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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 3 JULY 2019

Present:

Councillor Hobson (in the Chair)

Councillors

Baker	Hunter	O'Hara	Wing
D Coleman	Hutton	D Scott	

In Attendance:

Councillor Maxine Callow, Chair, Scrutiny Leadership Board
Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health

Roy Fisher, Chairman, Blackpool Clinical Commissioning Group (BCCG)
Beth Goodman, Head of Acute Commissioning, BCCG
Berenice Groves, Interim Director of Operations for Unscheduled Care, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)
Mark Lewis, Operations Manager, North West Ambulance Service (NWAS)
Les Marshall, Head of Adult Services, Blackpool Council
Peter Murphy, Director of Quality Governance, BTH
Kate Newton, Performance and Quality Manager, BCCG
Maxine Power, Director of Quality, Innovation and Improvement, NWAS
Ian Walmsley, Sector Manager, NWAS
Sharon Davis, Scrutiny Manager, Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 13 FEBRUARY 2019

The Committee agreed that the minutes of the last meeting held on 13 February 2019 be signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

There were no requests from members of the public to speak on this occasion.

4 EXECUTIVE DECISIONS

The Committee considered the Cabinet Member decision taken since the last meeting, PH15/2019 'Adult Services Fees and Charges 2019-20' and invited Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health to outline the key changes to fees and charges made as part of the decision. In response to questioning, it was reported that 50% of people would be unaffected by the increases as they received care free of charge, of those that did pay for services, 22% would be expected to contribute an increased amount.

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5 WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW

Ms Berenice Groves, Interim Director of Operations for Unscheduled Care, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Mr Peter Murphy, Director of Quality Governance, BTH presented the Integrated Care Partnership's response to the recommendations made in the Whole System Transfers of Care Scrutiny Review. Ms Groves highlighted that hospital performance had improved in the winter of 2018/2019 in comparison to previous years citing increases in meeting the four hour standard measure of wait time in the emergency department and a fall in non-admitted breaches.

The Committee considered the response to each recommendation of the review in detail, asking questions regarding implementation and determining whether further information was required or if the recommendation could be signed off as complete.

The Committee agreed:

Recommendation	Action/update	Next steps
One – To consider introducing a policy to limit the number of family and friends attending the emergency department.	A policy had been introduced as per similar policies on the wards. Clinicians were also allowed to use their discretion in implementing the policy dependent on the severity of the illness or injury of the patient.	Completed.
Two – To review extended access appointments to look at usage, the reasons why the service was not more widely used and how to improve the use of appointments.	A review had been undertaken and take-up had been improved, however, there remained unused capacity. Members of the Committee also provided additional anecdotal evidence to suggest that not all GP surgeries offered extended access appointments as a matter of course. Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group highlighted the ongoing work to improve the offer of the appointments including undertaking a mystery shopper exercise. He advised that work was ongoing to ensure practice was embedded.	Completed.
Three – To explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and identify a course of action to	It was noted that further work was required to roll out identified improvements across all hospital wards. A number of wards had been trialling different approaches and the use of Ward Pharmacy Technicians had proved positive. Members highlighted a number of issues with	Members were of the opinion that further work was required on the recommendation and requested a further response in approximately

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address the delays.	dispensing of prescriptions which demonstrated that further improvements were required. It was also noted that the discharge lounge, where patients could wait for prescriptions, had recently started operating seven days per week.	six months.
Four – To identify ways to offer facilitated parking for discharge staff.	It was reported that this recommendation had been the hardest to achieve and that it had been an ongoing issue for a number of years. However, it had now been resolved and Mr Les Marshall, Head of Adult Services reported that staff had been appreciative of the resolution and productivity and efficiency of discharges had improved as a result.	Completed.
Five – To review discharge processes to ensure they are efficient, effective and to identify if any parts of the process could be carried out once a patient had left hospital.	Ms Groves highlighted that a number of pieces of work relating to improving discharge processes were ongoing. It was noted that each piece of work would be tracked with data to determine if it had impacted on performance. It was also noted that there had been a reduction in the length of stay of patients and the impact of the bed reduction pathways which could be shared with the Committee.	Members requested a further update on the impact of the initiatives to improve discharge processes in approximately six months.
Six – To work to improve communication with care homes.	Ms Groves reported that the Executive Director of Unscheduled Care had arranged to meet with the Chair of the Blackpool Care Home Provider Forum. An issue had been identified with care home staff being requested to remain in the emergency department with their resident and work was ongoing to ensure that all emergency department staff recognised that the duty of care for the patient had transferred to the hospital and that care home workers could leave if they needed to return to the care home.	Completed.
Seven – To utilise social media to send out alerts relating to emergency department waiting	The Trust had highlighted a number of issues with the recommendation, most notably suggesting that patients who needed to attend the emergency department being reluctant to do so	Upon further consideration, Members decided to withdraw the recommendation.

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time, walk in centre waiting time and available GP appointments on a day.	due to the publicised wait times.	
Eight and Ten – To install signage at an appropriate point to the car park entrance alerting people to current waiting times and to consider how available marketing signage around the town could be used to promote positive NHS messages.	An overview was provided on the various ways in which signage was being utilised and Ms Groves updated the Committee to advise that the Trust was currently looking at putting in place signage at an appropriate point near the car park following discussions with colleagues at Lancaster Royal Infirmary who had implemented a similar action. It was noted that partners were working together and producing a joint communication plan.	Completed.
Nine – To consider offering parking refunds to patients attending accident and emergency inappropriately.	It was reported that consideration was being given to the first 30 minutes of parking being free, in order that patients who had inappropriately attended the emergency department could then leave immediately without facing a parking charge. The Committee suggested that consideration also be given to providing free parking tokens for people picking up patients in order to further speed up their discharge. Furthermore, it was considered that the Trust should also explore the costs of parking for low income families, cost of parking for families of patients who were admitted for a prolonged period and how widely refunds for parking for certain services such as maternity were advertised.	The initial recommendation was agreed as completed. Ms Groves was requested to respond to the additional recommendations in approximately six months.

6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: PATIENT SAFETY

Mr Peter Murphy, Director of Quality Governance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) highlighted that there were national, ongoing reviews of clinical staffing and it had been recognised that there were not enough doctors and nurses for continuing demand. BTH currently had approximately 260 registered nurse vacancies.

With regards to the Standardised Hospital Mortality Index (SHMI), Mr Murphy reported that the current measure was 116, which was a small increase since the last reported quarter's value of 115 in quarter 2 of 2018/2019. The Committee considered the SHMI in

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detail and was informed that the index was calculated using algorithms and being above the average of 100 did not necessarily mean that there was a specific issue, but that the hospital should investigate potential problems. Blackpool Teaching Hospitals NHS Foundation Trust sought to learn from all deaths and had commissioned two external reviews to gain assurance and develop appropriate action plans with a focus on pneumonia, Chronic Obstructive Pulmonary Disease (COPD) and sepsis. The intricacies of responding to subtle symptoms which did not necessarily indicate a serious condition and diagnosing patients correctly was also discussed in detail.

The Chairman highlighted that Blackpool Victoria Hospital had been an outlier for the SHMI since 2011 and queried why the hospital had been performing poorly with regard to the indicator for such an extended period. Mr Murphy advised that work had been ongoing to review deaths and understand the ways in which they had been documented. Once a diagnosis had been made, the patient would be given a code that reflected the diagnosis. Work was ongoing to determine the accuracy of the coding and its reliability. If a patient was coded incorrectly, the recording of any future death could also be recorded incorrectly.

Ms Maxine Power, Director of Quality, Innovation and Improvement, North West Ambulance Service (NWAS) advised the Committee that the SHMI was a complex indicator based on unexpected patient death up to 30 days following original diagnosis, whether the patient had died within the hospital setting or elsewhere. Therefore, a wide range of partners and systems outside of the hospital also contributed to the SHMI performance. It was queried whether data was available to demonstrate the number of patients that died unexpectedly within the hospital in comparison to the number who died after leaving hospital. Mr Murphy agreed to investigate the level of data held and supply the information to the Committee as appropriate.

The Committee went on to consider the Care Quality Commission (CQC) Inspection of the Emergency Department carried out in January 2019 and queried whether all the actions identified by the CQC had been implemented. It was noted that the actions had been implemented and that the Trust had been subject to a fully comprehensive CQC inspection of all services, the outcome of which was expected later this year. Mr Murphy highlighted that the Executive Team of the Trust's primary focus continued to be the quality of care for patients.

The Committee agreed:

1. To receive the CQC inspection report of Blackpool Teaching Hospitals NHS Foundation Trust when published.
2. To request that the data held on the number of unexpected deaths (those that the SHMI was based upon) within the hospital and outside of the hospital following discharge be circulated to Members.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE

Ms Kate Newton, Performance and Quality Manager, Blackpool Clinical Commissioning Group (BCCG) presented the BCCG report on end of year performance for 2018-2019.

The Committee drew attention to the continued poor performance for the percentage of

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patients being seen within two weeks of referral for breast cancer symptoms, noting that the target was being substantially underachieved, with a target of 93% and performance of 34%. Ms Newton advised that the deterioration in performance had been attributed to physical capacity constraints in terms of both imaging and clinic space. Members noted that the reason for poor performance had changed and that the last time the Committee had considered the performance for the target the reason for the poor performance then had been cited as a lack of consultant radiographers. Ms Newton advised that the previous issues had been resolved and that a plan was in place to ensure targets were met by the end of July 2019, highlighting that new equipment had been purchased. Further concern was raised regarding the length of time it had taken to resolve the issues and the number of women that had been put at risk as a result and Members were advised that the BCCG was reviewing the situation on a weekly basis and was involved in the process to recover the target as quickly as possible.

Concern was also raised regarding the number of 12 hour trolley waits in the emergency department, noting that there had been 300 in 2018-2019, of these 212 were mental health related. Ms Groves, Interim Director of Operations for Unscheduled Care, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) highlighted that the indicator had been a focus of attention for BTH. The Psynergy pilot scheme had been introduced to alleviate the number of inappropriate mental health attendances at the emergency department and it was hoped the scheme would have a positive impact on the number of mental health patients waiting for more than 12 hours.

Mr Mark Lewis, Operations Manager, North West Ambulance Service (NWAS) advised that the Psynergy vehicle was currently in operation from 4pm until midnight, however, it was hoped the timeframe could be expanded if additional funding could be identified. The pilot commenced in November 2018 and had attended 950 patients. Of those patients, 11% had been transferred to the emergency department, a reduction from the 100% that an ambulance would have transported. The patients transferred to the hospital by the Psynergy vehicle had already received a mental health assessment before attendance at the emergency department, which therefore also speeded up their admission. It was considered that the Psynergy vehicle would have a positive long term impact and NWAS aimed to roll out the scheme to other areas in the North West.

Ms Groves also highlighted that the emergency department regularly coped with 200 attendances per day without any delay, however, on a number of days attendances could be between 230 and 260, which did cause significant delays in the speed in which patients could be seen. The links between discharge of patients and patient flow were highlighted and it was noted that all the measures in place to improve discharge would have a positive impact on emergency department wait time, however, it was recognised that it was unacceptable that any patient should have to wait for more than 12 hours.

The handover time from ambulances to the emergency department was also considered and Ms Maxine Power, Director of Quality, Innovation and Improvement, NWAS highlighted the importance of handover times on improving response times. She highlighted that there was robust monitoring in place to ensure that standards were met. In response to questions, Ms Power advised that there was not a consistent pattern of demand within Blackpool due to surges in peak tourist season and the large number of events that took place.

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Members noted the national shortage of doctors and nurses and queried if the ambulance service also struggled to recruit. In response, Mr Ian Walmsley, Sector Manager NWS reported that there was not currently a shortage, however, the bursary for student paramedics was no longer in place and the impact of its removal upon applications was not yet known. NWS was working with the NHS to develop a robust workforce plan.

The Chairman highlighted the indicators relating to incomplete pathways and noted that performance had decreased. Ms Beth Goodman, Head of Acute Commissioning, BCCG reported that all partners were working as a system in order to find different solutions to improve performance. She advised that work was ongoing to create a single Fylde Coast waiting list to ensure no patient was disadvantaged by the treatment choice they had made and was confident that the next time the Committee considered the performance of the indicator that improvements would have been made.

The Committee discussed the targets to be met for each indicator, suggesting that all indicators should have a 100% target. Whilst agreeing with the Committee, Ms Newton advised that the indicators had national targets to be met, however, all organisations would agree that they were looking to achieve perfection.

Anecdotal evidence was also provided by a number of Members relating to hospital stays and in particular the comfort of the chairs provided for patients waiting to be seen in the emergency department was raised. Ms Groves agreed to investigate the facilities and set up provided to determine any improvements that could be made.

The Committee went on to consider the updates to recommendations made by Members when the performance of the CCG was last reviewed and discussed the recommendations identified as incomplete in detail. It was noted that the developers of the patient access app had advised that including signposting to extended access appointments was not under the scope of the app at this time. However, the CCG had recognised the value in the Committee's recommendation and would continue to work with the developers to amend the app in the future, when possible. Subject to the CCG retaining the recommendation on its action plan, the Committee agreed the recommendation as completed.

With regards to succession planning, Mr Roy Fisher, Chairman, BCCG reported that the issue was ongoing. A new GP recruitment programme aimed at providing an interesting role to GPs to both recruit and ensure their retention would commence in September 2019. The Integrated Care System was also considering how resources could be shared in order to future proof service provision. It was agreed that a further update on succession planning would be provided to the Committee at the next meeting as part of the report on the Integrated Care Partnership (ICP).

The Committee agreed:

1. That the provision of facilities including the comfort of chairs provided to patients waiting in the emergency department be considered.
2. That BCCG add the inclusion of extended access appointments to the Patient Access App to their action plan.
3. To receive a further update on succession planning to the next meeting of the

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Committee as part of the report on the Integrated Care Partnership.

8 SCRUTINY COMMITTEE WORK PROGRAMME

The Committee noted that the workplan would be updated based on the topics identified at the recent workplanning workshop.

The implementation of the previously identified recommendations was discussed and it was agreed that the action relating to the Healthwatch contract could be signed off as complete. It was agreed to defer consideration of the response regarding the 'healthy weight' letters until the next meeting.

The Committee also approved the Healthy Weight Scrutiny Review scoping document and agreed to carry out the review as a whole committee, subject to individual availability in November 2019.

9 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 16 July 2019, commencing at 6.00pm.

Chairman

(The meeting ended at 8.00 pm)

Any queries regarding these minutes, please contact:
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