

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

**Tuesday, 28 January 2014**

**6.30pm to 10.10pm**

**Record of the meeting**

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

**Present:** Councillors: Christine Godwin, Griffin, Adrian Gulvin, Pat Gulvin, Hewett, Igwe, Kearney, Maisey, Murray, Purdy (Vice-Chairman), Shaw, Watson and Wildey (Chairman)

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Dr Greg Ussher (Healthwatch Medway CIC representative)

**In Attendance:** Ian Ayres, NHS West Kent CCG Accountable Officer  
Dr Philip Barnes, Medical Director, Medway NHS Foundation Trust  
Dr Alison Barnett, Director of Public Health  
Ash Capel, Voluntary Services Co-ordinator, South East Coast Ambulance Trust  
Geraint Davies, Director of Commercial Services, South East Coast Ambulance Service  
Marie Dodds, Kent and Medway NHS and Social Care Partnership Trust  
Barbara Graham, Legal Advisor  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
Steve Hams, Chief Nurse - Medway Maritime Hospital  
Jane Shepherd, North Kent Clinical Commissioning Group  
David Quirke-Thornton, Deputy Director, Children and Adults Services  
Geoffrey Wheat, Chief Nurse, NHS Medway CCG

**762 Record of meeting**

The record of the meeting held on 18 December 2013 was agreed and signed by the Chairman as a correct record.

**763 Apologies for absence**

Apologies for absence were received from Barbara Peacock, Director of Children and Adults and Mark Devlin, Chief Executive, Medway NHS Foundation Trust.

**764 Urgent matters by reason of special circumstances**

There were no urgent matters but the Chairman welcomed the new Healthwatch Medway representative to the Committee.

**765 Declarations of interests and whipping**

Disclosable pecuniary interests

There were none.

Other interests

There were none.

**766 Update on Francis Inquiry**

**Discussion:**

The Chief Nurse, NHS Medway Clinical Commissioning Group gave a powerpoint presentation on an update from the NHS following the Francis inquiry.

He referred to the findings of the inquiry, the key themes and aims and recommendations and explained that the actions arising from the inquiry were everyone's responsibility across health and social care. He referred to subsequent independent reviews and then, more specifically, the Medway Clinical Commissioning Group's internal corporate assurance which set out the local action plan key elements which were:

- Absolute need for duty of candour
- Fundamental need for cohesive working across health and social care
- Ensure responsibility and accountability
- Address local issues with clarity and conviction to improve quality standards

He and the Deputy Chief Nurse, North Kent Clinical Commissioning Group who also attended the meeting responded to Members' questions.

Responding to a question about examples of where improvements had been made, the Chief Nurse explained that there were some quick wins, one of which had been the reviewing in depth complaints received producing qualitative data, and much closer working between himself and the Chief Nurse

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at Medway Maritime Hospital. Another area where there had been particular progress related to the intensive work with staff, which allowed them to raise anonymously any grumbles, or issues, which they felt needed to be addressed.

In answer to a further question, he stated that the friends and family test would be a key measure of how things were improving in the hospital but accepted that time would be needed before some of the improvements were felt. The Healthwatch Medway representative requested that further work is done with them to ensure that the views of service users were heard. He felt that the Patient and Public Involvement Forum from NHS Medway Clinical Commissioning Group (CCG) should be involved. The Chief Nurse said that the Patient Engagement Group and Patient Opinion Group were already involved in the action plan and he welcomed the input.

An explanation was given to a query regarding why only 72 of the Francis Inquiry were being taken forward by the NHS locally, it was stated that the 290 recommendations applied to a wide range of organisations and the 72 being worked on were those applicable to CCGs.

The representative from the Pensioners Forum thanked the Chief Clinical Officer, NHS Medway CCG for attending a recent meeting of the forum to promote the PULSE campaign to that group but stated that, the follow through on the campaign had shown that the hospital were not seemingly co-operating with the campaign because delays were experienced once they were asked for an urgent appointment. The Chief Clinical Officer, NHS Medway CCG undertook to speak to the Pensioners Forum representative outside of the meeting.

A further question was put forward about what a cultural barometer was? It was stated that one of the failings at Mid Staffs had been that cultural problems within the Trust had been ignored along with staff concerns. In Medway there is now a regular survey of staff to find out how they are feeling and to assess what the organisation felt like overall as there was a danger that if the workforce were not happy they would not feel they could recommend the hospital to friends and family. As such this produced a cultural barometer of how the Trust was performing.

The Deputy Director, Children and Adults stated that there was definitely a social care element involved in the outcome of the inquiry and referred to a number of cases where there had been scandals in the community of social care. In his view there was a duty on all partners to commission well and it was important to make commissioning decisions, which ensured good outcomes and quality of service rather than taking hasty decisions in an attempt to cut costs. He emphasised the importance of everyone playing their part and being accountable and welcomed the progress being made to work together in partnership and share concerns in order to enhance the safety of service users.

**Decision:**

The Chief Nurse, Deputy Chief Nurse and Deputy Director, Children and Adults were thanked for their contribution to the presentation and the report was noted.

**767 Care Quality Commission: Report on Maternity Services**

**Discussion:**

The Chief Nurse, Medway NHS Foundation Trust introduced a powerpoint presentation setting out progress since the report of unannounced inspection by the Care Quality Commission into maternity services which was last considered by the Committee on 11 November 2013.

In his introduction he thanked the Chief Clinical Officer, NHS Medway CCG, the Director of Public Health, Medway Council, Healthwatch Medway and the Medway Safeguarding Board for their help over the past few months. He also referred to visits made by Members of the Committee to the maternity unit and said that the feedback received had been very helpful. The staff there were enthusiastic and much more positive about their roles. Those Members who had visited confirmed this. A number referred to the positive atmosphere in the maternity unit and were impressed at the way the new mothers and their partners were dealt with.

He detailed the work being undertaken by the review group, which he led which had scrutiny provided by a Non-Executive Director, a Governor, an expert by experience and an external midwifery professional advisor. He then paid tribute to the assistance of the Director of Public Health and her team in contributing to the redesign of the antenatal pathway. The addition of 15 more midwives to the team had also positively affected the morale of the midwifery team. It was confirmed that the cost of employing 15 more midwives had to be met by the hospital ahead of its original schedule which would evidently be a pressure on the trust's budget. He stated that, in addition to the increase in numbers of midwives, a new Chief Pharmacist would start work in approximately six weeks' time.

Work was ongoing to refurbish a number of areas including the bereavement suite, which would now have soundproofing. The very basic equipment checks were now being carried out as part of routine and no assumptions were made in this regard, he emphasised that everything needed to be part of a wider assurance process.

Service users were able to feedback on their experience by using text messaging and this had been very helpful in getting immediate and more direct feedback. Message boards were also displayed in the maternity unit so that all could see the comments made. Staffing boards were also in place so that it was clear how many staff should be on duty and how many were actually on duty.

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The Chief Nurse informed the Committee about the statutory role of the Supervisors of Midwives which was being enhanced. Responding to a question about maintaining high performance in the maternity unit as other pressures were experienced in the hospital, he stated that three areas were crucial in achieving this. These were leadership, governance and surveillance systems and he was confident that these areas would ensure continuation of the investment made so far in improving the service.

Reference was made to the Big Lottery Bid and the Director of Public Health explained that Medway was now in the final stage of the bid, which was for 'A better start in life' which was a programme that increased investment in preventative interventions in pregnancy and early years to improve outcomes for children. One of the key outcomes from the programme would be to ensure it is much easier for a member of the public to book in to get their antenatal care. She stated that, even if the bid were to be unsuccessful, the proposed work was sufficiently important to continue with over a more extended period of time.

Members paid tribute to the work being done in the maternity unit, to the enthusiasm and commitment of the staff working there and the Chief Nurse, colleagues and partners in bringing about the improvements.

### **Decision:**

The Chief Nurse was thanked for his presentation and the report was noted.

## **768 Mortality figures - Medway Maritime Hospital**

### **Discussion:**

The Medical Director, Medway NHS Foundation Trust, introduced an update on mortality issues and the hospital trust's improvement programme.

He stated that it was important for the Trust to measure and look for improvement rather than compliance, particularly following on from the Francis inquiry recommendations. He said it was vital for leaders to value staff and enable them to value themselves. Unless this happened staff could become hardened to the needs of patients.

As far as mortality figures were concerned he referred to page 49 of the report, which illustrated that the crude mortality rates at the hospital had fallen significantly over time. He also urged a note of caution in putting too much weight on the mortality rates and said that good performance in Hospital Standardised Mortality Rates (HSMR) did not necessarily signify good performance at a Trust. In fact one London hospital, which had low HSMR rates, was recently found to have areas of concern.

He then referred to ongoing work at the hospital to make it easier to do the right thing and to simplify procedures to standardise the response to certain conditions such as pneumonia to ensure that everyone involved was aware of

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the agreed procedures to follow. Responding to a question he confirmed that the method chosen as the 'Medway' way to deal with a condition would be as a result of proven good outcomes and that this would need to be modified as further good practice emerged.

The Medical Director then gave details of the focus of the hospital around the emergency care pathway and emerging plans for a large assessment area, consisting of around 80 – 90 beds, for all medical admissions close to the A&E department, imaging (x-ray) and intensive care. This would be fully staffed 7 days a week and would ensure a proper flow of patients to the appropriate clinical areas following assessment by senior clinicians. This was recognised as good practice for improving lengths of stay, patient experience and A&E performance. It also ensured that all patients were in the best part of the hospital for their particular condition as soon as they were admitted, and there was increasing evidence that implementing such a system reduced mortality. In terms of timescales he confirmed that the hope was for there to be 58 beds in the assessment area by Christmas 2014 possibly 80 if it was possible to make moves within the hospital of the dermatology and sexual health clinics. The plans had received approval from Medway CCG, from the hospital board and Council of governors.

Responding to a question he stated that in the majority of cases the hospital preferred to use its own bank of nurses rather than relying on agency staff. As far as local medical staff were concerned there was a group of locums used, and they were familiar with the hospital's style and procedures, but he admitted there would always be occasions when agency staff had to be used.

The services of Healthwatch Medway were offered towards the programme of Transforming Medway and it was accepted that shared learning was important particularly as one of the work streams related to patient experience.

### **Decision:**

The Medical Director, Medway NHS Foundation Trust, was thanked for his report, which was noted.

## **769 Acute Mental Health Inpatient Beds Review Update**

### **Discussion:**

The Chief Officer, West Kent Commissioning Group introduced the acute mental health inpatient bed review update and he and the Chief Executive, and Director of Operations from Kent and Medway NHS and Social Care Partnership Trust (KMPT) responded to Members' questions.

The view was put forward that it would be more helpful in future to have the daily occupancy details of the bed usage rather than monthly and to have full details of where Medway residents were being placed in centres of excellence out of area, even if this had to be provided in an exempt format to protect confidential information. It was agreed that this could be provided along with an

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update on travel arrangements for families and details of non-Kent and Medway residents occupying acute inpatient mental health beds in Kent and Medway.

The Director of Operations from KMPT agreed, following a Member request, to check what information was available to carers and families of service users in relation to assistance with transport.

In response to further questions the following responses were received from the Chief Executive and Director of Operations, KMPT:

- In relation to the Personality Disorder pilot of intensive day treatment this commenced in November 2013 and positive feedback had been received so far. The success of the unit should reduce admissions to inpatient beds
- There would be a small number of beds at the unit in Park Avenue, Gillingham and the remainder of the people using the service would be attending for day services (around 24 patients). It was agreed that the numbers on site at any one time would be checked and reported back. It was also agreed that further discussions would take place with the Police as it was stated that they had some concerns. Clarification would also be provided about the staff/patient ratio at Park Avenue
- Work with the Police to avoid the need for them to use section 136 regulations (the over-reliance on section 136 detentions had been identified as an issue as a result of a Care Quality Commission during a recent inspection) to detain people had been very successful and further engagement was planned. A single point of contact had also been established to make it easier for the Police to have easier access to mental health advice
- Support had been given by NHS Medway CCG to there being a 24/7 presence of mental health staff in the hospital

A request was made for more information in relation to street triage to explain what was actually happening as opposed to what had been planned. Thanks were put forward to KMPT for the work undertaken to engage with residents, relatives/carers and Members around the plans for Canada House.

Discussion took place about the reconfiguration of acute mental health inpatient beds and quoting from the recently published document 'Closing the gap' Members expressed the view that while centres of excellence had merit in cases affecting a person's physical health it was suggested that nearness of acute inpatient facilities to a service user's home was important for mental health recovery. The Chief Clinical Officer, NHS Medway CCG expressed the view that the outcome for service users was the most significant factor. He also stated that the CCG did not have any budget, or allocation of funds, for capital expenditure.

The Healthwatch Medway representative paid tribute to the use of experts by experience but noted that the report made no reference to the number of patients involved in the plans.



**Decision:**

The report was noted and it was agreed that the information requested at the meeting, as set out above, would be supplied in the report to the April 2014 meeting.

**770 NHS 111 update and report on public access defibrillators**

**Discussion:**

The Director of Commercial Services, South East Coast Ambulance Trust (SECAmb) introduced a report, updating Members on progress with the NHS 111 service (a single point of access for people needing urgent NHS healthcare, when it is not an emergency).

In spite of initial teething problems the service was now working well and GP colleagues from Kent and Medway would be visiting shortly to see what further support could be provided.

Responding to a question he stated that call abandonment rates were now routinely at less than 1%, the numbers of calls received had increased from 80,000 before Christmas to around 120,000. Monthly statistics would be provided in the next update to the Committee. The Director of Commercial Services also undertook to provide to Members details of the public surveys undertaken.

The Chief Clinical Officer, NHS Medway CCG stated that it was intended to have a pilot in MEDDOC for the service to have access to patients' medical records, with their permission (or their family if appropriate) and explained the stringent security measures put in place to ensure that the information was not used inappropriately.

In response to a Member request, the Director of Commercial Services undertook to arrange, through the Democratic Services Officer, a visit for the Committee to the Ashford call centre.

The representative from the Pensioners Forum explained that there was still some confusion among the public about the NHS 111 service. The Director of Commercial Services and the Chief Clinical Officer, NHS Medway CCG explained that the intention had been for NHS England to lead a campaign to inform the public about NHS 111 but this had been delayed as the service was not yet available across the country. In view of the confusion being caused, they undertook to work together on the appropriateness of a local information campaign. The Director of Commercial Services stated that he would welcome an opportunity to discuss with the Committee further the work programme of the Trust to explain the Trust's aspirations.

The Voluntary Services Co-ordinator, South East Coast Ambulance Trust



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introduced to Members the merits of public access defibrillators (PADs) (used on victims of sudden cardiac arrest) and requested the Committee's assistance in promoting the scheme in Medway, possibly by leading the way by having a public access defibrillator at Gun Wharf. The Director of Public Health suggested that it might be more appropriate for it to be placed elsewhere based on a pattern of call outs in the area. The Voluntary Services Co-ordinator stated that work was ongoing on a mobile phone application, which would show where the nearest PAD was in relation to the current location of the person.

Following a question the Voluntary Services Co-ordinator confirmed the PADs cost around £900 and SECamb would provide support with their use, which was very straightforward. Members were supportive of the request.

### **Decision:**

- (a) The Director of Commercial Services and Voluntary Services Co-ordinator were thanked for their presentation;
- (b) It was agreed that a visit for the Committee to the Ashford call centre for NHS 111 would be arranged;

## **771 Work programme**

### **Discussion:**

The Democratic Services Officer updated the Committee on the fact that the two briefing notes, referred to in paragraph 7.3 of the report, had been circulated earlier in the day. She also notified the Committee that a further date for a Member briefing from the Chief Executive of Medway NHS Foundation Trust had been arranged for 26 February 2014 at 6.30pm and urged anyone interested in attending to notify Member Services.

### **Decision:**

- (a) The listings for the following items were noted:
  - Update on Francis Inquiry by Medway Council – June 2014
  - Annual report on the commissioning of drug treatment programmes – deleted
  - Changes in dementia support services and services for the elderly to be amended to read 'dementia services to meet future needs' only and for this to be dealt with in Autumn 2014 (joint report with NHS Medway CC)
  - Mortality figures from Medway Maritime Hospital – attempts should be made to identify a date for this item when the Chief Executive of the hospital is already attending the Committee
  - Progress re adult mental health social work over next three years – regular updates required – Autumn 2014

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- (b) to note that briefing notes had now been provided on car parking and PALS activity from Medway NHS Foundation Trust;
- (c) It was agreed that a report, referred by Regeneration, Community and Culture Overview and Scrutiny Committee on the Schools Notification Pilot, be scheduled for 24 June 2014.

**Chairman**

**Date:**

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