



Date of Meeting: 26 June 2019

Lead Member: Cllr Jill Haynes – Chair, Dorset Health Scrutiny Committee

Lead Officer: Mathew Kendall, Executive Director of People – Adults

Executive Summary:

The briefings provided here are primarily for information or note, but should members have questions about the content a contact point for the originator will be available, or questions can be raised with Ann Harris (ann.harris@dorsetcouncil.gov.uk) or Denise Hunt (denise.hunt@dorsetcouncil.gov.uk) prior to the meeting on 26 June.

The following information briefings have been prepared:

1. Freestyle Libre device commissioning arrangements

On 7 March 2019 NHS Dorset CCG provided a report to Dorset Health Scrutiny Committee in response to concerns that had been raised regarding the availability of Freestyle Libre blood glucose monitoring devices for individuals with diabetes living in Dorset.

This briefing provides an update on the current level of availability of the monitoring device, following guidance issued by NHS England.

2. Dorset Suicide Prevention Strategy

A letter was sent to Chairs of Health Scrutiny Committees by Dr Sarah Wollaston, MP, following the conclusion of the House of Commons Health Committee inquiry into suicide prevention and the publication of a final report on 16 March 2017. The letter urged Health Scrutiny Committees to have a role in scrutinising the implementation of local suicide prevention plans.

On 29 November 2018 Dorset Health Scrutiny Committee received a presentation and report regarding Dorset's Suicide Prevention Strategy. This briefing provides an update regarding the progress in implementing the local Strategy.

3. Planned changes to the Dorset Diabetic Eye Screening Programme (Dorset DESP)

The purpose of this briefing report is to inform members of the Dorset Health Scrutiny Committee of the future plans of the Dorset Diabetic Eye Screening Programme (DESP).

The aim of the diabetic eye screening is early detection and treatment of diabetic retinopathy. All people with diabetes (types 1 or 2) are at risk of developing sight-threatening retinopathy and annual screening is a key component of effective healthcare for people with diabetes aged 12 and over.

In April 2017, Health Intelligence (HI) became the new provider for the Dorset DESP. This briefing outlines the current service and sets out plans to provide alternative screening venues in Wimborne and Weymouth.

4. Planned relocation of Moorfields Eye Hospital

NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital in London. This briefing paper provides details of the proposals and invites the Dorset Health Scrutiny Committee to respond to the consultation.

5. Quality Accounts

This briefing provides a copy of the commentary for annual Quality Accounts which has been provided to the three NHS Trusts with which Dorset Health Scrutiny Committee has the most contact: Dorset County Hospital NHS Foundation Trust; Dorset HealthCare University NHS Foundation Trust; and South Western Ambulance Service NHS Foundation Trust.

NHS Provider Trusts have a statutory duty to provide an annual Quality Account to the Secretary of State for Health and Social Care every year by the end of June. It is a requirement that the Account must be shared with local Health Overview and Scrutiny Committees and they must be given the opportunity to comment.

Equalities Impact Assessment:

N/A

Budget:

N/A

Risk Assessment:

Having considered the risks associated with this decision, 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 reports and consider whether they wish to scrutinise the matters reported on in more detail at a future meeting.

Reason for Recommendation:

The matters reported on here are of sufficient importance that Members of the Health Scrutiny Committee should be aware of them.

In addition, in the case of the reports regarding the Dorset Diabetic Eye Screening Programme and the relocation of Moorfields Eye Hospital, the providers are legally required to ensure that their proposals have been shared with all stakeholders who may be affected.

Appendices:

- 1 Freestyle Libre device commissioning arrangements – Update briefing on behalf of NHS Dorset Clinical Commissioning Group
- 2 Dorset Suicide Prevention Strategy – Update briefing on progress by NHS Dorset Clinical Commissioning Group
- 3 Report from Dorset Diabetic Eye Screening Programme (Dorset DESP)
- 4 Report from Camden CCG re Planned relocation of Moorfields Eye Hospital, London
- 5 Quality Accounts – Letters on behalf of Dorset Health Scrutiny Committee to local NHS Trusts

Background Papers:

[Report to Dorset Health Scrutiny Committee](#), 7 March 2019 re Freestyle Libre blood glucose monitoring device for Diabetes (see Item 7)

[Report to Dorset Health Scrutiny Committee](#), 29 November 2018 re Dorset Suicide Prevention Strategy (see Item 53)

Officer Contact

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Freestyle Libre device commissioning arrangements – Update briefing on behalf of NHS Dorset Clinical Commissioning Group

1. BACKGROUND

NHS Dorset CCG has previously reported to the Dorset HOSC on the availability of the freestyle Libre monitoring device in Dorset. The purpose of this paper is to provide an update on that position.

2. OVERVIEW

In April 2019 the CCG issued an updated commissioning statement and formulary position for the Freestyle Libre diabetes testing device. This states that it will be made available to type one diabetes patients as set out in NHS England guidance. The full statement can be found here: <https://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Other%20Guidelines/Freestyle%20Libre%20commissioning%20statement%20419%20March%202019.pdf?UNLID=595029511201952295739>

3. CURRENT POSITION

At a recent meeting of the Diabetes Working Group, a sub-group of the Dorset Medicines Advisory Group, representatives of the specialists for Diabetes in the three acute trusts in Dorset confirmed the following:

- They are supplying the initiation FreeStyle Libre pack to patients with Type 1 diabetes who meet the NHS England criteria.
- All patients are offered and signposted to education before starting the device to maximise the chance that it will be effective in meeting their aims.
- In order to align with the NHS England funding mechanism for this year, GPs are then asked to prescribe the sensors for 6 months until the patient's progress is reviewed by the diabetes specialist team.
- At this review the specialists will assess use of the technology and the added benefit that it has had before making a long term decision on the provision of the technology.

This position is expected to be reviewed in April 2020.

4. CONCLUSION AND RECOMMENDATION

Dorset CCG position on the use of this product is in line with national guidance.

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Dorset Suicide Prevention Plan – Update briefing on behalf of NHS Dorset Clinical Commissioning Group

1 Introduction

- 1.1 The Cross-Government national suicide prevention strategy for England was first published in 2012 which incorporated five key recommendations from the Health Select's Committee's (HSC) inquiry into suicide prevention. Since then, the strategy has been refreshed which includes the January 2017 update where an achievement target of a 10% reduction in suicides by 2020/21 was recommended.
- 1.2 In 2015 the Mental Health Crisis Care Concordat (CCC) was established and in Dorset a number of statutory organisations signed up to the CCC. The CCC had two work streams one was to implement the Mental Health (MH) Acute Care Pathway (ACP) and the other to develop and implement the Suicide Prevention Plan (SPP) for Dorset.
- 1.3 Dorset launched the SPP work in March 2018 and each organisation had to develop their own plans. In November 2018 the signed up organisations and other partners and stakeholders met to sense check the progress and agree the way forward for the Dorset wide SPP work for the next year, until December 2019.

2 National Strategy, Target and NHS Long Term Plan

- 2.1 The latest national suicide prevention strategy (2017) outlines two principle objectives; to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This is to be achieved by addressing six key areas plus two further areas added more recently:
- To reduce the risk of suicide in key high-risk groups
 - To tailor approaches to improve mental health in specific groups
 - To reduce access to the means of suicide
 - To provide better information and support to those bereaved or affected by suicide (postvention support)
 - To support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - To support research, data collection and monitoring
 - To reduce rates of self-harm as a key indicator of suicide risk
 - To ensure a zero suicide ambition for mental health inpatients
- 2.2 In addition locally it has been agreed that two further areas will be added:
- To explore digital and innovative opportunities to support reducing suicides
 - Ensuring a Dorset wide leadership approach (leadership, partnership, alliance and co-production) to suicide reduction programme

- 2.4 For noting at this point, nationally the number of suicides has reduced, however there has been a recent increase in the numbers which are thought to be related to changes in criteria for the way Coroners report.
- 2.5 The NHS long term plan has included the following particular areas under the SPP work and these are described below:
- Expanding children’s mental health for 0-25 year olds
 - Improving mental health crisis with a 24/7 new model of care
 - Specialist perinatal services to women who are in need post the birth of their baby
 - Specialist community teams to help support children and young people with autism and their families
 - Integrated models of primary and community mental health care for adults with severe mental illnesses and support individuals who self-harm
 - Post-crisis and bereavement support
 - Quality improvement programme for inpatient zero suicide ambition
- 2.6 The above are to be included in the SPP plan but will be monitored elsewhere in terms of how they are being delivered, for example the 0-25 work will come under CAMHS transformation, the inpatient zero suicided ambition will be monitored through the contract. The updates will come to the SPP Business Meetings so that the group is updated on progress.

3 Progress to date

| | Key Area Aim | Actions Completed |
|----|--|--|
| 1. | Reduce suicide in high risk groups | <p>Children and young people Schools have been awarded funding to support a health and wellbeing programme. Promotion to families and children around use of green spaces has been ongoing. Dorset Council introduced a new education psychology service, set up as part of crisis response unit to schools.</p> <p>Substance Misuse Public Health completed a review of substance misuse; actions now being developed to improve the pathway and support for service users.</p> |
| 2. | Tailor approaches to improve MH in specific groups | <p>Staff MH First Aid Train the Trainer programme rolled out across Dorset, mainly aimed at frontline staff but training now being rolled out to wider system. Wellbeing Groups set up for staff covering mental health support. BCP, training on going for managers in mental health. The Fire Service has implemented TRIM – Trauma Risk Management, a support service for staff who are exposed to traumatic events as part of their role.</p> |

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| | | <p>Adults with LTC/mental health problems Dorset Council developing more appropriate accommodation as part of building better lives for those in need.</p> <p>Retreat was opened in Bournemouth as part of mental health acute care pathway; all staff in receipt of assist training which focusses on how to discuss suicide with people.</p> <p>Steps to well-being have been running and expanding the long term conditions pathway, specifically supporting people with chronic pain and fibromyalgia.</p> <p>Police have just gone through process of looking at personal factors, what makes people more vulnerable to crime, unsocial behaviour, looking at threat of harm to individuals and looking at resources. Mental health runs through vulnerable people. September to January talking about mental health. Incorporated into mental health first aid training. Strategy in draft format and delivery plans in draft waiting to be signed off.</p> |
| | | <p>Contracts Public Health National contracts – inclusion of suicide prevention as a responsibility of providers.</p> <p>Dorset Council social care looking at service specifications and quality standards; self-evaluation looking at risks associated with services as part of contracts.</p> |
| 3. | Reduce access to means | Door sensors now in Dorset HealthCare children’s unit, with plan to extend wider to adults. |
| 4. | Postvention support | Poole Hospital Mental Health Group set up specifically for survivors of suicide to support and signpost. |
| 8. | Zero suicide ambition for MH inpatients, which is linked to the national strategy | <p>Dual diagnosis training has been rolled out across the CMHTs and agreed further roll out shortly to inpatient staff.</p> <p>Hosting My Wellbeing Plan launch, which is new care plan in place looking at a crisis and a personal health plan. Looking at the RIO risk proforma along with this as a prediction tool to ensure staff spend less time filling in tick boxes and spending more time with person.</p> <p>Training 45 people looking at early warning signs, specifically car parks in Poole having a big impact on people.</p> <p>Working with families linking with local authorities having a more formalised plan between families and CMHT to</p> |

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| | | <p>have a link worker for every CMHT, cross working and joining up the child aspect.</p> <p>Review of our clinical environments for ligature risk and have issued ligature release equipment to our high risk wards.</p> |
| 10. | Leadership | <p>Poole hospital set up a mental health steering group with suicide prevention as a standing item and work programme.</p> <p>Public Health Leadership – Caoimhe O’Sullivan, Public Health Consultant, identified and now chairing steering group meetings.</p> |

4 Forward Planning

- 4.1 The SPP meetings will be held every 3-4 months over the year. The meetings will be split into part 1 business and part 2 partnership meetings. The business meetings will take forward the statutory organisation requirements linked to the crisis concordat, the SPP national strategy and NHS long term plan.
- 4.2 The partnership group is a wider network of partners and stakeholders that support the development and delivery of the Dorset plan whilst sharing knowledge and expertise across Dorset. Each partnership event will be themed and the themes identified by the partnership group, and by the end of the year most of the strategy areas will be covered.
- 4.3 The most recent suicide prevention event was in April 2019. The business meeting covered prevention plan updates and then addressed three key themes of the strategy; communications and media, data and hot spots. The partnership meeting focussed on people and their personal experiences with four speakers sharing their stories. This was followed by group discussions.
- 4.4 The next business meeting will focus on high risk groups, e.g. agriculture workers, and focus specifically on post suicide bereavement support. The next partnership meeting will focus on children and young people. The aim of the approach as said, is to ensure that all the agreed areas in the SPP are covered during the course of the year.
- 4.5 At the end of each year a review session will be held to confirm what has been delivered against the plan and what is to be delivered over the following year.
- 4.6 At the last meeting it was agreed that a detailed analysis of suicide activity in Dorset would be developed and this work will enable prevention work to be targeted in the right places to make a tangible difference. This will be a turning point in the progress of the SPP because there will be understanding about people who have ended their own lives including how, where and when and this will enable targeted work pan-Dorset.
- 4.7 Currently each organisation signed up to the CCC and SPP has their own plan. Over the year the intention is to bring all the individual plans into one Pan Dorset Suicide Prevention Plan. This will highlight all the progress and put the spotlight on future work that will be developed and delivered.

5. Conclusion and recommendation

- 5.1 The SPP is gradually taking shape and all involved in the work are committed to ensuring that there will be a reduction in the number of deaths by suicide across Dorset.
- 5.2 The detailed analysis of suicide activity will be completed by September 2019 and this will give focus and drive on specific locality areas. The understanding about how, where and when will give the business and partnership groups a real opportunity to target resources and focus attention based on fact rather than prediction.
- 5.3 Dorset Health Scrutiny Committee is asked to note the paper and approach to the Suicide prevention work.

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Report to be considered by the Dorset Health Scrutiny Committee: planned changes to the Dorset Diabetic Eye Screening Programme

1 Purpose

- 1.1 To advise of planned changes to the Dorset Diabetic Eye Screening Programme (Dorset DESP).

2 Summary

- 2.1 This report is to inform members of the Dorset Health Scrutiny Committee on the future plans of the Dorset DESP.

3 Classification

- 3.1 For information.

4 Background

- 4.1 The aim of the diabetic eye screening is early detection and treatment of diabetic retinopathy. All people with diabetes (types 1 or 2) are at risk of developing sight-threatening retinopathy. Annual screening for diabetic retinopathy is a key component of effective healthcare for people with diabetes aged 12 and over. Diabetic eye screening involves examining the back of the eyes and taking photographs of the retina by a specially trained screener. The photographs are then examined and graded to identify any damage to the retina. Depending on outcome people will be placed back on annual recall or referred for more specialist treatment.
- 4.2 In April 2017, Health Intelligence (HI) became the new provider for the Dorset DESP. The previous provider ran an optometrist model with limited screener/grader venues. At tender stage it was clearly communicated that Health Intelligence would continue with the sub-contracted Optometrist model in some areas, with a strategy to move to the preferred employed screener/grader model, once this model was properly established with sufficient venues in place to improve access with staff recruited and trained. The Public Health service specification (Appendix) is that diabetic eye screening can be delivered by different models and it is expected that the provider will operate a model that will maximise the informed uptake of the screening offer in a safe and cost-effective manner, and this is the benefit of the proposed screener/grader model in this report.
- 4.3 The Programme has become well established in the last 2 years and is performing well against Key Performance Indicators, with patient uptake having increased from 79.6% (Quarter 1 2017/18) to 92.8% (Quarters 1 and 2 2018/19) and a recent successful national screening quality assurance service review. Patient feedback is collated monthly using Friends and Family cards and obtains consistently good results with over 94% of patients extremely likely or likely to recommend the service during Quarters 1 and 2 2018/19. Patient comments and forums help to shape the service provision. The Programme is now ready to proceed to the preferred

employed screener/grader model, reducing some of the sub-contracted optometrist practices and extending HI's direct provision via community venues.

- 4.4 Experience over the last 18 months has shown that, in general (with some exceptions), Optometrist practices do not perform as highly for overall patient satisfaction, attendance or quality of digital photography. Optometrist practice based clinic cancellations, at short notice, are more regular than for Dorset DESPs direct community clinic provision, resulting in inconvenience to patients, the reputation of Dorset DESP which may mean patients losing confidence in the Programme and not attending, and could result in delayed screening without the close management of the patient pathway by the Programme.
- 4.5 There are currently 17 Dorset DESP community clinics and 16 optometry practices providing digital photography. This proposal will increase the Dorset DESP clinics to 18 and reduce the optometry practices to 11. However, with the increase in the Dorset DESP clinics there will also be an increase in appointment availability at these dedicated clinics.
- 4.6 There are two areas in which Dorset DESP are now looking to provide or increase community clinics: Weymouth and Wimborne, and several optometrist practices where Dorset DESP are looking to phase out use, as there is sufficient capacity at our own venues in these areas.
- 4.7 A Health Equity Audit of the service has highlighted the areas where venues need to be located to ensure an accessible service for all. The overall aim of the Health Equity Audit was to assess whether there are groups of patients within the Dorset DESP that are being treated less favourably than others through analysis of qualitative and quantitative evidence and data held by the Programme. As a result of this analysis and the inequities identified through the evidence provided, an improvement action plan was devised ensuring resources are effectively targeted towards the areas of need currently underserved.
- 4.8 Analysis of the patient data, highlighted some actual and potential inequities in uptake and exclusions, depending on where a patient lives and to which GP Practice they are registered with. This included patients in the 20 -59 age groups; those who are female and those in some ethnic groups. Inequity is particularly marked in patients with Learning Disabilities and those who live in areas within the bottom three Index of Multiple Deprivation deciles.

5 Plan

- 5.1 The plan is to provide alternative community screening venues in both the Wimborne and Weymouth areas by phasing out both of the current sub-contracted optometry practices in Wimborne, and 3 out of 4 of the Weymouth sub-contracted optometry practices. All of the new and existing community venues will be located close to where the existing sub-contracted provision is and will consider patient travelling and transport options. These will be dedicated screening clinics and there will be an increase in appointment capacity, not only giving patients more choice but also aids planning for future service provision, as the diabetic population increases by approximately 5% per year.

Wimborne

- 5.2 There are currently two Optometrist practices in Wimborne that the programme is looking to phase out. The Allendale Community Centre has been sourced as a new venue and is within the vicinity of the two practices, is 0.1 miles away and less than a five minute walk. There is capacity for evening bookings at this venue if further analysis shows this is required. The centre has been assessed and provides

excellent parking facilities, is on a public transport route and accessibility is good throughout the building. The Dorset DESP has recently spent time gathering patient feedback from those attending screening in the Wimborne area and 92% were receptive to the new venue proposal and clinics have commenced at this venue in addition to the current optometry practices.

Weymouth

- 5.3 The plan is to increase the number of clinics at the Programme's existing Weymouth venue and therefore the Programme would not require screening at all 4 Optometrist practices which are in close proximity to each other in Weymouth town centre. The programme is looking to phase out three practices, one of which has not provided any screening clinics during 2018 / 19.
- 5.4 Dorset DESP's health equity audit highlighted Dorset as a prosperous area, ranked one of the 20% least deprived counties in England. However, this masks inequalities and twelve areas are within the top 20% most deprived nationally for multiple deprivation. Nine of these are within Weymouth and Portland. The Melcombe Regis and Weymouth areas have also been described as being areas with greater deprivation and poorer health outcomes.
- 5.5 The Programme has an established venue, currently open 2 days a week but with flexibility (and agreement in place) to increase this, plus an availability to accommodate evenings and Saturday appointments if required. This venue is ideally placed between Melcombe Regis, Weymouth East and Littlemoor areas. Considering there are other areas in Weymouth highlighted in the Health Equity audit, one optometry practice in Weymouth town centre will be retained. The Programme's venue is 1.6 miles from the town centre, has parking including disabled spaces and on a public transport route.
- 5.6 The Programme would opt to keep one of sub-contracted Optometrist practices in the town centre, who provide evening and weekend screening, this practice has 3 staff members with a recognised screening qualification to ensure business continuity with cover for sickness and holiday.
- 5.7 The benefits for the patients on moving to this model will be:
- Reduction in clinic cancellations and rearranging appointments for patients
 - New venues have been assessed in conjunction with the Health Equity Audit to ensure venues are in the right area and have good accessibility for patients reducing inequalities and inequities
 - Greater numbers of patients will attend and be screened resulting in preventing of sight loss through Diabetic Retinopathy
- 5.8 The benefits for the Programme on moving to this model will be:
- Improved patient satisfaction and less complaints
 - Improved direct management and greater oversight of the quality of service delivery through direct management of the service
 - Greater resilience with an inhouse developed team of screener graders and flexibility to manage screening demands working with our own Bookings teams and venues.

6 Conclusion

6.1 The Dorset Health Scrutiny Committee is asked to note the content of this report and support the proposal which will improve and continue to deliver eye screening to the diabetic population of Dorset. There will be no impact on patient access to the service as:

1. The new venues are very close the existing venues.
2. There will be more appointments available overall in the area and greater choice. Whilst the actual location of the screening venue will change patients will still receive the same level of screening service and will not be inconvenienced through having to travel much greater distances for their screening appointment.

7 Recommendation (from DESP)

7.1 This paper is presented for information purposes. The Panel Chair is asked to support these proposals as they do not represent a material change in provision, this was covered by the tender patient consultation arrangements and the decisions surrounding that and therefore no further patient consultations are required at this time, although the Dorset DESP has actively sought patient feedback.

Author

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18 April 2019

Appendix: Public Health functions to be exercised by NHS England

Service Specification No.22 – NHS Diabetic Eye Screening Programme



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REPORT FOR DORSET HEALTH SCRUTINY COMMITTEE – Proposed move of Moorfields Eye Hospital’s City Road services

A report from NHS England Specialised Commissioning and NHS Camden Clinical Commissioning Group (CCG) on behalf of all commissioners of Moorfields’ services.

Purpose

NHS Camden CCG and NHS England Specialised Commissioning are leading a public consultation on a proposed new centre for Moorfields Eye Hospital.

This paper invites the Dorset Health Scrutiny Committee to respond to the consultation.

It provides:

- A summary of the proposal
- An update on discussions so far, and
- An outline of the consultation plan for the period 24 May to 16 September 2019.

The Health Scrutiny Committee is asked to:

- **Note this update**
- **Advise and make suggestions for further action to ensure a meaningful consultation process**
- **Provide an indication of the committee’s views on the proposal.**

For further information and consultation documentation, please refer to the consultation website www.oriel-london.org.uk where you can read or download the consultation document and other background information.

Summary of the proposal

Moorfields Eye Hospital NHS Foundation Trust and its partners, UCL Institute of Ophthalmology and Moorfields Eye Charity, are proposing to build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King’s Cross and St Pancras stations in central London.

Services would move to the new centre from the current hospital facilities at City Road in Islington, along with Moorfields’ partner in research and education, the UCL Institute of Ophthalmology. Subject to consultation and planning approvals, it is envisaged that the proposed new centre could be constructed and operational by 2026.

If the move were to go ahead, Moorfields and UCL would sell their current land on City Road and all proceeds of the sale would be reinvested in the new centre.

The proposed move from City Road to St Pancras does not include changes to Moorfields' services at its 30 other sites, although over time these will be considered as part of a wider review of the ophthalmology model of care across London.

NHS Camden CCG, on behalf of all Clinical Commissioning Groups, and NHS Specialised Commissioning, in partnership with Moorfields Eye Hospital, are consulting people between 24 May and 16 September 2019 to inform a decision that will consider whether the proposed move is:

- In the interests of the health of local and national populations
- In line with long-term plans to improve health and care
- An effective use of public money.

The outcome of this will influence a decision-making business case, which will be presented to NHS England and Improvement for assurance and, for decision-making, to the CCGs and NHS England Specialised Commissioning.

In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

Background to the proposal

Moorfields is the leading UK provider of eye health services to more than 750,000 people each year attending a network of around 30 sites across London and the south east. Moorfields' main site is located at City Road in Islington, and has a 24-hour A&E, and provides a range of routine elective care for London residents and specialised services for patients from all over the UK.

The hospital's partnership with UCL provides a world-class centre of excellence for ophthalmic research, education and training. Examples of research include gene therapies for inherited eye conditions and stem cell treatments for age-related macular degeneration, which is part of the London Project to Cure Blindness.

The case for change

A detailed pre-consultation business case (PCBC) was approved by NHS England Specialised Commissioning and the CCGs' committees in common in April 2019. The PCBC is available from the consultation website at <http://oriel-london.org.uk/pre-consultation-business-casedocuments/>.

The current facilities at Moorfields Eye Hospital on City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies. Similarly, UCL's education facilities adjacent to the hospital are outdated and unsuited to modern methods of hands-on training

This ageing estate creates impractical and uncomfortable conditions for patients, staff and trainees. There is poor climate control, a lack of privacy in some areas, and challenges in terms of meeting modern standards of disability access and health and safety.

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years.

Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss.

The proposed new centre not only offers better care for future patients but would significantly improve our ability to prevent eye disease, make early diagnoses, and deliver effective new treatments for more people at home or locally in primary care, as well as in specialist hospital clinics.

It would bring together excellent eye care with world-leading research, education and training with the following benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care.
- More space to expand and develop new services and technology to improve care, including care that could be available at home or locally, without the need for a hospital visit.
- A smoother hospital appointment process, particularly where there are several different tests involved.
- Shorter journeys between test areas and instantly shared results between departments, which would reduce waiting times and improve communications between patients and staff.
- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.
- The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

The preferred way forward

The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.

A brand-new building is preferable as this would offer:

- The optimum size for an integrated centre.
- The potential to build with minimal disruption to current services, which would continue until the new centre was open.
- The creation of funds to invest in the proposed new centre from the eventual sale of the city road site.
- Estimated costs over the next 50 years that are lower than the costs of maintaining the current site.

The main advantage of staying at the City Road site is that people are familiar with the route to the hospital, which has relatively easy access by bus and underground, with a short walk to the hospital.

The main disadvantages of staying at the City Road site are:

- Limited space and scope for development, even with the possibility of demolishing some of the current buildings and building new ones.
- Rebuilding and even refurbishment would involve major disruption to services requiring some services to move out and then move back in again when the work is completed.

- Staying in the same place means that money would need to be spent on new buildings, but there would be no proceeds from a land sale to pay for the development.
- Our estimate of costs over the next 50 years shows that it would cost more to maintain the existing site than to build a new centre.

Options for the proposed new site

For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.

Of eight potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:

- Enough space for the size required and potential for future flexibility.
- Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area.
- Proximity to other major health and research centres, such as the Francis Crick Institute, the main campus of UCL, and leading eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

Insights from patients and public so far have highlighted potential challenges in terms of the change of journey to the proposed new centre for people who have used Moorfields services for many years.

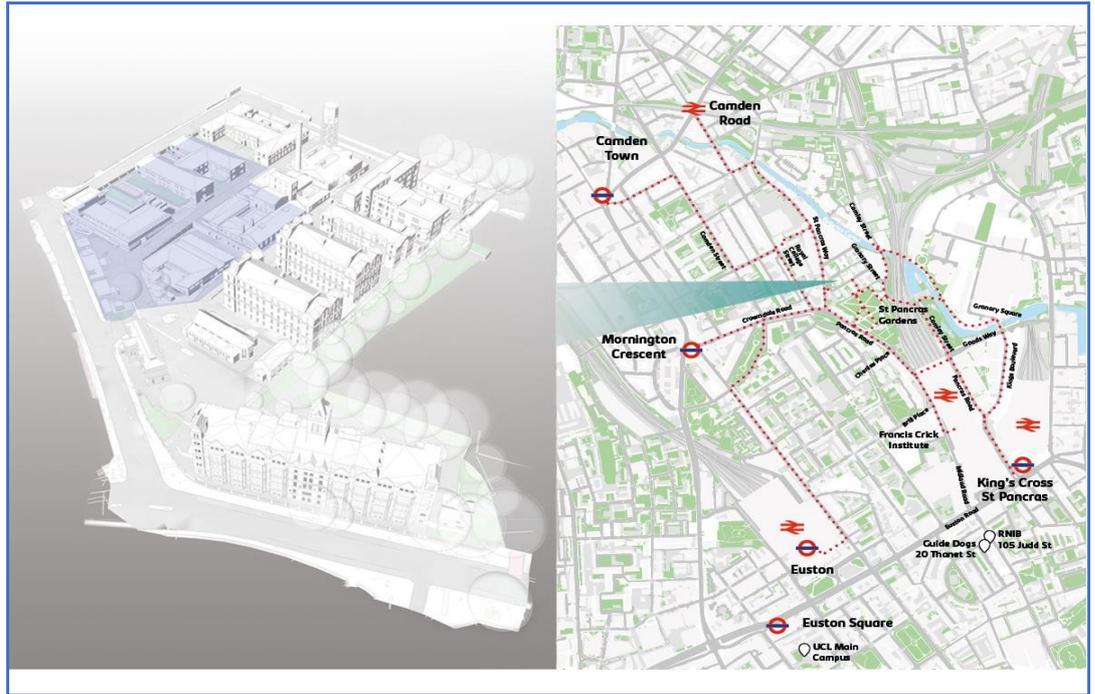
Access to the proposed new site would involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street, which is the nearest underground station to Moorfields at City Road.

We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras. Moorfields will engage with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as it progresses designs for the new site.

There are a number of principal routes to and from the site, each of which will need to be explored further as part of an integrated design access statement, to form a key component of future planning proposals.

For more information on access and travel times to the proposed location at St Pancras, please visit <http://oriel-london.org.uk/public-consultation/travel-and-access/>.

The following illustration shows the current St Pancras Hospital site. The blue shading indicates the proposed land purchase for Moorfields. The map shows the local area with mainline rail stations, underground stations and other key establishments, such as RNIB, Guide Dogs and the Francis Crick Institute.



Alternative options.

While the current preferred option is to build a new centre at the St Pancras Hospital site, we remain open to other potential locations and are seeking suggestions as part of the consultation process.

Any new locations would be subject to the same appraisal process and all options (including any new ones) would be re-appraised after the consultation as part of the decision-making business case.

Estimated cost to the NHS

The pre-consultation business case shows that there is an affordable and robust financial plan to support the development of the proposed new centre, which would support the long-term financial position of Moorfields Eye Hospital.

The estimated capital cost for the NHS is £344 million. Funding sources include:

- The sale of the City Road site
- Funds from Moorfields Eye Hospital NHS Foundation Trust
- Moorfields Eye Charity's support for research
- Central government funding for transformation.

Public and patient involvement so far

Four phases of engagement

Public and patients have been involved in four phases of engagement since 2013. The most recent engagement phase, from December 2018 to April 2019, gathered over 1,700 responses from people via the following activities:

- Four surveys covering travel, care, patient priorities and initial views on the proposed move

- 11 drop-in events
- 18 discussion groups
- One themed workshop to inform the options appraisal
- 12 discussions with patient and public representative groups
- Seven discussions with people with protected characteristics (as outlined in the Equality Act 2010).

A comprehensive summary of these activities and feedback is published on the consultation website at <http://oriel-london.org.uk/patient-views-documents/>.

One of the outcomes of engagement was the establishment of an Oriel Advisory Group with public and patient representatives to help steer the consultation process.

The main themes of feedback

Most people who participated in discussions indicated strong support in principle for a new purpose-built centre of excellence for eye care, with the potential benefits of combining research and education with frontline eye care.

Most people in discussions highlighted the following as critical to success:

- The current level of hospital services should continue, with an expectation of improvements in both clinical care and patient experience.
- Any change should be managed with minimal disruption, smooth transition and continuity of service.
- Accessibility is a high priority, both in terms of getting to and getting around the new centre.

The following main themes highlight what matters to patients, carers and their families:

- Clinical expertise above all else, even if this means travelling further to receive the highest quality specialist care.
- A smooth clinical pathway through the whole system from getting the first appointment to follow-up care and support.
- Getting to the hospital, including in an emergency.
- Efficient and caring experience at the hospital.
- Good communications and information.
- Person-to-person support, when needed.
- Proximity to public transport hubs.
- Manageable and obstacle-free journey from transport hub to the hospital.
- Provision for access by ambulance and motor vehicles.
- Interior design to support access and navigation for people with sight loss.

Accessibility

Views varied according to where people live and their service needs. People living in areas to the north and west of London, for example, felt the proposed St Pancras Hospital site location offered better access for them. Some people in east London were concerned about a possible extended journey and costs.

Travel times were frequently considered (by people with sensory impairment and disabilities) less important than the journey from transport hubs and bus stops to the front door of the proposed new centre. Old Street tube station to Moorfields Eye Hospital on City Road is a

relatively short and simple route. For some people, King's Cross/St Pancras or Mornington Crescent to the proposed new site remain a high priority for consideration of the following:

- Large and complex stations with several exits
- Road crossings
- Cycle lanes
- Cluttered or uneven pavements
- Steep hills
- Vulnerability to street crime and harassment.

People were open to ideas to deal with accessibility concerns e.g. shuttle service for those with limited mobility, efficient drop-off and pick-up at hospital, use of navigation technology. We are holding a themed workshop during consultation to explore in more depth these wayfinding issues and potential solutions, with the aim of scoping what would eventually be an accessibility strategy and implementation plan.

Patient experience

People hold strong faith in clinical excellence at Moorfields, but patient experience in the current facilities does not always live up to same high standards.

The expectation is that the proposed move to a new centre could and should improve not just physical aspects, but the whole culture of eye care – a real opportunity to achieve world-class standards in all aspects of care for patients.

Views on improving patient experience were consistent throughout the discussion sessions. We gathered a wide range of details, but the following were common themes:

- Awareness of the needs of people with sight loss: the proposed new centre is an opportunity to design better accessibility into facilities and ensure more staff training – Moorfields should be a national exemplar in accessibility.
- Communications and person-to-person support: People have spoken about the need for flexibility and a range of communications to meet different needs and abilities. Many acknowledge the potential advantages of new technology, which could improve access for some people, but that there is a risk of excluding some minority groups for whom technology could prove a barrier. Even those who are keen supporters of new technology place a high value on personal support being available to meet the diverse needs of patients and carers, particularly children, frail older people, people with multiple disabilities and people who do not have English as their first language.
- Managing stress: A recurring theme in feedback from discussions is stress and anxiety associated with a visit to the hospital and the anticipation of receiving eye treatment. The more that can be achieved to build patient confidence, particularly for people with protected characteristics, the more we can achieve with equal access to care quality, self-care and improved clinical outcomes.

Impact on equalities

We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes. We have undertaken an initial equality impact assessment and will continue to gather views and data during the consultation to inform this assessment.

You can find our initial equality impact assessment on the consultation website at <http://oriellondon.org.uk/equality-impact-documents/>.

The population demographic data suggest that the proposed move has a potential impact on equality for people in areas to the north east of London. We will continue to investigate this and consider the issues as part of the decision-making business case following consultation.

The consultation process

The consultation process runs from 24 May to 16 September 2019, during which we are seeking views on:

- The proposal and how people may be affected.
- What matters to patients, their carers and families, and how this could influence decisions, designs and plans.
- The wider implications of the proposed change, its impact on healthcare, social care and environmental issues.
- Alternative proposals and suggestions.

Our approach has an emphasis on active participation and not just a request for written responses to the proposals. The programme of consultation activities includes open discussion workshops, discussions with key groups and meetings on request. People can give their views through several channels, including an online feedback survey, via social media, email and post and through face-to-face discussions.

A dedicated Oriel website provides access to consultation documents and supporting materials, background information and relevant reports. Information is offered in accessible formats, including large print, audio versions, Easy Read summaries and languages on request.

For further details on how people can participate in the consultation, please visit <http://oriellondon.org.uk/get-involved/how-to-give-your-views/>.

Aims for involvement and consultation

| | Evidence of achievement |
|--|---|
| Overall aim – To implement best practice involvement and consultation to influence plans in 2019, and to embed involvement for future implementation. | <ul style="list-style-type: none"> • Outcome reports • NHS England assurance • JHOSC response • Accreditation by The Consultation Institute |
| Five specific aims | |
| 1. To improve our understanding of the diverse interests and perspectives of people who may be affected by the proposed move – and consider issues in proposals and decisions. | <ul style="list-style-type: none"> • Stakeholder analysis • Engagement log • Consultation documents and accessible versions |
| 2. To expand the range of people and groups involved, including action to reach minority and protected groups. | <ul style="list-style-type: none"> • Outcome reports and influence on plans • Engagement log |

| | Evidence of achievement |
|---|--|
| 3. To ensure sufficient information is made available during consultation for intelligent consideration and response. | <ul style="list-style-type: none"> • Background information available as well as main consultation document –to include outcomes of pre-consultation engagement |
| 4. To improve public awareness and confidence in change. | <ul style="list-style-type: none"> • Survey results and feedback |
| 5. To build a framework for sustainable involvement from early discussions into future planning and implementation. | <ul style="list-style-type: none"> • Established involvement mechanisms and updated strategy and action plan |

Reaching our audiences

The consultation team is working with a detailed list of audiences, groups and organisations to be contacted and consulted. We are also requesting that those we contact share information with their networks and via their websites, newsletters, social media and other channels.

In summary, the main audience groups are as follows:

| Main audience groups | Channels for publication and feedback |
|---|---|
| General public, local residents and all audience groups | <ul style="list-style-type: none"> • Oriel website, social media, news coverage • Cascade distribution and publicity via CCGs, NHSE Specialised Commissioning, local authorities, voluntary sector and other partners |
| Service users, carers and representatives | <ul style="list-style-type: none"> • Collaboration with eye charities and Healthwatch • Involvement of networks and forums e.g. Trust members, CCG patient participation groups, voluntary sector forums and social media |
| Minority interests and protected groups | <ul style="list-style-type: none"> • Direct contact with identified groups and tailored workshops • Information in range of formats and language versions • Collaboration with Healthwatch and voluntary sector partners |
| Voluntary sector and advocates | <ul style="list-style-type: none"> • Collaboration with Healthwatch and councils for voluntary services (CVS) • Direct contact with identified advocacy groups and forums |

| Main audience groups | Channels for publication and feedback |
|---|---|
| Local authorities, wards and neighbourhoods, partner agencies: planning, transport health and wellbeing, scrutiny | <ul style="list-style-type: none"> • Direct contact with relevant bodies e.g. planning partners, scrutiny and other committees • Collaboration with relevant neighbourhood forums and other local representatives |
| CCG, NHSE Specialised Commissioning and Trust staff | <ul style="list-style-type: none"> • Existing channels of internal communications e.g. intranets, briefings, development sessions • Collaboration with Clinical, Workforce and HR functions |
| Primary care contractors | <ul style="list-style-type: none"> • Existing forums and channels via CCGs and NHS England |
| MPs and government ministers | <ul style="list-style-type: none"> • Existing Trust and CCG briefing arrangements • Briefings via NHS England |
| Unions, Royal Colleges and professional representatives | <ul style="list-style-type: none"> • Via Trust and CCG HR forums and local representative committees • Direct contact with Royal Colleges, BMA, RCN, Unison |
| Press and media: local, national, trade | <ul style="list-style-type: none"> • Existing channels via Trust, CCGs, Specialised Commissioning and NHS England communications teams |
| Neighbouring trusts, wider geography of CCGs and other interests | <ul style="list-style-type: none"> • Direct contact using distribution channels of CCGs, NHSE Specialised Commissioning and NHS England |
| Partners in research and education | <ul style="list-style-type: none"> • Direct involvement of the Oriel Management Executive • Cascade to research and education staff and external networks |
| National regulators | <ul style="list-style-type: none"> • Direct contact and assurance process |

Open workshops for deliberative discussion and feedback

Dates of discussion sessions open to all audiences are published on the Oriel website at <http://oriel-london.org.uk/get-involved/events/>

Building on what we have learned during previous engagement, the most effective discussions come from smaller groups of up to a maximum of 20 people (although we would not limit attendance at an open discussion, except for health and safety reasons). We have found the best approach is to offer sessions in association with community and representative groups and eye care charities, using venues where these groups already meet.

Deeper-dive discussions on key themes identified in engagement

In addition to general discussions, we are inviting people to participate in five themed workshops with subject matter experts. These will cover the following key themes:

- Options review and refresh
- Accessibility and wayfinding
- Patient experience
- Innovation
- Design.

Proactively arranged discussions with key groups

As part of our direct contact with representative groups of both professionals and public, we will be requesting discussion and feedback via items on the agenda of meetings. We are also offering meetings on request.

Consulting people with protected characteristics

We are writing directly to national, regional and local advocates for people with protected characteristics as identified in the Equalities Act 2010 to consult their views on issues of equality in relation to the proposed move.

We are also proactively seeking person-to-person discussions with a range of community groups of people with protected characteristics to listen to their experiences and issues that may impact on equality.

Feedback from this part of the consultation process will inform the equality impact assessment, which will be included in the decision-making business case.

Staff and clinical involvement

The consultation process outlined here is open to all, including staff and clinicians within Moorfields Eye Hospital, UCL and the commissioning organisations. It links to other workstreams to ensure more specific and continuing staff and clinical involvement which will guide and influence the design, development and implementation of proposals over the next five years and beyond.

Management of feedback

There is a single system for receiving, acknowledging and recording feedback from multiple channels. Feedback reports and notes of meetings will be available via the Oriel website. The final collation of responses will be passed to an independent organisation for analysis and evaluation at the end of consultation.

Beyond this phase of consultation

As a result of previous engagement work, we have already built relationships that provide a foundation for continuing involvement and co-production with eye charities and other patient and public representatives. This will embed strong patient and public involvement to inform our longer-term strategies for participation in design, development and implementation.

Timeline of next steps

24 May to 16 September 2019

Public consultation, led by NHS Camden CCG and NHS England Specialised Commissioning on behalf of all NHS commissioners.

September to November 2019

Draft report of the feedback from consultation and a review of the equalities impact assessment, to influence a final review of options and completion of a decision-making business case.

November 2019

Camden CCG, Moorfields and NHS England will provide an update to the North Central London joint health overview and scrutiny committee.

December 2019

Decision-making business case (DMBC) and final consultation outcome report assured by NHS England.

January 2020

DMBC reviewed by CCGs' Committees in Common and NHS England Specialised Commissioning.

January 2020

Announcement of decisions of Committees in Common and NHS England Specialised Commissioning.

Early 2020

If the DMBC is approved, Moorfields would then submit an outline business case for national approval to NHS England and Improvement to commit public funds to the development of a new centre.

By autumn 2020

Moorfields would submit a planning application to the relevant local authority. If the plan is agreed to build a new centre at the St Pancras site, this would involve a master plan for the site, in partnership with the current landowners, Camden and Islington NHS Foundation Trust. The local authority would hold a public consultation on the planning application.

Spring 2021

Moorfields would submit a full business case for national approval to commit public funds to the development of a new centre.

Spring 2022

Subject to national approval of the full business case and local authority planning approval, construction would begin.

By 2025-2026

Completion of new build. Start to move services from City Road to the new centre.

ENDS

Letter to Neal Cleaver, Deputy Director of Nursing, Dorset County Hospital regarding commentary for inclusion in their Annual Quality Account, May 2019

Dear Neal

Quality Account and Report 2018/19

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit for the Dorset County Hospital NHS Foundation Trust Quality Account and Report 2018/19.

Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2019:

Each year Dorset Health Scrutiny Committee appoints a Task and Finish Group of three Members who meet twice per year with representatives of Dorset County Hospital NHS Foundation Trust to review quality and performance. These meetings provide an opportunity for informal discussion and challenge, giving a helpful insight into the priorities of the Trust and the progress in achieving improvements. With respect to the Quality Account and Report 2018/19, the following matters were of particular interest:

- The continued progress made by the Trust this year with regard to reducing the number of falls resulting in severe harm or death is welcome; Members acknowledge the balance that must be struck between risk and rehabilitation.
- The on-going work to understand the Trust's position as an outlier with regard to mortality surveillance is noted. It is to be hoped that the issues around recording of diagnosis and coding can be resolved over the coming year and that assurance can be provided as to the Trust's true position.
- It is disappointing that progress in the early identification and treatment of sepsis has not been sustained, given the efforts that are clearly being made in this area of work. However, Members recognise that not all delays are significant, and that some can be attributed to recording practice.
- The development of the volunteer programme, particularly for younger people, and the planned expansion of this work, is to be congratulated. The research-based approach that is being taken and the linkages being made with communities and the CCG will no doubt derive tangible benefits for the Trust and will provide added support to patients, staff and the volunteers themselves.
- The lack of substantial progress in sending discharge summaries to GPs within 24 hours is disappointing, particularly as this was an area of concern last year. Members understand that there is on-going work to improve performance and hope to see the results of this later in 2019.
- The development of the Frailty Service and the Dementia Specialist roles will hopefully have a positive impact on the Trust's targets for dementia screening and onward referral. The Quality Account illustrates the range of initiatives that are supporting this work, and particularly highlights the importance of an educational focus.
- Improvements in the management of complaints are to be welcomed; Members hope that this can be sustained going forwards and that the commitment to an open and accountable process will provide assurance to patients and their families.

Finally, the Dorset Health Scrutiny Committee would like to congratulate the Trust on achieving a rating of 'Good' from the Care Quality Commission in late 2018, having previously been rated as 'Requires Improvement'. The continued cooperation of the Trust in providing information and actively participating at both formal and informal meetings with the Committee is much appreciated, and we look forward to the continued progress of quality and services in the coming year.

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

Mark Addison, Chairman, Dorset County Hospital NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Mathew Kendall, Executive Director of People – Adults, Dorset Council

Nicola Lucey, Director of Nursing and Quality, Dorset County Hospital

For information: The most recent Care Quality Commission report for Dorset County Hospital can be accessed here: <https://www.cqc.org.uk/location/RBD01>

Letter to Hazel McAtackney, Head of Quality Assurance and Compliance, Dorset HealthCare University NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2019

Dear Hazel

Quality Account and Report 2018/19

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit for the Dorset HealthCare University NHS Foundation Trust Quality Account and Report 2018/19.

Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, April 2019:

Each year Dorset Health Scrutiny Committee appoints a Task and Finish Group of three Members who meet twice per year with representatives of the Dorset HealthCare University NHS Foundation Trust to review quality and performance. These meetings provide an opportunity for informal discussion and challenge, giving a helpful insight into the work and aspirations of the Trust. With respect to the Quality Account and Report 2018/19, the following matters were of particular interest:

- The progress made by the Trust in increasing patient and family/carer involvement, including the Triangle of Care initiative, demonstrates a high level of commitment to this priority. Dorset Health Scrutiny Committee recognises the importance of this work and looks forward to the further development of feedback opportunities for children and young people accessing CAMHS over the coming year;
- The Trust's achievements with respect to patient safety are to be congratulated, particularly the work around sepsis identification. It is hoped that the training programme associated with this will continue to develop, including the work to involve care homes;
- Suicide prevention has been a topic of interest for Dorset Health Scrutiny Committee in 2018/19, so it was encouraging to note the successful actions that have been undertaken by the Trust over the last year, in addition to the future work, going forwards. In particular it is hoped that the Retreat and Community Front Rooms planned for rural Dorset will provide much needed support for individuals at times of distress or crisis, and the Committee looks forward to hearing more about these resources once they have been established;
- The Parliamentary Award given to the Dorset Armed Forces Community Health and Wellbeing Team demonstrates the excellent work that has been undertaken to support local veterans and their families. This accolade, along with the award given to the Criminal Justice Liaison and Diversion Service and the recognitions of achievement for a number of other teams and services, provides assurance to the Committee that the Trust strives to improve;
- The publication of an inspection report by the Care Quality Commission in April 2018 provided further reassurance, with the Trust's rating increasing from 'requires improvement' to 'good' overall. The Committee hopes that the areas highlighted for improvement will be actioned quickly and that the on-going recruitment of staff can benefit from the positive outcome of the inspection;
- It was disappointing to note that, whilst comparing favourably with similar Trusts, performance in a couple of key indicators (patient safety incidents and people

experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral), have shown little or no improvement up to the point at which data for 2018/19 was available. It is acknowledged that the Trust will continue to monitor these indicators and seek to improve performance.

Overall, the Dorset Health Scrutiny Committee welcomes the progress of the Trust and the continued cooperation in providing information and actively participating at both formal and informal meetings.

Yours sincerely,

Ann Harris

Health Partnerships Officer

On behalf of Dorset Health Scrutiny Committee

CC:

Eugine Yafele, Chief Executive, Dorset HealthCare University NHS Foundation Trust

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Mathew Kendall, Executive Director of People – Adults, Dorset Council

Cara Southgate, Deputy Director of Nursing, Therapies and Quality, Dorset HealthCare

Dawn Dawson, Director of Nursing, Therapies and Quality

For information: The most recent Care Quality Commission report for Dorset HealthCare can be accessed here:

<https://www.cqc.org.uk/provider/RDY?referrer=widget3>

Letter to Jenny Winslade, Executive Director of Nursing and Governance, South Western Ambulance Service NHS Foundation Trust, regarding commentary for inclusion in their Annual Quality Account, May 2019

Dear Jenny

Quality Account and Report 2018/19

On behalf of the Dorset Health Scrutiny Committee, please find attached the commentary that we would like to submit for the South Western Ambulance Service NHS Foundation Trust Quality Account and Report 2018/19.

Dorset Health Scrutiny Committee commentary for South Western Ambulance Service NHS Foundation Trust, May 2019:

On an annual basis, Dorset Health Scrutiny Committee appoints a Liaison Member as a point of contact with South Western Ambulance Service NHS Foundation Trust. In addition, the Trust may be invited to Committee meetings to present reports regarding any substantial changes to services or any concerns that Members may have regarding performance or quality of services. The Trust has been cooperative and helpful where requests have been made for input and it is hoped that this will continue in the coming year.

With respect to the Quality Account and Report 2018/19, the following matters were of particular interest:

- The Committee congratulates the Trust on progressing from 'Requires Improvement' to 'Good' ratings with respect to the CQC inspections of the NHS 111 service, Emergency and Urgent Care and Emergency Operations Centre. The 'Outstanding' rating for the Caring domain is particularly noteworthy.
- The developments in clinical triage and risk stratification demonstrate a clear focus on best use of resources. It is hoped that the evaluation of the Enhanced Hear and Treat process will provide evidence of improved outcomes and high levels of patient satisfaction over the next year.
- The work to improve the experiences of mental health patients is welcomed, particularly the engagement with stakeholders and the support for more appropriate conveyance. The Mental Health Nurse Specialist role should also provide a valuable additional resource in this sensitive area of service provision.
- The Committee recognises the importance of the quality priorities agreed for 2019/20, with the focus on mortality reviews, always events and cardiac arrest. In particular, the aim to 'improve survival to discharge following out of hospital cardiac arrest' resonates with the largely rural localities across Dorset. The performance against this priority will be awaited with interest.
- The Trust is to be congratulated on its continued achievements in relation to non-conveyance of patients to hospital and appropriate admissions when they are conveyed. The extensive use of staff feedback to support the approach being taken is acknowledged.
- With regard to complaints and compliments, the Committee notes that there has been a reduction in the former and an increase in the latter, which is to be welcomed. It was also encouraging to see that learning from incidents and complaints is regularly reviewed and disseminated to staff. The identification of delays due to demand being the principal theme arising from incidents and complaints is noted, and, given that this

has been a specific concern for Dorset Members, the Committee would urge that this matter be further addressed in the coming year.

- With regard to performance indicators, it is encouraging to see that ambulance response times have generally improved over the last year, particularly for Category 1 calls. It is to be hoped that this improvement can be sustained and that in due course the National Standard may be achieved for all Categories.

The Committee looks forward to the continuation of a constructive dialogue with South Western Ambulance Service NHS Foundation Trust and we thank you for the opportunity to comment on this Quality Account.

Yours sincerely,

Ann Harris

Health Partnerships Officer

On behalf of Dorset Health Scrutiny Committee

CC:

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

Sharifa Hashem, South Western Ambulance Service NHS Foundation Trust

Beryl Ezzard, Dorset Health Scrutiny Committee

Cllr Bill Pipe, Chair Dorset Health Scrutiny Committee

Mathew Kendall, Executive Director of People – Adults, Dorset Council

For information: The most recent Care Quality Commission report for South Western Ambulance Service can be accessed here:

<https://www.cqc.org.uk/location/RYF45?referer=widget3>