

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 7 June 2013 at 10.00 am**

**Present:** Councillor JG Jarvis (Chairman)  
Councillor SJ Robertson (Vice Chairman)

Councillors: PA Andrews, PL Bettington, WLS Bowen, MJK Cooper, JLV Kenyon, KS Guthrie, MD Lloyd-Hayes, J Stone, GA Vaughan-Powell and PJ Watts

**Officers:** J Davidson (Director For People's Services), G Dean (Scrutiny Officer) and DJ Penrose (Governance Services)

**44. APOLOGIES FOR ABSENCE**

None.

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

None.

**46. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**47. MINUTES**

The Minutes of the meeting held on the 2 May 2013 were approved as a correct record.

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

There were no suggestions from members of the public.

**49. QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

**50. WYE VALLEY NHS TRUST QUALITY ACCOUNTS FOR 2013/14**

The Committee received a report on the Wye Valley NHS Trust Quality Accounts for 2013/14 from Ms Michelle Clark, Director of Nursing and Quality and Mr Peter Wilson, Medical Director.

During the presentation, the following issues were raised:

- That the priority for 2012-13 had included the intention to eliminate all avoidable pressure ulcers. These had been substantially reduced by instigating new and accurate documentation systems, ensuring that patients were moved onto appropriate equipment in a timely manner, and increasing the training that the skilled and unskilled workforce within the Trust received.

- Health and Safety issues that had been addressed. This included the improved management of C Difficile and MRSA infection.
- Complaints procedures had been improved, and there was a target of 25 days to deal with any complaints that were received.

In reply to a question, the Director of Nursing and Quality said that there had been no change in terms of the cleaning regime at the hospital, but ward closures had resulted from the admission of patients with norovirus infections. Staff needed to be vigilant in order to spot the symptoms in order to prevent outbreaks. A new cleaning system known as fogging was being used to neutralise norovirus outbreaks.

She went on to say that the documentation that had been used by the hospital had been too complex, and all documentation was being reviewed. This had worked in one ward, where the amount of time spent on paperwork had been halved.

In reply to a further question, she went on to say that lean systems thinking was being rolled out throughout the hospital, and was very much part of the Trust's ethos.

It was noted that there was enormous pressure on Accident and Emergency units in the West Midlands, and the numbers of patients coming to A&E was growing. The Trust was working with the Herefordshire Clinical Commissioning Group to review out of hours care and to triage patients away from A&E if they did not actually need to be there. A report back on the progress of this initiative would be provided to the Committee in the future.

In reply to a question concerning the opening times of Minor Injury Units (MIU), the Medical Director said that whilst the MIUs had caused concern, monitoring over the last 6 months had seen no change in numbers treated by the Units.

In reply to a question concerning pressure sores, the Director of Nursing and Quality said that the cost to the Trust of a single Grade 4 pressure ulcer was £14k, and whilst these arose for a multitude of reasons, there was a need to educate the social care workforce in how to look after those under their care. There was an aging population in the County and a greater risk of pressure ulcers occurring as a result.

In the ensuing discussion the following points were made:

- That it was difficult to analyse exactly how many A&E attendances were inappropriate, but that the figure was probably around 15-20%.
- That the service offered by a Community Matron was an enhanced version of that offered by District Nurses.
- That the temporary increase in complaints in February 2013 matched the increase pressure on A&E as a result of cold weather. A new complaints process had been brought in on the 1 May which was designed to reduce the time taken to reply to complaints.
- That work was underway to ensure that all patients who were triaged to the out of hour's service would be accepted to see a GP. There was a necessity to ensure that Primecare understood their obligations under the out of hour's contract.
- That a system of care pathways was in place in order to ensure that there was a suitable environment for a patient to be discharged into.

The Chairman thanked the Director of Nursing and Quality for her report.

## **51. WYE VALLEY TRUST RESPONSE TO THE CLINICAL COMMISSIONING REPORT 'WYE VALLEY NHS TRUST QUALITY CONCERNS'**

The Committee received a presentation on the Wye Valley NHS Trust mortality indices from Mr Peter Wilson. During his presentation, Mr Wilson highlighted the following areas:

- That crude mortality rates had been reducing at the hospital over the last eight years, and that readmission rates were very low.
- That both the Summary Hospital Mortality Level Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) were national indicators that had been set up to measure the performance of acute hospitals. The Hereford County Hospital was both an acute and a community care hospital, which impacted on the indices.
- That the HSMR was a national benchmark for hospitals, but it was also a volatile measure. The Trust was now consistently above the national benchmark, but had been below it up to this point.
- That a comparator between the HSMR and the SHMI showed that people were not dying in hospital. If patients were admitted to a Hospice following treatment, they would appear on the SHMI if they died within thirty days of being admitted for care. Twenty five per cent of deaths under the SHMI occurred outside hospitals. Work was underway with the hospital and the CCG to understand this figure.
- That there were anecdotes, but no hard data, that patients who returned home survived better. The ethos of the integrated care organisation was that patients should be kept at home as much as possible. The hospital was working to deal with patients efficiently and quickly as the longer they stayed on a ward, the less likely it was that they would go home.

In reply to a question as to whether the County Hospital would have been subject to the Keogh Mortality Review, Mr Wilson said that the criteria applied by Sir Bruce Keogh, based as they were around the SHMI and HSMR indices, meant that the Trust had not been included in the first 14 hospitals to be reviewed as these had been low indicators at the time. It was expected that the hospital would receive a visit from the Review team. They had a supportive approach to organisations and sought proactive solution to issues. Mr Wilson undertook to provide the Committee with a briefing paper following the visit.

The Chairman thanked Mr Wilson for his presentation.

## **52. WORK PROGRAMME**

The Committee noted its Work Programme.

In the ensuing discussion, the following points were made:

- That the nature of the Work Programme needed to be more sharply focused in order to provide greater public engagement.
- That it had been the unanimous opinion of the Task and Finish Group on Access to Services that it was too early in the restructuring process to carry out specific work in this area, and that the Group would reconvene in the Autumn, when more information would be forthcoming.

**RESOLVED:**

**That**

- a) the Work Programme be approved; and**
- b) the start time of evening meetings should be changed from 7pm to 5pm.**

The meeting ended at 12.30pm

**CHAIRMAN**