

CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Committee Room 1, Watling House, Dunstable on Tuesday, 31 May 2016.

PRESENT

Cllr P Hollick (Chairman)
Cllr P Downing (Vice-Chairman)

Cllrs N B Costin
Mrs S A Goodchild

Cllrs G Perham
B Walker

Apologies for Absence: Cllrs Mrs A Barker
P A Duckett
Mrs D B Gurney
M R Jones

Substitutes: Cllrs Mrs C F Chapman MBE
J Chatterley

Members in Attendance: Cllrs E Ghent Deputy Executive Member for
Adult Social Care
Mrs C Hegley Executive Member for Social
Care and Housing

Officers in Attendance: Mrs P Everitt – Scrutiny Policy Adviser
Mrs J Ogley – Director of Social Care, Health and
Housing

Others in Attendance Mrs T Bridstock Acting Director of Nursing and Patient
Services, Bedford Hospital
Mrs J Evans Head of Quality and Patient Safety,
East & North Herts Trust
Dr Z Kittler Clinical Director, East London
Foundation Trust
Ms V Parsons Head of Quality Development (Luton
and Dunstable Hospital NHS
Foundation Trust)
Mrs H Smart Director Integrated Adult Services &
Lead Nurse, SEPT Integrated
Services
Mrs R West Acting Deputy Director, SEPT

SCHH/16/1 **Minutes**

RESOLVED that the Minutes of the meeting of the Social Care Health and Housing Overview and Scrutiny Committee held on 21 March 2016 be confirmed and signed by the Chairman as a correct record.

SCHH/16/2 Members' Interests

Cllrs Hollick, Goodchild and Costin all declared an interest as appointed Members of the Luton and Dunstable Hospital Governors Board. Cllr Goodchild was also an appointed Member of the SEPT Governors Board.

SCHH/16/3 Chairman's Announcements and Communications

None.

SCHH/16/4 Petitions

None.

SCHH/16/5 Questions, Statements or Deputations

None.

SCHH/16/6 Call-In

None.

SCHH/16/7 Requested Items

None.

SCHH/16/8 Executive Members' Update

The Executive Member for Social Care and Housing announced the completion of Priory View in Dunstable and the positive comments made by residents who had moved into their new homes. It was also reported that Allison House Residential Home in Sandy had received a good CQC rating.

The Deputy Executive Member for Social Care and Housing would lead work on the Integration agenda for the Council.

**SCHH/16/9 Hospital and Care Providers' Quality Accounts 2015/16
Bedford Hospital**

The Chairman welcomed Tracey Brigstock, Acting Director of Nursing and Patient Services at Bedford Hospital who introduced the Bedford Hospital Quality Account and drew Members attention to the primary areas of achievement that included hospital related infections and clinical effectiveness of in-patient experience. A recent CQC Inspection had also highlighted a number of areas that required action and these would be addressed through training and underpin improvement work. The Trust had scored well in the patient care category.

In light of the report Members raised the following concerns:

- What steps had been taken to improve the figures of the number of staff claiming to be victims of bullying/abuse by colleagues. The Acting Director of Nursing advised the figure of 20% had been taken very seriously and a listening campaign launched to find out more about staff relationships.

Changes to the hospital's management of communications had taken place and monthly roadshows arranged to help staff.

- How many of infections monitored were new infections to patients? The Acting Director of Nursing advised it was difficult to know where infections start or end and some were caused by a patient who had not completed a course of antibiotic, however, collaborative work with the Trust Development Authority (TDA) had started in April with information gathered by the Lead Nurse and other medics to reduce the number.
- There seemed to be no improvement on the reduction of non-elective admissions. In response Members were advised the Commissioning for Quality and Innovation (CQUIN) framework would be implemented with support from the Commissioners and SEPT to improve this figure.

South Essex Partnership Trust (SEPT)

Helen Smart, Director for Bedfordshire Community Health Services and Lead Nurse, SEPT and Rachel West Acting Deputy Director, Bedfordshire Children's and Specialist Services SEPT gave a presentation that outlined SEPT's performance against the quality priorities for 2015/16. The targets to reduce pressure ulcers and the number of patient falls were exceeded and SEPT had received awards for their innovative work both internally and externally and from the newly developed Quality Academy.

In light of the update, Members raised the following questions:-

- The number of staff claiming to be victims of bullying/abuse by colleagues was high at 18% and that staff were less confident in the service than their patients. In response the Director advised this figure referred to issues mainly within the Mental Health service in Essex and was not an evidenced concern in Bedfordshire. However, SEPT as an organisation took such issues very seriously and had a variety of means that staff could raise/report and there was access straight to the Chief Executive.
- That a figure be stated against future targets/priorities rather than the aim "to move up or down".
- That the pressure ulcer target should be zero and indicated a lack of care for a patient. The Director responded that tissue viability was a priority for all organisations and indeed services and the problem within community services is that the pressure ulcer is normally developed in the patient's own home and not directly in SEPT's care. SEPT's tissue viability team have been recognised by NHS England for its exemplary service.

Members requested that the Quality Account be split from the Mental Health and Essex Service. The Committee also requested a greater ambition in setting targets rather than a less or more than the previous year. The good progress made by SEPT overall was noted.

Luton and Dunstable Hospital

Victoria Parsons, Company Secretary Luton and Dunstable (L&D) University Hospital NHS Foundation Trust introduced the Quality Account and advised the L&D had achieved the best performance for an A&E services in the country. The discharge of patients, however, had remained a challenge due to the delay

in part of GP cluster alignment in South Bedfordshire. The pilot rolled out in Luton had been successful and demonstrated the new model of care had provided continuity of care for patients and collaborative work with Primary Care was possible.

With the exception of integrated care, all priorities had been achieved including the implementation of an electronic prescribing system and patient focused booking system.

An improvement in the turnaround of complaints was required and staff that had reported bullying and harassment was also high. A role play theatre company is being commissioned to help resolve these issues by focusing on culture and behaviours.

In light of the update, Members raised the following questions:-

- Whether the national dementia screening programme for the over 75 years should be lowered? In response the Company Secretary advised that if there was a clinical need, this test would be carried out on someone younger.
- Why the number of carers consulted regarding dementia prognosis had dropped significantly. Members were advised that this was due to a resilience issue and two clinical nurse specialists were now in post.
- What issues had caused the rise in sickness levels of staff and high turnover of vacancies. The Company Secretary explained the sickness levels drivers were elements of work load pressures and staff working over their routine hours. A lead officer had been appointed to drive this figure down. The high turnover of staff was due to the hospital's close proximity to London and higher wages. The hospital had been successful in driving up the number of bank staff as an alternative to agency staff.
- What steps had been taken to improve the performance in mortality ratio. In response Members were advised that all mortality and near miss case notes were now reviewed and learning shared with staff.

Members requested the target area and provision for older persons continue as a priority in the Central Bedfordshire area in 2016/17 and that the Quality Account contain less jargon.

East and North Herts (ENH) Hospital Trust

Jacqueline Evans, Head of Quality and Patient Safety introduced the ENH NHS Trust Quality Account and advised Members of the consolidation project that had taken place to move in-patient services from the QEII Hospital in Welwyn Garden City to the Lister Hospital in Stevenage. This project was now complete and the hospital was now stabilising its services.

The CQC had visited in October 2015 and had announced the hospital 'required improvement'. The hospital had achieved 'good' in the caring for patients category and action plans to improve on quality, A&E admissions, appointment delays, communications and staff development had been implemented.

A Member raised a concern that 30% of staff felt unhappy at work. In response the Head of Quality and Patient Safety advised that cultural changes were being implemented and an external review had been launched into the bullying claims. These were also symptoms surrounding the consolidation project and instability for staff.

Members noted the mixed Quality Account report and that additional data was awaited. Improvements had been made in a number of areas to provide good quality services to patients.

East London Foundation Trust

Dr Zelpha Kittler, Clinical Director for Bedfordshire Mental Health and Wellbeing Services gave a presentation that highlighted the key achievements of the Trust in the short time they had run the service. Developments included the reduction in staff vacancy rates and patient waiting lists, improved in-patient bed facilities and patients had been moved back into the Central Bedfordshire area for their treatment.

Staff survey results had showed a marked improvement, however, 25% of staff had reported bullying and harassment. The Trust had implemented a staff appraisal and mandatory training programme and wished to ensure it had a happy work force.

A Member enquired if the mandatory training had improved staff retention figures. The Clinical Director advised retention had improved and the policy of promotion of staff within the Trust was a success.

The achievements by ELFT in a short period of time were applauded, with improvements in quality patient accommodation and the Trust's approach to staff training that had been successful.

General Comments

A Member asked whether a network existed for Trusts to share good practice and whether it was possible to standardise priorities. Members were advised that SEPT met with the Bedford and Luton and Dunstable Hospital Trusts and Bedfordshire Clinical Commissioning Group colleagues to share good practice and improve quality.

A Member asked why 'bed blocking' was not featured in all hospital quality accounts as it was a matter of public interest. Following on from this point, the matter of public involvement and patient choice was of paramount importance to Members and provision of a comparative list would have been helpful.

The Director for Social Care Health and Housing proposed health colleagues be requested to provide a comparative list of performance indicators so that Central Bedfordshire residents who used 7 hospitals, and Members, could compare the performance of the different hospitals. It was noted that NHS Choices was available, however, this was not widely used by residents and tended to be in NHS jargon.

RECOMMENDED:-

1. The Committee was assured that the statements below had been achieved by Bedford Hospital, SEPT, East and North Herts Hospital, Luton & Dunstable Hospital and ELFT:-
 - That the priorities matched those of the public?
 - There had been no omissions of any major issues and
 - It had been demonstrated that patients and the public had been involved in the production of the quality account.
2. A priority list of 20 performance indicators be provided by each Hospital Trust and Care Provider so that Central Bedfordshire residents can compare hospital services in their area.
3. That the SEPT Quality Account be split from the Mental Health and Essex Service. The Committee also requested a greater ambition in setting targets rather than a less or more than the previous year aim.
4. The ELFT Quality Account be split from the services provided in London.

That the Luton and Dunstable Hospital target area and provision for older persons continue as a priority in the Central Bedfordshire area in 2016/17 and that the Quality Account contain less jargon.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.15 p.m.)

Chairman.....

Dated.....