Dorset Health Scrutiny Committee

Minutes of a meeting held at County Hall,
Colliton Park, Dorchester on 10 March 2014.

Present:
Ronald Coatsworth (Chairman – Dorset County Council)

Dorset County Council
Mike Byatt, Ros Kayes and Mike Lovell.

Purbeck District Council
Beryl Ezzard.

West Dorset District Council
Gillian Summers.

Weymouth and Portland Borough Council
Jane Hall.

For minutes 1 to 10:
Janet Dover (County Council Member for Colehill and Stapehill) and Jill Haynes (County Council Member for Three Valleys and Cabinet Member for Adult Social Care).

External Representatives:
Dorset Advocacy: Benita Moore (Operations Manager).
Dorset County Hospital NHS Foundation Trust: Neal Cleaver (Deputy Director of Nursing) and Laurie Scott (Divisional Manager – Surgical Division).
Dorset Healthcare University NHS Foundation Trust: Ron Shields (Chief Executive).
NHS Dorset Clinical Commissioning Group: Margaret Allen (Deputy Director Review Design and Delivery).
South Western Ambulance Service NHS Foundation Trust: Jenni Kingston (Deputy Chief Executive / Executive Director of Finance).

Dorset County Council Officers:
Andrew Archibald (Head of Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Paul Goodchild (Senior 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 **23 May 2014**.)

Apologies for Absence

1. Apologies for absence were received from Michael Bevan, William Trite (Dorset County Council), Bill Batty-Smith (North Dorset District Council), David Jones (Christchurch Borough Council) and Sally Elliot (East Dorset District Council).

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 of the Dorset Health Scrutiny Committee held on 19 November 2013 were confirmed and signed.

Matters Arising

Minute No. 75 – Briefings for Information

4. The Chairman confirmed that, as agreed at the previous meeting, he had written a letter to the Department of Health to express the Committee's disappointment that the Competition Commission had decided to prohibit the merger between The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust. He had received a letter in response from the Under Secretary of State for Quality, and a copy of this would be circulated to all members of the Committee following the meeting.

Public Participation

Public Speaking

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

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

Petitions

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

Dorset Advocacy

6.1 The Committee received a presentation from the Operations Manager for Dorset Advocacy on the work and services provided by Dorset Advocacy and progress which had been made since the organisation had taken over independent NHS complaints advocacy in Bournemouth, Dorset and Poole on 1 April 2013.

6.2 The Operations Manager explained that the NHS provided a great service, but, on occasion, something may go wrong and patients did not always know how to make a complaint or were worried about making a complaint. Dorset Advocacy could help people in this position to register a complaint on any service which was provided by the NHS, including those services commissioned by the NHS but run by an external provider. The service was free to any member of the public who wished to use it. Dorset Advocacy would not tell anyone that their complaint was reasonable, but would take forward any complaint which a patient wished to make. Often people would only wish to make a comment on a service, and not register a formal complaint.

6.3 Members noted that Dorset Advocacy did not investigate complaints, but provided brokerage between patients and NHS providers, and would be an advocate for the person who wished to make a complaint if required. Dorset Advocacy operated a phone line between 9.30am and 6.30pm, and were also available on Saturday mornings. People could come to the Dorset Advocacy offices at Poundbury and Poole for face to face support if required. Members of staff could also visit people in their own home if they had a particularly complex complaint, for example a complaint against more than one NHS service, or if they had a disability. The service was not a replacement for patient advisory services and did not offer legal advice. They would also not be involved with grievance or disciplinary procedures.

6.4 Members welcomed the news that a lot of good feedback had been received from service users and that an independent body had undertaken this function. In the first year to date Dorset Advocacy had helped 366 people raise complaints, and approximately 500 complaints had been registered, as some people had numerous complaints. An end of year report would be produced, but initial feedback was very positive.

6.5 In response to a question the Operations Manager explained that they had undertaken a lot of networking with many different agencies and groups, including health action groups and learning disability groups. They also worked closely with Healthwatch Dorset. Many of these groups were concerned with how complaints were handled by the NHS. Dorset Advocacy wanted to make sure a complaint action plan was drawn up by the relevant NHS service and that lessons are learnt from each complaint raised.

6.6 The Committee thanked the Operations Manager for her presentation.

Noted

Dorset Urgent Care Board Update

7.1 The Committee considered a report by the Director for Adult and Community Services which set out the summary of the findings of a review of the Dorset Urgent Care Board by the King's Fund, as well as an update on the Board's progress and current initiatives.

7.2 The Head of Adult Services explained that the Dorset Urgent Care Board had been created in line with the requirements of NHS England and NHS Dorset Clinical Commissioning Group (CCG) to monitor and assure the quality and continued effectiveness of urgent care in Dorset. In 2013 the CCG had agreed funding of £4m to plan for the current winter period. Four hubs had been created, led by each of the acute Trusts and by the South Western Ambulance Service NHS Foundation Trust. The Dorset Urgent Care Board would be undertaking a review of each project at their next meeting in March 2014.

7.3 Members noted that the King's Fund review of the Dorset Urgent Care Board had looked at the urgent and emergency care system in Dorset and had asked a series of questions to provide an indication of where action was required. They had found nothing in the data to suggest any issues which were unique to Dorset and although emergency admissions had increased, this was in line with national trends. They had concluded that there was scope to reduce hospital admissions, particularly in Bournemouth and Poole. Some immediate steps had been recommended, and some major changes which would require more strategic action. Progress on this would be reported back to the Committee at a future meeting.

Noted

Update from Dorset HealthCare University NHS Foundation Trust

8.1 The Committee considered a report by the Director for Adult and Community Services which updated members on progress made by Dorset HealthCare University NHS Foundation Trust (DHUFT) against action plans following Care Quality Commission (CQC) and Monitor involvement in 2013.

8.2 The Chief Executive of DHUFT introduced the report and explained that following CQC inspections in 2013 a number of problems in care had been identified. Monitor had intervened and decided that DHUFT's response had not been adequate and therefore the governance of the Trust had been changed. Ann Abraham, a previous NHS Parliamentary Ombudsman, had been appointed as the new Chairman of the Trust Board. Three new Non-Executive Directors had been appointed and a further two would be appointed in due course.

8.3 With reference to the Trust Recovery Plan agreed with the CQC and Monitor, the Chief Executive reported that 23 actions were currently outstanding. A number of these were repetitive and it was anticipated that many of these would be completed within the next month. Representatives of the Trust would be meeting with Monitor for the third time next

week. The Chief Executive commented that good progress had been made, and he hoped that the Trust would be out of special measures by early summer 2014. Actions had been put in place to restore proper governance and build confidence with all parties. Members noted that a two to five year plan of how the Trust engaged with partners and develop integrated services would be produced.

8.4 One member commented that the update report contained a lot of good news but did not inform the Committee what exactly was being monitored. She asked the Chief Executive what the most serious governance issues and most serious actions to be undertaken were. She also commented that she had tried to arrange a meeting with the Trust as the Committee's appointed liaison member, but had not received a response. The Chief Executive explained that he would circulate the full Trust Recovery Plan to members of the Committee outside of the meeting. He explained that in the past the Trust's Board had been falsely assured of the quality of services which were being delivered. The CQC had identified issues which should have been resolved, for example record keeping. The Board had not been able to accurately test if actions had been undertaken and issues had been resolved. The Chief Executive also apologised that a meeting had not been previously arranged with the member.

8.5 In response to a question on internal scrutiny, the Chief Executive highlighted that the Board had not been receiving all of the information they should have been. In future the Board would receive different perspectives of the organisation so that good governance could be demonstrated. The major governance changes, including replacement of the Chief Executive, Chairman of the Board and all but two Non-Executive Directors, showed that the Trust was taking the issues very seriously. It had been highlighted that the Board had previously not been focussed on what it should have been, but recent meetings had been more focussed and the Board had given constructive challenge to the information it had been presented with. A lot of good work was being undertaken. Members also noted that the Trust had an Audit Committee which was independent of the Board.

8.6 Regarding record keeping issues the Chief Executive explained that, where this was unsatisfactory, work would be done with staff on wards to make sure they took the time to complete records in good order.

8.7 The County Council Member for Three Valleys and Cabinet Member for Adult Social Care addressed the meeting and explained that the Waterston Clinic was located in her electoral division. She had visited the Clinic with the Chairman of the Committee in 2013, and they had not been convinced that the improvements which had been made had been effective. She still had concerns that staffing and record keeping were not up to standard. Trust representatives had agreed to send further information following the visit, but no information had been received. The Chief Executive apologised that the member had not received any additional information and commented that this would be done following the meeting.

8.8 The County Council Member for Colehill and Stapehill addressed the meeting and explained that prior to 2005 she had been a Non-Executive Director of DHUFT. She highlighted that, at that time, the Trust had been "excellent", and the Board had been challenging and enthusiastic. She commented that things had deteriorated in more recent times following the retirement of a previous Chief Executive, but that under the new governance arrangements there was an opportunity for the Trust to regain its "excellent" reputation and improve the quality of care provided.

8.9 The Chairman highlighted that the Committee would continue closely to monitor the Trust's progress and asked that a further update report be considered at the next meeting.

Resolved

9.1 That a further report on progress with Dorset HealthCare University NHS Foundation Trust's Recovery Plan be considered at the next meeting of the Committee in May 2014.

9.2 That the Trust Recovery Plan be circulated to members of the Committee outside of the meeting.

Non-Emergency Transport Services Commissioned by NHS Dorset Clinical Commissioning Group

10.1 The Committee considered a report by the Director for Adult and Community Services which provided details of the problems which had arisen with Non-Emergency Patient Transport Services (NEPTS) following the award of the contract to a private company, E-zec Medical, prior to and after go-live of the new service. The report also examined the reasons for the problems and measures which had been implemented to rectify them.

10.2 The Deputy Director for Review Design and Delivery, NHS Dorset Clinical Commissioning Group (CCG), introduced the report and explained that there had been a requirement to review NEPTS when the CCG had come into being. A decision had been made to tender for the entire service across the county as a single service as this would be more efficient in the long term. The tender process had begun in 2012 and in 2013 the contract had been awarded to E-zec Medical. All of the acute Trusts had been party to the process and as a result they were also required to support the award of the contract.

10.3 The Deputy Director highlighted that a correction needed to be made to paragraph 1.3 of the CCG's report. The report stated that the incumbent provider, South Western Ambulance Service NHS Foundation Trust (SWAST) had made a challenge which had led to a delay in the delivery of the new service. This was incorrect; SWAST had not challenged the process, but an internal difficulty had led to the tender process being delayed by four weeks.

10.4 Members noted that following go-live the NEPTS provided by E-zec Medical had experienced disastrous results in the first six to eight weeks. Some issues were beyond the control of the new provider. The CCG had negotiated additional funding to try and cover the additional demand and more resources were allocated. A Service Development Improvement Plan had been agreed. Copies of the Plan had been emailed to members prior to the meeting and hard copies were circulated. The vast majority of actions had been completed and only one red risk remained outstanding.

10.5 In response to a question on the transfer of data, the Deputy Director explained that there had been significant difficulties at the start of the contract. E-zec Medical had been expecting approximately 470 calls per day, but in the first days of the service they had received over 1,600 calls per day. More calls than expected were still being received but the demand had decreased.

10.6 One member highlighted that, according to the report, E-zec Medical had been awarded the contract after demonstrating a robust and flexible service plan but this had not been delivered. She asked on what basis the contract was awarded and what remedial action had been taken. The Deputy Director explained that the contract was not awarded only on the basis of cost. A number of issues had been considered and appropriate organisational, financial and legal checks had been made. The problem had arisen following go-live when the level of journeys was 42% higher than anticipated. This was not because SWAST had not provided information before the change to the new provider. A number of factors on data sharing and inaccurate data across all the health services had contributed to

the problem. The CCG had taken action by way of providing additional funding to increase the fleet of vehicles and crews. It was anticipated that the finances would be back down to contracted levels by the end of March 2014. The Committee noted that further details on the tender process could be provided to members outside of the meeting.

10.7 The Divisional Manager – Surgical Division at Dorset County Hospital NHS Foundation Trust (DCH) commented that the Trust had been involved in the tender exercise and the original project team. He commented it was the joint responsibility of all health services to get the NEPTS right. However the Trust had not seen performance monitoring figures, so it was difficult to monitor the ongoing robustness of the service. The failure of the service would result in reputational damage to all parties and also impact negatively on patients and the transport of renal patients was the biggest issue for DCH. There had also been additional expense, as some patients were required to stay overnight when they would have otherwise been able to go home, and so beds were not available for other patients. The Deputy Director explained that the CCG had organised performance meetings with the various hospital Trusts.

10.8 The Deputy Chief Executive of SWAST explained that she was concerned about the criticism of her organisation in the report. The continuity of the NEPTS and the welfare of staff who had been TUPE transferred to E-zec Medical had been the priority of SWAST throughout the period of service change. She commented that services had been transferred to new providers in neighbouring counties and similar problems had not been experienced. It had been hoped that a seamless transfer to E-zec Medical would take place and data had been transferred to the new provider two weeks before go-live. The deadline for the TUPE transfer of staff had been met. A communications plan had been in place during the tender process which engaged with staff who would be transferring to the new provider. She informed the Committee that SWAST had acted appropriately at all times, with patients and staff in mind.

10.9 The County Council Member for Colehill and Stapehill addressed the meeting and thanked the Deputy Director for her full and candid report on the failings of the NEPTS. She had had reports in her electoral division of patients not being picked up and others waiting a long time to be picked up. She had also received complaints that staff had been uncivil and that there was a lack of clarity. A local GP Surgery had informed patients not to use the service unless they absolutely had to. She commented that the new provider had a lack of local geographical knowledge and that in some cases incorrect vehicles had been dispatched. Patients on dialysis had not received treatment in sufficient time. She explained that the failings were extremely distressing and that the service had been shambolic and could not be allowed to continue.

10.10 One member highlighted that the Committee had not received the full financial costs for consideration. He commented that it would be useful to have up front costs and knowledge of the financial impact on other service providers and NHS Trusts. There was also a lack of detail about the impact on patients. He highlighted that the CCG should take responsibility for the services which it commissioned, and that they were ultimately responsible for the seamless transfer to a new service provider. He asked that further update reports be considered by the Committee. He asked how long the contract with E-zec Medical was and what penalties would be incurred for service failures. The Deputy Chief Executive of SWAST explained that the contract was for five years. The Deputy Director agreed to confirm the exact contract details outside of the meeting and said that further details on patient journeys and data trends could also be provided.

10.11 In response to a member's question it was confirmed that E-zec Medical had been operating for a number of years prior to the award of this contract and had contracts with a number of other authorities across the country. The provider had made changes but it

was frustrating that it would take longer for patients to see the benefits. It was hoped that the service would eventually be an improvement on the previous service.

10.12 One member commented that the failures of the service had made patients feel nervous and concerned with lost confidence in the service completely. The failure of the NEPTS could also potentially increase the pressure on the emergency ambulance service. She explained that local members had received a lot of calls about the NEPTS and the level of response so far was not adequate. The Deputy Director explained that previously the various Trusts delivered the service but it was still funded through the CCG.

10.13 Members considered how the issues raised would best be scrutinised in more detail at a future meeting. Alternative suggestions were made that this could be done by way of either a Task and Finish Group or an additional meeting taking the form of a select committee. A proposal to take the latter course was seconded and supported by the Committee, it being also recognised that the Committee would in the course of such a meeting scrutinise exempt information which could not be discussed at a public meeting. In addition representatives of E-zec Medical would be invited to address members. The Principal Solicitor clarified that, following the Francis Inquiry, Health Scrutiny Committees generally had been criticised for not scrutinising as robustly as they should have been. He advised that an additional meeting in select committee style could be convened to scrutinise the issue and further details about the tender process could be considered. The Committee could consider ongoing issues and to what extent these had been resolved. It would also be necessary for the new provider to have a right of reply on the issues under consideration.

10.14 The Head of Adult Services suggested that several members of the Committee meet to discuss the planning of the additional meeting, and what specific issues would be considered. Members agreed that this would be useful. Further details on the arrangement of this meeting, and the subsequent additional Committee meeting(s) would be circulated subsequently.

Resolved

11. That an additional meeting of the Committee, taking the form of a select committee, be convened to look at issues which had arisen following the award of a contract to E-zec Medical for the provision of Non-Emergency Patient Transport Services in Dorset.

Care Quality Commission Unannounced Inspection Action Plan for Dorset County Hospital NHS Foundation Trust

12.1 The Committee considered a report by the Director for Adult and Community Services which set out the findings of Care Quality Commission (CQC) inspections of Dorset County Hospital NHS Foundation Trust (DCH) in June/July and October 2013.

12.2 The Deputy Director of Nursing for DCH highlighted that full copies of the two CQC inspection reports, along with the Trust's Action Plan, had been provided for the Committee's consideration. In the first inspection in June/July 2013 the CQC had identified one action which required an immediate response regarding storage of medication. Following the first inspection the Trust had put systems in place to record the temperatures of fridges and these were now monitored every five minutes. The CQC had undertaken a further inspection in October 2013 and had identified that the Trust was now compliant with that standard.

12.3 One member commented that there were a lot of issues regarding staff levels and the use of agency staff. She asked if the use of temporary staff was a money saving exercise. The Deputy Director explained that staffing was a national problem and further

recruitment exercises were soon to be undertaken, including an open day the following week. The Trust were also looking at further overseas recruitment.

12.4 One member highlighted that the report stated that there were no budget constraints in ensuring a proper level of service was provided. The Deputy Director explained that the Trust had sufficient finances to operate a fully staffed hospital. Where the CQC had identified that patient needs had not been met, this could possibly be due to staff recruitment issues, as well as new documentation and new care pathways.

12.5 In response to a question on communication, the Deputy Director commented that the Trust may not always communicate to patients where mitigating actions had been made to address CQC concerns. Updates on the Action Plan were reported back to the CQC on a monthly basis.

12.6 One member commented that poor CQC reports affected staff morale, as all members of staff contributed to the areas covered in the inspections. She highlighted that it was important for student nurses and newly-qualified nurses to receive adequate supervision, and documentation should be properly completed. She raised concern that overseas recruitment could raise communications issues with patients.

Resolved

13. That a further report on Dorset County Hospital NHS Foundation Trust's progress against the Action Plan be considered at a future meeting of the Committee.

Briefings for Information

14.1 The Committee considered a report by the Director for Adult and Community Services which set out a number of short briefings on a number of issues related to Health Services in Dorset.

Independent Evaluation of the Mental Health Urgent Care Services in the West of Dorset

14.2 The Chairman highlighted that the Committee had asked for an update on the independent evaluation at the previous meeting. He commented that this continued to be an area of concern, and that he had received a letter from the Head of Review Design and Delivery, Dorset HealthCare University NHS Foundation Trust, to explain that the deadline for the independent evaluation of Mental Health Urgent Care Services had been extended as no applicants had responded to the invitation to tender to carry out the evaluation. NHS Dorset Clinical Commissioning Group (CCG) would be looking into the possible reasons for this and would consider other options to progress the work. The CCG had proposed that the key research findings of the evaluation be presented to the Committee in September 2014. Another member of the Committee commented that the CCG were in the process of a tender award for mental health services and it was a concern that this process had started before a 'lessons learnt' report on previous failures had been considered. She proposed that a letter be written to the CCG to express the Committee's concerns on this matter. The Chairman agreed to write to the CCG on behalf of the Committee.

14.3 One member of the Committee highlighted that he had been unable to contact his local Locality Manager, as he had wanted to discuss issues such as provision of mental health services in his area. He asked that this issue be included in the letter to the CCG and the Chairman agreed that this would be included.

Healthwatch Dorset – Update

14.4 The Chairman highlighted that Healthwatch Dorset were currently working closely with The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. He suggested that they also work with Dorset County Hospital NHS Foundation Trust regarding issues which had been discussed earlier on the agenda.

14.5 One member commented that the update report from Healthwatch Dorset was excellent and she congratulated the organisations involved for their robustness and progress to date.

The Royal Bournemouth Hospital Care Quality Commission Inspection – Actions taken by Bournemouth Borough Council's Health and Adult Social Care Overview and Scrutiny Panel

14.6 The Head of Adult Services explained that Bournemouth Borough Council had scrutinised The Royal Bournemouth Hospital following a recent CQC inspection. They had been the first hospital in the area to undergo the new format of CQC inspections, whereby approximately thirty inspectors, as well as experienced experts on particular areas, examined the hospital. A link to the full CQC report could be provided for members' information.

Reported Delays in Accessing DEXA Scanning Service

14.7 The Divisional Manager – Surgical Division for Dorset County Hospital NHS Foundation Trust explained that recruitment to the post of a permanent DEXA practitioner role had been unsuccessful to date, and review of the banding of this post was being negotiated. Dorset County Hospital were working with the CCG to resolve the situation. It was hoped that the Trust would be able to reach a steady state by June 2014. The DEXA scanning service was a very specialised service and, until a permanent appointment was made, the service would be supported by the radiology department. Members commented that it was not ideal to provide services where the loss of one member of staff would cause significant problems for patients.

Pathology Services Tendering Project

14.8 In response to a question, the Divisional Manager explained that Dorset County Hospital had not tendered for the contract itself but would compare pathology services against other interested providers to determine if the Trust provided the best value service. A further update on the tender process would be reported to the Committee at the next meeting.

14.9 One member suggested that it would be beneficial for the Committee to receive regular updates on the scale of tendering that went on in Dorset across all NHS Foundation Trusts.

NHS Dorset Clinical Commissioning Group Fertility / Assisted Conception Policy and Future Commissioning Changes

14.10 Members requested that a further update on service changes be reported to a future meeting of the Committee.

Inpatient Oncology Services

14.11 Members were informed that The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust had asked Bournemouth Borough Council, Dorset County Council and the Borough of Poole to appoint members to a Joint Health Scrutiny Committee to consider the provision of inpatient oncology services. Members agreed to appoint three members to a Joint Health Scrutiny Committee to consider this issue. The members who would be appointed would be confirmed outside of the meeting.

Resolved

15.1 That the Chairman write a letter to NHS Dorset Clinical Commissioning Group to express the Committee's concerns regarding the independent evaluation of mental health services in the West of Dorset.

15.2 That three members of the Committee (to be confirmed) be appointed to a Joint Health Scrutiny Committee to consider the provision of inpatient oncology

services provided by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Dorset Health Scrutiny Liaison Members' Role

16.1 The Committee considered a report by the Director for Adult and Community Services which set out the background to the role of Dorset Health Scrutiny Committee Liaison Members and proposed amendments which would clarify responsibilities and simplify the role.

Resolved

17. That the proposed amendments to the Liaison Member role, as set out in the current Protocol, be agreed and that the more streamlined version be adopted.

Updates from Liaison Members

18. Members of the Committee who had been appointed as Liaison Members with the various NHS Foundation Trusts and NHS Dorset Clinical Commissioning Group were given the opportunity to present brief oral or written reports. No reports were presented on this occasion.

Items for Future Discussion

19. Arising from previous items, members requested that update reports on Dorset HealthCare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust, following recent CQC inspections, be considered at future meetings of the Committee.

Noted

Questions from Members of the Council

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

Meeting Duration: 10.00am to 1.00pm