

Medway Council
Meeting of Health and Adult Social Care Overview and
Scrutiny Committee

Tuesday, 29 January 2013

6.35pm to 9.15pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: Avey (Chairman), Christine Godwin, Griffin, Pat Gulvin, Igwe, Kearney, Maisey, Murray, Purdy (Vice-Chairman), Rodberg, Shaw and Watson

LINK representative without voting rights:

Shirley Griffiths

Substitutes: Councillors:
Adrian Gulvin (Substitute for Councillor Mackness)

In Attendance: Susan Anderson-Carr, Assistant Director, Commissioning and Strategy
Dr Alison Barnett, Director of Public Health
Councillor David Brake, Portfolio Holder for Adult Services
Mark Devlin, Chief Executive of Medway NHS Foundation Trust
Barbara Graham, Legal Advisor
Dr Peter Green, Chief Clinical Officer, Medway Clinical Commissioning Group
Rosie Gunstone, Democratic Services Officer
Mick Hayward, Chief Finance Officer
Karen Macarthur, Consultant in Public Health, NHS Kent and Medway
Medway, Consultant in Public Health, NHS Kent and Medway
Dr Smith-Laing, Medical Director, Medway NHS Foundation Trust, Medical Director, Medway NHS Foundation Trust
Dr David Whiting, Public Health Intelligence Manager

783 Record of meeting

The record of the meeting held on 19 December 2012 was agreed and signed by the Chairman.

Following a reference to minute 675 Local Changes to Primary Care, it was agreed that in future any changes to GP practices should be forwarded to the Democratic Services Officer who would circulate to all Members of the Council for information.

784 Apologies for absence

Apologies for absence were received from Councillor Mackness and Christine Baker, Medway Pensioner's Forum.

785 Urgent matters by reason of special circumstances

There were no urgent matters but the Chairman took the opportunity to send the Committee's good wishes to Councillor Paul Godwin, who had recently been unwell, for a speedy recovery.

786 Declarations of disclosable pecuniary interests

There were none.

787 Update on the proposed integration between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust

Discussion:

Prior to the Chief Executive of Medway NHS Foundation Trust giving a presentation updating Members on the proposed merger with Dartford and Gravesham Trust, the Chairman asked for a quick update on a recent legal finding against the Trust.

He stated that, following a patient incident in May 2009, where a patient had fallen from a window, the Health and Safety Executive (HSE) had issued a notice to improve window safety across the Trust, specifically to place window restrictors on every hospital window and ensure adequate measures were in place to prevent falls from them. These actions had been implemented by the Trust promptly within the required timeframe and full compliance was signed off by the HSE at the time.

The HSE subsequently took the decision to prosecute and the Trust had pleaded guilty. A fine of approximately £40,000 had been imposed which was a lower figure than could have been set, based on the quick response of the Trust to the requests and the financial position of the Trust.

Responding to a question he stated while the Trust had insurance against clinical negligence claims they did not have insurance to cover such incidents. He felt that the level of fine reflected this fact.

He then updated the Committee on the current position with regards to the proposed merger with Dartford and Gravesham NHS Trust and stated that plans were submitted to Monitor in December. There was an anticipated board-to-board meeting between the hospital board and Monitor on 1 March 2013 with a recommendation back to the hospital board by the end of March 2013.

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In relation to the concerns expressed by Members earlier, he stated that the hospital trust, along with Mark Reckless, MP and Tracey Crouch, MP had met with the Minister to discuss the promise of funding offered in relation to the PFI debt from Dartford and Gravesham NHS Trust. He stated that he was now assured that the funding would be forthcoming.

He stated that plans were in place to recruit to the potentially merged Hospital Board in anticipation of a merger. In addition to this there had been an ongoing dialogue between the relevant Clinical Commissioning Groups, namely Medway, Swale and Dartford and Gravesham to ensure alignment with the clinical strategy and services provided.

The Committee thanked the Chief Executive for his reassurances and asked a number of questions to which he responded as follows:

- In relation to the Chief Executive's confidence in Monitor agreeing to the merger he stated that he could never be sure of Monitor's response but he hoped their approval would be forthcoming.
- With regard to availability of specialist staff he explained the measures already put in place to increase the availability of specialist staff 24/7
- As far as impact on staff, pensions, terms and conditions etc. it was stated that Medway staff were not affected in this regard on the basis this was effectively an acquisition by Medway. He stated that for staff at Dartford and Gravesham would be transferred and protected by TUPE into the new Trust. There would be some redundancies in corporate functions.
- In respect of the sustainability of the Trust he said that larger trusts were more able to perform well in the current financial climate so by merging the two Trusts it would build in more resilience.
- Following a question about the Accident and Emergency and Maternity departments at both hospitals he said that neither could cope with the demand from the other in addition to its own demand so both would be retained.
- In relation to the Trust obtaining the views of its own staff he stated that there were focus groups and opportunities for staff to use Twitter and other forms of social media to put forward questions or comments to the integration team.
- Following a query about the lack of parking at the hospital which often caused queues to get into the site, he stated that work was in progress to negotiate with staff alternative arrangements such as a park and ride facility and car sharing arrangements to free up spaces for the public.
- Concern was expressed that with the proposed merger some of the Medway specific data could be lost. The Chief Executive undertook to ensure that, following any merger of the two Trusts, the Medway specific

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data would be retained. He stated that this specific data would also be important for the Clinical Commissioning Group in Medway.

- With regard to page 31 of the agenda where the report referred to 'optimising the efficiency of our estate by reducing the footprint of the Medway Maritime Hospital site' this referred predominantly to the reduction of the mental health footprint on site and did not relate to reducing clinical estates

Decision:

The Chief Executive of Medway NHS Foundation Trust was thanked for his attendance and requested to take note of the concerns expressed with regards to Medway specific data as set out above.

788 Hospital Mortality figures - Medway NHS Foundation Trust

Discussion:

The Public Health Intelligence Manager introduced the first section of the report relating to the Dr Foster mortality report which had identified Medway NHS Foundation Trust as being tenth worst 'hospital standardised mortality ratio' (HSMR) in the country out of 145 hospitals. He explained how the crude hospital mortality rate was calculated and how the hospital compared with trusts from a similar cluster identified by the Office for National Statistics. The crude mortality rate was improved and converging with the national average.

He stated that the HSMR was a ratio of the number of deaths observed divided by the number of deaths expected. The number of deaths expected was calculated by applying national mortality rates to the characteristics of patients eg age, deprivation and risk of death based on what was recorded in the patient's notes.

Having looked at the possible causes of the high HSMR the Public Health Intelligence Team concluded there was no link with deprivation but could possibly be an issue with coding. It was also vital that the correct information was recorded in the patient's notes to ensure issues such as co-morbidities (other conditions the patient has) were appropriately documented.

He stated that the most recent monthly HSMR was always at least 3 months behind. Hence the problem might be resolved but the Trust could still end up with a high HSMR when the next Dr Foster report was published in November 2013.

Responding to a Member query he stated that it was not possible to track national mortality statistics to see any emerging trends as these were not available until later in the year. He also confirmed that the coding used at the hospital was that recommended by Dr Foster but acknowledged that more needed to be done to ensure consistency of recording across the hospital.

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Dr Smith-Laing, then introduced the information relating to the governance measures which the hospital has in place to ensure board to ward governance signifying that the hospital took the issue very seriously. He also emphasised that the serious incident system had been greatly strengthened with additional training in root cause analysis for fifty people across the Trust. He stated that the quality of the reports had improved but there was still an issue about timeliness. A Patient Safety Programme had been introduced earlier this year which encouraged staff to take seriously the threat of sepsis.

He then informed Members that the Trust had been running Enhanced Revalidation for the last two years in paper format, which was now moving to a fully electronic format.

The Director of Public Health then discussed the action plan which had been developed following a meeting of a working group set up at the request of the Hospital to look into the HSMR data. She stated that the working group comprised senior staff from the three North Kent CCGs, the Medical Director from the National Commissioning Board Area Team, Board and Governing Body representatives from the Hospital Trust and was chaired by herself. The plan agreed included the following:

- Case note review of deaths in 10-20% risk group with pneumonia, hip fracture, stroke
- Case note review of deaths of patients readmitted within 7 days of discharge
- Review coding practice
- Promote key messages from Board to staff about importance of quality of care
- Listening into Action – a programme to facilitate patient safety conversations with staff and identify solutions
- Ensure lessons are learnt from complaints
- Ensure clinical audit leads to improvement in quality
- Consider external exemplar input

Responding to a query on staffing levels and how they impact on mortality rates the Chief Executive of Medway NHS Foundation Trust stated that Medway Maritime Hospital benchmarked their staffing levels against national figures and they were set at the national average. He referred to investment in critical care outreach nurses operating 24 hours a day seven days a week since October last year which had proved very helpful in supporting other staff. He also stated that consultants worked till midnight in the Emergency Department rather than the standard day worked in most other hospitals. Following a subsequent question he stated that the Trust listened to front line staff and took account of the issues they faced and barriers identified to improvement.

Further to an issue raised about ways of preventing pneumonia, the Director of Public Health explained some of the simple means of prevention which included ensuring that 'flu and pneumococcal immunisations had been administered by GPs, encouraging people to stop smoking etc.

The Director of Public Health explained that the second meeting of the working group would take place next week.

Members raised with the Chief Executive of Medway NHS Foundation Trust the issue of negative publicity brought about by the media obtaining headline information and publishing it without the context or any real explanation. He stated that he would give more thought to a suggestion of the Trust promoting more positively the work of the Hospital but explained that this was not an easy situation to resolve.

Decision:

The presenters of the report were thanked for their helpful and informative presentation and requested to provide the Committee with six monthly updates on the action plans by means of briefing notes.

789 Development of priority action delivery plans for the Joint Health and Wellbeing Strategy for Medway

Discussion:

The Consultant in Public Health introduced the delivery plans for the priority actions of the Joint Health and Wellbeing Strategy and stated that one priority action had been agreed under each theme as a focus for action for 2013/2014. She explained that there were five themes and each had a designated Board Member and officer as follows:

- Give every child a good start – lead Member – Cllr Wildey, lead officer – Marilyn Roe
- Enable our older population to live independently and well – lead Member – Dr Fargher, lead officer Wendy Alleway
- Prevent early death and increase healthy years of life – lead Member – Dr Green, lead officer Simon Truett
- Improve physical and mental health and wellbeing – lead Member – Cllr Mackness, lead officer Sallyann Ironmonger
- Reduce health inequalities – lead Member – Cllr Maple, lead officer Dr Julia Duke-MacRae

In relation to the second theme 'enabling our older population to live independently and well' the suggestion was made that the Fire Service are very interested in working closely on the topic of dementia and Steve Griffiths from the Fire Authority was involved in the Prime Minister's Dementia Working Group. Councillor Adrian Gulvin undertook to let officers have Steve Griffiths' telephone number outside of the meeting.

Reference was made to the very informative workshop on obesity and planning held the previous Monday. Responding to a question Dr Green stated that it was possible to monitor the performance of GPs in recording BMI etc by means

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of the computer database and often GPs were given prompts to remind them to carry out this recording. He also stated that the intention was that, although not everyone would be able to access certain services such as a diabetic nurse in every practice, the aim was for there to be an equality of service across Medway.

Decision:

- (a) The Committee noted the draft delivery plans for the priority actions of the Joint Health and Wellbeing Strategy for Medway 2012-2017;
- (b) The Consultant in Public Health was requested to investigate the inclusion of Fire Service support in the work of theme 2 relating to dementia.

790 Capital and Revenue budget 2013/2014 Update

Discussion:

The Chief Finance Officer updated the Committee on developments relating to the capital and revenue draft budget for 2013/2014 since the last meeting.

The Chief Finance Officer explained that there was now a £6 million budget gap as a result of a number of announcements from the Government since December. He felt that the Medium Term Financial Plan had improved and was now more realistic. The decision of the government to freeze Council tax had an impact on the current position as had the 41.2% reduction in Formula Grant over the CSR 2010 period. It was stated that at one point it looked as though the budget deficit had been reduced to £1 million which made the prospect of a balanced budget more likely. However, subsequent government announcements had worsened the position. He stated that the budget was still being adjusted, as set out in paragraph 8.3 of the report, and would be discussed further at the next Cabinet meeting, and as such he was not in a position to preempt the Cabinet decision.

The view was expressed that it was difficult for the Committee to effectively scrutinise the budget with so little detail. Discussion took place about alternative ways for the Committee to scrutinise the budget in a more timely and effective way. The point was made that many reports coming to Committee stated that they had no financial implications when perhaps they did and it was important for the Committee to be robust in challenging such statements.

Reference was made to the fact that Members are at liberty to request a briefing with the Chief Finance Officer with regards to the budget position at any point and the fact that decisions taken throughout the year, such as outsourcing of Linked Service Centres, obviously had an impact on the budget and it may be more useful to scrutinise such decisions as they are taken in the light of the changing budget position. A further suggestion was put forward that the Committee could look at the budget position at the points at which Council Plan monitoring is considered.

Decision:

The committee agreed to note the draft capital and revenue budgets for 2013/2014, proposed by Cabinet on 27 November 2012. It was also suggested that regular budget monitoring should be added to the work programme for the Committee at the points at which Council Plan monitoring were considered.

791 Work programme

Discussion:

The Democratic Services Officer stated that in relation to the selection of a topic for in-depth scrutiny reviews for the forthcoming year she would be in contact shortly with the Chairman and spokespersons of the Committee with a view to organising a meeting on the week commencing 18 February 2013. A request was made by the Chairman for initial suggestions to be emailed to him prior to that meeting.

The Chairman referred to the recent announcement of the Medway Clinical Commissioning Group's authorisation and requested a briefing note setting out the Group's response to a number of conditions set.

Decision:

- (a) Members noted the content of the JHOSC record of 3 July 2012 in relation to acute inpatient adult mental health redesign;
- (b) It was noted that a meeting of the Chairman and spokespersons would be arranged for the week commencing 18 February to discuss topics for in-depth scrutiny for the forthcoming year
- (c) A briefing note was requested on the Medway CCG authorisation with details of the CCG's response to the conditions set.

Chairman

Date:

Rosie Gunstone, Democratic Services Officer

Telephone: 01634 332715

Email: democratic.services@medway.gov.uk

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