

Dorset Health Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Tuesday, 6 September 2016

Present:

Ronald Coatsworth (Chairman)
Bill Batty-Smith (Vice-Chairman)

Members Attending

Paul Kimber, Dorset County Council
Mike Lovell, Dorset County Council
Peter Shorland, West Dorset District Council

Officers Attending:

Ann Harris (Health Partnerships Officer)
Harry Capron (Assistant Director for Adult Care, Dorset County Council)
Jason Read (Democratic Services Officer, Dorset County Council)
Patricia Miller (Chief Executive, Dorset County Hospital)
Julie Pearce (Chief Operating Officer, Dorset County Hospital NHS FT)
Karen Fisher (Locality Manager, Dorset HealthCare University NHS Foundation Trust)
Kerry White (Director of Operations, Yeovil District Hospital NHS FT)
Yvette Pearson (Principal Programme Lead, NHS Dorset Clinical Commissioning Group)
Phil Richardson (Director of Design and Transformation, NHS Dorset Clinical Commissioning Group)
Luna Hill (Principal Primary Care Lead, NHS Dorset Clinical Commissioning Group)
Martyn Webster (Manager, Healthwatch Dorset)
Annie Dimmick (Research Officer, Healthwatch Dorset)
Des Persse (Director of Services - Help and Care, Healthwatch Dorset)

(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 **Monday, 14 November 2016.**)

Apologies for Absence

30 Apologies for absence were received from Alison Reed (Weymouth and Portland Borough Council), Peter Oggelsby (East Dorset District Council) and William Trite (Dorset County Council).

Code of Conduct

31 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Minutes

32 The minutes of the meeting held on 7 June 2016 were confirmed and signed.

Public Participation

33 Public Speaking

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

There were no public questions received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County

Delayed Transfers of Care

- 34 The Committee considered a report by the Assistant Director for Adult Care (Dorset County Council), which outlined some of the reasons behind the number of delayed transfers of care and the work being done to decrease the number.

Monthly reporting on performance placed Dorset in the bottom quartile with high numbers of delayed transfers in both acute and non-acute hospitals. It was explained that 'red days' were identified times for when a patient was in hospital waiting for treatment or care. The aim was to reduce the number of red days for all patients. Following support from NHS England, Royal Bournemouth Hospital and their partners had developed a 42 point action plan. There were already robust processes in place to monitor and agree delayed transfers of care so the action plan focused on improving patient flow.

There would be a focus on moving patients back into their own homes as soon as they were ready. Care assessments would be carried out after the patient had returned home in order to avoid any delays with transfers. It would also help identify a more appropriate care package if patients were assessed within their own homes. Some members raised concerns that if the assessments were not completed before patients left hospitals, there would be a delay in putting care packages in place, and patients would be returning home without the appropriate levels of support required. Members were reassured that work in this area was a priority and care assessments would be undertaken for all patients as soon as they were back home.

It was noted that Poole and Bournemouth had a smaller number of delays than Dorset. It was explained that Dorset had eleven community hospitals and five acute hospitals to work with, significantly more than Poole or Bournemouth. This had an impact on the number as over 50% of Dorset's delays were caused by community hospitals. In order to improve the situation, community hospital staff were undertaking specialised training around discharges.

Noted

Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust

- 35 The Committee received a presentation from the Chief Executive (Dorset County Hospital) and the Chief Operating Officer (Dorset County Hospital) which gave an update on the results of the Care Quality Commission (CQC) Inspection of Dorset County Hospital NHS Foundation Trust and the actions put in place following it.

Dorset County Hospital was rated overall as 'Requires Improvement'. In total, of the 39 factors assessed, the Trust received 'Good' ratings for 25 in total, which was 64%. The Trust was now hosting a Quality Summit with the CQC, Clinical Commissioning Group, NHS Improvement and other stakeholders on August 30th 2016. The summit would develop an action plan to address the improvements required. The final action plan would be submitted to the CQC on the 30 September 2016.

The presentation and accompanying report highlighted each of the areas inspected by the CQC and outlined the ratings given. This would help identify work that would need to be undertaken as part of the action plan. It was noted that although there were several areas that required improvement, the CQC had not identified any issues with the quality of care or staff competencies in any area. The areas for improvement were largely around recruitment issues and process.

Members asked if there would be enough funding available to make the improvements required. It was explained that the NHS' previous year overspend was roughly £2.5bn. As a result, savings had to be found nationally and this would impact

on available funding. However, a robust strategy had been put in place to identify savings whilst delivering the improvements required.

Noted

Fobbed Off - Some Experiences of Making a Complaint about NHS Foundation Trusts in Dorset

36 The Committee received a report by Healthwatch Dorset which outlined some experiences of how people had felt about the way in which their complaints had been handled.

People's experiences of what happened when they raised a concern or complaint about a service they have received from the NHS had been of particular interest for the Healthwatch network nationally. In 2014 the national body, Healthwatch England, published a report called "Suffering in Silence", which set out what people had told local Healthwatch around the country about their experiences of making a complaint. It highlighted the importance of listening and learning when care goes wrong and handling complaints effectively.

In 2015, responding to the work undertaken in this area by Healthwatch, the Secretary of State for Health made clear his belief that more could be done on the local scrutiny of complaints handling. As a result, Healthwatch Dorset approached the four NHS Foundation Trusts in Dorset with a proposal that they invite everyone who had brought a formal complaint against any of those Trusts in 2015 to share with them their experiences of the complaints process and to highlight any issues that they may have faced in that process. One of the Trusts had been unable to participate at the time but with the involvement of the other three Trusts, the survey was carried out in the early months of 2016.

The survey received 158 replies, with an additional 176 comments. The vast majority of comments received were negative and many indicated that the complaints process should be independent from the Trusts. Several comments also indicated that people felt uneasy about complaining and worried that any complaint submitted would hinder their future care needs.

The report highlighted identified the following actions that needed to be undertaken to improve the complaints experience for patients and their families;

- better use of the Patient Advice and Liaison Service
- requirement for staff training around complaints and personal skills
- better access to information
- regular and effective communication
- making sure patients and families are aware of their rights

The Trusts would be meeting with Healthwatch Dorset to discuss the exercise and talk through the findings of the survey. Healthwatch Dorset would support each of the Trusts in developing an action plan to undertake the improvements required.

Some members raised concerns that the same issues around complaints had been raised for the past 20 years and nothing had improved. It was noted that Trusts often took a defensive standpoint in response to when a simple 'sorry' would often be enough to satisfy the complainant.

The Chief Executive for Dorset County Hospital explained that there had been a reduction in formal complaints received, and the Trust often received comments rather than complaints. She informed the Committee that she personally read and

replied to every complaint received. If the same complainant had multiple issues they were invited to meet with her to discuss the issues. The Committee were reassured that complaints were taken very seriously.

Noted

NHS Dorset CCG - Changes to GP Commissioning and Locality Working

37 The Committee received a report by the Director of Design and Transformation for the Dorset Clinical Commissioning Group (CCG). The report had been drafted following a previous request by the Committee. It outlined the changes to General Practice and the progress with these changes. Under the terms of a Delegation Agreement with NHS England Wessex the CCG now had responsibility for General Practice Commissioning, Primary Care development, the Design and Implementation of Local Incentive Schemes, General Practice Budget Management and Contract Monitoring.

It was explained that there were currently 560 General Practitioners (GPs) in Dorset. Of those, 16% were aged over 55 years. This had raised some concerns due to 55 being the average age at which GPs retired or stopped doing primary care work. 32% of Dorset's nurses were in the same position and this was causing massive pressures for primary care staff. Work was being undertaken to help address the pressures and help balance the workloads across Dorset.

Staff recruitment was being looked at for the Dorset area. There would be a focus on making Dorset a more attractive place to work in primary care. Very few people trained and qualified in general practice became GPs and work was required to look at how this area of work could be made more attractive. There was also some work being done to try and ensure that the right people were working in the right places. Better use of hospital facilities and community hospital resources were being explored to try and ease the pressure on primary care services.

Members raised concerns that although taking advantage of community hospital resources was a good idea, some people in more rural areas may not be able to find transport to these facilities and this would become an issue if services were not provided by local GPs. It was explained that the CCG needed to look at how care could be delivered without patients needing to move or travel. There was a requirement to be flexible around the services delivered. GPs in North Dorset were working hard to achieve this and deliver services closer to home. The Director of Design and Transformation (CCG) had met with Dorset County Council to look at what transport was available and what needed to be in place. The idea was to combine delivering closer to home care with the limited transport resource, along with technology to achieve a more flexible and efficient service.

Noted

E-zec - Patient Transport Service

38 The Committee considered a report by the Director of Design and Transformation (CCG), which provided an overview of the current patient transport service commissioned by CCG with E-Zec which was a service provided by NHS, for patients that are medically assessed as not safe to travel. The report outlined the current position, monitoring the performance of the service so far. The plan was to report back to the Committee with the findings at a later date with more information around performance and detail of service.

Noted

Joint Health Scrutiny Committee (Clinical Services Review) - Update Briefing

39 The Committee considered a report by the Interim Director for Adult and Community Services (Dorset County Council) which outlined the work being done by the Joint

Noted

Matters for Potential Joint Health Scrutiny Committees: South Western Ambulance Service NHS Foundation Trust (Independent Review and CQC Inspections) and Community Dental Services in East Dorset

40 The Committee considered a report by the Interim Director for Adult and Community Services (Dorset County Council). The report outlined two matters on which discussions had taken place with a view to convening Joint Health Scrutiny Committees with Bournemouth Borough Council and the Borough of Poole, but which Dorset members may wish to scrutinise independently.

The Borough of Poole had agreed to host a joint meeting around the South Western Ambulance Service NHS Foundation Trust 111 service. Members agreed that Dorset should be involved with the joint committee. Nominations to this committee would be sought via email following the meeting as only four members of the committee were present at the time.

It was explained that there was also a potential need for a joint committee around Dental Services. However, a report was currently being written on the matter which may resolve some of the identified issues so the committee would not be established until the report had been published. Officers would contact Bournemouth Borough Council and the Borough of Poole to inform them that Dorset wished to take part in the potential joint meeting if it was required.

Resolved

1. That officers seek nominations for a potential joint committee on South Western Ambulance Service NHS Foundation Trust 111 service via email after the meeting.
2. That officers inform Bournemouth Borough Council and the Borough of Poole that Dorset County Council were in favour of establishing a joint committee meeting to look at dental services.

Briefings for Information/Noting

41 The Committee considered a report by the Interim Director for Adult and Community Services (Dorset County Council). The report updated the Committee on the following matters;

- Healthwatch Dorset – Summary of Annual Report 2015/16
- Dorset Health Scrutiny Committee, Annual Report 2015/16
- Draft Dorset Joint Health and Wellbeing Strategy, 2016 to 2019
- Dorset Health Scrutiny Committee Forward Plan

Noted

Questions from County Councillors

42 No questions were asked by members under standing order 20(2).