but which Dorset members may wish to scrutinise independently: South Western Ambulance Service NHS Foundation Trust and Community Dental Services in east Dorset.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Reports to DHSC and correspondence collated by Healthwatch Dorset.
	Budget: Not applicable.
	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: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That members consider: • Whether they wish to scrutinise either or both of the two matters as a Dorset only Committee at their next meeting on 14 November; • Whether they wish to nominate members for Joint Committees which may be convened with Bournemouth and Poole to scrutinise each of the two matters (three for each Joint Committee, plus a substitute member for each).
Reason for Recommendation	The Committee needs to have the opportunity to scrutinise the matters highlighted in the report, and the opportunity to decide whether this should be individually or within a Joint Committee.
Appendices	None.
Background Papers	Report to DHSC 8 March 2016 (Agenda item 9): DHSC Agenda papers March 2016
Officer Contact	Name: Ann Harris, Health Partnerships Officer, Dorset County Council Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

1 Background

1.1 Regulation 30 (1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 empowers two or more local authorities to appoint a joint overview and scrutiny committee to exercise functions which are described in the Regulations. Joint Health Scrutiny Committees *must* be convened however where a relevant NHS body or health service provider consults more than one local authority about a proposal for a substantial development of the health service in their area or a substantial variation in the provision of such service.

1.2 There are currently two issues of local concern which the Dorset Health Scrutiny Committee (DHSC) may wish scrutinise, preferably within the setting of a joint committee, but if necessary within the Dorset committee alone.

2 South Western Ambulance Service NHS Foundation Trust

2.1 On 8 March 2016 DHSC received a report outlining allegations that had been made against the South Western Ambulance Service NHS Foundation Trust (SWASFT) and reported in the national press (the Daily Mail). The allegations related to the NHS 111 service provided by SWASFT, and were strongly refuted. An independent investigation into the allegations made in the newspaper was commissioned and a report was published in mid June 2016.

2.2 In addition, the Care Quality Commission (CQC) made an early inspection of SWASFT's NHS 111 services in March 2016 (this standard inspection had been brought forward as a result of the claims made in the Daily Mail) and carried out a further planned inspection of the wider services provided by SWASFT in June 2016.

2.3 The independent investigation found that many of the concerns raised were generally known about by the Trust, and action had been, or was being taken, to address areas of concern identified. However, the incidents raised highlighted some areas of governance and control where the Trust needed to take further action. The investigators felt that the allegations typically did not present a "balanced view" of the issues reflecting all the evidence reviewed.

2.4 The outcome of the March CQC inspection of the NHS 111 Service was more critical: overall the service was rated as Inadequate. A team of inspectors found the 111 service was Good for caring, but Inadequate for safety, effectiveness, responsiveness and being well-led.

2.5 Following the inspection, CQC issued a Warning Notice on 26 May 2016 requiring the Trust to ensure that calls are responded to in a timely and effective manner, with enough suitably qualified staff on duty who are supported to deal with the volume of calls. The trust was told that it must make significant improvements by 8 July 2016.

2.6 The outcome of the June CQC inspection of the wider services provided by SWASFT has not yet been made public.

2.7 It had been the intention that members should be nominated to participate in a Joint Committee when the DHSC met on 7 June 2016. However, this decision (and the presentation of the findings of the independent review and the March CQC inspection) was deferred due to the timing of the June CQC inspection. It was hoped that in the meantime it would be possible to reach agreement with the Bournemouth and Poole Scrutiny Committees with regard to the administration of a joint committee. An update regarding this, and a further matter of concern which has been raised with Members regarding changes to the operation of services by SWASFT, will be provided to Committee on 6 September 2016.

3 Community Dental Services in East Dorset

3.1 In April 2015 Somerset Partnership NHS Foundation Trust (SOMPAR) took over the community dental service contract for East Dorset which had previously been held by Dorset HealthCare University NHS Foundation Trust following a tendering process overseen by NHS England (NHSE). Dorset Health Scrutiny Committee were informed of the change to service provision by NHSE and, following an enquiry by the Health Partnerships Officer, were assured that the change in provider would not result in any changes to the locations from which services would be provided.

3.2 The contract stipulated that there should be provision for dental treatment under general anaesthesia (GA) suitable for the population of East Dorset. There were four operating sessions a week being run from the Poole Clinic before SOMPAR took over (around 40 to 50 cases) and there was a substantial waiting list for this. The services in Poole clinic were mainly for children with additional needs who, for whatever reason, could not be treated in high street or acute settings.

3.3 Two months after the contract came into force, in June 2015, SOMPAR decreased the amount of access children had to dental treatment under general anaesthesia by half. There appears to have been no discussion or consultation with stakeholders. This resulted in a waiting list for referral and a waiting list for treatment (although SOMPAR reported in August 2016 that additional resources have been put into assessments, and the waiting list for these has reduced from around 700 to around 450 patients). The situation is very complex and there are differences of opinion as to where 'fault' lies, but in short SOMPAR were given notice to vacate the premises they were using (Poole Clinic) because Dorset HealthCare could no longer continue to make the facilities available to them in a cost effective way (and gave due notice). As of 1 April 2016, although NHSE were clear that community dental services under GA needed to continue, there is no longer a suitable venue in east Dorset, SOMPAR having failed to secure an alternative (and having previously indicated that they were not aware that they would be responsible for this at the time of tendering). Patients from the east now have to travel to Dorset County Hospital for community dental treatment under GA, whilst discussions between SOMPAR and Royal Bournemouth Hospital are now on-going, it is understood.

3.4 In January 2016 Healthwatch Dorset became involved in this matter, having been contacted by a Consultant Anaesthetist who raised concerns with them. Subsequently, Annie Dimmick, Research Officer with Healthwatch Dorset, collated a large amount of correspondence, including e-mails exchanged between the Dorset Health Partnerships Officer (Ann Harris), the Consultant Anaesthetist who had raised concerns and NHSE (dating back to June 2015). Annie also contacted all relevant stakeholders to gain their perspective, and the summary of all her correspondence was shared with the Chairmen of Dorset, Bournemouth and Poole Health Scrutiny Committees in July 2016. At this point Healthwatch Dorset gave notice that they were considering making a formal referral to the Health Scrutiny Committees requesting that the matters identified be formally investigated.

4 Conclusion and recommendations

4.1 Given the strength of the concerns that have been raised, members are asked to consider:

a) Whether they wish to scrutinise either or both of the two matters as a Dorset only Committee;
b) Whether they wish to nominate four members (three, plus substitutes) for Joint Committees which may be convened with Bournemouth and Poole to scrutinise each of the two matters.

Helen Coombes
Interim Director for Adult and Community Services
September 2016

Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Briefings for information / note**
Executive Summary	The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee. For the current meeting the following information briefings have been prepared: • Healthwatch Dorset – Summary of Annual Report 2015/16 • Dorset Health Scrutiny Committee, Annual Report 2015/16 • Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019 • Dorset Health Scrutiny Committee Forward Plan
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Briefing reports, referencing wider documents and future agenda items.
	Budget:

	Not applicable.
	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: LOW Residual Risk: LOW
	Other Implications: None.
Recommendation	That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect the health and wellbeing of Dorset's citizens.
Appendices	1 Healthwatch Dorset – Summary of Annual Report 2015/16 2 Dorset Health Scrutiny Committee, Annual Report 2015/16 3 Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019 4 Dorset Health Scrutiny Committee Forward Plan
Background Papers	None.
Officer Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Helen Coombes
Interim Director for Adult and Community Services
September 2016

Appendix 1

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
6 September 2016

Healthwatch Dorset – Annual Report 2015/16	Contact Name: Martyn Webster, Manager, Healthwatch Dorset Contact address: Healthwatch Dorset, 896 Christchurch Road, Bournemouth, BH7 6DL Email: Martyn.webster@healthwatchdorset.co.uk Tel: 0300 111 0102

healthwatch Dorset

Spotlight

Healthwatch Dorset's Annual Report for 2015-2016

The full report is available here: http://www.healthwatchdorset.co.uk/resources/spotlight-our-annual-report-2015-2016

Some Key Points:

1. Investigation and report into Home Care services ("Where The Heart Is") now directly feeding into the development of a Pan-Dorset service specification.

2. Investigation and report into dental services has led to new pathways being used nationally by NHS 111 and to actions being taken by NHS England to improve service commissioning and provision locally.

3. Latest investigation and report ("Fobbed Off") looks at the experiences of people who have made a complaint about local NHS services. Local NHS organisations have already responded to the report and drawn up actions plans to address the issues raised.

4. Healthwatch Dorset's work on children and young people's mental health praised by Department of Health, NHS England and Healthwatch England and

highlighted at national Children and Adults' Services conference.

5. An independent review of Healthwatch Dorset carried out by Leeds Beckett University. Findings included that our strengths include the contribution we make to strategic decision-making bodies, our effectiveness in involving local people and understanding their concerns, and our focus on working with seldom-heard communities. Areas identified for improvement include communication - helping more people understand what we do and the contribution we make.

6. Our Community Investment Projects (partnering with local voluntary and community groups) received recognition both in the report of the Independent Review and at the annual Healthwatch Network of Achievement Awards made by Healthwatch England, where in 2016 we were runner up in the category for the value we bring to Diversity and Inclusion.

7. We now have over 300 volunteer Healthwatch Champions across the county. Their work was recognised at the Annual Healthwatch Network of Achievement Awards in 2016 when Healthwatch Dorset won the award for "Making a difference through volunteering".

Appendix 2

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
6 September 2016

Dorset Health Scrutiny Committee – Annual Report 2015/16	Contact Name: Ann Harris Contact address: Adult and Community Services, Dorset County Council Email: a.p.harris@dorsetcc.gov.uk Tel: 01305 224388

Overview:

The Dorset Health Scrutiny Committee (DHSC) was set up in 2003 under the provisions of the Health and Social Care Act 2000. It comprises 12 elected councillors, six representing Dorset County Council and one from each of the District and Borough Councils.

The DHSC met four times during the year April 2015 to March 2016: 22 May 2015, 8 September 2015, 16 November 2015 and 8 March 2016. The meetings included a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council.

Task and Finish Groups met twice during the year to consider Quality Accounts produced by the local NHS Provider Trusts.

The Committee held a members workshop in March 2016 to plan their work programme for the coming year.

This report presents an overview of the work of the DHSC for the year 1 April 2015 to 31 March 2016, looking at some of the key agenda items that were scrutinised and the outcomes achieved.

Background papers:
Minutes of the Dorset Health Scrutiny Committee for the year 1 April 2015 to 31 March 2016: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=142

1. The role of the Dorset Health Scrutiny Committee

1.1 The Dorset Health Scrutiny Committee (DHSC) operates under the provisions of the National Health Service Act 2006 governing the local authority health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which came into force on

1 April 2013. Guidance to support Local Authorities was subsequently published by the Department of Health in June 2014[1].

1.2 The Committee comprises 12 elected councillors, six representing Dorset County Council and one from each of Christchurch Borough Council, East Dorset District Council, North Dorset District Council, Purbeck District Council, West Dorset District Council and Weymouth and Portland Borough Council.

1.3 The terms of reference for the Committee reflect the Regulations for Health Scrutiny and the Guidance published by the Department of Health. However the broad remit of the Committee continues to be that it:

- Works in partnership with local health service providers and the public to improve health and wellbeing in Dorset;
- Makes constructive recommendations for improvement;
- Looks at areas or groups of people in the community who suffer from worse health than others and considers how this inequality can be improved;
- Considers and comments on major developments or changes (substantial variations) by the local NHS that will affect people in Dorset.

1.4 This report provides a summary of the work undertaken by DHSC over the year 1 April 2015 to 31 March 2016, reflecting on what has been achieved.

2. Dorset Health Scrutiny Committee meetings

2.1 The DHSC met four times during the year April 2015 to March 2016: 22 May 2015, 8 September 2015, 16 November 2015 and 8 March 2016. The meetings included a wide range of formal reports, presentations and briefings from organisations such as NHS Provider Trusts and Commissioners, Healthwatch Dorset and Dorset County Council. Some of the key items discussed are highlighted below.

Dorset Healthcare University NHS Foundation Trust

2.2 The Committee received a number of reports from Dorset Healthcare University NHS Foundation Trust over the last year, updating Members as to the implementation of the Trust's 'Blueprint' for the future delivery of services and informing them of the outcome of a full inspection by the Care Quality Commission in June 2015. Members noted that overall the Trust had been rated as 'requires improvement' by the CQC, but were reassured by the actions that were being put in place, particularly to deal with some inconsistencies in service provision and challenges regarding Child and Adolescent Mental Health Services. The Liaison Member for the Trust sought increased contact and communication with the Trust, which was assured.

2.3 With regard to specific services provided by the Trust, changes to the Minor Injuries Units at both Portland and Weymouth were discussed by the Committee, with reports from the Trust (as provider) and the CCG (as commissioner). Whilst the reduction in services at the Portland Unit were a source of some concern, the Committee were pleased to hear of improvements to the organisation and delivery

[1] Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny: https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services

of services at the Weymouth Community Hospital Unit which would come into force with a new contract in July 2016.

Dorset County Hospital NHS Foundation Trust

2.4 Dorset County Hospital provided a report to the Committee in November 2015, setting out their progress in the introduction of 7-Day services (which is a national requirement). The challenges in achieving this were noted, particularly those associated with recruitment difficulties, and the Committee requested a further update in June 2016.

2.5 Also in November, Members were pleased to hear of a major investment in cancer treatment services through a joint initiative with Poole Hospital NHS Foundation Trust. The benefits to Dorset residents of the location of radiotherapy equipment at Dorset County Hospital were clear and represented an excellent example of collaboration between Trusts.

NHS Dorset Clinical Commissioning Group

2.6 NHS Dorset Clinical Commissioning Group (CCG) provided a number of reports and presentations to DHSC in the year 2015/16, looking at the planning, commissioning, quality and performance of services. In May 2015 the outcome of an independent evaluation of mental health urgent care services was presented, an issue in which the Committee had expressed concern in previous meetings. The CCG outlined the work that they would be undertaking, particularly with Dorset HealthCare, to improve services and highlighted the additional £3 million which would be invested in mental health care. A review of the mental health acute care pathway and dementia services has subsequently been linked with the CCG's wide-ranging Clinical Services Review and will report in future to the Joint Health Scrutiny Committee.

2.7 Following on from a previous reports and a dedicated Committee meeting in June 2014, the Committee continued to monitor the progress of non-emergency patient transport services commissioned by the CCG. An update report in March 2015 had set out an improving picture, but raised further concerns as to whether eligibility criteria for the service was being applied too rigorously. It was therefore agreed that the matter of eligibility should be explored by the Committee in May 2015, at which point Members agreed to refer the issue to the Holistic Transport Review being led by Dorset County Council. In November 2015 Members were advised that the Review (now known as the Total Transport Programme) would incorporate work between the CCG and Dorset County Council to look at the commissioning and provision of this type of transport, and Members agreed that this should be treated as a priority. Interest (and indeed concern) around this topic continues, and further update reports regarding performance, costs and access to non-emergency patient transport will be presented in 2016/17.

South Western Ambulance Service NHS Foundation Trust

2.8 In March 2016 allegations contained within the national press regarding performance and working practices amongst staff employed by the South Western Ambulance Service NHS Foundation Trust were the subject of a report to the Committee. In light of the fact that the Trust had subsequently commissioned an independent review into the allegations and the Care Quality Commission had announced that it would be carrying out an inspection, the Committee agree to defer further scrutiny, pending the outcome of those reports. These matters are

now being considered as a potential matter for a Joint Health Scrutiny Committee, given the pan-Dorset provision of services by SWASFT.

Healthwatch Dorset

2.9 Healthwatch Dorset are active contributors to the agenda of the Health Scrutiny Committee and in 2015/16 they brought a number of items to the attention of Members. In May 2015 podiatry services were highlighted, following concerns raised by the public and a member of the Health Scrutiny Committee regarding access to the service and eligibility criteria. Commissioners committed to looking more closely at provision for those who did not meet the criteria and to raising awareness of alternatives with GP surgeries.

2.10 In September and November 2015 Healthwatch outlined problems with access to primary care dental services and information about charges, and with inappropriate signposting of acute dental pain to General Practitioners for treatment. As a result of the intervention by Healthwatch, NHS England contacted dentists regarding their service contracts and drew up an action plan to deal with the concerns. In addition, NHS 111 agreed to provide additional training to their telephone operators to ensure appropriate advice was given in future.

3 Task and Finish Groups

Quality Accounts

3.1 Task and Finish groups met twice during the year 2015/16 to consider Quality Account reporting by the two main provider Trusts operating within the County: Dorset Healthcare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. These meetings offer an informal opportunity for the Trusts to share information and to report progress against national and local performance targets. The Trusts are required, under the Health Act 2009 and under amendments within the Health and Social Care Act 2012, to submit their Accounts to the Secretary of State (Department of Health) and the submission must be shared with local Scrutiny Committees, who are invited to comment. In May 2015 the DHSC received a report regarding the final submissions, sharing with the Committee the commentary provided by the Task and Finish Groups. The content of that report and the full commentary can be found at agenda item 17 here:

http://dorset.moderngov.co.uk/CeListDocuments.aspx?CommitteeId=142&MeetingId=586&DF=22%2f05%2f2015&Ver=2

3.2 In addition to meeting with the two main provider Trusts, DHSC members received a presentation from the Weldmar Hospicecare Trust in November 2015 setting out their Quality Account. The presentation highlighted the services provided by the Trust across Dorset, its financial arrangements and the key issues and challenges faced, including the recruitment of nurses – a common theme amongst providers this year.

4. Joint Committees

Clinical Services Review

4.1 NHS Dorset Clinical Commissioning Group commenced a Clinical Services Review (including Community and Mental Health Services as integral components) in

October 2014 and has provided a number of briefings and reports for DHSC since that time. As the Review covers Dorset, Bournemouth and Poole and will affect residents in Hampshire and Somerset, a Joint Committee was convened to include members from each of the five Local Authorities, and met for the first time in July 2015 and subsequently in December 2015.

4.2 Although the original timescales for the Review have been extended, the two meetings held in 2015 enabled the CCG to share the 'case for change' with members, along with the process of developing proposals, consultation and assurance. Particular concerns raised by members included the potential re-location of services, workforce and recruitment difficulties, access to services and the availability of transport and the need to ensure that mental health services are accorded equal priority. The work of this Joint Committee will continue throughout 2016 and 2017, with a final decision on changes to be implemented expected in March 2017 at the earliest.

5. Annual Workshop and Work Programme for 2016-17

5.1 In March 2016 DHSC members held their annual workshop. The topics included: an update on the future of the Better Together Programme and integrated community services; an overview of the current delays in transferring patients out of hospital in Dorset and the plans to improve performance; an update on the work of Healthwatch Dorset and their priorities for the coming year; and an outline of a suggested programme of work for the coming year. The final version of the programme was agreed by the Committee at their meeting on 7 June 2016, and can be found within the agenda pack for that meeting.

6. Minutes, agendas and Committee membership

6.1 The minutes for all Dorset Health Scrutiny Committee meetings can be found at: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=142

6.2 The minutes for the Joint Health Scrutiny Committee can be found at: http://dorset.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=268

6.3 Details of the current membership of the Committee and terms of reference can be found at: http://dorset.moderngov.co.uk/mgCommitteeDetails.aspx?ID=142

Ann Harris
Health Partnerships Officer, Adult and Community Services
September 2016

Helen Coombes
Interim Director for Adult and Community Services
September 2016

Appendix 3

Dorset County Council

Briefing for Dorset Health Scrutiny Committee
6 September 2016

Draft Joint Health and Wellbeing Strategy, 2016 to 2019	Contact Name: Ann Harris Contact address: Adult and Community Services, Dorset County Council Email: a.p.harris@dorsetcc.gov.uk Tel: 01305 224388

1 Background

1.1 A draft Joint Health and Wellbeing Strategy (JHWS) was presented to the Dorset Health and Wellbeing Board on 8 June 2016 and it was agreed that it should be circulated for a consultation period to enable stakeholders to comment on and contribute to the Strategy.

1.2 In total 21 individuals and representatives from a wide range of bodies, both statutory and non-statutory, submitted feedback and the full responses can viewed at: https://www.dorsetforyou.gov.uk/healthandwellbeingboard

1.3 In summary, the key points raised were as follows:

- Respondents supported the three priorities (reducing inequalities, promoting healthy lifestyles and preventing ill health and working better together) and welcomed the future focus of the Board;
- Some supporting initiatives and programmes were identified which could feed into the delivery of the Strategy; respondents noted the need for coordination and to ensure that pre-existing work is recognised;
- Further clarity was sought regarding accountability and delivery: what will actually be done and by who, and how success could be measured;
- The audience for the Strategy was queried and it was suggested that a simplified version could also be produced, with clearer definition of some terms used and less jargon;
- The opportunity to promote the need for other organisational public-facing plans to align to health and wellbeing outcomes was highlighted, as was the interface with key documents such as the Sustainability and Transformation Plan and the Physical Activity Strategy;
- Further reference was made to the possible need to refresh and further develop the Physical Activity Strategy, and to make greater emphasis of the value of exercise and use of the countryside and ‘quality’ green spaces;

- The inference that LiveWell Dorset should be the 'default' resource to support and promote healthy lifestyles was queried, with a caveat that a number of other organisations work in this field;

- Reference was made to a number of specific omissions or areas that it was felt needed more prominence in the Strategy, including: housing, malnutrition, vulnerable adults, children and young people, other sub-groups of protected characteristics, social justice, healthy eating and sustainable food, green care nature-based interventions (for mental health), advocacy services, delivery programmes relating to environmental and green space issues, transport and active travel, volunteering, peer support, rural inequalities, social isolation, planning (particularly input to local plans, neighbourhood plans and development plans);

- A number of respondents were keen to work with the HWB in taking the Strategy forward and were looking forward to a positive outcome.

2 Next steps

2.1 The intention is for the Strategy to be formally agreed by the Dorset Health and Wellbeing Board on 31 August 2016, following which a work programme for delivery and outcome-based accountability will be developed, based on the principles and priorities identified.

2.2 In addition, it is proposed that a stakeholder workshop to develop the collective approach to 'prevention at scale' is held in the autumn of 2016.

Briefings for information / note

Appendix 4

Dorset Health Scrutiny Committee – Forward Plan, September 2016

Committee: 6 September 2016			
Format	Organisation	Subject	Comments
Report	Dorset County Hospital	CQC Inspection Report	Following inspection in March 2016
Report	Healthwatch Dorset	Complaints made against Dorset Health Trusts – feedback from complainants.	To explore the findings of research carried out by Healthwatch
Report	NHS Dorset Clinical Commissioning Group	Changes to GP commissioning and locality working	Update, as requested following the report to DHSC on 08/03/16
Report	NHS Dorset Clinical Commissioning Group	Non-Emergency Patient Transport Services (progress, costs and patient numbers accessing the service)	Progress report, as requested following the report to DHSC on 08/03/16
Report	Dorset County Council and partners	Integrated hospital discharge and delayed transfers of care	Requested by member of DHSC on 08/03/16
Report	Dorset County Council	Proposed Joint Health Scrutiny Committees: NHS 111 Service (SWASFT) and Community Dental Services in East Dorset	To nominate members for Joint Committees, if agreed
Items for information or note			
Briefing	NHS Dorset Clinical Commissioning Group	Clinical Services Review, minutes of Joint Committee	To provide the minutes from 2 June 2016
Briefing	Healthwatch Dorset	Annual Report	To update members re the work of Healthwatch and priorities
Briefing	Dorset Health Scrutiny Committee	Annual Report 2015/16	A summary of the year's work and achievements
Briefing	Dorset Health and Wellbeing Board	Dorset Joint Health and Wellbeing Strategy 2016/2019	To inform DHSC re the progress of the JHWS
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Briefings for information / note

Committee: 14 November 2016			
Format	Organisation	Subject	Comments
Report	Dorset County Hospital	Quality Account and Strategy	To share the outcome of the annual Quality Account and the Trust's Strategy for the future
Report	Weldmar Hospicecare Trust	Annual Accounts	To update members re the work of Weldmar and annual accounts
Report	NHS Dorset Clinical Commissioning Group	Continuing Health Care	To update members re the latest position and developments
Items for information or note			
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Committee: 9 March 2017			
Format	Organisation	Subject	Comments
Report	The Care Quality Commission	CQC Inspections of GP surgeries in Dorset	To look at the outcomes of inspections in Dorset and the quality of GP services
Items for information or note			
Forward Plan	Dorset Health Scrutiny Committee Forward Plan	Dates of future meetings, including planned agenda items	To raise awareness of future agenda items, meetings, workshops and seminars.

Committee dates 2017: 9 March; 16 June; 4 September; 13 November

Briefings for information / note

Agenda planning meetings (Officers' Reference Group only)				
Date	**Venue**	**Papers required by Health Partnerships Officer**	**Papers dispatched by Democratic Services**	**Comments**
14 September 2016 (for 14 November)	County Hall	21 October 2016	4 November 2016	

Workshops and development sessions (all DHSC Members)			
Date	**Venue**	**Topic**	**Comments**
February 2017	TBC	DHSC Annual work programming workshop	To consider the Committee's priorities for the coming year

Ann Harris, Health Partnerships Officer, September 2016