

Minutes of the Health Scrutiny Committee

Thursday 22nd January, 2014 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, K Jordan, P Miller, K Shakespeare,
E Taylor and D Tyler

Officers

M Farooq ((Assistant Director – Law and Governance (Lead Officer to the Committee), K Jackson (Interim Director of Public Health) and M Johal (Democratic Services Officer – Directorate of Resources and Transformation).

Also in Attendance

Ms Paula Clark – Chief Executive, Dudley Group NHS Foundation Trust
Ms Liz Abbis – Dudley Group NHS Foundation Trust
Dr David Hegarty – 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

33 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors C Elcock, M Roberts and K Turner and P Bradbury.

34 **Appointment of Substitute Members**

It was reported that Councillors P Miller and D Tyler had been appointed to serve in place of Councillors C Elcock and M Roberts for the meeting of this Committee only.

35 **Declarations of Interest**

In accordance with the Members' Code of Conduct, a non-pecuniary interest was declared by Councillor E Taylor in respect of any reference made to Russells Hall Hospital in view of the fact that her daughter works at the hospital as a staff nurse.

36 **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 20th November, 2014 be approved as a correct record.

37 **Public Forum**

No issues were raised under this agenda item.

38 **Care Quality Commission Inspection Outcomes**

A report of the Chief Executive, Dudley Group NHS Foundation Trust, was submitted on the outcomes of the Care Quality Commission hospital inspection of the Dudley Group NHS Foundation Trust, and on the plans the Trust had in place to address the report.

Arising from the presentation of the report the following queries and comments were made by Members and responses were given as indicated:-

- With regard to ophthalmology clinic provision a Member stated that service pressures and problems had been known for a number of years and it was queried why it had taken so long to address the issues. Reference was also made to skilled employees being recruited from abroad and it was queried why problems were being experienced in recruiting medical staff that had been trained in the United Kingdom (UK).

Problems relating to staff shortages was a national issue and there were additional pressures because of increased demand due to the aging population. In relation to problems in recruiting skilled people in the UK this was due to national training being reduced. However, issues were being addressed and it was reported that the Trust were currently in discussions with Wolverhampton University with a view to compiling a course and training specifically for medical staff at a reduced cost to encourage more students to join. It was also reported that an ophthalmology consultant had recently been recruited and was due to commence employment in March 2015.

In response to further questions relating to demand it was reported that there was an increase in the number of elderly patients seen at the ophthalmology clinic particularly with conditions relating to glaucoma and cataracts.

- In response to a query about Ambulatory Emergency Care (AEC) it was explained that this scheme gave some patients a faster and better service as the less sick patients were targeted with a view to being diagnosed, stabilised and treated quickly so that they could go home which also eased the pressure on beds.

- Staff that were recruited from abroad had to undertake tests to ascertain their written and spoken English and dialect sessions were also held. It was reported that the Trust had very high quality nursing staff that had been recruited from abroad and there had been no language barrier problems. Staff turnover was approximately 8% per year and efforts were continuously made to fill vacancies by holding open days.
- With regard to maternity services it was queried how births were restricted and the reason for the restriction.

It was explained that historically there were capacity issues and a plan had been agreed with the Clinical Commissioning Group (CCG) with a view to addressing and managing the problem. Capacity problems at Russells Hall Hospital had arisen because of the high quality maternity service offered at the hospital which meant that patients chose that hospital over other hospitals. There were problems recruiting midwives and a tool used to ascertain the ratio of midwives to patients determined that the ratio should be 1/34 however the hospital were at 1/40 births. Plans were put into place to manage the situation which entailed limiting births at the hospital to 4,900 and this was achieved by allocating those patients living further away to other hospitals.

- In relation to calling on the services of “bank staff” it was explained that the Trust had their own internal “bank” of staff comprising of a mixture of existing and retired employees, and, occasionally where certain shifts could not be filled or specialised training skills were required, external agencies were used. It was further reported that the Trust offered a novice training programme to people with little or no experience as the Trust supported a “grow your own” approach.
- Reference was made to plans to reduce staff and posts particularly at Russells Hall Hospital and it was queried whether this would impact on the quality of services and whether targets would still be met, given the significant reduction.

It was reported that certain staff and nurses were exempt from the process and redundancy schemes would not apply to them given the problems encountered in recruiting for these posts. However, the Trust were currently overspending and would be £7m in deficit at the end of this financial year and measures had to be put into place to address the issue. It was acknowledged that existing staff were concerned and worried about their positions and it was stated that the Trust were doing everything in their power to ensure that the process was completed as quickly as possible. It was explained that there was a good redeployment system in place and assistance would also be given to staff with a view to them finding alternative employment.

- With regard to an increase in the demand for blood tests it was reported that there were plans to introduce an additional phlebotomy service at the Guest Hospital. It was acknowledged that there was a need to offer other services at the other hospitals as they were underutilised.

Resolved

That the information contained in the report and Appendix to the report submitted on the outcomes of the Care Quality Commission hospital inspection of the Dudley Group NHS Foundation Trust and on the plans the Trust has in place to address the report, be noted.

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Winter Pressures

A joint report of the Head of Commissioning (Dudley Clinical Commissioning Group) and the Chief Executive (Dudley Group NHS Foundation Trust) was submitted on plans that had been put into place to deal with demand in the health and social care system and on performance during the winter period.

Arising from the presentation of the report the following queries and comments were made by Members and responses were given as indicated:-

- The Head of Commissioning undertook to circulate to the Chair the cost associated with the number of excess bed days arising from patients remaining in hospital once they were medically fit for discharge during recent months.
- Reference was made to delays in social workers being allocated to patients.
- It was queried whether information was available on the effectiveness of the flu vaccination, if there were figures available on how many people had received the vaccination and whether information was collated on patients that were admitted to hospitals to ascertain whether they had been vaccinated.

It was reported that there had been an increase in patients through the winter due to a virus which was not flu related and flu vaccinations would not have had an impact. However, it was acknowledged that the uptake of flu vaccinations in Dudley was low and there was the need to promote the service.

The Interim Director of Public Health reported that information was received from General Practitioners (GP's) and from pharmacies on uptakes of flu vaccinations and figures were currently being monitored. Work was also underway with elderly groups and the Local Authority with a view to promoting and increasing uptake.

Resolved

That the information contained in the report and Appendices to the report submitted on plans that had been put into place to deal with demand in the health and social care system and on performance during the winter period, be noted.

40 **NHS Health Check Implementation**

A report of the Interim Director of Public Health was submitted on an overview of the implementation of the national NHS health checks programme in Dudley.

Arising from the presentation of the report and in responding to Members' queries the Interim Director of Public Health explained about services offered by the Council to their staff, such as programmes relating to stopping smoking and good health initiatives. She also reported on methods used to promote services and undertook to provide information on how services were promoted, where they were promoted and figures on successes and uptake.

Arising from further discussions, the Interim Director of Public Health undertook to circulate information and leaflets to Members with a view to promoting services offered. A Member also stated that Community Forums could also be used with a view to making a presentation to promote the service.

Resolved

That the information contained in the report and Appendix to the report submitted on performance and constraints relating to the NHS Health Check Implementation, be noted and action taken to increase uptake, be supported.

41 **The Better Care Fund**

A report of the Chief Executive, Dudley Clinical Commissioning Group was submitted on the Better Care Fund (BCF).

Resolved

- (1) That the revised financial plan for the Better Care Fund be noted.
 - (2) That the proposed arrangements for the Section 75 Agreement and pooled budget be noted.
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42 **Update on Urgent Care Centre Development**

A verbal report was given by the Chief Executive (Chief Executive, Dudley Group NHS Foundation Trust).on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

In presenting the oral report the Chief Executive, Dudley Group NHS Foundation Trust stated that since the previous meeting the Trust had continued to work with the CCG and Malling Health with a view to opening the urgent care centre on an interim plan from April, 2015. The interim plans included operating the centre from the existing phlebotomy and outpatient 3 areas and consideration was being given to rehouse some of the phlebotomy services. Malling Health had been on site since December, 2014 with a view to trialling plans and addressing issues that may arise on implementation.

Resolved

That the information contained in the verbal report on progress made towards the opening of the new Urgent Care Centre in Dudley, be noted.

43 **Responses to Questions**

A report of the Lead Officer to the Committee was submitted on updates and responses arising from the previous meeting.

Arising from the presentation of the report a Member referred to the Dudley Walsall Mental Health Trust and the query relating to the eating disorder service and stated that the number of specialists allocated to this service had been queried but not answered.

In responding the Chair indicated that a report relating to the Trust's accounts was being considered at the next meeting and reference could be made to the issue at that time.

Resolved

That the information contained in the report and Appendix to the report submitted on updates and responses from previous meetings, be noted.

The meeting ended at 8.10 p.m.

CHAIR