

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 14 JANUARY 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Diane Gooch, Cllr Bob Jones MBE, Cllr Gordon King, Cllr Helena McKeown, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Sheila Parker, Cllr Nina Phillips, Cllr Pip Ridout, Brian Warwick and Steve Wheeler

Also Present:

Cllr Peter Evans and Cllr Jon Hubbard

1 Apologies

The Committee noted apologies from the following:

Cllr Chris Caswill;
Cllr Nina Phillips;
Cllr Ricky Rogers;
Cllr Keith Humphries and
Nerissa Vaughan - Chief Executive, Great Western Hospital

2 Minutes of the Previous Meeting

The minutes of the previous meeting held 19 November 2013 were presented and subject to amendments to item 105, it was,

Resolved:

To approve the minutes of the meeting as a true and accurate record

3 Declarations of Interest

Standing Declarations of Interest were noted. No additional declarations were made at the meeting.

4 Chairman's Announcements

Positron Scanner

The Chair and Vice Chair visited Royal United Hospital (RUH), Bath on Friday 10 January 2014 to learn about the new Positron Scanner.

RUH Inspection Report

The report from the latest inspection of the RUH will be published on 4 February following the Quality Summit. The Chair and Vice Chair will be meeting James Scott, Chief Executive, on 10 February to discuss the report.

RUH Visit

At the previous HSC meeting in November 2013, James Scott extended an invitation for a number of members to visit the RUH. The invitation is open to 10 committee members to attend, and members had a choice of two possible dates, Monday, 27 January or Monday 3 February both starting at 2pm. Members were asked to express an interest in attending.

South Western Ambulance Service: Joint Scrutiny Meeting

Cllrs John Noeken and Pip Ridout will be attending a meeting of joint scrutiny committee of the South Western Ambulance Service Foundation Trust (SWASFT) on 31 January at Bristol and will report back to the Committee at the next meeting.

Arriva Patient Transport Service

The Chair drew the Committee's attention to issues regarding patient transport following the contract awarded to Arriva. Further enquiries were being made, and the Committee would be kept informed once more is known.

The Committee also welcomed a new member of the scrutiny team, Emma Dove, who joined the Council in December, and would support the Council's scrutiny function.

5 Public Participation

No questions had been received from members of the public.

6 Care Quality Commission: New Inspection Arrangements

Justine Button, Compliance Manager for Bath and North East Somerset (Banes) and Wiltshire Care Quality Commission was in attendance to give a presentation on the new hospital inspection regime.

The presentation detailed changes to the regime which included 5 key themes for identifying quality and safety within hospital settings. These were safe practice, effective treatment, caring attitudes, responsive care and well led teams.

The CQC aims to inspect all NHS Hospital and Foundation Trusts by December 2015 and aims to re inspect hospitals when necessary to complete focussed reviews in response to areas of particular concern. The inspection programme will also be extended to include mental health trusts, community services and ambulance trusts.

An overview of the inspection process was detailed identifying key processes for preparation, site visits and reports. Focus was also given to the construct of inspection teams which would now include a wide range of experts, service users, managers and practitioners. Focus would be given to core services of hospitals, including A&E, emergency medical and surgical services, critical care, maternity, paediatrics and end of life care. Inspections would also focus on areas of concern as a result of intelligence gathering exercises and target specific areas with both announced and unannounced inspections.

An overview of report findings and ratings will be given, and a summary of the reporting matrix given. Hospitals would be ranked across all areas inspected and also for specific key criteria as detailed above. A rating would also be given for the trust as a whole. Rating categories used were based on the OFSTED inspection model and would be graded as outstanding, good, requires Improvement or inadequate. This will allow the CQC to identify areas of good practice in addition to identifying areas of concern.

The Committee discussed the role of unannounced inspections and the importance of timing visits to assess areas of concern at periods of heightened problems. The Committee also questioned the involvement of service users and patient groups in the inspection process. It was confirmed that service users and groups would play pivotal roles in conducting inspections and providing information during the inspection process. The Committee also questioned the role of the CQC in inspecting care and nursing homes. It was confirmed that changes to the Adult Social Care inspection regime had also been planned and would be conducted in a similar fashion to the hospital inspection process. The Committee discussed powers of entry with unannounced visits and discussed how Healthwatch could support the inspection process.

Resolved:

To receive a presentation from the Care Quality Commission detailing changes to the Adult Social Care inspection regime at its meeting in May/July 2014.

7 Great Western Hospital (GWH): Inspection Report

Hilary Walker, Chief Nurse, and Kevin McNamara, Director of Strategy at Great Western Hospital (GWH) were in attendance to discuss the outcome of the CQC inspection and to outline the Hospital's action plan.

Hilary Walker outlined the key areas of concern highlighted by the report and presented the action plan to address the concerns identified. This included cleanliness issues, staffing concerns, governance and monitoring problems and concerns surrounding patient record keeping practices.

Ms Walker identified changes made by the Hospital to target the findings of the CQC report and highlighted the appointment of new nursing staff and practice development nurses to support the development of the existing nursing teams.

The Committee questioned the dispute between GMB members and Carillion, and wanted to know if the dispute had directly impacted the findings in the report. Earlier in the dispute there had been reported strike action but there had not been strike action this year, although a number of ongoing tribunals were said to be having an impact on operations within GWH.

The Committee discussed the current nursing arrangements and queried the ratio of nurses to patients at GWH. Hilary Walker stated that GWH recognised that staffing levels were not where they should be to support 1:7 nursing care, but that £1.2m investment in extra staffing was going some way to address this issue. An effort had been made to recruit additional staff but there were still gaps and more work was needed to be able to reduce reliance on agency staff.

The Committee questioned the medicinal practices at GWH and asked if this had been a result of governance failings or a cultural problem within GWH. It was confirmed that governance processes were in place to monitor such practices and welcomed the suggestion that other areas of governance might be audited.

The Committee expressed concern at the findings of the CQC report and suggested that findings were a 'wake up call' to the leadership team. The Committee also noted that the findings identified were made under the old inspection regime, and stated that a better picture of the Hospital might be achieved following an inspection under the new regime.

The Committee discussed the appointment of overseas nurses and queried if this had an impact on some of the concerns raised in the CQC report. The Committee also questioned the role of agency nurses in the findings. It was confirmed that GWH worked with TTM Healthcare when recruiting overseas nurses. One of the requirements of the recruitment programme was an adequate understanding of the English language. However some difficulties were to be expected such as dealing with patients with strong accents or over the telephone. GWH stated that these concerns were minor issues and would not have negatively impacted the CQC findings.

The Committee discussed the use of whiteboards on wards to document patient activity. It was confirmed that GWH had applied for funding to support a digital whiteboard installation that would provide greater security to patient information due to its screen saver function.

The Committee expressed concerns over medication and the operational hours of the Pharmacy. GWH confirmed that the national review on hospital operational hours was starting to lean towards 7 day openings and that GWH was reviewing how this could be implemented in future.

The Chair then allowed Cllr John Hubbard to address the Committee. Cllr Hubbard expressed concern at the governance practices within the Hospital, and highlighted the link between culture and governance failings. It was confirmed that the failings identified in the administration of medicine was linked to a policy lapse. A policy audit was suggested and would be considered by GWH.

The Committee raised concern over possible communication issues due to language between housekeeping staff and patients, and suggested this could be a potential cause for concern. GWH stated that a response to this question would be provided in writing as the data for this was not readily available.

Resolved:

To note the GWH action plan for the CQC inspection, and to document concern at the findings of the report.

8 Dementia Strategy

James Cawley, Associate Director for Adult Care Commissioning and Susan Dark, Dementia and Specialist Older People Modernisation Lead, Wiltshire CCG were both in attendance to present the joint commissioning Dementia Strategy.

The Committee noted concern over the lack of information regarding funding for the initiative. It was confirmed that funding information would be made clearer following discussion of the Better Care Fund at the Wiltshire Health and Wellbeing Board. The strategy would be put out to formal consultation following its consideration by Cabinet.

The Committee noted that it would be difficult to deliver on all areas of dementia as the impact of dementia was so wide reaching, and funding could not support every instance of dementia related care. The Committee noted that the Strategy would need greater focus on areas of priority to ensure its success. It was noted that the CCG would be investing £7.5 million to support people with dementia and their carers and family. The Committee discussed the impact of other neurological conditions linked to dementia; including Parkinson's disease, and questioned whether the delivery of the strategy would be inclusive of such conditions.

The Committee also noted concern at the lack of paid carers throughout the county and stated that the strategy would need greater focus on increasing the number of paid carers across the region. The Committee also discussed housing options and the provision of sustainable care packages.

Resolved:

To make a statement to Cabinet detailing the following;

- a) **The Health Select Committee was pleased with the work that had been done so far, and supported the Strategy.**
- b) **Some concerns about funding were raised, but the Committee acknowledged that the formal consultation on the strategy will help identify key priorities.**
- c) **The Committee will comment further following receipt of the post-consultation report**

9 Wiltshire Council Direct Provision - CQC Registered Care Services for Adults

The Committee received an update from James Cawley, Associate Director for Adult Care Commissioning detailing the achievements of service areas in relation to CQC ratings.

The Committee noted the achievements and queried if any key events had occurred to report back to the CQC. It was confirmed that no key events had to report.

10 Salisbury Hospital: Mortality Rates

The Chair outlined a meeting that had taken place at Salisbury Hospital between herself, the Vice Chair and Peter Hill, Chief Executive, and Christine Blanchard, Medical Director, Salisbury Hospital FT, relating to the mortality rates as published in the 2013 Dr Foster Hospital Guide, which showed Salisbury Hospital FT as having a mortality rate 'significantly higher than expected'.

It was explained that the way the mortality figures are calculated is complex, with the application of a number of codes, but essentially they compare the numbers of patients who have died against the number that might be expected to die. The hospital explained that the figure reported represented a blip in their performance, which they had identified and addressed themselves before the Dr Foster report was published. They have been monitoring their mortality figures on a monthly basis for a number of years. They have a multi-disciplinary mortality steering group which uses a system which allows them to drill down and audit individual records if they have concerns.

The hospital looks at trends rather than individual results but clinicians also look at the notes of patients who have died to identify any potential learning. They explained that they now send out 'lesson of the week', which can be an area for improvement or an example of good practice.

The Chair and Vice Chair were re-assured by what they heard and were satisfied with the procedures that the hospital has in place to monitor and improve mortality figures, which are usually within the expected range.

They also noted that the CQC, from their intelligence monitoring work has grouped the acute NHS Trusts into six bands based on the risk that people may not be receiving safe, effective, high quality care. Salisbury Hospital FT has been placed in band 6, the band with the lowest risk.

11 **Older Peoples Expenditure**

James Cawley, Associate Director for Adult Care Commissioning provided an update against the projected overspend on the Older People's Budget.

It was confirmed that as of Month 8, the budget was overspent by £1.8million. It was noted that the figures could fluctuate significantly throughout the year if a service user was assessed as needing a very expensive package or if a similar service user no longer needed it. It was confirmed that expenditure was continuously monitored and that for the last 3 – 4 years, the budget had been within 1% of the forecasted expenditure figure at the end of the financial year.

12 **Update on Transition of Public Health to Wiltshire Council**

Aimee Stimpson, Head of Performance and Planning, presented an update to the Committee which detailed the successful integration of Public Health into the Council. The report detailed a number of examples of Public Health's transition into the Council and the impact on service delivery as a result.

The Committee agreed that Public Health would continue to play a pivotal role in service delivery and agreed that all aspects of the Council's responsibilities were interrelated with public health and wellbeing. As a result the Committee stated its intention to support further work to integrate Public Health at all levels of the organisation.

13 **Joint Air Quality Task Group: Final Report**

The Committee received a report from Cllr Peter Evans, Chair of the Joint Air Quality Task Group, which detailed the final findings.

The Committee discussed the findings of the report and debated the closure of the task group following the completion of its work programme.

The Committee discussed the impact of Air Quality on school travel plans as detailed in the report.

Resolved:

The Committee endorsed the following recommendations of the Joint Air Quality Task Group:

- a) The 'template' created by the Calne Area Board to stage their Environment Event should be made available to other interested Area Boards.
- b) A mechanism/process should be developed to allow Area Boards to share examples of good practice/templates for other successful activities;
- c) Having completed its work, the Task Group is to be disbanded.

14 **Forward Work Programme**

The Committee noted the forward work programme.

15 **Task Group Update**

The Committee noted updates from the following Task Groups;

- Transfer to Care;
- Continence Services;
- Review of AWP Services; and,
- Clinical Commissioning Group.

Following discussions on the work of the CCG Task Group and Public Health topics the Committee;

Resolved:

- a) **To seek endorsement from the Overview and Scrutiny Management Committee to disband the CCG Task Group**
- b) **To include Public Health and the Clinical Commissioning Group as standing agenda items for future meetings.**

16 **Urgent Items**

There were no Urgent Items.

17 **Date of Next Meeting**

The date of the next meeting was confirmed as being the 11 March 2014.

(Duration of meeting: 10.30 am - 2.10 pm)

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