Minutes of the Health Scrutiny Committee

Monday 22nd September, 2014 at 5.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor N Barlow (Vice-Chair)
Councillors D Brothwood, C Elcock, M Hanif, D Hemingsley, S Henley, K Jordan, I Kettle, M Roberts and E Taylor

Officers

M Farooq (Assistant Director – Law and Governance (Lead Officer to the Committee), B Clifford (Interim Assistant Director for Adult Social Care), A Sangian (Senior Policy Analyst – Directorate of Adult, Community and Housing Services) and M Johal (Democratic Services Officer – Directorate of Corporate Resources)

Also in Attendance

Ms Paula Clark – Chief Executive (Dudley Group NHS Foundation Trust)
Ms Liz Abbis – Dudley Group NHS Foundation Trust
Mr Robert Greaves – Dudley Group NHS Foundation Trust
Dr David Hegarty – Dudley Clinical Commissioning Group
Mr Richard Haynes – Dudley Clinical Commissioning Group
Ms Laura Broster – Dudley Clinical Commissioning Group
Mr Jason Evans – Dudley Clinical Commissioning Group
Mr Neill Bucktin – Dudley Clinical Commissioning Group

9 **Introductions and Comments by the Chair**

Members, Officers and all those present introduced themselves to the meeting.

The Committee noted that the Director of Corporate Resources had been notified of a change to the Conservative Group's appointments on this Committee and that Councillor Barlow would be the Vice-Chair with immediate effect.

With regard to Agenda Item No 6 – Dudley Group of Hospitals Care Quality Commission (CQC) Outcomes and Financial Strategy Update it was reported that the presentation to this meeting would cover an update on the financial strategy only and that a report on the CQC outcomes would be submitted to a future meeting.

The Chair referred to Agenda Item No 9 – Delayed Transfers of Care and informed the meeting that the item would be deferred to the next meeting pending further information.

10 **Apologies for Absence**

Apologies for absence from the meeting were received on behalf of Councillor K Shakespeare and Ms Pam Bradbury – Chair of Healthwatch.

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11 **Appointment of Substitute Member**

It was reported that Councillor I Kettle had been appointed as a substitute member for Councillor K Shakespeare for this meeting only.

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12 **Declarations of Interest**

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

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13 **Minutes**

Reference was made to Minute No 6 – Update on Urgent Care Development with regard to preliminary drawings and floor plans and it was reported that these had not been circulated to Members as requested. In responding Mr Evans, Dudley Clinical Commissioning Group reported that the information was not as yet available due to a delay in the completion of the tendering process and that information submitted by the final two providers was currently being considered with a view to awarding a contract.

It was queried why there were no representatives of Interserve in attendance as the Committee had previously requested that they attend this meeting to respond to concerns relating to parking charges. The Senior Policy Analyst undertook to pursue the matter.

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 16th July, 2014 be approved as a correct.

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14 **Public Forum**

No issues were raised under this agenda item.

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15 **Dudley Group of Hospitals Financial Strategy Update**

A presentation was made by Ms Clark – Chief Executive, Dudley Group NHS Foundation Trust to update the Committee on the Dudley Group of Hospitals Financial Strategy.

During the course of the presentation Ms Clark explained that the Trust, together with all Trusts in England, were under extreme financial pressure due to budget freezes over a number of years and a requirement to make efficiency savings, year on year. Trends in funding and demand, had in part led to a financial gap in the Dudley Group of £21 million for 2014/15 and £30 million over the next two years and in view of this the organisation and the wider health service had to change to meet the challenges. An array of measures were being considered to "balance the books" and difficult decisions would need to be made with a view to maintaining services and if required the withdrawal of some services.

Arising from the presentation and in responding to Members' queries Ms Clark made the following points:-

- Although massive investment was being directed into Information Technology it was difficult to predict the amount of monetary savings that would be made as the initiative mainly focused on achieving a more efficient and integrated service that would save time on resources such as chasing manual records and duplication.

- An exercise had been undertaken to minimise agency staff, where possible, as it was recognised that this was a significant cost cutting measure and efforts would be made to recruit for the vacant posts in the near future. Latest figures on the number of agency staff that were still employed and those that were no longer with the Trust could not be given but it was stated that they had been reduced to approximately half the original number.

- The Trust were confident that the public were getting value for money and assured Members that this was not an area of concern.

- The projected deficit ranged from £7 million to £15 million and it was predicted that it would be in the region of £10 million. However, if the deficit reached the upper level, Monitor, the regulator would take over and be responsible for the "turnaround".

- It was confirmed that the Trust were currently under investigation by Monitor and regular monthly review meetings were being held with them.

- It was acknowledged that there was a problem with bed management and patient flows and that discharge processes could be improved. The Trust were financially penalised for missed targets although it was pointed out that the fines were reinvested.

Resolved

(1) That the information contained in the presentation on the Dudley Group of Hospitals Financial Strategy, be noted.

(2) That a report on the Care Quality Commission Outcomes be submitted to a future meeting of the Committee.

16 **Update on Urgent Care Development**

A report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

Mr Evans, Dudley Clinical Commissioning Group in presenting the report updated Members on progress made since the last meeting. He informed the Committee that they had contacted Centro with a view to consideration being given to improving public transport to the hospital.

There had been a slight delay in choosing the final provider and work was currently underway to consider the submissions of two providers with a view to selecting one of the two final bids and it was hoped to award the contract during October or November. It was explained that the selection process was complex and rigorous and had involved a large number of Panel members that had to judge and score the providers on their submissions which had inevitably led to some delays as Panel members had differing views and had to reach an agreement.

Arising from the presentation of the report and in responding to Members' queries representatives of the Dudley Clinical Commissioning Group made the following points:-

- Initially there had been expressions of interest from twenty providers and varying submissions had been made from both profit and non profit organisations. There was a limit to the amount of profit that could be made by the provider; it was a modest amount set by NHS contractual terms and a document detailing the legal and governance rules applicable could be provided, if required.

- In terms of patient confidentiality and access to records it was explained that it was essential that providers were Care Quality Commission registered as they are then governed by the rules. It was pointed out that non-clinical staff had to access patients records, however, patients had the option to have their records restricted by writing to NHS England. It was also commented that during the consultation process strong views had been expressed that the UCC should be able to access patients' medical history and General Practitioner (GP) records for efficiency purposes.

- An explanation was given on the process involved when patients attended the UCC and it was stated that patients could turn up to the centre at anytime but it was hoped that the 111 service would also be used so that patients could be directed to other appropriate services.

- With regard to the number of staff that would be available at the UCC at any one time it was commented that both providers' submissions contained varying numbers and levels of staff. However, it was confirmed that there would be in excess of fifty staff although that number of staff may not be on site and available at the same time.

- It was confirmed that there would be continual reviews and audits of processes would initially be undertaken on a daily basis to ensure a smooth and efficient service was being provided.

- Patient data was available which aided the determination of a safe ratio of staff and an assurance was given in that the service specification stated that the UCC should always have sufficient numbers of staff available. Monitoring processes were in place and penalties would be issued if it was found that there were staff shortages.

- When patients were initially assessed this would be conducted by a Senior Nurse and the patient would be streamed with a view to being assessed as an urgent or non urgent case. Insofar as the level of experience of the nurse it was stated that the specification specified Band 7 which was of a high level.

- Although there had been some delay in the procurement process owing to meticulous legalities it was anticipated that the scheduled timings would still be adhered to. However, if there were to be any slippage there was provision to extend existing contracts, if required.

- In relation to car parking it was pointed out that a number of actions had been taken to alleviate the problems including "freeing up" the maternity car park that had originally been allocated for staff. Since these further spaces had become available for public use there had been no noticeable issues with car parking, however, it was acknowledged that there were problems with broken barriers which caused traffic to tailback. Alternative plans for staff car parking were being pursued to include the introduction of a Travel Policy.

  Some Members disagreed and commented that there were parking problems as they had received several complaints from members of the public. It was further commented that because of parking fees and parking problems people were parking in the surrounding roads which caused nuisance to residents. It was considered that provision should be made for a multi-storey car park.

- In response to a query on whether there would be provision for car parking spaces to be made available directly at the front entrance, particularly for patients that were elderly or had children, it was stated that although there were no allocated spaces, there would be a drop off and pick up point.

  Members considered that patients, particularly in emergency situations, should not be burdened with the worry of parking their cars and then having to walk to the main entrance. A Member suggested that a marshalling service should initially be provided at the front entrance to assist elderly and unwell patients and it was considered that volunteers that currently worked at the hospital could be utilised.

- Regarding redirecting patients from the UCC and the danger of a potential increase in patients being redirected it was stated that the payment mechanism in place would prohibit this from happening and would be to the providers' disadvantage. Further details of financial incentives were available in the UCC Commissioning Standards document and could be circulated to Members for information, if required.

- There were various key performance indicators in place and random sample checks would be undertaken to ascertain that patients were appropriately redirected. However, following redirection to a third party provider or service outside of the UCC it was not possible to check whether the patient had attended.

- The rules relating to recharging patients from other areas and patients from abroad were explained. It was pointed out that when treating patients from other areas the relevant General Practitioners' Clinical Commissioning Group were recharged. It was stated that anybody could turn up to the Accident and Emergency section and the first point of call was to ensure the patient was safe and treated appropriately. General tariffs that were charged were given and a list of charges for all procedures and operations could be made available, if required.

- When a patient was initially registered a record would automatically be created and any follow up action recorded.

- Following the opening of the UCC there would initially be rigorous monitoring on a daily basis and data could be provided on patients at anytime. In response to a request it was confirmed that data information could be made available to Members with a view to providing updates on performance of the UCC.

- It was confirmed that there would be a sufficient number of GP's available and further information on the staffing structure could be made available once the contract had been awarded. It was also stated that staff employed at the current walk in centre would have the option to transfer if they so wished.

- It was confirmed that the provider was obligated to abide by the specification requirements including delivering a primary care service to children and ensuring that paediatric training and safeguarding awareness was a key component of the clinical and non-clinical UCC staff team.

  A Member referred to the recent review of specialised mental health services for children and young people and asked if a copy of the report could be made available to Members.

The Chair requested that a further report be submitted to a future meeting of the Committee detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected. The report should also include information on the numbers of staff that were available over a twenty four hour period.

Resolved

(1) That the information contained in the report and Appendix to the report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;

(2) That a further report detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected and information on the numbers of staff that were available over a twenty four hour period, be submitted to a future meeting of the Committee.

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17 **Clinical Commissioning Group/Council: Better Care Fund Planning and Care Act Reforms – Update**

A report of the Chief Accountable Officer was submitted on the current position in relation to the Better Care Fund.

Resolved

(1) That the information contained in the report submitted on the current position in relation to the Better Care Fund, be noted.

(2) That a further detailed report be submitted to the next meeting of the Committee to be held in November, 2014.

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18 **Delayed Transfers of Care**

The Committee noted that the report had been deferred to the next meeting pending further information.

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19 **Future Meetings**

Following brief discussions on future meetings it was:-

Resolved

(1) That reports to the next meeting include:-
(i) Delayed Transfers of Care
(ii) The Better Care Fund
(iii) Update on the Urgent Care Centre to enable questions to be formulated for a detailed discussion to be held in January, 2015.

(2) That the next meeting of the Committee be held at 5pm if required and that timings of future meetings remain under review.

The meeting ended at 7.50 p.m.

CHAIR