

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 3 April 2008 at 10.00 a.m.**

**Present:** Councillor JK Swinburne (Chairman)  
Councillor AT Oliver (Vice Chairman)

**Councillors:** WU Attfield, MJ Fishley, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

**In attendance:** Councillors LO Barnett (Cabinet Member - Social Care Adults and Health), ME Cooper and PJ Edwards

**54. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor KS Guthrie.

**55. NAMED SUBSTITUTES**

There were no named substitutes.

**56. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**57. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 19 March 2008 be confirmed as a correct record and signed by the Chairman, subject to the first two lines of resolution f (a) being amended to read "The Committee believes that the recommendations to improve *services for* Mental Health and Physical Disabilities..."

**58. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

The Chairman reported that concerns had been expressed to her about Hereford Hospitals NHS Trust's audiology service. She proposed to invite the Chief Executive of the Trust to comment on the issue when the Committee considered its work programme to consider whether the matter merited Scrutiny.

**59. ANNUAL HEALTH CHECK THIRD PARTY COMMENTARIES**

The Committee considered the preparation of its commentaries on health bodies in Herefordshire as part of the Healthcare Commission's annual health check process.

Representatives from the West Midlands Ambulance Service NHS Trust, the Primary Care Trust (PCT) and Hereford Hospitals NHS Trust attended the meeting to comment on their performance during the year and answer the Committee's questions.

**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

Sue Green, Regional Head of Risk and Planning Guidance, and Lee Hutchinson, Station Manager at Hereford Ambulance Station, referred to the written submission to the Committee included in the agenda papers and informed the Committee that the Trust expected to meet all its targets this year.

Performance statistics for Herefordshire, the Hereford, Shropshire and Worcester Division and the Trust as a whole had been circulated separately to the Committee.

In the ensuing discussion the following principal points were made:

- In relation to the target of responding to 75% of category A calls within 8 minutes a question was asked about the implications of this for response times to the remaining 25%. The Herefordshire performance over the year stood at 78%. In reply it was stated that the Service was always seeking to improve response times. The deployment of paramedic response units was enabling calls to be answered more quickly.
- A question was asked about the number of complaints received. It was stated that the Trust received some 4-5 complaints a month across the Region. The Trust was required to respond to complaints within 25 days but set its own target of 20 days.
- It was noted that the effect on performance of the reconfiguration of the Trust's call centres would be something to consider in a few months time.
- That it would be useful for the Committee to receive information at its next meeting showing a breakdown of response times across the County. It would be helpful if Mr Hutchinson as Station Manager could attend to answer any questions.
- It was noted that, in the more rural areas of the County, Community First Responders would play an important role in helping the Trust to meet the required standards. It was agreed to reiterate the Committee's comment in its response to the consultation on the reconfiguration of call centres that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.
- Members welcomed the Trust's success in winning the Ambulance Service of the Year Award from the Ambulance Service Institute.

The Chairman thanked representatives of the Trust for their attendance.

**Herefordshire Primary Care Trust**

Mr Chris Bull, Chief Executive Herefordshire Council/Herefordshire Primary Care Trust, and Mr Paul Edwards, Director of Commissioning and Strategy were present to answer the Committee's questions together with Greg Barriscale, Performance Manager.

Greg Barriscale gave a presentation, supplementing the report in the agenda papers, summarising the health check process and drawing attention to new requirements for 2007/08. He noted in particular the change to the way in the Commission would assess compliance with the Standards. He noted that the reporting frequency on

compliance to the PCT Board and Sub-Committees was to be increased to monitor compliance and identify any issues of non-compliance. He considered this would strengthen the PCT's position.

In the ensuing discussion the following principal points were made:

- It was noted that the lateness of the guidance issued by the Commission and the frequently changing targets complicated the task of all three Trusts in seeking to fulfil the requirements of the health check. It was noted that the PCT did have the opportunity at meetings with the Commission to make representations about this issue.
- It was noted that there was only one standard where the PCT considered there was insufficient assurance to demonstrate compliance: core standard 7(e) health care organisations challenge discrimination, promote equality and respect human rights. The action being taken to address this point was noted.
- Members noted some of the technicalities relating to compliance with the Standards and acknowledged comments on behalf of the PCT that it was important to recognise that the health check was only part of the assessment framework to which the PCT was subject. It was emphasised to the Committee that the PCT was not simply target driven. Its key focus was to improve service delivery. The Committee readily acknowledged this point recognising the PCT's commitment to improving services, noting that there were many initiatives underway as demonstrated in the presentation of the Local Delivery Plan to the Committee in March 2008.
- A question was asked about the development of a closer working relationship between the Council and the PCT and the scope for efficiencies from joint data collection and the sharing of such information to demonstrate compliance with performance targets. The Chief Executive Herefordshire Council/Herefordshire PCT said that the potential for efficiency savings in this area was recognised and as services were integrated performance management systems would also need to be combined.
- In response to a question about core standard C6 regarding co-operation between health care organisations and social care organisations the Committee was assured that the evidence to demonstrate compliance was available. However, it was an area where further improvement was required not least because this was expected to be an area of national focus with initiatives emerging from Lord Darzi's review of the health service. A number of examples of co-operation were given of the PCT working with social care, the Ambulance Trust and the Hospitals Trust. These included work on unscheduled care to reduce the pressure on the Accident and Emergency unit and the work of the Children's Trust Board.
- In response to a question about Standard C8a Paul Edwards agreed to circulate information on instances of staff raising issues in confidence.
- The issue of ensuring confidentiality of data when it was shared between the Council and the PCT was raised. It was noted that this was a national issue but work was ongoing within both the Council and the PCT to build in safeguards.
- The issue of the need for an equitable sharing of financial resources between the Council and the PCT as integration of services progressed was raised. The existing Section 75 arrangements for pooling budgets were noted. The Chief Executive HC/PCT added that steps would be taken to ensure that financial arrangements between the two organisations were transparent. He noted the need for the growth in demand for social care to be reflected in the national funding settlement and commented on the tension created by the higher growth in funding for the health service in recent years compared with funding for social

care.

The Chairman thanked Mr Barriscale and Mr Edwards and expressed the hope that the development of a closer working relationship between health and social care would continue to progress over the coming year.

### Hereford Hospitals NHS Trust

Mr Martin Woodford, Chief Executive of the Trust, gave a presentation. He referred briefly to the health check process noting that this had already been outlined to the Committee in the PCT's presentation.

On the use of Resources he noted that the Trust was on track for a £1.1 million surplus for 2007/08 and would repay its current loan. The cash limit had been achieved. £2.7 million of the planned £3 million of cash savings had been achieved. The underlying deficit had been eliminated. It was probable that the Audit Commission's Local Evaluation assessment on the use of Resources would be "fair".

He noted that the following national targets had been achieved or were likely to be achieved:

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| •98% patients to be seen in 4 hours in A&E                      | Achieved (98.2%) |
| •2 week/31 day/62 day cancer treatment target                   | Achieved (99%)   |
| •2 week rapid access chest pain clinics                         | Achieved (99%)   |
| •60 minute thrombolysis – pain to needle time<br>(68% patients) | Likely achieve   |

The one target it was thought would not be achieved was cancelled operations (< 0.8% of the total). The current cancellation level was 1.5%-2% and was a consequence of pressure on the availability of beds, made worse by the recent outbreak of norovirus which had temporarily closed wards to new admissions.

In terms of the new national targets the position was as follows:

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| •MRSA Bacteraemia<baseline 2003/04<br>(4 cases)          | 13 cases only 07/08<br>compared to 19 06/07<br>but target failed |
| •C-Diff infections<br>25% reduction >48 hours from 06/07 | 43% reduction<br>>48 hours at end of Feb<br>Likely achieve       |
| •18 week target – 85%<br>(admitted patients)             | Estimated out-turn 78%<br>Likely underachieve                    |
| •18 week target – 90%<br>(non admitted patients)         | Estimated out-turn 93%<br>Likely achieve                         |
| •5% reduction in emergency bed days<br>from 2003/04      | Likely achieve   |

In relation to MRSA he noted that the baseline against which the hospital's performance was judged had been set in 2003/04 when the hospital had one of the lowest numbers of cases nationally. There had been 13 cases in 2007/08 down from 19 in 2006/07 with no cases since January 11 and no hospital acquired (>48 hours) cases since August 2007.. Whilst the target would not be met there had been huge progress. The majority of patients were now screened before being admitted.

The target for C diff 25% reduction > 48 hours from 2006/07 was a more realistic one and was likely to be achieved.

The target of 85% of admitted patients to be treated within 18 weeks of referral by a

GP was not likely to be achieved, the estimated outturn being 78%.

The good news was that the target of treating 90% of non-admitted patients within 18 weeks was likely to be achieved the estimated turn out being 93%.

The target of a 5% reduction in emergency bed days from 2003/04 was likely to be achieved.

Turning to performance against the Standards for Better Health totalling 44 standards across 7 governance domains the predicted Trust performance for 2007/08 was that 36 standards would be achieved. There were 6 standards where there was insufficient assurance: waste management, workforce planning, corporate clinical governance (2) (attributed to staffing changes), complaints responses and patient information (improvements had been made but there was some inconsistency). Two standards would not be met: infection control in respect of the MRSA target, as referred to above, and cleanliness.

In respect of cleanliness the Trust had declared compliance with the standard in May 2007 but the standard had been raised. The Chief Executive confirmed that the Trust had also completed its "Deep Clean" ahead of the target date for completion. The Healthcare Commission had made an unannounced cleanliness visit in 2008 and had expressed concerns primarily about the cleanliness and environment of the hutted wards. Significant improvements had been made and the Trust had developed a new cleaning strategy with rapid response cleaning, the immediate refurbishment of the hutted wards and a decision taken to close and replace the hutted wards by 2009.

Challenges for 2008/09 included: reducing bed pressures by tackling delayed discharges, continued reduction in healthcare associated infections, progressing hutted wards refurbishment and replacement plan, planning for the new cancer unit (2009 build), increasing surgical activity to meet the 18 week target (100% December 2008) and delivering £1.1m planned surplus though increased income.

The Chairman thanked Mr Woodford for his candid presentation.

In the ensuing discussion the following principal points were made:

- It was suggested that the Trust should be congratulated on its success in achieving the ambitious 18 week target for treating non-admitted patients. Mr Woodford noted how the hospital had improved the planning of treatment to achieve the target. It remained challenging to meet the target for elective patients because of the pressure on beds. The hospital was trying to increase capacity by exploring options for additional day surgery capacity. It was requested that a copy of the Healthcare Commission's cleanliness report should be made available to the Council when finalised.
- It was asked whether the welcome replacement of the hutted wards would lead to increased capacity. Mr Woodford said it was possible that the current provision of 67 beds in the three hutted wards would be replaced by up to 75 beds. However, that remained to be determined and depended on how successful other strategies were in reducing demand for beds.
- Asked to clarify what was meant by the word "seen", in relation to the target that 98% of patients were to be seen in 4 Hours in A&E, Mr Woodford confirmed that this meant assessed by a Doctor. He assured the Committee that the hospital did not seek to manipulate this statistic as it was reported some Trusts allegedly did. He added that the position on ambulance turnaround times was a separate issue and that was being monitored.
- A number of questions were asked about the hospital's cleaning contract. Mr Woodford confirmed that this was operated under the Private Finance Initiative.

He assured the Committee that the contract was flexible and if standards were raised these could be delivered under the contract. The contractor had co-operated with the Trust and joint monitoring arrangements were in place. It was suggested that the Local Involvement Network should be recommended to review Hereford Hospital NHS Trust's progress in meeting the cleanliness standard.

In conclusion the Chairman noted that the effective working relationship the Committee was developing with the three Trusts and the regular updates it had received had enabled it to address issues of concern and monitor progress satisfactorily throughout the year. This had helped to make the debate on the health check shorter than it might otherwise have needed to be.

**RESOLVED:**

- That (a) a breakdown of ambulance service response times across the County be presented to the next meeting;
- (b) it be reiterated to the West Midlands Ambulance Service NHS Trust that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation following the Trust's reconfiguration of call centres. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.
- (c) the West Midlands Ambulance Service NHS Trust's success in winning the Ambulance Service of the Year Award from the Ambulance Service Institute be welcomed;
- (d) the continuing efforts of the PCT to improve service delivery and the extent to which it was exceeding expectations be recognised;
- (e) the Hereford Hospital NHS Trust should be congratulated on its achievement of the ambitious 18 week target for treating non-admitted patients;
- (f) the Local Involvement Network should be recommended to review Hereford Hospital NHS Trust's progress in meeting the cleanliness standard; and
- (g) the Director of Adult and Community Services be authorised to finalise the annual health check commentaries for transmission to the three Trusts taking account of the Committee's comments, following consultation with the Chairman of the Committee.

**60. STRATEGIC REVIEW OF PROVIDER SERVICES**

The Chief Executive Herefordshire Council/Herefordshire Primary Care Trust reported to the Committee on the strategic review of provider services.

He said that the University of Birmingham had been commissioned to carry out a review, to be completed within six months, looking at the role of community hospitals, the possible links with services provided by Hereford Hospitals NHS Trust the integration of health and social care services and the provision of mental health services, noting that the Primary Care Trust was only one of a very few in the Country that directly managed mental health services. He emphasised that there was no intention to do anything to the detriment of the County Hospital or the Community Hospitals which were a tremendous asset. The review was intended to look at how provision could be organised in the most effective way.

He invited discussion of how the Committee might wish to be involved in the review process. He proposed to make progress reports to each of the Committee's meetings.

In the ensuing discussion the following principal points were made:

- It was requested that Members of the Committee should be sent a copy of the design brief for the Review.
- Members welcomed the proposal for regular progress reports.
- It was proposed that Local Members should be kept informed of progress with the review and consulted on any proposals at the earliest possible stage.
- That the Adult Social Care and Strategic Housing Scrutiny Committee also needed to receive regular progress reports.
- It was noted that views of service users and the wider public would be sought as part of the review.
- A comment was made on the need for consideration to be given to the remit of the Scrutiny Committees as the joint working arrangements were being developed, stressing the need for clarity and the importance of avoiding any gaps in scrutiny. The Chief Executive HC/PCT acknowledged that consideration needed to be given to this matter including the scope for cross-cutting Scrutiny Committees.

**RESOLVED:**

- That (a) a copy of the brief for the Review be circulated to Members of the Committee;**
- (b) progress reports on the review of provider services be made to each of the Committee's meetings; and**
- (c) it be requested that Local Members should be kept informed of progress with the review and consulted on any proposals at the earliest possible stage.**

**61. COMMUNICATION MATTERS**

The Committee had been provided with a report on progress on the creation of a unified communications team to serve the Council and the Primary Care Trust.

The Chief Executive Herefordshire Council/Primary Care Trust advised the

Committee that work on this issue was ongoing and that it would be more appropriate for it to be considered at a later date by the Strategic Monitoring Committee.

The Committee accordingly did not consider this issue.

## 62. LOCAL INVOLVEMENT NETWORK PROGRESS

The Committee was informed of progress in procuring a host Organisation for Herefordshire's Local Involvement Network (LINK).

An updated report confirming the appointment of the Carers Federation Ltd, an Organisation based in Nottingham, as host organisation was circulated at the meeting together with some key performance indicators and Service Level Agreement targets for the host organisation.

The Strategic Procurement and Efficiency Review Manager outlined some of the principal reasons for awarding the three year contract to the Carers Federation Ltd. He added that the Organisation would have a local office which would be the public face of the Organisation with the Head Office in Nottingham carrying out the back office functions. The key performance indicators would be monitored to ensure that the Organisation was meeting the agreed targets. It was intended that the first report to the Committee would be made in six months time followed by quarterly reports thereafter.

In the ensuing discussion the following principal points were made:

- It was proposed that to ensure a strong working relationship with the LINK the Committee should invite 1-2 representatives of the LINK to attend and contribute to meetings of the Committee. It would be helpful to have a presentation on the LINK's structure and Work Plan once finalised.
- The good work of the three patients forums was noted and the hope expressed that their replacement by one body, the LINK, with its wider remit would if anything provide a stronger voice. It was noted that the Organisation had a significant budget and it was important that the Organisation had the resources available to it to fulfil its role.
- In response to a question it was confirmed that the LINK would have its own clear local identity.
- The fact that key performance indicators were in place from the outset enabling the Committee to monitor performance was welcomed.

### RESOLVED:

- That
- (a) the formation of the LINK with a wider highly inclusive community involvement be welcomed together with the significant budget for it to carry out this consultative role county-wide;**
  - (b) the benefit of establishing performance indicators for the LINK from the outset be welcomed and regular outcome reports be presented to the Committee;**



- (c) to ensure a strong working relationship with the LINK it be invited to nominate up to two representatives to attend and contribute to meetings of the Committee;
- (d) That a report on the LINK's structure and proposed work plan be presented to a future meeting; and
- (e) That the Committee's thanks for the work carried out by the Patients Forums be recorded.

### 63. PROVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS

The Committee was informed of initial discussions taking place between the Primary Care Trust (PCT) and Children's Services over the future provision of services for children with special needs.

The Committee had received a report in December 2006 on the outcome of a consultation led by the Primary Care Trust on the possibility of developing a central building for specialist community services for children with special needs.

The Head of Integrated Services and Inclusion presented the report. She said that the Council was reviewing its special school provision and would consult once a preferred option had been identified. There was a link between this review and the previously proposed central building. It was clear that special school provision was required. Discussions were centering on the possibility of pooling resources and providing improved facilities. It was intended to provide a further report once proposals emerged.

In response to comments the Head of Integrated Services and Inclusion acknowledged the sensitivity of the issue and reiterated that there was no intention of removing special school provision. It was intended that mainstream provision for pupils with less complex special needs would also be examined to ensure that appropriate resources were in place.

**RESOLVED: That a further report be made once proposals had been formulated.**

### 64. WORK PROGRAMME

The Committee considered its work programme.

The following additional items were identified further to discussion of previous items on the agenda: breakdown of the Ambulance Trust's performance in Herefordshire, update on the strategic review of provider services; update on the response to the Committee's review of Communication; provision of services for children with special needs; presentation on the structure of the Local Involvement Network and its work programme.

The Chairman had remarked earlier in the meeting on concerns expressed to her about Hereford Hospitals NHS Trust's audiology service and the need to consider whether this issue merited scrutiny.

Mr Woodford, Chief Executive of the Hospital Trust, reported that whilst waiting times for the audiology service had been a matter of concern these had been significantly reduced in the last 12 months and by the end of May it was expected that they would be down to six weeks.

Mr Edwards, Director of Commissioning and Strategy, said that there had been a problem but considered that this had now been addressed. As commissioner of services the Primary Care Trust had invested additional resources in the audiology service in 2008/09.

This reassurance was welcomed and it was agreed that a written update should be provided to the Committee's next meeting confirming the position.

**RESOLVED: That the work programme as amended be approved and reported to the Strategic Monitoring Committee.**

The meeting ended at 12.37 p.m.

**CHAIRMAN**