

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	23 May 2014
Officer	Director for Adult and Community Services
Subject of Report	Dorset HealthCare University NHS Foundation Trust - Further Update on Progress against Action Plans following CQC and Monitor Involvement
Executive Summary	<p>This paper provides an update on progress made by Dorset HealthCare University NHS Foundation Trust against action plans put in place following CQC and Monitor involvement in 2013.</p> <p>The Trust's Recovery Plan is outlined, with progress mapped in the areas of: quality and governance; the Board and Governors; and information and performance. Outstanding actions and how they are being taken forward are also considered, alongside an update of CQC involvement and locality working changes.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not applicable.</p>
	<p>Use of Evidence: Report provided by Dorset HealthCare University NHS Foundation Trust.</p>
	<p>Budget: None for Dorset County Council.</p>
	<p>Risk Assessment:</p>

	<p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p>
	<p>Other Implications: None for Dorset County Council.</p> <p>(Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)</p>
<p>Recommendation</p>	<p>That the Committee accepts the report</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults and children.</p>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>Report by Director of Adult and Community Services to Dorset Health Scrutiny Committee, 10 March 2014 – Update from Dorset HealthCare University Foundation Trust</p> <p>http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/7C3BB744EFB3586E80257C8D003F9787?OpenDocument</p>
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Dorset HealthCare University NHS Foundation Trust: Further update on progress against action plans following CQC and Monitor involvement

1 Introduction

- 1.1 The Dorset Health Scrutiny Committee is aware through previous discussions that Dorset HealthCare University NHS Foundation Trust (DHUFT) is in non-compliance with its Terms of Authorisation as a Foundation Trust. The regulator, Monitor, therefore required actions to be taken to restore the Trust to compliance with its Terms of Authorisation. This report summarises the progress to date.
- 1.2 As a result of Monitor action in April 2013, Deloitte was commissioned to undertake an independent assessment into governance arrangements at the Trust. The recommendations from this and actions in response to the CQC Outcome 16 review were combined to form the Trust Recovery Plan (TRP). The Trust Recovery Plan was split into four work streams to give a holistic approach to these areas and Executive support. The four work streams are:
- Board and Governors
 - Quality and Governance
 - Organisational Development and Leadership
 - Information and Performance Reporting

2 Progress made to date

- 2.1 Since the interim Chair Sir David Henshaw's appointment last September, the Trust has made significant steps towards compliance. The new Board is functional and well placed to lead the Trust towards its goal of being an exemplary organisation. An update on each of the four work streams is provided:

2.2 Quality and Governance

- 2.3 The Trust has reviewed its quality strategy but this will be revisited and strengthened by the new Board.
- 2.4 The Board Assurance Framework has been reviewed and updated.
- 2.5 A review of staffing levels has been undertaken and reported to the Board. A tool has been introduced to highlight areas where wards are not appropriately staffed. There is now a clear escalation process (for in and out of hours) and Directors and the Trust Board regularly review this information.
- 2.6 A recruitment and retention group was established to enhance the recruitment process and has reduced the vacancies within the Trust through a number of initiatives. However recruitment of clinical qualified staff will continue to be a challenge both locally and nationally.

- 2.7 A revised Board Committee structure was introduced which provided further clarity through defined terms of reference and responsibilities.
- The frequency of the Quality Assurance Committee meetings was increased, the flow of information was improved and the introduction of a new Chair has provided more robust challenge and a move from reassurance to assurance from management.
 - A Finance, Investment and Performance Committee was created to ensure that these issues are subject to the appropriate level of Board scrutiny in a dedicated environment.

2.8 The Trust has made progress in improving its risk management capabilities including a review of the risk management strategy. These recommendations will be included in the Trust's five year Strategy.

2.9 There is now clear evidence that key issues are being escalated to the Board and this is supported by a recent internal audit report.

2.10 Board and Governors

2.11 Since Sir David's appointment there has been a significant strengthening in the composition of the Board with the following appointments:

- Ron Shields as interim and now permanent Chief Executive
- Ann Abraham as permanent Chair
- Lynne Hunt as Non-Executive Director
- Ian Cordwell as Non-Executive Director
- David Brook OBE as Non-Executive Director

2.12 The Director of Nursing and Quality and the Director of Finance and Performance have also been replaced by highly capable interims.

2.13 Two new positions have been created to support the Trust in its delivery for the future. These are a Director of Organisational Development, Participation and Corporate Affairs (commencing 22 April 2014) and a Director of Strategy and Business Development (interviews 22 April 2014).

2.14 A Turnaround Director was appointed to support the Trust with the delivery of its plans and ensure pace and deliverability.

2.15 A skills audit of the Board was undertaken in September 2013 and refreshed again in April 2014 with a planned development programme in place.

2.16 A Programme Management Office was introduced to oversee and monitor the Trust's programme of projects.

2.17 The Council of Governors has been substantially restructured and amended to make it a more effective body. The number of members has been reduced following the recent election, training has been provided, roles have been re-defined and the quality and flow of information improved.

2.18 The Board has recognised the need to improve relationships with key external stakeholders, particularly some GP commissioners. The Trust has prioritised rebuilding these relationships with the Chief Executive and Chair leading on increased engagement.

2.19 Organisational Development and Leadership

- 2.20 The Board has considered how they can proactively bring the cultures together as part of organisational development.
- 2.21 In the short term there has been organisational wide engagement events held with staff that pulled together their views and ideas. The feedback from the events has been translated into the basis of a further detailed engagement work programme.
- 2.22 The way the Trust communicates with staff and obtains feedback from them has been improved. The introduction of a staff vision test tracks response to the friends and family question from our staff.
- 2.23 A comprehensive leadership development strategy was agreed and implemented throughout the year.
- 2.24 A newly formed Trust Executive group has been established and meets on a monthly basis. This group focuses on the strategic direction of the organisation. The membership is made up of key clinicians, medical consultants and directors that can effect change on the front line.

2.25 Information and Performance

- 2.26 The Trust has enhanced the reporting of performance at team, Directorate, Committee and Board level, taking into consideration best practice as highlighted in Monitor's Quality Governance guidance.
- 2.27 The integrated corporate dashboard and report has been updated to include directorate performance as well as Trust performance. This is set against updated quality metrics and shared at a team level.
- 2.28 The dashboard has been expanded to include trend analysis over 13 months.
- 2.29 Team outcome reports were launched and have been developed to show a range of metrics at a team and ward level.
- 2.30 A Directorate performance review meeting has been introduced to review and challenge quality metrics at a directorate level. These meetings focus on ensuring clear action is taken in response to failing performance levels.

3 Key outstanding actions and how they are being taken forward

- 3.1 Progress against these four work streams was regularly reported to Monitor in the Trust Recovery Plan updates and review meetings.
- 3.2 The Trust Board is working with external consultants to develop the Business Plan for 2014/15 and a 5-Year Strategy Blueprint for the Trust. The Blueprint will include any outstanding actions from the Trust Recovery Plan. These are both documents required by Monitor the Business Plan has already been submitted to Monitor and the 5-Year Strategy Blueprint will be submitted in May after approval by the Trust Board.

- 3.3 Through the development of the Blueprint, six key areas have been proposed to ensure the Trust keeps focused on its development to move from a functional organisational to one that is exemplary. The six key areas are:
- Governance, Quality and Risk Management (including escalation and the Board Assurance Framework)
 - Organisational Development (including communication and staff engagement)
 - Board and Leadership Development
 - Performance and Information Reporting
 - Staffing
 - Stakeholder Management and Patient Participation
- 3.4 For each of the six key areas, detailed action plans will be monitored by the Programme Management Office in the same way as other projects and reported to the Trust Board.
- 3.5 Monitor is visiting the organisation on the 28 April 2014, when they will receive a presentation on the key themes for the 5-Year Strategic Blueprint from the Trust.

4 CQC update

- 4.1 There have been no recent CQC inspections undertaken at the Trust, with the last one being to Dartmoor Prison on the 9th and 10th December 2013. The outcomes assessed were deemed to be compliant and no remedial action was required.
- 4.2 As the trust indicated to the Committee in March, the CQC concerns at Waterson, Linden Unit and four Dorset Community Hospitals inpatient wards have been fully addressed and are ready for reassessment. The trust is assured that the quality of care and governance at our wards will be compliant with CQC standards.
- 4.3 The Care Quality Commission (CQC) undertakes quarterly face to face meetings between the local Inspectors and Senior Managers of NHS Trusts. The purpose of these meetings is to be able update each other with progress, service developments or highlight any issues. The most recent quarterly meeting took place on 5th March 2014. At that meeting the Compliance Manager confirmed the new CQC inspection framework that Dorset HealthCare Trust will come under led by the Chief Inspector of Hospitals. Whilst the Trust has not been given an indication of when an inspection can be expected it is reasonable to assume that an inspection can be anticipated after June 2014.
- 4.4 CQC are preparing to inspect community services and they have piloted their new inspection regime. It is proposed that the community service inspections will be announced visits and Dorset HealthCare await any further information. DHC is not in the first two waves of visits

5 Locality working update

- 5.1 The Trust plans to transform the business model from one that is service and speciality led to one that is locality led, in line with current innovative thinking in mental health and community services. The Trust will develop and implement a locality-based service delivery model and a locality management structure that enable clinical teams to operate at a local level, aligned with the thirteen key GP localities and the three local authority partners (Bournemouth, Poole and Dorset).
- 5.2 The locality model is being developed and outline information has been included within the Blueprint. Consultation will take place with stakeholders to help shape what this will look like in practice.

6 Conclusion

- 6.1 In conclusion the Trust has made significant progress from where it was and plans to be out of special measures by early summer 2014.

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