

# Minutes of the Healthy Staffordshire Select Committee Meeting held on 21 March 2017

Present: Kath Perry (Chairman)

## Attendance

Michael Greatorex (Vice-Chairman)	David Smith
George Adamson	Stephen Sweeney
Charlotte Atkins	Diane Todd
Philip Jones	Ann Edgeller
Ian Lawson	Barbara Hughes
Shelagh McKiernan	Janet Johnson
Trish Rowlands	David Leytham

**Also in attendance:** Nick Pountney and Jonathan Lindop

**Apologies:** Chris Cooke, Conor Wileman, Maureen Freeman, Andrew James, Stephen Smith and David Jones

## PART ONE

### 108. Declarations of Interest

There were no declarations made at this meeting.

### 109. Minutes of the Healthy Staffordshire Select Committee meeting held on 11 January 2017

**RESOLVED** – That, subject to ‘162 beds’ on page 8 being amended to ‘167 beds’, the minutes of the meeting held on 11 January 2017 be confirmed and signed by the Chairman.

### 110. Minutes of the Joint Health Scrutiny Accountability Session with Burton Hospitals NHS Foundation Trust held on 16 January 2017

**RESOLVED** – That the minutes of the meeting held on 16 January 2017 be confirmed and signed by the Chairman.

### 111. Minutes of the Healthy Staffordshire Select Committee held on 31 January 2017

**RESOLVED** – That the minutes of the meeting held on 31 January 2017 be confirmed and signed by the Chairman.

### 112. Variation of Order of Business

**RESOLVED** – That the order of business on the Agenda be varied and that Item No. 7 – Outcomes of the Informal Joint Health Scrutiny Committee with City of Wolverhampton Health Scrutiny Panel held on 13 February 2017 be now considered.

### **113. Outcomes of the Informal Joint Health Scrutiny Committee with City of Wolverhampton Health Scrutiny Panel held on the 13 February 2017**

The Select Committee considered a report by the Scrutiny and Support Manager regarding their informal joint meeting with Royal Wolverhampton Hospital NHS Trust, held on 13 February 2017. The meeting had also been attended by representatives of the Wolverhampton City Council's Health Scrutiny Panel and the notes of the meeting were attached to the report for Members' information.

During the discussion which ensued, Members welcomed the opportunity to engage with the Trust and learn of their performance in key areas. However, some concern was expressed over a perceived lack of detail in certain areas together with supporting evidence to back-up the assertions they had made. In addition, a Member cited 14 written questions he had submitted to the Trust following the meeting, for which he had not yet received a reply.

With regard to the issue of 'bed blocking' at the Cannock and Wolverhampton hospital sites, the Scrutiny and Support Manager said that he had requested comments from the County Council's Director of Health and Care on the operation of the Authority's contract with Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSoTP) for the provision of adult social care services to patients and he undertook to report these back to the Committee in due course.

The Chairman commented that the future of cross-border scrutiny with neighbouring Authorities would need to be addressed by the appropriate Committee after the County Council elections in May 2017.

The Scrutiny and Support Manager undertook to ensure that the notes of the meeting be provided to the Select Committee for consideration.

**RESOLVED** – (a) That the report and notes of the informal joint meeting be received and noted.

(b) That the Scrutiny and Support Manager contact (i) Royal Wolverhampton Hospitals NHS Trust seeking a response to the 14 written questions submitted to them by David Leytham and; (ii) the County Council's Director of Health and Care regarding the operation of the Authority's contract with SSoTP particularly in respect of the timely provision of care packages to patients having regard to their importance in avoiding 'bed blocking' at hospitals.

(c) That the report be presented to the appropriate Select Committee at their next meeting with a view to deciding whether joint scrutiny of Health Trusts providing services cross boundary, should be included in their future work programme.

## **114. University Hospitals North Midlands NHS Trust - Action Plans and Progress**

The Select Committee considered a report regarding University Hospitals of North Staffordshire NHS Trust's (i) Annual Plan; (ii) Financial Recovery Plan and (iii) Accident and Emergency Recovery Plan in early 2017 and received a PowerPoint presentation (slides attached at Appendix A to the signed minutes) from Paula Clark (Chief Executive), Liz Rix (Chief Nurse) and David Donegan (Chief Operating Officer) of the Trust on these documents.

The Trust had also provided a copy of their 'Summary of Two Year Operational Plan 2017-2019' (attached as an appendix to the report) which included details of all the above-mentioned Plans.

During their presentation, the representatives of the Trust drew Members' attention to various recent developments in relation to their Royal Stoke and County Hospital sites including (i) implementation of the 'Medway' Electronic Patient Record system; (ii) the adoption of new Activity Plans for non-elective surgery and emergency care; (iii) the establishment of General Practitioner (GP) lead Urgent Care Centres; (iv) the future of the Accident and Emergency (A&E) Unit at County Hospital; (v) the introduction of a 23 hour/day capacity for bariatric, orthopaedic and gynaecology surgery at County Hospital and; (vi) the opening of a 'laminar flow' theatre for orthopaedic surgery at County Hospital.

In addition, they highlighted areas of concern including (i) the Trust's performance against certain key targets eg maximum four hour wait in A&E (95% target) 70% achieved and 'Cancer 62 Day Wait' for Lung, Upper Gastrointestinal, Urology, Colorectal and Head and Neck; (ii) an increase in the incidence of equipment related pressure ulcers in quarter three and four of 2016/17; (iv) reduced patient flows and 'bed blocking' caused by on-going issues in the provision of social care; (v) workforce issues eg short term sickness and staff shortages in certain key areas eg theatres and critical care and; (vi) the £30m forecast deficit for the Trust for 2016/17.

In the full and wide-ranging discussion which ensued Members gave detailed scrutiny to the Plans and held the Trust to account on various matters contained therein. The Chairman asked what impact the recent closure of 64 community beds at Bradwell Hospital had had on patient discharge rates from the two acute hospitals. In reply, the Chief Executive referred to the joint working which they had undertaken with Staffordshire and Stoke-on-Trent Partnership Trust to provide care packages for patients capable of returning home. She emphasised the importance of providing care in the most appropriate setting and said that service users who spent prolonged periods of time in community hospitals often had raised care needs as a result. She therefore considered that the loss of the Community Beds at Bradwell had minimal impact on the work of the Trust.

A Member sought clarification of the recruitment/staffing arrangements for the two GP lead Urgent Care Centres, given that the Trust had referred to a shortage of GPs in their Summary of Two Year Operation Plan document. Continuing, the Member questioned whether the availability of this service would further exacerbate the problem and distort patient flows through the GP Lead Centres. In reply, the Chief Executive referred to the success of similar arrangements elsewhere in the Country. Experience had shown that

patient flows weren't adversely affected and that the availability of Urgent Care Centres had enabled Hospitals to manage their A&E Units more successfully by diverting non-emergency cases into more appropriate primary care. In addition, such centres complemented the work of 'Out of Hours' Services by providing additional capacity. The Chief Executive went on to state that she was confident the Trust could recruit sufficient GPs to staff both facilities.

The Member then sought clarification of the Trust's (i) involvement in Staffordshire Clinical Commissioning Groups' (CCGs') Cancer and End of Life Programmes which aimed at improving cancer and end of life care in Staffordshire by integrating and co-ordinating services and; (ii) views as to whether the initiative would improve outcomes, particularly in respect of early diagnosis (currently an area of underperformance in Staffordshire). In reply, the Chief Executive confirmed, that the Trust were involved in the procurement exercise being undertaken by the CCG to appoint two private organisations (one for each pathway) to lead in this work.

With regard to early diagnosis, the Chief Executive also confirmed that the Trust were co-operating with the CCG to ensure that GPs made appropriate use of the Two Week Cancer Pathway rather than using it as a means of obtaining quick appointments for patients irrespective of need. This would help to ensure that those patients who required urgent care, received their appointments promptly. In addition, she stressed the importance of effective communication so that patients with suspected cancer presented for early diagnosis and treatment when required. Continuing, the Member asked how the new cancer pathway would incorporate screening services.

In reply, the Chief Executive highlighted that some cancer screening was done at home rather than in an NHS setting. She also referred to the various publicity campaigns which had been run in the media to promote public awareness of cancer. Whilst education was primarily a Public Health issue, the Trust had been involved in these initiatives in the past and would continue to participate in the future.

Another Member thanked the Chief Executive for clarifying the Trust's continued support for County Hospital. However, Members noted that 24 hour A&E services were unlikely to be re-instated at Stafford in the foreseeable future. With regard to the future of the Children's Minor Injuries services, a report would be taken to the Trust Board at their April 2017 meeting. In addition, the operation of County Hospital's Midwifery led maternity unit was to be kept under review so as to ensure that services provided by the Trust continued to be safe. In response to concerns expressed by the Member regarding a shortage of mentors for student midwives, the Chief Executive said that whilst the number of placements at Stafford were lower when compared to a similar sized obstetric lead service, the Trust were endeavouring to provide as many placements as possible.

A County Councillor raised concerns about recent reports of social care contractors terminating their agreements with Local Authorities early, owing to issues surrounding their financial unsustainability. He questioned what effect similar instances would have on the work of the Trust should they occur in Staffordshire. The Member also enquired about the Trust's use of 'bank' nurses. In reply, the Chief Executive acknowledged the wider concerns about the private carer market and the financial pressures being experienced by local authorities nationwide. She also spoke about the measures which

had been undertaken locally to stimulate the provider market. With regard to staffing and the use of 'bank' nurses, the Chief Nurse confirmed there were currently no major issues with regard to recruitment or retention at either of the Trust's two acute hospitals. Furthermore, the use of 'bank' nurses was relatively low at 3.4% (as at December 2016).

Members welcomed news that the recruitment issues which had previously been experienced at County Hospital with regard to Nurses and Midwives had now largely been overcome.

A Member referred to the relatively low one year cancer survival rates in Staffordshire when compared to performance nationally and asked whether the Trust would be willing to participate in the review of Staffordshire CCGs' Cancer Plan currently being undertaken by a leading oncologist. In reply, the Chief Operating Officer referred to an independent audit recently completed at Royal Stoke Hospital by a national cancer hospital and confirmed their willingness to participate in the CCG's review as a means of improving patient care and outcomes.

A County Councillor expressed his serious concern regarding the Trust's financial position and he sought an assurance from the Chief Executive that there would be no cuts to services in the event that the Trust were placed in 'Financial Special Measures'. In reply, the Chief Executive said that she had recently met with the NHS Regulator regarding this issue and had stressed her view that measures aimed at addressing the financial deficit should not be implemented at the expense of performance. Agreement was reached with NHS Improvement that the Trust's Plan to achieve a balanced budget would not be at the expense of service quality. Continuing, the Chief Executive referred to those areas which could be made more efficient together with new ways of working in order to release savings and she outlined the mechanisms in place for ensuring that proposed efficiency measures did not adversely impact on patient care.

The Chief Operating Officer added that the Trust were actively seeking to expand services at County Hospital including elective surgery as part of their financial recovery plan.

A Member then sought the views of the Trust regarding the long term future of A&E services at Stafford particularly having regard to the local Sustainability and Transformation Plan (STP) which raised the possibility of a reduction in capacity Countywide. Continuing, she acknowledged the Chief Executive's earlier statement expressing support for County Hospital but questioned whether this would continue as and when performance at Stoke had improved. In reply, the Chief Executive clarified that whilst the STP discussed the merits of reducing the number of A&E Units, this was in the context of alternative capacity being available elsewhere in the localities.

In an attempt to allay public concerns regarding this issue, both University Hospital North Midlands NHS Trust and Burton Hospital NHS Foundation Trust had recently issued press statements stating that their A&E units would not be closing. The Chief Executive went on to outline her vision for Stafford which entailed the County Hospital Unit being an exemplar in terms of performance and the level of patient care provided.

A County Councillor raised the issues of (i) staff recruitment and retention; (ii) the importance of West Midlands Ambulance Trust's work to that of the hospital Trust and; (iii) the potential for optimising staffing levels throughout the Trust so that a greater focus could be made on patient care by nurses.

**RESOLVED** – (a) That the content and action contained within the Plans be noted.

(b) That the Select Committee continue to monitor the performance of the Trust going forward.

(c) That the Trust be invited to attend a future meeting of the Select Committee to report on progress with regard to the Plans.

### **115. Findings of the Preventing Obesity Working Group**

The Select Committee considered a report of the Scrutiny and Support Manager regarding the final report of their Working Group on Preventing Obesity (attached as an Appendix to the report) together with a presentation from the Vice-Chairman (the Chairman of the Working Group) on the contents of the final report.

The Working Group had been established at the Select Committee's meeting on 5 July 2017 following a request by the Vice-Chairman of the Corporate Review Committee. They had considered how obesity could be prevented from the outset of a person's life, focusing on pre-school children and the Authority's role in engaging with families. Also, the work had recognised the potential intergenerational cycle of obesity and that preventative work might require a whole family approach.

The Working Group made the following recommendations:-

- That work is undertaken with District/Borough Councils, schools and the voluntary sector to map current activity. This information should be fed into the work of the Health and Wellbeing Board, informing the development of the wider strategic approach to tackling obesity across all sectors;
- That the Health and Wellbeing Board seek the views of the Healthy Staffordshire Select Committee on any proposed public engagement exercises before such events take place. This would provide an opportunity to inform elected Members about the plans, raise the public profile of events, receive the Committee's views on the engagement process and gain elected Members support in promoting community interest in the exercise;
- That the County Council write to the Secretary of State for Health suggesting that health and wellbeing be considered as part of licensing and planning practices.
- That the prevention of obesity in the 0-5 year old age group is included in the 0-19 Child Health Improvement Programme.

During his presentation of the report the Vice-Chairman expressed his appreciation to those Members who had taken part in the work of the Group together with the Scrutiny Support Officer who had produced the final report following their deliberations.

The subject of obesity provided a large area of potential work. However, the Vice-Chairman emphasised that the report provided a snapshot of the current position as they had found it and gave leads into potential future areas for investigation rather than arriving at any firm conclusions or offering solutions, at this stage.

In the discussion which ensued Members welcomed the report which had been produced in a relatively short space of time. However, they were disappointed to learn of the Staffordshire Big Fat Chat, a major initiative which had recently been launched by the Staffordshire Health and Wellbeing Board to gauge public opinion on how obesity should be tackled in the County, had not been co-ordinated with their work.

**RESOLVED** – (a) That the report be received and noted.

(b) That the recommendations set out above be agreed by the Select Committee.

(c) That the Select Committee consider including further work on the various issues surrounding Obesity, as identified in the report of the Working Group, in their 2017/18 Work Programme, at their next meeting.

#### **116. District and Borough Health Scrutiny Updates**

The Select Committee considered a report by the Scrutiny and Support Manager giving a summary of the health scrutiny activity which had been undertaken by Staffordshire District and Borough Councils under the standing joint working arrangements, since the previous meeting of the Select Committee.

**RESOLVED** – That the report be received and noted.

#### **117. Healthy Staffordshire Select Committee Work Programme - 2016/17**

The Select Committee considered and agreed their Work Programme for 2016/17.

**RESOLVED** – That the Select Committee give consideration to a new Work Programme for 2017/18 at their next meeting on 5 June 2017.

#### **118. Exclusion of the Public**

**RESOLVED** – That the public be excluded for the following item of business which involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A (as amended) of the Local Government Act 1972, indicated below.

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## **PART TWO**

(All reports in this section are exempt)

#### **119. Update on Collaborative Working - Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust**

The Select Committee received an exempt oral report and PowerPoint presentation from representatives of Burton Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust regarding proposals currently being considered for greater collaborative working between both organisations.

Representatives of the Trusts undertook to keep the Select Committee updated on progress with regard to this initiative in particular any substantial changes in healthcare provision which might arise as a result.

**Chairman**