

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Thursday 2 May 2013 at 7.00 pm**

**Present:** Councillor JW Millar (Chairman)  
Councillor SJ Robertson (Vice Chairman)

Councillors: PA Andrews, WLS Bowen, MJK Cooper, AJW Powers and GA Vaughan-Powell

**In attendance:** Councillor PM Morgan (Cabinet Member, Health and Wellbeing)

**Officers:** J Davidson (Director For People's Services), G Dean (Scrutiny Officer), P Meredith (Head of Safeguarding & Review) and DJ Penrose (Governance Services)

**32. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors PL Bettington, KS Guthrie, JLV Kenyon, MD Lloyd-Hayes, J Stone and PJ Watts.

**33. NAMED SUBSTITUTES (IF ANY)**

Councillors AJW Powers for Councillor MD Lloyd-Hayes.

**34. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**35. MINUTES**

The Minutes of the Meeting held on 12 April 2013 were approved.

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

There were no suggestions.

**37. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**38. CARE QUALITY COMMISSION (CQC)**

The Committee received a presentation from Deb Holland, Compliance Manager, Care Quality Commission (Central West). During her presentation, she highlighted the following areas:

- That they had the power to undertake criminal and civil prosecutions for lack of compliance, but that these were powers that were used as a last resort.
- Changes would be made as a result of the Mid Staffordshire NHS Foundation Trust Public Inquiry which would see greater specialisation by CQC in the future. It was not

clear at this stage how the changes would be implemented. The national compliance rate for Adult Social Care was 80%, whilst Herefordshire Adult Social Care Services had a 90% rate. There had been only four incidents of major non-compliance within Adult Social Care as a whole, and only seven warning notices had been issued. This was better than the national average.

- There had been no 'never' events in either the Leominster or Herefordshire hospitals.
- A greater focus would be provided for the inspection plan in the coming year, as the Chief Inspector would look at five key questions, whilst more use would be made of intelligence from partners when planning and undertaking inspections.

In reply to a question, she said that organisations did submit a self-assessment form at registration, but that after that point they were subject to inspection from CQC. Non-compliant GP surgeries would be inspected in the coming year, but it was not expected that there would be any problems.

- That any information that inspectors received from the public was anonymised when acted upon, and there was a team to work with whistle-blowers. Safeguarding issues would be referred to the Local Authority, but the CQC would inspect establishments where such issues had been raised.
- In reply to a question, the Compliance Manager said that awareness of the work of CQC would be helped by the involvement with LINK and Healthwatch.

The Chairman said that there was a need for the Committee and CQC to maintain a good working relationship, and thanked Ms Holland for her presentation.

### **39. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP**

The Committee received a report from the Herefordshire Clinical Commissioning Group (HCCG) from Mr Jon Wicks, Interim Chief Officer and Mr David Farnsworth, Executive Nurse Quality Safety. During his report, Mr Wicks highlighted the following areas:

- The CCG had been authorised, and the process had identified that it would benefit from support in developing its Integrated plan, oversight and management of Quality, Innovation, Productivity and Prevention (QIPP) and strategic planning and development. A programme of support has been agreed with NHS England, and it was expected that this would continue over a period of approximately 6 months.
- That the Herefordshire Clinical Commissioning had held its first public Board meeting. There were four GP's elected onto the Board to form the Governing Body, with two lay members.
- That a review of the costs of urgent care systems was underway.
- That the introduction of a Map of Medicine for GPs would set out the steps for treatment for the most common clinical conditions. This would be available to all GPs and would improve their ability to make appropriate referrals.
- That savings required in the QIPP programme would be required by the commissioners, and half of these had already been identified. The CCG was confident that the target could be delivered. In reply to a question from a Member, he went on to say that these savings would be achieved through transitional changes in the system. National changes in pricing methodology for

patients had also worked in the HCCG's favour. There had been changes in how the costs of maternity care were calculated, and it had been possible to make savings with the Wye Valley Trust as a result.

In reply to a question, Mr Wicks said that the CCG was financially stable with a balanced financial plan that included built in contingencies.

In reply to a question, Mr Farnsworth said that there had been a soft launch of the 111 service in the County on 19<sup>th</sup> March, for which there had been a great deal of preparation. There had been significant performance issues at this stage, and the service had been returned to Primecare after 10 days. The service had been stabilised and issues had been addressed by the provider. It was agreed that regular performance data from the 111 service should be provided to the Scrutiny Officer.

Mr Farnsworth went on to report that information sharing between all health agencies had led to heightened concerns over quality performance at the Wye Valley NHS Trust (WVT), and in response some high level assurances were being sought. The report before the Committee was intended to provide detail of concerns to Members, whilst keeping them informed of assurances being sought and how this work was being monitored.

In February 2013, the Francis report (part 2) had been published, and triggered a detailed scrutiny of mortality at all NHS Trusts. Initially 5 Trusts had been identified as significant outliers, with a further 9 trusts then being added to a national programme of scrutiny by Sir Bruce Keogh. During the previous year, WVT had previously seen a worsening mortality index, but as with other areas of care, this had been improving. The Trust was not included in the national programme. Concerns had been raised as the Hospital Standardised Mortality rate for the Trust had increased in February to over 134, which would have placed them under the aegis of programme of scrutiny chaired by Sir Bruce Keogh

The Trust had worked with the national mortality leads to review these figure, which had been reduced to 117 in March. It was anticipated that on-going work by both the Trust and the CCG would be sufficient to address this area of concern. Continued updates on the work in place to improve quality have been received by the CCG, and these were monitored internally through the designated CCG board committee (Quality & Patient Safety). The overall programme of assurance would be led by NHS England and would report to a Risk Summit, where the actions would be monitored through the governance structures of each agency, and collectively through the Quality Surveillance Group. The CCG would provide continued updates to the Health Overview & Scrutiny Committee as required. The CCG had been satisfied that wider assurances were available to counter concerns that there was immediate risk to patient safety.

In reply to a question from a Member, he said that these figures were standardised to take into consideration factors such as elderly patient groups and periods of bad weather. Where specific spikes appeared in the data, issues could be quickly identified and addressed.

The Chairman welcomed the report from the CCG, and said that it demonstrated the speed with which an issue was recognised and then actioned upon. The issues in the report had been discussed with the Chief Executive of the Wye Valley NHS Trust and consideration was being given as to how such issues could be dealt with in the future. The Trust had undertaken to provide a report on the matter to the next meeting of the Committee.

**RESOLVED: That the report be noted.**

#### **40. QUALITY ACCOUNTS: WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST**

The Committee received a report on the West Midlands Ambulance NHS Foundation Trust Quality Accounts 2013-14 from Michelle Brotherton, General Manager (West Mercia). During her report, she highlighted the following areas:

- That the Trust had been through both the Monitor and Care Quality Commission (CQC) inspection processes and were fully compliant with both organisations.
- The patient safety priorities for 2013-14. The first of these was a focus on the Falls Pathway in order to aid falls prevention and to ensure that patients were referred to the right place at the right time for an improved outcome. Patient falls had been reduced by 70% in 2012, and there had only been 36 falls whilst patients were in the care of the Trust.
- There were a number of priority areas for the Service in the coming year, which would include infection prevention and control of premises, vehicles and hand hygiene, the introduction of a key performance indicator to improve the quality of care given to patients with lower limb fractures, and monitoring of cannulation procedures.

In the ensuing discussion, the following points were raised:

- That there had been concerns about the Make Ready system, but that a Review undertaken by the Committee had addressed issues that had been raised by Members. The Service did send a regular postcode breakdown of ambulance response time targets to the Chairman. The Unions had initially opposed the system, but now saw it as a great step forward.

In reply to a question, she went on to say that the targets in the Accounts had been agreed by the Trust's Governors, whilst the lower limb targets were national ones.

The Chairman thanked her for her presentation.

#### **41. CHILDREN'S SOCIAL CARE EXTERNAL AUDIT REPORT**

The Committee received a report on the audit programme undertaken in response to the OFSTED Inspection Report into Children's Safeguarding in Herefordshire from the Head of Safeguarding and Review.

He reported that the findings of the audit reflected the conclusions of the Ofsted inspection in respect of interagency thresholds for service, case work, recording, management decisions and oversight, as well as the outcomes for children. The findings also reflect Ofsted's areas for improvement. There were a number of recommendations for improvement for inclusion in an action plan arising from the audit programme, and these were outlined in the report before the Committee.

#### **RESOLVED:**

**That**

- a) The report be noted; and;**
- b) That Recommendation would be made through the Task and Finish Review of the Scrutiny of Children's Safeguarding in Herefordshire.**

**42. FEEDBACK FROM MEMBERS SEMINARS ON CHILDREN'S SAFEGUARDING**

The Committee noted a report on the feedback from the Member's Seminar on Children's Safeguarding.

**RESOLVED: That the report be noted.**

**43. WORK PROGRAMME**

The Committee noted its Work Programme.

The Chairman reported that the number of presentations that the Committee currently received took up a great deal of time and could be delivered through a programme of seminars open to all Members.

**RESOLVED: That the Work Programme be noted.**

The meeting ended at 21:40

**CHAIRMAN**