PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 23 JANUARY 2013

Present:	Councillors D McKean (Chairman), Serluca, Casey, J Stokes, K Sharp, N Shabbir and A Sylvester
Also present	Councillor Fitzgerald, Cabinet Member for Adult Social Care David Whiles, LINks Representative Katie Baxter, Youth Council Representative Paul Leaman, Associate Director, East of England Ambulance Service Phil Parr, Area General Manager, East of England Ambulance Service Peter Reading, Interim CEO, Peterborough & Stamford Hospitals NHS Foundation Trust Chris Wilkinson, Director of Care Quality & Chief Nurse, Peterborough & Stamford Hospitals NHS Foundation Trust Chris Preston, Director of Finance & Performance, Peterborough & Stamford Hospitals NHS Foundation Trust
Officers Present:	Terry Rich, Director of Adult Social Care Jana Burton, Assistant Director, Care Services Delivery Andrew MacTaggart , Strategic Safeguarding Adults Manager Mark Gedney, Financial Systems Manager Tina Hornsby, Assistant Director, Quality Information & Performance Paulina Ford, Senior Governance Officer Marie Southgate, Lawyer Gulvinder Kaur, Lawyer

Appointment of Chairman

Due to the absence of the Chairman and Vice Chairman of the Commission the appointment of a Chair took place. The Senior Governance Officer asked for nominations and Councillor McKean was nominated by Councillor Casey and seconded by Councillor Serluca. All Members voted in favour of the appointment. Councillor McKean therefore took the position of Chairman for the meeting.

1. Apologies

Apologies for absence were received from Councillor Rush and Councillor Lamb.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings held on:

- 1 November 2012
- 13 November 2012

The minutes of the meetings held on 1 November 2012 and 13 November 2012 were approved as an accurate record.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. East of England Ambulance Service

The Associate Director and the Area General Manager of the East of England Ambulance Service addressed the Commission and explained their roles within the East of England Ambulance Service and went through the report highlighting the following points.

The East of England Ambulance Service served a population of approximately six million people in the East of England, 4000 staff and 2000 volunteers.

All 999 calls for the Cambridgeshire area went through the Bedford Office and crews were dispatched from there. Cambridgeshire had made dramatic improvement to its core standards over the past twelve months and its estate had been updated in many areas and was now considered to be a top performer on a consistent basis regarding infection prevention and control.

Category A calls were classed as a life threatening nature e.g. chest pain, chocking, severe allergic reaction, cardiac arrest. The target set for the service was to reach 75% of Category A calls within 8 minutes. In the Peterborough PCT area 85% was being achieved.

Category A19 calls were Category A calls that needed to be reached with a transportable resource within nineteen minutes. The target for these calls was to reach 95% of Category A19 calls within nineteen minutes. In the Peterborough PCT area 98% was being achieved.

Services provided were responding to 999 calls, non emergency services which provided transport for elderly people to out-patient hospital appointments, primary care services, the new 111 non emergency help line and primary care out of hour's services.

There would be a rota redesign in Peterborough which would mean that more hours per week of emergency cover would be provided.

The service operated Rapid Response Vehicle Cars which were solo responders and double staffed ambulances. Local managers continued to work with alternative care pathway providers to identify ways to avoid inappropriate admissions to hospital when options to manage patients in a more suitable setting existed. Examples of these included work with intermediate care service beds at the City Care Centre and the potential to refer patients to specific Mental Health Services.

Challenges ahead were:

- Improve quality of service
- Improve performance standards
- Demand which was increasing year on year by 6% for 999 calls.
- Finances - £50m cost improvement saving over the next five years

Observations and questions were raised and discussed including:

- Members were concerned that in an emergency call the telephone assessment would delay patients getting to hospital. *Members were informed that the call handlers were experienced and would obtain a clear picture of what response was required within 30*

seconds by asking a series of set questions. The clinical support desk would only deal with non life threatening calls of low acuity.

- When did the 8 minute response start? *Members were advised that it started from when BT connected the call through to the ambulance response unit.*
- The report mentioned the development of standby locations around the city for crews. Members sought clarification of what this meant. *Members were informed that a network of standby posts would be developed. The standby posts would enable response vehicles to get to patients in a quicker response time. Crews would be placed around the city in various locations e.g. Werrington, Bretton.*
- Was there a location issue in rural areas where it would be difficult to achieve an 8 minute response time? *Members were informed that geography was a significant challenge. There would be some areas that would be impossible to reach within 8 minutes but the call rate from those areas would be less. Standby posts were placed in areas that were more difficult to reach to try and reduce the response time.*
- Members sought clarification of what UCAS was. *Members were advised that UCAS was an Urgent Care Ambulance Service which was a vehicle that allowed the transportation of multiple patients at the same time. A qualified crew would travel around and transport a number of patients who had been identified as stable by a first responder to hospital. The service was being trialled in Cambridge.*
- Members sought clarification as to when the new rota redesign would be implemented. *Members were advised that it would commence on 11 March 2013.*
- Members wanted to know if paramedics could administer the new drug called Tranexamic acid which reduced blood loss for severely injured trauma patients. *Members were advised that the paramedics could administer the drug.*
- Was the emergency ambulance service responsible for returning people home from the hospital? *Members were advised that the emergency ambulance service responsibility ended at delivery to hospital. Once the patient had been seen or omitted to hospital the responsibility then lay with the patient via the hospital. If the hospital believed that transport home was necessary then non emergency transport would be requested by the hospital.*
- The Chair had received a request from the Scrutiny Commission for Rural Communities to look into the provision for Community First Response and first aid provision in rural areas and therefore took the opportunity to ask the officers present. *Members were informed that in Cambridgeshire there were 42 schemes of Community First Responders (CFR) who were all volunteers. The CFR's operated in the more rural areas and were trained by the Ambulance Service to enable them to go to the Category A life threatening calls. The CFR would be dispatched at the same time as an ambulance response and would often arrive at rural calls before the ambulance offering initial assessment and treatment which could result in life saving treatment.*
- What were the challenges facing the ambulance service over the next year? *Members were informed of the following challenges:*

    - *To increase the clinical efficiency of the staff*
    - *To bring in new and more paramedics via normal staff recruitment and also through university placements.*
    - *To deal with the rising demand in 999 calls.*
    - *To work with the nineteen new Clinical Commissioning Groups.*
    - *To make £50M of savings.*

The Chair thanked the officers for attending and providing an interesting and informative report.

ACTIONS AGREED

1. The Commission noted the report and requested that the Associate Director, East of England Ambulance Service provide the Commission with a list of where the Community First Responders were located in the rural areas of Peterborough.

2. The Commission also requested that the East of England Ambulance Service report back to the Commission in one year. The report to include information on the Community First Responders and performance information on the non emergency service.

6. Peterborough and Stamford Hospitals NHS Foundation Trust – Quality Account Progress Report

The Director of Care Quality & Chief Nurse, Peterborough & Stamford Hospitals NHS Foundation Trust introduced the report which provided the Commission with an update on quality performance in year. The report demonstrated some positive quality improvements achieved in year, including:

- 97.3% harm free care for hospital associated care as measured by the Safety Thermometer
- Good progress in the wards engaged in the 'Stop the Pressure' collaborative to reduce the risks of pressure ulcer formation
- Good progress in the national CQUIN work around early dementia assessment and diagnosis.

Areas where there had been particular challenges were around the number of hospital acquired *Clostridium difficile* infections, falls, and pressure ulcers.

Observations and questions were raised and discussed including:

- Members commented that the Quality Report was difficult to understand and would like to see further explanation around the graphs in future reports.
- What was the main reason for falls in the hospital*? Members were advised that the falls mainly occurred when patients either went to or from the toilet. This might be because there was a sense of urgency or maybe because they were mobilising independently when supervision was required.*
- Members commented that the falls may have increased partly due to the design of the wards in the new hospital making it difficult for the nurses to monitor patients. *Members were informed that pressure mats with sensor pads were being used in some cases.*
- Members referred to the 'reduction in prescribing errors' section of the report and in particular a graph showing 'Incidents by Incident Date (Month) and Adverse Event Pick Code' and queried the substantial increase shown in October. *Members were advised that this referred to omitted doses and there had been a particular focus on monitoring omitted doses in October. This was an area that the Trust paid particular attention to and most of the incidents were picked up before they caused any harm. Examples of omitted doses could be about immediacy of supply or people requiring particular drugs from the pharmacy that were not usually held on the ward that they were admitted to.*
- Members sought clarification of what the Friends and Family Test was as mentioned in the Quality Report under Patient Experience. *Members were informed that the test was also known as the Net Promoter Score. It was an overarching question that was being asked of patients to gain a sense of patient satisfaction. The question was "would you recommend this service to friend or family". It would be rolled out nationally across all hospitals and accident and emergency departments.*
- Members noted that the report had shown that in terms of benchmarking with other Trusts in the Midlands and East SHA the Trust was ranked 39 of 46 for the C diff rate per thousand bed days. It was also noted that there had been three cases reported in November. Had this improved? *Members were advised that it had improved and in December only two infections had been reported. Other hospitals had also struggled with the c.dif target.*
- Members were concerned that the Friends and Family Test had raised a concern that patients did not feel that there were enough nurses on duty. *Members were advised that*

a large piece of work had recently been undertaken to look at staffing levels and in particular nursing staff. Some of this related to having single rooms where the patients could not see the staff on duty and was therefore a perception issue. The Director of Care Quality & Chief Nurse advised that staffing levels were very carefully monitored in respect of patients safety, efficiency and effectiveness of care being given and to make sure patients did not feel too isolated in the single rooms. Staffing levels were not being reduced.

- Members were concerned that 'patients leaving hospital without test results' came out worse compared to other Trusts in the Emergency Department national patient Survey report. *The Director of Care Quality & Chief Nurse informed Members that the Accident and Emergency Department were looking into this.*

ACTIONS AGREED

The Commission noted the report and requested that the Director of Care Quality & Chief Nurse ensure that the Commission are included in the consultation on the final draft of the Quality Account when ready in April 2013.

7. Financial Position of Peterborough and Stamford Hospitals NHS Foundation Trust

The report provided the Commission with an overview of the Trusts current financial position. The Trust had set itself a plan for the year which showed a deficit of £54.2M. It was anticipated that there would be a £3.2M improvement over the year. The two key risk areas were:

- The CIP Programme. The target was to deliver £13.2M of cost improvement efficiencies during the year but not all schemes to delivery the efficiencies had been identified yet.
- Cash and Liquidity. This required external funding from the Department of Health but at the time of writing the report confirmation had not been received that this would be received. Confirmation had since been received that additional funding would be provided.

Members were also advised that there had been considerably more activity coming through the hospital than had been anticipated and would have an impact on funding. Agency staffing was also an issue and plans were in place to reduce these. Another area of concern was capacity issues over the winter months regarding the increased length of stay of patients.

Observations and questions were raised and discussed including:

- Members sought clarification of how the penalties worked and what was meant by a release from bad debt provision due to the recovery of a number of large historic debts. *The Director of Finance & Performance referred Members to the list of penalties within the income table in the report and explained what they meant. Members were advised that the bad debt had been recovered. Debts of a certain age were not written off and actions were still taken to try and recover them.*
- Members wanted to know what was happening with the sale of the old hospital site. *Members were advised that a variety of schemes had been put forward by the hospital Trust for selling the site over the years but had come to nothing. The site had therefore been put on the open market and a bidder had come forward. Negotiations were in the final stages and it was hoped that the deal would be concluded in the first part of the financial year.*
- Members were concerned that the report had listed as one of the key financial risks the 'ability of Lincolnshire to pay for activity'. *Members were advised that Lincolnshire were paying their bills but because of the restructure of the PCT the payment process had slowed down.*
- What percentage of nurses is employed by the Trust and what percentage were contracted in. *Members were advised that the majority were employed by the Trust but exact figures would have to be provided after the meeting.*

- What was the ideal model for the mix of staff*? Members were informed that the ideal model for a ward establishment was to have 5% of the funded establishment as temporary staff to allow for variation at quiet and busy times. Therefore 95% of the staff was permanent employees and 5% temporary. The aim was to have the 5% as bank staff with no agency.*

ACTIONS AGREED

1. The Commission noted the report and requested a further update report in six months time.

2. The Commission requested that the Director of Care Quality & Chief Nurse provide the Commission with details of staffing levels regarding permanent and temporary nursing staff.

8. Consultation on Proposed Changes to Eligibility Criteria and Charges for Adult Social Care

The Cabinet Member for Adult Social Care introduced the report which informed the Commission of the consultation with social care service users, carers and partners on proposals to revise the Council's eligibility criteria for Council supported social care services, to make changes to the charges levied for social care services and to remove the subsidy from the home meals service. The Commission were asked to comment on these issues and suggest any measures that should be taken to promote a more preventative approach if the Council decided to revise eligibility as proposed.

Observations and questions were raised and discussed including:

- Members sought clarification on the level of need eligibility criteria known as 'High Moderate". *Members were advised that the Department of Health had four categories which were Critical, Substantial, Moderate and Low. 86% of Local Authorities had eligibility criteria of Critical and Substantial. Peterborough had been unusual in that it had a category of High Moderate which was why until there was a review it was unknown who out of the existing people would come under the category Substantial against the national criteria or whether they would no longer be eligible..*
- Why had the consultation process been extended to 13 February*? Members were advised that there had been an extension to the consultation following feed back from Members and members of the public.*
- Members were concerned that the consultation letters been sent out after the first two public consultation meetings had taken place. *Members were informed that the letters that had been sent out had gone out in batches from 9 January. Some of the letters had been delayed and sent out at a later date following feedback from Members regarding the venues for the public meetings. The first focus group was however attended by carers and service users which indicated that people were aware of the consultation.*
- Members were advised that all questions during the consultation asked via email, voicemail and at all of the Focus groups and meetings held were recorded and responses given.
- How many people would be affected by this review? *Members were advised that it would be difficult to say until each individual had been reviewed. It may affect approximately 800 people who were in the High Moderate category.*
- The report stated that "*it is proposed that the service user will have a right to appeal to an independent panel if they are dissatisfied with a decision on their Disability Related Expenditure disregard".* Did this refer to an appeal against the eligibility criteria? *Members were advised that this referred to an appeal regarding the charging mechanisms not an appeal against the eligibility criteria.*
- Was there a right to appeal against the eligibility criteria? *Members were advised that currently there was no right to appeal. What happened in practice was that the Social*

Worker or Care Co-ordinator attended the persons home to undertake the assessment with that person so that it was done jointly. Usually this provided a mutual agreement and the service user and or their carer would sign the agreement to indicate that they had agreed and understood it. If there were discrepancies or concerns about the agreement it would be referred to the team manager. There was also the Social Services Complaints process which was different to the Council Corporate Complaints process.

- Members wanted to know how the consultation process was going and if there had been a good response. *Members were advised that there had been some very interesting and positive responses particularly in relation to prevention.*
- Members requested that a breakdown of the outcome of the consultation be presented to the Commission. *The Director of Adult Social Care advised members that the consultation would feed into the new Prevention Strategy which would be brought to the Commission in the early part of the year.*
- Members sought clarification regarding the three different bandings offered for the Disability Related Expenditure disregard and were advised of the variable options.

ACTION AGREED

The Commission noted the report and requested that the Director of Adult Social Care bring the Prevention Strategy to the Commission in June 2013.

9. Safeguarding Vulnerable Adults board Annual Report 2011/2012

The report was presented to the Commission to provide evidence of the achievements of the Safeguarding Adults Board and developments in the field of safeguarding adults during 2011/2012. The Assistant Director, Quality Information & Performance went through the report highlighting monitoring and quality assurance activity, challenges faced and priorities for the coming year. Members were advised that the new permanent Strategic Safeguarding Adults Manager, Andrew MacTaggart was now in post and this would ensure continuity going forward.

Observations and questions were raised and discussed including:

- Members were concerned about people advertising for carers in local shops and what could be done to avoid this. *Members were advised that an on line directory was being developed where providers would register on the directory. This would mean that the council would know who the providers were. There would also be a feed back mechanism to enable service users to comment about the providers. The council would promote the directory as the first place to go to find a carer. Additional work would be done to raise awareness of safe ways to get care.*
- Members wanted to know if officers were working with the Safer Peterborough Partnership with regard to safeguarding awareness. *Members were informed that the Chair of the Safer Peterborough Partnership was a member of the Safeguarding Adults Board*.
- The Director of Adult Social Care advised the Members that the report had been presented to the Commission far too late and it had described an unacceptable level of safeguarding in Peterborough. Any future reports should be presented much sooner and the covering report should highlight the improvements made.
- The Director also highlighted that Members had not received any Adult Safeguarding Training and this would need to be arranged to ensure that Members understood how to identify issues and concerns to provide effective scrutiny.

RECOMMENDATION

The Commission noted the report and recommended that Adult Safeguarding Training should be provided for all Members of the Scrutiny Commission for Health Issues. The

Strategic Safeguarding Adults Manager to ensure that this is delivered before the start of the next round of meetings in June 2013.

The Commission also recommended that all Members of the council receive Adult Safeguarding Training. The Strategic Safeguarding Adults Manager to arrange training for all Members of the council.

ACTIONS AGREED

The Commission requested that the next Safeguarding Vulnerable Adults Board Annual Report be presented to the Commission in September 2013.

10. Notice of Intention to Take Key Decisions

The Commission received the latest version of the Council's Notice of Intention to Take Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Notice of Intention to Take Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commissions work programme.

ACTION AGREED

The Commission noted the Notice of Intention to Take Key Decisions.

11. Work Programme

Members considered the Commissions Work Programme for 2012/13 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2012/13 and the Senior Governance Officer to include any additional items as requested during the meeting.

12. Date of Next Meeting

Wednesday, 6 February 2013 – Joint Scrutiny of the Budget
Tuesday, 12 March 2013 – Scrutiny Commission for Health Issues

The meeting began at 7.00pm and finished at 9.55pm CHAIRMAN