

## KENT COUNTY COUNCIL

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### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 6 March 2015.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr C P D Hoare, Mr G Lymer, Mr C R Pearman, Cllr P Beresford, Cllr R Davison, Cllr M Lyons, Mrs M E Crabtree (Substitute) (Substitute for Mrs A D Allen, MBE), Mr H Birkby (Substitute) (Substitute for Mr J Elenor) and Mr M J Northey (Substitute) (Substitute for Mr A J King, MBE)

ALSO PRESENT: Mr S Inett and Mr A H T Bowles

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer), Ms D Fitch (Democratic Services Manager (Council)) and Mr A Scott-Clark (Director of Public Health)

#### UNRESTRICTED ITEMS

**9. Declarations of Interests by Members in items on the Agenda for this meeting.**  
*(Item 2)*

- (1) Mr Nick Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.
- (2) Cllr Michael Lyons declared an interest as a Governor of East Kent Hospitals University NHS Foundation Trust

**10. Minutes**  
*(Item 3)*

- (1) The Scrutiny Research Officer updated the Committee on the following actions which had been taken:
  - (a) Minute Number 4 - NHS South Kent Coast CCG and NHS Thanet CCG: Integrated Care. The CCG was asked to provide a written briefing on the retention of clinics at Deal Hospital. The paper was circulated to the local Member on 4 February 2015.
- (2) RESOLVED that the Minutes of the meeting held on 30 January 2015 are correctly recorded and that they be signed by the Chairman.

**11. CQC Inspection Report: Maidstone and Tunbridge Wells NHS Trust**  
*(Item 4)*

*Avey Bhatia (Chief Nurse, Maidstone and Tunbridge Wells NHS Trust), Dr Paul Sigston (Medical Director, Maidstone and Tunbridge Wells NHS Trust) and Ian Ayres (Accountable Officer, NHS West Kent CCG) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the Committee. Ms Bhatia began by explaining that the CQC inspection took place in October 2014. The CQC published the public reports on 2 February 2015 which included a summary report and separate inspection reports for Maidstone Hospital and Tunbridge Wells Hospital including stroke services at Tonbridge Cottage Hospital. A Quality Summit was held on 29 January 2015 to discuss the reports and the actions to be taken. A number of stakeholders attended including NHS West Kent CCG, Healthwatch Kent, NHS Trust Development Authority and Health Education England. The Trust's overall rating was Required Improvement which the Trust thought was a fair assessment.
- (2) Ms Bhatia highlighted a number of areas which the CQC recognised as good practice including strong patient experience, good nursing levels and collaborative working. She stated that the Trust was really proud of the Good rating for caring throughout the organisation which showed that staff were caring and compassionate and treated patients with dignity and respect. The staff were praised by the CQC for using the process to help identify and drive improvements. A number of areas of outstanding practice were identified including the Maidstone Birth Centre, Maternity Services at Tunbridge Wells, dementia care and breast care services. She noted that the Maidstone Birth Centre service reconfiguration had been a very difficult process but since its implementation the Birth Centre had provided a very high standard of care for families and delivered good outcomes.
- (3) Ms Bhatia reflected on the key areas for improvement at the Trust. A number of key organisation wide improvements were identified in the report: patient flow and capacity particularly in intensive care, record keeping and access to clinical guidelines, directorate leadership, clinical governance and inconsistency.
- (4) A number of compliance actions (areas and services which required urgent improvements in specific areas) had been identified including the working patterns of consultants in critical care, the lack of washing facilities in Intensive Care for patients who were unable to be discharged onto other wards, translation services and the admission of surgical patients onto children's wards. Ms Bhatia stated that the Trust was developing a Quality Improvement Plan with stakeholders which would respond to all the 'must do' (compliance) actions and 'should do' actions identified by the CQC. The plan would be submitted to the CQC on 16 March. She reported that the Trust was working at pace to make changes but acknowledged that some areas such as governance and capacity would take longer to make changes.
- (5) Mr Ayres stated that West Kent CCG thought that the Required Improvement rating was a fair representation of the Trust. A number of the issues had already been identified prior to the CQC inspection. He reported that the CCG were working closely with the Trust to develop the Quality Improvement Plan; all the actions were achievable and 90% would be completed within a year. He noted that the Trust had made huge progress over the last seven years

including tackling infection control and merging two hospitals into one PFI hospital. He was pleased that caring, staffing levels, maternity services and dementia care were identified as good and outstanding practice. Mr Inett reported that Healthwatch Kent had worked closely with the Trust to develop the Quality Improvement Plan; the Trust had been supportive and facilitative of Enter and View visits undertaken by Healthwatch.

- (6) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about concerns raised by some staff to CQC inspectors about the lack of an open culture and the sustainability of some services being run across both hospital sites. Ms Bhatia explained an unknown number of the Trust's nursing staff had raised concerns about the culture within the organisation. In the National Staff Survey, 66% of staff felt that they could raise concerns safely which was just under the national average of 67%. She noted that 68% of nursing staff within the Trust felt they could raise concerns safely which was one of the highest percentages in the Trust; the lowest percentage was amongst administrative and facilities staff. She reported that the Trust was embarking on a piece of work on culture and engagement with staff as part of the Quality Improvement Plan. The Trust had set up a patient safety think-tank and had implemented the Step up to Safety Campaign. She noted that all Trusts, following the Freedom to Speak Up Review, would be required to appoint independent whistleblowing guardians and have dedicated Executive and Non-Executive Directors for whistleblowing.
- (7) Mr Ayres stated that services were constantly under review by the Trust and CCG. He highlighted the improved outcomes following the centralisation of cancer services at Maidstone Hospital and centralisation of stroke services in London. He noted that NHS England was undertaking a review of stroke services in Kent and Medway. A further question was asked about the sustainability of improvements. Dr Sigston stated that the Trust was reviewing the winter surge of activity and identifying sustainable improvements to utilise acute beds and community providers in future years. He noted that improvements become sustainable once they were embedded as normal practice. He stated the importance of communicating service changes to the public so that they understood the rationale behind the proposals. He reported that the Trust had been working with Healthwatch Kent to engage with the public about improvements to stroke services.
- (8) A number of comments were made about translation services. Ms Bhatia explained that the current contract with the translation service provider required a translator to be physically sent to the hospital which took time and was expensive. She stated that the Trust was looking to procure a new telephone based translation service, as used by Trusts' in urban areas, which would be faster, provide access to more languages and be less costly. She noted that independent translators were required, rather than family members, to enable patients to give consent. Mr Ayres explained that translation services were provided for free as part of national policy. He stated that he would provide the cost of translation services to the Committee.
- (9) In response to a specific question about the Maidstone Birth Centre, Dr Sigston explained that it was a midwife led centre which delivered over 500

babies a year. He noted that with the early identification of problems mothers were transferred to Pembury immediately. He stated that mothers' could choose where they wanted to give birth.

- (10) A number of comments were made about critical care consultant contracts, out of hours GP services and whistleblowing. Dr Sigston explained that the outcomes for critical care patients were good. He stated that consultants' contracts had no bearing on working patterns. He noted that the CCG was looking to locate out of hours GP services in close proximity to the A&E to enable collaboration on the same site. He noted that senior management encouraged and welcomed whistleblowing as it provided an opportunity to make improvements. He stated that staff had access to their personnel files under the Data Protection Act.
- (11) A Member enquired about morale. Ms Bhatia stated that the Trust's Executive had spent a lot of time, following the publication of the CQC inspection reports, speaking to staff including open forums with the Trust's Chief Executive, Glenn Douglas. She stated that staff felt that it was a fair reflection of the organisation but were disappointed that the Trust had not done better. The staff had had a difficult couple of months due to an extremely busy winter but morale was good at the moment. Mr Ayres stated expressed his support for the Trust and recorded the CCG's thanks to the Trust and its staff for their committed work.
- (12) RESOLVED that:
  - (a) the Committee sends it thanks and appreciation to the hardworking staff of Maidstone and Tunbridge Wells NHS Trust
  - (b) the report be noted and the Maidstone and Tunbridge Wells NHS Trust be invited to attend a meeting of the Committee in six months to give an update on their Quality Improvement Plan.

**12. Maidstone and Tunbridge Wells NHS Trust: Clinical Strategy and Stroke Services**  
*(Item 5)*

*Avey Bhatia (Chief Nurse, Maidstone and Tunbridge Wells NHS Trust), Dr Paul Sigston (Medical Director, Maidstone and Tunbridge Wells NHS Trust) and Ian Ayres (Accountable Officer, NHS West Kent CCG) were in attendance for this item.*

- (1) Dr Sigston began by explaining that a number of strategic clinical opportunities had been identified as part of the refreshed clinical strategy including aligning out of hours GP services with A&E; the aspiration to run the Crowborough Birthing Centre; recruiting a paediatric A&E consultant at Tunbridge Wells Hospital; expanding orthopaedic paediatrics; increasing the number of critical care consultants and expanding pain services to meet the demand of increased GP referrals. He noted that the Trust would not be reinstating upper gastrointestinal cancer surgery; NHS England would decide how this type of surgery would be provided in the future.

- (2) Dr Sigston stated that stroke services had improved at both hospital sites. He noted that there was a national shortage of stroke consultants due to the radical changes to stroke care over the last ten years. He stressed the importance of patients understanding the rationale for changes to stroke services. He noted that NHS England was undertaking a review of stroke services in Kent and Medway which could affect the Trust's Stroke Improvement Programme.
- (3) Mr Inett explained that Healthwatch Kent had been working with the Trust to engage with the public about the Trust's Stroke Improvement Programme. Healthwatch Kent was holding a number of events with members of the public.
- (4) A Member enquired about the adjustment of the Maidstone score from B to D rating. Dr Sigston explained that the Trust was providing better care than the figures suggested; the overall rating was downgraded as a result of an audit compliance issue. He stated that the Trust had action plans to improve services at both sites. He noted that the rating was awarded by the Sentinel Stroke National Audit Programme (SSNAP) which audits stroke services nationally.
- (5) In response to a specific question about Operation Stack, Mr Ayres explained that commissioners and providers in Kent and Medway worked very closely to enable emergency vehicles to have priority on the roads during the period of its operation. He stated that in West Kent there had been no serious incidents as a result of Operation Stack.
- (6) RESOLVED that there be ongoing engagement with HOSC as Maidstone and Tunbridge Wells NHS Trust's five year clinical strategy and strategy for stroke is developed.

### **13. Patient Transport Services**

*(Item 6)*

*Ian Ayres (Accountable Officer, NHS West Kent CCG) was in attendance for this item.*

- (1) Mr Ayres began by giving an update on the actions taken to re-procure Patient Transport Services in advance of the current contract's expiry in June 2016. He stated that the new service specification would not change the service provided to patients; it would place new requirements on the provider of the service. He reported that the national and South East Coast eligibility criteria would not change. He explained that the South East Coast eligibility criteria was more generous than the national criteria which was set by the Department of Health.
- (2) Mr Ayres identified the specific changes to the new service specification: the exclusion of Darent Valley Hospital from the procurement; the reintegration of the call centre function into the contract; a separate contract for the transportation of renal patients; improved liaison between the provider and the Trusts; improved performance standards with penalties for not meeting key performance indicators; recording of accurate data and the inclusion of

clearer operational descriptions of the interface with other transport providers such as the ambulance trusts. He reported that a number of public and trust engagement events had taken place. He explained that the CCG would issue an invitation to tender in May 2015, the contract would be awarded in October 2015 and the provider would take over the contract in July 2016.

- (3) A number of comments were made about performance. Mr Ayres explained that he was unable to give the amount of an automatic penalty due to procurement confidentiality. He confirmed that automatic fines would be introduced for failure to meet key performance indicators. He stated that he would provide the Committee with the most recent performance data.
- (4) In response to a specific question about the eligibility criteria, Mr Ayres explained that following patient engagement a one page summary would be included in the new service specification.
- (5) Mr Inett stated that Healthwatch Kent did not deem the new service specification to be a substantial variation of service. Healthwatch Kent hoped that the new provider would improve the patient experience.
- (6) RESOLVED that:
  - (a) the Committee does not deem the new service specification to be a substantial variation of service.
  - (b) West Kent CCG be invited to submit a report to the Committee on Patient Transport Services in six months.

#### **14. East Kent CCGs: Out-of-Hours Services** (Item 7)

*Simon Perks (Accountable Officer, NHS Ashford CCG and NHS Canterbury and Coastal CCG) was in attendance for this item.*

- (1) Mr Parks began by providing an update on the procurement of a new out of hours GP service in East Kent. Patient feedback had indicated the need to integrate a number of services and provide clearer signposting for patients. He noted that the four East Kent CCGs had introduced a number of developments including the launch of an advanced care navigation pathway through a local referral unit and the development of pathway with the local Ambulance service to enable more patients to be seen and treated closer to home. Initial data had shown that whilst call rates to the Ambulance service had increased, the number of conveyances to hospitals had remained stable.
- (2) Mr Perks stated that a proposed model had been developed utilising patient feedback, working with clinical and operational stakeholders and commissioning PriceWaterhouseCoopers to highlight best practice and scrutinise the service specification. He explained that the key requirements for the new service needed to be patient-centred; promote greater integration between front line services; be more responsive; deliver for and within East Kent; be flexible and affordable.

- (3) Mr Perks noted some of the other key milestone delivered as part of the overall Urgent Care Transformation process. He stated that the Community Geriatrician project in NHS Ashford CCG had won the Health Service Journal's Efficiency in Community Service Redesign Award. He reported that Healthwatch Kent had recently carried out successful Enter and View visits to the primary care hubs at the Queen Elizabeth The Queen Mother Hospital and the William Harvey Hospital. He explained that market testing would begin in April 2015 and the new service would be procured in April 2016.
- (4) A Member enquired whether the new service model would be implemented across Kent. Mr Perks explained that the new service model was specifically for East Kent. He noted that the four East Kent CCGs were going out to procurement earlier than the other Kent CCGs in order to respond to local pressures. He stated that the learning from the East Kent CCGs' procurement would be fed into the North and West Kent CCGs procurement process.
- (5) In response to specific questions about the 111 service and Patientline, Mr Perks explained that the 111 service and out of hours service would be procured together into an integrated localised care navigation service. He stated that Patientline was a telephone service for the highest users of NHS services in East Kent to enable them, as part of their care plans, to stay in their own homes during an episode of care.
- (6) RESOLVED that the report be noted and the East Kent CCGs be requested to keep the Committee informed with progress.

**15. NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG: Adult Community Services (Written Update)**

*(Item 8)*

- (1) The Committee received a report from NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG which provided an update on Adult Community Services.
- (2) RESOLVED that the report be noted and NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG be invited to attend the June meeting of the Committee.

**16. Date of next programmed meeting – Friday 10 April 2014 at 10:00 am**

*(Item 9)*

- (1) The Scrutiny Research Officer informed the Committee that due to a lack of time sensitive business on the Agenda for the 10 April meeting, the Chairman, in consultation with the Group Representatives, had decided to cancel the meeting. She stated that the next programmed meeting would therefore be Friday 5 June.
- (2) Cllr Davison informed the Committee that as he was retiring as an elected Member of Sevenoaks District Council. He stated that this meeting was his last as a district representative on the Committee.

(3) RESOLVED that:

- (a) the Committee noted that the next scheduled meeting was Friday 5 June 2015.
- (b) the Committee thanked Cllr Davison for his long service as a district representative on the Health Overview and Scrutiny Committee.