

Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 11 March 2013.

Present:

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

Dorset County Council

Michael Bevan and Fred Drane

Purbeck District Council

Beryl Ezzard

West Dorset District Council

Gillian Summers

Weymouth and Portland Borough Council

Mike Byatt

Andrew Cattaway, Cabinet Member for Adult Social Care, also attended.
Jill Haynes, Local Member for Three Valleys and Chairman of the Adult and Community Services Overview Committee attended for minutes 5 to 6.

Health Representatives:

Dorset County Hospital NHS Foundation Trust: Alison Tong (Director of Nursing)

Dorset Healthcare University NHS Foundation Trust: James Barton (Director of Mental Health) and Tim Archer (Director of Nursing and Innovation)

Dorset Healthwatch: Martyn Webster (Help and Care) and Daniel Cadisch (Citizens Advice in Dorset)

Dorset Advocacy: Michael Pochin (Development Manager) and Benita Moore (Operations Manager)

Officers:

Andrew Archibald (Head of Adult Services), Lucy Johns (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Paul Goodchild (Senior Democratic Services Officer).

(Note: **RECOMMENDED** in this type denotes that the approval of the County Council is required.)

Apologies for Absence

1. Apologies for absence were received from Sally Elliot, David Jones, Mike Lovell and William Trite.

Code of Conduct

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

Minutes

3. The minutes of the meeting held on 27 November 2012 were confirmed and signed.

Matters ArisingMinute 90.1 – Health and Wellbeing Strategy Consultation

4.1 The Health Partnerships Officer explained that the redrafted Health and Wellbeing Strategy had been considered by the Dorset Shadow Health and Wellbeing Board at their meeting on 27 February 2013 and the priorities had been agreed. The finalised Strategy would be considered and endorsed for adoption by the Health and Wellbeing Board in June 2013. As there had been no opportunity for the Task and Finish Group on the Joint Health and Wellbeing Strategy Consultation to consider the redrafted Strategy before it was considered by the Shadow Health and Wellbeing Board, members requested that the Strategy be considered by the Dorset Health Scrutiny Committee at their next meeting.

Minute 93 – Quality Account 2011/12 for the Weldmar Hospicecare Trust

4.2 Regarding the Quality Account 2011/12 for the Weldmar Hospicecare Trust, the Chairman reported the receipt of a letter from Jane Pike, Director of Acute and Primary Care Service Improvement at NHS Dorset and NHS Bournemouth and Poole which responded to a number of points which had been raised by the Chief Executive of Weldmar Hospicecare Trust. A copy of the letter was circulated to members of the Committee.

Minute 98 – Patient Transport Services – Briefing and Update

4.3 The Health Partnerships Officer reported that an update report on commissioning arrangements and procurement of patient transport provision across Dorset was not available. The Dorset Primary Care Trust had contacted the County Council to explain that tenders for the patient transport service had been received, and these would be shortlisted at the end of March 2013. An update would be available for the Committee at the next meeting in May 2013.

Care Quality Commission Visits and Reports Concerning Minterne Ward, Forston Clinic

5.1 The Committee considered a report by the Acting Director for Adult and Community Services which included a report from Dorset HealthCare University NHS Foundation Trust to update members on the visits made by the Care Quality Commission (CQC) to Minterne Ward at Forston Clinic, as well as the inspection report by the CQC.

5.2 The Director of Mental Health for Dorset HealthCare University NHS Foundation Trust introduced the report and expressed his regret and embarrassment for the failings at Minterne Ward, and the failings which had been identified by the CQC. He explained that the Trust had received a lot of criticism and media attention following the publication of the CQC's report in February 2013, but had responded positively, quickly and assertively to the issues which had been identified. As part of this it was important for the Trust to be transparent and keep partners briefed on what work was being undertaken.

5.3 Members noted that the ward had been shut temporarily and there had been a number of changes in clinical leadership, including a new senior team. Staffing would be increased on the ward, and all staff had been given practical training. It was hoped that this would lead to a change in culture on the ward. A £1m refurbishment of the ward was currently being undertaken to address environmental concerns raised by the CQC.

5.4 Members were invited to attend an open day at Minterne Ward to be organised by the Trust prior to the reopening to see what changes had been made on the ground. It was hoped that Minterne Ward would reopen in April 2013. The open day would be publicised as soon as building work had been completed and members were invited to attend to see the improvements.

5.5 The Local Member for Three Valleys, and Chairman of the County Council's Adult and Community Services Overview Committee, welcomed the idea of an open day at

Forston Clinic. She also suggested a separate visit for herself and the Member Champion for Mental Health be arranged to take place after Minterne Ward had reopened and patients had been readmitted. Representatives of the Trust welcomed this suggestion and a visit would be arranged in due course.

5.6 One member questioned the dates that information regarding issues on Minterne ward had been made available. He highlighted that the Task and Finish Group on Quality Accounts for Dorset HealthCare University NHS Foundation Trust had been informed at their meeting on 8 September 2011 that there were concerns regarding Forston Clinic and that improvements were required. At another meeting of the Group in April 2012 it was reported that the CQC had identified five areas of minor or moderate concern regarding the ward, but that these issues would be addressed. No mention of Minterne Ward or Forston Clinic had been made in the Trust's Quality Account report which had been considered by the Task and Finish Group at their last meeting on 8 February 2013. The governance risk rating of the Trust had been changed to 'red' by Monitor. Representatives of the Trust were asked the following questions: Were the Trust aware of the issues relating to Forston Clinic when they took over control of the clinic in 2011? Why did the situation deteriorate between 2011 and 2012 even though an action plan was in place to address the issues? Why was there no mention of the November 2012 CQC report in the Quality Account report considered by the Task and Finish Group in February 2013? As the issues got worse, why was the Trust's Management Board not monitoring the situation on a regular basis? Was the Trust's management confident that they could appropriately manage the enlarged Trust effectively?

5.7 Members were informed by the Director of Nursing and Innovation that the Trust was currently conducting a Management Board enquiry into the governance failings regarding Minterne Ward. This would then be considered in due course by the Trust's Audit Committee and resulting actions and recommendations would be shared with partner organisations. Until the enquiry had been completed, officers were unable to comment on some issues arising from the case. There would be a particular focus on actions, but it was highlighted that actions which had been drawn up prior to the CQC visit in November 2012 had been completed, but not always to a sufficient standard. Regarding Quality Account reports which had been considered by the Task and Finish Group, officers would liaise with the Trust's Director of Quality regarding what was included. It was noted, however, that the final report of the CQC may not have been available in time for consideration at the previous meeting of the Task and Finish Group as it had only been made public recently by the CQC.

5.8 In response to a question on senior management, it was explained that leadership of Minterne Ward had been changed during the summer and autumn of 2012. The new leadership team had only been in place shortly before the CQC inspection in November 2012. This included a new Modern Matron, a new Ward Manager who had experience of turning around failing wards, and a new consultant psychiatrist. Changes had begun to be made before the CQC visit, but these had not happened quickly enough.

5.9 One member raised concern that senior management of the Trust had been misled by staff on Minterne Ward regarding actions which should have been addressed and the situation on the Ward. The Director of Mental Health stated that he did not feel as though he had been deliberately misled and that it was his view that staff on the Ward had been confident that their actions would deliver necessary changes prior to the CQC visit.

5.10 In response to a question regarding concerns raised by patients' families it was confirmed that patients were asked for feedback on their treatment when they were discharged from any ward. The Trust was not aware of any specific issues raised concerning Minterne Ward by patients or their families.

5.11 Regarding staffing of the ward, one member asked if the ward had been understaffed prior to the CQC visit, as staff levels had now been increased by 39%. It was confirmed that although the ward had not been understaffed previously, the Trust had decided to increase the staff levels to ensure that a change in behaviour and culture on the ward would be made.

5.12 One member asked if apologies had been made to patients and their families who had been affected by the issues on Minterne Ward. Members noted that apologies had been made in person to patients on the ward, in addition to general apologies made in the media. The Trust had acknowledged that they would need to regain the trust and confidence of people in the local community and it was hoped that the Management Board enquiry and open day would help toward this.

5.13 It was explained that the Trust had responded to the CQC with an action plan following publication of their report in February 2013. The CQC would examine the action plan to ascertain if the Trust had satisfactorily addressed their concerns. The Trust would reopen Minterne Ward when they were satisfied that all necessary changes had been made. The CQC would revisit the ward to check if the action plan had been effective. Members welcomed the suggestion that a delegation of members of the Committee should visit the ward prior to the next meeting.

5.14 Officers confirmed that the results of the Management Board enquiry would be published prior to the next meeting of the Committee following consideration by the Trust's Management Board. The results of the enquiry and an updated action plan would therefore be considered by the Committee at the next meeting. Members who had visited the ward at the open day or at another time would be able to provide a verbal account of changes which had been made to the ward.

5.15 One member highlighted the importance of good scrutiny of performance within individual organisations. The Director of Mental Health agreed and explained that under normal circumstances the CQC would not be the trigger for an enquiry. It was important for the Trust to learn from the mistakes which had been made in this particular case.

5.16 The Cabinet member for Adult and Community Services suggested that the role of Health Scrutiny Liaison Members should be refreshed so that the Committee could be informed about issues within individual Trusts on a more regular basis. This would make the Committee aware of potential issues without having to wait to be provided with information from the Trusts through their Quality Accounts.

5.17 Regarding costs arising from the increase in staffing and improvements being made to the ward, it was highlighted that although the costs were not insignificant and would put financial pressure on the Trust, the outlay was necessary to guarantee that an appropriate level of care would be provided on Minterne Ward. The environmental changes being undertaken would be funded by the Primary Care Trust who had retained ownership of the Forston Clinic building subsequent to Dorset HealthCare University NHS Foundation Trust taking on management of the Clinic.

Resolved

6.1 That the report arising from Dorset HealthCare University NHS Foundation Trust's Management Board enquiry following the CQC visit and report concerning Minterne Ward, Forston Clinic, and an updated action plan be considered by the Committee at the next meeting on 30 May 2013.

6.2 That a site visit to Forston Clinic for a delegation of members of the Committee be arranged.

Healthwatch

7.1 The Committee received a presentation on the development of Local Healthwatch from Martyn Webster, Help and Care, and Daniel Cadisch, Citizen's Advice in Dorset.

7.2 The Committee noted that Local Healthwatch would come into operation on 1 April 2013. It was a new responsibility for local authorities to commission and Bournemouth, Dorset and Poole local authorities had joined together to commission Local Healthwatch for the three local authorities. A tender exercise had been undertaken and the contract had been awarded to three organisations working collaboratively – Help and Care, the Dorset Race Equality Council and Citizen's Advice in Dorset. The presentation then explained what Healthwatch was, what it would do, their ambitions, principles and style, and how they could be contacted from 1 April 2013. Members noted that Healthwatch had commissioned a piece of work to explore the role of their representative on the Health and Wellbeing Board, and a role description and person specification would be produced. They were also hoping to build a network of volunteer Healthwatch Champions to increase awareness about the work of Healthwatch and by bringing together many groups across the area to be able to bring about change. They invited Committee members to become Healthwatch Champions.

7.3 With regard to how health organisations could connect with Local Healthwatch, the Help and Care representative hoped that there would be good communication between organisations. He drew attention to the fact that Local Healthwatch did not have representation on the Clinical Commissioning Group (CCG) at present and a request to have two seats had been made. The Citizen's Advice in Dorset representative added that it was hoped that Local Healthwatch would be able to provide the widest possible evidence base which would be able to support the work of the CCG and other Boards and organisations.

7.4 In response to a question on how Local Healthwatch would judge their effectiveness, members noted that the Healthwatch Board would set targets and work plans, as well as the services to be delivered and timescales for delivery. Although Healthwatch did not have the authority to force organisations to make changes it was hoped that they would build networks to influence change as a 'critical friend'. They would, however, have the authority to visit NHS premises where appropriate.

7.5 It was confirmed that Healthwatch England was currently examining the policies from the Department of Health as to what matters were reported, to whom and at what time. It was hoped that there would soon be clarity on Local Healthwatch's reporting mechanisms.

7.6 Members thanked the Local Healthwatch representatives for their informative presentation and wished them well with their forthcoming work from April 2013.

Noted**Independent Complaints Advocacy Service (ICAS)**

8.1 The Committee received a presentation on the formation of Dorset Advocacy's 'Help with NHS Complaints' service by Michael Pochin, Development Manager, and Benita Moore, Operational Manager, Dorset Advocacy.

8.2 The Development Manager explained that independent NHS complaints advocacy had previously been undertaken nationally, but from 1 April 2013 would be commissioned locally. A tender exercise had been undertaken and as a result Dorset Advocacy had been commissioned to provide the service, which had been titled 'Help with NHS Complaints'. The aims of Dorset Advocacy were to promote the new service, establish

trust with the public and networks with appropriate local organisations, demonstrate impact and be visible and accessible to all. Advisors working for Dorset Advocacy would be trained and receive an independent advocacy qualification which had been developed with the Department for Health.

8.3 Members noted that the new service would be promoted through a number of different ways including the Patient and Advice Liaison Service, libraries, Citizens Advice Bureaux, specialist care providers, disability and patient networks and parish councils.

8.4 In response to a question it was confirmed that the service would be free for any patient to use. Complaints could be made at any level up to the National Health Ombudsman.

8.5 Members thanked the Dorset Advocacy representatives for their informative presentation and wished them well with their forthcoming work from April 2013.

Noted

Dorset Local Involvement Network (LINK) – Update and Legacy Report

9.1 The Committee considered a report by the Acting Director for Adult and Community Services which included a report from the Dorset LINK which provided an overview of their work and a response from Dorset County Hospital NHS Foundation Trust to the final LINK report to investigate patient experience of being in a side room at the hospital.

9.2 The Health Partnerships Officer reported that the LINK Development Officer was unable to attend the meeting. Members noted that the Dorset LINK would cease to exist from 31 March 2013 and the legacy of the LINK would be handed to the Local Healthwatch.

9.3 One member raised concern that the side room project may not continue after the Dorset LINK dissolved. The Director of Nursing, Dorset County Hospital, explained that the Trust had asked the LINK to carry out the side room project and actions which had arisen as a result would be implemented as part of the legacy of the LINK.

9.4 Regarding recommendation 3.4 of the side room project report, one member asked why the recommendation was to be rejected. The Director of Nursing explained that the LINK had asked the hospital to investigate the use of volunteers as buddies for patients to reduce the level of isolation for those in side rooms. This was considered to be encroaching upon the role of a health professional and not appropriate for a volunteer.

9.5 Members welcomed the suggestion that officers should write to Local Healthwatch explaining the work which Dorset LINK had undertaken with regard to the side room project. This would support Local Healthwatch's forthcoming position as part of the consideration of the Trust's Quality Accounts.

Resolved

10.1 That the report be noted; and

10.2 that Annie Dimmick and the Dorset LINK stewardship group be formally thanked for their work over the previous three years and the valuable contribution this had made to the work of the Committee.

10.3 That a letter be sent to Local Healthwatch with reference to the work Dorset LINK had undertaken on the side room project at Dorset County Hospital.

Quality Accounts – Arrangement for Commentaries 2012/13

11.1 The Committee considered a report by the Acting Director for Adult and Community Services which summarised work which had been undertaken by the Task and

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Finish Group on Quality Accounts and proposed arrangements for the formulation and submission of Quality Account commentaries for 2012/13.

11.2 The Health Partnerships Officer explained that the Task and Finish Group on Quality Accounts had met throughout the year to consider the 2012/13 Quality Accounts of Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust. The Task and Finish Group was comprised of the Chairman and Vice-Chairman of the Committee, the appropriate Liaison member for the relevant Trust and a representative of the Dorset Local Involvement Network (LINK).

11.3 Members noted that Trusts were required to submit their Quality Accounts to Monitor in May 2013. To do this the Quality Accounts for the respective Trusts would need to be finalised before the next meeting of the Committee. It was therefore recommended that the Task and Finish Group formulate and submit the respective commentaries to the Trusts on behalf of the Committee.

11.4 The Principal Solicitor highlighted that there had been no reference in the Quality Account for Dorset HealthCare University NHS Foundation Trust to the Care Quality Commission's (CQC) visit and concerns regarding Minterne Ward, Forston Clinic. He suggested that it may be beneficial for the Task and Finish Group to be notified as part of the Quality Account of any concerns arising from CQC visits, safeguarding issues or upheld complaints against the Trust. Members supported this view and asked that procedures for Quality Accounts be considered by the Committee at the next meeting.

Resolved

12.1 That the Task and Finish Group on Quality Accounts be given delegated authority to formulate and submit commentaries on behalf of the Committee in relation to the Quality Accounts 2012/13 for Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust.

12.2 That a report on procedures for the scrutiny of Quality Accounts be considered by the Committee at the next meeting.

Annual Work Programme April 2013 to March 2014

13.1 The Committee considered a report by the Acting Director for Adult and Community Services which set out the Committee's work programme for 2013/14 for adoption.

13.2 The Health Partnerships Officer explained that the annual work programme was produced each year to outline the work to be undertaken by the Committee in the year ahead. A seminar had been held in November 2012 for members of the Committee to consider what should be included.

13.3 It was proposed that due to the exceptional amount of changes taking place within the NHS locally and nationally, and also as new relationships would need to be built between new commissioning bodies and the Committee, a task and finish group should be set up to review and update existing protocols. Revised protocols would be considered by the Committee for endorsement in the autumn.

13.4 One member asked if scrutiny of the County Council's new public health responsibilities should be added to the work programme. It was highlighted that the public health function would have its own overview committee subsequent to the County Council taking on public health responsibility from 1 April 2013.

Resolved

14.1 That the work programme for April 2013 to March 2014 be adopted and made available to the public on www.dorsetforyou.com/healthscrutiny ; and

14.2 that a task and finish group be established at the next meeting of the Committee to review and update the Committee's protocols.

Overview Arrangements for the Supporting People Programme

15.1 The Committee considered a report by the Acting Director for Adult and Community Services which provided a background and set out proposed changes in overview of the Supporting People Programme in response to recent budgetary changes.

15.2 The Health Partnerships Officer explained that it would be more appropriate for overview of the Supporting People Programme to be conducted by the Adult and Community Services Overview Committee so that the Programme could be considered within the wider context of Adult Social Care. This would also enable the Health Scrutiny Committee to focus exclusively upon local authority scrutiny of health. Members agreed to this approach.

RECOMMENDED

16. That the County Council be recommended, subject to consideration by the Standards and Governance Committee, to remove the Supporting People Programme from the Terms of Reference of Dorset Health Scrutiny Committee and that this responsibility be transferred to the Terms of Reference of the Adult and Community Services Overview Committee.

Updates from Task and Finish Groups

17. No updates from Task and Finish Groups were received on this occasion.

Liaison Members

18. The Liaison Member for the Dorset County Hospital NHS Foundation Trust reported on her attendance at the recent Trust Board meeting in February 2013.

Noted**Items for Future Discussion**

19. One member suggested that an item be considered at a future meeting on NHS Continuing Healthcare, specifically in relation to funding arrangements and patient service. It was noted that the topic had been considered by the Committee in previous years and it would be timely to revisit the topic at a future meeting.

Questions

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

Meeting Duration: 10.00am to 12.50pm