Agenda Item No. 8

Health Scrutiny Committee – 26th March 2015

Report of the Lead Officer to the Committee

Responses arising from previous meetings

Purpose of Report

1. To consider updates and responses arising from previous presentations

Background

2. Investigations into the planning, development and delivery of services regularly involve information requests by members so as to better identify with issues. Clearly some queries cannot be answered immediately with some prompting further scrutiny, or consultation, prior to being reported back to Committee.

3. To keep members updated, responses and resultant recommendations are presented at appendix 1 for review.

Finance

4. Costs linked to Council responsibilities will be met through existing resources.

Law

5. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.

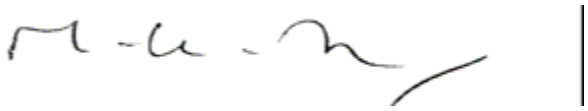
6. The Health and Social Care Act 2012 places the scrutiny of health, care and well-being services by local authority members onto a statutory footing.

Equality Impact

7. Health Scrutiny can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. Members endorse proposals presented at Appendix 1.



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Mohammed Farooq – Assistant Director Corporate Resources

LEAD OFFICER FOR HEALTH SCRUTINY

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Documents used in the preparation of this report:-

1. Minutes of January and February 2015 Committees.

Appendix 1

Dudley Group of Hospitals (DGH)

Query

Clarification was sought on what was considered to be a reasonable time to respond to the patient call bell. It was considered that a time should be specified particularly for vulnerable patients as they needed reassurance and if they knew that they would be seen within a certain time, for example within 10 minutes, they may be less anxious and agitated.

It was stated that it was difficult to allocate a specific time that could be considered as being "reasonable", particularly as people's perceptions and definitions of a "reasonable time" varied. It had therefore been agreed that it would be better to ask patients if calls had been answered within a reasonable time.

Response

A benchmark for call bell answering was agreed and piloted on a number of surgical wards, as the attached poster indicates, with the aim for no longer than 30 seconds. This has now been rolled out to all wards. As well as asking patients their experience of this issue, as we discussed, the Matrons themselves also undertake a monthly audit of wards observing a number of issues about what happens on a day to day basis. One of the topics of this audit is checking call bell answering.

Query

Members paid particular interest in the annual community patient survey among other key surveys in-place to test quality. Further information was sought on the target groups, the questions asked and who was responsible for setting community targets.

Response Community Patient Survey

We conduct an annual patient survey across our community services in line with other annual national surveys such as inpatients. We have also recently rolled out the national friends and family test (FFT) survey to community areas providing patients with an opportunity to give their views as often as they would wish. The annual survey is reported through the quality accounts and FFT will begin to be reported nationally soon (date yet to be confirmed).

Query

Details of a specific stage 4 ulcer case were requested to determine lessons learnt for quality improvement

Response

A nonagenarian patient with dementia who was grossly emaciated and frail was admitted following a fall at a nursing home. The fall resulted in a fracture neck of femur requiring surgery. On admission, the patient had a wound on the shoulder, which healed during the hospital stay and also had had a Grade 3 ulcer on the sacrum. The patient's treatment was complicated by a number of acute and long term medical conditions which severely restricted the patient bodily functions. The investigation indicated that although the patient was correctly placed on a nimbus air mattress and two hourly turns both of these should have occurred earlier than they did. The family was kept fully informed.

Query

At the January meeting members acknowledged the importance of acting swiftly to tackle budget pressures in the context of being placed into special measures. However concerns remain about additional burden on nurses created by absorbing elements of band 3 HCW roles. Members sought details demonstrating how the Trust would ensure a safe and sustainable transition of responsibilities for both patients and staff?

Response

Discussions and investigations with every lead nurse on the wards established that, based on the needs of patients, Band 3 care workers were either not using their extra skills at all or using them for a small percentage of their time. This was unlike the Emergency Department (ED) and the Emergency Assessment Unit (EAU) where patients immediate needs required them having tests etc that the Band 3 care workers can undertake. It was decided therefore that Band 3 care workers were not required on the wards but should be retained in the ED/EAU areas.

All existing ward based Band 3 staff were offered to apply for one of the Band 3 posts in ED/EAU or remain on the wards at Band 2. All of the staff who wished to retain their banding and move to ED/EAU has done so except one individual who changed her mind and decided to stay on the ward. The rest of the staff decided to stay on the wards at Band 2. There is no evidence that this change has affected patient care in a negative way. This occurred at the same time that there was a review of all nursing posts across the Trust and an extra £3 million was invested in nursing staff.

Query

Members considered evidence indicating problems gathering feedback from vulnerable groups particularly where communication was a barrier. However, it was noted that one of the methods currently used to obtain information from patients with learning disabilities was by setting up a specific Forum tailored to that individual's needs whereby the patient attended with their carer and questions were asked about their care plans and how improvements could be made.

Response

The Trust conducts ‘real time’ surveys as well as the nationally required surveys reported by the CQC. These surveys help provide real time information and views from our patients directly back to the wards to make improvements. Whilst conducting the surveys we give equal opportunity for any more vulnerable patients to take part including for example patients living with dementia where our dementia team will help our survey coordinator to collect the responses if needed. We have arrangements with our learning disability nurse and would always seek to ensure any patient who wants to share their views has the support in order to do this.

Dudley Walsall Mental Health Trust (DWMH)

Query

Glossary of terms / ‘jargon buster’ for mental health was referenced.

An on-line resource with wider NHS relevancy is available at www.nhsconfed.org/acronym-buster

Query

Clarification was sought on the development of the **‘Think Family’ Protocol**

Response

This protocol is still being finalised however the Trust has committed to share a draft as it nears completion.

Query

A recent profile of Bed Occupancy was requested along with a breakdown of current cases by ethnicity. Greater detail on dementia care training programmes was also .

Response

Bed Occupancy to Period January 2015

Period	Beds Available	Beds Occupied	% With Leave	% Without Leave
Nov-14	2,970	2,762	93%	82%
Dec-14	3,069	2,780	91%	77%
Jan-15	3,069	2,562	83%	72%

Ethnicity breakdown of current patients – please see table below

Dudley residents current caseload patients

Ethnicity	Total
Missing	414
African	23
Any other Asian background	53
Any other Black background	21
Any other ethnic group	29
Any other mixed background	30
Any other White background	165
Bangladeshi	2
British	5,839
Caribbean	56
Chinese	8
Indian	74

Irish	20
Not Stated	424
Pakistani	128
White and Asian	10
White and Black African	4
White and Black Caribbean	54
Grand Total	**7,354**

** Data as of: 06/02/2015*

** Data includes Secondary and Mental Health Primary Care Data

Current Dementia Care Training Initiatives – March 2015

	What it is	Who it's for	Outline	Who is providing this
AWARENESS	Fundamentals of Care Programme	HCA/Support Worker Roles from all service areas	Person centred care, dignity and respect are common themes throughout the programme, encouraging delegates to reflect on their own practice and experience. The programme makes use of 'Barbara's story' which is a film endorsed by the DOH for use in dementia awareness training as depicts the experience of a lady with dementia, attending out patients within an acute hospital setting. The film provides an interpretation of how this might be experienced through the eyes of a patient and the impact of staff behaviours, both positive and negative. The programme also includes an overview of dementia session delivered by staff from older adult services.	Trust L&D
	Overview of Dementia Classroom Session – tailored for teams	Team based training for Early Intervention, Criminal Justice, CAMHS, Carers, Substance Misuse & Eating Disorder	-Recognise the role of all healthcare professionals in addressing the dementia challenge irrespective of client group -Recognise early signs of dementia & understand when future treatment is necessary	Becky Willis/ Jo Marshall

		teams	& sign post to appropriate services -Be able to describe the four main types of dementia, understanding the differences and similarities and risk factors -Be able to differentiate between features of organic cognitive impairment, depression & delirium -Understand the role of medication	
	E-Learning for Healthcare introductory module	Prioritsed for staff in Older Adult Ward teams with a view to rolling this out to staff in acute service line, community service line & remaining staff in Recovery & Early Intervention Service lines. Admin staff in front line roles.	-Describe dementia, its effect on the brain, & its common signs & symptoms -Identify some of the complex difficulties experienced by people with dementia -Challenge some of the common myths & negative attitudes about dementia -Identify ways of communicating effectively with someone with dementia -Describe the importance of living well with dementia & how the health care profession can facilitate this -Discuss other sources of support for those with dementia & their carers -Outline the elements of best quality practice in caring for the individual with dementia, to include end-of-life care	E-Learning for Healthcare via OLM/ESR
PRACTITIONER	Dementia Training Centre certificated e-learning programme – Working with People with Non-Cognitive Symptoms of Dementia (4	Registered Professionals working within Older Adult Services & Medical Workforce (incorporates tier 1 awareness level training for this staff group) Promoted through the Dementia Current	**1)Introduction to Dementia** -To understand the general clinical features of various types of dementia -To understand the demographics & risk factors of dementia -To understand how symptoms vary across various stages of dementia -To understand the various cognitive symptoms underlying dementia **2)Non Cognitive Symptoms of Dementia** -To understand the epidemiology of non-cognitive symptoms in dementia -To understand the causative factors of non-cognitive symptoms of dementia -To be aware of the considerations when assessing someone with non-cognitive symptoms of dementia	http://dementiatrainingcentre.co.uk/

	Modules)	Awareness Bulletins	-To understand the management principles for non-cognitive symptoms of dementia **3)Working with People Living with Dementia** -Have insight into the experience of dementia -Understand the concept of personhood -Understand person centred care in the context of dementia care -Understand the emerging concepts of relationship centred care -Be aware of how the approaches to working with people with dementia can positively impact on the care provided & care environments **4)Psychological Interventions to Manage Challenging Behaviour** -To develop a better understanding of the causes of challenging behavior from the persons perspective -To become familiar with the importance of communication in understanding behavior -To find out some of the factors influencing the emergence & maintenance of behavior we can find challenging -To become familiar in methods in which challenging behavior can be assessed, understood & addressed -To develop an understanding of some psychological approaches to dementia care that might help prevent challenging behavior occurring	
	Creativity & Dementia Workshop	Staff from Older Adult Services	-Identify a range of creative activities which may be used with people with dementia -Identify ways in which creative activities can be beneficial for people with dementia - Consider how they might utilise creative activities within their own clinical areas	Jo Marsahll/ Becky Willis
	Dementia Capable Care: Behaviours® Programme	Staff from Linden, Cedars, Holyrood, Malvern, Beeches & Birch	-Develop an understanding of dementia and age related cognitive conditions and describe how an abilities-based model of support can minimise the impact of the condition on individuals and their families. -Identify behaviour that indicates an escalation towards aggressive and violent behaviour and take appropriate measures to avoid, decelerate and/or de-escalate crisis situations. -Use suitable and acceptable physical interventions to reduce or manage risk behaviour. -Identify the impact of crisis events and describe post crisis responses which can be used for personal and organisational support and learning	Crisis Prevention Institute & Trust Lead MAPA® Trainer

	Dementia Practice Development Forums using the Dementia Workbook	Pilot with staff from Older Adult Services	Follow up forums to consolidate learning and embed principles into practice following above training inputs with a specific focus on person centered care and working with challenging behaviors – pilot with a view to wider roll out.	Dr Caroline Formby and colleagues
EXPERT	Post Graduate level Dementia Pathways	Identified staff from Memory Service, Linden & Holyrood	**PG Certificate in Dementia Studies** 60 Credits (1 x Core Module and 1 x Option Module): • Understanding Experiences of Dementia *(30 Credits)* (C) • Dementia Training: Skills and Approaches *(30 Credits)* (O) • Evidence-Based Dementia Practice *(30 Credits)* (O) • Any other relevant module available within the School *(30 Credits)* (O) **PG Diploma in Dementia Studies** 60 Credits equivalent to PG Certificate PLUS 60 Credits 60 credits (1 x Core Module and 1 x Option Module): • Dementia Training: Skills and Approaches *(30 Credits)* (O) • Evidence-Based Dementia Practice *(30 Credits)* (O) • Research Methods Module *(30 Credits)* (O) (Core Module if undertaking empirical research at MSc) • Any other relevant module available within the School *(30 Credits*)(O) **MSc in Dementia Studies** 120 Credits equivalent to PGDip PLUS 60 Credits (1 x Option Module): • A piece of empirical research (subject to completing research methods module as part of the PG Diploma) *(60 Credits)* (O) • Practice-Based Project *(60 Credits)* (O)	Bradford University

Proposal

Members note the responses outlined above and keep a watching brief as appropriate.