Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 10 June 2015.

PRESENT

Mrs. R. Camamile CC
Mrs. J. A. Dickinson CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC
Dr. S. Hill CC
Mr. D. Jennings CC
Mr. J. Kaufman CC
Mr. J. Miah CC
Mr. A. E. Pearson CC

In attendance

Rick Moore, Chairman of Healthwatch Leicestershire;
Tim Slater, General Manager Leicester, Leicestershire and Rutland Division, East Midlands Ambulance Service (minute 10 refers);
Bal Johal, Deputy Chief Nurse Leicestershire Partnership NHS Trust (minute 12 refers);
Wendy Ferguson, Community Manager, Leicestershire Partnership NHS Trust (minute 11 refers);
Caroline Trevithick, Chief Nurse and Quality Lead, West Leicestershire Clinical Commissioning Group (minutes 13 and 14 refer);
Richard Carroll Chief Executive, Central Nottinghamshire Clinical Service (minute 14 refers);
Dr Sarah Hull, Organisational Medical Director, Central Nottinghamshire Clinical Service (minute 14 refers).

1. Appointment of Chairman.

That Dr. S. Hill CC be appointed Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council in 2015.

(Dr. S. Hill CC in the Chair)

2. Election of Vice-Chairman.

That Mrs. J. A. Dickinson CC be elected Deputy Chairman of the Health Overview and Scrutiny Committee for the period ending with the date of the Annual Meeting of the County Council 2015.

3. Minutes of the meeting held on 25 February 2015.

The minutes of the meeting held on 25 February 2015 were taken as read, confirmed and signed.

4. Question Time.

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

5. 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).

6. Urgent items.

There were no urgent items for consideration.

7. 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.

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

Mrs. J. A. Dickinson CC declared a personal interest in all items on the agenda as she was a member of the Leicestershire Partnership NHS Trust Shadow Council of Governors and she had a relative employed by the University Hospitals of Leicester NHS Trust.

Mr. J. Miah CC declared a personal interest in all items on the agenda as he had a relative employed by the University Hospitals of Leicester NHS Trust and a personal interest in the report on the proposed relocation of Charnwood Community Mental Health Teams (minute 11 refers) as he was a member of Charnwood Borough Council.

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

There were no declarations of the party whip.

9. Presentation of Petitions under Standing Order 36.

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

10. Leicestershire (LLR) Divisional Update.

The Committee considered a report of the East Midlands Ambulance Service (EMAS) NHS Trust, which provided the key performance information for the EMAS Divisional area of Leicestershire, split to Clinical Commissioning Group (CCG) level, an update on frontline staff recruitment and summarised the divisional priorities described in Local Delivery Plan 2015-16. A copy of the report marked ‘Agenda Item 10’ is filed with these minutes.

The Committee welcomed Tim Slater, General Manager of the Leicester, Leicestershire and Rutland (LLR) Division, EMAS to the meeting to present the report and answer questions.

The Committee was pleased to note that all targets had shown improvements during the current financial year and were continuing to improve. The Committee also welcomed the thorough analysis of performance being undertaken across all targets. The Committee was pleased to have learnt that EMAS worked closely with the CCGs and the University

Hospitals of Leicester NHS Trust (UHL) on issues such as understanding the causes behind the long waits and ambulance turnaround.

Arising from discussion the following points were made:-

(i) The Committee raised concerns over the delays in the handover of patients from ambulances to UHL sites. With respect to this issue the Committee was advised that the delays in transferring patients from ambulances amounted to 11,676 operational hours of an ambulance lost, which equated to the loss of working capacity of three ambulances per day. In the last fortnight a new handover system had been introduced which advised UHL in real time of patients en route to the hospital. This had demonstrated some improvements in turnaround times over the weekend, but they had not been sustainable. EMAS would continue to monitor the situation. The Health and Wellbeing Board was also considering a report on ambulance turnaround times at its next meeting.

(ii) The Leicester Royal Infirmary (LRI) continued to be one of the country's busiest hospital sites, with a limited capacity and a large proportion of patients self-presenting to the Accident and Emergency Department (A&E). To that end, the capacity at LRI was to be increased by the creation of a new emergency floor. Caution was advised on behalf of EMAS to ensure 'future-proofing' of the new facility in terms of patient capacity.

(iii) There was limited space for patients to wait to be seen once the ambulance had arrived at A&E so it was not possible to have a single paramedic taking responsibility for a number of patients grouped together. It was felt that during busy periods UHL needed a more responsive escalation process as the provision of extra space for grouping patients under the care of a single paramedic would only be triggered if six or more patients were waiting in the back of the ambulances. It was hoped that new handover system would enable UHL to be more responsive to demand.

(iv) The Committee welcomed the high rate of patients treated by EMAS who were not then conveyed to hospital as this demonstrated the promotion of alternative pathways. However, concern was also expressed that 999 calls were being made inappropriately. The Committee was pleased to note that EMAS was working to educate clinicians with regards to the different service offerings in each CCG area. To that end a pilot mobile directory of services had been launched.

(v) The 111 service was able to dispatch ambulances if, following an assessment, the call handler felt it was necessary to do so. The service had a mixture of call handling capability, including both clinical and non-clinical staff. It was not possible to identify if the introduction of the 111 service had led to an increase in demand for ambulances, although EMAS had undertaken an analysis of ambulances despatched by 111, and found that in many cases it was not appropriate.

(vi) EMAS was not required to report the mortality rate of patients, so it was difficult to determine whether ambulance delays had an impact on life expectancy.

(vii) EMAS had previously reported challenges in retaining qualified paramedics to the Committee. It was now reported that a number of qualified paramedics were returning to EMAS. The new staffing model included ambulance technicians as

well as paramedics and Emergency Care Assistants; ambulance technicians were qualified staff who could progress to being paramedics. This was felt to be a safer model as it increased the number of qualified staff available and was also more sustainable.

RESOLVED:

(a) That the Leicestershire (LLR) Divisional Update and improvements made at EMAS be noted;

(b) That the joint report from the East Midlands Ambulance Service, University Hospitals of Leicester and the Clinical Commissioning Groups regarding ambulance turnaround times at the Leicester Royal Infirmary being submitted to the Health and Wellbeing Board on 16 July be shared with all members of the Committee.

11. Proposed Relocation of Charnwood Community Mental Health Teams.

The Committee considered a report from Leicestershire Partnership NHS Trust (LPT) on the Proposed Relocation of Charnwood Community Mental Health Teams, which set out the proposals to relocate adult community mental health service and older persons' community mental health service in Charnwood from its current bases at Town Hall Chambers, and Cameron Stastny House, Loughborough to Loughborough Hospital. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

The Committee welcomed Wendy Ferguson, Community Manager for Mental Health Services for Older People, LPT to the meeting to present the report and answer questions.

The Committee supported the proposals to relocate both services to Loughborough Hospital. Some concern was expressed that without the availability of suitable public transport it would be difficult for the patients' relatives, as well as staff, to access the new location. The Committee was advised that LPT had liaised with bus companies to address this concern and had shared the outcomes of this liaison as part of the consultation.

RESOLVED:

That the proposal by Leicestershire Partnership NHS Trust to relocate its adult community mental health service and its older persons' community mental health service in Charnwood from their current bases to Loughborough Hospital be supported.

12. Safer Staffing Update - Inpatient Wards.

The Committee considered a report from LPT which outlined the current position with regards to the National Quality Board (NQB) Safer Staffing requirements across the three operational divisions in LPT. The report was aimed at providing assurance that safer staffing levels were maintained and highlighting the ongoing work undertaken to support recruitment and retention of qualified staff. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Committee welcomed Bal Johal, Deputy Chief Nurse from LPT to the meeting to present the report and answer questions.

Arising from discussion members were advised as follows:-

(i) The use of agency staff was a nationwide rather than local phenomenon. Patient safety was the priority, and to that end deployment of bank and agency staff was essential. The approach undertaken by LTP, however involved attempts to manage temporary staff locally with the use of own bank staff rather than agency staff whenever possible, and a coordinated approach to the recruitment of agency staff, including set rates and recruitment route.

(ii) Nurses chose agency or bank work because it enabled them to work flexibly around family, caring or other commitments. The Committee was assured that permanent staff received greater financial benefits and opportunities for career progression, unlike agency work. Bank nurses were regularly offered the opportunity of becoming full time members of staff.

(iii) The recruitment of nurses from overseas was not currently part of LPT's plans. Concern was expressed that there was a risk that nurses recruited from overseas would not be retained, and would choose to be employed by agencies instead. The Committee was assured that there was no evidence that this was the case.

(iv) The staff retention issues were caused by staff moving internally rather than losing staff to the external organisations, and were no more significant that other mental health trusts. The development of the new pathways, such as care in the community, resulted in staff moving from inpatient wards to the community services.

(v) The temporary move of the Inpatient Child and Adolescent Mental Health Service to Ward 3 of Coalville Hospital posed a risk of losing experienced staff due to increased travel times. LPT was proactively working with affected staff to plan for the future, maintain staff and provide adequate support.

RESOLVED:

(a) That the current position with regards to the National Quality Board Safer Staffing requirements across the three operational divisions in Leicestershire Partnership NHS Trust be noted;

(b) That officers from Leicestershire Partnership NHS Trust be requested to write the committee with further details regarding the staffing issues at the Inpatient Child and Adolescent Mental Health Service at Ward 3 of Coalville Hospital.

13. <u>Learning Lessons to Improve Care Clinical Taskforce. - Update.</u>

The Committee considered a report and presentation from West Leicestershire Clinical Commissioning Group (WLCCG) on behalf of the Learning Lessons to Improve Care Clinical Task Force (UHL, LPT & 3 LLR CCGs), which provided an update of progress made in addressing the findings and recommendations in the Learning Lessons to Improve Care (LLtIC) report 2014. A copy of the report marked 'Agenda Item 13' and the slides forming the presentation is filed with these minutes.

The Committee welcomed Caroline Trevithick, Chief Nurse and Quality Lead at WLCCG and SRO for LLtIC Clinical Task Force to the meeting for this item.

The Committee was pleased to hear that improvements were being made and welcomed the comments made in the second progress update since the publication of LLtIC report.

Arising from discussion the following points were raised:-

(i) The Standardised Hospital Mortality Index (SHMI) rate was not site specific, although UHL was now disaggregating it in reports to the Trust Board. It was noted that the SHMI for LRI was higher than the Glenfield and General Hospitals. It was further advised that UHL looked at morbidity and mortality ratios by speciality rather than the hospital as whole. An example of this was the work undertaken at LRI to reduce the mortality rates linked to pneumonia, which had decreased since the last year. The CCGs welcomed the focus on SHMI by UHL and were pleased with the focus on monitoring and reducing mortality rates.

(ii) UHL was also undertaking an analysis of mortality rates for patients within 30 days of discharge from hospital. Anecdotal evidence suggested that the out of hospital SHMI was going up whilst the hospital SHMI was decreasing. A case note review of a cohort of patients who had died within 30 days of discharge was currently being undertaken; feedback from this was expected in July. This would enable the LLtIC Task Force to test whether the current set of actions were appropriate.

(iii) The engagement event used to test whether patient outcomes had improved consisted of approximately 30 clinicians from UHL, LPT and Primary Care. This was not felt to be representative enough to draw conclusions. The Committee was advised however, that going forward the Learning Lessons to Improve Care (LLtIC) task force would perform ‘pulse checks’ to allow more systematic feedback across the whole of clinical work force across LLR. In addition, an outcomes framework to demonstrate progress with implementing the findings of the review was being developed.

RESOLVED:

(a) That the progress in addressing the findings and recommendations in the Learning Lessons to Improve Care report be noted;

(b) That a progress report on implementation of the findings of the LLtIC review, including the outcomes framework be submitted to a future meeting of the Committee.

14. <u>Out of Hours Service Provided by Central Nottinghamshire Clinical Services.</u>

The Committee considered a report from West Leicestershire Clinical Commissioning Group on behalf of the 3 LLR CCGs, and presentation from Central Nottinghamshire Clinical Services (CNCS), which provided details of the outcome of the Care Quality Commission (CQC) review of the LLR Out of Hours Service and the progress being made to improve the quality of care. A copy of the report, marked ‘Agenda Item 14, and the slides forming the presentation are filed with these minutes.

The Committee welcomed Caroline Trevithick, Chief Nurse and Quality Lead at WLCCG, Richard Carroll, Chief Executive of CNCS and Dr Sarah Hull, Medical Director of CNCS to the meeting for this item.

Arising from discussion the following points were raised:-

(i) Serious concern was expressed that the CQC inspection had identified significant failings with the Out of Hours Service provided by CNCS. In particular, the Committee was concerned that standards for patient safety were not being met. CNCS apologised unreservedly for the poor service that had been provided for patients and confirmed that an action plan was now in place to address the issues highlighted by CQC.

(ii) The Committee was concerned that the trigger for improvement appeared to be the CQC and questioned the robustness of CCG contract monitoring. It was acknowledged that, prior to the CQC inspection, a number of contract queries had been raised and that the CCGs had been working with CNCS to make improvements. The CCGs had subsequently identified the need to make changes to their contract monitoring process to enable the required outcomes to be achieved.

(iii) CNCS had started out as an out of hours GP service which had expanded rapidly without the appropriate infrastructure being in place. This resulted in a poorly managed service with a lack of robust checks and balances in place. Actions to address these issues had been stepped up since the CQC inspection, and it was expected that all the actions would be delivered by the timescales in the plan. It was confirmed that the CCGs would continue to support CNCS as they had demonstrated the commitment and drive to make improvements. If the actions did not translate into real and sustainable improvements, then consideration would be given to the future provision of the service.

(iv) The CCGs had undertaken a risk assessment which demonstrated that clinical risk was being managed. GPs had been involved in the assessment to provide clinical input. Mid Nottinghamshire CCGs, who also had a contract with CNCS, was supporting it to strengthen clinical governance. The Committee welcomed this but cautioned that frequency of low level risk could become a significant issue in itself and recommended that the CCGs continue the robust monitoring of risk.

(v) Actions being put in place including the upskilling of reception staff to support them to recognise the deterioration of patients. Patients were also now seen on a priority basis; with the priority being assigned by the 111 service when the call was taken. Staffing levels were also being increased so that medicines could be checked appropriately.

Rick Moore, Chairman of Healthwatch Leicestershire stated that should next CQC inspection fail to demonstrate that sustainable improvement had been made, the contract should be terminated.

RESOLVED:

(a) That the outcome of the Care Quality Commission review of the Out of Hours Service provided by Central Nottinghamshire Clinical Services (CNCS) be noted;

(b) That a report outlining the progress made to improve the quality of care be presented to Health Overview and Scrutiny Committee on 11 November 2015.

15. Commentary Against Quality Accounts.

The Committee considered a report of the Chief Executive which asked the Committee to consider delegating the task of commenting on the Quality Accounts for the provider health trusts, specifically UHL, LPT and EMAS, to the Chief Executive, after the consultation with the Chairman and Spokesmen of this Committee. The report also presented the commentaries on the Quality Accounts 2014-15 for UHL, LPT and EMAS. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

RESOLVED:

(a) That the Commentary against the Quality Accounts 2014/15 for UHL, LPT and EMAS be noted;

(b) That the role of commentating on the Quality Accounts of health provider organisations be delegated to the Chief Executive after consultation with the Chairman and Spokesmen of the Health Overview and Scrutiny Committee.

16. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 9 September at 2pm.

2.00 - 4.41 pm CHAIRMAN
10 June 2015