

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	10 July 2017
Officer	Helen Coombes, Transformation Programme Lead for the Adult and Community Services Forward Together Programme
Subject of Report	Briefings for information / note
Executive Summary	<p>The briefings presented here are primarily for information or note, but should members have questions about the content a contact point will be available. If any briefing raises issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p> <p>For the current meeting the following information briefings have been prepared:</p> <ul style="list-style-type: none">• Concerns regarding the handling of patient records by Capita;• Commentaries for Quality Accounts (Dorset HealthCare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust);• Update regarding the Joint Health Scrutiny Committee meeting to scrutinise matters pertaining to the NHS 111 service provided by South Western Ambulance Service NHS Foundation Trust (last meeting held on 23 January 2017)
Impact Assessment:	Equalities Impact Assessment: Not applicable.

Briefings for information

	<p>Use of Evidence:</p> <p>Report provided by University Hospital Southampton; Minutes provided by Borough of Poole</p> <hr/> <p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)</p> <hr/> <p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<p>That Members note the content of the briefing report and consider whether they wish to scrutinise the matters highlighted in more detail at a future meeting.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to help Dorset's citizens to maintain health, safety and independence.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> 1. Concerns regarding GP support services provided by Capita, particularly the transfer of patient records; 2. Commentary for Annual Quality Account and Report, Dorset HealthCare University NHS Foundation Trust; and Commentary for Annual Quality Account and Report, Dorset County Hospital NHS Foundation Trust; 3. Update regarding Joint Health Scrutiny Committee to consider matters relating to the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust
<p>Background Papers</p>	<p>None.</p>
<p>Officer Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

Briefing note regarding Concerns about GP support services provided by Capita, particularly the transfer of patient records**1 Background information (sourced via a response to a Freedom of Information request submitted to NHS England in September and December 2016)**

Primary Care Support England (PCSE), which is responsible for moving medical records between GP practices, has been run by Capita on behalf of NHS England since the contract was awarded to them in September 2015. PCSE moves about 90,000 records per week. The process for PCSE retrieving a medical record works as follows:

- The current GP informs PCSE of a record movements request and a pick up is arranged from the named Practice at the next scheduled time.
- The record is onward transferred to Capita's national processing facility where the record is summarily checked against the ID 'bag and tag', recorded for onward movement, and transferred to the new GP surgery.

In response to an FOI request submitted by a member of the public in September 2016 which challenged the performance of Capita (in delivering GP records in a timely manner), NHS England stated:

"NHS England takes very seriously its duty as data controller for patient medical records. We are working with Capita, who provide this service for us, to introduce a new way of moving medical records. We know that the arrangements for moving medical records can, and need to be, improved as the situation for many years has been that records can take a number of months to move from one GP practice to another. Our new approach will enable each record to be bar coded and tracked from collection at one GP practice to delivery at the next. Once we introduce this it will also enable records which only need to be moved between local practices to be processed through a regional hub, rather than having to travel all the way to a national centre for sorting. These changes will make the service more secure and quicker and enable us to produce detailed performance information regarding the movement of records. Ahead of introducing these changes Capita we have been working very closely with Capita to improve the current systems and processes to minimise the time it takes for a record to move and the service has significantly improved.

However, there are arrangements in place which should ensure GPs have access to the information they need to provide appropriate care for their patients. Firstly GPs can request records to move urgently, within 48 hours. That arrangement is now in place and working. In addition, if there is a delay in access to physical record, while a GP is waiting for the physical patient medical record to arrive they have the option, in many cases, to request the electronic record from the former practice – this can be transferred electronically between the GP's systems. In the event that a GP practice can support electronic transfer of information then we provide a service for GPs to request records urgently. We endeavour to assist the GP to access information in these cases within 48 hours. The absence of the paper medical record is not a barrier to access to assessment or treatment within primary care."

2 The experience of Primary Care across Dorset (provided by the Primary Care Team, NHS Dorset Clinical Commissioning Group)

The CCG has been aware of issues raised by Dorset practices regarding services delivered by Capita. Capita was awarded the contract by NHS England (NHSE) and the issues experienced in Dorset are also a National issue. The risks were identified and put on the CCG Corporate Risk Register in Autumn 2016. The CCG also formally wrote to NHSE detailing the concerns and have been receiving regular updates of progress. This has been on the CCG Corporate Risk Register until recently where progress made (based on practice's feedback of issues) was sufficient to assure the CCG to downgrade the risk. Although improvements have been made, the CCG Primary Care team continue to be available to support any practice experiencing issues with Capita that they have not been able to address by working with them and NHSE to resolve.

Since late Summer / early Autumn 2016, the CCG has worked alongside NHSE and the Local Medical Council (LMC) to address issues experienced by practices. The issues can be categorised as:

- Supply issues - where practices experienced delays in the receipt of medical supplies;
- Transfer issues - where practices experienced problems with transfers of patient records;
- Processing pension / staff changes - where practices experienced issues relating to GP pension related changes.

The recent experience of General Practices is that Capita issues continue but services are improving. There was recognition by NHSE that this will take some time due to the backlog that needs to be addressed and this may take a year to fully resolve.

If practices are experiencing operational issues with Capita they can report these to the Local Medical Council (LMC) who are collating and working with NHSE. The LMC are also working with Dorset CCG Primary Care team who are also raising individual issues at monthly meetings with NHSE and ask for these to be escalated as appropriate. Should the issues escalate, these will be put back on the Corporate Risk Register.

Briefing note regarding commentary submitted to NHS Trusts for inclusion in their Annual Quality Accounts and Reports

1 Background

Dorset Health Scrutiny Committee is invited to comment on the Quality Accounts prepared by NHS Trusts on an annual basis. Two task and finish groups have worked throughout the year with Dorset HealthCare University NHS Foundation Trust (DHC) and Dorset County Hospital NHS Foundation Trust (DCH) to discuss and review their Accounts and to formulate the Committee's commentary for the 2016/17 end of year Quality Accounts.

Membership of the task and finish groups has included the Chairman, Vice-Chairman and the Liaison member for the relevant Trust. Support has been provided by the Health Partnerships Officer and officers working for the Trusts.

The Trusts were required to submit their Quality Accounts to NHS Improvement by May. The task and finish groups formulated and submitted the respective commentaries, on behalf of the Committee, to both of the NHS Trusts concerned. These are attached below.

In addition to the invitation to comment by Dorset County Hospital and Dorset HealthCare Trusts, the Chair of Dorset Health Scrutiny Committee is invited by letter on an annual basis to comment on the Quality Account produced by South Western Ambulance Service NHS Foundation Trust (SWASFT). Given the timing of this year's request and the fact that matters relating to services provided by SWASFT are currently under the consideration of a Joint Health Scrutiny Committee, formal commentary to that Trust has not been submitted this year.

2 Dorset Health Scrutiny Committee commentary for Dorset HealthCare University NHS Foundation Trust, May 2017:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset HealthCare University NHS Foundation Trust on an informal basis, to discuss the progress being made in improving quality and performance. The annual Quality Account and Report for 2016/17 shared with the Group demonstrates a positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

- Members are pleased to find that recommendations and findings resulting from inspections by the Care Quality Commission (CQC) have been viewed positively and constructively by the Trust and that improvements have been implemented as a result;
- The progress regarding actions arising from CQC inspections seems to be well monitored, and Members praise the thorough approach to this;
- The outcomes of the Clinical Audits highlighted under Mandatory Statement Two were encouraging, but Members queried whether care planning and recording (an issue which has been raised in previous years) had improved. It is reassuring to hear that work is ongoing in this area;
- Members note that use of the National Early Warning Score (NEWS) audit tool has led to an improvement in practice, and welcome this;

Briefings for information

- The growth of the Trust's capacity to host commercial research is seen as beneficial, given the potential for income generation, staff learning and development and staff recruitment;
- The outcome of the national staff survey (with Dorset HealthCare rising up the rankings) is very positive, and the Trust are to be commended for this;
- The Trust's higher than average rate of readmissions to hospital, highlighted in the Quality Indicator section of the report, is of some concern. Members welcome an offer by the Trust to provide further information on this in due course;
- Reported performance against key national quality indicators seems to be good in general, and Members commend the Trust for this.

Overall, the Dorset Health Scrutiny Committee has found Dorset HealthCare University NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of the constructive relationship that has been developed in recent years.

3 Dorset Health Scrutiny Committee commentary for Dorset County Hospital NHS Foundation Trust, May 2017:

Three Members of the Dorset Health Scrutiny Committee are appointed annually to form a Task and Finish Group which meets twice per year with representatives of the Dorset County Hospital NHS Foundation Trust on an informal basis, to discuss the progress being made in improving quality and performance. The annual Quality Account and Report for 2016/17 shared with the Group demonstrates a positive year for the Trust, and the Committee's representatives offer the following comments on items of particular interest or note:

- Members welcome the explanatory notes within the Quality Report, which add to the understanding of the formal content;
- With regard to patient safety, progress in reducing the incidence of pressure ulcers has been very good and Members wish to congratulate the Trust for this;
- With regard to mortality surveillance, the focus on greater involvement with families and transparency to improve the 'quality' of death, as well as investigating unexplained death, is felt to be important by Members;
- The work undertaken to improve the recognition and early treatment of sepsis is to be commended, and Members support the plans for further work in this area. The poster designed by staff demonstrates an encouraging level of engagement which should help the Trust to reach its target;
- Delayed transfers of care are of particular interest, given the links with adult social care and the Local Authority. Members acknowledge the difficulties in accessing resources to support individuals who are ready for discharge (either to community hospitals, residential care settings or back home) and commend the work the Trust is undertaking in partnership with other agencies to tackle this;
- It was disappointing to learn that progress in the timely exchange of electronic discharge summaries has not been as successful as the Trust would wish. Members hope that this can be improved in the coming year;
- Mixed feedback from staff as to the value of communication skills training within end of life care education is also disappointing. However, Members were reassured to hear that changes to training programmes have been made to this valuable area of work as a result;
- The lack of improvement in timely response to complaints was noted, but Members were pleased to hear that the number of compliments received far exceeds the number of complaints, and suggest that this information is included in the Report;

Briefings for information

- With regard to the inspection of the Trust by the Care Quality Commission in March 2016, Members recognised that the Trust was already aware of the areas of service that required improvement and appreciates the reports on this matter which have been presented to Dorset Health Scrutiny Committee. Members also recognise the financial pressures on the NHS and Local Authorities which are beyond their control, and supports the efforts of the Trust to deliver their Action Plan for improvement in the future.

Overall, the Dorset Health Scrutiny Committee has found Dorset County Hospital NHS Foundation Trust to be open and cooperative in its meetings and communications with the Committee, and Members look forward to a continuation of the constructive relationship that has been developed in recent years.

Briefing note: Update regarding the Joint Health Scrutiny Committee to consider matters relating to the NHS 111 Service provided by South Western Ambulance Service NHS Foundation Trust

1 Background

The Joint Committee convened with Bournemouth Borough Council and the Borough of Poole to consider matters relating to the provision of NHS 111 services by South Western Ambulance Service NHS Foundation Trust (SWASFT) has met on two occasions: once informally to discuss the purpose and scope of the Committee (which it was agreed would take the format of a Task and Finish Group) and once formally to commence its review of documents and information provided by SWASFT. In addition, some members of the Group undertook a visit to the Clinical Hub at St Leonards, from which the NHS 111 service is provided, in January. As none of the Dorset Health Scrutiny Committee Members appointed to the Joint Committee are now available to continue in the role (apart from the Reserve Member, Cllr Reed), a brief summary of the most recent meeting is provided here, along with the minutes to which a link was provided to Dorset Health Scrutiny Committee Members in March 2017.

2 Meeting held on 23 January 2017

The formal meeting held on 23 January received a presentation from SWASFT which led to discussions regarding:

- The contract to provide NHS 111 services and the contracted price per call;
- Staffing and recruitment matters;
- Sickness levels and training and support offered to staff;
- Performance and monitoring;
- Links with other services and plans for further integration.

3 Future meetings

It was agreed that the next meeting will consider the outcome of a follow up inspection of the service carried out by the Care Quality Commission on 7, 8 and 20 December 2016, the report of which was published on 27 April 2017:

<http://www.cqc.org.uk/location/RYF45/reports>

Potential dates for this meeting will be circulated to members of the Task and Finish Group following confirmation from Dorset as to future representation.

Briefings for information

BOROUGH OF POOLE

JOINT HEALTH SCRUTINY COMMITTEE – SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWASFT)

23 JANUARY 2017

The Meeting commenced at 9:35am and concluded at 12:00pm.

Present:

Borough of Poole:

Councillors Ms Elaine Atkinson, Jane Newell and Marion Pope

Bournemouth Borough Council

Councillors David d’Orton-Gibson and Laurence Fear

Dorset County Council

Councillors Paul Kimber (left the meeting at 11:30) and Mike Lovell

Also in attendance:

Dr Margaret Guy, Healthwatch Dorset

Louise Smith, Democratic Support Officer

Ann Harris, Health Partnerships Officer, Dorset County Council (from 10:05)

Jenny Winslade, Executive Director of Nursing and Governance, South Western Ambulance Service NHS Foundation Trust (SWASFT)

Tom Ham, Duty Operations Manager, Dorset 111, SWASFT

Louise Bowden, Head of Marketing, PR and Communications, SWASFT

JHS1.17 ELECTION OF CHAIRMAN

RESOLVED that Councillor Ms Elaine Atkinson be elected as Chairman of the Joint Health Scrutiny Committee - South Western Ambulance Service NHS Foundation Trust.

JHS2.17 ELECTION OF VICE CHAIRMAN

The Chairman stated that as this Committee was in the style of a task and finish group, electing a Vice Chairman was not necessary.

JHS3.17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Ronald Coatsworth (Dorset County Council) and Bobbie Dove (Bournemouth Borough Council).

JHS4.17 DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of disclosable pecuniary interest.

JHS5.17 TERMS OF REFERENCE

It was noted that the details of the Bournemouth Membership needed to be updated.

The Terms of Reference were noted.

JHS6.17 NHS 111 SERVICE

The Chairman advised the Committee that some of its Members had visited the Clinical Hub at St Leonards on Saturday 21 January 2017. Copies of photographs that the Chairman had taken during this visit were circulated to Members and the content was described and discussed. The Members who attended the visit were very impressed by the Hub and encouraged others to attend if possible.

The Chairman thanked the attendees from South Western Ambulance Service NHS Foundation Trust (SWASFT) for attending the Committee. The Executive Director of Nursing and Governance, SWASFT, provided information regarding the SWASFT including:

- Clarification over what SWASFT's covered
- That SWASFT was a profit making organisation
- The Committee was advised that due to a 'drive down' of price per call, the services had begun to suffer
- The cost per call was highlighted with regional differences and the Committee was advised that SWASFT believed the optimum amount to run an effective and efficient service was £12.50 per call
- That SWASFT had submitted a business case to the Dorset Clinical Commissioning Group (CCG) regarding receiving the optimum amount per call
- The adverse media, Price Waterhouse Cooper's (PWC) report and subsequent Care Quality Commission (CQC) reports were all highlighted
- Areas that needed to be improved were highlighted including management and clinical support, open door access and non executives listening to calls
- It was highlighted that the job could be very challenging with employees having to deal with a wide spectrum of issues and that the pay was not necessarily commensurate to the role
- The SWASFT's "Staying Well" Service was highlighted as working well
- The Committee was advised that the Dorset employees felt slightly bitter as they felt let down by the Devon staff

In response to questions from the Committee, comments were made including:

- That £12.50 per call was the price required to deliver a good level of service which accounted for the level of support required including the call answering and clinical support
- That staff were alerted to the Whistleblowing Policy as part of their mandatory training on day 1 of employment and that there was a range of ways in which staff could whistleblow such as raising concerns with managers, listening events, the Chief Executive visiting the emergency departments and anonymous meetings with question and answer sessions
- Dorset currently costed £10 per call instead of the £9.50 cap due to the CCG being keen to invest in the St Leonards hub
- That the current KPIs were no longer fit for purpose and that the new tender updated them
- It was hoped to provide an integrated service with 111 and Out of Hours Services to assist in a smoother patient journey

Briefings for information

- The service was not promoted at a local level but the NHS services were promoted nationally with the 'Choose Well/Stay Well' campaign. It was also highlighted that ambulances had the 111 marketing livery
- In response to a query, the Committee was advised that all users called for a reason and that the 111 service was a signposting service
- The reason the Dorset contract was being extended until October 2018 was due to the CCG needing longer to undertake the tendering process
- Dorset employees felt that the Devon employees had let them down because the concerns raised were in relation to the Devon Service but by the time the initial CQC report was published, the Devon service had relocated
- A Member advised that following the visit to the Hub she was impressed to see how frequent callers were handled empathetically
- The rate per call did not relate to call handlers salaries but to the number employed
- The set up of St Leonards Hub was discussed, including the number of clinicians in relation to call handlers.
- The process for callers was also highlighted and it was noted it was called a 'warm transfer' if a user was passed immediately to a clinician.

The Committee now considered the SWASFT Report, which covered:

- Background
- Staffing and recruitment
- Training
- Safe
- Quality
- Performance
- Patient experience
- Visit to East Clinical Hub, St Leonards; and
- Other information required.

The Committee discussed the Report and comments were made including:

- In response to a query regarding call audits and the number of call handlers, the Committee was advised the KPIs needed updating as they did not reflect the true position
- The term 'abandonment' referred to calls coming in but users hanging up before the call was answered. It was noted that the national target was 5%
- It was noted that there was a comfort message played until a call was answered and that some of those who abandoned calls would try and call back at a later time
- In response to a query regarding the staffing section of the Report and why staff left, the Committee was advised that staff leave for a variety of reasons but it was acknowledged that it was a difficult role and that some staff found it too traumatic and difficult in real life
- It was noted that SWASFT provided a weeks extra training, more than the national average and ensured staff were as well prepared as they could be prior to commencement of the job. Training for a full time employee was 3 weeks in the classroom, then 2 weeks on the floor
- Exit interviews were offered to leaving employees but few took up the offer and it could not be mandatory
- It was noted that a large number of employees left after the adverse media coverage and most leavers stayed within the NHS
- Call handler's salaries and numbers were discussed by the Committee and it was noted that they were paid approximately £19,000 per year with an uplift for evenings of 20% and bank holidays of 40%

Briefings for information

- It was anticipated that call handlers roles would be over staffed (52 fte) by the end of February 2017
- In response to a query regarding what would happen if a manager found they had inadequate staff to cover a shift, the Committee was advised that there was an internal and national escalation process. The first internal step would be to ask staff currently working if they would like overtime which usually resolved the issue. It was noted that SWASFT had never invoked the national escalation process but had to provide cover/take the overflow from Gloucester on one occasion. It was noted that a service did not get paid for covering another service
- The sickness rate recently was 12.2% however staffing levels were in place to accommodate that level
- It was noted that each call handler had their own headsets, every door had a hand sanitiser and wipes were placed on each desk
- In response to a query regarding occupational health referrals, the Committee was advised that employees could request them during return to work interviews which would then be referred to HR
- In addition to the occupational health provision, the Committee was advised that SWASFT provided the 'Stay Well' service, had a mental health nurse and access to a physiotherapist. It was highlighted that in one of the CQC reports SWASFT was praised for the provision and that staff had felt supported
- There were approximately twenty 111 providers across the country and all of them used the same pathways triage system
- It was noted that clinicians had access to mental health systems
- In response to a query regarding how call responses being timely and effective was measured, the Committee was advised that it was measured with clinical call back and call answering times
- It was noted that SWASFT had no specific call audit function but that it was in communication with the CCG regarding correlating with patient complaints
- There was a patient survey available and comments were generally positive
- The Committee was advised that NHS England had conducted a survey amongst staff and SWASFT was awaiting the results
- It was noted that there was close dialogue between the 111 Service and the CCG with monthly meetings and reports
- It was highlighted that with regard to the national KPIs, if SWASFT was not reaching targets, then it would set targets with the CCG to help get back on track and that this system seemed to be working well
- A Committee Member referred to the visit and stated that in the clinicians work area of the Hub, 41 people were awaiting a call back and queried if this was high? The Committee was advised that was at a peak time and that a number of those calls would have been a low priority which required call back within 2 hours. It was noted that 41 awaiting call back was not considered high for the weekend
- In response to a query regarding providing an integrated service, the Committee was advised that it referred to a co-located 111 as a single point of access which would provide a new single pathway for patients and it was noted that this model could be more cost effective
- Employment issues were discussed further including retention, reasons for leaving and future employment
- It was noted that Dorset CCG was planning to tender the 111 service during the Summer
- In response to a query regarding work station assessments, the Committee noted that a Display Screen Equipment (DSE) assessment was carried out by employees who were given time to complete all assessments and training. Should any adaptations then be required, it would be passed to the Management Team to action.
- It was noted that the 111 service provided a single point of access and had a long list of services which could be used to signpost

Briefings for information

- The Duty Operations Manager concluded by advising that there had been a steady increase in call answering performance
- It was also noted that SWASFT had a resilience and recruitment plan

The Committee thanked the SWASFT employees and felt the meeting had been very beneficial. The Chairman encouraged any other Committee members to visit the Hub.

The following actions were agreed:

- **SWASFT to send attrition rates to the Clerk**
- **SWASFT to send copy of Business/Action plan to the Clerk**
- **SWASFT to send results of staff survey from NHS England to the Clerk**
- **Invite CCG to next Committee**
- **Obtain copy of the next CQC Report**
- **Contact LGA regarding national data on 111 service performance**

JHS7.17 URGENT BUSINESS

There were no items of urgent business.

CHAIRMAN