CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 17 June 2014 at 10.00 am at Committee Room 2, The Courts, Carlisle

PRESENT:

Mr R Wilson (Chair)

Mr R Burns	Mr J Lynch
Mr G Garrity (Vice-Chair)	Mrs V Rees
Mr N Hughes	Mr D Roberts
Mr P Kendall	Ms M Telford
Mr J Lister	Ms C Wharrier

Also in Attendance:-

Mr D Blacklock	-	Chief Executive, Healthwatch
Mr A Cummins	-	Deputy Chief Executive, University Hospitals of Morecambe Bay NHS Foundation Trust
Mr J Hutton	-	Acting Chair, University Hospitals of Morecambe Bay NHS Foundation Trust
Mrs A Farrar	-	Chief Executive, North Cumbria University Hospitals
Mrs L Harker	-	Democratic Services Officer
Mr J Hutton	-	Acting Chair, University Hospitals of Morecambe Bay NHS Foundation Trust
Ms T Ingham	-	Senior Scrutiny Manager
Mr G Nasmyth	-	Medical Director, University Hospitals of Morecambe Bay NHS Foundation Trust
Ms J McIntosh	-	Patient Experience Officer, North Cumbria University Hospitals
Ms G Naylor	-	Director of Nursing, North Cumbria University Hospitals
Dr M Prentice	-	NHS England
Mr P Rooney	-	Director of Strategic Planning and Performance, Clinical Commissioning Group

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

Members observed one minute's silence in respect of Mr W Whalen and the Chair expressed his thanks and appreciation for the commitment and dedication he had shown to the Committee.

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Bland, Mrs J Raine, Mrs V Rees and Mrs H Wall.

2 ELECTION OF VICE-CHAIR

The District Council representatives elected a Vice-Chair of the Committee from amongst their members.

RESOLVED, that Mr G Garrity be elected Vice-Chair of the Committee for the ensuing year.

3 MEMBERSHIP OF THE COMMITTEE

It was noted that Mrs J Raine and Mr J Bland had been replaced by Mr J Lynch and Mr D Roberts respectively as a member of the Committee for this meeting only.

It was noted that Mr S Bowditch and Mr L Davies had been replaced by Mr R Burns and Mr P Kendall respectively as a member of the Committee on a permanent basis.

4 DISCLOSURES OF INTEREST

There were no disclosures of interest on this occasion.

5 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

6 MINUTES

During the course of discussion the Chair raised his concerns that the possible closure of Reiver House, Carlisle had not been brought to the attention of the Committee earlier. He informed Members that the Lead Members' had used the Impact Assessment Toolkit which had determined this was not a substantial service change therefore the closure was approved.

RESOLVED, that the minutes of the meeting held on 14 April 2014 be agreed as a correct record and signed by the Chair.

7 NHS ENGLAND SPECIALIST COMMISSIONING AND PRIMARY CARE

(Dr M Prentice, NHS England attended for this item of business).

The Committee received an update from NHS England which included:-

- The new NHS landscape, one year on
- NHS England: structures, functions and people
- NHS Outcomes Framework
- Specialised services
- Primary care

Members were informed that there was one Board, four regions and 27 area teams. These include:

- Lead Quality Surveillance Groups
- Emergency planning and lead NHS response
- Host clinical networks and senates
- Safeguarding
- Health and Wellbeing Boards

Dr Prentice explained the five domains of the outcomes framework:-

Domain 1	-	Preventing people from dying prematurely
Domain 2	-	Enhancing quality of life for people with long term conditions
Domain 3	-	Helping people recover from episodes of ill health or following injury
Domain 4	-	Ensuring people have a positive experience of care
Domain 5	-	Treating and caring for people in a safe environment and protecting them from avoidable harm

The future of the NHS was fundamentally different from today's. It was envisaged there would be a change in the relationship of people who used the services with patients having the skills and confidence to manage their own long-term conditions. There would be a concentration of specialised services into fewer teams, therefore, changing the roles for hospitals.

A discussion took place regarding GPs and it was explained that they were independent contractors and funding of them pre-dated the NHS. Members were informed that core funding was now linked to patients and this caused concern in rural areas.

GPs had raised their concerns regarding funding, therefore, MPIG (top-up fund) had been introduced to overcome this but would be phased out over the next seven years leading to the possibility of services being withdrawn. The Committee raised their concerns at the reconfiguration of services.

The Committee asked specific questions regarding Workington and were informed that the proposal was for practices to work together to deliver services seven days a week and were looking to start to develop a model.

A query was raised regarding GP complaints and Members were informed that it was preferable for these to be carried out through NHS England who would encourage dialogue with GPs in the first instance. Information regarding complaints was included on the NHS England website but Members felt that this should be made more publicly available.

The Chair thanked Dr Prentice for an informative presentation and invited him back to a future meeting in the autumn to give a further update.

RESOLVED, that

(1) the details of the presentation be noted;

(2) a further update be made to the Committee in the autumn;

(3) feedback on how primary care communities are developing be made to a future meeting.

8 NORTH CUMBRIA UNIVERSITY HOSPITAL TRUST UPDATE

(Mrs A Farrar, Ms G Naylor and Ms J McIntosh attended for this item of business).

The Committee received an update from the Trust which included performance, safety, quality, patient experience, financial position, car parking, West Cumberland Hospital redevelopment and partnership working.

Members were informed that work was still being undertaken to ensure the national 4 hour 95% standard in A&E was regularly met. It was confirmed that the 18 week pathway was currently not being met consistently across all specialities, however, the number of patients waiting over 18 weeks continued to steadily reduce. The following specialities were over the 90% standard threshold:-

General surgery
General medicine
Gastroenterology
Cardiology
Respiratory

The Committee were informed that there was increased openness, transparency and reporting across the organisation with an increase in reported serious incidents since 2011. Data on 'never events' for every NHS Trust were now openly published every month by NHS England. In 2013/14 North Cumbria recorded four 'never events' in two of the 25 nationally defined categories. The Chief Executive then explained the recently successful 'Stop Campaign' which had been rolled out to all departments.

The Committee were then given a quality update and details of patient experience. They were informed that patient experience data was collected in a number of ways:

Real time surveys – carried out whilst patients are still in hospital
2 minutes of your time – exit survey
Patient perspective surveys – feedback two weeks after discharge

and included questions regarding respect and dignity, involvement with decisions, cleanliness, pain control, medicine management and experience of doctors and nurses. The surveys carried out over the past 12 months had seen a general improvement in all domains.

Members raised their concerns regarding the patient experience data with regards to discharges and the Trust agreed that this needed to be addressed. They informed the Committee that they intended to follow a similar regime to that in Northumbria where staff were given the opportunity to look at the data and suggest improvements together with recommendations made by patients. It was agreed that figures from Northumbria would be made available to a future meeting of the Committee as comparative information.

A discussion took place regarding the latest financial position and it was explained that the fund had allowed the Trust to deal with immediate cash flow issues, including paying instalments on existing loans and meeting their financial commitments to the Private Finance Initiative (PFI) contract. The Trust had also secured £4.981m to allow the replacement of urgent medical equipment identified through Keogh. The Committee were informed that there were operational issues with the PFI company around cleanliness and estates and maintenance which was being investigated. It was confirmed that the Trust's financial position did not affect special measures.

Members asked for information regarding the latest position on car parking and were informed that a Strategy was being developed. The Trust were looking to create additional spaces on the Carlisle site which would require Council permission, and to ensure the new build at the West Cumberland General Hospital had appropriate car parking provision.

There still remained concerns regarding the recruitment of staff which was becoming increasingly difficult in North Cumbria. The Trust had attended various key events and written to the Chief Executives in the North East and North West to seek help with recruitment. On a positive note most recently three trainee orthopaedic consultants had been recruited and the college now had two intakes per year for nursing staff, therefore, there were more people coming off a training programme suitable for employment.

Concerns were raised regarding clinical provision being moved from West Cumbria to Carlisle and were informed that trauma and high risk emergency had moved only after public consultation and it was agreed that a trauma clinician would attend a future meeting to discuss this pathway. With regards to high risk emergency it was agreed that initially patients preferred to be treated closer to home but it was confirmed that feedback from patients had shown that they were pleased they had travelled the distance to receive the level of care.

A Member raised a query regarding the cancer figures and agreed that the urgent two week referrals were moving in the right direction but queried why the targets were not being met. The Trust confirmed that this figure was partly due to a national campaign on urology which had put more demand on the service for a period of time.

A discussion took place regarding maternity friends and family and it was confirmed that every pregnant person was given the opportunity to have a package of care put in place for all births.

The Chair thanked the Trust for an informative presentation and suggested that another visit to the Cumberland Infirmary in the autumn may be useful.

RESOLVED, that

(1) the report be noted;

(2) a trauma clinician attend a future meeting to discuss this pathway;

(3) figures from North Cumbria on patient experience discharges be made available to a future meeting;

(4) a visit to the Cumberland Infirmary take place in the autumn.

9 HEALTHWATCH

The Committee received a report from Healthwatch Cumbria which provided an update on all Healthwatch Cumbria activity and highlighted trends and issues that Healthwatch was currently concerned with.

(1) Complaints Task and Finish Group

Members were informed that a Task and Finish Group had been constituted to investigate complaints and had received presentations from:

- Cumbria Partnership NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Trust Foundation
- North West Ambulance Service Trust
- Cumbria Health on Call (CHOC)
- Cumbria County Council – Adult Service
- Cumbria County Council – Children's Service
- NHS England

The Committee were informed that phase 1 of the work of the Task and Finish Group was almost complete and had focused on developing an understanding of how complaints were handled in Trusts across Cumbria. The next two phases would involve looking at a random selection of complaints independently in more detail followed by the possibility of further on-site or in-person interviews to enable

possible barriers in relation to the complaints process driving improvements being explored in more detail. It was anticipated that Phases 2 and 3 would be completed by the end of July 2014.

During the discussion concerns regarding the lack of a timeframe for North West Ambulance Service complaints had been highlighted and the Task and Finish Group had been advised that NWAS had instigated a designated team to investigate this.

Closely aligned to this work were the findings from the NHS Complaints Advocacy Service which had identified emerging themes which would be investigated further and would form the basis of the recommendations at the end of the Group. There were four main themes that Healthwatch were working with customers to resolve:-

- Failure to diagnose
- In-patient care
- Attitude of staff
- Communication issues

Members raised their concerns regarding complaints within mental health services and asked that further information on these issues be included in a report to a future meeting of the Committee.

(2) **Enter and View**

Healthwatch had visited 10 care homes and a report of the findings would be available at the end of the month. Concerns were raised regarding the age of staff working shifts and Healthwatch agreed to investigate this and report back to the Committee.

Members were informed that the format for district meetings would be changing to ensure as much resources as possible were going out into the communities and speaking to people. Disappointment was raised at this and it was felt there was still merit for area meetings.

A Member raised his concerns regarding the closure of kitchens and the provision of microwave meals in the west of the county and the Chief Executive agreed to respond direct.

In response to a question regarding the wider Cumbria Health Economy it was explained that Healthwatch were sitting alongside organisations and key stakeholders to ensure there was a credible engagement plan. They were also part of the North Programme Board and the Health and Care Alliance.

The Chair thanked Mr Blacklock for an informative report which gave rise to a number of concerns. It was agreed that a future report would include case studies as a follow-up to highlighted problems.

RESOLVED, that

(1) the report be noted;

(2) the Healthwatch report be considered first at all future meetings;

(3) further information on complaints procedures, including key public concerns and mental health services, be made available to a future meeting;

(4) case studies be made available at a future meeting;

(5) an update on care homes be made available to a future meeting.

10 CLINICAL COMMISSIONING GROUP UPDATE

(Mr P Rooney attended for this item of business).

Mr Rooney asked that the Clinical Commissioning Group's (CCG) condolences be conveyed to the family of the late Mr Whalen.

The Committee received an update on Reiver House and were informed that it was anticipated the new service would be implemented by October. Members were informed that a date had not been agreed to close this to new admissions but the Committee would be kept fully updated.

The Chair confirmed that an Impact Assessment had been carried out by Scrutiny which concluded that the closure of Reiver House would not be a substantial variation in service, therefore, this could go ahead. He emphasised to the CCG the importance of prior notice of any matters in future.

The Committee then received an update on three specific issues:-

- Progress towards a Strategic Plan for the Local Health Economy
- The NHS Cumbria CCG performance framework
- The NHS Cumbria CCG Quality Framework

Members asked how assurances that services which were bought in produced quality outcomes, and were informed that standards for delivery of services were contractual standards set at national NHS contract with local additional standards. The Committee were informed that there were two main formal ways to review adherence by reporting performance measures and predominantly other quality systems ie patient safety and the CCG encouraged visits to healthcare services. They explained that they had no inspection or access powers, therefore, working in partnership with the Care Quality Committee and Healthwatch was important. GPs can also electronically submit very quickly quality of care which a patient had raised.

A Member raised a query regarding the Tenterfield site in Kendal and was informed that this was not owned by the CCG but a buyer had been sought and the occupants were actively moving out.

A discussion took place regarding the Better Care Together Strategy and it was explained that approval would be sought later in the month by the Programme Board. The key issues of the Strategy were outlined and currently there were six options being considered. The scale of the community service model and how quickly this could be implemented was being investigated.

A Member raised a query regarding the effects that a possible forthcoming election would have and was informed that this did not affect the Plan at present.

The Chair thanked Mr Rooney for his informative presentation and stressed the Committee's concerns regarding mental health issues and requested that they be kept informed of any issues.

RESOLVED, that

(1) the report be noted;

(2) an update on Reiver House be made to a future meeting of the Committee.

11 CARE QUALITY COMMISSION (CQC) UPDATE

The item was deferred until the next meeting.

It was agreed that this update would be discussed as one of the first items on the agenda at future meetings of the Committee.

12 UNIVERSITY HOSPITALS OF MORECAMBE BAY FOUNDATION TRUST

(Mr J Hutton, Mr A Cummins and Mr G Nasmyth attended for this item of business).

The Chair welcomed everyone to the meeting and asked that Committee's best wishes be passed on to John Cowdall.

The Committee received a report which provided Members with an update on key areas of the Trust.

Members were informed that the Trust had experienced a sustained period of pressure particularly in acute and emergency services where they were dealing with a higher volume of patients than previously. They were currently looking at the staffing structure in conjunction with other organisations. The Trust were presently on a permanent recruitment drive to reduce the number of locums and agency staff. The overseas recruitment campaign was proving beneficial.

A discussion took place regarding the Better Care Together Strategy and it was explained that this was clinically driven and was consistent with how out of hospital care needed to be delivered. Core teams had to be set up around locations and the core principal was to keep patients healthier longer in their own surroundings. The core themes would include:-

Single point of access
Referral support
Advice and guidance support

The Committee were informed that the financial results for April showed the Trust's finances were £247k worse than planned. The planned deficit was £2.417m, while the actual deficit was £2.664m. The main reasons were lower than planned income for day-case and elective work combined with a pay overspend, mainly due to the continuing use of agency staff. The Trust had a cash balance of £2.35m at the end of April. The first tranche (£1m) of Public Dividend Capital was planned to be received in June.

A question was raised regarding fines and the Committee were informed that they had amounted to just under £2m last year but explained that in terms of proportion of turnover this figure was standard in comparison to other Trusts.

The importance of regular engagement with the public was emphasised and the Committee were informed that a large proportion of local communities had been part of the Strategy through stakeholder events etc. The Trust informed Members that a concrete model would be available in early summer and acknowledged that further public engagement was important.

Particular concerns were raised in relation to rural tourist areas where a large proportion of the properties were either holiday or second homes. The Trust informed Members that rural community focus groups had been established to help highlight other similar issues.

A concern was raised regarding the cancer 62 day wait. It was explained that this was for referrals from GPs which included age-related cancer and agreed that decisions needed to be made as to whether the present pathways were still suitable.

The Committee raised concerns regarding the ambulance handover times at the Royal Lancaster Infirmary and was assured that measures were in place to rectify the figures.

It was highlighted that members of the public were unsure where to access services, therefore, publicity of access points was very important. Members were informed that it was anticipated that in each pathway development there would be a care communicator who would have access to patients records in order to be able to direct them accordingly.

The lack of facilities to pray at Furness General Hospital was raised and the Trust agreed to look into this.

The Chair stressed that it was key that out of hospital care was improved.

RESOLVED that

(1) the report be noted;

(2) a report be made to a future meeting.

13 COMMITTEE BRIEFING REPORT

The Senior Scrutiny Manager updated the Committee on developments in health scrutiny, the Committee's Work Programme and monitoring of actions following previous scrutiny recommendations not covered elsewhere on the Committee's agenda.

RESOLVED, that

(1) the report be noted;

(2) a single day review on Sight Loss Services be undertaken.

14 DATES OF FUTURE MEETINGS

It was noted that the next meeting of the Committee would be held on Wednesday 16 July 2014 at 10.00 am at County Offices, Kendal.

The meeting ended at 3.50 pm