

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 17 November 2014.

Present:

Ronald Coatsworth (Chairman – Dorset County Council)
Bill Batty-Smith (Vice-Chairman – North Dorset District Council)

Dorset County Council

Mike Byatt, Mike Lovell and William Trite.

Christchurch Borough Council

David Jones

East Dorset District Council

Sally Elliot

West Dorset District Council

Gillian Summers

Weymouth and Portland Borough Council

Jane Hall

External Representatives:

NHS/Dorset Clinical Commissioning Group: Philip Richardson (Director of Transformation).

Dorset County Hospital NHS Foundation Trust: Patricia Miller (Chief Executive) and Rab McEwan (Chief Operating Officer).

Dorset Healthcare University NHS Foundation Trust: Sally O'Donnell (Director for Community Health Services), and Eugene Yafele (Lead Director for Mental Health).

Healthwatch: Martyn Webster (Regional Manager) and Annie Dimmick (Research Officer).

Weldmar Hospicecare Trust: Alison Ryan (Chief Executive).

Dorset County Council Officers:

Andrew Archibald (Head of Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Helen Whitby (Principal Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Committee to be held on **10 March 2015**.)

Apologies for Absence

83. Apologies for absence were received from Michael Bevan and Ros Kayes (Dorset County Council).

Code of Conduct

84. There were no declarations by members of disclosable pecuniary interests under the Code of Conduct of each local authority.

Minutes

85. The minutes of the meeting held on 10 September 2014 were confirmed and signed.

Public ParticipationPublic Speaking

86.1 There were no public questions received at the meeting in accordance with Standing Order 21(1).

86.2 There were no public statements received in accordance with Standing Order 21(2).

Petitions

86.3 There were no petitions received in accordance with the County Council's petition scheme at this meeting.

Every One Matters – Feedback on Dorset's Hospitals

87.1 The Committee considered a report by the Director for Adult and Community Services on feedback collected by Healthwatch Dorset from patients at The Royal Bournemouth Hospital, Poole Hospital, Dorset County Hospital and Community Hospitals across Dorset.

87.2 The Regional Manager explained that the report had been published in October 2014 and provided a summary of good and bad patient experiences at Dorset Hospitals. Patients had indicated that they had not felt comfortable going directly to the Trust concerned to report any faults in fear that subsequent treatment might be adversely affected. The patients had been willing to talk to Healthwatch. The purpose of the report was to share these experiences in order to improve current practices and make a difference. The report illustrated a wide variation in the standards of care across Dorset and even within Hospitals, and had been shared with the three Acute Hospital Trusts prior to publication and they had been asked to respond to the findings. Although the report did not make any recommendations, a number of areas had been identified for action.

87.3 Poole Hospital was now allowing Healthwatch, as an independent body, to have a presence on site for six months to give people an opportunity to share their experiences. It was hoped that Dorset County Hospital would allow the same opportunity in future. The Royal Bournemouth Hospital had identified specific recommendations and agreed to Healthwatch gathering feedback from identified wards/departments/services.

87.5 With regard to whether identified problems were localised to one Hospital or experienced across Dorset, the Regional Manager explained that nothing stood out about any one hospital and that there were issues across the whole system. This was no different to other parts of the Country. The report was open and transparent about good and bad care and reflected people's experiences with the aim of ensuring that every patient received good treatment, not bad.

87.6 The Regional Manager referred to a recent follow-up publication by the Care Quality Commission (CQC) on The Royal Bournemouth Hospital which had been published the previous week. The press had given the impression that all was well at the Hospital when in fact the CQC report had found improvements in some areas where there were failures before. The CQC inspection only provided a snapshot of a particular time whereas the public communicated with Healthwatch all the time. Poole Hospital had recently had an unannounced visit by the CQC when nothing negative had been reported, whereas Healthwatch had been made aware of concerns and these were noted in the report.

87.7 In response to a question as to whether any lessons learned from the exercise would be incorporated into the Clinical Services Review, the Regional Manager explained that he would be presenting the findings to the Clinical Commissioning Group's (CCG) Governing Body later that week. The Director of Transformation referred to the current Clinical Services Review (CSR) being undertaken by the CCG and confirmed that patient feedback and involvement formed an important part of this exercise. A patient

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participation group had been established to look at patients' clinical needs and this would drive and shape the CSR and future service provision. Public engagement had involved town and parish councils, MPs, councillors and work with social services across Bournemouth, Dorset and Poole was ongoing. He would provide a report for a future meeting of the Committee and agreed to provide details of the website where information about the Review was available.

87.8 Attention was drawn to the need to empower patients so that they could challenge poor practice. The Regional Manager explained that Healthwatch was a consumer champion and that NHS England was currently investigating complaints systems and whether they should be independent of Trusts. Locally, Dorset Healthwatch was in discussion with Acute Trusts to see whether collaboration could enable people to raise concerns directly with the Trust concerned. He acknowledged that even powerful, articulate and intelligent people became vulnerable and unable to speak when they became patients.

87.9 One member who had worked in health over many years was disturbed by some of the experiences included in the report. In her experience patients were able to contribute to discussions about their care, but she agreed that all patients should be encouraged to speak up at the appropriate time so issues could be addressed in a timely way.

87.10 The Chief Executive, Dorset County Hospital NHS Foundation Trust, stated that some of the comments contained within the report were not entirely accurate because some services were provided by other organisations in each of the hospitals. This point would be included in her Trust's response. Some of the comments were concerning and she had taken immediate steps to act on them, and some issues highlighted were already being addressed. The view that patients felt unable to speak up when the care they received was not what they wanted or expected was a concern. A series of listening events would be held after Christmas for patients and staff so that the Trust could set out standards people could expect to receive so the Trust could be held to account. She hoped to create an environment whereby people felt able to speak up so that any concerns could be addressed at the time they occurred.

Resolved

88. That a report on the outcome of the Clinical Services Review be provided for consideration by the Committee at the appropriate time.

Dorset County Hospital Strategic Plan

89.1 The Committee received a presentation from the Chief Executive, Dorset County Hospital NHS Foundation Trust, outlining the Trust's Strategic Plan including the proposal to bring hospital and community services together under a single "healthcare hub" to improve access for patients.

89.2 The Chief Executive explained that the Strategy was reviewed annually and that staff had been involved in its development. As a result of this work the Strategy had been updated and was now the subject of a public consultation exercise after which it would be updated again.

89.3 The presentation set out the Trust's vision and how this would be achieved. The Trust planned to deliver high quality care for patients within the reducing budget and the presentation indicated the steps the Trust would take to achieve this. The Strategy identified greater integration with communities, urgent care, child health, end of life care, long term conditions and frail elderly as well as working more closely with GPs and primary Care. It set out how greater community integration could be achieved, the different forms of public engagement and themes arising from these. The Committee noted that the Trust had been shortlisted for the national hospital of the year award.

89.3 The Director of Operations explained that the Trust recognised the skills and expertise that Dorset Healthcare NHS Foundation Trust (DHUFT) had in providing community services. Integration would mean that care would be provided closer to home for patients but this would require closer working across social care and health to ensure a seamless experience for patients. He hoped that this would be achieved in partnership with DHUFT and recognised that the current Clinical Services Review (CSR) might also affect these services. Any changes would be made with the aim of achieving the best outcomes for patients. The Director of Transformation added that the CRS would not be implemented until 2016 and, although some of the options had been discussed at the meeting, no decisions had been made as yet. The CSR would focus on the needs of the population and the services required to meet them.

89.4 In response to members' questions, the Chief Executive explained that too many services were centralised currently. The future was more care being provided closer to home, and this would require a different model of care. Since April 2014 Dorset County Hospital had one of the highest rates of conveyance to the Emergency Department in the Country. The three Acute Trusts were running at 10-11% above planned rates and there was no flexibility within the system to deal with this. Her Trust had introduced a hospital at home service and discharge to assess service to help address current pressures by assessing people in their real environment in order to provide the appropriate outcomes for them.

89.5 A member expressed the hope that the Committee would receive a further report to explain models in detail. He was not aware of any engagement about the Strategy within his own Borough Council but extended an invitation to the Chief Executive to do so. He also referred to his own experience of how five years ago results of tests he had undergone abroad had been emailed to him, yet this was still not the case here even though technology would allow this. The Chief Executive confirmed that the Trust were moving towards this.

89.6 The difficulties residents living in North Dorset had in accessing services provided at acute hospitals was highlighted as was the fact that the use of community hospitals as hubs for local services had been raised several years ago with no progress towards this end.

89.7 The Director for Community Health Services explained that her Trust was working closely with Dorset County Hospital to find opportunities to improve joint working. She stated that it was expensive to have consultants working in community hospitals and that this would be difficult to sustain. Her Trust was committed to providing care closer to home and towards integration. Hubs would provide a means of providing all sorts of care closer to home and an opportunity to reduce duplication but would involve a complex working model.

89.8 The Director for Transformation stated that work on creating a standing Joint Health Scrutiny Committee to consider pan-Dorset issues was progressing but such a Committee would need to be in place by the time the CSR was completed in March 2015. The CCG were keen to engage widely on the CSR and members were asked to contact the Health Partnerships Officer with any suggestions about venues for further engagement.

Noted

Dorset County Hospital: Update regarding Pathology Services Tendering Project

90.1 The Committee considered a report by the Director for Adult and Community Services which provided an update on the decision by Dorset County Hospital's Trust Board that Pathology Services remain under the direct control of the Trust.

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90.2 The Chief Operating Officer reminded the Committee that the review of pathology services had taken place as a means of improving quality, timeliness and to consider costs. Last year the Trust had tendered its services to find a high quality, best value service and a number of organisations had responded. At the end of this process none of the tenderers had provided sufficient assurance and it was decided to continue with the current in-house arrangements. The Committee had established a Task and Finish Group which had met in October 2014 to scrutinise the process. The Trust had learned a lot from the procurement process and agreed that benchmarking should have been undertaken before the tender process had started. They also recognised that more information could have been shared and that they would have benefitted from more discussion with staff. Since then the Trust had invested £500,000 in the current service and collaborative working with other Trusts was being discussed.

90.3 The Chairman summarised that the Committee did not disagree with the outcome of the process, but were unhappy that a request from the Task and Finish Group for the Trust to provide information and supporting documents about their communications with potential providers had not been met. The Chief Operating Officer explained that a search of emails of relevant staff had been undertaken and it appeared that the emails had been deleted. He assured the Committee that all meetings and communications to do with the tender exercise had been scrutinised and the Trust had done nothing wrong.

90.4 One member was concerned that any work in the public sector should be open and transparent. He was particularly concerned that emails relating to the procurement process had been deleted as this could be seen as suspicious although the Committee had been assured that everything was above board. He also suggested that a report to say that the emails could not be found would have been better than no information being provided. In response the Chief Operating Officer explained that the process had been painful although he recognised that the matter could have been dealt with better. The Trust had learned from the procurement process and a report on lessons learned would be considered by the Trust's Board in December 2014.

90.5 Members asked that the report to the Trust's Board be provided for consideration at their next meeting but they noted that this would not be possible as the report contained confidential information. The Chief Operating Officer indicated that it might be possible to provide an edited version of the report. Members then asked that a fuller, written explanation of the communications, what they would have covered and the timeframe involved be provided for their next meeting.

90.6 The Principal Solicitor stated that for transparency it was a shame that the information could not be provided in written form. With regard to the deletion of documents, he considered this unwise as there was always the possibility of legal challenge with any procurement exercise. The Chief Operating Officer explained that the procurement exercise had started several years ago in 2011 and that the relevant emails were prior to the procurement exercise, not part of it. The Principal Solicitor replied that there were policies to identify how long electronic records should be retained.

Resolved

91.1 That the report be noted.

91.2 That the Committee accept the Trust's assurances that there had not been any impropriety in the procurement process.

91.3 That a fuller, written explanation of the communications, what it would have covered and the timeframe involved be provided for consideration by the Committee at their next meeting.

Briefings for Information – Standing Joint Health Scrutiny Committee

92.1 The Committee considered a report by the Director for Adult and Community Services, part of which provided a briefing on the setting up of a Joint Health Scrutiny Committee to consider pan-Dorset issues.

92.2 The Chairman reminded members that there had been previous discussions about the merits of having a joint health scrutiny committee with Bournemouth Borough Council and the Borough of Poole and that there had been a recent meeting between officers to reconsider this.

92.3 The Principal Solicitor explained that a meeting had been held to find common understanding across the three authorities for establishing a joint standing committee. The report summarised the outcome of the meeting and provided feedback for the Committee to consider.

92.4 Members supported the idea of a joint committee but were not happy with the membership of 12 and how these were to be equally divided between the three authorities. Members suggested that representation should be based on population and that Dorset should therefore have more representatives than Bournemouth and Poole. They also thought there should be clear terms of reference for any such committee and a clear indication of how this body would be scrutinised by the three authorities.

92.5 With regard to district and borough council representation on the joint committee, it was suggested that Dorset's membership might have the flexibility to allow different members to attend for issues of pertinence to their area. The matter of substitute members was also raised.

92.6 Members agreed to establish a Task and Finish Group to consider the establishment of a joint committee from Dorset's perspective so that its findings could then be shared with Bournemouth and Poole. The Head of Adult Social Care cautioned that another committee would provide additional work for officers who were already stretched.

92.7 The Committee noted that it was a legal requirement to establish a joint health scrutiny committee and that the officers' meeting had suggested that any new Committee be serviced by the three authorities on a three yearly rotation.

Resolved

93.1 That a Task and Finish Group be established to consider arrangements for a standing Joint Health Scrutiny Committee with Bournemouth Borough Council and the Borough of Poole.

93.2 That membership comprise Ronald Coatsworth, Mike Byatt, David Jones and a member of the Liberal Democrat Group.

Healthwatch Dorset Annual Report: A Year in Review 2013/14: Informing. Influencing. Together.

94.1 The Committee considered a report by the Director for Adult and Community Services which described the work undertaken by Healthwatch Dorset during the year 2013/14.

94.2 The Regional Manager presented Healthwatch's first annual report and briefly described the work undertaken during the first year. He particularly highlighted Healthwatch's role in providing and signposting people to information, feedback on local services, community investment projects, the role of volunteers and specific work that Healthwatch had been involved in.

Noted

Weldmar Hospicecare Trust Quality Account 2013/14

95.1 The Committee considered a report by the Director for Adult and Community Services which presented the Quality Account for Weldmar Hospicecare Trust. The Committee also received a presentation from the Chief Executive of the Trust.

95.2 The Chief Executive explained that, as a local Hospital, the Trust had to provide a Quality Account. This had been sent to the Department of Health and the Dorset CCG, although no response had been received to date.

95.3 The Chief Executive gave a brief explanation of the area the Trust covered and its locations within Dorset, the work undertaken, its financial arrangements and highlighted the key issues and challenges faced by the Trust. These included the many reviews the NHS had undergone and continued to experience, commissioning inertia and that 70% of its funding came from charity; this last being a particular concern given the worsening financial climate which might affect donations.

95.4 Members appreciated the work undertaken by the Trust. In response to a question about clinical supervision and staff stress, the Chief Executive confirmed that clinical supervision was embedded within the organisation and that staff counsellors were available.

95.5 One member was concerned about transfers of care and that care at home might not necessarily be in place when patients returned home. The Healthwatch Regional Manager agreed to explore this matter.

Noted**Joint Protocol between Dorset Health Scrutiny Committee and Healthwatch Dorset**

96.1 The Committee considered a report by the Director for Adult and Community Services which set out the roles and responsibilities of the Dorset Health Scrutiny Committee and Healthwatch Dorset in relation to the way in which they would work together.

96.2 The Chairman drew attention to the consideration of referrals to the Committee and the difficulty that referrals might pose for the Committee if they were outside of or between Committee meetings. He suggested that the Director for Adult and Community Services consider any referrals and decide on the appropriate action to be taken, after consultation with the Chairman of the Committee. This was agreed.

96.3 The Regional Manager confirmed that Healthwatch agreed with the suggested joint protocol and that there were other avenues which could be explored such as the Care Quality Commission and Healthwatch England should the Committee decide not to act on a referral. He thought this would be a rare occurrence as he would have informal discussions with officers to ensure that a referral was appropriate prior to any being made.

Resolved

97.1 That the protocol with Healthwatch Dorset be adopted to replace the previous protocol with LINKs.

97.2 That the Director for Adult and Community Services, after consultation with the Chairman, be given delegated authority to decide on the appropriate action to be taken following receipt of a referral.

Dorset HealthCare University NHS Foundation Trust – Recent Care Quality Commission (CQC) Inspections of mental health services at Waterston, AAU Forston Clinic, CQC Mental Health Act Inspections of other mental health units in Dorset and compliance inspection of Bridport Community Hospital

98.1 The Committee considered a report by the Director for Adult and Community Services on the outcome of recent Care Quality Commission (CQC) inspections and CQC Mental Health Act visits to mental health in-patient units in Dorset and on a compliance inspection at Bridport Community Hospital.

98.2 The Chairman commented that by the time the Committee received reports they were out of date and he was particularly concerned by the continuing pattern of bad reports relating to Waterston over a number of years.

98.3 The Lead Director for Mental Health explained that Waterston had provided a challenge for the Trust, that there had been staffing changes when the CQC had visited Waterston and other staffing issues had made this situation worse. The Trust was finding it difficult to attract new staff and prevent staff leaving but was providing inducements to encourage new applicants and was working with current staff to encourage them to remain with the Trust. The Trust had been disappointed that the CQC continued to have concerns about Waterston and this was a priority for the Trust to address. Patients were involved in planning so that their needs could be addressed, systems had been reviewed to ensure that the patient experience was good and that changes could be sustained.

98.4 The Trust would continue to focus on Waterston and the issues of the seclusion room but the Committee was assured that this would not affect patient care or treatment. Patients requiring seclusion would be treated at St Ann's Hospital and the Trust took the issues raised seriously and was working with the CQC to address these. They wanted the right quality of care in units but there was some way to go before any change would be evidenced.

98.5 The Committee congratulated the Lead Director for the report on the compliance inspection of Bridport Community Hospital.

98.6 One member referred to the many changes the Trust had undergone recently and understood the staffing issues as this was also a national issue. However, some of the comments from the CQC related to safety, control and restraint which had been raised some two to three years ago. Patients should receive safe and appropriate care provided to meet their needs. One of the issues related to the lack of clinical leadership, but there should have been someone there to undertake this role, or one of the Trust's senior managers to ensure that basic care was provided. The Trust had undertaken refurbishment of Waterston at a cost of £1m but patients were currently not getting the appropriate service.

98.7 The Lead Director explained that the Trusts were trying to apply the CQC's principles consistently as there had been occasions when this was not the case. The Trust needed to ensure that good standards were applied consistently, that staff were trained to the appropriate standard so that every day, every ward would have a consistent good standard.

98.8 One member drew attention to defects identified in April 2014 which were witnessed again in August 2014. They asked about the timescale for the work to be completed and about staffing issues. The Lead Director confirmed that most of the work had been completed and that external validation to ensure that the standards were met was awaited. The Trust hoped that the seclusion room would be back in use shortly but this too would require external validation. With regard to recruitment, it was explained that there was an ageing workforce and that recruitment had not been successful, but this was a national issue. The Trust was trying to encourage those working in other areas such as midwifery to apply but the cost of living in Dorset did have an impact on recruitment. The Trust was doing

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its best but more needed to be done to attract more applicants and to retain professionals within Dorset.

98.9 The Principal Solicitor referred to the response the Trust should have made to the CQC by 24 October 2014 and actions they had identified to address the long standing problems at Waterston in order to meet the standards. The Lead Director explained that CQC would reinspect Waterston once it felt that the areas of concern had been addressed. The Trust would inform the CQC when the works identified in the Action Plan had been completed so that the CQC could return but no indication had been given as to when this would take place. The Head of Adult Services said it would be helpful for the Committee to see the Action Plan as part of a follow up report. He also drew attention to the fact that if a patient needed to be in seclusion, they would have to go to St Ann's and he asked about the travel arrangements for their relatives or carers. Patient transport had been a concern for the Committee over a number of years and the difficulty in trying to understand the process involved was highlighted. The Lead Director stated that the Trust supported carers to get to St Ann's to visit family members and that travel costs could be reimbursed through the Dorset Clinical Commissioning Group. He was unsure of the details but offered to explore this.

Resolved

99. That an update report be provided for consideration at the Committee's meeting in March 2015, including the Action Plan identified in the minute above.

Briefings for Information/noting

100. The Committee considered a report by the Director for Adult and Community Services which provided briefings on the Review of Clinical Services (see minute 88 above), the setting up of a Joint Health Scrutiny Committee to consider pan-Dorset issues (see minute 91.1 above) and an update on the changes to NHS Services in Purbeck.

Noted

Updates from Liaison Members

101. There were no updates from Liaison Members.

Items for Future Discussion

102. The Chairman asked for a report on Community Hospitals and Minor Injury Units for consideration at the Committee's next meeting. He also asked for a report on Accident and Emergency Units and the Out of Hours Service for consideration at the Committee's meeting in May 2015.

Questions from Members of the Council

103. No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00am to 1.30pm