

Minutes of the Health Scrutiny Committee

Thursday 24th September, 2015 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor A Goddard (Vice-Chair)
Councillors N Barlow, K Finch, S Henley, S Phipps, N Richards, D Russell and E Taylor.

Co-Opted Member

Pam Bradbury (Dudley Healthwatch)

Officers

S Griffiths (Democratic Services Manager) (Acting Lead Officer to the Committee), A Sangian (Senior Policy Analyst – People Directorate) and K Buckle (Democratic Services Officer – Resources and Transformation Directorate).

Also in Attendance

P Maubach – Chief Executive – Dudley Clinical Commissioning Group
L Broster – Head of Communications - Dudley Clinical Commissioning Group
M Axcell – Acting Chief Executive – Dudley and Walsall Partnership National Health Service Trust
T Whalley – Programme Director, Black Country Alliance
N Henry – General Manager Black County West Midlands Ambulance Service
L Abbis – Head of Communications - The Dudley Group of Hospitals National Health Service Trust
M Docherty – Director of Nursing, Quality and Clinical Commissioning.

11 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors M Attwood, K Casey and M Roberts.

12. **Appointment of Substitute Member**

It was reported that Councillor N Barlow had been appointed to serve in place of Councillor M Attwood for this meeting of the Committee only.

13. **Declarations of Interest**

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

14. **Minutes**

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 8th July, 2015 be approved as a correct record and signed.

15. **Public Forum**

No issues were raised under this agenda item.

16. **Dudley and Walsall Mental Health Partnership NHS Trust**

Mr Axcell, Acting Chief Executive of the Dudley and Walsall Mental Health Partnership NHS Trust gave a verbal presentation in relation to the Strategic Direction and Foundation Trust Application, advising that the application had been deferred in June, 2015 for a period of up to 12 months, following which it would be referred back to Monitor. It was noted that the Monitor letter had been positive and further work had been commenced in three areas, namely staff engagement, reporting to the Board and alignment to some of their policies and procedures and thirdly in relation to finances, as a number of significant risks had been included in the Trust's model, and although mitigations to those risks had been outlined, further detail was required in relation to risk mitigation.

A recent meeting in London was referred to whereby Monitor had been updated and it had been agreed that a further meeting would take place in January 2016 with the priority now being to address the issues in relation to the Trust Board.

The background in relation to the direction of travel in acquiring trust status was outlined, including developing new models of care and the active work to deliver, in particular crisis care in partnership with the three additional mental health trusts. The recent bid to obtain a Vanguard scheme and the additional work through the monitor that had resulted in a recommendation in relation to further consideration of the Trust on how it could deliver Vanguard emergency care was referred to.

Arising from the presentation, Members asked questions and made comments. Mr Axcell the Acting Chief Executive of the Dudley and Walsall Mental Health Partnership NHS Trust responded as follows:-

- That the Trust's greatest challenge was recruitment in view of the national shortage of staff, coupled with increasing challenges on mental health services.
- The governance structure of the new Vanguard would include a patient forum and patient representatives

- In relation to finances there was a plan to deliver just over a £1m surplus during the current year with continuing monitoring of the model over a five year period, in order to retain the criteria required viable for the basis of Foundation Trust status.

Mr Maubach, Chief Executive of the Dudley Clinical Commissioning Group referred to his disappointment that the Trust had been unsuccessful. From a financial point of view he stated that the organisation remained the most stable in Dudley health and care system. The appreciation of the active work of the trust locally was echoed by Mr Maubach who referred to the need to continue to support local delivery of services across the Dudley Borough.

Resolved

- (1) That the verbal presentation on Dudley and Walsall Mental Health Partnership NHS Trust Strategic Direction and Foundation Trust application, be noted.
- (2) That the Dudley and Walsall Mental Health Partnership NHS Trust be requested to provide a further update to a future meeting of the Committee on the Foundation Trust Application.

17. **Dudley Group of Hospitals – CQC Inspection Closure, Monitor License Breach and CCG Unannounced Visit**

A report of the Chief Executive of the Dudley Group NHS Foundation Trust was submitted on the Care Quality Commission Inspection closure, Monitor License breach and Clinical Commissioning Group unannounced visit.

Ms Abbiss, representative from the Dudley Group NHS Foundation Trust presented the report submitted, making particular reference to the fact that two actions remained open and referred to the monitor License Breach advising that the whole review and re-design of the service had taken some time.

The recruitment of both a Glaucoma Consultant and a further Ophthalmology Consultant was noted together with the provision of three further Ophthalmology clinics.

Additional services in the community in relation to fasting tests and some General Practitioner surgeries also providing phlebotomy testing by appointment was referred to together with the four new additional posts and the additional services at the Dudley Guest and new clinic at the Corbett Hospital. It was also noted that capacity had been increased with the improvement of waiting areas, with the continued monitoring of services.

Ms Abbiss, advised that the Trust were hopeful that the monitor would remove the Trust out of breach later in the year and in relation to addressing the deficit there were plans to make £14m in savings across the Trust.

In relation to the unannounced visit by the Clinical Commissioning Group, in view of the comments of patients referred to in the report submitted it was noted that the visiting team were very positive in relation to those comments and had identified no areas of concern.

Arising from the presentation of the report submitted, Members asked questions and made comments and Ms Abbiss responded as follows:-

- That appointments would have to be booked for fasting blood tests;
- That a concern in relation to only Consultants carrying out blood tests would be conveyed to the Trust, as should Consultants be unavailable any member of the nursing staff could undertake blood tests;
- Confirmation that testing was available at the Guest hospital from Monday to Friday with the provision of extended services at Corbett Hospital;
- That extensive hours had been gained across the Borough in relation to phlebotomy services;
- That a friends and family test was offered to every patient in order to rate the service, with surveys being utilised to measure the impact on patients expectations and experiences and comments received were used to improve the service;
- That real time surveys were conducted throughout the Trust which were continuously monitored;
- Re-assurances were provided that changes to services had been made for the benefit of patients, which was evidenced by the reduction in complaints received;
- The increasing demand in services for the Ophthalmology Clinic provision coupled with the fact that it had taken nearly three years to recruit consultants had led to patients bad experiences, however a large volume of work had been conducted with staff in order to improve their understanding of the provision of services from a patients viewpoint, together with investing in a customer care programme, with patients concerns being relayed to the Trust Board;
- In relation to the improvements to review the flow of patients from Accident and Emergency through the hospital, re-organisation of the short and long stay areas had taken place in order to place them geographically closer to enable staff to work more closely together, with the introduction of a fast track hip service and assessment units being strategically placed throughout the hospital.
- That there was a Local Systems Resilience Group involving the Chief Executives of the relevant organisations conducting work on a winter plan, which involved all services working together in order to increase awareness of the pressures on services. Mr Maubach referred to the work conducted on winter plans being a testament to partnership working across the Borough.
- The success of the Urgent Care Centre was evidenced by the 8% reduction in patients entering the Emergency Department, although it was admitted that further work was required, with Urgent Care and Emergency Department consultants collaborating on how best to direct patients to the different departments throughout the hospital.

- That the Trust Board would in the future reach decisions in relation to further redundancies, however they were pleased with the small number of redundancies, in order to ensure that the finances were back on track.
- A complete cost improvement plan would be undertaken across the organisation which involved major service transformation with redundancies only forming part of the plan and the £14m savings involved an overall change in service provision.

Mr Maubach commented that the report referred to the work carried out to improve the services, it demonstrated that they had addressed the actions raised by the Care Quality Commission following their inspection, with the extension of phlebotomy service provision. He suggested that the trust had provided evidence that improvements to the service had resulted in a positive impact on patients and their experiences. It was agreed that the Trust submit details of the analysis to a future meeting of the Committee.

Mr Maubach agreed that the Healthwatch, Dudley survey on patient experience would be used to assist the Clinical Commissioning Group with improvements to the health care service.

In responding to a question in relation to urgent care and patient flow Mr Maubach advised that additional patients were anticipated, and that there was a contract in place to address the flexibility in attendances. That the new provider was aware that there had been capacity issues on certain days, for example on one bank holiday day and there was also the issue of the right amount of capacity at certain times of the day, however assurances were provided that the services commissioned were more than adequate to cope with any additional patients.

Mr Maubach reported that there had been a slight reduction in the number of patients accessing the hospital Emergency Department, with more emergencies being treated via the urgent care centre, however further work was required on distribution of services, and although forecasts could change year on year the capacity staffing resources for urgent care would be in excess of that required.

The Chair commented positively on the outcome of the Clinical Commissioning Groups unannounced visit, referred to in the report submitted.

Resolved

- (1) That the information contained in the report submitted on the CQC Inspection Closure, Monitor License Breach and CCG unannounced visit be noted.
- (2) That the Chief Executive of the Dudley Group NHS Foundation Trust be requested to submit the detailed analysis evidencing that improvements to the service had resulted in a positive impact on patients and their experiences, to a future meeting of the Committee.

18. **Black Country Alliance**

The Committee considered a presentation of Mr Whalley, Programme Director, Black Country Alliance. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Mr Whalley referred to the launch of Black Country Alliance on 14th July, 2015 with the Alliance concentrating on work with the three Trusts in relation to delivering new models of care, with the trusts collaborating together on services and the financial viability of those services. It was noted that the purpose of the Black Country Alliance was to work on the improvement of health outcomes together with improving experiences of those accessing services, using resources effectively and investigating applications to share good practice, whilst at the same time raising standards in order to become more efficient with services across the three trusts, with all three trusts being actively involved with that approach.

It was noted that the Black Country Alliance would produce a new model of acute care in collaboration with the three trusts with the aim being to investigate care upon a service by service basis which would include investigating both clinical and non-clinical services throughout the trusts.

Mr Whalley referred to the delegation of some responsibility of the Trust Boards to the Black County Alliance with each Trust operating a system of veto in order to ensure that work on services was only conducted when all three agreed unanimously.

Detail of the Trust Board Clinical Reference Group together with membership was outlined, together with the services that were currently being investigated. It was noted that transactional services would also be examined and details in relation to the Steering Group Programme Teams, which would seek to ensure that the correct voices were involved in examining services were also noted.

Arising from the presentation Members asked questions and Mr Whalley responded as follows:-

- That part of the work being undertaken was investigation into methods of information sharing throughout the three Trusts in order to ensure that all organisations could share information expeditiously.
- That there were no current plans for expansion in relation to Accident and Emergency Departments and maternity units in Dudley, although continuing improvements would be investigated.
- The invitation by Healthwatch Dudley to meet with the three Trusts was accepted and welcomed by Mr Whalley on behalf of the Black Country Alliance.

Mr Maubach, referred to the three promises of the Black Country Alliance, as contained in the presentation submitted, welcoming the joint collaborative working, and commitment to Maternity and Accident and Emergency remaining across three locations. However it was noted that there may be a need to consolidate services that were more specialist in nature and Mr Maubach referred to public consultation issues which would arise from such consolidation. It was confirmed that once Black Country Alliance were in a position to provide advance notice of those consultations they would be made available to commissioners and the Committee.

Resolved

That the information contained in the presentation on the Black Country Alliance, and as reported on at the meeting, be noted.

19. **Quality Priorities and 111 Service Update.**

A presentation of Mr M Docherty, Director of Nursing, Quality and Clinical Commissioning was submitted on Quality Priorities and 111 Service Update. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Mr Docherty made particular reference to Ambulance activity, advising that activity had reduced during the preceding 12 months which was unprecedented. The strong position locally as activity was less than anticipated was referred to. It was also noted that approximately 62% of 999 calls would proceed to acute hospital care, emphasising the importance of a reduction in that rate of conveyance over time.

Access Targets including delivery response times were outlined and it was noted that performance levels were far better than any other Ambulance Service performing in the Country.

Mr Docherty referred to the improvements required in patient hand over delays.

The reasons for people in Dudley calling 999 were outlined, together with an adrenalin and cardiac arrest trial which was taking place in order to determine whether the risk of brain damage was mitigated by the loss of life, with the trial continuing.

Participation in national and local audits were referred to and it was noted that participation in local audits were not compulsory. The flow chart detailing the various types of Audit was also referred to.

The Quality Priorities for 2015/16 were illustrated which included patient safety and experience and clinical effectiveness. It was noted that further work was required with those with learning disabilities together with work with Public Health England to reduce Health inequalities and the reduction of risk of harm resulting in delays from ambulance attendance.

Mr Docherty referred to the work to be undertaken on the ambulance service delivery model in order to optimise patient care and continuing to improve clinical outcomes.

Details in relation to the NHS 111 service update were provided with the West Midlands Ambulance Service ceasing to operate the service on 8th September, 2015, with the contact being transferred in a safe and effective manner. The financial losses to the West Midlands Ambulance Service were referred to and that negotiations in relation to the sustained losses were ongoing with the commissioners.

Arising from the presentation Members asked questions and representatives from the West Midlands Ambulance Service responded as follows:-

- That work was conducted with 22 Trusts and Clinical Commissioning Groups throughout the West Midlands, which presented challenges and West Midlands Ambulance Service were enthusiastic in relation to contributing and delivering services to the residents of the Dudley Borough.
- There was a requirement for continued improvement in collaborative working in order to reduce the rate of conveyance to hospital in two key areas; firstly in relation to the falls service, in order to predict and prevent falls; secondly in relation to end of life in order to support people to die in dignity in their own homes should they wish to do so.
- That work was conducted with the Falls service together with the provision of training locally, however some falls could be acute and required transport to hospital and work was continuing in other areas in order to share best practice in relation to falls.
- In order to address end of life care the introduction of an electronic record was being trialled in Staffordshire and a commitment was provided in relation to information sharing regarding end of life care in an extremely challenging environment.
- There was a conference in relation to improving services and Mr N Henry, General Manager, Black County West Midlands Ambulance Service agreed to provide Members with details of the conference.
- In relation to response times, the amount of resources that would be required to improve response times to an appropriate life saving level were unachievable, given an improvement for instance of 10 seconds would not benefit the patient, with the more urgent issue being to provide definitive care.
- That work was ongoing on understanding demands on services and demographics.

There followed a request that the West Midlands Ambulance Services NHS Foundation Trust conduct work with Healthwatch, Dudley in order to address the work that was required with those with learning disabilities.

It was noted that the new providers of the 111 Service were working to a 12 month interim contract. Mr Maubach advised of the ongoing discussions being conducted with other Clinical Commissioning Groups in relation to the tender process in order for the establishment of a more permanent contract, the size of the lot and the responsibilities across the service, in order to ensure delivery of the service at a more local level and improve the integration of the 111 Service with other local services.

Mr Maubach also reported that the 111 service call centre staff were protected, as the whole NHS Service ensured that staff were adequately supported and Sandwell and West Birmingham Clinical Commissioning Group (the lead commissioner for the service acting on behalf of all Clinical Commissioning Groups in the region), had intervened in order to protect the services and the staff providing the service. The rules in relation to TUPE were referred to which would operate once the staff were contracted to the new provider, in order to protect their contractual terms and conditions of employment.

It was noted that currently the West Midlands Ambulance Service received payment for each call and ambulance journey, which, in the view of the Trust, was now outdated. Mr Docherty referred to the need to establish a business model that delivered the efficiencies required. The possibility of merging call centres delivering those efficiencies was referred to. Mr Docherty referred to the importance of re-assuring the public that the 111 Service was continuing to be provided.

Resolved

- (1) That the information contained in the presentation on the Quality Priorities and 111 Service update, and as reported on at the meeting, be noted.
- (2) That the West Midlands Ambulance Service NHS Foundation Trust, be requested to present a report on Performance in view of Access Targets to a future meeting of the Committee.

The meeting ended at 7.55 p.m.

CHAIR