Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 10 September 2014.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC
Mr. W. Liquorish JP CC
Mr. J. Miah CC
Mr. A. E. Pearson CC
Mrs. J. Richards CC

In attendance.

Mr. E. F. White CC, Cabinet Lead Member for Health.
Rick Moore, Chairman of Healthwatch Leicestershire.
Kate Shields, Director of Strategy, University Hospitals of Leicester NHS Trust (minute 25 refers)
Kate Allardyce, Greater East Midlands Commissioning Support Performance Service (minute 27 refers)
Carmel O'Brien, Chief Nurse and Quality Officer East Leicestershire and Rutland Clinical Commission Group (minute 28 refers)
Dr. Kevin Harris, Medical Director, University Hospitals of Leicester NHS Trust (minute 28 refers)
Robin Wintle, Interim Director of Contracts, East Leicestershire and Rutland Clinical Commissioning Group (minute 30 refers)

18. Minutes.

The minutes of the meeting held on 11 June 2014 were taken as read, confirmed and signed.

19. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

20. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

21. Urgent Items.

There were no urgent items for consideration.

22. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

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Dr. T. Eynon CC declared a personal interest in all items on the agenda as a salaried GP.

Mrs. J. A. Dickinson declared a personal interest the items on UHL current issues update and Leicester, Leicestershire and Rutland-Learning Lessons to Improve Care (minutes 25 and 27 refer) as her grandson was employed by the University Hospital of Leicester NHS Trust.

Mr. J. Miah CC declared a personal interest the items on UHL current issues update and Leicester, Leicestershire and Rutland-Learning Lessons to Improve Care (minutes 25 and 27 refer as members of his family were medical practitioners at UHL.

23. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

24. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

25. Change to the Order of Business.

The Chairman sought and obtained the consent of the Committee to vary the order of business from that set out on the agenda.

26. UHL Update on Current Issues

The Committee considered a report from the University Hospitals of Leicester NHS Trust (UHL) which provided an update on the following issues:-

- paediatric congenital cardiac surgery;
- proposed relocation of inpatient vascular services;
- emergency care;
- nursing workforce;
- Care Quality Commission (CQC) inspection;
- Financial position 2014/15.

A copy of the report marked 'Agenda item 11' is filed with these minutes.

The Chairman welcomed Kate Shields, Director of Strategy at University Hospitals of Leicester NHS Trust to the meeting for this item.

Arising from discussion the following points were raised:-

(i) Paediatric congenital cardiac services would be relocated to Leicester Royal Infirmary (LRI) from Glenfield Hospital as there was a requirement for all children's services to be located on the same site. While the Committee welcomed UHL's commitment to the retention of the service in Leicestershire concern was raised

over the suitability of access at the LRI and lack of parking facilities. The Committee was advised that UHL would like to develop a children's hospital at the LRI site which they hoped would resolve any access issues. In addition a multi-storey car park was due to be completed by the end of 2015. This would be funded from UHL's capital allocation and managed by the Trust.

(ii) There was no intention to move adult congenital heart disease services or the Extra Corporeal Membrane Oxygenation (ECMO) facility for adults from the Glenfield Hospital. It was felt that the separation of children and adult services would provide an opportunity to make each service viable in its own right and reduce interdependencies.

(iii) The Committee supported the proposal to relocate inpatient vascular services from the LRI to the Glenfield Hospital and recognised the need for this to happen at pace. The Committee particularly welcomed the proposed provision of a new hybrid theatre.

(iv) The Committee was concerned to note that in July 2014 there had been a nine percent rise in emergency hospital admissions compared with the same period in 2013. The Committee were advised that UHL were aware of where the increased emergency admissions had come from as weekly breakdowns of consultant activity were received and data regarding referrals from GP practices was available. However, the reasons for this increase had not yet been identified. It was further noted that there had been a rise in emergency hospital admissions nationally and this was not therefore specific to Leicestershire. Schemes were in place to reduce the level of emergency admissions and UHL was working with its commissioners to identify interventions for the following financial year.

(v) The Committee raised concerns regarding the number of nurses employed by UHL. The Committee was assured that, where there were shortages, as far as possible bank nurses were used rather than agency nurses. This enabled a level of stability in the workforce. The Committee was also advised that UHL was actively recruiting nurses and had undertaken significant work to attract nurses from abroad who were deemed to be both caring and technically competent. UHL had developed a mentoring programme to retain these nurses and support them with issues such as accommodation. Further work had been undertaken to recruit nurses locally with over 400 nurses recruited since April 2013. The need for UHL to support patients to be involved in their own care was also organised.

(vi) Concern was expressed regarding the number of action plans relating to the improvement of care at UHL and whether they were all interrelated. The Committee was advised that all action plans relating to quality of care were overseen by the same Board and the structures in place enabled UHL to have control over the issues.

(vii) The Committee was concerned to note UHL's planned deficit of £40million for the 2014/15 financial year. The Committee was advised that maintaining three hospital sites represented a significant financial challenge, however UHL's financial plan would allow for the Trust to break even by 2019/20. The Trust's financial plan had been confirmed and challenged by the Trust Development Authority which was content with UHL's long term financial plans.

RESOLVED:

(a) That the future service priorities for vascular services as aligned to the blueprint of Health and Social Care in Leicestershire, Leicester and Rutland 2014-19 be noted;

(b) That this Committee is of the view that the proposals to relocate inpatient vascular services from the Leicester Royal Infirmary to the Glenfield Hospital site are significant and as such constitute a 'substantial variation' which would normally need to be the subject of formal consultation;

(c) That this Committee, having considered the outline of the proposals set out in (a) above is of the view that such changes would, if fully implemented as described, improve patient experiences and outcomes and, in view of this, agrees that it would not be in the interest of the people of Leicestershire for it to insist upon formal consultation as this would divert resources away from the project team charged with the delivery of these necessary changes, therefore waives its right to be formally consulted on the condition that the UHL Trust undertakes to:-

i) provide the Committee with a detailed project plan for the relocation of services;
ii) provide regular updates on the progress of works and any variations to the plans; and
iii) to meet with the Committee or its representatives if there are any concerns raised by members of the Committee about the implementation of the proposals;
iv) submit a copy of its engagement plan to the next meeting of the Committee for information.

(d) That this Committee notes that the proposal to create a dedicated outpatient/daycase hub, incorporating vascular outpatient services, will be subject to public consultation as part of the future configuration of health services in Leicestershire;

(e) That the updates on the following areas be noted:-
i) paediatric congenital cardiac surgery;
ii) emergency care;
iii) nursing workforce;
iv) care quality commission action plan;
v) financial position.

27. <u>Quarterly Performance Report</u>

The Committee considered a report of the Chief Executive of the County Council and Greater East Midlands Commissioning Support Service which provided an update on performance against current priorities set out in the Health and Wellbeing Board and Commissioner Performance Frameworks, based on data available at the end of the first quarter of 2014/2015. A copy of the report marked 'Agenda item 8' is filed with these minutes.

Arising from discussion the following points were raised:-

(i) The Committee was advised that there were a range of metrics that could be used to measure patent experience and work was currently being undertaken to identify which metric would be the most useful for Leicestershire. It was acknowledged that

patient experience should be the driver for improvements to health and social care. The Committee was advised that Healthwatch had recently held a series of roadshows showing patents what they could do to change or improve healthcare in their area. This could be useful when considering patient experience.

(ii) The Committee welcomed the reduction in wait times for Child and Adolescent Mental Health Services (CAMHS) but asked that future reports included a definition of a 'minimal' wait time for urgent referrals.

(iii) The NHS 111 service had seen a significant increase in activity. The Committee asked for further information regarding the impact of this increase on the quality of service and how NHS 111 received and reacted to feedback on performance from its stakeholders.

(iv) It was noted that after a review into the case of MRSA at West Leicestershire Clinical Commissioning Group (WLCCG) it had been determined that WLCCG was not the source of MRSA and that a third party was responsible for the infection.

(v) It was suggested that issues relating to recruitment at the East Midlands Ambulance Service (EMAS) and in particular the appointment of paramedics be addressed in the next report from EMAS to the Committee.

RESOLVED:

(a) That the performance summary issues identified this quarter and actions planned in response to improve performance be noted;

(b) That the final report of the outcome of the Healthwatch Roadshows be submitted to a future meeting of the Committee for consideration;

(c) That the quality of the NHS 111 services and arrangements for stakeholders to provide feedback on the service be the subject of a report to a future meeting of the Committee;

(d) That officers from EMAS be requested to include an update on the appointment of paramedics in their report to the next meeting of the Committee.

28. <u>Leicester, Leicestershire and Rutland - Learning Lessons to Improve Care.</u>

The Committee considered a report commissioned by the Leicester, Leicestershire and Rutland Health communities (that is, East Leicestershire and Rutland CCG, West Leicestershire CCG, Leicester City CCG, University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership Trust and NHS England) which set out the findings of the clinical audit commissioned to examine the quality of patient care for a cohort of people who died either at UHL or within 30 days of discharge where they were discharged to a different place of residence and a summary of the strategic action plan. A copy of the report marked 'Agenda item 9' is filed with these minutes.

The Chairman welcomed Carmel O'Brien, Chief Nurse and Quality Officer at East Leicestershire and Rutland CCG (ELRCCG) and Dr Kevin Harris, Medical Director at University Hospitals of Leicester (UHL) to the meeting for this item.

Arising from discussion the following points were noted:

(i) Concern was expressed regarding the number of issues relating to Do Not Attempt Resuscitation (DNAR) orders and it was felt that a greater emphasis needed to be placed on ascertaining if a DNAR order existed before attempting resuscitation. UHL advised that medical staff were legally required to attempt resuscitation where the presence of a DNAR order was not known and that by October 2014 GPs would be able to share patient information with UHL electronically, including information on DNAR orders.

(ii) The Committee noted that issues surrounding fitness to practice following the audit had resulted in one case for UHL and three cases for primary care. The Committee was advised that those conducting the review had the power to refer any areas of concern to Medical Directors for further investigation.

(iii) The Committee welcomed the publication of the report and the five point action plan but noted that the majority of cases reviewed had more than one area of concern in relation to quality of care provided and were concerned that this highlighted systemic errors across the local health economy. The Committee would need further reassurance that these issues were not still ongoing.

(iv) It was noted that the review was a clinical audit and as such it would not normally be made public. However, following the publication of the Francis report and consequent expectations of openness and transparency, the local health community had taken the decision to make it publicly available. This had taken some time due to the need to provide an executive summary and the need to have made contact with relatives prior to publication. It was noted that about a quarter of the relatives had requested a face to face meeting; feedback from these meetings was now being collated to add to the evidence base.

(v) No similar studies had been undertaken in other parts of the country so it was not possible for statistical comparisons to be made. However, it was noted that examinations into the quality of care usually identified around 40% of cases with issues. In this case, the review had provided confirmation of problems in the local health economy which needed addressing.

(vi) It was noted that, although the audit had been undertaken retrospectively, some cases had already been subject to a Serious Untoward Incident (SUI) investigation. The cases of the majority of patients who had died in Intensive Care and many of those dying in the hospital would also have been subject to review using the established 'Mortality and Morbidity Review' process. However, reviews of this type would not typically include patients who had died following discharge from hospital as there had been no central co-ordination relating to these cases until the audit had been carried out; thus it had not been possible to identify lessons to be learnt across the whole system prior to the audit. Consideration was being given to how this issue could be addressed in the future.

(vii) Progress in improving patient care following the audit would be monitored by the Board or governing body of each organisation. The Better Care Together Board would hold each organisation accountable for delivery of the action plan.

(viii) The Committee thanked the reviewers for their work in undertaking the audit and identified three themes to be addressed when officers reported back on progress with the implementation of the action plan:-

- That the quality of end of life care needed to be improved;
- How Clinicians addressed issues arising from deviation from standard care pathways;
- How communication between organisations was being improved, particularly out of hours.

RESOLVED:

(a) That the findings of the clinical audit to examine the quality of patient care and the action plan to address the areas of improvement identified be noted;

(b) That the local health community be requested to update the Committee on implementation of the action plan developed in response to the review at a future meeting.

29. Better Care Fund Update

The Committee considered an update on the Better Care Fund (BCF) resubmission by the Health and Wellbeing Board. A copy of the report marked 'Agenda item 10' is filed with these minutes.

The Committee welcomed the work done on the BCF resubmission but were concerned that the reduction in 3.5% in emergency hospital admissions was going to be difficult to achieve against a national backdrop of rising emergency hospital admissions.

It was noted that the Better Care Fund Plan included specific interventions rather than general integration of services. There was an evidence base to support each integration project so there was a level of confidence that the plan would deliver what it set out to do.

RESOLVED:

That the update on the requirements for all Health and Wellbeing Boards to resubmit their Better Care Fund Plans by 19 September be noted.

30. Arriva Transport Solutions

The Committee considered a report on Arriva's progress in meeting its contractual obligations in providing its Non-Emergency Patient Transport Service (NEPTS) performance. A copy of the report marked 'Agenda item 12' is filed with these minutes.

The Chairman welcomed Robin Wintle of ELRCCG to the meeting for this item.

Arising from discussion the following points were raised:

(i) The original tender for the Non-Emergency Patient Transport Service did not fully quantify the requirements for the service which had had a negative effect on Arriva's ability to meet demand. Arriva had worked to understand patient needs better, restructure their vehicle fleet and support staff and as a result was expected to achieve compliance against main contract targets by the end of October 2014.

(ii) The Committee noted that there had been a number of factors beyond Arriva's control that had reduced performance of the Non-Emergency Patient Transport

Service. This included uncoordinated discharge of patients from hospital to community services, long delays in preparing patients for discharge and the inappropriate booking of stretchers when a lower level of mobility support would have been more appropriate. It was further noted that to remedy this, discharge coordinators had been appointed to manage the discharge process and therefore reduce the impact on Arriva's resources.

RESOLVED:

(a) That Arriva's progress in meeting its contractual obligations in providing its Non-Emergency Patient Transport service be noted;

(b) That the steps taken to address performance at Arriva and the further actions being undertaken by the CCG contract and quality team be noted.

31. Date of next meeting

It was noted that the next meeting of the Committee would be held on 12 November 2014 at 2.00pm.

2.00 - 4.45 pm CHAIRMAN
10 September 2014