Minutes of the Health Scrutiny Committee

Monday 16th February, 2015 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor N Barlow (Vice-Chair)
Councillors M Hanif, D Hemingsley, S Henley, C Perks, M Roberts, K Shakespeare, E Taylor, K Turner and Ms P Bradbury

Officers

M Farooq ((Assistant Director – Law and Governance (Lead Officer to the Committee), D Harkins (Chief Officer, Health and Well Being), K Jackson (Interim Director of Public Health), A Sangian (Scrutiny Officer – Directorate of People Services) and M Johal (Democratic Services Officer – Directorate of Resources and Transformation).

Also in Attendance

Ms Marsha Ingram – Dudley and Walsall Mental Health Partnership Trust
Ms Rosie Musson – Dudley and Walsall Mental Health Partnership Trust
Mr Derek Eaves – Dudley Group NHS Foundation Trust (DGNHSFT)
Mr Nick Henry – West Midlands Ambulance Service
Dr Rathore – Dudley Clinical Commissioning Group
Mr Daniel King – Dudley Clinical Commissioning Group

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44 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors C Elcock and K Jordan.

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45 **Appointment of Substitute Member**

It was reported that Councillor C Perks had been appointed to serve in place of Councillor K Jordan for the meeting of this Committee only.

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46 **Declarations of Interest**

No Member declared an interest in any matter to be considered at this meeting.

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47 **Public Forum**

No issues were raised under this agenda item.

48 **National Health Service (NHS) Quality Accounts**

Quality account summary reports were submitted from the Dudley Group NHS Foundation Trust and the Dudley and Walsall Mental Health Partnership NHS Trust. The quality account update report from the West Midlands Ambulance Service NHS Foundation Trust had been circulated separately to the agenda.

The Dudley Group NHS Foundation Trust

Arising from the presentation of the report Members made comments and raised questions as follows and responses were given as indicated:-

- Reference was made to surveys that were undertaken to determine scores and it was queried whether vulnerable groups were included to ascertain their opinions and the methods used to communicate with them.

  In responding it was stated that the person responsible for collating information from patients for the survey did not have any input from nurses and patients were chosen randomly. It was commented that there were problems in gathering feedback from various vulnerable groups particularly where communication was a barrier and consideration was being given to addressing the matter. However, one of the methods currently used to obtain information from patients with learning disabilities was by setting up a specific Forum tailored to that individual's needs whereby the patient attended with their carer and questions were asked about their care plans and how improvements could be made.

  There was also a "red tray system" which included those people that needed assistance with feeding and regular surveys were undertaken of these patients with a view to compiling information for audit purposes.

- With regard to call bells clarification was sought on what was considered to be a reasonable time to respond to the bell. It was considered that a time should be specified particularly for vulnerable patients as they needed reassurance and if they knew that they would be seen within a certain time, for example within 10 minutes, they may be less anxious and agitated.

  It was stated that it was difficult to allocate a specific time that could be considered as being "reasonable", particularly as people's perceptions and definitions of a "reasonable time" varied. It had therefore been agreed that it would be better to ask patients if calls had been answered within a reasonable time.

Following on from further discussion, Mr Eaves (DGNHSFT) undertook to feedback comments made in that there should be a benchmark or mechanism in place to clarify response times. It was considered that a specific response time could be allocated and the patient then asked if they had been responded to within that time.

- A Member commended the hospital on the service he had received following his recent experience on being admitted and further commented that there were some people that did not need to use the call bells as their needs were being met and addressed.

  Mr Eaves concurred with the comment made and explained about "intentional rounding" which was a process currently in place whereby nurses approached patients every hour with a view to offering assistance with care needs such as helping them to the toilet, which reduced the need to use the call button. When conducting their hourly rounds, nurses had specific questions that patients were asked and all documentation was recorded with a view to analysing data and continuous improvements being made.

- The steady decline in pressure ulcer incidents and the work undertaken to achieve this was welcomed. However, details relating to those cases that had experienced delays in equipment being provided by the relevant organisation was queried, specifically how long individuals had been waiting and whether there were any alternate providers of the service.

  The meeting were informed that the Clinical Commissioning Group paid for the services of the provider of the equipment and discussions were being held with them with a view to improvements being made. There was no alternative provider for the equipment and the reasons for the delay or timeframes of the delays were not known.

  Mr Eaves undertook to ascertain the reason for the delays, the length of time patients had been waiting for the delivery of equipment and also to feedback concerns on there being only one provider of that service.

  In responding to a further query about specific details relating to the single stage 4 ulcer, it was reported that usually stage 4 ulcers had broken skin and a deep wound. However, in this particular case skin had grown over the wound and the stage of the ulcer was only revealed following operational investigations. Procedures had now been put into place to prevent this from happening again and Mr Eaves undertook to circulate to the Committee details of the extent of the investigations that now took place.

- With regard to targets relating to MRSA and Clostridium difficile it was stated that these were set by the Government and calculated by using a specific formula that was based on the hospital's performance and its size.

- Reference was made to the targets measured by the Nursing Care Indicator process relating to nutrition and hydration which consisted of 10 records on every ward being audited each month and it was commented that 100% should be achieved given the small numbers being measured.

  It was stated that there were 10 sets of records collated from 25 wards each month which equated to 750 records each quarter. Senior Nurses scanned these records and it was not considered that records should be inspected rigorously by these staff as they should be undertaking their other duties. However, it was acknowledged that there should be an expectancy to achieve 100%.

- Comments made about the quality of the food at the hospital were acknowledged and it was stated that this was an ongoing issue. Currently the hospital were in the midst of trialling a new menu on certain Wards which involved patients being asked their choice of food on the day which was then electronically submitted directly to the kitchen. Food scores had improved on these Wards and it was considered that this was partly due to reintroducing food, such as chips. However, for nutritional reasons, there needed to be a balance against these types of foods.

- With regard to results from the annual survey and community targets it was requested that further information be provided on the target groups, the questions asked and who was responsible for setting the targets.

  Mr Eaves stated that the annual survey had not as yet concluded but he undertook to provide details contained in the final annual survey together with further information as requested above.

- The Chair referred to comments made at the previous meeting whereby the Committee had acknowledged the importance of acting swiftly to tackle overspend issues. However, concerns were expressed about proposed efficiencies involving the transfer of constituent higher care worker roles to nurses given they were already subject to staffing shortfalls. It was queried whether progress had been made relating to safeguards being put into place to ensure the safe and sustainable transition of responsibilities for patients and staff alike.

  Mr Eaves indicated that he was unaware of the issue but undertook to ascertain the position and to report back. The Scrutiny Officer also undertook to write to the Dudley Group of Hospitals NHS Foundation Trust with a view to obtaining a response.

<u>Dudley and Walsall Mental Health Partnership NHS Trust</u>

Arising from the presentation of the report Members made comments and raised questions as follows and responses were given as indicated:-

- In response to a query about managing training for staff given constant changes and staff turnover and how care plans were managed given the extensive workloads it was reported that it was an ongoing challenge. However, efforts were made to engage and work with carers with a view to ensuring a quality service was provided. Nurses were aware of embedded practices together with expectations and all nurses had a card with the priorities listed as a constant reminder.

  In response to a query Ms Ingram undertook to provide specific details of the content of the basic skilled-based training that was provided to all inpatient nursing staff together with details of staff competency to show the gaps and strengths of individuals.

- Regarding patients that were discharged and what procedures were in place to ensure they were not discharged prematurely, it was explained that the Trust had key performance indicators in place with a view to monitoring effective discharges, which included a seven day follow up to ascertain any risks. A discharge checklist was also used. It was further pointed out that the Trust did not have a shortage of beds which alleviated the pressure of discharging patients quickly, and where possible, appropriate care and pathway arrangements were usually made prior to their discharge.

  In response to a query Ms Ingram undertook to circulate to the Committee details on their bed occupancy.

- It was considered that there had been an increase in people with mental health needs, particularly in younger people. Although there were no inpatient services for young people work was ongoing with schools and the Dudley Safeguarding Board with a view to early intervention and detection.

  In response to a query Ms Ingram undertook to circulate to the Committee a breakdown on the number of mental health patients to show those that were from the black minority ethnic groups.

- Reference was made to progress against Priority 2 and it was requested that background documentation and details relating to roles and responsibilities training that had been delivered to clinical staff, the joint working protocol between Adult Mental Health Services and Child and Adolescent Mental Health Services and the Policy for dealing with Domestic Abuse be provided to the Committee.

- Given the national concerns about sexual abuse particularly those involving vulnerable people it was queried whether consideration had been given to introducing additional measures to prevent such instances and to protect patient safety.

  It was explained that a safeguarding hub had been set up and considerable investments had been made in this regard. There were several policies relating to safeguarding and an annual report on the safeguarding process was available and could be circulated to Members, if required.

West Midlands Ambulance Service NHS Foundation Trust

Arising from the presentation of the report Members made comments and raised questions as follows and responses were given as indicated:-

- With regard to coping in the event of a major incident and maintaining the service for other incidents, Mr Henry reassured Members that he was very confident that the service would cope given the significant amount of investment that had been made on equipment and training. He gave examples of incidents that had occurred in the past and explained that they were able to flex and pool resources regionally so that normal service standards could be maintained.

- Reference was made to recent ambulance turnaround delays and given the number of ambulances that were queuing at the hospital it was queried how the service was maintained.

  It was stated that there were protocols in place to manage the situation and the service was mainly maintained by prioritising patients and making appropriate judgements depending on the situation at the time.

  In response to a further query it was stated that work was ongoing with a view to making improvements to ambulance services. An Action Plan had been drafted to improve ambulance flow and work was also ongoing in conjunction with the CCG with a view to streaming patients.

- Although percentages were given in the report, specific numbers relating to the number of patients that had called and been assessed and numbers of those patients that had been waiting to the nationally agreed target of thirty minutes was requested.

  Mr Henry stated that he was not aware of the specific numbers but he assured the Committee that they had a safe process in place. This included offering a ring back service whereby if an ambulance could not immediately be deployed the patient would receive a call from a Senior Nurse or Paramedic with a view to being reassessed and categorised accordingly. However, he undertook to provide further information in respect of the various categories to include a breakdown of the calls relating to the percentages.

  In response to a further query it was stated that some targets were not being achieved as priority was given to red calls and vehicles were diverted which impacted on other category targets.

- The significant difference in percentage data given for the Black Country and other data with regard to the ambulance quality indicators relating to Stroke FAST patients transported to Hyper Acute Centre within sixty minutes was queried.

  Mr Henry undertook to clarify the figures as data for the Black Country had included the FAST care bundle.

- Arising from further discussion the West Midlands Ambulance representative stated that every call was assessed and resources allocated accordingly. Based on assumptions a timeframe was given for completion of the job but this was not always adhered to as the crew encountered varying obstacles which caused delays and impacted on other jobs. A major problem encountered by the crew was where it was considered patients did not require the emergency service it was difficult to access other community services as they only operated during certain hours and staff ended up having to transport the patient to the hospital instead. It was difficult to capture and present information on exact details of delays as they were not recorded. However, there were plans to choose three random days with a view to recording information for audit purposes, and when available this could be submitted to the Committee, if required.

A Member referred to a booklet on "jargon busters" and requested that the document be recirculated for the benefit of newer Members of the Committee.

Resolved

That the information contained in the reports, submitted on the Quality Accounts relating to the Dudley Group NHS Foundation Trust, Walsall Mental Health Partnership NHS Trust and the West Midlands Ambulance Service NHS Foundation Trust, be noted.

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49 **Delivery Against Committee Review Action Plans : Tobacco Control Review 2013/14**

A report of the Interim Director of Public Health was submitted on progress made on the action plan agreed by the Overview and Scrutiny Management Board following the Committee's scrutiny of tobacco control.

Arising from the presentation of the report and in responding to Members' queries and comments the Interim Director of Public Health commented that prevalence of smoking in young people had reduced. However, it was confirmed that there was an increase in children smoking when transferring to secondary education and that there had also been an increase in younger females smoking. Members were informed that Trading Standards worked together with retailers and conducted spot checks with a view to prosecuting if shops were found to be selling cigarettes to the under aged.

Resolved

That the information contained in the report and Appendix to the report submitted on progress made on the action plan following the Committee's Tobacco Control Review 2013/14, be noted.

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50 **NHS England Co-Commissioning and Primary Care Intentions – Dudley Commissioning Group – Delegated Responsibility for the Commissioning of General Medical Services (General Practitioner (GP) Services)**

A report of the Head of Membership Development was submitted on the Clinical Commissioning Groups (CCGs) submission to NHS England to take on delegated responsibility for the commissioning of GP services.

Arising from the presentation of the report a Member referred to the Urgent Care Centre (UCC) and the delays in constructing the proposed extension to the Accident and Emergency section and it was queried whether the interim planned structure would operate effectively. It was considered that a high number of patients attended the Walk in Centre and it was queried whether any analysis of patients had been made, specifically, the number of patients attending from each practice; patient attendance at home practice of surgeries with high usage of the centre; the number of doctors that had registered their intention to terminate contracts at the Walk in Centre due to current and proposed amendments to practices; and an assurance was sought on the future of services.

In responding to the above queries Dr Rathore stated that GP practices held records on patient numbers and indicated that certain information was available. It was pointed out that most Doctors that worked at the Walk in Centre were not local GP's and were used from a pooled source. Malling Health had advertised with a view to recruiting high quality Doctors and all GP's would be given the opportunity to apply for these positions. Insofar as the construction of the UCC it was acknowledged that there were delays and an interim measure had to be put into place to enable the centre to be opened in April of this year.

During the ensuing debate a Member was of the view that a further detailed report should be presented to the Committee containing information on the proposals, an analysis on the improvements that would be made in comparison to the existing and new structures, the benefits and the impact on GP services. It was also queried how patients and the public were informed about the proposlas, particularly as five GP practices did not have Patient Groups.

In responding to the above issues Dr Rathore stated that a key benefit for the CCG taking on delegated responsibility for the commissioning of GP services was that new arrangements would enable practices to open all day.

The Head of Membership Development undertook to circulate the strategy and further detailed information behind the submission to all Members of the Committee. The Chair requested that following receipt of the document that Members submit any further questions directly to him.

Resolved

(1) That the Head of Membership Development be requested to submit further information and the strategy on the submission to NHS England to all Members of the Committee and that any further questions be submitted direct to the Chair.

(2) That the information contained in the report and appendices to the report submitted on the Clinical Commissioning Groups (CCGs) submission to NHS England to take on delegated responsibility for the commissioning of GP services, be noted.

(3) That the submission to NHS England providing full assurance that the CCG has taken action to ensure that any potential conflicts of interest have been addressed, be noted.

(4) That the process in place to ensure a managed transition of functions from NHS England into the Clinical Commissioning Group, be noted.

The meeting ended at 9.00 p.m.

CHAIR