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PART ONE

STATEMENT ON QUALITY OF THE HEALTHCARE SERVICES PROVIDED FROM THE CHIEF EXECUTIVE OF THE TRUST

Delivering high quality care first time, every time, is our number one strategic goal and this last year has seen us work hard to achieve that. Our vision to be better every day through excellence, compassion and expertise continues to drive us forward and focus our efforts.

Along with all NHS organisations, we face significant challenges in funding and demand, so we have made careful decisions about where we will invest to improve the services we provide for the people of Dorset.

Our ambitious five-year Quality Improvement (QI) programme has begun and supports improvement driven by our staff and the people who use our services. It is enabling us to identify and address a range of quality issues by tapping into creativity, innovation and learning.

We have been working with our partners to progress our first-wave Integrated Care System, strengthening relationships to improve the way we work together to serve the people of Dorset. With a focus on ensuring local people can achieve the best outcomes and have the most positive experience, we are redesigning the way we provide services across Dorset.

We are working to put prevention firmly at the heart of what we do, supporting local people to manage their own health as much as they can and to make the most of their lives, whatever health challenges they face. Ensuring people have control and choice is central to the way we are developing services.

The dedication and flexibility of our staff meant that we effectively managed increased pressures during the winter months. I am extremely proud of and grateful to everyone who plays their part in keeping our services running, whatever the weather and whatever challenges we face.

We've made excellent progress and have enjoyed success in a number of areas in the past year, including:

- Opening the Retreat in Bournemouth, a completely new way of delivering mental health support working with Dorset Mental Health Forum’s peers in a welcoming drop-in environment
- Celebrating the 70th birthday of the NHS with events and stories about the history of our own Trust and an NHS70 Parliamentary Award for our Armed Forces Community Health and Wellbeing Team
- Earning international acclaim and support from UNICEF with our ground-breaking breast-feeding campaign featuring Dorset mums, dads and babies
- Becoming the first older persons mental health wards in the country to earn the Gold Standard Framework accreditation for end of life care for Herm and St Brelades wards at Alderney Hospital
- Becoming a Disability Confident Employer
- Weymouth Community Hospital, becoming one of the first wave of NHS Urgent Treatment Centres operating across the country.

And most importantly we made significant improvements to the quality of care we provide for patients and earned a rating of ‘good’ from the Care Quality Commission (CQC), with a number of services being rated as ‘outstanding’. The hard work and commitment of staff has paid off and we are determined to continue on this journey and strive to be an outstanding Trust overall.

Eugine Yafele, Chief Executive

30 April 2019
DECLARATION OF ACCURACY

Dorset HealthCare University NHS Foundation Trust (DHC) remains committed to continuous quality improvement in all the services we provide. The Board has strengthened over the past year and continues to improve the way it obtains assurance.

This report is an open and honest assessment of what we have achieved and how we have improved the quality of our services through our quality priorities and other quality indicators. It details the progress made against our quality targets and the priorities we have set for ourselves over the past year. The report is consistent with internal and external information presented to and agreed by our Quality Governance Committee (QGC) and the Trust Board. Each meeting receives monthly updates or quarterly quality reports against our agreed targets.

The Board receives an integrated performance report including a quality dashboard covering all three domains of quality:

- patient experience
- patient safety
- clinical effectiveness.

The Quality Governance Committee provides further scrutiny of the quality of services. This committee is supported by the Executive Quality and Clinical Risk Group which meets monthly to examine the internal quality and clinical processes. It provides an in-depth review of the data to assure the QGC that adequate systems are operated by the organisation.

Non-Executive and Executive Directors have visited wards and teams to hear and observe first-hand the quality of care being delivered, enhancing the line of sight from 'Board to Ward'. The Board is committed to being visible and accessible to front-line staff and patients.

The Trust is committed to raising standards of care and will respond promptly and positively to criticism and suggestions for improving care. We value the feedback of patients, carers, family and friends alongside all our staff to guide how we improve the quality of services.

The Council of Governors, Board of Directors and clinical leaders are committed to delivering a programme of continuous quality improvement during 2019/20.

In preparing our Quality Account and Report, we have worked hard to ensure that the information presented is accurate and provides a fair reflection of our performance during the year. I hope you find this report an interesting and informative document. I think it presents a fair and balanced view of what we have achieved and what we hope to achieve this coming year. To the best of my knowledge the information in the document is accurate.

Eugine Yafele, Chief Executive

Date: 30 April 2019
PART TWO

PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

PRIORITIES FOR IMPROVEMENT 2018/19

The Trust is committed to providing high quality care - first time; every time. To determine our priorities for 2018/19 we held a workshop to review all the improvement programmes underway across the Trust. We had a wealth of improvement plans to address various work streams, including:

- National Institute for Health and Care Excellence quality standards and guidance
- Commissioning for Quality and Innovation
- Various national accreditation awards
- Sign up to Safety Campaign
- Better Every Day Programme.

There were also local improvement plans specific to particular wards or teams, to address areas the staff wished to improve.

We also considered themes from complaints, incident feedback from patients and staff and performance against key quality indicators. We reviewed recommendations from external reviews such as those published by the Care Quality Commission, NHS Improvement and other national bodies.

From all of the information held, we identified those areas which would have the most impact for people who used our services to develop our quality priorities and supporting indicators.

These were then launched at the Quality Matters Conference on 26 January 2018 and the feedback used to refine our selection, before taking the quality priorities to wider consultation with our stakeholders who had been engaged with Trust during the year. We also made the consultation available on our website to enable members of the public and other stakeholders an opportunity to express their views.

The final quality priorities supported our vision to be better every day through excellence, compassion and expertise in all we do, as well as the strategic goal to provide high quality care - first time, every time.
QUALITY PRIORITIES 2018/19

We start this section by reporting on our achievements against the Trust's quality priorities we set ourselves for 2018/19. The following tables outline the priorities and progress over the past year.

**Priority 1 Patient Experience:**

<table>
<thead>
<tr>
<th>To be an organisation that involves the patient, their families and carers</th>
<th>Outcome: Achieved</th>
</tr>
</thead>
</table>

**Rationale:**

We wanted to make participation a reality at the Trust because it is the right thing to do, but it is also within the context of the Mazars Report, Francis Inquiry, the Keogh Mortality Review and the Berwick Review into Patient Safety reports. These all concluded that the NHS must have patients, families and local people as equal partners in care and in the design and delivery of services, and listen to their views.

The NHS Constitution and section 242 of the NHS Act 2006 (as amended by the 2012 Health Act) includes a duty to involve patients in their care and the development of services.

There is a proven association (Coulter and Ellins 2006) between:

- engagement of patients in their health, care and treatment
- outcomes in relation to patient reports of their experiences, and of their satisfaction with care
- patients’ recall of information, knowledge and confidence to manage their condition
- likelihood of patients reporting that the chosen treatment path was appropriate for them.

We wanted to build on the success of the Triangle of Care (ToC) programme, which was first introduced during 2017/18. The aim was to introduce this to our mental health inpatient and crisis services, to further enhance the experience of people who use our services and their carers. During 2018/19 we would continue to embed the ToC in our mental health inpatient and crisis teams whilst rolling out to our community mental health teams.

Alongside this work in mental health services, the Trust committed to sign up to the Dementia Friendly Hospital Charter in our physical health wards. The Charter sets the standards anyone with dementia or their carer can expect from any hospital. The work undertaken and quality of care provided to obtain these standards builds on the work we undertook during 2017/18 with John’s Campaign and the carer’s passport in our community hospitals.

The last element for this priority was to develop patient experience feedback mechanisms in Child and Adolescent Mental Health Services (CAMHS) to understand and improve their experiences of our services.

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ToC programme progressed; Community hospitals signed up to National Dementia Friendly Alliance; Baseline data collection from CAMHS completed.</td>
<td>ToC training schedule implemented; Dementia Friendly Hospital Charter (DFHC) self-assessment completed; Data from CAMHS used to inform the system to capture patient experience</td>
<td>Community hospital matrons ToC training commenced; DFHC action plans submitted; CAMHS registered to use Gather™, the Trust’s patient experience feedback software.</td>
<td>ToC training embedded, raising awareness continues; Community Hospitals completed over 50% of actions; CAMHS feedback increased, over 50% of bespoke plan implemented.</td>
</tr>
</tbody>
</table>

**Going forward:**

- Continue to progress to the final submission for Triangle of Care Stage 2 in November 2019
- Continue to support CAMHS with the implementation of a service specific feedback mechanism
- Our community hospitals will continue to work with local Dementia Alliance Groups.
Priority 2 Patient Safety:
To be an organisation that creates a positive and strong safety culture

Outcome:
Progress made

Rationale:
The Trust proposed that an area which required focus and attention was when patients experienced unexpected deterioration of their physical health while in our care. When patients come into hospital they put their trust in the professionals caring for them. They assume they are being monitored and that any deterioration in their condition will be detected and acted on quickly. The rationale behind selecting this as a quality priority was as follows:

- There had been cases highlighted from incident investigation and audit findings where monitoring of physical health care and rapid awareness of a deteriorating patient was delayed as staff failed to spot or act on changes in their condition

- The Wessex Academic Health Science Network (AHSN) (which the Trust is affiliated to) had also identified ‘the deteriorating patient’ as key priority so there was an opportunity to share and develop practice in this area at regional learning events

- Nationally commissioned reports.

Learning from externally identified recommendations and a review of our incident data, the organisation recognised the need for further support and training for staff in the early detection and management of emergency situations, including choking, affecting our adult patients.

<table>
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<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of life support training; Commenced implementation of International Dysphagia Diet descriptors (IDDSI); Launched National Early Warning System 2 (NEWS2); Baseline data collection for diabetic patients on insulin.</td>
<td>Rolled out IDDSI; NEWS2 communication campaign; Pilot self-administration of insulin using the Wessex AHSN implementation guide.</td>
<td>Role and location specific resuscitation training implemented; IDDSI programme progressed; Roll out of the Royal College of Physicians NEWS2 online training; Self-administration of insulin pilot extended to all community hospitals.</td>
<td>Resuscitation training target met in April 2019. IDDSI training implemented, resources available for staff; Completion of NEWS2 online training continued; Self-administration of insulin pilot continued</td>
</tr>
</tbody>
</table>

**Going forward:**
- Continue with the implementation of Resuscitation training and International Dysphagia Diet descriptors (April 2019)
- Continue with the implementation and raising awareness of Self-administration of insulin programme
- Continue with the implementation and embedding of NEWS2 into 2019/20.
### Priority 3 Clinical Effectiveness:

**Rationale:**

In 2018/19 we wanted to focus on the prevention of ill health and support people who access our services to adopt healthier lifestyles.

Trust staff would screen adult inpatients for smoking status and offer stop smoking medication, supported by referral to Smoke Stop services for those who wished to quit. Those who were not so sure about quitting would be offered advice on ways to stop if it was appropriate for them.

Staff would screen adult patients for alcohol consumption and offer advice or referral to specialist services if that was appropriate. There are around 22,500 deaths per year which can be attributed to alcohol consumption; although people may not be dependent on alcohol, their consumption puts them at risk of heart disease, liver disease, cancer, depression or accidental injury. It is proven that identification and brief advice helps these people to reduce their weekly alcohol consumption by around 12%. Reducing regular consumption by any amount reduces the risk of ill health.

We wanted to continue supporting staff who work in the mental health setting to prevent and manage potential blood clots, known as venous thromboembolisms. While the condition is not common in older people with mental health needs, the effects can be serious, so prevention and early detection are essential. Our policies and assessment tools were designed for use in the physical health setting, so we needed to develop an extended screening tool that was fit for purpose and supported staff in mental health inpatient teams. The screening would be designed for patients over 65 years of age.

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<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>54% of ward based staff trained to screen and deliver brief smoking advice; 44% of ward based staff trained to screen and deliver alcohol advice; Review of VTE policy and assessment tools for inpatient mental health areas.</td>
<td>Review of training provision for smoking and alcohol screening to staff – adaptation of e-learning and inclusion of face-to-face sessions; Pilot of VTE full risk assessment tool on two wards.</td>
<td>Gradual increase in the number of patients given ‘brief’ advice around smoking; Trust wide threshold for screening of patients for drinking risk levels met; VTE screening threshold met.</td>
<td>Continued to meet target for both offering ‘brief’ advice around smoking and screening for drinking levels, and offering ‘brief’ advice and specialist referral; Completed all VTE risk assessment for Q4.</td>
</tr>
</tbody>
</table>

**Going forward:**

- We will continue with Alcohol and Tobacco screening and offering ‘brief’ advice programme and we will liaise with Dorset Clinical Commissioning Group around 2019/20 targets.
- VTE risk assessment is built into DHC admission process, completion rates to be reviewed quarterly.
QUALITY IMPROVEMENT PRIORITIES 2019/20

This year, to identify the quality priorities, we continued to work with those service directors and leads who attended our previous workshop to review all the improvement programmes underway in the Trust. We have a wealth of improvement plans to address various work streams and are in the early stages of developing and embedding the Quality Improvement team and Quality Improvement approach across the Trust. The Quality Improvement programme is being designed to shift the balance to our staff and people who experience our services, to identify areas for improvement that matter most and are locally owned.

We also considered themes from complaints, incident feedback from patients and staff and performance against key quality indicators. We reviewed recommendations from external reviews such as those published by the Care Quality Commission, NHS Improvement, Her Majesties Coroner for Dorset and other national bodies.

As part of our consultation on the priority indicators we held a focus group with the Trust’s Leadership Forum to comment and feedback on the proposed priorities. An online survey was launched on 24 January 2019 to gather feedback from staff and stakeholders. We also made the consultation available on our website to enable members of the public and other stakeholders to express their views.

Attendees at the Quality Matters Conference on 31 January 2019 were asked to complete the online survey and were canvassed for their feedback to refine our selection of Quality Improvement Priorities for 2019/20.

The quality priorities support the Trust vision to be better every day through excellence, compassion and expertise in all we do, as well as the strategic goal to provide high quality care - first time, every time.

PATIENT EXPERIENCE

To be an organisation that learns from the captured experience of patients, families and carers and hear the voices of those that are harder to hear.

In 2018/19 we wanted to build on the success of introducing the Triangle of Care (ToC) into our mental health inpatient and community teams as well as the crisis services to further enhance the experience of people who use our services and their carers. We will continue to embed the ToC into our mental health and crisis teams whilst rolling out across all our adult services.

At the Trust, we have captured patient satisfaction for several years. Although this data has been valuable in tracking trends, there has been a shift in focus to capturing patient experience rather than patient satisfaction. Taking this positive shift further we will endeavour to learn from those experiences so we can improve our services. We will also focus on gaining the experiences of those patients who do not readily give or feel able to provide feedback.

PATIENT SAFETY

To enable staff to proactively identify and mitigate where patients or service users are at risk of avoidable harm.

Our patient safety priority in 2018/19 was to be an organisation that creates a positive and strong safety culture. We wanted to support our staff in the early detection and management of deterioration in adult inpatients.

As a Trust we have learnt through our understanding and appreciation of national reports and learning from our own internal investigations that good channels of communication, both internally and externally with other organisations is a key requirement of patient centred care.
Continuing with our understanding of the need and benefits of joint working we want, through additional information and education, to increase our staff’s awareness of domestic abuse. We want our staff to feel supported and enabled to act effectively and promptly in response to suspected domestic abuse.

In line with national guidance we will broadened our Suicide Prevention Strategy, for the benefit of all people accessing our services.

**CLINICAL EFFECTIVENESS**

*To enable clinical staff to use their professional judgement when assessing patients and users of services when developing personalised care plans.*

In 2018/19 we focussed on the prevention of ill health and support people who used our services needed to adopt healthier lifestyles. We continued supporting staff who worked in the mental health setting to prevent and manage potential blood clots, known as venous thromboembolisms.

This year we are going to concentrate further on valuing people as active participants and experts in the planning and management of their own health and well-being. Enabling staff to ensure that their patients and service user’s outcomes are developed to have meaning to the person in the context of their whole life. This process recognises the person’s skills and strengths, as well as their experiences and the things that matter the most to them.

We have developed an ambitious Quality Improvement (QI) programme and QI approach across the Trust. The Trusts QI programme is being designed to enable our staff and people who experience our services to identify areas for improvement that matter most and are locally owned. It is already starting to support them to work together to identify and address a range of quality issues, enabling creativity, innovation and learning.
QUALITY IMPROVEMENT - SIGN UP TO SAFETY CAMPAIGN

The Trust committed to the NHS England ‘Sign Up to Safety’ campaign in November 2014 having made the following five pledges.

<table>
<thead>
<tr>
<th>Pledges</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put safety first</td>
<td>A commitment to reduce avoidable harm.</td>
</tr>
<tr>
<td>Continually learn</td>
<td>Acting on the feedback from patients and constantly measuring and monitoring how safe services are.</td>
</tr>
<tr>
<td>Honest</td>
<td>Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.</td>
</tr>
<tr>
<td>Collaborative</td>
<td>Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.</td>
</tr>
<tr>
<td>Supportive</td>
<td>Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.</td>
</tr>
</tbody>
</table>

The ‘Sign Up to Safety’ campaign vision brings all of the national safety work streams together under one campaign. We developed a plan which incorporated nine ‘Sign up to Safety’ work streams to reduce avoidable harm and save lives. Each work stream has a nominated lead, supported by staff from a wide variety of services throughout the organisation. Progress against the campaign action plan is monitored with a quarterly report sent to the Executive Quality and Clinical Risk Group.

The National ‘Sign Up to Safety’ team disbands at the end of March 2019. We have made the decision to continue with the current work streams, as described below, under the title of ‘Sign Up to Safety’ as this is now embedded and understood by staff at all levels across the organisation.

The number of work streams has reduced from nine to six. Sepsis has combined with the Deteriorating Patient work stream to align with the Wessex Patient Safety Collaborative Network. Safe Transfer of Care and Care Planning are continuing having been incorporated into core business.

The following pages detail progress against the six work streams:

- Pressure ulcers
- Promoting positive and proactive practice to reduce restrictive intervention
- Deteriorating patient and sepsis
- Suicide prevention
- Falls prevention
- Safe medication.
PRESSURE ULCERS

**Aim:** In 2018/19 to reduce the number of hospital-acquired avoidable inpatient pressure ulcers reported in 2017/18 by 50% and to reduce the number of community-acquired avoidable pressure ulcers reported in 2017/18 by 20%.

**Outcome 2018/19**

<table>
<thead>
<tr>
<th>Pressure Ulcer</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total YTD</th>
<th>% Reduction Year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-acquired avoidable</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>75%</td>
</tr>
<tr>
<td>Community-acquired avoidable</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>17</td>
<td>45%</td>
</tr>
</tbody>
</table>

NB: Within Community Hospitals one ward has not had any avoidable pressure ulcers reported since 2015. Three wards have not had any reported for more than two years and five wards have not had any reported for over one year.

**Key success:**

Root Cause Analysis (RCA) reviews for category 3 community-acquired pressure ulcer

- Use of a questionnaire triage process has enabled and empowered teams to identify trends and themes
- Improved local awareness and increased engagement
- Development of more individualised action plans
- CCG assurance audit commenced where 20% of questionnaires are audited quarterly.

Pressure ulcer RCA-exempt register introduced in September 2018 removes the requirement for patients who have a long term condition and meet specific criteria from undergoing RCA if they have repeated pressure ulcers. These patients are now directly managed by the Tissue Viability Service and District Nurse Leads. There are currently 15 patients on the exempt list and these are reviewed each quarter at an assurance panel.

Commissioning for Quality and Innovation (CQUIN) indicator 10 – Improving the assessment of wounds

- Launch of revised wound assessment, aligned to the National Minimum Data Set for full wound assessments template on SystmOne™, our electronic patient record, is improving the completion of wound assessments
- The recent audit of wound assessments (March 2019) showed 35% completion compared to 12% completion in Q1.

Pan Dorset Joint Wound Formulary

- Launched April 2018, four events held across the county with 300 staff attending the drop-in sessions
- The Skin Tear Pathway has now been launched. This is to improve the management of skin tears and achieve better outcomes for patients.

**Going Forward:**

- Continue to develop and embed the NHS Improvement plan for the revised definition and measurement of Pressure Ulcers
- Pressure Ulcer discharge patient pack to be developed for patients being discharged from hospital. To raise awareness amongst patients and carers.
PROMOTING POSITIVE AND PROACTIVE PRACTICE TO REDUCE RESTRICTIVE INTERVENTION

**Aim:** For 95% of patients experiencing seclusion, rapid tranquillisation or prone restraint to have evidence of de-escalation and debrief with full completion of physical observations recorded. Due to reporting changes and processes it has not been possible to report progress against this aim. The aim of the work stream will be refreshed once guidance for the Mental Health Units (Use of Force) Act 2018 is received.

### Restrictive Interventions 2018/19

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid tranquillisation</td>
<td>55</td>
<td>45</td>
<td>81</td>
<td>53</td>
<td>234</td>
</tr>
<tr>
<td>Prone restraint</td>
<td>28</td>
<td>37</td>
<td>71</td>
<td>47</td>
<td>183</td>
</tr>
<tr>
<td>Seclusion</td>
<td>24</td>
<td>31</td>
<td>55</td>
<td>21</td>
<td>131</td>
</tr>
</tbody>
</table>

Q4 has seen a reduction in all forms of restrictive interventions. However, over the year period there has been an overall increase in the use of rapid tranquillisation and seclusion whilst the use of prone restraint has significantly reduced.

Rapid tranquillisation has increased by 9% from 214 in 2017/18 to 233 in 2018/19. The highest number of incidents were reported by the Psychiatric Intensive Care Unit (PICU) which is representative of the acuity and complexity of the patients. There has been an increased use of alternative injection sites over the last two years, which has reduced the use of prone restraint to administer rapid tranquillisation.

Seclusion has increased by 15% from 114 incidents in the period April 2017-March 2018 to 131 in the same period 2018/19. Of the 131 incidents, one patient accounted for 36 episodes of seclusion. This patient had a behaviour support plan in place as it was his preference to be secluded to help him manage his risk to self and others. This was care-planned and followed by staff as the least restrictive option. Prone restraint has decreased by 21% from 232 in the period April 2017-March 2018 to 184 in the same period 2018/19. 80 incidents of prone restraint occurred on Haven Unit, which demonstrates a significant reduction from 154 incidents reported for April 2017- March 2018.

### Key successes:
- Learning Disability Services and Community Mental Health Teams joined the programme, extending the focus beyond the mental health inpatient wards
- The Data Analysis Review Team group amalgamated with the Promoting Positive and Proactive Practice to Reduce Restrictive Interventions, chaired by the Head of Mental Health, supported by the Head of SAFE (Counter Fraud and Security Management Specialists)
- Designated ward-based lead for restrictive intervention on areas with the highest number of incidents
- ‘Risk huddles’ have had a direct impact on reducing the number of incidents. Those involve weekly review of all incidents, care plans and behavioural support plans empowering staff to take ownership of incidents, allowing for learning to be shared in a timely manner
- Prevention and Management of Violence and Aggression (PMVA) trainers providing targeted support to areas with the highest number of incidents to debrief and improve record keeping
- Engagement with the Mental Health Patient Safety Collaborative.

### Going Forward:
- Development of an overarching work stream action plan
- Review and implementation of the requirements of The Mental Health Units (Use of Force) Act 2018.
- Continued engagement with Safewards, a model developed nationally which is designed to reduce conflict and create a sense of safety and mutual support for patients and staff
- The QI, NHS Elect and Patient Safety Teams will facilitate an internal QI Collaborative for the work stream, with two full day and two half day workshops scheduled for the year
- Potential for peer specialist workers to work with challenging patients
- Engagement in Quality Improvement projects in conjunction with the Mental Health Patient Safety Collaborative, supported by the Trust’s Quality Improvement Team.
## DETERIORATING PATIENT AND SEPSIS

**Aim:** By May 2020, all patients under the care of the Trust who deteriorate are identified and have a timely response.

The focus for 2017/18 was to determine the criteria for raising an incident report when a patient’s physical health deteriorates. An incident report would be completed when a patient’s condition unexpectedly deteriorated resulting in a transfer and admission to an acute hospital. Throughout 2018/19 this process has been embedded in practice.

2018/19 has seen an overall increase in the number of deteriorating patient incidents reported with five wards show a significant increase. Staff report a variety of reasons for this which include a general increase in awareness raised through the implementation of, and training in, NEWS2 combined with wider engagement throughout the organisation in the Deteriorating Patient Steering Group. Some Community Hospitals report an increasing number of step-up patients being admitted who have a higher acuity on admission. There have been specific concerns raised about the quality of discharges from a particular acute hospital which has resulted in a number of patients being transferred back. Further information will be gained and assistance sought from the QI team to collect and analyse the data.

### Key successes:

**Introduction of National Early Warning System 2 (NEWS2) March 2019**
- Trust overall compliance with National Early Warning System (NEWS) audit is 95% (NB: Trust continues to use the NEWS audit while the introduction of NEWS2 continues)
- Royal College of Physicians NEWS2 online training rolled out across the Trust
- Working with Wessex Patient Safety Collaborative Network on development of a regional NEWS2 audit.

**Review of patients whose physical health deteriorates or who die within 72 hours of transfer to an acute hospital**
- Process to establish a correlation between the patient’s diagnosis and identification of any intervention which may have prevented the transfer

**Acute Kidney Injury (AKI)**
- Training needs assessment survey distributed throughout the organisation
- Awareness raising lead by the Community Consultant Nurse
- Review of regional educational tools with signposting for staff.

**Physical Health in Severe Mental Illness Strategy**
- Draft strategy awaiting approval.

**Gold Standard Framework (GSF)** accreditation on two Older Persons Mental Health Wards has diminished the need for patients at the end of life transferring to an acute hospital for pain relief, as staff have undertaken syringe driver training.

**Short videos** where staff share experiences of sepsis.

**Pilot improving the provision of physical health assessments** for patients of Community Mental Health Teams (CMHT) on antipsychotic medication.

**Neurological Guidance**
- Standardisation of Neurological observation charts and development of Neurological Guidance.

### Going Forward:
- Continue to work with the Wessex Deterioration Network, Dorset CCG, Primary Care and Care Home Leads, the local acute Trusts and the ambulance service to standardise the implementation of NEWS2 across the region
- Liaise with Hampshire CCG and Interserve™ to potentially introduce RESTORE2, which is aimed at recognising deterioration within a care home setting. The tool looks at the ‘soft signs of deterioration’, particularly effective in situations where patients stay for a length of time
- A ‘Deteriorating Patient Plan’ to be developed
- Joint review with the Mortality Governance Team where a patient’s physical health deteriorates resulting in their death within 72 hours of transferring to an acute hospital.
SUICIDE PREVENTION

Aim: To reduce the number of suicides by 10% by the end of 2020 in line with the National Suicide Prevention Strategy.

The Trust’s Suicide Prevention Action Plan, which forms the overarching direction for this work stream, is built around the ten ways to improve patient safety identified by the National Confidential Enquiry into Suicide and Homicide Review of 20 years of data (published in October 2016).

Key success:

1. Safer wards:
   - Work underway to enhance our therapeutic observations policy
   - Ligature management plans completed for all inpatient areas, including the removal of plastic laundry bags.

2. Dual diagnosis service
   - A one-day skills-based training package introduced to aid recognition of dual diagnosis.

3. Low staff turnover
   - In response to the 2017 NHS Staff Survey results, task and finish groups have been established to address bullying in the workplace, staff experience of violence in the workplace and work-related stress, and to consider systems for managing errors and incidents.

4. Assertive outreach teams
   - Review of rehabilitation services and the Trust’s two Assertive Outreach teams led by the Director of Mental Health and Learning Disabilities.

5. Personalised risk management
   - E-learning training package, containing training on risk assessment and management, with an update on learning from serious incidents produced by Patient Safety and Learning and Development teams
   - Clinical Risk Policy revised, updated and approved
   - Consultant half-day workshop dedicated to suicide risk and prevention led to amendments in risk stratification and redesign of the RiO™ (Trust’s electronic patient record) risk assessment form
   - Work continues to develop ‘My Wellbeing Plan’ to replace the current Crisis Plan, My Crisis Plan and Care Plan.

6. Clear guidance on depression
   - Update to the primary care protocols for management of depression and anxiety available in the Dorset Formulary
   - Production of a patient information leaflet.

7. Family involvement in “Learning Lessons”
   - Relatives bereaved by suicide are offered the opportunity to share experiences in videos which have then been made available on the intranet and incorporated into clinical risk training and team reflection sessions
   - A ‘Making Families Count’ workshop and learning being shared.

8. 24-hour crisis teams
   - The Bournemouth Retreat opened in April 2018 providing an alternative out-of-hours service, for people to self-refer at times of crisis, staffed by peer specialists, and registered mental health nurses
   - Crisis Teams running an emotional containment pathway for the east of the county.

9. No out of area admissions
   - Improving situation with the additional four beds at Forston Clinic.

10. Early follow up on discharge
    - Seven-day follow up for all patients discharged from an inpatient psychiatric service or from Crisis / Home Treatment Team
    - Follow-up for ‘high risk’ patients standardised at 48 hours.

Local additional actions
- Potential local ‘hot-spots’: Collaborative working with operators of the multi-storey car park in Poole
town centre has seen improvements to the infrastructure, barriers, help points upgraded with additional call points on the upper levels and vandal-proof signage sign posting to Samaritans and NHS 111. The Trust provides training for responding to people in crisis to car park employees.

Going Forward:

- Continued participation in the NHS Dorset Clinical Commissioning Group (CCG) Pan Dorset Suicide Prevention Strategy development and ongoing work
- Further develop carer involvement in the work stream
- Review impact of the ‘Retreat’ model
- Second ‘Retreat’ to open in Dorchester in spring 2019
- Development of three ‘Community Front Rooms’ across rural Dorset, a continued expansion of crisis services
- Crisis Teams in the west of the county to start emotional containment
- Applied Suicide Intervention Skills Training (ASSIST) for Retreat, Crisis Services, Connexion (telephone support line) and employees of car parks in Poole
- Capital building projects to support ‘No out-of-hours admissions’ work stream with proposed development of a Child and Adolescent Psychiatric Intensive Care Unit and expansion of the mother and baby inpatient unit, plus plans to build and develop a female low secure unit, additional acute inpatient capacity at St Ann’s
- Quality Priority for 2019/20: Embedding the Suicide Prevention Plan across the Trust, not just within Mental Health services.

FALLS

Aim: To reduce the number of falls resulting in moderate or minor injury by 10% annually.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls resulting in fracture</td>
<td>33</td>
<td>27</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Falls resulting in head injury</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient falls: minor injury</td>
<td>491</td>
<td>439</td>
<td>392</td>
<td>361</td>
<td>368</td>
</tr>
<tr>
<td>Inpatient falls: without injury</td>
<td>987</td>
<td>876</td>
<td>712</td>
<td>734</td>
<td>599</td>
</tr>
<tr>
<td>Total falls</td>
<td>1478</td>
<td>1348</td>
<td>1131</td>
<td>1112</td>
<td>982</td>
</tr>
<tr>
<td>3 year trajectory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10% reduction in injury-only trajectory</td>
<td>466</td>
<td>452</td>
<td>438</td>
<td>394</td>
<td></td>
</tr>
<tr>
<td>Actual Total</td>
<td>472</td>
<td>419</td>
<td>370</td>
<td>383</td>
<td></td>
</tr>
</tbody>
</table>

In 2018/19 there has been an overall reduction of 12% in the number of falls reported compared to 2017/18. Based on 2017/2018 data
- Falls resulting in fracture have reduced by 12%
- Falls resulting in minor injury have increased by 2%
- Falls resulting in no harm have reduced by 13%

14 incidents have been reviewed at panel. 13 were found to be predictable but not preventable, one was found to be not predictable or preventable. There is one incident awaiting review at panel, this is scheduled for panel 03/05/2019.

Key successes:
Multi Factorial Falls Assessment (MFFA) tool
- Draft electronic form has been developed for SystmOne and Rio™.

Learning from Root Cause Analysis (RCA) and incidents
- Post protocol falls flow chart simplified to clarify the process.

Raizer chairs
- In use throughout the Trust, with an additional chair available at St Ann’s. The chairs have been used in 61 reported incidents ensuring timely care, patient safety and avoiding ambulance call outs.
Falls dashboard
- Developed with the Quality Improvement Analyst available on our intranet (Doris).

Education and learning
- E-Learning package in place from October 2018.

National Falls Audit
- DHC is registered on the National Audit of Inpatient Falls as part of the Falls and Fragility Fracture Audit Program. The audit commenced in January 2019 and the first report is due to be published June 2019.

Going Forward:
- Work with NHS partners and other agencies on developing a collaborative falls prevention strategy and pathway for the county
- Participation in Dorset CCG Task and Finish group on rapid access to falls assessment and interventions and consistent physio-led balance and strength classes
- Participation in National Falls Prevention week September 2019
- Review of Physiotherapy services available for Mental Health services.

SAFE MEDICATION

Aim: Reduce Medication Errors by 25% by January 2019

<table>
<thead>
<tr>
<th>Average number of monthly incidents</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>49</td>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>

Represents a 41% decrease, largely attributed to termination of the Prisons service
Represents a 6% decrease compared with 2017/18

Key success:

Community drug charts
- Re-designed in response to errors relating to unclear prescribing authorities
- Available on SystmOne™.

Medicines management training
- Significant improvement in take up for the e-hub core medicines management training
- Medicines Management training has been developed for trainee nurse associates and for Band 2 community support workers.

Medication safety thermometer
- Template for monthly rolling audit available on SystmOne™.

Going Forward:
- Continue to drive the uptake of Self Administration of Medicines across the Trust, to include self-administration of insulin as part of the Quality Priority set for 18/19.

The above tables provides details and data up to and including quarter 3 2018/19
Learning from deaths

In March 2017 the National Quality Board (NQB) issued a framework for Trusts to learn from patient deaths. Learning from a review of the care provided to patients who die should be integral to clinical governance and quality improvement work. The Trust’s Mortality Governance Group, chaired by the Medical Director, has oversight of the programme.

### MORTALITY

During 2018/19 298 of Dorset HealthCare University NHS Foundation Trust’s patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quarter</td>
<td>99</td>
</tr>
<tr>
<td>Second Quarter</td>
<td>96</td>
</tr>
<tr>
<td>Third Quarter</td>
<td>103</td>
</tr>
<tr>
<td>Fourth Quarter</td>
<td>95</td>
</tr>
</tbody>
</table>

By 14 January 2019, 194 case record reviews and 21 investigations have been carried out in relation to 215 of the deaths included above.

In 1 case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quarter</td>
<td>74</td>
</tr>
<tr>
<td>Second Quarter</td>
<td>77</td>
</tr>
<tr>
<td>Third Quarter</td>
<td>64</td>
</tr>
<tr>
<td>Fourth Quarter</td>
<td>61</td>
</tr>
</tbody>
</table>

1 representing 0.5% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Representing Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quarter</td>
<td>1.4% for the first quarter</td>
</tr>
<tr>
<td>Second Quarter</td>
<td>0% for the second quarter</td>
</tr>
<tr>
<td>Third Quarter</td>
<td>0% for the third quarter</td>
</tr>
<tr>
<td>Fourth Quarter</td>
<td>0% fourth quarter</td>
</tr>
</tbody>
</table>

These numbers have been estimated using the Royal College of Physicians (RCP) structured judgement tool of avoidability.

In Quarter 4 2018/19 14 reviews were conducted for unexpected deaths. None of these unexpected deaths were judged to have been avoidable using the Royal College of Physicians (RCP) Structured Judgement Tool. It is noteworthy that the Structured Judgement tool will no longer be used as of the year 2019/20.

A summary of learning from the investigation conducted in relation to the one death judged to be avoidable using the Royal College of Physicians (RCP) structured judgement tool of avoidability are:
For the death where there were problems in the care provided the following learning points were identified:

- discussions had at the Multi-Disciplinary Team (MDT) meeting and the rationale for decisions made at the MDT meetings must be documented in the patient’s electronic records
- discussions / supervision re cases between junior clinicians and Consultant Psychiatrists must be documented in the patient’s clinical records
- the importance of written records needing to accurately reflect the discussions had with a patient and the importance of contemporaneous, succinct but informative record keeping
- assessment of how a person may be considering to take their own life must be undertaken by staff and followed up with visual inspections where possible to review access a patient has to means to end their life
- appreciation that having children is not always a protective factor in preventing someone from taking their own life.

An action plan has been produced to address the care and service delivery problems identified as part of the root cause analysis investigation. This included record keeping audits with exception reporting in place for care planning and risk assessments. These action plans are reviewed by the Executive Quality and Clinical Risk Group and progress against these are reviewed by the Quality Governance Committee.

The actions identified aim to assist in the reduction of unwarranted variation in practice in the areas to provide safe and effective care for patients.
The Retreat – A Place to Pause

The Retreat is one of the first deliverables of the Mental Health Acute Care Pathway review, following the feedback gathered by the review and the positive evidence demonstrated by similar schemes that are using a less medicalised model of crisis support.

The Retreat is a drop-in centre that has opened at Hahnemann House and through co-production ensures the needs and views of people with lived experience of mental health problems are being represented and valued in the development and delivery of the service. The Retreat provides a safe space for people who want to access support on their own terms; it represents a departure from traditional treatment methods, moving away from the clinical model of diagnosis and treatment, and towards one with a focus on community engagement, accessibility for all, and preventative approaches. The Retreat places emphasis on self-management, relational safety, increased trust, and practical recovery-focused approaches, while minimising clinical assessment and diagnosis. It is staffed by both mental health professionals and peer specialists who can offer out-of-hours support and advice.

It has already seen several successes with a very positive start; one evening it had a peak of 24 attendees, with some additional family and carers. A number of attendees had previously utilised stays in inpatient and Section 136 suites; the Retreat appears to offer people a less restrictive alternative. As such, a pattern of regular service users is emerging, allowing the opportunity for a supportive community network to grow; in fact, the first attendee has now become a volunteer at the Retreat. Service users and local police have both given positive feedback, with people reporting they feel listened to, welcome and relaxed, and find it helpful to have a service that is immediately accessible without a referral process.
Dorset’s Armed Forces Community Health and Wellbeing Team has been presented with a top accolade at the NHS 70 Parliamentary Awards for its work in mental health. Team members strive to reduce health inequalities for local veterans and families of both retired and serving personnel. Working with local partners and veterans themselves, they have co-produced and implemented a veterans’ care pathway, and in their first year they assessed 55 people through their Wellbeing Gateway, and demand continues to be high. Outcomes include improved access to physical and mental health services and support in preparing for employment.

The team was nominated by Bournemouth East MP Tobias Ellwood and Mid Dorset and North Poole MP Michael Tomlinson, and was shortlisted from 750 entries for the awards, launched back in February 2018 to mark the 70th anniversary of the NHS. The team received The Excellence in Mental Health Care Award at a special ceremony at the Houses of Parliament in July 2018.

Service and Clinical Lead Andy Gritt said: “We are extremely humbled to have received this award, and it is testament to the hard work and enthusiasm of the team. We are really proud to accept this honour on behalf of Dorset HealthCare and the armed forces community we serve. Research shows that for service personnel, the transition to civilian life can lead to a range of challenges including health issues, family problems, homelessness and unemployment. There’s also little understanding of service families’ mental health needs and no joined-up approach to support them, and we are actively looking to change this.”

Michael Tomlinson MP said: “I was delighted to be able to nominate the Dorset Armed Forces Community Health and Wellbeing Team and even more pleased they won. They do a fantastic job, and I hope that this helps to highlight the importance of mental health, which is right at the top of the political agenda.”

In recognition of his tireless work to improve the lives of Dorset’s military veterans and serving personnel, Andy Gritt, Service and Clinical Lead received an MBE in the New Years’ Honours List.

Trust becomes a Disability Confident Employer

The Trust has been awarded Disability Confident Employer status, showing a commitment to improving the way we attract, recruit and retain disabled workers. The Disability Confident scheme requires organisations to submit a portfolio of evidence, detailing the various ways in which they support employees with disabilities – such as better access to buildings, training, and adjustments to the workplace or recruitment processes. There are three accreditation levels to reach – Committed, Employer and Leader – and, once completed, an official badge is awarded for use on all branding and marketing. We achieved the first level (Committed) around two years ago, and will now apply to become a Leader. Trust Equality and Diversity Manager Dave Corbin said: “Becoming a Disability Confident Employer enables us to draw from the widest possible pool of talent across the country, improve employee morale and above all, shows that we treat all of our staff fairly. Around 4% of our employees have disclosed that they have a disability – we know there are more and we don’t want them to feel ashamed or worried about telling us. This work shows we are committed to moving barriers and changing culture and that we see disability as an asset, not a hindrance”.

Page 24
National award for Dorset’s Criminal Justice Liaison and Diversion Service

An NHS team which supports people who have mental health, learning disability, substance misuse or other vulnerabilities who come into contact with the criminal justice system won a national award for patient safety. The Trust’s Criminal Justice Liaison and Diversion Service (CJLD) triumphed at the Health Service Journal (HSJ) Patient Safety Awards in Manchester in July.

The service set out to identify and support vulnerable members of our community, initiating a model for liaison and diversion and street triage in 2014. Achievements now reflected in seven-day coverage and integration within criminal justice settings that have helped to influence local approaches supporting the needs of people experiencing mental health crises. Hospital-based places of safety now support people detained under Section 136 Mental Health Act with the introduction of a more effective, co-ordinated response for people in mental distress, crisis and emergency.

The service has worked tirelessly in efforts not only resulting in cost savings for all agencies, but also improved wellbeing and recovery for those suffering mental health episodes during police custody or attendance in court. An inspection of Dorset Police custody by HM Inspectorate of Prisons, HM Inspectorate of Constabulary and the Care Quality Commission (CQC) in 2016 reported a large reduction in the number of people brought into custody, and significant progress in improving outcomes for this vulnerable group.

Judges for the Mental Health category at this year’s Health Service Journal Patient Safety Awards said the CJLD service “provides a unique and attentive approach that is forward looking in maintaining safety of a vulnerable group.”

Service Lead Stan Sadler said: “We take great confidence in the knowledge that each and every one of our skilled workforce has embraced a model designed to meet the needs of some of most vulnerable people in Dorset. I am overwhelmed and so proud of this wonderful achievement, but mindful that the hard work must continue, along with the strong relationships we have built with other criminal justice organisations and the emergency services.”

The honour is further recognition for the CJLD Team, which narrowly missed out on winning the Liaison and Diversion accolade at the Howard League’s ‘Policing the Community’ Awards last year, where it was one of only three teams shortlisted from 35 services across England.
UNICEF backs our breastfeeding service

The United Nations Children’s Emergency Fund (UNICEF) is helping spread the word about our pioneering initiative to encourage breastfeeding. Our Breastfeeding Advisory Team produced a range of posters featuring local women with their babies at home, coupled with ‘softer’, more positive messages mums can relate to. Their impact has been staggering, with more than 24,300 shares within two days of their release on the Breastfeeding Network’s official Facebook page, which has seen them viewed across America. They’ve also been downloaded more than 3,000 times from our website. Breastfeeding social marketing is leading the way with support from the Institute of Health Visiting and UNICEF.

Breastfeeding Advisory Lead Liz Stacey said: “I have been overwhelmed by the positive feedback the posters have received. I hope they act as a catalyst for discussing any concerns a new mum may have regarding her breastfeeding journey with a health professional.” Liz and her team travelled to the Houses of Parliament earlier this year to present them to the All Party Parliamentary Group (APPG) on Infant Feeding and Inequalities. The posters have also been featured in recent study days held by the Institute of Health Visiting, the Royal Society for Public Health Breastfeeding, the Breastfeeding Network and the Royal Society of Medicine. They formed an integral part of the Scottish Breastfeeding Celebrations Week in the summer, and were showcased at a public health conference in Australia.

Dr Cheryl Adams CBE, Executive Director at the Institute of Health Visiting, said: “This is a shining example of fantastic innovation. The messaging and images they possess are so warm and appealing, so it’s not surprising they are having such a positive effect.”

Weymouth honours Melcombe Day Hospital team

Our Older Persons Mental Health Team, which runs Melcombe Day Hospital, received special recognition from retiring Weymouth Mayor Councillor Kevin Brookes for its work in dementia care. The team, which is based at Weymouth Community Hospital, was presented with the Ken Isaacs Memorial Rose Bowl at a special ceremony in the town’s Pavilion. The award – named after the former mayoral chauffeur – is presented annually to someone whose ethos, good work, endeavour and kindness has most impressed the Mayor during their year in office.

Team Leader Lesley Benham MBE was the first person to receive the award when it was introduced back in 2008. The award is the team’s ninth local and national accolade for its work supporting local people with dementia.
Weymouth is a flagship Urgent Treatment Centre

Weymouth Community Hospital has been designated to run one of the first 150 NHS Urgent Treatment Centres (UTCs) operating across the country. The service continues to provide all of the walk-in care which was available at the hospital’s Urgent Care Centre, dealing with a range of non-life threatening minor ailments and injuries. However, local people will soon be able book a UTC appointment via local GP practices and the NHS 111 service, meaning they can be seen more quickly. The UTC is open 8am-8pm, seven days a week, and is run in partnership with Dorset County Hospital NHS Foundation Trust and local GPs.

Helen Persey, Head of Integrated Community Services (West), said: “We are delighted Weymouth has been chosen as one of the first 150 Urgent Treatment Centres in the country. We are already offering most of the services the Government expects from a UTC, so this is the logical next step. It will continue our work to bring care closer to home and reduce waiting times.”

End-of-life care accolade for Dorset mental health wards

Two wards at Alderney Hospital in Poole have led the way in helping elderly dementia patients spend their final days in dignity and peace. Staff working on Herm and St. Brelades wards were awarded Gold Standard Framework (GSF) accreditation; making them the first older people’s mental health units in the country to earn the status.

The GSF is the UK’s leading training provider for frontline staff working in end of life care, and has commended Alderney and other hospitals run by Dorset HealthCare for making a “huge difference” to the lives of patients and their families.

Herm and St Brelades staff look after people with dementia who are nearing the end of their lives. Having completed the GSF Community Hospitals Training Programme, they were assessed by a panel of independent experts. The panel found that not only did patients receive the care they wanted, where they wanted it, but also that relatives had peace of mind and staff an increased sense of job satisfaction.
Clinical Team Lead Rachel Hewitt said: “As a result of conversations with families, our approach is a lot more personal. This means the patient experience is better and loved ones feel much more supported through the whole process. Staff also feel more confident and have a better understanding of the human side of dying. When deaths do occur on the wards it’s not as distressing, and we feel we have done everything possible to provide that person with a comfortable, peaceful and pain-free death.”

Herm Ward Manager Chris Clarke added: “Since we started the GSF programme, not a single patient has been transferred to an acute hospital to die. In fact, we are now able to offer patients and their families a range of options in line with their wishes, whether to stay here, go into a care home or go to their own home to die.”

Earlier in the year, Hanham Ward at Wimborne and Radipole Ward at Weymouth’s Westhaven Hospital earned the accreditation. Wards at Alderney, Shaftesbury, Swanage, Wareham, Portland, Blandford and Sherborne hospitals have all achieved GSF status over the last couple of years.

GSF National Clinical Director Professor Keri Thomas said: “Community hospitals in Dorset are making a huge difference to the lives of patients and their families. There is no greater service they can provide than supporting people every step of the way along this difficult journey. Through dedicated, planned and coordinated care, these wards are ensuring more people are living and dying according to their wishes.”
DUTY OF CANDOUR

Candour was defined in Robert Francis’ report as: “The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.”

The Duty of Candour is a legal duty on hospital, community and mental health Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Health professionals must be open and honest with patients when things go wrong.

As a Trust we are committed to being open with patients and carers when events such as these occur so that we gain a shared understanding of what happened, and what we can do to prevent it from happening again. ‘Being Open’ involves acknowledging that something has gone wrong and conducting a thorough investigation into the patient safety event. We always work to assure patients, their families and carers that lessons learned will help prevent the patient safety event recurring.

Duty of Candour has been integrated into the Root Cause Analysis and pressure ulcer training packages. An animated video explaining the importance of saying sorry and outlining the steps required to fulfil the requirements under Duty of Candour has been produced and is available on the intranet to support staff. The Patient Safety Team and Serious Incident Team support clinical staff by providing support, advice and guidance. The Trust’s behaviours and values are those that promote a culture of openness and transparency. These values are reflected throughout training provided.

All patient safety incidents reported that result in moderate harm or above are investigated and the investigation process includes involvement of the patient and carers where possible. In those incidents where Duty of Candour has been identified due to an act or omission by the Trust, the locality managers have a responsibility to manage the Duty of Candour process and ensure the process is carried out in line with the prescribed steps. They are also responsible for liaising with patients / service users and their family and confirming what action is being taken. The Director of Nursing, Therapies and Quality is responsible for ensuring that duty of candour is identified appropriately and the locality managers are responsible for overseeing that this has happened in practice.

Consideration is given to whether the duty of candour applies for all serious incidents reviewed by the Serious Incident Panel and Operational Pressure Ulcer Panel.

The Trust encourages the involvement of patients and carers in reviewing incidents in line with ‘Being Open’ and the Medical Director and Director of Nursing, Therapies and Quality contact families and GPs following suicides and unexpected deaths offering input into the review process. If involvement is declined and following investigation it is apparent that the Duty of Candour applies, the family/patient are contacted and informed of the outcome of the investigation.

The table below shows the number of times and types of incidents where the Trust has applied the Duty of Candour.

<table>
<thead>
<tr>
<th>Cause Group</th>
<th>Apr 18</th>
<th>May 18</th>
<th>Jun 18</th>
<th>Jul 18</th>
<th>Aug 18</th>
<th>Sep 18</th>
<th>Oct 18</th>
<th>Nov 18</th>
<th>Dec 18</th>
<th>Jan 19</th>
<th>Feb 19</th>
<th>Mar 19</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Breach of policy/procedure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Consent, confidentiality or Patient records</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Death of a patient</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Deterioration of a community patient</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Deterioration of an inpatient</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Pressure ulcer</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
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<td><strong>Total</strong></td>
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<td><strong>2</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>2</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>5</strong></td>
<td><strong>0</strong></td>
<td><strong>3</strong></td>
<td><strong>3</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>
FREEDOM TO SPEAK UP / WHISTLEBLOWING

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In April 2017 Cara Southgate, Deputy Director of Nursing, Therapies and Quality was appointed as the Freedom to Speak Up (FTSU) Guardian. Six associate guardians have been subsequently been appointed to support this role. The Associate Guardians are from a variety of services and backgrounds and have all had training through the National Guardians Office. The Guardian reports to the Chief Executive and there is a dedicated Non-Executive Director and Executive Director to support ‘Speaking Up’.

In addition to the FTSU guardian all staff are encouraged to contact, in the first instance, their line manager or human resources advisor or a union representative depending on the type of concern. Concerns relating to patient safety and bullying and harassment have all been raised to the FTSU guardian in 2018/19. A total of 68 contacts have been made from 1 April 2018 until 31 March 2019.

Most contacts to the FTSU guardian are by email or phone as these are shared widely across the organisation in posters, leaflets, on the intranet and through contact during raising awareness sessions or attending team meetings. Once a contact is made this is logged and agreed with the individual the next steps. A letter confirming this is sent to the individual. The freedom to speak up: raising concerns (whistleblowing) policy outlines how staff raising concern will be protected against detriment and support and advice is given to any individual who says they consider they have suffered detriment.

Feedback is given to individuals and, if a formal investigation commissioned and a report has been drafted, where possible this is shared with the individuals. Feedback is also asked of those who raise concerns and about their experience.
STATEMENT OF ASSURANCE FROM THE BOARD

Mandatory Statement One:

During 2018/19 the Dorset HealthCare University NHS Foundation Trust provided and/or sub-contracted 107 relevant health services.

The Dorset HealthCare University NHS Foundation Trust has reviewed all the data available to them on the quality of care in 107 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 91.78 percent of the total income generated from the provision of relevant health services by the Dorset HealthCare University NHS Foundation Trust for 2018/19.

Review of Services

Dorset HealthCare University NHS Foundation Trust is responsible for community and mental health services across Bournemouth, Poole and Dorset. The Trust also provides Steps to Wellbeing services in Southampton. The Trust serves a population in excess of 787,000 people, employing some 5,793 substantive staff with an income of £266,093,825 (versus £246,622,000 in 2017/18) Dorset HealthCare University NHS Foundation Trust provides 107 services which are listed on our website and has reviewed them in the following ways:

The Board

The Board receives a monthly integrated corporate dashboard which sets out performance across a range of quality metrics under the domains of safe, effective, caring, well-led and responsive. The dashboard includes exception reports where further information is provided to explain performance and actions being taken to improve the position.

The Board also receives annual reports in respect of patient experience, complaints, safeguarding and infection prevention and control.

The Board receives a patient story at each meeting.

The Quality Governance Committee

The Quality Governance Committee, which meets every other month, receives reports on:

- Serious incidents requiring investigation
- Progress with recommendations following review of serious incidents requiring investigation
- Inpatient staffing level assurance.

The Audit Committee

The purpose of the Committee is to acquire and scrutinise assurances during the year as to the integrity of the Trust’s principal disclosure statements, including financial statements. This is carried out by scrutinising assurances on the design and operation of controls. The Committee will acquire and scrutinise assurances relating to the following:

- Annual Governance Statement relating to the system of internal control, which may include letters of representation
- Annual Report and Accounts, with accounting policies, and Notes to the Accounts
- Compliance with the Trust Licence and, in particular, the Corporate Governance Statement
- Annual disclosures in relation to the Code of Governance for NHS Foundation Trusts
- To set and agree the internal audit plan and review the findings and recommendations of the reports received.
Mental Health Legislation Assurance Committee

The Committee, which meets quarterly, is the specialist arm of the Quality Governance Committee. The Committee receives a quarterly dashboard on Mental Health Act compliance metrics.

Executive Quality & Clinical Risk Group

The monthly meeting of the Group receives reports on:

- Moderate, major and catastrophic incidents
- A summary of reviewed serious incidents, falls and pressure ulcers
- A staffing level assurance report
- Clinical risks
- Mortality governance
- Clinical audit plan progress.

Director Visits

Underpinning the formal reporting to groups is a system of director visits to Trust services and sites.

Information relating to patient experience

Regular performance reports to the Trust Board incorporating measures on patient experience including: percentage of patients that felt safe, Friends and Family Test (FFT) scores, compliments and complaints.

Reports to the Board, Quality Governance Committee, Executive Quality and Clinical Risk Group:

- National and local service user survey results
- Real time feedback
- Quarterly Patient Experience report
- Quarterly Complaints Board report (available on the Trust website)
- Annual compliments and complaints reporting including lessons learnt (available on the Trust website).

In addition the Trust Non-Executive Directors have undertaken a combination of announced and unannounced visits to the wards and units.

The Trust continues to use Quality of Interaction Schedule (QUIS) (Dean, Proudfoot & Lindesay 1993), a well-regarded observational technique to capture patient experience. QUIS pioneered by the Patient Association is a systematic way of observing the quality of interactions of care between staff and patients. It is an additional way of capturing patient experience, pioneered to understand the care experiences of people who are unable to tell us themselves. Observations are recorded if the interaction was positive, basic care / neutral care or negative care. Feedback is given directly to the manager at the time of observation. The observations are carried out for a 40 minute period. Feedback overall is collated and a written account is produced to share with staff and wider to see if there is any further learning.

Information relating to patient safety

A range of reports are sent to the Board, Quality Governance Committee, Executive Quality and Clinical Risk Group, including:

- Incident report included within the monthly directorate reports
- Moderate Harm and Above Incidents monthly report
- Early Warning Trigger Tool (EWTT) and Quality, Effectiveness and Safety Trigger Tool (QuEST) reports
- Central Alerting System compliance reports
- Safety Thermometer reports
- Quarterly report of serious incident recommendations and progress
- Quarterly safeguarding children and vulnerable adult report
- National Reporting and Learning Service six-monthly incident report
- Quarterly and Annual Sign Up To Safety reports
- Clinical Risks.

**Information relating to clinical effectiveness**

Regular performance reports to the Board incorporating measures on clinical effectiveness include:

- The number of inpatients having an annual physical health check
- The percentage of patients screened for malnutrition
- The percentage of patients screened for Venous Thromboembolism (within 24 hours of admission)
- The number of falls that have resulted in harm to a patient.

Reports to the Board, Quality Governance Committee and/or, Executive Quality and Clinical Risk Group, include:

- Monthly reporting on compliance with NICE Technology Appraisals and Guidelines
- Report on the annual clinical audit programme
- Quarterly Mortality Report
- Monthly report on Care Quality Commission action plans.
PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

Mandatory Statement Two:

During 2018/19, 15 national clinical audits and 1 national confidential enquiries covered relevant health services that Dorset HealthCare University NHS Foundation Trust provides.

During that period Dorset HealthCare University NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:

<table>
<thead>
<tr>
<th>National Clinical Audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Inpatient Falls</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
</tr>
<tr>
<td>National Audit of Anxiety and Depression (Core audit)</td>
</tr>
<tr>
<td>National Audit of Anxiety and Depression Psychological Therapies Spotlight Audit</td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
</tr>
<tr>
<td>National Audit of Psychosis (EIP)</td>
</tr>
<tr>
<td>National End of Life Care audit</td>
</tr>
<tr>
<td>POMH Topic 16b Rapid Tranquilisation</td>
</tr>
<tr>
<td>POMH Topic 18a Prescribing Clozapine</td>
</tr>
<tr>
<td>POMH Topic 6d Assessment of side effects of depot and LA antipsychotic medication</td>
</tr>
<tr>
<td>POMH Topic 7f Monitoring of patients prescribed lithium</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
</tr>
<tr>
<td>Mandatory Surveillance of bloodstream infections and clostridium difficile infection</td>
</tr>
<tr>
<td>National Asthma and COPD audit programme (Pulmonary Rehab)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Confidential Enquiries / Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Confidential Inquiry into Suicide and Homicide (NCISH)</td>
</tr>
</tbody>
</table>

Mandatory Statement Two continued:

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust participated in during 2018/19 are as follows:

<table>
<thead>
<tr>
<th>National Clinical Audits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Inpatient Falls</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
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<tr>
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</tr>
<tr>
<td>National Audit of Anxiety and Depression Psychological Therapies Spotlight Audit</td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
</tr>
<tr>
<td>National Audit of Psychosis (EIP)</td>
</tr>
<tr>
<td>National End of Life care audit</td>
</tr>
</tbody>
</table>
### National Clinical Audits

<table>
<thead>
<tr>
<th>National Clinical Audit</th>
<th>Participated</th>
<th>Number of cases submitted</th>
<th>% cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Inpatient Falls</td>
<td>Yes</td>
<td>In Progress</td>
<td>n/a</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>Yes</td>
<td>23</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Anxiety and Depression (Core audit)</td>
<td>Yes</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Anxiety and Depression Psychological Therapies Spotlight Audit</td>
<td>Yes</td>
<td>36</td>
<td>n/a</td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
<td>Yes</td>
<td>580</td>
<td>n/a</td>
</tr>
<tr>
<td>National Audit of Psychosis (EIP)</td>
<td>Yes</td>
<td>157</td>
<td>100%</td>
</tr>
<tr>
<td>National End of Life care audit</td>
<td>Yes</td>
<td>68</td>
<td>100%</td>
</tr>
<tr>
<td>POMH Topic 16b Rapid Tranquilisation</td>
<td>Yes</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>POMH Topic 18a Prescribing Clozapine</td>
<td>Yes</td>
<td>55</td>
<td>100%</td>
</tr>
<tr>
<td>POMH Topic 6d Assessment of side effects of depot and LA antipsychotic medication</td>
<td>Yes</td>
<td>114</td>
<td>100%</td>
</tr>
<tr>
<td>POMH Topic 7f Monitoring of patients prescribed lithium</td>
<td>Yes</td>
<td>71</td>
<td>n/a</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme</td>
<td>Yes</td>
<td>69</td>
<td>n/a</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Yes</td>
<td>36</td>
<td>100%</td>
</tr>
<tr>
<td>Mandatory Surveillance of bloodstream infections and clostridium difficile infection</td>
<td>Yes</td>
<td>Ongoing</td>
<td>100%</td>
</tr>
<tr>
<td>National Asthma and COPD audit programme (Pulmonary Rehab)</td>
<td>Yes</td>
<td>In Progress</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Mandatory Statement Two continued:

The national clinical audits and national confidential enquiries that Dorset HealthCare University NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
<table>
<thead>
<tr>
<th>National Confidential Enquiries / Inquiries</th>
<th>Participation</th>
<th>Number of cases submitted</th>
<th>% cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Confidential Inquiry into Suicide and Homicide (NCISH)</td>
<td>Yes</td>
<td>23*</td>
<td>100%</td>
</tr>
</tbody>
</table>

* We were asked to submit data on 24 cases but 1 was from the Prison Services. At the point the information was requested that service was no longer provided by DHC and we were unable to access records to complete the questionnaire.

**Mandatory Statement Two continued:**

The reports of 14 national clinical audits were reviewed by the provider in 2018/19 and Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Following completion of a national audit an initial action plan will be proposed by the nominated Audit Lead. The action plan will then be reviewed and agreed by Clinical Effectiveness Group.

Trust-wide audit action plans will then be monitored by the Clinical Effectiveness Group. Exception reporting on a quarterly basis will occur at this group.

Audits reports and action plans will also be shared with other appropriate groups as appropriate to maximise shared learning opportunities.

**Mandatory Statement Two continued:**

The reports of 32 local clinical audits were reviewed by the provider in 2018/19 and Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Following completion of a local audit, an initial action plan will be proposed by the Audit Lead. The action plan will then be reviewed and agreed by the relevant Locality meeting.

Local audit action plans will be monitored by the nominated Audit Lead and will be reported on to the Locality quarterly or as necessary.

Results will be discussed at Locality Management Group meetings and will then be cascaded to staff via the relevant manager.

Audits reports and action plans will also be shared with other appropriate groups as appropriate to maximise shared learning opportunities.
Mandatory Statement Three:

The number of patients receiving relevant health services provided or sub-contracted by Dorset HealthCare University NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a Research Ethics Committee was 718.

Our research and development function has continued to promote participation in clinical research during 2018/19, greatly expanding the complexity of the research undertaken and increasing the areas of the Trust engaging in research activity. Research helps the NHS to improve the quality of care and the future health of the population. The continued participation and expansion in clinical research demonstrates the Trust’s commitment to improve the quality of care offered to patients, carers and staff in the services we provide.

This year we have developed the complexity of our research activity taking on more complex interventional studies and expanding into a number of new areas. These include cognitive stimulation for those with intellectual disabilities and dementia, lifestyle and wellbeing in mental health and treating specific phobias in children and young people. This has occurred alongside further research in the areas of dementia looking at detecting genetic susceptibility in late onset dementia, and in mental health looking at the prevalence of pathogenic antibodies in psychosis.

A particular area we have developed during 2018/19 is our Improving Access to Psychological Therapies (IAPT) services. Research studies looking at the addition of, digitally delivered interventions via apps and mindfulness to treatment as usual are examples of work carried out. We have also participated in research looking at the wellbeing of staff both at a survey and interventional level. An example being Mindshine 3, a study which examined the benefits and differences of two online interventions for staff wellbeing.

We successfully hosted our first commercial research study in 2017 with a study recruitment duration of two years and which closed to recruitment in December 2018, with all randomised participants now in follow-up. The Trust has opened three other commercial studies in the areas of: antipsychotic reduction and discontinuation; treatment-resistant depression, and the investigation of the comparative effectiveness of two medicinal products in agitation in dementia. We have submitted two other expressions of interest to participate in commercial research and we hope to be successful in being chosen to run these during 2019/20.

The Trust has continued to support non-portfolio research led by its own staff and those on placement with us in addition to the studies adopted on to the National Institute for Health Research (NIHR) portfolio. This investment and support has enabled staff to develop both their interest and skills in the development and delivery of research. It has also created a greater number of opportunities for patients, carers and staff to join in research. Examples of the types of studies are:

- development, usability and acceptability of an informed choice tool on cervical screening for women diagnosed with a serious mental illness
- diabetic foot risk: foot deformity – its definition and current assessment by Podiatrists
- looking at and understanding social situations in Borderline Personality Disorder
- tools to measure organisational culture in English NHS Hospitals, what is current practice?
- an exploration of practitioner perspectives on mental health service user involvement in trial Liaison and Diversion services in England.

This expansion has been mirrored by the continued embedding of strong research governance systems within the Trust which, following internal audit of the research function, was judged to provide substantial assurance to the Trust.

Collaborative working in clinical research

The Trust views collaboration with other organisations in the research field as essential to increasing the opportunities for patients and carers to participate in research and for staff to gain experience of research. In light of this we work in collaboration with other NHS Trusts, Dorset CCG, Primary Care and
Bournemouth University to develop Dorset as an attractive area to carry out research and to promote opportunities for research across the patient pathway and between organisations.

Within Wessex we have worked closely with other Mental Health / Community providers, such as Southern Health NHS Foundation Trust and Solent NHS Trust, on research studies which have involved more than 350 people.

We have maintained our links with national research centres such as Kings College London and the Maudesley Hospital expanding the range of research that can be accessed by those who use our services, examples being:

- Home-based Extended Rehabilitation for Older people (HERO)
- Randomised Control Trial of COPe-support online resource for carers of those with Bi-Polar disorder
- Treatment of adolescent anxiety disorders: the views of clinicians.

We have expanded the number of universities we collaborate with in research projects, adding the universities of Reading, St George’s London, Cardiff and Birmingham to already established links with the universities of Manchester, Oxford, Sussex, Newcastle, Nottingham and University College London. Allied to this we have maintained our close links with NHS organisations in Dorset to explore opportunities to do research through the Research active Dorset initiative. We have also expanded our area of activity to join studies being led by other NHS Trusts, examples being Leeds & York Partnership NHS Trust, Bradford Teaching Hospital NHS Trust, and University Hospital Southampton.

We continue to have close links with Bournemouth University and staff collaborate in research with academic staff at Bournemouth such as genetic counselling in psychiatric disorders and Effects of Depression on Counterfactual thinking. This year also saw the first match-funded PHD studentship established between the Trust and the University in the area of identifying contractures. The Trust and Bournemouth University have collaborated on a grant application to the research for patient benefit fund investigating the area of “The effect of vegetable oil on cognitive functions in Mild Cognitive Impairment patients” and the study has been awarded NHS Ethics we hope to hear about the outcome early in 2019.

**National Institute for Health Research (NIHR) internships**

Two members of Trust staff have completed research development internships. One staff member working with Southampton University in the area of loneliness and frailty said of her experience: “Undertaking an internship gave me protected time away from my clinical hours to develop my research skills which has benefited both patients and colleagues. I was able to complete a postgraduate module on research methods for evidence based practice at Southampton University; this developed my skills in exploring the evidence and deciding how to apply to it to practice to ensure that I am providing the best care for my patients.” The second staff member worked with colleagues at Bournemouth University on the use of therapeutic touch in fibromyalgia and spoke about the value of her experience. “This provided me with the funds to back fill my clinical role, a day a week for 6 months, in order that I could take part in research skills development.”

In 2018/19 another member of staff has applied for an internship looking at: what is the effectiveness of an “early supported discharge service” in expediting recovery and reducing length of stay.

We also ensure regular participation in and support of the National Institute for Health Research (NIHR) Wessex team and its functions supporting research across the Wessex region.

**Research studies**

During 2018/19 the Trust participated in 28 research studies, both portfolio and non-portfolio studies, and a total of 723 participants across both types of studies. We publish our performance in research on our website quarterly in line with Government guidance. We have recruited 723 participants into NIHR portfolio research studies. We also achieved for the first time the threshold to receive Research Capability Funding (RCF), which reflects successful recruitment above 500 participants to NIHR portfolio studies within the specified window. Equally as important as the numbers recruited is the complexity of the research the
Trust can support. In 2018/19 the complexity weighting target set by the NIHR of 1709 was surpassed reaching a score of 3591.5. Our performance in successfully increasing our performance in R&D year-on-year has led to increased resources being invested from the NIHR, commercial research sponsors and through the RCF, and this enables us to build capacity to deliver research.

**Develop the Trust’s Research Governance and Administration Processes**

The Trust has built capacity in-house to be able to provide governance and assurance over research activity taking place in the Trust, something previously contracted out to Salisbury NHS Trust. Trust staff attended training provided by the national body in research and its delivery within the NHS from the administration and governance point of view. Another staff member attended a course on the archiving of research data in line with best practice and amended the Trust Standard Operating Procedures (SOPs) in line with this training. A full range of SOPs have been written to support the delivery of research within the Trust and, over the last twelve months, specific SOPs associated with commercial trials research have been added to ensure clear processes and procedures are in place. All of this work was recognised when internal audit carried out an audit of the R&D team’s processes and concluded that the Board could take substantial assurance in this area. This improved overall performance in delivering clinical studies led to an award from NIHR Wessex for outstanding contribution to clinical research studies for a member of the team.

![Award Image]

**Going forward**

We have maintained momentum and enthusiasm for clinical research and the plan is to continue to develop our clinical research activity and capacity. Now that commercial research has started we will expand our commercial research portfolio in the coming year. The income generated from commercial research activity will hasten our growth of our research capacity and greatly increase the opportunity for patients and carers to participate in clinical research within our services.

A revised Trust Research plan covering 2019/2022 will be developed in the coming year. This will refresh the research aims and the objectives of the Trust with a focus on increasing research activity across more services by more staff, thus enabling more patients, carers and staff to access and benefit from quality research.
Mandatory Statement Four:

A proportion of Dorset HealthCare University NHS Foundation Trust income in 2018/19 was conditional upon achieving quality improvement and innovation goals agreed between Dorset HealthCare University NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The design of the 2017/19 scheme continues to support the ambitions of the Five Year Forward View (FYFV) and is directly linked to NHS Mandate with a focus on the two areas of clinical quality and transformation indicators and supporting local areas with Sustainability and Transformational Plans (STPs) and local financial sustainability.

A proportion of the Trust’s income in the 12 months ending 31 March 2019 was conditional on achieving quality improvement and innovation goals agreed with Dorset CCG through the CQUIN framework.

The total value of schemes reported during 2017/18 was £5.1m. The monetary total income conditional upon achieving CQUIN goals for 2018/19 is £5.55 million, which included contractual arrangements with:

- Dorset Clinical Commissioning Group (CCG)
- NHS England Specialised Commissioning
- NHS England Dental

Of the 13 national Commissioning for Quality and Innovation (CQUINs), seven indicators apply to a community and mental health provider. Commissioners advised in quarter 4 2017/18 that CQUIN indicator 8 ‘Supporting proactive and safe discharge’ was no longer applicable or reportable.

The table below lists the seven national applicable CQUINs:

<table>
<thead>
<tr>
<th>CQUIN Indicator number</th>
<th>CQUIN Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improving staff health and wellbeing</td>
</tr>
<tr>
<td>1a</td>
<td>Improvement of health and wellbeing of NHS staff</td>
</tr>
<tr>
<td>1b</td>
<td>Healthy food for NHS staff, visitors and patients</td>
</tr>
<tr>
<td>3</td>
<td>Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) and collaboration with primary care clinicians</td>
</tr>
<tr>
<td>3a</td>
<td>Cardio metabolic assessment and treatment for patients with psychoses</td>
</tr>
<tr>
<td>3b</td>
<td>Collaboration with primary care clinicians</td>
</tr>
<tr>
<td>4</td>
<td>Improving services for people with mental health needs who present to A&amp;E</td>
</tr>
<tr>
<td>5</td>
<td>Transitions out of children and young people’s mental health services</td>
</tr>
<tr>
<td>9</td>
<td>Preventing ill health by risky behaviours – alcohol and tobacco</td>
</tr>
<tr>
<td>10</td>
<td>Improving the assessment of wounds</td>
</tr>
<tr>
<td>11</td>
<td>Personalised care and support planning</td>
</tr>
</tbody>
</table>

Dorset CCG has acknowledged, local and national challenges associated with the 2017/19 CQUIN programme. These include:

- CQUIN 1a – An ambitious target for the Trust to achieve further improvement from a solid performance
- CQUIN 1b – Data collection difficulties associated with incapable software systems
- CQUIN 3a, 3b, 5, 11 – Where the target groups are small and / or the indicator is nationally recognised as challenging
- CQUIN 9 – Requires a Pan Dorset approach with Dorset CCG and Public Health Dorset looking at ‘Prevention at Scale’.

Mandatory Statement Five: Registration with the Care Quality Commission (CQC)

Dorset HealthCare University NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is ‘without restrictive conditions’.

Dorset HealthCare University NHS Foundation Trust has the following conditions on registration ‘licensed to provide the following regulated activities’:

- Personal care
- Termination of pregnancies
- Family planning
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures

The Care Quality Commission has not taken enforcement action against Dorset HealthCare University NHS Foundation Trust during 2018/19.

The Trust’s overall rating by the CQC is ‘good’. The CQC award ratings based on a combination of what they find at inspection, what people tell them, data they collect and local information provided by the Trust. The ratings are awarded on a four point scale:

**CQC Ratings**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outstanding</strong></td>
<td>The service is performing exceptionally well.</td>
</tr>
<tr>
<td>Good</td>
<td>The service is performing well and meeting expectations.</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>The service is not performing as well as it should and the CQC have told the service how it must improve.</td>
</tr>
<tr>
<td>Inadequate</td>
<td>The service is performing badly and action is taken against the person or organisation that runs it.</td>
</tr>
</tbody>
</table>

CQC use five key questions in their assessment of quality each one having equal weight. A rating is awarded for each question and our overall rating for each one is shown below.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Overall Rating</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td>Requires improvement</td>
<td></td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services responsive</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
<td></td>
</tr>
</tbody>
</table>

During 2017/18 CQC changed the way they carry out inspections now that all Trusts have received a comprehensive inspection. Using information gathered from external data sources, and data submitted by the Trust, CQC will inspect certain core services followed by an inspection of 'well-led' at trust level. It is
intended this will be an annual process and selected core services will be inspected against the five domains of quality.

In November 2017, the CQC carried out planned inspections of eight core services areas:

- Acute wards for adults of working age and Psychiatric Intensive Care Unit (PICU)
- Crisis and health based place of safety (HBPoS)
- Learning disability services
- Community-based mental health services for adults of working age (Adult CMHT)
- Community-based mental health services for older people (CMHT OP)
- Community health inpatient services
- Community health services for children, young people and families
- End of life care services.

The inspection of core services was followed by the well-led inspection which took place from 4 to 8 December 2017.

The final report was published on 13 April 2018 which confirmed the Trust’s overall rating had improved from ‘requires improvement’ to ‘good’.

The table on the next page shows the ratings by domain for each core service as well as their overall rating.
## TRUST RATINGS 2018/19 BY CORE SERVICE AND QUALITY DOMAIN

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute wards for adults of working age and psychiatric intensive care units</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Long stay/rehabilitation mental health wards for working age adults</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Forensic inpatient / secure wards</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Child and adolescent mental health wards</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Wards for older people with mental health problems</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community-based mental health services for adults of working age</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Mental health crisis services and health based places of safety</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Specialist community mental health services for children and young people</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community-based mental health services for older people</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community mental health services for people with a learning disability or autism</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Forensic Community</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Community health services for adults</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community health services for children, young people and families</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community health inpatient services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>
Good practice

The CQC report noted that the senior team had led a very effective programme of improvement which had resulted in the majority of issues previously found being addressed. Communication across the Trust had improved with the Board and senior managers being more visible to staff. There was noticeable improvement in the culture across the Trust, with increased openness and transparency and a clear desire in staff at all levels to learn and improve.

The CQC report states that the Trust’s senior leadership team have the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation. They saw evidence of excellent leadership at all levels across the Trust with many dedicated, compassionate staff who strive to deliver the very best care for patients.

The inspectors saw a clear focus on supporting both the physical and mental health of patients, regardless of whether the service they were accessing was primarily for their physical or mental health needs. Staff found innovative ways to enable people to manage their own health and care.

Pebble Lodge, the child and adolescent mental health ward, was noted as having met all the requirements from the last inspection and the staff had gone above and beyond what was required in making the changes. There was a strong emphasis on young people being part of the community. They raised money for a chosen charity each month and the work they had done with this allowed them to volunteer at certain sites such as a farm. There were universally positive reports about the staff from both children and their parents or carers.

Many staff who spoke with the CQC inspectors expressed pride in working for the Trust and felt they are valued and able to raise concerns freely and without fear of retribution in what they felt is an atmosphere of openness. Staff reported that the Trust has developed a culture of learning and improvement without apportioning blame.

There were effective governance systems and processes in place to monitor risk and assure performance and quality across all levels of the organisation. Identified and potential risks were taken into account when planning and operating services.

Managers at every level of the Trust were able to access a good range of up-to-date, detailed, service-specific information and data. The electronic dashboard system allowed managers to see a spread of critical key performance indicators, which supported them in running their services. A newly revised and improved ‘integrated corporate dashboard’ gave Board members an appropriate level of accessible and pertinent detail about all areas of Trust performance, to allow them to make fully informed decisions. We saw how non-executive directors gave appropriate scrutiny and challenge, during Board meetings, of the information presented through the dashboard.

The Trust had a clear focus on continuous learning and a well-developed programme of improvement and innovation. Services across the Trust had achieved accreditation in their fields or were working towards gaining such accreditation. There was a commitment from the senior team to learn from serious incidents, including deaths, and openness in the manner in which the Trust communicated with families, staff and external agencies following incidents.

Areas to improve

The safe domain is rated as ‘requires improvement’ because CQC found that theatres at some of our community hospitals were not using the World Health Organisation’s checklist before surgery.

Safety of the environment on some mental health wards remained an issue and CQC had concerns in relation to the governance and capacity of the county-wide section 136 service. The inspectors felt that there was insufficient staff and capacity to manage more than one or two patients detained on section 136 without using rooms not designed for the purpose.

Staffing vacancies at some of the services were felt to have contributed to higher staff caseloads for a small number of specialist community mental health services. This meant that long waiting times from assessment to treatment continued to occur. Access to some specialist treatments such as speech and language therapy was, on occasion, delayed due to staff shortages in the community mental health
services for people with learning disabilities or autism.
The CQC felt there was a lack of therapeutic input on one of the acute mental health wards. While the wards had a good timetable of activities, the activities available were generally recreational and did not support patients’ recovery to their fullest potential.

The inspectors found variation in the quality of care plans and patient records across services. Care plans at some of the services inspected contained insufficient patient information, while others were not written in a sufficiently person-centred style to reflect the involvement of patients in planning their own care.

CQC reported concerns over the way serious incidents are investigated and thought there was a lack of consistency in the documentation of investigations into serious incidents. While some investigations had identified clear root causes to incidents and then appropriate learning drawn from detailed recommendations, other investigations had not. The Trust reviews these incidents at a weekly serious incident panel which is jointly chaired by the Director of Nursing, Therapies and Quality and the Medical Director.

The team involved in the incident attend the panels where the investigation findings and the learning are discussed. These meetings are not minuted to enable participants to feel they can speak freely. Staff across the organisation reported to the inspection team that there is openness and transparency about safety and continual learning is encouraged. Staff reported that they felt supported to report incidents and near misses.

The CQC found that there were breaches of three regulations in four core services, resulting in nine actions that we must take and 36 actions we should take. The ‘should do’ recommendations are areas for improvement but do not represent a breach in regulations.

The ‘must do’ actions related to:
1. Community health inpatient services
2. Acute wards for adults of working age and PICU
3. Mental health crisis services and HBPoS
4. Specialist community based mental health services for children and young people.

**Actions in response to Care Quality Commission findings**

The core service areas with identified ‘must do’ and ‘should do’ actions have implemented action plans to address the requirements and recommendations made by the CQC. These action plans are monitored both internally and at the quarterly engagement meetings with the CQC.
Mandatory Statement Seven: Registration with the Care Quality Commission

Dorset HealthCare University NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19

In May 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education in Dorset. This included a ‘deep dive’ focus on the response to children experiencing these vulnerabilities.

Key partners involved in the inspection scope and response were Dorset County Council; Dorset Clinical Commissioning Group; Dorset Police; Dorset Combined Youth Offending Service; Dorset, Devon and Cornwall Community Rehabilitation Programme; National Probation Service; Dorset HealthCare; Dorset County Hospital and drug and alcohol service providers.

The findings of the inspection were published by letter on 9 July 2018 (available in full at https://www.gov.uk/government/publications/joint-inspections-of-child-sexual-exploitation-and-missing-children). In response to the three priority actions identified (two specific to Dorset County Council and one for the multi-agency partnership) a multi-agency written statement of action was submitted.

A number of areas of good practice with relevance to Dorset HealthCare were identified, including:

- Multi-agency working in the multi-agency safeguarding hub (MASH)
- Partner agency support for Dorset’s Family Partnership Zones
- Attendance at multi-agency meetings to review high risk children and young people
- The innovative looked after children’s nursing team model including specifically the co-location, enhanced offer, prompt action and positive feedback received
- The specialist support for vulnerable young people including sexual health’s targeted outreach team and school nursing’s Chat Health service, with effective identification of sexual exploitation and prompt referral for multi-agency action.

A number of suggested areas for improvement are relevant to Dorset Healthcare services, including:

- Reducing delays in information sharing due to the use of different IT systems across health agencies
- Improving the ability of safeguarding leaders and managers to track the impact of actions or emerging trends through use of ‘flags’ in patient records for the use of the shortened sexual exploitation risk assessment tool
- Enabling managers to support challenge and learn from practice to ensure that services make best use of chronologies, recognise culture and diversity and escalate promptly issues that require multi-agency action
- Involvement of CAMHS in coordinated risk assessment and planning across the partnership
- Ensuring that school nurses receive information on children who may be in need.

Review of safeguarding children and services for looked after children

In October 2018, the CQC conducted a review of safeguarding children and services for looked after children. The review focused on the quality of health services for looked after children, and the effectiveness of safeguarding arrangements for all children within the boundaries of Bournemouth. The aim of the review was to evaluate the experiences and outcomes for children, young people and their families who receive health services.

The findings of the inspection were published by letter on 12 February 2019 https://www.cqc.org.uk/sites/default/files/20190212_clas_bournemouth_final_report.pdf

Thematic review of the use of restraint, prolonged seclusion and segregation in settings for people who may have mental health problems, a learning disability and / or autism
In January 2019 the Secretary of State asked the Care Quality Commission to review and make recommendations about the use of force and restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability and/or autism.

Pebble Lodge, the child and adolescent mental health ward, was asked to release information to help the CQC with the first phase of its review which focuses on settings for children and young people and people of all ages with a learning disability. The information will play a key role in helping the review team understand the current use of restraint, seclusion and segregation and will inform site activity. The information request will also be shared with the analytical team and will be used to inform the national report of our key findings and recommendations, which will be published after the reviews are completed.

Elimination of Dormitories / shared bedrooms within mental health services

In January 2019 the CQC undertook a piece of work to scope the number of mental health services across the country that had dormitories / shared bedrooms in use within inpatient services. The Trust was asked to check the data held by the CQC. Our response confirmed we had three wards with double rooms, totalling 26 beds and one ward with three dormitories totalling 12 beds.

We continue to identify options that support the mental health inpatient service in its priority to move to single accommodation. Working is ongoing to:

- explore options to increase overall capacity to reduce dormitories which have included extending two wards
- review our estate county-wide, refreshing on an assessment carried out in 2016
- enter into conversations with acute hospital colleagues with regards to alternative sites
- undertake a review and consultation of mental health rehabilitation provision to explore a variety of different options. The outcome of this review will resolve the sharing of rooms.
STAFF SURVEY

Each year NHS staff are offered the opportunity to give their views on the range of their experience at work by completing a staff survey questionnaire. In 2018 the questions were grouped around 10 themes summarised from 98 questions. This is a change from the 2017 results structure, though the historical results have been recalculated to illustrate year-on-year changes.

The 10 themes are:

- Equality, diversity, and inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Safe environment – bullying and harassment
- Safe environment - violence
- Safety culture
- Staff engagement.

In the 2018 staff survey, seven of the 10 themes had scores of above average compared to similar NHS organisations. There is an improvement in two themes: safe environment – violence, and safety culture. The equality, diversity and inclusion theme is scoring at the highest level within the benchmark group. The results are static for quality of appraisals and safe working environment – bullying. Results have declined for quality of care, immediate managers, and health and wellbeing. Our overall staff engagement score has remained static at 7.3, though this is at the highest level within the benchmark group. Our response rate in 2018 also improved to 51.6% from 49.3% in 2017.

None of the changes in theme score are statistically significant.

Improvements of 2% or more for specific questions, compared to 2017 scores, are:

- The opportunities for flexible working patterns
- My appraisal left me feeling that my work is valued by my organisation
- My organisation treats staff who are involved in an error, near miss or incident fairly
- My organisation encourages us to report errors, near misses and incidents
- We are given feedback about changes made in response to reported errors, near misses and incidents
- I would feel secure raising concerns about unsafe clinical practice
- I am confident that my organisation would address my concerns about unsafe clinical practice
- I would recommend my organisation as a place to work
- The extent to which my organisation values my work
- Opportunities for flexible working patterns
- I receive regular updates on patient / service user experience feedback in my directorate / department.

Areas which demonstrate further action to be taken are:

- Quality of appraisals remained static at 5.4, lower than the benchmark average of 5.5, with particular emphasis on not contributing to agreeing clear work objectives

- Immediate managers’ scores have declined in all six of the questions, although the scores remain above or similar to the benchmark average.

Overall, the survey shows results as fairly static. It highlights important areas where staff want the Trust to be much better. Individual staff and teams are at their best when they feel valued and supported, and it is clear that we still have much more to do before all staff feel so positive.

Our Organisational Development Team is providing specific local reports for every Directorate and locality / service area. These will be discussed with each of the teams and local action plans developed.
Staff views are important and the 2018 Staff Survey reports have been published on our intranet and publicised in the Weekly Round-up email bulletin. Throughout 2019 communications will periodically publish “You said - we did” bulletins to share with staff the actions we are taking on the survey findings.

The survey results have been sent to directors to enable them to deliver staff briefings and to consider actions for specific groups and directorates.

The Equality and Diversity Group will be considering equality areas. A particular area of concern and for attention is how staff with a disability have a less favourable experience of work compared with staff without a disability.

In addition, the survey results will be considered at the Trade Union Partnership Forum, the Health and Safety Committee, the Security Advisory Group and the Trust Board. A follow-up report on the actions taken so far will go to the Board in May 2019.

13% of our staff expressed that they had experienced harassment, bullying or abuse from other staff during the 12 months prior to completing the survey, a decrease from the previous year’s score of 20%. The national average for similar Trusts is 16.3%. The highest score for similar Trusts is 11.8% so we are just below the best score.

The Trust’s score for staff believing we provide equal opportunities for career progression or promotion is 90.4%, which is a slight decrease on our previous score of (91%). The national average for similar trusts for this indicator is 85.8%. The highest score for similar Trusts is 90.5% so we match the highest level for a Trust of our type.

The staff survey review group (whose membership is staff governors and our trade union partnership forum joint chairs) has identified two areas for specific work:

1. Immediate Managers:
The scores for immediate managers have declined for all six of the questions. Focus groups with our band 5 and band 6 managers will take place to better understand the experiences of our immediate managers so that a further support can be developed and access to current support improved. This will also address supporting everyone to feel valued at work.

2. Senior management
The 2018 results show that staff would like greater visibility to and involvement with and senior manager and the Board with improved communications between senior management and staff. A programme of activity will be developed and guided with the steering group to enhance the initiatives already underway. The programme includes the launch of podcasts and vlogs that supplement the established communications methods.
Mandatory Statement Eight: Quality of data

Dorset HealthCare University NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient’s valid NHS Number was:

- 99.78% for admitted patient care;
- 99.98% for outpatient care; and
- N/A for accident and emergency care.

Which included the patient’s valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for outpatient care; and
- N/A for accident and emergency care.

(data up to March 2019)

Mandatory Statement Nine: Information Governance (IG)

In 2018/19 Dorset HealthCare University NHS Foundation Trust Information Governance toolkit was replaced by the Data Protection and Security toolkit to measure performance against the National Data Guardian’ ten data security standards. The organisation scored as standard not met, with an improvement action plan accepted by NHS Digital for 2019/20.

In 2017/18 the Assessment Report overall score was 66% and was graded ‘Green’ from the Information Governance Toolkit Grading Scheme.

Mandatory Statement Ten: Payment by results

Dorset HealthCare University NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

The Trust's Clinical Coding Department was audited by the external auditors D&A Clinical Coding Consultancy Limited on 18th – 20th of February 2019. According to the Data Security Standard 1 Data Quality, the Trust attained the Advisory level.

Fifty episodes of care were audited for mental health and one hundred episodes of care for community health. The 100 episodes for community health included patients admitted for rehabilitation as well as the specialities General Surgery, Oral Surgery, Trauma and Orthopaedics, Gynaecology, Urology, General Medicine and Gastroenterology.

Within both mental and community health services there is a high standard of coding demonstrated.

A more detailed breakdown of the audit is shown in the table.

<table>
<thead>
<tr>
<th></th>
<th>Mental Health</th>
<th>Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Diagnosis</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>Secondary Diagnosis</td>
<td>96.5%</td>
<td>97%</td>
</tr>
<tr>
<td>Primary Procedure</td>
<td>N/A</td>
<td>100%</td>
</tr>
</tbody>
</table>
It should be noted that the results of the external audit should not be extrapolated further than the actual sample audited.

**Mandatory Statement Eleven: Payment by results**

**Dorset HealthCare University NHS Foundation Trust will be taking the following actions to improve data quality:**

- Care is to be taken by the clinical coders that when viewing coding undertaken by another trust, we only use those codes as a point of reference and do not copy them as we may not have access to the same information.
- Clinical coders are reminded that they are not allowed to interpret blood results because then it looks like we are making a diagnosis.
- Care to be taken when assigning codes for a comorbidity that is applicable within the puerperal period. For example a patient has given birth three weeks ago and has hypertension.
The following table provides an overview of the Trust performance against a core set of indicators set by the Department of Health and Monitor. Data relates to the end of 2017/18 and the end of 2018/19 as published on the Health and Social Care Information Centre website.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.</td>
<td>England National Average</td>
<td>Q1: 94.6%</td>
<td>Not available</td>
<td>England National Average:</td>
<td>Q1: 97.51%</td>
<td>Not available: Published by NHS Digital in June 2019</td>
</tr>
<tr>
<td></td>
<td>Q1: 96.7%</td>
<td>Q2: 97.74%</td>
<td></td>
<td>Q2: 97.60%</td>
<td>Q3: 96.77%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2: 96.7%</td>
<td>Q3: 93.41%</td>
<td></td>
<td>Q3: 96.86%</td>
<td>Q4: 95.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q3: 95.4%</td>
<td>Q4: 96.48%</td>
<td>Year-end 95.68%</td>
<td>Q4: 95.5%</td>
<td></td>
<td>Year-end 2019: 97.43%</td>
</tr>
<tr>
<td></td>
<td>Q4: 95.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:
This data is taken directly from the RIO (electronic patient records) and is audited daily to check accuracy.

The Dorset Healthcare University NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by continuing to follow up patients within seven days of discharge.
The Indicator remains above required thresholds and is actively monitored. Dorset Healthcare continue to maintain this position and report any variances via the Directorate Management Groups.
<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by the NHS Digital with regard to the percentage of patients aged –</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 15; and</td>
<td></td>
<td>10.34%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 or over,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: Data extracted directly from RiO™ (Patient Clinical System) with rules applied following discussions with the responsible teams.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by: Continuing to ensure effective discharge planning to minimise the risk of re-admission. Information is available at ward level to inform decision makers connected with service improvement.
The data made available to the NHS Foundation Trust by NHS Digital with regard to The Trust’s ‘Patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

<table>
<thead>
<tr>
<th>Question</th>
<th>2018 Scores for Dorset HealthCare</th>
<th>Lowest trust score</th>
<th>Highest trust score</th>
<th>2017 Results for Dorset HealthCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you given enough time to discuss your needs and treatment?</td>
<td>7.6</td>
<td>6.2</td>
<td>8.0</td>
<td>7.6</td>
</tr>
<tr>
<td>Did the person or people you saw understand how your mental health needs affect other areas of your life?</td>
<td>7.4</td>
<td>5.7</td>
<td>7.5</td>
<td>7.6</td>
</tr>
</tbody>
</table>

The Trust results in the Health and Social Care Workers section overall remain within the ‘about the same’ range. However Q5 Did the person or people you saw understand how your mental health needs affect other areas of your life? Was “Better” than other Trusts nationally despite a marginal decrease from the 2017 score.

Of the 11 sections in the survey, Dorset HealthCare performed “Better” than other Trusts across four sections, Planning Care, Medicines, Overall views of Care and Services and Overall Experience and is an improvement on 2017 results.

The CQC’s statistical release report, published in November 2018, stated that nationally peoples experience of mental health services have deteriorated with a consistent decline in results since 2014. The 2018 survey found overall in other areas the results have declined significantly having remained relatively stable between 2014-2017. This year, younger respondents aged 18 to 35 and those diagnosed with non-psychotic chaotic and challenging disorders consistently reported worse than average experiences across multiple areas. However, those on the new Care Programme Approach (CPA) and those who had been in contract with NHS mental health services for less than a year often reported better than average experiences.

There has been little or no improvement across many of the areas covered by this survey, despite this, there has been a gradual but sustained increase in positive experiences of people’s awareness of knowing who to contact out of hours when having a crisis and is another area where Dorset HealthCare performed “Better” than other trusts.

1 'About the same’ is the wording used by the CQC. It is based on a statistic called the 'expected range' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts.
Trusts. The vast majority of respondents (96%) said that they knew how to contact the person organising their care if they had concerns. Nine out of 10 respondents felt this person organised their care and services either ‘very well’ or ‘quite well’.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:

The Acute Care Pathway is the largest system wide review of Mental Health Services across Dorset. This transformation project is currently underway and is redesigning how Mental Health Services are designed, commissioned and delivered. This has been developed using a co-production method of NHS and lived experience expertise and country wide consultation with people who use services. The first part of the redesign ‘The Retreat’ opened in late April 2018 with the second Retreat planned to open in May 2019 as part of a planned series of service redesign. The services designed as part of the ACP will specifically address feedback that services needed to be more accessible, especially in times of crisis.

<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</td>
<td>1.1% from NRLS cluster data with 1% for DHC from October 1st 2017 to March 31st 2018 (most up to date data available)</td>
<td>6,602 patient safety incidents reported (62% of all incidents). 58 patient safety incidents (0.9%) resulted in severe harm (11) or death (47)</td>
<td>Below average for the rate of patient safety incident that resulted in severe harm or death</td>
<td>No data available from NRLS for financial year 2018/19</td>
<td>6,937 patient safety incidents reported (61.4% of all incidents). 73 patient safety incidents (1%) resulted in severe harm (6) or death (67)</td>
<td>From internal incident reporting data April 1st 2018 to 31st March 2019</td>
</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: The Trust’s reporting rate (per 1,000 bed days) was the third highest (out of 53 trusts) at 91.6 with the median reporting rate being 44.71 within the mental health reporting organisations reporting to the National Reporting and Learning System (NRLS). The levels of severe harm or death continue to be below the comparison data provided by the NRLS report (October 2017 to March 2018).
The Dorset HealthCare University NHS Foundation Trust has taken / intends to take the following actions to improve this percentage, and so the quality of its services. A summary of the learning from all serious incidents reviewed in the previous month is shared in a variety of forums such as the Sign Up To Safety work streams, the intranet and the directorate management monthly reports which are cascaded through teams. All mental health serious incidents are shared at the Mental Health Managers meetings. Staff and carers have continue to be offered the opportunity to share experiences and learning from incidents which are then utilised in training sessions. Pressure ulcers are the highest cause group reported however there has been a sustained reduction in both inpatient and community avoidable pressure ulcers. Self-harm is the second highest cause group reported with the largest percentage of incidents occurring on a female adult mental health treatment ward. Statistical process control charts are used to identify special cause variations. Two patients were involved in 44% of the incidents reported. Synopsis of learning from adult and child safeguarding incidents are shared through the Integrated Safeguarding Group and incorporated into safeguarding training. Learning from incidents at a local level is also shared at ward manager/team leader meetings. A weekly report of all deaths is reviewed by the Patient Safety Team, Director of Nursing Therapies and Quality and the Medical Director to ensure that the investigation approach identified is appropriate to the nature of the incident.

<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to Early Intervention in Psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (year-end position for this indicator has been reviewed by KPMG)</td>
<td>Q1: 81.8% Q2: 88.3% Q3: 64.71% Q4: 74.00% Year end: 77%</td>
<td></td>
<td>Not available: Published by NHS Digital June 2019</td>
<td>Q1: 75% Q2: 81% Q3: 100% Q4: 90% Year end: 86%</td>
<td>Not available: Published by NHS Digital June 2019</td>
<td></td>
</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:
This data is taken directly from the RIO (electronic patient records) and is audited daily to check accuracy.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:
The Indicator remains above required thresholds and is actively monitored. Dorset Healthcare continue to maintain this position and report any variances via the Directorate Management Group.

<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards</td>
<td></td>
<td>Not available</td>
<td></td>
<td>Not available: Published by NHS Digital June 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b) early intervention in psychosis services
c) community mental health services (people on care programme approach)

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: No figures to comment on.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by No figures to comment on.

<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to improving access to psychological therapies (IAPT): b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral</td>
<td>89.1%</td>
<td>Q1: 78.25%</td>
<td>Q2: 81.76%</td>
<td>Q3: 87.15%</td>
<td>Q4: 91.70%</td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q1: 94.46%</td>
<td>Q2: 95.15%</td>
<td>Q3: 96.62%</td>
<td>Q4: 97.57%</td>
<td>Year end: 95.98%</td>
</tr>
<tr>
<td>ii. within 18 weeks of referral</td>
<td>98.8%</td>
<td>Q1: 99.67%</td>
<td>Q2: 99.74%</td>
<td>Q3: 99.70%</td>
<td>Q4: 98.80%</td>
<td>Not Available</td>
</tr>
<tr>
<td>a) proportion of people completing treatment who move to recovery (from IAPT dataset)</td>
<td>50.8%</td>
<td>Q1: 53.62%</td>
<td>Q2: 55.27%</td>
<td>Q3: 53.34%</td>
<td>Q4: 53.80%</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: This data is taken directly from the IAPTuS (digital patient care record system for psychological therapy services) and is audited to check accuracy.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by The Indicator remains above required thresholds and is actively monitored. Dorset Healthcare continues to maintain this position and report any variances via the Directorate Management Group.
The data made available to the NHS Foundation Trust by NHS Digital with regard to admissions to adult facilities of patients under 16 years old

Q1: 0
Q2: 0
Q3: 0
Q4: 0

Published by NHS Digital June 2018

Not available: Published by NHS Digital June 2019

Not available: Published by NHS Digital June 2019

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: The Indicator remains above required thresholds and is actively monitored.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the qualities of its services, by Dorset Healthcare continue to maintain this position and report any variances via the Directorate Management Group.

<table>
<thead>
<tr>
<th>Prescribed Indicators</th>
<th>National average 2017/18</th>
<th>DHC 2017/18 Position</th>
<th>Comparison with other Trusts</th>
<th>National average 2018/19</th>
<th>DHC 2018/19 Position</th>
<th>Comparison with other Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The data made available to the NHS Foundation Trust by NHS Digital with regard to inappropriate out-of-area placements for adult mental health services</td>
<td>Published by NHS Digital June 2018</td>
<td>Published by NHS Digital June 2018</td>
<td>Published by NHS Digital June 2018</td>
<td>Not available: Published by NHS Digital June 2019</td>
<td>Not available: Published by NHS Digital June 2019</td>
<td>Not available: Published by NHS Digital June 2019</td>
</tr>
</tbody>
</table>

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons: Not available: Published by NHS Digital June 2019

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by Not available: Published by NHS Digital June 2019

The data made available to the NHS Foundation Trust by NHS Digital with regard to the Trust’s patient reported outcome measures scores for

(i) Groin hernia
(ii) Varicose vein surgery
(iii) Hip replacement surgery, and
(iv) Knee replacement surgery, and
During the reporting period.

|EQ-5D Index Average adjusted health gain (April-Sept 2017): 0.089 |
|EQ-5D VAS Average adjusted health gain|
|Less than 30 Questionnaires reported, therefore not calculated.|
|EQ-5D Index Lowest adjusted health gain (April-Sept 2017): 0.042 |
|EQ-5D Index Highest adjusted health gain (April-Sept 2017)|

Indicator removed on 1.10.2017
EQ Visual Analogue Scale (EQ VAS) is a thermometer style scale. Patients are asked to indicate their general health on the scale with 0 being the worst and 100 being the best.

The average adjusted health gain is the difference between the patients’ pre and post-operative scores, a negative score would denote that an individual’s health has deteriorated.

The EQ-5D health questionnaire asks patients to classify their health based on self-assessed levels of problems ("no", "some", “extreme” in the following five areas: mobility, self-care, usual activities, pain/discomfort and anxiety/depression.

The Dorset HealthCare University NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust undertakes a relatively small number of operations at three of its Community Hospitals. The patients are carefully screened for surgery in a community hospital and are therefore relatively otherwise healthy individuals whose scores for health state are generally high on the first assessment. The Trust continues to monitor all PROMS data on an ongoing basis.

The Dorset HealthCare University NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by continuing to regularly review detailed patient level data to identify issues/trends which may impact on patients’ health following surgery and take action if issues are identified.
PART THREE: REVIEW OF QUALITY PERFORMANCE

QUALITY INDICATORS 2018/19

Indicators are refreshed each year by the Trust Board, our indicators have changed from those used in 2017/18; the following table provides an overview of the reasons for these changes.

<table>
<thead>
<tr>
<th>QUALITY DOMAIN</th>
<th>INDICATOR</th>
<th>REASON FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Complete a self-assessment against the 6 standards developed by the Carers Trust for all mental inpatient and Crisis Teams</td>
<td>Dorset HealthCare achieved these indicators in 2017/18 and will continue to roll out Triangle of Care programme across the Trusts mental and physical health inpatients areas.</td>
</tr>
<tr>
<td></td>
<td>Develop an action plan to address areas which were not rated as green in the self-assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop an implementation plan to roll out the Triangle of Care across our community mental health teams</td>
<td></td>
</tr>
<tr>
<td>Patient Safety</td>
<td>Identify treatments / interventions that could be provided in house in line with the competency</td>
<td>Dorset HealthCare will continue this work as part of the Trust’s Sign Up to Safety work streams – Suicide Prevention, Deteriorating Patient and Sepsis.</td>
</tr>
<tr>
<td></td>
<td>Improve working across inpatient and community boundaries for specific interventions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduce Emergency Department attendance at Poole Hospital NHS Foundation Trust of our mental health inpatients</td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>Ensure all staff have access to relevant knowledge, training and support from other Trust services to be able to manage challenging behaviours in patients</td>
<td>Dorset HealthCare achieved this indicator in 2017/18 and will continue to support staff with training.</td>
</tr>
<tr>
<td></td>
<td>Embed John’s Campaign, Carers Passport in our community hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community hospital wards signed up to the Quality Mark for Elder Friendly Hospital Wards</td>
<td>Dorset HealthCare achieved these indicators in 2017/18 and will continue to support staff with the Dementia Friendly Charter programme in 2017/18.</td>
</tr>
</tbody>
</table>
PROGRESS WITH OUR QUALITY INDICATORS 2018/19

This section of the Quality Report highlights the Trust performance against a core set of national quality indicators and indicators of quality agreed by the Trust Board for each of the Quality Domains during 2018/19.

### PATIENT EXPERIENCE

**Indicator:** To continue to roll out and embed the Triangle of Care (ToC) across all Mental Health Services
- Mental Health inpatient wards, Community Mental Health Teams and Child and Adolescent Mental Health services continue with active participation with the ToC programme
- Additionally ToC programme is being expanded to the Trust’s community hospitals physical health wards.

**Indicator:** Develop patient experience feedback mechanisms in Child and Adolescent Mental Health Services (CAMHS) to understand and improve their experience of our services
- Child and Mental Health inpatient and community services are using the Trusts Patient Experience software system Gather™ to understand and improve service user’s experiences.

**Indicator:** We will commit to sign up to the Dementia Friendly Hospital Charter
- The Trust’s physical health inpatient wards are active participants of the Dementia Friendly Hospital Charter programme

### PATIENT SAFETY

**Indicator:** To support our staff in the early detection and management of deterioration in adult inpatients
- The Trust has committed to the roll out and implementation of NEWS2, in line with acute trusts requirement by March 2019
- Staff have access to the Royal College of Physicians online NEWS2 training module

**Indicator:** To support our staff in the prevention, early detection and management of emergency situations affecting adult inpatients
- Resuscitation training for registered and non-registered staff has been reviewed and is now specifically tailored to role and location
- The Trust’s ‘Enhanced Life Support’ bespoke training package provides basic life support, a deteriorating patient module, scenario training and for inpatient areas includes iGel airway management
- The Trust has committed to the implementation of the national International Dysphagia Diet descriptors by April 2019. Staff are being supported with dysphagia awareness and training sessions.

**Indicator:** To work towards ensuring that all relevant patients are enabled and encouraged to self-administer insulin during their inpatient stay
- Using the Wessex Academic Health Sciences Network implementation guide the Trust is working with staff and patients in Community Hospitals

### CLINICAL EFFECTIVENESS

**Indicator:** We will support people who use or services to prevent ill health caused by smoking
- Staff providing ‘brief’ advice regarding smoking to those patients identified has proved challenging with only 30% of patients briefed
- Referral for support to quit and medication offered is low at just 10%
- Dorset Clinical Commissioning Group having recognised the complexities involved for all Trusts achieving this CQUIN have convened a working group with key stakeholders which includes Public Health Dorset, all local authorities, Live Well Dorset, the acute trusts and Dorset HealthCare to collectively progress the CQUIN. The Trust’s position is more favourable than some local Trusts and therefore has been specifically invited to share best practice, training and learning to the other stakeholders going forward.

**Indicator:** We will support people who use our services to reduce the risk of alcohol related illness
- The threshold for screening of drinking levels was achieved in quarter 3 (71%)
- The threshold for advice and referral to specialist alcohol services was achieved in quarter 3 (80%)

**Indicator:** Support staff on the older peoples’ mental health wards to be effective in the prevention and management of Venous Thrombo Embolism (VTE)
- Development, pilot and roll out to the Trust’s four Older Peoples Mental Health wards of the VTE risk assessment tool
- Thresholds for patient risk assessed for VTE at the time of admission and for a full assessment to be completed by a medic where indicated was achieved in quarter 3 (85%)
<table>
<thead>
<tr>
<th>Monitor Mandatory Service Targets – Compliance framework</th>
<th>Target threshold values</th>
<th>March 16 Position</th>
<th>March 17 position</th>
<th>Q4 March 18 Position</th>
<th>Q1 June 18 Position</th>
<th>Q2 Sept 18 Position</th>
<th>Q3 Dec 18 Position</th>
<th>Q4 March 19 Position</th>
<th>Year End Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to treatment waiting times (patients on an incomplete pathway) (the year end position for this indicator has been reviewed by KPMG)</td>
<td>SOF performance indicator: 92% &lt;18 weeks</td>
<td>97.51%</td>
<td>98.04%</td>
<td>96.99%</td>
<td>96.8%</td>
<td>93.0%</td>
<td>93.2%</td>
<td>95.8%</td>
<td>95.8%</td>
</tr>
<tr>
<td>A&amp;E maximum waiting time of 4 hours from arrival to admission / transfer / discharge</td>
<td>SOF performance indicator: 95% &lt;4 hours</td>
<td>99.96%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not applicable to the Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 6-week wait for diagnostic procedures</td>
<td>SOF performance Indicator: 99%</td>
<td></td>
<td></td>
<td>99.18%</td>
<td>100.0%</td>
<td>99.78%</td>
<td>99.97%</td>
<td>99.88%</td>
<td>99.91%</td>
</tr>
<tr>
<td>Care Programme Approach (CPA) patients having formal review within 12 months</td>
<td></td>
<td>95.80%</td>
<td>95.50%</td>
<td>94.61%</td>
<td></td>
<td></td>
<td></td>
<td>Indicator removed from SOF</td>
<td></td>
</tr>
<tr>
<td>MH Admissions to adult facilities of patients under 16 years old</td>
<td>Indicator introduced 2017/18</td>
<td></td>
<td></td>
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</tbody>
</table>
**HOW TO CONTACT US**

**LET US KNOW WHAT YOU THINK**

We hope that our Quality Report has been informative and interesting to you. We welcome feedback, along with any suggestions you may have for next year’s publication. Please get in touch with:

The Director of Nursing, Therapies and Quality  
Dorset HealthCare University NHS Foundation Trust  
Trust Headquarters  
Sentinel House  
4-6 Nuffield Industrial Estate Nuffield Road  
Poole Dorset  
BH17 0RB  
Email: Dawn.dawson4@nhs.net

**JOIN US AS A MEMBER AND HAVE YOUR SAY IN OUR FUTURE PLANS**

A representative and meaningful membership is important to the success of the Trust and gives members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved. Membership is free and the extent to which our members are involved is entirely up to them. Some are simply happy to receive a newsletter four times a year, while others are keen to be involved in consultations and come along to meetings. Some have even become members of our Council of Governors.

For further information please contact our Membership Office on:

**0808 100 3318** or email: dhc.membership@nhs.net

**CHECK OUT OUR WEBSITE**

Our website provides comprehensive details of the Trust’s services and where they are provided, including information about mental health, learning disabilities and community health services, what to do in a crisis, updates on Trust initiatives and links to other useful websites.

There is also a section about Foundation Trust membership under the ‘About the Trust/Membership’ heading, where there is an opportunity to sign up online. One of the benefits of becoming a member is that you have a vote when elections for public governors are held and thereby a say in who represents you.


This Quality Report can be found on the NHS Choices website at [www.nhs.uk](http://www.nhs.uk). This report can be made available in a variety of formats, available on request.
ANNEX 1

FEEDBACK FROM OUR STAKEHOLDERS

Comments by the Council of Governors

Comments by the Council of Governors on the Trust Quality Report 2018/19

1. The Council of Governors welcomes the opportunity to comment on the Trust Quality Report for 2018/19.

2. The Council holds the view that the quality of the services delivered must be the measure by which the Trust is judged. The Quality Report is, therefore, an important element of our overall approach to holding the Board, through the Non-Executive Directors, to account for the performance of the Trust.

3. The Council is satisfied with the progress being made by the Trust in maintaining and improving the quality of the services delivered to our community and beyond. The commitment of the Board and our staff to deliver nothing less than services of the highest quality is something which continues to impress, and is a source of great pride to the Council. The Council considers that the Board leads by example in this area.

4. The Council has been kept fully informed of the progress made by the Trust in implementing the action plans developed after the 2017 Care Quality Commission inspections. The Council has been pleased with the progress made by the Trust.

5. Public understanding of the quality of Trust services is key. The Quality Report, given the mandated content, does not lend itself to review by the public at large. A shorter, publicly focused and more accessible document should be produced to provide a summary of the progress being made by the Trust, the issues to be addressed, the priorities for the year and the achievements and ambitions of the organisation.

6. The Council fully supports the Trust in taking forward its commitment to participation and engagement. The Council encourages the Trust to continue to engage with patients and the public to deepen the understanding of what quality means to our patients.

7. The Council also comments that:

   - The Board should be congratulated on the progress made in respect of each of the quality priorities for 2018/19 and the fact that all three have been achieved in the year;

   - The selection of the priorities for 2019/20 is supported by Governors;

   - Governors are aware from Council of Governors meetings and from our staff members that the recruitment of nurses continues to be a challenge for the Trust. Continued emphasis must be exerted to meet the staffing challenge. The Council hopes to see further emphasis being given to this in the coming year.

8. In conclusion, the Council recognises the progress being made by the Trust, the commendable attitude and the effort being displayed by staff, and the results being achieved in improving the quality of services delivered to the community.

May 2019
Borough of Poole

Response to Dorset Healthcare University Foundation Trust’s Quality Account 2018/19.

The Council would like to thank Dorset Healthcare University Foundation Trust for meeting with representatives of Borough of Poole’s, Health and Social Care Overview and Scrutiny committee throughout the year. The Report gives a clear outline of how the Trust is endeavouring to deliver high quality care and the activities undertaken during the financial year to improve services.

It is commendable the work undertaken to improve mental health services over the year including the opening of the Retreat in Bournemouth, the national recognition of the work to support the armed forces and the work to enhance mental health wards for older people. With regard to the priority areas for 2018/19 we commend the Trust in making positive strides in relation to:

Patient Experience- Efforts in continuing to roll out the triangle of care across all mental health services; it is promising that many teams within in-patient and community settings have undertaken carers awareness training to understand the importance of carers in the patient journey. We are also encouraged that the Trust are developing methods to listen to the voice of young people using CAMHS services particularly in a qualitative way; and that service improvement continues in regards to implementing the necessary change to meet the Dementia Friendly Hospital Charter.

Patient Safety- it is good to note the implementation of the national early warning score tool and that staff are currently receiving training in its use in order to trigger early clinical intervention for the deteriorating patient. It is also positive to note the increased levels of life support training and that insulin dependent in-patients are being empowered to continue to self manage their medication as they would be at home.

Clinical Effectiveness- It is unfortunate that the Trust is not on track to meet the national CQUIN target for referral to quit smoking, but it is encouraging that a partnership approach is being taken in order to address this issue. It is also good to note that the Trust has been invited to share best practice with other stakeholders moving forward. It is useful that the Trust will be continuing to report against this priority in 19/20 and to receive further updates on this measure.

Thank you for the opportunity to comment on the progress against the quality priorities, we look forward to reading the published version of the Quality Account but please take this letter as Borough of Poole’s response to the Trusts’ Quality Account for 2018/19.

Yours sincerely

Phil Hornsby
Head of Commissioning and Improvement, People Services
Borough of Poole
Dorset County Council

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 carers;
- 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 ongoing 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

Healthwatch Dorset

Healthwatch Dorset's Response to NHS Dorset Healthcare University Hospital Foundation Trust Quality Statement 2018/2019

Healthwatch Dorset welcomes the opportunity to comment on NHS Dorset Healthcare University Hospital Foundation Trust's quality account for 2018/19. Healthwatch Dorset exists to promote the voice of patients and the wider public with respect to health and social care services.

As of April 1st 2019 Healthwatch Dorset came under new management and therefore we are unable to comment on the previous year's activity as it relates to work carried out under the previous Healthwatch Dorset contract. However, we look forward to developing relationships with the Trust over the coming year and working with them to ensure the experiences of patients, their families and unpaid carers are heard and taken seriously.

Dorset Clinical Commissioning Group

Re: Quality Account 2018/19

Thank you for asking NHS Dorset Clinical Commissioning Group (CCG) to review and comment on your Quality Accounts for 2018/19. Please find below the CCG’s statement.

Dorset Clinical Commissioning Group welcomes the opportunity to provide this statement on Dorset HealthCare University NHS Foundation Trust’s Quality Account. We have reviewed the information presented within the Account and can confirm that the report is an accurate reflection of the information we have received during the year as part of existing contract/performance monitoring discussions during 2018/19. The CCG recognises the areas of strength described in the Quality Account and the areas which require further progress.

During the year Commissioners have continued to see progress in a number of areas such as quality improvements within in-patient units, including the continued embedding of the Triangle of Care enhancing the experience of people who use the services in Dorset. Alongside this is the ongoing commitment to ‘sign up to safety’ campaign, and the continued ambition to develop a more open and honest culture supporting staff to deliver safe, high quality care through excellence, compassion and expertise.

We also commend the Trust for its development of new ways of delivering mental health services with the new Retreat in Bournemouth which is having a positive impact for service users in Dorset. Alongside this the NHS70 Parliamentary Award, recognises the progress in the experience for veterans and their families within Dorset and the service improvement being driven through partnership working. During the year progress has also been made in implementing the deteriorating patient commitment and work with Wessex Academic Science Network in the development of News 2 which continues to progress across all sites.

The CCG is supportive of the focus of the quality priorities for 2019/20 and will continue to work with the Trust over the coming year to ensure all quality standards are monitored as set out in the reporting requirements of the NHS Contract. The CCG also recognises the Trust's support and collaborative working with all health and social care partners to improve the quality of services for all Dorset residents. As Commissioners we look forward to working with the Trust during 2019/20.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

Vanessa Read
Changes made as a result of feedback from our stakeholders

Following receipt of these written statements, there are no significant changes to our Quality Account required from the feedback and therefore no changes were necessary.
ANNEX 2

STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to April 2019;
  - papers relating to Quality reported to the Board over the period April 2018 to April 2019;
  - feedback from commissioners; NHS Dorset Clinical Commissioning Group dated 01/May/2019;
  - feedback from governors dated May 2019;
  - feedback from Healthwatch Dorset dated 18/April/2019;
  - feedback from Dorset Health Scrutiny Committee dated 30/April/2019.
  - feedback from the Borough of Poole Health and Social Care Overview and Scrutiny Committee dated 29/March/2019;
  - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Annual Compliments, Complaints and PALS Report, dated May 2018;
  - the national patient survey dated 22 October 2018;
  - the national staff survey dated February 2019;
  - the Head of Internal Audit’s annual opinion over the Trust’s control environment dated April 2019;
  - Care Quality Commission inspection report dated April 2018.
- the Quality Report presents a balanced picture of the NHS Foundation Trust’s performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board
ANNEX 3

DEFINITION OF INDICATORS

These are the detailed definitions for the indicators tested by external audit and are the subject of their Limited Assurance report on page XX of this quality report.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period (relates to consultant led)</td>
<td>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways</td>
</tr>
<tr>
<td>Detailed descriptor</td>
<td>E.B.3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period</td>
</tr>
<tr>
<td>Numerator</td>
<td>The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks</td>
</tr>
<tr>
<td>Denominator</td>
<td>The total number of patients on an incomplete pathway at the end of the reporting period</td>
</tr>
<tr>
<td>Indicator format</td>
<td>Reported as a percentage</td>
</tr>
<tr>
<td>INDICATOR</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
</tbody>
</table>
| Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral | **Detailed descriptor**<br>The proportion of people experiencing first episode psychosis or ‘at risk mental state’ who wait two weeks or less to start NICE recommended package of care.  
**Numerator**<br>The number of referrals to and within the trust with suspected first episode psychosis or at ‘risk mental state’ that start a NICE-recommended package of care package in reporting period within 2 weeks of referral.  
**Denominator**<br>The number of referrals to and within the trust with suspected first episode psychosis or at ‘risk mental state’ that start a NICE-recommended package of care package in reporting period.  
INDEPENDENT AUDITOR’S REPORT TO THE COUNCIL OF GOVERNORS OF DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Dorset HealthCare University NHS Foundation Trust to perform an independent assurance engagement in respect of Dorset HealthCare University NHS Foundation Trust’s Quality Report for the year ended 31 March 2019 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral.

We refer to these national priority indicators collectively as the ‘indicators’.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2018/19 (‘the Guidance’); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated May 2019;
- feedback from governors, dated May 2019;
- feedback from local Healthwatch organisations, dated 18 April 2019;
- feedback from Overview and Scrutiny Committee, dated 29 March 2019 and 30 April 2019;
- the national staff survey, dated February 2019;
- Care Quality Commission Inspection, dated 13 April 2018; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the ‘documents’). Our responsibilities do not extend to any other information.
We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Dorset HealthCare University NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Dorset HealthCare University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Dorset HealthCare University NHS Foundation Trust.

Basis for qualified conclusion on the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways indicator

As a result of the procedures performed in relation to the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways we have not been able to gain assurance over the accuracy
dimension of the six dimensions of data quality as required by NHS Improvement. We identified two issues from a sample of 41:

- One case where the clock start date did not agree to the underlying records; and
- One case where the clock stop date was not recorded correctly.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the ‘basis for qualified conclusion on the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period’ section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
66 Queen Square,
Bristol
BS1 4BE

23 May 2019
GLOSSARY OF TERMS

Avoidable
Avoidable means the patient receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the patients clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with patient needs, goals, and recognised standards of practice; monitor and evaluate the impact of those interventions; or revise the interventions as appropriate (NPSA 2010).

Board of Directors
The Board of Directors agree the future plans of the organisation and consists of Non-Executive Directors, Executive Directors and Locality Directors.

Care Programme Approach (CPA)
The process that providers of mental health care use to co-ordinate the care, treatment and support for people who have mental health needs.

Care Quality Commission (CQC)
The CQC is the independent regulator of health and adult social care services in England. It also protects the interests of people whose rights are restricted under the Mental Health Act.

Child and Adolescence Mental Health Services (CAMHS)
CAMHS provides assessment and treatment for children and young people up to the age of 18 years (and their families/carers), who are suffering significant mental health problems which have not responded to intervention at primary care and early intervention level.

Clinical audits
A systematic process for setting and monitoring standards of clinical care. ‘Guidelines’ define what the best clinical practice should be, ‘audit’ investigates whether best practice is being carried out and makes recommendations for improvement.

Clinical Commissioning Group (CCG)
The CCG’s are clinically led NHS organisations which organise the delivery of NHS services in England.

Commissioning for Quality and Innovation (CQUIN)
A payment framework that has been a compulsory part of the NHS contract from 2009/10. It allows all local health communities to develop their own schemes to encourage quality improvement and recognise innovation by making a proportion of NHS service provider’s income conditional on locally agreed goals.

Community Health Services (CHS)
Provides a range of services to assist people with their physical, emotional and mental health needs. These services are provided in the community so are close to people’s homes. Dorset HealthCare works in partnership with GP, Social Services and local health providers to provide these services.

Community Hospitals
Community hospitals provide many services including elderly inpatient care, outpatient appointments, therapy services and theatre.

Community Mental Health Team (CMHT)
Community Mental Health Teams (CMHTs) are multi-disciplinary, multi-agency assessment teams designed to provide mental health care and treatment for individuals with more complex and enduring mental health needs in the community.
Council of Governors
The Council of Governors are guardians of the Trust working on behalf of local communities and staff. The Council ensure that the Trust complies with the terms of its authorisation as an NHS Foundation Trust and meets regularly to advise the Board of Directors on the Trust’s development and strategies.

Dementia
Dementia is associated with an ongoing decline of the brain and its abilities, most notably including memory, language and understanding.

Foundation Trust
Foundation Trusts are a type of NHS organisation with greater local accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional trusts, but have more freedom to set local goals. Staff and members of the public can join their Boards or become members.

Friends and Family Test (FFT)
The FFT asks patients if they would recommend services to their family and friends. The FFT is now in place in all community hospitals, inpatient mental health hospitals, minor injury units and all teams in the community.

Gold Standards Framework
The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis

Healthwatch
Healthwatch is an independent organisation which ensures the voice of patients and carers are heard throughout health and care services. They can raise issues of concern within an organisation and work with them to improve services. They ensure that patients are getting the services they need.

Hospital Episode Statistics
Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Information Governance Toolkit
An online tool that enables organisations to measure their performance against information governance standards.

There are several elements of law and policy from which information governance standards are derived. It encompasses legal requirements, central guidance and best practice in information handling, including:

- The common law duty of confidentiality
- Data Protection Act 1998
- Information security
- Information quality
- Records management

John’s Campaign
A Campaign set up by the family of Dr John Gerrard to promote the use of family and carer support for patients admitted to a hospital with dementia. http://johnscampaign.org.uk/#/about

Mental Health Services (MHS)
Provides a range of treatments for people across Dorset who are suffering from a mental health problem. These services can be provided at home, in the community or in more specialised inpatient units.

**Minor Injury Unit’s (MIU’s)**
MIU’s provide help for people with injuries which are not life threatening, enabling Accident and Emergency Departments to concentrate on those with serious conditions.

**National Institute of Health and Care Excellence (NICE)**
NICE provides guidance, sets quality standards and manages a national database to improve people’s health and prevent and treat ill health.

NICE makes recommendations to the NHS on:
- new and existing medicines, treatments and procedures
- treating and caring for people with specific diseases and conditions
- how to improve people’s health and prevent illness and disease.

**National patient surveys**
The National Patient Survey Programme, coordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/settings.

**Monitor**
The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.

**Non-Executive Director**
An outside member of the Board of Directors who is not affiliated with the organisation, they are sometimes known as independent directors.

**POMH**
Prescribing Observatory for Mental Health (Royal College of Psychiatrists).

**Pressure Ulcer (PU)**
Pressure ulcers are a type of injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'.

**Q1, Q2, Q3, Q4**
Q1 stands for Quarter 1. The Trust reports progress with our priorities every 3 months (quarterly). Quarter one is April – June in any calendar year. Quarter two is July – September in any calendar year. Quarter three is October – December. Quarter four is January - March.

**Quality Mark Elder Friendly Hospital Ward Programme**
A quality improvement programme for individual hospital wards run by the Royal Collage of Psychiatrists. Participation in the programme ensures a continuous focus on the care provided for people over the age of 65 and demonstrates the commitment made by the hospital, the ward and the staff to identify and carry out improvements, and to achieve a consistent quality of care for older people.

**Research**
Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either
patients or people in good health, or both.

**Root Cause Analysis (RCA)**
Root Cause Analysis (RCA) is the structured approach to identifying the factors which resulted in an incident. The root causes are the fundamental issues which have led to an incident occurring and must be addressed to improve the delivery of care.

**Safeguarding**
A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and vulnerable people. Ensuring they live free from harm, abuse and neglect.

**Secondary Uses Service**
The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

**Triangle of Care**
A programme launched in July 2010 between the Carers Trust and the National Mental Health Development Unit, emphasising the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health.

**Venous Thromboembolism (VTE)**
Venous thrombosis or phlebothrombosis is a blood clot (thrombus) that forms within a vein.