

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Tuesday, 3rd April, 2012 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors G Boston, M Hardy, D Hough, A Martin, A Moran and J Wray

Apologies

Councillors M Grant, G Merry and G Wait

79 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Wellbeing
Councillor S Gardiner, Cabinet Support Member
B Towse, Cheshire East Local Involvement Network

80 OFFICERS PRESENT

L Scally, Head of Integrated Strategic Commissioning and Safeguarding
G Kilminster, Head of Health Improvement
D J French, Scrutiny Officer

81 DECLARATIONS OF INTEREST

Councillor A Moran declared a personal interest in item 5 – Draft Quality Account – Mid Cheshire Hospitals NHS Foundation Trust – on the grounds that he was a Member of the Trust.

82 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 8 March 2012 be confirmed as a correct record subject to the following amendments:

- The inclusion of Mrs Barrie Towse, Cheshire East Local Involvement Network (LINK) in the list of those “Also Present”;
- Under Minute 74 “Update on progress with developing the Cheshire East Shadow Health and Wellbeing Board” , the third sentence of the 5th paragraph be amended to read “J Greenwood, Cheshire East Council had given a presentation to the Health and Wellbeing Board...” rather than the LINK;
- The 4th sentence of the 3rd bullet point be amended to read “It was not yet know how Advocacy Services (PALS) would be provided...”

83 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee. She informed Members that the recent inaugural meeting had taken place of Cheshire Area for Cheshire Action and Knutsford Area for Knutsford Action and that links had been made with a number of groups across Cheshire.

She also referred to changes to local services and their impact.

84 DRAFT QUALITY ACCOUNT - MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST

Jayne Hartley and Julie Smith presented the draft Quality Account from Mid Cheshire Hospitals NHS Foundation Trust.

The Quality Account covered the period April 2011 – March 2012. The Trust was now in the third year of its 10 out of Ten programme which set out 10 priorities under four headings:

Safety –

- Mortality – reduce mortality rates by 10 percentage points in patients groups where death is not expected;
- Patient Safety – monitor and reduce the number of unnecessary patient moves during a patient's stay in hospital
- Harm caused – monitor and reduce the number of patients who experience avoidable harm by 10% annually

Effectiveness –

- Readmissions – reduce the number of patients who are readmitted to hospital within 7 days of discharge;
- Finance – reduce the percentage of the Trust's budget that is spent on management costs

Experience –

- Patients and staff – ensure that the ratio of doctors and nurses to each inpatient bed is appropriate for delivering safe high quality patient care;
- Environment – monitor and eliminate mixed sex accommodation for all patients admitted to the Trust (unless based on clinical need)

Outcomes –

- Cardiovascular – reduce the 30 day mortality rate in patients following an Acute Myocardial Infarction (AMI)
- Cancer – reduce acute admissions and length of stay in hospital following early complications of diagnosis and/or treatment of cancer
- Infections – reduce the rates of Healthcare Associated Infections (HCAI).

Jayne explained that the Trust had achieved 5 of the 10 priorities – mortality, patient safety, finance, Cardiovascular and infections. In relation to the targets that had not been achieved:

Priority 3: Harm caused – the Trust had made considerable improvements in this area especially in reducing harm in the severe, major and moderate harm categories with levels being below all other small acute Trusts according to the most recent data available.

Priority 4: Readmissions – the Quality Account listed a number of actions the Trust had taken to reduce the number of patients who were readmitted to hospital within 7 days, with a plan to reduce readmissions to 2% by 2014. This had resulted in a reduction in readmission rates during 2011/12 and better performance than peer Trusts; however the target of 3% had not been achieved for this year.

Priority 6: patients and staff – the Quality Account listed various actions taken to ensure nurse staffing levels were based on evidence, for example in July 2010 the maternity unit had begun using the Birth Rate Acuity. This system provided “real time” information on the numbers of midwives needed to match the needs of the women in the labour ward. It measured the intensity of need arising from the number and clinical status of women and infants during labour, delivery and other women being cared for in the delivery suite against the number of midwives available to provide care. During this year, eleven out of the fifteen wards reviewed were within range of their required establishment which equated to 73% against the target of 75%. Investment in clinical staff had been made including consultants for Accident and Emergency. A request had also been made for middle grade Doctors from the Deanery.

Priority 7: environment – the Trust had the necessary facilities, resources and culture to ensure that patients admitted to its hospitals only shared the room where they slept with members of the same sex and same sex toilets and bathrooms were close to their bed area. Sharing with members of the opposite sex only happened when clinically necessary. A number of changes had been introduced to ensure compliance with this target including moving the Emergency Assessment Unit to a ward area with bays and side rooms to increase privacy and ensure same sex accommodation. Any breaches would result in an apology to the patient and every effort made to address the situation. All breaches that occurred happened in the Acute Stroke Bay and the Intensive Care/high dependency units.

Priority 9: Cancer – there had been some improvements in reducing the length of stay for patients admitted as an emergency who had a diagnosis of cancer, but the target had not been met. Investment had been secured from the Greater Manchester and Cheshire Cancer Network to implement the Acute Oncology Service in 2012/13 – this would mean the appointment of two Acute Oncology Clinical Nurse Specialists and admin support for the team. Funding had also been received for a rapid alert system.

The Account also reported that the Trust had taken part in the annual National Inpatient Survey, which resulted in a questionnaire being sent to 850 patients in October 2011. Results would be available shortly. The Trust also had its on annual Patient and Public Involvement Programme which included patient

involvement such as patient surveys; feedback would be assessed and action plans formulated.

The Account also listed involvement in clinical audits and any resultant action taken as well as participation in clinical research.

In discussing the Quality Account, Members made the following comments:

- The Trust was to be commended on achieving five of its 10 out of Ten targets in relation to
 - reducing mortality rates by 10 percentage points in patient groups where death is not expected;
 - monitoring and reducing the number of unnecessary patient moves during a patient's stay in hospital;
 - reducing the percentage of the Trust's budget that is spent on management costs;
 - reducing the 30 day mortality rate in patients following Acute Myocardial Infarction;
 - reducing the rates of Healthcare Associated Infections.
- The Committee supports the action taken to address Priority 3, Harm Caused, and notes that the Trust scores much lower than 30 similar sized Acute Trusts in the severe harm categories ie moderate, major or catastrophic based on the most recent figures available (April – September 2011);
- The Committee suggests that in relation to Priority 4, Readmissions, base line figures are included to make the reference to reducing readmissions to 2%, more meaningful. The Committee endorses work taken to reduce the number of patients readmitted to hospital within 7 days of discharge; including the introduction of an Integrated Discharge team; and notes that this has resulted in a reduction in readmission rates during 2011/12, although the target of 3% had not been achieved. The Committee notes that Elmhurst, Extra Care Housing facility, has a valuable role to play in this respect. The Committee would emphasise the need to ensure that a patient's intended date of discharge was agreed at an early stage to ensure that families and carers could prepare and make necessary arrangements;
- The Committee is concerned about the failure to meet Priority 6 relating to staffing levels which appears to have been an issue since 2009. The Committee notes that the target is not met in 4 out of 15 wards. The Committee commends the action which is to be taken to try to increase staffing levels and ensure that staffing is matched to patient needs. The Committee recognises that as the patient profile changes, through an increasingly ageing population etc, this will impact on the types of staff needed. The Committee notes the action taken to address staffing levels at weekends. The Committee is pleased to hear that the Trust does not have any recruitment issues in recruiting nurses including student nurses, or midwives;
- The Committee endorses action taken to eliminate mixed sex accommodation for all patients admitted to the Trust (unless based on clinical need) and notes that breaches only occur in the Acute Stroke Bay and the Intensive Care/high dependency units. It notes that the Strategic Health Authority has advised the Trust that all possible action to ensure same sex accommodation has been carried out;

- In relation to Priority 9, Cancer – the Committee endorses the action to introduce an Acute Oncology Service and hopes that this will enable the Trust to meet its target next year;
- The Committee commends the Trust in its significant reduction in Infection Rates which it notes had been achieved by various improvements including better hand cleansing, quicker and more effective use of isolation, prompt removal of lines and work with GPs regarding the prescribing of antibiotics as some antibiotics were more likely to cause infections;
- The Committee notes with concern the results of the Patient Survey carried out at Victoria Infirmary Outpatient Department which identified that 50% of patients were not informed of clinic delays – providing up to date information can contribute to the patient experience and this type of information is straightforward and simple to provide;
- The Trust is commended in achieving 14 out of the 16 CQuin goals but the Committee suggests that Goal 2, Patient Experience – personal needs, contains more detail to explain what action has been taken and why.

RESOLVED: that the comments made above be forwarded to the Mid Cheshire Hospital NHS foundation Trust for inclusion in their Quality Account.

85 DRAFT QUALITY ACCOUNT - EAST CHESHIRE NHS TRUST

Kath Senior and Julie Green attended from East Cheshire Hospital Trust, to present the Quality Account.

The Trust's mission was "to provide high quality integrated services, as specified locally by Commissioners and delivered by highly motivated staff" with their vision being to deliver the best care in the right place.

A new Quality Strategy was being devised for 2012 – 15 with quality being at the forefront. The overarching priorities for improvement in community and acute settings for the next 4 years were as below:

- Safe – to deliver a year on year reduction in patient harm – this would cover areas such as pressure ulcers, surgical site infections, MRSA and C diff infections, medication errors/prescribing;
- Personal – to improve patient experience – this would include areas such as end of life care, oncology services and patient/public engagement;
- Effective – to improve patient outcomes – this would cover acute stroke care, nutrition, mortality review and dementia screening.

The Strategy outlined how progress to achieve priorities identified would be monitored and what evidence of improvement would be sought. The Trust provided services in both an acute setting and in the community, which gave rise to opportunities for partnership working. The Trust had also met with GPs to enable joint working around providing appropriate support for patients with long term conditions.

The Quality Account also reviewed priorities from 2011/12 and assessed whether they were achieved, on track to achieve or behind schedule. For priorities that were behind schedule, action taken or proposed was outlined.

In discussing the Quality Account, Members of the Committee made the following comments:

- The Trust is commended in achieving or being on track to achieve its targets in relation to :
 - reducing the number of injurious falls per thousand bed days;
 - protecting patients within the Trust's care from hospital acquired infection;
 - maintaining or reducing the Hospital Standardised Mortality Ratio (HSMR);
 - reducing Hospital acquired venous thromboembolism (VTE);
 - improving the quality of care for stroke patients;
 - reducing the average length of stay for patients who are medically fit for discharge;
 - delivery of same sex accommodation through the provision of same sex designated bays and bathing facilities in all inpatient areas;
 - complaints are acknowledged and responded to in agreed timescales;
 - an increase in the number of clinical staff trained in basic dementia care awareness.

In particular, the Committee notes and commends:

- the work done to deliver same sex accommodation in the day surgery and endoscopy unit through the introduction of all female and all male lists;
- the work carried out around falls reduction including the introduction of "comfort rounding" ie regular checks on in-patient's needs;
- the reduction in cases of hospital acquired infection including there being no cases of MRSA occurring in April – November 2011, and only one case in each of December, January and February – the Committee suggests that this success is highlighted and publicised to address any misconceptions around infection rates;

The Committee suggests the following:

- in relation to the improvements in stroke care quality, the Committee suggests that more evidence is included in the Quality Account to demonstrate these improvements;
- in relation to the Safety Thermometer, which the Committee understands is a monthly assessment on each patient (either an in-patient or a patient in the community) – whereby the patient is assessed in relation to risk of harm or incident from falls, catheter use, pressure ulcer or deep vein clot (in patient only) – the Committee suggests that a fuller explanation is included in the Quality Account;
- in relation to page 42 onwards that covers the Trust's involvement in Audits in 2011/12, the Committee suggests that the final column listing "Conclusions/Actions to be taken" is amended to ensure information is listed consistently;
- in relation to page 49 that refers to the Oncology Audit, the Committee is concerned that the National Confidential Enquiry judged care to be "good" in only 35% of cases. The Committee hopes the recent appointment of an Acute Oncology Nurse and other actions outlined at the meeting will

address this low rate and suggests that further information on the action taken to address this low rate is included in the Account. In addition, it is noted that a re-audit is to be conducted within one year which is hoped will demonstrate a greater number of judgements of care as “good”;

- the Committee notes that the target to reduce the number of cancelled operations has not been met and numbers of cancelled operations has risen over recent months – the Committee notes action taken to address this and hopes the target to reduce this in line with national benchmarks of 2% or under is achieved during the forthcoming year;
- the Committee supports the introduction of a Patient Experience Group which is hoped will improved communication with both patients and carers;
- the Committee commends the Trust for achieving the target of reducing the average length of stay for patients who are medically fit for discharge, but suggests that readmission rates should be included to give a fuller picture.

RESOLVED: that the above comments be forwarded to East Cheshire Hospital Trust for inclusion in their Quality Account.

86 DRAFT INTERIM HEALTH AND WELLBEING STRATEGY

The Committee considered the draft Interim Health and Wellbeing Strategy. The Health and Social Care Bill placed a duty on local Councils and Clinical Commissioning Groups (CCGs) to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA). The Strategy should be developed through a robust process of prioritisation in order to achieve the greatest impact and the most effective use of collective resources. The Department of Health had produced draft guidance setting out a number of values underpinning good strategies, including:

- Setting shared priorities based on evidence of greatest need;
- Concentrating on an achievable amount, recognising that prioritisation was difficult but it was important to maximise resources and focus on issues where the greatest outcomes could be achieved;
- Supporting increased choice and control by people who used services with independence, prevention and integration at the heart of such support.

The draft strategy as submitted had been produced by taking into account information from the JSNA, Sustainable Community Strategy and priorities identified by the Children’s Trust, Safer Cheshire Partnership, the CCGs, the Cheshire East Housing Strategy and the Ageing Well Programme. A further draft strategy would then be approved by the Health and Wellbeing Board in early summer 2012 for wide consultation. Following consultation, a further draft would be presented to the Health and Wellbeing Board with the strategy being finalised for 1 April 2013.

The draft strategy adopted a “life course” approach under 3 Outcome headings –

- Starting and developing well;

- Working and living well;
- Ageing well.

In discussing the draft strategy, Members of the Committee made the following comments:

- A national and local policy context should be included at the beginning of the strategy to “set the scene”;
- The strategy should include local demographical information with a narrative explanation;
- Outcome 1 should include a reference to families and carers;
- The Strategy should include reference to the roles of relevant Cabinet members and Scrutiny Committees to reflect the wide ranging roles and responsibilities for health and wellbeing;
- Outcome 2 should include reference to learning difficulties and mental health as priorities.

RESOLVED: that the draft Health and Wellbeing Strategy be supported and the comments made at the meeting, as outlined above, be taken into account when the Strategy is redrafted.

87 UPDATE ON PROGRESS WITH DEVELOPING THE CHESHIRE EAST SHADOW HEALTH AND WELLBEING BOARD

Councillor Clowes, Portfolio Holder for Health and Wellbeing, updated the Committee on progress with developing the shadow Health and Wellbeing Board.

She explained that the transition arrangements for public health into the local authority were progressing smoothly, as was the transition from the Primary Care Trust to the Clinical Commissioning Groups (CCGs).

The Board had received a briefing on the transition from the Local Involvement Network to Healthwatch, from Jill Greenwood, Commissioning Manager at the Council. The Board had also received a briefing on the Welfare Reform Act from Juliet Blackburn, Performance and Partnerships Manager.

A meeting had been held with the Chief Officer of the Cheshire East Council for Voluntary Services regarding how the Board could work with the voluntary sector; discussions were ongoing.

Members discussed the membership of the Board, which in Cheshire East was currently based on the statutory membership. It was queried whether this would be limiting and whether there should be wider membership to reflect the contribution made to wellbeing from a wide ranging number of organisations and postholders. There were various models from different areas. The Portfolio Holder explained that there were likely to be a number of Working Groups set up by the Board to look at specific issues such as Ageing Well. She was also attending a meeting in London shortly where learning would be shared and the membership of the Board was still under consideration.

RESOLVED: that the update be noted.

88 WORK PROGRAMME

The Committee considered the current Work Programme.

RESOLVED: That the current Work Programme be noted.

89 FORWARD PLAN

There were no items on the Forward Plan for consideration by the Committee.

90 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 2.30 pm and concluded at 4.57 pm

Councillor G Baxendale (Chairman)