

BOROUGH OF POOLE
JOINT HEALTH SCRUTINY COMMITTEE

12 FEBRUARY 2014

The Meeting commenced at 6.00 p.m. and concluded at 7.30 p.m.

Present:

Poole: Councillors Meachin, Mrs Evans, Mrs. Stribley (substitute for Councillor Pratt) Brooke, (substitute for Councillor Matthews).

Bournemouth: Councillors, Mrs Baxter, d'orton Gibson, Davies, Mrs Johnson, Mayne, Weinhonig.

Chris Wakefield – Healthwatch Dorset – co-opted Poole Member

Also Present:

Councillor Mrs K Rampton, Portfolio Holder for Health and Wellbeing; Poole
Jan Thurgood, Strategic Director (People Theme), Poole
Jane Portman, Executive Director, Adults and Children, Bournemouth
Matthew Wisdom, Democratic and Overview & Scrutiny Officer, Bournemouth
Victoria Mainstone, Team Leader (Overview and Scrutiny), Poole
Martyn Webster, Regional Manager (Wessex) Help and Care
Louise Bate, Help and Care (Wessex)
Sally Shead, Deputy Director of Quality – NHS Dorset Clinical Commissioning Group
Ron Shields, Interim Chief Executive – Dorset Healthcare, University NHS Foundation Trust

Members of the public present : None

JHC1.14 ELECTION OF CHAIRMAN

RESOLVED that Councillor Meachin be elected Chairman of the Joint Health Scrutiny Committee

JHC2.14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs Pratt, Matthews, Pawlowski, Wilkins, Mrs C Wilson, Wilson, Stollard, J Wilson.

JHC3.14 DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of disclosable pecuniary interests.

JHC4.14 TERMS OF REFERENCE

RESOLVED that

Members noted the Joint Scrutiny Committee was constituted for one meeting in line with the Bournemouth, Dorset and Poole Joint Health Scrutiny Protocol, to consider the specific issue of Dorset Healthcare University Trust – Quality Governance.

JHC5.14 DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST (DHUFT) – QUALITY GOVERNANCE

The Chairman addressed the Committee and explained to Members that the purpose of the Meeting was to inform and update the Joint Health Scrutiny Committee on the progress to date of the Dorset Healthcare University NHS Foundation Trust of actions taken following non-compliance with its Terms of Authorisation as a Foundation Trust.

JHC6.14 HEALTHWATCH REPORT

The Manager of Healthwatch Dorset presented a report which summarised positive, negative and mixed feedback, which Healthwatch held from the public, patients and service users on services provided by Dorset Health care University NHS Foundation Trusts.

It was explained that discussion was taking place with all major providers in Dorset, Poole and Bournemouth with a view to agreeing information sharing protocols between the Authorities. The Trust had already agreed to share its Patient Experience and Complaints data with Healthwatch.

The latest publicly available results of the Friends and Family Test (for December 2013) gave the Trust a score of 85 (out of a possible 100. The higher the score, the better). This was based on feedback from people who had been on the Community Health Service Wards or Minor Injuries Units. Drilling down into the detail showed a more mixed picture. For example, the ward that showed the highest response rate (94% of those eligible to take part did respond) also shows the lowest satisfaction score – 40. In addition, there were no scores at all for some wards, because the level of response was so low.

The Trust was the largest provider of healthcare in Dorset. As such, it faced a considerable challenge when it comes to achieving consistency across all its services. Some recurring themes in feedback relate to the need for better communication and better coordination (for instance in the case of people who have been receiving a mixture of inpatient care and care in the community). This also went beyond the Trust's own services. There were cases where people had found themselves, at the same or different stages in their journey, receiving local authority Social Services as well as services from the NHS and the two systems had not been communicated and coordinated, as well as, they could and should. In some cases, one part of the system has been making decisions relating to a particular patient with serious consequences for people's lives, without being in possession of

facts held by another part of the system which, if known and taken into consideration, might have led to a different conclusion.

There were areas of excellence in the Trust's services, which should be acknowledged and built on, and areas where improvements are needed. The Trust's goal should be to raise all services to the level of the best. To achieve this, it would need a clear vision, a culture of openness and honesty, and strong Leadership to inspire everyone to work together in a common purpose, driving forward a clear plan of action that will instil confidence and trust in local people.

Like all NHS bodies, the Trust was under a statutory obligation to consult and involve local people in the planning, provision and delivery of its services. Healthwatch Dorset stood ready as a "critical friend" to advise, assist and support the Trust to fulfil its obligations in this respect, including how the Trust engaged with people to collect their feedback on its services and how it then uses that feedback to improve services.

Members welcomed the report and enquired if feedback from the public, patients and service users on services had been undertaken before or after the new building project took place at St Anne's Hospital? It was explained that this information would be circulated to the Committee.

JHC7.14

DORSET CLINICAL COMMISSIONING GROUP ON DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST

The Deputy Director of Quality – NHS Dorset Clinical Commissioning Group presented a report providing information and assurance on the process that the Dorset Clinical Commissioning Group (Dorset CCG) employed in order to monitor the quality of services provided by Dorset Healthcare University NHS Foundation Trust (DHC).

It was explained that the CCG held a contract with the Trust, which included a requirement to meet a large number of performance and quality indicators.

The DHC continued to face some challenges in delivering high quality care to all service users. However, improvements had been made over the past few months, and a new executive board was in place to continue this improvement.

The Dorset CCG was committed to working with the Trust and its partners to achieve the required improvements and to ensure the Trust was providing high quality care for all.

Discussion and comments included:

- Discussion around Care Quality Commission (CQC) visits to the Waterstone Unit and the Bridport Hospital ensued. It was explained that as part of the process, unannounced visits were undertaken to DHUFT services on a planned programme basis throughout the year, as well as, in response to any alert of concern in a specific area. These visits included talking to patients and carers and asking about the experience of care received, reviewing

staffing levels, documentation and an environmental audit. The outcome was then shared with the Director of Nursing and Quality. In addition, regular one to one meetings were held between the Director of Quality and the Director of Nursing and Quality. The Medical Director was also invited to these meetings.

- The Trust had introduced the Friends and Family Test across all units. The response rate and scores for inpatients satisfaction had been very good.
- In response to a question on the recruitment of staff, it was explained that concerns had been raised by GPs about staffing levels and changes in working practice within the district nursing terms, it was explained that some adverse incidents and safeguarding alerts had been received about this service. Concerns had been raised at the contract review meetings and the Trust was actively working on recruiting staff with a view to meeting quality indicators.
- In response to a question on training staff on safeguarding, it was explained the level of training had improved from last year.
- With regard to complaints and adverse patient/carer feedback received in relation to the Crisis Mental Health Response Service in the east and west of the County. It was explained that this issue had been raised through the contract meetings and work was being undertaken to address the concerns about this service. An independent review of the mental health urgent care services in the West of the County was also being commissioned.

JHC9.14 OUTCOME OF CARE QUALITY COMMISSION (CQC) INSPECTION - ST ANN'S HOSPITAL

The Chairman presented a Report with information on the outcome of the recent CQC Inspection at St Ann's.

BOURNEMOUTH

The Executive Director, Adults and Children, Bournemouth explained that in October 2012, Bournemouth Borough Councils Health and Adult Social Care Overview and Scrutiny Panel received a briefing paper from the previous Chief Executive of the DHUFT. The report raised significant concerns with Panel members and prompted the request for a Joint committee Meeting in early 2014, hence the Joint Health Scrutiny committee on 12 February 2014.

POOLE

The Strategic Director (People Theme) explained that the Borough of Poole Health and Social Care Overview and Scrutiny Committee debated and noted the outcome of the Care Quality Commission (CQC) inspections of St Ann's Hospital, which outlined significant concerns. At a further meeting of the Health and Social Care Overview and Scrutiny Committee on 9 December 2013, a verbal report was provided by the Interim Chief Executive of the Trust on the Trust's improvement

plan. The Committee resolved that further discussions with neighbouring Authorities be held on the establishment of a Pan Dorset Joint Scrutiny Committee.

JHC9.14

QUALITY GOVERNANCE AT DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST (DHUFT)

The Interim Chief Executive Dorset Healthcare University NHS Foundation Trust (DHUFT) thanked Health Watch for a fair and balanced Report. The Interim Chief Executive presented his report and explained the original concerns related to inspection carried out by the Care Quality Commission in 2012/13 regarding improvements that needed to be made in a number of the Trust wards. Unfortunately, the Trust's process of governance and assurance were such that the board gave false assurance to the regulators that this issue had been resolved, when they had not.

Since the last Trust report to the Health and Social Care Overview and Scrutiny Committee, significant progress had been made. In the formal meetings with Monitor the Trust is demonstrating progress and was hopeful that the necessary assurance was provided to the regulator by May/June 2014 such that the Trust would no longer be in breach of its Terms of Authorisation.

The latest position in respect of the Trust Recovery Plan as at 27th January 2014 was explained. The number of actions submitted to the regulator, Monitor on 29 September 2013 had decreased from 302 to 30 actions as of 27 January 2014.

Discussion and comments included:

- Members congratulated the Interim Chief Executive (DHUFT) for making significant progress by reducing the number of actions. In response to a question on timescales to achieve all outstanding actions, it was explained that it was hoped that the Trust would be out of special measures by late Spring and the Trust would then be ready to self govern. It was explained that a number of outstanding actions would take longer to achieve and included positively changing organisational culture.
- Discussion around lack of co-ordination of services ensued. It was explained that the Trust was working towards an integrated approach with common trends and themes which were key; it was a challenge on how this would be achieved, and Councils were working together in a central strategic direction. The Better Together Programme would form part of the solution; and it was noted there was complex work being carried out around quality of training; developing capacity; quality of the workforce; IT systems processes. Members commented that other factors to take into account were learning disabilities integration with social care; integration with GPs; integration with children services, which were all important areas.
- Members noted that a recruitment and staff retention plan would be in place by April.

- There was a national shortage of Speech and Language therapists and there was a significant waiting list to see a therapist in Dorset. The Chief Executive (DHUFT) would send waiting list numbers to the Chairman.
- Ann Abraham had been appointed permanent Trust Chairman and would take up the post on the 6 April. There had been other recent appointments of new Non-Executive Board Members. A permanent Chief Executive was being recruited for the Trust in March 2014.
- A Member commented that after a death of an elderly person in a fire, 5 or 6 agencies, including Nurses, Doctors and Social Workers, had called on a relative. Concern was expressed about the duplication of care from different agencies and Members commented that a simple check list would be beneficial in identifying a persons needs. It was explained that the Safe and Independent Living Project, (SAIL) produced a simple check list which agencies worked through to ensure all appropriate needs were met and not duplicated.
- Discussion around Care Quality Commission (CQC) measures ensued. It was noted that a list of standards were measured by ongoing reviews and analysis of the information gathered by CQC about a provider and evidence collected during inspection. The CQC criterion was in the process of change and would be similar to Ofsted inspections.
- The Trust was criticised on records keeping. It was explained that work was being undertaken to improve in this area.
- The Trust was developing data sharing protocols between agencies which would improve services by sharing patients information safely.
- In response to a question on how the Trust would sustain the improvements going forward, it was explained that it was important to have strong leadership to inspire everyone to work together with a clear vision; external Scrutiny, Healthwatch and Peer Review was important mechanisms for maintaining confidence and trust in local people.
- The Interim Chief Executive Dorset Healthcare – University NHS Foundation Trust (DHUFT) acknowledged that Healthwatch Dorset stood as a “critical friend” to advise, assist and support the Trust to fulfil its obligations.
- The Chairman commented he was grateful for the presentations and reassuring answers to Members comments.

RESOLVED that

An update be presented on progress of the Dorset Healthcare University NHS Foundation Trust to the Joint Health Committee in 6 months by:

- (i) Dorset Healthcare – University NHS Foundation Trust**

- (ii) Dorset Clinical Commissioning Group**
- (iii) Health Watch**