

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	15 June 2018
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
<b>Subject of Report</b>	<b>Briefings for information / note</b>
Executive Summary	<p>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.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none"> <li>• Dorset Health Scrutiny Committee: Responses to Annual Quality Accounts submitted to:             <ul style="list-style-type: none"> <li>○ Dorset County Hospital NHS Foundation Trust;</li> <li>○ Dorset HealthCare University NHS Foundation Trust;</li> <li>○ South Western Ambulance Service NHS Foundation Trust</li> </ul> </li> <li>• Notes following a visit to Melstock and Waterston Units at Forston Clinic, Charlton Down, by the Quality Account Panel aligned to Dorset HealthCare University NHS Foundation Trust.</li> </ul>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p>
	<p>Use of Evidence:</p> <p>Notes following Quality Account meetings with Health Trust representatives and notes following visit to Forston Clinic.</p>
	<p>Budget:</p> <p>Not applicable</p>

## Briefings for information

	<p>Risk Assessment:</p> <p>Current Risk: LOW Residual Risk: LOW</p> <hr/> <p>Outcomes: Not applicable</p> <hr/> <p>Other Implications:</p> <p>None.</p>
Recommendation	That Members note the content of the briefing reports and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.
Reason for Recommendation	The responses to the Annual Quality Accounts of the provider Trusts are produced by sub-groups (panels) of the Health Scrutiny Committee. The provision of copies of the commentary submitted enables Members outside the panels to review the issues raised.
Appendices	<ol style="list-style-type: none"> <li>1. Letter to Dorset County Hospital NHS Foundation Trust.</li> <li>2. Letter to Dorset HealthCare University NHS Foundation Trust.</li> <li>3. Letter to South Western Ambulance Service NHS Foundation Trust.</li> <li>4. Notes following visits to Melstock and Waterston in-patient units, Forston Clinic.</li> </ol>
Background Papers	None
Officer Contact	<p>Name: Ann Harris, Health Partnerships Officer          Tel: 01305 224388          Email: <a href="mailto:a.p.harris@dorsetcc.gov.uk">a.p.harris@dorsetcc.gov.uk</a></p>

**Letter to Neal Cleaver, Deputy Director of Nursing, Dorset County Hospital regarding commentary for inclusion in their Annual Quality Account, May 2018**

Dear Neal

**Quality Account 2017/18**

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit following the opportunity to meet with the Dorset County Hospital NHS Foundation Trust over the past year, and in particular on 14 May 2018, to review the progress of your Quality Account.

**Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2018:**

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset County Hospital NHS Foundation Trust. These meetings provide an informal opportunity to discuss the progress being made by the Trust in improving quality and performance.

The annual Quality Account and Report for 2017/18 shared with the Group demonstrates another positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

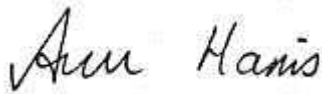
- Members understand and support the decision to maintain the quality priorities identified in 2017/18 for the next year, in recognition of the need to undertake further work to improve performance in some areas and embed progress in others;
- With regard to patient safety, the reduction in the number of falls within the hospital resulting in severe harm or death was welcomed. Members were interested to hear of the on-going work to prevent as many falls as possible, including initiatives targeting community issues such as medicines reviews and the promotion of more stable day and night-time routines;
- With regard to mortality surveillance, Members acknowledged that the identification of the Trust as an outlier for excess deaths could be attributed to problems with data coding, and that a great deal of effort to address this is being undertaken;
- The failure to meet the targets regarding improving the recognition and early treatment of sepsis was disappointing, but it was helpful to hear the context in relation to recording processes. Members hope that measures implemented will deliver better performance going forwards;
- The work linked to clinical effectiveness to improve the support from hospital volunteers was very positive and the Trust is to be congratulated on securing the grant funding to implement this valuable project;
- It was disappointing to learn that progress in the timely dispatch of electronic discharge summaries is still not meeting targets. Members hope that the work to reduce backlogs and reviews of processes will help to improve the situation in the coming year;
- The focus on promoting the health and wellbeing of staff was recognised by Members as very important and the range of initiatives being developed was welcomed;
- With regard to patient safety, the deterioration in performance relating to dementia screening is a concern. It is hoped that the employment of the Dementia Nurse Practitioner will drive improvements forward, and Members welcome the continued focus on this area of work;

## Briefings for information

- The lack of improvement in timely response to complaints was also noted, but Members were pleased to hear that face to face meetings with complainants were proving constructive and that, with the support of a new governance process, action on this issue would continue;
- With regard to improving the accessibility of information, work to simplify the process of developing and publishing leaflets was highlighted. Members recognised the value of being able to react more quickly to the need for changes and noted the positive reaction from patients so far.

Overall, the Dorset Health Scrutiny Committee continues to find Dorset County Hospital NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of this constructive relationship.

Yours sincerely



**Ann Harris**  
Health Partnerships Officer

**On behalf of Dorset Health Scrutiny Committee**

CC:

Patricia Miller, Chief Executive, Dorset County Hospital NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Cllr Peter Shorland, Dorset Health Scrutiny Committee

Helen Coombes, Interim Director, Adult and Community Services

Nicky Lucey, Director of Nursing and Quality, Dorset County Hospital NHS Foundation Trust

**Letter to Hazel McAtackney, Head of Regulation and Compliance, Dorset HealthCare University NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2018**

Dear Hazel

**Quality Account and Report 2017/18**

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit following the opportunity to meet with the Dorset HealthCare University NHS Foundation Trust over the past year and in particular on 23 April 2018, to review the progress of your Quality Account.

**Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2018:**

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset HealthCare University NHS Foundation Trust. These meetings provide a constructive and informal opportunity to discuss the progress being made in improving quality and performance. The Committee's representatives welcome these opportunities to meet and would like to offer the following comments with regard to the Annual Quality Account for 2017/18:


- The Trust should be congratulated on its performance and progress this year. Members were delighted to hear that the Care Quality Commission has very recently awarded the Trust with an overall 'good' rating: an improvement from the previous rating of 'requires improvement';
- The work undertaken to support and involve carers this year is highly commendable, with the Triangle of Care scheme and John's Campaign being of particular interest and note;
- The work relating to the achievement of the Quality Mark for Elder-Friendly Wards is also commendable and Members hope that this can be continued in the coming year;
- Members were pleased to see a focus on suicide prevention going forwards, but questioned whether a target of a 10% reduction (by the end of 2020) was sufficiently challenging. The rationale behind the setting of this target would provide useful context;
- With regard to probable or possible avoidable deaths of patients under the Trust's care, Members noted the learning from case reviews and investigations and in particular supported the need to ensure that full records are obtained wherever possible when patients are admitted to hospitals, from within or outside Dorset;
- The outcome of the annual national staff survey shows continued improvement and demonstrates a commitment to supporting the workforce;
- Overall Members found it difficult to judge the Trust's performance against some key national indicators due to a lack of current local data or national comparison data. However, the apparent drop in performance with regard to people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral, was a cause for concern. More detailed explanation as to anomalies such as this would be helpful;

Briefings for information

- Members were pleased to note that performance against national and locally agreed quality indicators is good, with targets achieved and/or work to embed practice on-going.

In summary, the Dorset Health Scrutiny Committee has found that Dorset HealthCare University NHS Foundation Trust continues to be open and cooperative in its meetings and communications with the Committee, and Members congratulate the Trust on its work and progress over the last year.

Yours sincerely

A handwritten signature in black ink that reads "Ann Harris". The signature is written in a cursive style with a large initial 'A'.

**Ann Harris**

Health Partnerships Officer

**On behalf of Dorset Health Scrutiny Committee**

CC:

Ron Shields, Chief Executive, Dorset HealthCare University NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme

Cara Southgate, Associate Director of Nursing and Quality, Dorset HealthCare

**Letter to Sharifa Hashem, Patient Engagement Manager, South Western Ambulance Service NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2018**

Dear Sharifa

**Quality Account 2017/18**

Many thanks for taking the trouble to meet with myself and Councillor Ezzard recently, along with Mick Barnes, to provide us with the opportunity to review the progress of SWAST's Quality Review and Account for 2017/18. On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit for the Account.

**Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2018:**

Dorset Health Scrutiny Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2017/18 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note the progress against the three key priorities for 2017/18, particularly with regard to improving the management of older patients and understanding the impact of delays on patients. The on-going actions to review delays and the revisions to the welfare call process are welcomed. With regard to the priority to improve the quality and timeliness of responses to complaints, it was helpful to hear more about the rigour and complexity of the process from the Patient Engagement Manager, and the Committee has requested to receive some comparative data on the performance of other Ambulance Trusts in due course.

The Committee notes the priorities identified for 2018/19 and supports those proposed (clinical effectiveness of triage within the clinical hubs, experiences of mental health patients using the 999 service and the development and implementation of 'always' events). It was reassuring to hear that resources can now be more easily re-deployed to areas of high demand and to hear that good practice is being proactively encouraged and recognised.

With regard to the reporting of key performance indicators for 2017/18, the Committee is disappointed and concerned that the current performance within the Ambulance Response Programme is not meeting targets, particularly for Category 2, 3 and 4 calls. The fact that the standards make no allowance for rurality is recognised as a problem for the Trust; the Committee welcomes the use of resources such as community responders and the Fire and Rescue Service as an alternative where appropriate.

The results of the NHS staff survey for the Trust were recognised as being generally in line with or better than comparable Trusts. It was encouraging to hear of the measures being put in place to investigate bullying issues and the recruitment efforts with individuals from the BME community.


With regard to the quality indicators, again the problem of rurality was noted in respect of the poor performance for the Trust in transporting patients potentially eligible for thrombolysis to hyperacute stroke centres within 60 minutes. The Committee would support the need for more investment nationally and locally to compensate for the increased journey times across areas such as those covered by SWAST. New initiatives such as the Mobile Urgent Treatment

Briefings for information

Centres which will provide early assistance and intervention in Dorset, alongside funding for additional vehicles, were welcomed.

Over the past year, the willingness of the South Western Ambulance Service NHS Foundation Trust to engage with members of the Dorset Health Scrutiny Committee has been helpful, and we would like to express our thanks to the Trust for this and look forward to a continuation of this engagement in the future.

Yours sincerely

A handwritten signature in black ink that reads "Ann Harris". The signature is written in a cursive, slightly slanted style.

**Ann Harris (on behalf of Dorset Health Scrutiny Committee)**

Health Partnerships Officer

CC:

Ken Wenman, Chief Executive, South Western Ambulance Service NHS Foundation Trust

Mick Barnes, South Western Ambulance Service NHS Foundation Trust

Beryl Ezzard, Dorset Health Scrutiny Committee

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Helen Coombes, Transformation Programme Lead for the Adult and Community Forward

Together Programme



**Visit to Melstock and Waterston in-patient wards, Forston Clinic,****by Cllrs Pipe and Ireland and Ann Harris, 18 May 2018**

Following a meeting of the Quality Account panel which scrutinises performance against key priorities for Dorset HealthCare University NHS Foundation Trust, the Members were invited to visit the two in-patient psychiatric wards based at Forston Clinic, on the outskirts of Dorchester. The Members, plus the Health Partnerships Officer, spent time viewing the facilities and talking to staff and a patient, and gained a valuable insight into the support provided and some of the challenges.

**Melstock House:**

- An assessment and treatment unit for people aged 65 years and over with severe mental illness, such as schizophrenia or severe depression;
- Patients with a primary diagnosis of dementia are not normally admitted (these patients go to Alderney Hospital in east Dorset), however the unit does admit patients that have mild cognitive impairment or patients that have not been diagnosed as having dementia yet. Occasionally patients with mild dementia are admitted when they require treatment for a different mental illness (i.e. depression);
- Currently there are 12 bedrooms with en-suite facilities. The unit is mixed sex;
- It's an open unit: doors are not generally locked and patients can move around freely, under supervision;
- The staff provide a range of activities, including trips out and including weekend activities;
- Recently funding has been secured for gardening projects, which are proving popular;
- Patients stay for relatively short periods, usually just a few weeks, until they can be stabilised and hopefully supported to return home or transferred to longer term support;
- Delayed discharges are often caused by difficulty in sourcing domiciliary care;
- A number of patients are residents from the east of Dorset;
- There can be difficulties when patients from outside the west Dorset area need to be referred to Dorset County Hospital for appointments, as the Hospital cannot/will not accept a referral from the medical staff at Melstock because this needs to come from the patient's GP. The GPs may then be reluctant to make a referral without being able to see the patient in person. It is not clear whether this is a local or national problem;
- The unit is fully occupied most of the time but does not operate a waiting list: if a patient needs a bed then one has to be found somewhere (i.e. elsewhere, if Melstock is full).

**Waterston Acute Assessment Unit:**

- An assessment and treatment unit for people of working age (18 to 65 years) with severe mental illness. Most patients are admitted under Sections of the Mental Health Act;
- The number of beds/rooms was recently been increased from 14 to 18, which involved the reconfiguration of existing rooms to convert office space;
- None of the rooms are en-suite (although they do have sinks);

## Briefings for information

- Currently 13 men and 5 women are being supported at the unit;
- Facilities are not designed to be flexible in terms of male and female split, but the women are able to access a secure area away from the men;
- The unit as a whole is secure, with doors to certain rooms locked at all times for safety reasons. There are two outside areas, both of which are fully enclosed;
- A range of activities are available such as: gym, games room, computer room, cooking tuition, advice from CAB, secure garden areas;
- The unit is fully occupied, including a number of residents from east Dorset;
- Transport can be an issue, as there is only one pool car across the two sites: taxis sometimes have to be funded at considerable cost;
- One patient has been at the unit for over 2 years, due to a lack of suitable accommodation to move on to. The Team have been working hard with the Local Authority to try to overcome this issue;
- The staffing group is stable and includes OTs and a fitness coach (who also work with Melstock patients);
- Developments to services associated with the Acute Care Pathway Review are welcomed and should bring improvements for Dorset patients.