

# Minutes



To: All Members of the Health Scrutiny Committee, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services  
Ask for: Elaine Manzi  
Ext: 28062

## HEALTH SCRUTINY COMMITTEE THURSDAY 18 JANUARY 2018

### MINUTES

#### ATTENDANCE

#### MEMBERS OF THE COMMITTEE (20) - QUORUM 7

##### COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart;  
D J Hewitt; S Quilty (*Chairman*); R G Tindall; C J White (*Vice Chairman*);

##### DISTRICT COUNCILLORS (10)

J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); N Symonds (East Herts); F Thomson (Welwyn Hatfield)

##### OTHER MEMBERS IN ATTENDANCE:

S Gordon; C B Wyatt Lowe

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Wednesday 18 January 2018 as circulated, copy annexed, conclusions were reached and are recorded below.

*Note: No conflicts of interest were declared by any member of the Committee in relation to the matters on which conclusions were reached at this meeting.*

#### PART 1 ('OPEN') BUSINESS

##### 1. MINUTES

- 1.1 The minutes of the meeting of the 12 December 2017 were agreed and signed by the Chairman.

##### CHAIRMAN'S INITIALS

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1.2 Members were advised that the remaining health bodies would be discussing the Concordat at their respective Board meetings scheduled to be held within the next few weeks.

**2. PUBLIC PETITIONS**

2.1 None received.

**3. UPDATE ON OUTCOMES OF WEST HERTFORDSHIRE HOSPITALS CARE QUALITY COMMISSION (CQC) INSPECTION**

**Officer Contact:**

Dr Mike van der Watt, Medical Director  
Tracey Carter, Chief Nurse

(Tel: 01442 213141)

3.1 Members received a presentation from lead officers from the West Hertfordshire Hospitals NHS Trust on the outcomes of its recent CQC inspection. The presentation can be found as Presentation 1 here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

3.2 Prior to Member discussion on the presentation, at the invitation of the Chairman, officers provided a brief update to the committee on the winter pressures that the Trust were experiencing, and what strategies it had implemented to manage them.

3.3 Members heard that the Trust had experienced, and were continuing to experience, a significant increase in its workload over the winter months, due to a higher number of patients presenting at the Emergency Department.

3.4 The Committee was advised that the Trust had adhered to all the strategic directives from NHS England, which included removing scheduled elective surgery appointments from Watford General Hospital. Members noted that these operations had continued at St Albans City Hospital.

**CHAIRMAN'S  
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- 3.5 In addition, the Trust had implemented a number of strategies to effectively and efficiently manage the increased number of patients at the hospital including:
- Doubling the number of ward rounds by consultants;
  - Having a number of specialist consultants, including cardiologists and paediatricians being temporarily based at the Emergency Department (ED) rather than their respective departments to reduce waiting times for patients in the ED;
  - Expansion of the Clinical Decision Unit (CDU) Watford General Hospital
  - Increase in number and length of shifts for staff.
- 3.6 The Committee thanked officers for the work that they and all staff had undertaken and were continuing to undertake to alleviate the pressures.
- 3.7 During discussion relating to staffing, in response to a Member question regarding the challenges of recruiting non-EU nationals to work for the NHS, it was established that the majority of overseas staff at WHHT had been recruited from India and the Philippines. Members learned that part of the criteria for recruitment was passing Level 7 of the International English Language Testing System test, and also The Objective Structured Clinical Examination (OSCE), both of which were very stringent. It was also confirmed that agency nurses have to meet the same level of education, language and training standards.
- 3.8 Members noted that there was some confusion about the responsibilities of each of the three hospitals governed by WHHT, and a Member suggestion that further communication and publicity should be undertaken as to what services each of the hospitals undertake to improve public understanding was noted.
- 3.9 Members were then directed by the Chairman to return to the discussion on the outcomes of the Care Quality Commission (CQC) inspection on WHHT.
- 3.10 Members were pleased to note that WHHT had been removed from special measures and had been graded as 'requires improvement' overall, with a number of 'good' gradings within individual areas of the Trust.

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- 3.11 In response to a Member observation regarding the improvement in reporting of incidents, it was established that reporting of incidents and the cultivation of a 'no blame' culture, were areas that the Trust had embraced, and looked to continue to improve upon. It was perceived that the implementation of a more visible leadership presence and the DATIX risk management database, which also enabled staff to receive feedback on the reporting of incidents, had strengthened staff confidence with regards to raising concerns and issues.
- 3.12 During discussion it was established that there was no obvious reason why the 'caring' element of the services for children's area of the inspection had been downgraded from outstanding to good at the most recent inspection. Members were advised that to receive an outstanding grade, the department would need to evidence that they were performing above and beyond the level of service expected. It was noted that the department were performing at the same level as previous years where it had received the 'outstanding grade, and had a strong reputation for knowing and understanding of patients' personal and medical needs and preferences.
- 3.13 In response to a Member question it was established that further to negative feedback at a previous CQC inspection, WHHT no longer 'overbooks' clinical appointments. This had previously been undertaken in order to mitigate the cost of patients who 'do not attend' appointments (DNAs). The Committee was advised that the increased use of text messaging and e-mail had reduced the number of DNAs and clinics only overbook appointments before or at the end of a clinic; this is only undertaken at the consultant's discretion and is dependent on the need of a patient who may need a follow up appointment sooner than the standard clinic times can allow.
- 3.14 The Committee expressed concerns regarding the fact that the Urgent and Emergency Services had received an inadequate rating the safety, responsive and well-led categories.
- 3.15 It was explained to Members that at the start of the inspection, the Trust had been very open about the current investment and improvements, including a refurbishment, within the Urgent and Emergency Services Department. Accordingly, the Trust had been surprised to receive the inadequate rating as the narrative behind the rating had been very positive. It was explained to Members that in regards to safety only three trusts in the country had achieved a good rating.

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- 3.16 Members were further advised that the CQC had highlighted that not all clinicians within the Urgent and Emergency Services Department had received advanced paediatric training. Assurance was received that all children's clinicians had received the training but not all of the adult clinicians due to budgetary restrictions.
- 3.17 Members were advised that since the last inspection some services, such as community based wards, had transferred to Hertfordshire Community Trust, (HCT), under a carefully managed process, and there continued to be a good relationship between the partners.
- 3.18 Further to a Member challenge, assurance was received that the Trust would not be complacent in maintaining the areas where it had achieved good ratings whilst focusing on the areas that were inadequate or required improvement. It was established that there were various national funding streams to maintain standards and continue to improve where required.
- 3.19 During discussion it was established that Operation Onion meetings still occur and had evolved to be branded under a different name and are now held at directorate level. The commitment to continued quality development is still a priority across the service.
- 3.20 In response to a Member concern about the recent media coverage about the number of nurses under 40 years of age leaving the profession, officers explained that this was due to a number of factors:
- a natural generational changing trend that has resulted in fewer people viewing nursing as a 'job for life';
  - More focus on work life balance;
  - The natural trend of nurses from the EU practising in the UK for only a few years before returning to their home countries.
- 3.21 Members were advised that in response to this there had been the need to think differently about the role of nurses. This had meant 'upskilling', resulting in some nurses having the authority for example to undertake a lead role in trauma clinics or the prescribing of medicines.

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- 3.22 The Committee learnt that the Trust had undertaken a reorganisation of its committees. The previous governance committee had now been divided into three individual committees in order to improve focus and outcomes. Members were pleased to learn that the committees were clinically led.
- 3.23 A Member of the Committee recalled that at a previous Health Scrutiny Committee, WHHT had raised concerns about the London Ambulance Service presenting patients at the Emergency Department and asked if this presented a continuing concern to the Trust.
- 3.24 Members were advised that incoming ambulances were monitored and it could be identified if the ambulance arriving was from the London Ambulance Service, and this could be challenged if appropriate. It was explained that if Watford General Hospital was the nearest hospital to where the patient had been picked up then it was entirely appropriate that the patient was brought to them.
- 3.25 It was further clarified that if an Emergency Department in the north London area had indicated that it had an extremely high number of patients, then again, it would be appropriate that Watford General Hospital were contacted to establish if it was able to take the patient to ease the pressure.
- 3.26 It was noted that there are continuing robust discussions with the London Ambulance Service as to the criteria for it bringing a patient to Watford General Hospital.
- 3.27 During discussion it was established that despite the negative CQC rating on the Emergency Department and continuing concerns detailed earlier in the meeting, the impact on the East of England Ambulance Service (EEAST) had been improving until the Christmas period when numbers of patients had increased.
- 3.28 Members advised that the response to this had been to organise 'queue nurses' to meet the patients on arrival, and take them to an assessment area to be seen by a clinician, thus releasing the ambulance crew and the vehicle to attend to another call. It was noted that the EEAST had also arranged for extra staff to stay with the patient at the hospital to alleviate the pressures.

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3.29 The Chairman thanked officers for the updates on the winter pressures and the CQC inspection and on behalf of the committee commended the WHHT on how it was managing the winter pressures. He also acknowledged the immense work that had been undertaken to achieve the positive result received in the CQC inspection, which had also been recognised by the Secretary of State.

**CONCLUSION:**

3.30 The outcomes of the Care Quality Commission (CQC) inspection on West Hertfordshire Hospitals NHS Trust (WHHT) were noted by members

The update on the winter pressures experienced by WHHT was noted by Members.

**4. HEALTH & WELLBEING BOARD UPDATE**

Officer Contact:

Iain Macbeath – Director of Adult Care Services (01992 556363)

4.1 Members were provided with an overview on the work of the Health and Wellbeing Board.

4.2 Members noted the report and it was suggested that the Committee should undertake a further, more detailed scrutiny of the Health & Wellbeing Board and the Health & Wellbeing Strategy and this would be added to the work programme.

Natalie  
Rotherham

4.3 The Committee discussed and acknowledged the impact that the creation of the Strategic Transformation Partnership was having on health providers and the Health & Wellbeing Board.

4.4 Further to a Member question it was confirmed that the joint needs assessment (JSNA) does include an assessment of pharmacies.

4.5 During Member discussion it was acknowledged that the statistics within the strategy were dated 2014/15 as that was when the document was created. Assurance was received that the information available had been used as building blocks to inform future strategy.

**CHAIRMAN'S  
INITIALS**

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**CONCLUSION:**

4.6 Members noted the update on the Health and Wellbeing Board.

4.7 Members requested that a further more in-depth scrutiny be undertaken on the Health & Wellbeing Board in due course.

Natalie  
Rotherham

**9 EAST HERTS WINTER PRESSURES**

Officer Contact:

Beverley Flowers- Chief Executive East & North Herts Clinical Commissioning Group (Tel: 01707 685 000)

Nick Carver- Chief Executive E(Tel: 01438 314333)

9.1 The committee agreed to vary the order of business and take **item 9 East Herts Winter Pressures** at this point in the meeting as a courtesy to representatives of East and North Herts Clinical Commissioning Group, and East and North Herts NHS Trust attending specifically for this item of business.

9.2 Members heard details of the continuing high volume of patients presenting at the Emergency Department at Lister Hospital over the winter months.

9.3 The Committee heard that on an average day 300 patients attend the Emergency Department (ED). Over the Christmas period, however, the average number of patients seen daily was 400, with this peaking at 482 on 2 January 2018.

9.4 Officers continued that on average 90 patients per day would be admitted to the hospital from the ED. This rose to an average of 110 per day over the Christmas period, peaking at 155.

9.5 Members acknowledged that this spike in patients had impacted on the target rate of attending to patients within 4 hours. Assurance, however, was received that no patients had been subjected to waiting in ambulances and 46 extra beds had been created to mitigate the demand.

9.6 During discussion, it was established that a large number of the patients that were attending had been frail elderly people, some with respiratory conditions. It was confirmed that to date only a small number of patients had attended presenting with 'flu.

**CHAIRMAN'S  
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| 9.7  | Further to member concerns regarding the challenges publicised nationally in respect to nurse recruitment, it was established that over the past 12 months ENHT had 334 nurses join, and 227 leave.   |                 |
| 9.8  | Members were advised that where possible routine surgery had continued, and there had been no disruption to oncology or other urgent surgery. It was noted that a learning point from the pressures had been to ensure that more elective work was undertaken over the summer.  |                 |
| 9.9  | The committee was pleased to learn that the support and collaboration of other health providers had been integral and invaluable to the Trust's ability to manage the winter pressures as effectively as possible.  |                 |
| 9.10 | Members learned that a further challenge that the Trust had encountered was the inability to discharge elderly patients who lived in residential homes due to some care homes experiencing a flu outbreak, but other health providers had supported the Trust with this, and in addition a pre-discharge ward had been created.   |                 |
| 9.11 | A Member challenge regarding the appropriateness of the type flu vaccine being administered in residential accommodation was discussed, and noted.  |                 |
| 9.12 | It was noted that 62% of ENHT staff had received the flu vaccine. Officers agreed to circulate more detail of any impact that staff sickness may have had on resources within the hospital.   | ENHT/ENH<br>CCG |
| 9.12 | The Committee discussed the details of the 111 service, and noted that there had been a 30% increase in calls to 111 over the Christmas period.   |                 |
| 9.13 | Further to a Member question, it was agreed that further detail would be shared about the number of patients presenting at the Emergency Department with alcohol related issues. It was agreed that further consideration would be made by officers to launching a campaign in the early autumn to raise awareness of alcohol related issues creating pressures for the Emergency Department during the festive period. | ENHT/ENH<br>CCG |
| 9.14 | <p><b>CONCLUSION:</b></p> <p>Members noted the update from East and North Herts CCG and ENHT on the winter pressures being experienced.</p>   |                 |

**CHAIRMAN'S  
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On behalf of the committee, the Chairman thanked officers and staff for the work that had been undertaken and was continuing to be undertaken during this period.

## **6 QUALITY ACCOUNTS SEMINAR**

Officer Contact:

Tricia Wren - Acting Director of Nursing & Quality –  
Hertfordshire Community Trust

Tracey Westley - Assistant Director Risk & Quality Assurance-  
Hertfordshire Community Trust

(Tel: 01707 388000)

6.1 The committee agreed to vary the order of business and take **item 6 Quality Accounts Seminar** at this point in the meeting as a courtesy to representatives of **Hertfordshire Community Trust (HCT) attending** specifically for this item of business.

6.2 Members were provided with a presentation from officers from the Hertfordshire Community Trust (HCT) explaining the purpose of Quality Accounts. The presentation and the supplementary document circulated can be found as Presentations 2 and 2b here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

6.3 The Head of Scrutiny reminded members of the importance of the understanding of Quality Accounts in advance of the annual scrutiny of Quality Accounts by the Health Scrutiny Committee scheduled to take place in March 2017.

### **6.4 CONCLUSION:**

Members noted the presentation on Quality Accounts by Hertfordshire Community Trust.

## **5 OUTCOMES OF THE SCRUTINY OF HEALTH PROVIDER FINANCES 12 DECEMBER 2017**

Officer Contact: Natalie Rotherham, Head of Scrutiny  
Hertfordshire County Council  
(Tel: 01992 588485)

**CHAIRMAN'S  
INITIALS**

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- 5.1 The Committee agreed that due to the varying of the order of business earlier in the meeting it would now take **item 5 Outcomes of the Scrutiny of Health Provider Finances 12 December 2017** at this point in the meeting.
- 5.2 Members were provided with the report detailing the outcomes of the scrutiny of Health Provider Finances held on 12 December 2017.
- 5.3 The Head of Scrutiny thanked the Committee Members for their participation in the scrutiny and advised that the feedback from health providers to the new style of scrutiny had been very positive.
- 5.4 In response to a Member question, it was noted that the recommendations detailed in the report were generic as they reflected the outcomes made on the day. It was acknowledged that the overarching issue that had been stated by health providers was that finances remain a challenge for all providers.
- 5.5 It was acknowledged that the Committee had requested a further scrutiny on the finances of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Group, and this would be discussed later in the meeting when addressing items to be added to the work programme.
- 5.6 It was confirmed to Members that senior officers from NHS England had been invited to the annual scrutiny, but had been unable to attend.
- 5.7 Further to robust discussion and member challenge specifically attributed to the scrutiny that had taken place of West Hertfordshire Hospital Trust, and how this had been recorded, it was agreed that the wording within the report would be accepted by Members.

**CONCLUSION:**

- 5.8 Members agreed to approve the report detailing the outcomes of member provider finances.

**8 INTRODUCTION OF A NEW ONLINE SCRUTINY WORK PROGRAMME**

Officer Contact: Charles Lambert, Scrutiny Officer  
Hertfordshire County Council  
(Tel: 01438 843630)

**CHAIRMAN'S  
INITIALS**

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- 8.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 8 Introduction of a New Online Scrutiny Work Programme** at this point in the meeting.
- 8.2 Members were introduced to the new online scrutiny work programme, which would enable Members and the public to view past and future planned work of both the Overview & Scrutiny Committee and Health Scrutiny Committee.
- 8.3 Concern was expressed that district council members of the Health Scrutiny Committee would only be able to see the public view of the website, and this would mean that there would be two-tier access.
- 8.4 Further concern was expressed that at present there was not the ability to view scoping documents for topic groups on the website.
- 8.5 Confirmation was received that a link for County Council Members would be available on the Members Information Service.
- 8.6 Further confirmation was received that Members would continue to receive paper copies of agendas, reports and minutes, including the work programme for the foreseeable future.
- 8.7 The Committee was advised that it would continue to be updated on the developments of the online scrutiny work programme and would be alerted when it was 'live'.

8.8 **CONCLUSION:**

Members noted the online scrutiny work programme.

**7 WORK PROGRAMME UPDATE**

Officer Contact: Natalie Rotherham, Head of Scrutiny  
Hertfordshire County Council  
(Tel: 01992 588485)

**CHAIRMAN'S  
INITIALS**

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7.1 The Committee agreed that due to the varying of the order of business earlier in the meeting and time constraints it would now take **item 7 Work Programme Update** at this point in the meeting.

7.2 Members agreed the following changes to the work programme:

- Addition of scrutiny of Herts Valleys Clinical Commissioning Group and East and North Herts Clinical Commissioning Budgets at a date to be confirmed;
- Addition of scrutiny of Health and Wellbeing Board at a date to be confirmed;
- Removal of the scrutiny of West Hertfordshire Hospitals Trust from the work programme;
- Addition of the Strategic Transformation Partnership as a seminar at a date to be confirmed;
- Change to Member Bulletin regarding the Hertfordshire Fire & Rescue Service from Health Scrutiny Committee to Overview and Scrutiny Committee.

**CONCLUSION:**

7.3 The joint Overview and Scrutiny and Health Scrutiny Committee work programme was updated and agreed.

**10. OTHER PART I BUSINESS**

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

10.1 No other Part I business was recorded.

**11. ITEMS FOR REPORT TO THE COUNTY COUNCIL**

**(STANDING ORDER SC7(2))**

11.1 A summary of these items will be reported to County Council.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN.....**

**CHAIRMAN'S  
INITIALS**

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