

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday, 30th March, 2007 at 2.00 p.m.

Present: Councillor W.J.S. Thomas (Chairman)
Councillor TM James (Vice-Chairman)

Councillors: WU Attfield, G.W. Davis, P Jones CBE, G Lucas, R Mills, GA Powell and JB Williams

In attendance: Councillor WLS Bowen. Mr J. Wilkinson and Mrs A. Stoakes, Chairman and Vice-Chairmen of the Primary Care Trust Patient and Public Involvement Forum were also present.

103. APOLOGIES FOR ABSENCE

Apologies were received from Councillor J.G. Jarvis.

104. NAMED SUBSTITUTES

There were no named substitutes.

105. DECLARATIONS OF INTEREST

There were no declarations of interest.

106. MINUTES

RESOLVED: That the Minutes of the meeting held on 15th March, 2007 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

108. PUBLIC SERVICE TRUST

The Committee considered an update on the development of a Public Service Trust for Herefordshire.

Mr Russell B. Hamilton, Project Director for the Public Service Trust (PST) development presented his report. He reminded the Committee of the background to the development of the PST and the key aims of the project. He then commented on the establishment of a Steering Group to oversee the project, the establishment of 8 working groups and progress to date. He noted that all of the working groups had identified areas where early progress could be made and this was already having a beneficial effect. The intention was that a public consultation exercise on the formation of a PST would begin in the spring/summer.

The Director of Adult and Community Services commented on the groundbreaking nature of the project and the work being carried out to ensure that key questions relating to the successful delivery of the project were addressed. The project promised significant efficiencies and benefits for the public.

In the course of discussion the following principal points were made:

- That the Primary Care Trust would need to conduct a public consultation exercise on the arrangements for carrying out its commissioning role.
- The Communications and Consultation Strategy, a draft of which had been circulated separately, forming appendix 3 to the report, was discussed. It was acknowledged that there would be a need to tailor the presentation of information to the various audiences it needed to reach. It was confirmed that this was in hand.
- Mr Hamilton commented on arrangements to identify and record the desired benefits of the project so that progress towards realising them could be tracked to ensure that they materialised.
- That it was essential that the project was explained clearly to the public so that they could understand the proposal. In reply it was stated that the need for this to happen was understood and if there was a need for further clarity this should become evident during the consultation exercise.
- It was suggested that mechanisms should be put in place to audit whether or not the public did understand the issues. It was noted that there were a number of existing Groups who performed this type of role for the Primary Care Trust and the Council who could be engaged in this process.
- The Hospital Trust had found in its recent, much less complex, consultation on its proposed application for Foundation Trust status that misunderstanding could easily arise. Clear communication of the PST proposal was therefore essential.
- Mr Hamilton assured the Committee that the key messages would be tested out before commencing the consultation exercise. Feedback would also be sought throughout the process.

The Committee noted the position.

109. HEREFORD HOSPITALS NHS TRUST - WORKFORCE REPORT

The Committee considered a report from the Hereford Hospitals NHS Trust on plans to generate savings through staff reductions.

Mr Martin Woodford, Chief Executive of the Trust, presented the report. He explained that the financial objective for 2007/08 was to achieve a balanced budget on a sustained, recurring basis. This would require savings of £3.2m. In recent years financial balance had been achieved through a series of one-off measures. Expenditure on staff represented some 60% of the budget. To consolidate the financial position therefore required reductions in the staffing base. Of the £3.2m saving required it was thought that about £1.9m could be delivered through changes to working practice with £1.3m to be met by the reductions in the staffing base which it was now thought would equate to fewer posts than the estimate of 75 quoted in his report.

The Trust had held discussions with the Unions and there was broad agreement with most of the Trust's approach. All Staff had been asked whether they would be willing to take voluntary redundancy or voluntary early retirement. There had been 160 expressions of interest. The Trust was evaluating these to assess whom the Trust could afford to release from both a financial and operational perspective. It was hoped that compulsory redundancies could be avoided and that this would be a one-off exercise that would not need to be repeated.

An assurance was sought that the level of staff reductions proposed would not lead to a diminution in service. Mr Woodford replied that the intention was to ensure that the level of service was sustained and improved and that frontline services would not be diminished. He noted that the Trust had signed up to reducing waiting times from when a GP referred a patient for treatment to the start of treatment to 18 weeks by December 2007, a year ahead of the national target. The Chairman of the Trust added that the process reflected work across the Country to review the need for certain posts and working practices. She was satisfied that the process was being carefully managed.

110. PROVISION OF EAR, NOSE AND THROAT SERVICES

The Committee received an update on the operation of the arrangements for the provision of Ear, Nose and Throat Services.

Mr Martin Woodford, Chief Executive of the Hereford Hospitals NHS Trust, presented the report which commented on developments since the last update to the Committee in June 2005. He drew attention to a number of specific incidents described in the report where there had been some complications and the modifications to procedures which had been made as a result. In short he considered that the changes to the service had been positive.

Mr John Deutsch, the Trust's Care Group Director, commented that whilst the incidents described in the report had led to policies being revisited these were on the whole well understood and had proven robust in practice. The changes made had gone to plan and had been beneficial, leading to the service's development.

The Committee noted the update.

111. ANNUAL HEALTH CHECK

The Committee considered the preparation of the Committee's commentaries on health bodies in Herefordshire as part of the Healthcare Commission's Annual Health Check process.

A presentation was made on behalf of the Primary Care Trust (PCT) explaining the Health Check process. In the subsequent discussion it was reported that the PCT was compliant in 23 of the 24 prescribed Standards. The Standard with which it was not compliant was C9 relating to the management of records, although the Committee was assured that there had not been any significant lapses. An action plan was in place which would lead to compliance with the Standard although this would not be achieved in time for next year's 2007/08 submission. The rating on public health was also only fair.

A presentation was also given on behalf of the Hereford Hospitals NHS Trust, again summarising the process but also commenting on issues arising from the declaration on compliance with the prescribed Standards. It was reported that there were three areas where there was insufficient evidence to declare compliance with the prescribed Standards: C7 embedding risk management, C11 relating to human

resources management and C16 relating to the provision of information to patients. It was noted that the Trust saw the Health Check as something that added value leading to quality improvement.

Mr Woodford, Chief Executive of the Hospitals Trust, commented that the demands of this year's assessments were higher than in the previous year. There were a number of issues the Trust faced, some of which could be addressed relatively quickly. He drew attention to the following matters: the need to ensure IT was in place to support the aim of reducing waiting times from when a GP referred a patient for treatment to the start of treatment to 18 weeks; the need to keep car parking arrangements under review; and the need for further improvement in infection control, noting the importance of ensuring public confidence.

The Chairman of the Hospitals Trust said that the Health Check system was fairer and more constructive than the former star rating system. The Trust's record demonstrated improvement.

The Chairman thanked the Chairman of the Hospitals Trust Board, who was coming to the end of her term of office, and congratulated the Board on its achievements.

RESOLVED: That the Director of Adult and Community Services be authorised to finalise the Annual Health Check commentaries for transmission to the Trusts taking account of the Committee's comments, following consultation with the Chairman of the Committee.

112. THE LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH BILL

The Committee received a report on the provisions of the Local Government and Public Involvement in Health Bill, noting in particular the introduction and development of Local Involvement Networks (LINKs) replacing the existing Public and Patient Involvement Forums (PPIFs).

The wish of the existing PPIF members to be involved in helping to develop new arrangements was noted.

It was decided that the Committee would not at this stage visit one of the early adopter sites experimenting with the development of LINKs.

113. SUMMARY OF ACTION IN RESPONSE TO SCRUTINY COMMITTEE RECOMMENDATIONS

The Committee considered a report on progress against recommendations made by the Committee.

RESOLVED: That the report be noted.