



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 12 March 2014.

PRESENT

Dr. S. Hill CC (in the Chair)

Dr. T. Eynon CC

Dr. R. K. A. Feltham CC

Mr. S. J. Hampson CC

Mr. W. Liquorish JP CC

Mr. J. Miah CC

Mr. M. T. Mullaney CC

Mr. J. P. O'Shea CC

Mr. A. E. Pearson CC

In attendance.

Mr E F White CC, Cabinet Lead Member for Health

Mr Geoff Smith OBE, Healthwatch Representative

Caroline Trevithick, Chief Nurse and Quality Lead, WLCCG (minute 55 refers)

Dr Nick Willmott, Urgent Care Lead, WLCCG (minute 55 refers)

Rachel Bilborough, Divisional Director, Community Health Services, LPT (minute 55 refers)

Jim Bosworth, Assistant Director – Commissioning, WLCCG (minute 58 refers)

Dr Satheesh Kumar, Medical Director, LPT (minute 58 refers)

Dr Dave Briggs, Managing Director, East Leicestershire and Rutland CCG (minutes 58 and 59 refer)

Stuart Baird, Interim Head of Communications and Engagement, ELR CCG (minute 58 refers)

Richard Mitchell, Chief Operating Officer, UHL (minutes 59 and 60 refers)

Rachel Overfield, Chief Nurse, UHL (minutes 59 and 60 refer)

Tim Sacks, Chief Operating Officer, ELR CCG (minute 61 refers)

47. Minutes.

The minutes of the meeting held on 22 January 2014 were taken as read, confirmed and signed.

48. Question Time.

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

49. 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).

50. Urgent Items.

There were no urgent items for consideration.

51. 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.

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

There were no declarations of the party whip.

53. Presentation of Petitions under Standing Order 36.

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

54. Change to the Order of Business.

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

55. Fit for Future: Community Health Services in Ashby.

The Committee considered a joint report of West Leicestershire Clinical Commissioning Group (WLCCG) and Leicestershire Partnership NHS Trust (LPT) which presented the options that were being formally consulted on in relation to the current review of community services in the Ashby. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

The Chairman welcomed Caroline Trevithick, Chief Nurse and Quality Lead at WLCCG, Dr Nick Willmott, Urgent Care Lead at WLCCG and Rachel Billsborough, Divisional Director for Community Health Services at LPT to the meeting for this item.

The Committee was of the view that any decision regarding community health services in Ashby should not be taken in isolation. It would be important to ensure that provision of community beds was maintained across West Leicestershire. Additionally, the Committee was keen to see patients being cared for in their own homes where possible.

The changes to community health services in Ashby would be implemented on a phased basis. It was expected that the new Ashby Health Centre, which was currently at the provisional planning stage, would be in operation next year.

RESOLVED:

- (a) That Option 2 as set out in paragraphs 22 – 25 of the report be supported in principle, subject to the comments now made;
- (b) That officers be requested to produce a formal response to the consultation on Community Health Services in Ashby, based on this Committee's discussions, and forward it to West Leicestershire CCG.

56. Better Care Fund Update.

The Committee considered a report of the Chief Executive which provided an update on the work in progress to finalise the Better Care Fund Plan for Leicestershire for submission to the Department of Health by April 4th 2014. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed Mr E F White CC, Cabinet Lead Member for Health, to the meeting for this item. Mr White spoke in support of the Plan and confirmed that he was satisfied that the County Council would meet the deadline for submitting the Plan to the Department of Health.

The Committee noted the comments of Healthwatch, a copy of which is filed with these minutes. At the invitation of the Chairman, Geoff Smith OBE, Healthwatch representative, emphasised the need for the Better Care Fund Plan to have a communications and engagement strategy.

The Committee welcomed the proposed review of the whole pathway for frail elderly care. It was also hoped that any recommendations arising from the Scrutiny Review of the referral pathway for older people with anxiety and depression would be picked up through delivery of the Better Care Fund Plan.

RESOLVED:

That the update on the work in progress to finalise the Better Care Fund Plan for Leicestershire for submission by April 4th 2014 be noted.

57. Performance Report

The Committee considered a report of the Chief Executive and Director of Public Health which provided an overview of the performance framework across the health and wellbeing sector in Leicestershire and an overview of current performance. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Committee noted the comments of Healthwatch, a copy of which is filed with these minutes.

The Health and Wellbeing Strategy priority to provide appropriate housing and adaptations to enable the frail elderly to live longer in their own homes was currently partly delivered by the District Councils. However, there was a proposal in the Better Care Fund Plan called the 'Housing Offer to Health' which would identify partnership solutions to help people live in their own homes for longer. A brief overview of performance of this offer, in the context of delivery of the Better Care Fund Plan, would be included in future performance reports to this Committee.

The Committee was pleased to note that the target for increasing the number of children and adults who were a healthy weight was rated 'green'. It was noted that the target for chlamydia diagnoses was unlikely to be met due to the low prevalence in Leicestershire.

RESOLVED:

- (a) That the progress made to date in developing the performance framework alongside reporting arrangements to support the Committee's role;

- (b) That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted.

58. Quality Oversight Group for Leicestershire Partnership NHS Trust.

The Committee considered a report from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG) which provided an update on the work of the Assurance Oversight Group for Leicestershire Partnership Trust (LPT) and their progress to date on their Quality Improvement Plan. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Dr Dave Briggs, Managing Director for ELRCCG, Jim Bosworth, Assistant Director for Commissioning at WLCCG and Dr Satheesh Kumar, Medical Director at LPT to the meeting for this item.

In Dr Briggs introduced the report and outlined developments that had taken place since it was written. There had been a meeting of the Assurance Oversight Group during the previous week and improvements had been seen in the numbers of qualified nurses being appointed. In addition, the dashboard metrics were now complete and would in future provide a comprehensive picture of quality across in-patient services, ward process and crisis response home treatment. There was still variation in the quality across the Bradgate Unit but it was hoped that this would be resolved during the next three months, especially as the impact of increased staffing was felt.

It was noted that the ratio of qualified to unqualified staff on a ward had been changed recently and that LPT now had 60% qualified staff on a ward. LPT acknowledged that its previous arrangement had not been sufficient to ensure quality of care.

Concern was expressed that LPT did not always resolve complaints in a timely fashion. The Committee was assured that LPT took individual complaints seriously. More generally, themes arising from complaints were used as one of a number of tools to assess the quality of care.

RESOLVED:

- (a) That the work of the Assurance Oversight Group for Leicestershire Partnership Trust and the progress to date of their Quality Improvement Plan be noted;
- (b) That the Scrutiny Commissioners be requested to consider establishing a Scrutiny Review Panel to consider NHS complaints and their impact on the quality of services.

59. Review of Effectiveness of Emergency Care over Winter.

The Committee considered a presentation from the University Hospitals of Leicester NHS Trust (UHL) and its commissioners which provided a summary of winter performance and the effectiveness of emergency care over winter. A copy of the slides forming the presentation is filed with these minutes.

The Chairman welcomed the following officers to the meeting for this item:-
Dr Dave Briggs, Managing Director, East Leicestershire and Rutland CCG;

Stuart Baird, Interim Communication and Engagement Manager, East Leicestershire and Rutland CCG;
Richard Mitchell, Chief Operating Officer, UHL;
Rachel Overfield, Chief Nurse, UHL.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the partnership approach to resolving problems with the flow of patients through the Emergency Department. Each partner had a role to play to make improvements to the system. It was noted that there were still issues to address with the East Midlands Ambulance Service to encourage them to treat more patients themselves or convey them to a less intensive setting than the Emergency Department.
- (ii) Concern was expressed that the opening hours of the Emergency Frailty Unit at the Leicester Royal Infirmary had been reduced. The Committee was assured that a full reinstatement of the unit was planned and that the Clinical Commissioning Groups were working with UHL to provide better services for frail elderly people. UHL had recruited more consultant geriatricians and it was intended that in the future the unit would be open seven days a week.
- (iii) Concern was expressed that the times when there was most difficulty in achieving the 4 hour target in the Emergency Department coincided with school holidays and that the root cause could therefore be staffing issues. It was acknowledged that staffing had been an issue during the October half term but that since then staffing had been at a safe level during all school holidays. The reasons for poor performance during February related to the sustained period of increasing admissions which had left admissions at a critical level from the end of January.
- (iv) UHL had been operating at full capacity for the past six months. In winter, the number of emergency beds was increased with a corresponding decrease in elective beds whereas in summer there were more elective beds available. The occupancy rates were lower in the summer but the same number of beds was available. In order to respond to seasonal changes, UHL now forecasted activity to ensure that the bed base was fit for purpose.
- (v) There were a number of reasons for delayed transfers of care. A small number were attributable to social care, mainly when a domiciliary care package was needed. Other reasons included waiting for decisions on NHS Continuing Healthcare Funding and for a rehabilitation bed. A number of new approaches had been put in place including a closer relationship between community hospitals and social care.
- (vi) Concern was expressed that increasing the flow through UHL would lead to increased costs to social care. It was noted that the Better Care Fund Plan included the transfer of funds to social care to protect the current level of spend. The Better Care Fund Plan also included proposals to reduce the demand on acute services. It was acknowledged by all partners that the best outcomes for patients would be achieved if robust reablement plans were in place so patients were made self-reliant and no longer dependent on health or social care services.

RESOLVED:

That the performance of the University Hospitals of Leicester NHS Trust during winter 2013/14 be noted.

60. 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:-

- Never Events 2009-2014;
- Hospital-acquired pressure ulcers;
- Nursing and medical staff and the use of agency staff;
- Cancelled operations;
- Emergency Department performance;
- Financial position;
- Care Quality Commission (CQC) inspection.

A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Chairman welcomed Richard Mitchell, Director of Operations and Rachel Overfield, Chief Nurse to the meeting for this item.

The Committee noted the comments of Healthwatch, a copy of which is filed with these minutes.

Arising from discussion the following points were raised:-

Never Events

- (i) The recording of Never Events reflected an increasing recognition of human error. A tool was used which enabled UHL to identify if an error was procedural, systemic or human error. If it was the latter, a decision could also be taken to identify if it was a competency issue, intentional or caused by distraction. Appropriate action could then be taken.
- (ii) The number of Never Events occurring at UHL was similar to, if not less than, other Trusts of a comparable size and complexity. UHL had put checklists in place to prevent Never Events and compliance with their use had increased dramatically, although it was acknowledged that further improvements could be made.

Staffing Issues

- (iii) The Committee was pleased to note that UHL successfully recruited the majority of nurses who were trained in Leicestershire and that staff turnover and sickness levels were low. UHL struggled to recruit nurses from other parts of the UK, hence the recent, successful, recruitment drive in Spain, Portugal and Ireland. Overseas nurses were welcomed by UHL because of the challenge they brought to traditional systems and processes.
- (iv) It was likely to take a further 12 months before a sufficient number of nurses had been recruited by UHL. In the meantime, agency and bank staff would continue to be employed to ensure that staffing was at a safe level. UHL were considering ways to reduce the cost of agency staff. It was noted that some nurses chose to be employed by agencies as it suited their lifestyle.

- (v) UHL offered an attractive recruitment packages to nurses, for example enabling them to gain experience in a research or education setting as well as in a clinical setting. All NHS Trusts were recruiting nurses and it was felt that UHL's package of support to staff would help with retention.
- (vi) The safety of services was a priority which meant that existing staff might have to move wards to fill gaps. However, where possible, UHL would seek to ensure that staff were not moved out of their speciality and would not have to move if they did not wish to. Systems of support for existing staff were in place, such as being able to talk to the Chief Nurse and the Listening to Action staff engagement programme.

Financial Position

- (vii) There was an increasing level of confidence that the financial deficit would not increase before the end of the financial year. UHL would be required to pay back the loan from the Trust Development Authority although the terms of repayment had not yet been agreed. UHL would be required to break even within three years.
- (viii) UHL was identifying themes such as theatres and outpatients which would enable clinical teams to identify where savings could be made. Leicester, Leicestershire and Rutland had been identified nationally as a 'challenged' health economy which meant that external consultants would work with key stakeholders to identify ways of making health services sustainable.

CQC Inspection

- (ix) It was noted that UHL had received the draft report from the CQC the previous day and had a week to comment on factual accuracy. A quality summit would be held on 26th March and it was expected that the report would be published on 27th March.

RESOLVED:

- (a) That the Never Events that have taken place at UHL, the root causes and the organisational actions which have been implemented be noted;
- (b) That the actions being taken by UHL in the prevention and management of avoidable pressure ulcers be noted;
- (c) That the monitoring arrangements for the use of agency staff and the recruitment plans in place to reduce spend be noted;
- (d) That the current position with regard to cancelled operations be noted;
- (e) That the financial position of UHL be noted;
- (f) That the current status of the CQC inspection report be noted.

61. Urgent Care (Minor Injuries and Minor Illness) Review and Public Consultation.

The Committee considered a report from the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) which identified the proposed options for future

delivery of urgent care services and invited the Committee to provide a formal comment as part of the public consultation. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

The Chairman invited Tim Sacks, Chief Operating Officer at ELRCCG to the meeting for this item.

The Committee noted the comments of Healthwatch, a copy of which is filed with these minutes.

Arising from discussion, the following points were raised:-

- (i) The Committee indicated its support for Option 3, which would introduce standardised opening hours for all services except the Oadby Urgent Care Centre. It was explained that the opening hours for the Urgent Care Centre would be different due to the high levels of demand. To reduce the opening hours of the Oadby Urgent Care Centre in line with other urgent care services in East Leicestershire would increase the pressures on the Emergency Department and Primary Care. The funding received from NHS England would allow the Urgent Care Centre in Oadby to be open from 8am until 9pm.
- (ii) The public consultation was seeking views on potentially moving the Urgent Care Centre from Oadby to Wigston. Members expressed concern that the transport links between Oadby and Wigston were poor.
- (iii) Concern was expressed that smaller GP surgeries might struggle to provide good quality urgent care. The Committee was assured that, in order to deliver urgent care services, each surgery was required to demonstrate its competency. The Committee was also pleased to note that training was also being organised for primary care staff, in particular for practice nurses who were likely to be the urgent care leads. The training ranged from a three day course to a day a week for six months and was being part funded by the CCG.
- (iv) X-ray services would be available in Oakham, Market Harborough and Melton Mowbray during weekday opening hours. They would be available for patients referred by the local GP practices. The cost of introducing x-ray services for the Oadby Urgent Care Centre was prohibitive, although ultrasound and ECG services would be available.

RESOLVED:

- (a) That Option 3 as set out in paragraph 23 of the report be supported;
- (b) That officers be requested to produce a formal response to the consultation on urgent care services in East Leicestershire and Rutland, based on this Committee's discussions, and forward it to East Leicestershire and Rutland CCG.

62. Anne Mitchell.

The Committee joined the Chairman in congratulating Anne Mitchell on her retirement and thanking her for the fantastic support that she had provided over the past 10 years. She had been a tremendous asset to the Committee.

63. Geoff Smith OBE.

The Committee noted that this was the last meeting Geoff Smith OBE would be attending as Healthwatch representative and joined the Chairman in thanking him for his work to assist the Committee.

64. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 11 June 2014 at 2.00pm.

2.00 - 4.40 pm
12 March 2014

CHAIRMAN

This page is intentionally left blank