

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 5 April 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Clarke, Clements, Franklin, Frost, Hayward, Johnson, Makinson, Pourali, Sheard, Sixsmith MBE, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Mr J. Winter and

28 Apologies for Absence - Parent Governor Representatives

There were no apologies received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

29 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations of interest from Councillor Pourali who confirmed the Chair of BHNFT is her business partner; Councillor Unsworth as a Governor at BHNFT, Councillor Johnson as his daughter worked at BHNFT and she had won the Midwifery award referred to in the CQC report of the Trust. Co-opted member Mr J Winter confirmed his wife is employed as a nurse at BHNFT, also Councillor Phil Birkinshaw declared an interest as he knows one of the Consultants at Huddersfield Royal Infirmary.

30 Minutes of the Previous Meeting

The minutes of the meeting held on 9th February 2016 were approved as a true and accurate record.

31 Barnsley Hospital NHS Foundation Trust (BHNFT) Care Quality Commission (CQC) Inspection Report

The Chair welcomed the witnesses to the meeting which included:

- Heather McNaire, Director of Nursing and Quality, BHNFT
- Karen Kelly, Director of Operations, BHNFT
- Steve Wragg, Chair of BHNFT
- Carrienne Stones, Healthwatch Barnsley Manager
- Brigid Reid, Chief Nurse, Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety Barnsley CCG
- Clare Foster, Public Health Registrar, BMBC/Barnsley CCG
- Tracy Church, CQC Inspector
- Rachel Dickinson, Executive Director – People, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health
- Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)

Steve Wragg explained the hospital had been inspected by the CQC during July 2015, and their final report was received in February 2016; Heather McNaire added in the interim six months until the report was received, the Trust had undertaken a lot of remedial work.

Members proceeded to ask the following questions:

- i) Following commending the Trust on their outstanding practises, a member of the committee asked; further to the CQC report, what procedures are in place to ensure children attending the hospital are cared for by appropriately qualified nurses?

Members were advised in acute services, there always needs to be a Registered Sick Children's Nurse (RSCN). However the Emergency Department (ED) is separate and also has separate areas for adults/children. During the inspection we presented a rota which showed a period where we had a vacant RSCN post which meant that some shifts on the children's side were not covered by a fully qualified RSCN but there was always someone covering within the adults' side who was part-RSCN qualified. We struggle to maintain such cover as specialists go to Sheffield or Leeds Hospital. We felt the judgement in the report was harsh as proportionately it was only a few shifts which weren't covered by a fully-qualified RSCN. However we are now fully recruited and this was sorted by the time the full inspection report was received.

- ii) What is meant by the dermatology service being highlighted on page 22 of document pack, does this mean that the dermatology service is adequate for the hospital?

The group were advised the letter at the beginning is from the Chief Inspector of Hospitals as the work goes through a National Quality Assurance Panel who pick out areas of outstanding practice. In Barnsley, the dermatology service was picked out, as the services provided here are not offered by every trust.

- iii) How would you describe BHNFT's relationship with the Clinical Commissioning Group (CCG) and other stakeholders in Barnsley?

The committee were advised they have a good working relationship with the CCG; due to their differing priorities, at times this can inherently lead to it being challenging, however the CCG is fully supportive of their quality agenda. BHNFT has an open and honest culture and is the 5th highest reporter of incidents in the country which is evidence of the open dialogue it has with the CQC and CCG.

The CQC invited stakeholders in Barnsley to meet and discuss the inspection feedback and issues raised, however the support was limited as there were only 3 representatives; one from the CCG, one from NHS England (NHSE) and one from Barnsley Council.

- iv) What plans are in place for patient involvement and does this include their input into the design and delivery of services?

The group were advised there is active patient involvement in relation to long term conditions; however acknowledged that they need to do more and are working with the CCG to do this.

- v) If the CQC returned to undertake a further inspection, what would you expect the result to be?

Members were advised BHNFT are confident the recommendations in the report have now been implemented. The Trust anticipates inviting the CQC to do a follow up inspection from September 2016; however, there's no obligation for them to come. The CQC inspection regime is due to change soon; therefore would rather be inspected sooner rather than later so that comparisons can be made and so that they can change their current result.

- vi) How can Members support the excellent work already being done by BHNFT to further improve outcomes for our local residents?

The committee were advised BHNFT won't discharge patients unless there is a Care Plan. This can rely on involvement from the voluntary workforce as some people just need visiting, therefore money from Ward Alliances could help with this. Befriending is currently a big topic in health, particularly amongst Dementia patients who need extra support. We know in some cases patients are brought to hospital but they're just lonely. Members were advised Barnsley Council's Adult Social Care service works closely with the Trust and there are only a few examples of delayed transfers of care, with data showing Barnsley performs well compared with statistical neighbours and South Yorkshire. BHNFT advised they are hoping to focus their effort on early help and loneliness as this needs to be taken forwards over the coming months.

- vii) Central Area Council commissioned the Royal Voluntary Service (RVS) to assist in addressing the issue of social isolation amongst older people; we've had difficulties getting agencies such as local GP practices to be involved in this work as they don't feel it's their responsibility, is there dialogue between BHNFT and the RVS?

The committee were advised work is ongoing to make stronger links in relation to social prescribing. There is a joint alliance between BHNFT and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) which is 'Right Care Barnsley'. This was established in relation to preventing admissions to hospital and is now looking at the discharge process. The CCG advised they would make Right Care Barnsley aware of the services being offered by the RVS.

- viii) The Trusts' Maternity Services were commended by a member of the committee, however raised concerns over reductions in funding and asked for information on such reductions and how this was impacting on delivery of elements such as smoking cessation?

Members were advised BHNFT are a provider therefore can only deliver the services they are commissioned to. In relation to smoking cessation, there has been a reduction in the Public Health Grant; therefore the services are currently considering what can be delivered within the funding envelope. The importance of partners working together to resolve issues was highlighted, including examples of where the smoking cessation service had worked with the fire service and had then liaised with Berneslai Homes to report where a home was not safe for a child.

BHNFT expressed their disappointment at not being awarded 'outstanding' for their maternity services and reminded the committee of their 'Tiny Hearts' Charity Appeal to support the development of a new state of the art neonatal unit for babies who need special care.

Healthwatch Barnsley advised that in 2014 they undertook research on patients' experience of the midwifery service. As a result of this, most issues related to the environment; however Healthwatch were given a tour of the department and it was evident that recommendations for change had been implemented.

- ix) Following recent surgery at the hospital, a member of the committee commended the Trust, before asking, one of the areas of improvement identified in the report is to 'ensure compliance with the five steps for safer surgery'; is this cause for concern and commented that the report is not very easy to read as a member of the public?

The group were advised if there had been a serious issue, an improvement notice would have been issued. Oxygen was being prescribed, but the inspectors had identified its use was not being recorded. The inspection also identified that following surgery, a de-brief

regarding the procedure was not being held and documented. Additionally, the inspection highlighted issues with the administration of complex medications at weekends, however BHNFT advised this has now been resolved and a Pharmacist is employed 7 days per week.

The CQC advised they have learnt a lot about the completion of reports and advised that different audiences require different information from them; therefore further work is being done to consider how reports can be useful to both Trusts and the public.

- x) The number of staff receiving safeguarding training is not clear in the report; it mentions that 85% of staff had undertaken basic awareness training, are you concerned about the low figures?

Members were advised the data is a reflection of a point in time and the targets for completion are set locally, which for BHNFT are high. The Trust is confident the majority of their staff have been trained, but acknowledge some will miss out due to sick/maternity leave for example. The committee were advised on every shift there will always be someone who has been trained.

- xi) One of the findings of the report was a lack of a triage system for patients who did not arrive by ambulance; has this now been addressed?

The committee were advised the hospital has 2 portals and an issue was identified with people self-presenting in the ED and part of the minor stream were not consistently receiving a triage. We have now ensured that all those presenting are triaged and the CCG advised they had undertaken a quality assurance visit and confirmed these processes were in place.

- xii) What are the key future challenges for BHNFT?

Members were advised the main challenge is patient flow; this is the biggest problem in primary care and not just hospitals. Hospitals only see about 10% of patients; however the volume continues to increase in an environment of reduced funding and increasing costs. People are living longer which brings about long-term conditions. The latest initiatives in the Health Service mean we need to have a system transformation plan which will take £850m out of South Yorkshire and Bassetlaw.

- xiii) What does the Trust see are the main health issues of residents within the borough?

The committee were advised the most prevalent problems are respiratory issues, diabetes and cardiology. The Trust is working with partners to try to help improve the long term health of Barnsley residents as well as considering what can be delivered out of the acute setting. The difficulty is managing expectations of a 7 day a week service and that it's not just about length of life but quality of life.

- xiv) How effective is the leadership and management within the organisation and when the Trust is inspected again are you confident of getting better results?

The group were advised the 2 areas of concern were leadership in the ED and in surgery, not overall leadership of the Trust. Changes have been made in those 2 areas and issues have been addressed. We see the CQC report as a learning experience which we are using to learn from and develop our services.

- xv) Following the funding received from the Prime Minister's Challenge Fund has the introduction of the 'iHeart' Barnsley project resulted in fewer people attending the ED?

Members were advised following the recent introduction of iHeart Barnsley, there had not been any significant reduction in the number of people attending the ED. The Trust is now

working with them to consider how patients can be better supported at a primary care level as well as how the service can be improved. The 'iHeart' name was considered not to define what the service offered which may have deterred patients from using it.

- xvi) Regarding the recording of oxygen do individual patients have Care Plans and are these referred to GPs/Nursing Homes at discharge?

The committee were advised as well as all patients having a Care Plan, the discharge process involves a letter being sent to the patient's GP, to ensure continuity of their healthcare. In the example referred to, Oxygen was being prescribed, but it was not being written down as a medical prescription. Lots of hospitals struggle with this but we are working hard to ensure it is done. The CCG added that this was a difficult issue but they had carried out a follow-up visit to the hospital and oxygen had been appropriately prescribed and recorded.

- xvii) A Member gave an example of a patient who had been discharged on a Friday but without appropriate support services till Monday and raised concern that they would have been better remaining in hospital and also asked if 'bed blocking' takes place due to the lack of adequate provision for ongoing healthcare following patients being discharged from the Trust?

The group were advised this is a difficult issue, but that patients don't block beds, they are just in the inappropriate place on their care journey. BHNFT advised they pride themselves on patients going to other services/back home and difficulty is caused by people remaining in hospital and they are at risk of catching diseases/infections. It is evident that in this case, the patient was not appropriately discharged; therefore this information will be fed back to the discharge team.

- xviii) Regarding the duty of candour, can we have figures in relation to the number of whistle blowers in the last 12 months?

Members were advised BHNFT have not had any in the last 12 months. We had one 2 years ago and found out about issues relating to finances. The duty of candour is not about whistleblowing but is about making sure services are safe and we need to be honest and truthful about errors. Duty of candour was previously a new requirement but is now embedded. Healthwatch Barnsley advised they have a 'Feedback Centre' on their website, enabling people to provide feedback on their healthcare experience within the borough. These comments are then sent to the relevant healthcare providers.

- xix) Is the Trust's financial overspend under control, particularly considering increasing demand and an ageing population?

The committee were advised the finances of 95% of hospitals are operating with a deficit. This year there is an anticipated deficit of £16m from an overall budget of £185m; although this shortfall is considerably less than the previous year of £22m. The Trust is hoping to get an additional £6.6m from the government.

- xx) We already hear of problems with not enough staff in EDs, does the hospital expect the proposed closure of Huddersfield ED as well as the closure of Dewsbury ED will result in an increase in the number of people visiting Barnsley's ED?

Members were advised BHNFT are not sure what will be the outcome of the consultations and planned closures, however there are plans to build an urgent care centre and BHNFT already receives patients from both these areas. BHNFT advised they struggle with the cover of junior doctors, not consultants therefore we are considering a doctor bank across South Yorkshire. The biggest challenge is the physical space in Barnsley's ED as it was built to receive 80 patients per day but currently receives around 250. The CCG advised they are

responding to the consultation noting that the pressure won't just be on ED attendance but if patients are admitted there will be greater complexity regarding discharge arrangements out of the borough. The witnesses advised that Members could help by communicating to the public that the ED is not the place to go for assistance and help should be sought from other services such as out of hours GPs and pharmacists. The ED should only be used in an Emergency.

- xxi) Following the 'Friends and Family Test' conducted by the hospital, 94% of patients would recommend the Trust and caring was rated as good in all areas and outstanding in end of life care; do the CQC take into account all the different elements before they come to an overall judgement?

The witnesses thanked the committee for highlighting different elements of the good work done and also commented that the staff survey is also much better this year. BHNFT advised they are proud of their staff; they work really hard and are very caring. Healthwatch Barnsley echoed these comments and advised that feedback on BHNFT always mentions good quality care; complaints tend to be around access times and care pathways.

- xxii) In relation to the duty of candour, the Mid-Staffordshire enquiry highlighted patient safety and quality being compromised as a result of reduced funding; has this had an impact in Barnsley?

Members were advised BHNFT's main priorities are quality of care and patient safety. After the Francis Report, hospitals went too far with safety and away from finances which has caused great problems. The Chief Executive of NHS England and the regulator NHS Improvement (formerly known as Monitor) now require a focus on finances rather than quality. At BHNFT, we will not compromise care in our hospital and will sort the finances as secondary.

- xxiii) Would further promotion of 'iHeart' Barnsley help in raising its awareness within the borough; also, do we have a problem with overseas tourists using services in the Borough?

The committee were advised we don't have a problem with overseas visitors and there are already systems in place to recover medical costs. The 'iHeart' name does not readily identify the service that is being provided, which is to improve patients' access to GPs and healthcare professionals. The service has been publicised but we have fed in our concerns regarding the name. We also found that when the ED was under pressure we asked patients if they wanted to use an alternative provider but they all said they preferred to stay and wait in the ED.

- xxiv) With Barnsley having an estimated population of 236,000 the CCG are allocated certain funding, if we receive additional patients from Huddersfield and Dewsbury would the Trust be able to claim additional money?

Members were advised the costs for patients from outside the borough are already recovered through invoicing the CCG responsible for their healthcare.

- xxv) In view of the current junior doctors' dispute, potential changes to their contracts and requirement for 7 day services; how will you manage rotas and budgets?

The group were advised BHNFT already operates 24 hours a day, 7 days a week, but it's impossible in that for example Radiology services are not needed at 3am. There are junior doctor strikes taking place this week and there has been a lot of concern and discussion over a document that isn't even in the public domain yet. We are in deficit and are funded by the Department of Health therefore we are unable to get out of imposing the contract. There is a lot of cost in administering the changes but it's supposed to be cost neutral.

xxvi) The report identifies 'end of life care' as being outstanding for the caring attitude of the staff which is very positive; is palliative care provided 24 hours a day, 7 days a week?

The committee were advised this service is not available 24/7. It is a shared service within the health economy in Barnsley and is part of a good care pathway including SWYPFT, BHNFT and the Hospice.

xxvii) Does the Trust still use the Liverpool Care Pathway (LCP)?

The group were advised this is no longer used and that the day where statistically the highest number of deaths occur is on Wednesdays, not at weekends.

xxviii) A member gave a specific example in relation to feeding systems and asked would an increased standardisation of practises within the NHS help in reducing operational costs?

Members were advised there are different ways of doing things and a number of different systems used across the NHS. The Working Together Programme which will be undertaken over the next 3 years is meant to resolve some of the issues and standardise practice where possible. The CCG asked for further information in relation to the specific query outside the meeting and agreed to follow this up.

The Chair thanked the witnesses and all the attendees for their contribution and declared this item closed.

32 Scrutiny Task & Finish Group (TFG) Reports from 2015-16

The Chair provided members of the committee with an update on the work of the 3 TFG's: Fly Tipping, led by Cllr Carr; Work Readiness (Adults), led by Cllr Hand-Davis and the Council's Customer Services Strategy 2015-18 led by Cllr Sixsmith. The Chair explained these reports represented the good work of Members, scrutiny co-optees, officers, service users and partnership agencies. This has resulted in all three groups being able to make recommendations to improve services within the borough.

Within the Fly Tipping action plan, there are proposed actions for Elected Members; the Work Readiness report contains a recommendation for a further TFG for 2016/17; also for Scrutiny to consider the Council's Annual Adult Skills and Community Learning Service Self-Assessment review. The Customer Services Strategy report has a recommendation for Scrutiny to receive an update in 6 months on the work that has been done.

The 3 Scrutiny reports have been presented at Cabinet and the committee looks forward to its responses which are likely to be in May 2016; as well as evidence of the recommendations being implemented over the next 12 months.

The Chair thanked all attendees for their contribution and declared the meeting closed.

Action Points:

- 1) BHNFT to improve their activity in relation to patient involvement and ensure this is consistent across all areas.
- 2) CCG to make 'Right Care Barnsley' aware of the commissioned services being offered by the Royal Voluntary Services as a result of the Central Area Council.
- 3) Members to promote BHNFT's 'Tiny Hearts' Charity Appeal to support the development of a new state of the art neonatal unit for babies who need special care.

- 4) BHNFT/CCG to make Discharge Team aware of the example given of a patient so that learning from this can be actioned.
- 5) Elected Members to promote that attendance to the Accident and Emergency Department should only be used in emergencies and help should be sought at other services such as pharmacists and out of hours GP services.
- 6) CCG to follow up specific query regarding standardisation of systems across services.