

HEALTH SCRUTINY AND PERFORMANCE PANEL

Tuesday, 24 January, 2012 at 6.00 p.m.

Conference Room, Council House, Walsall

Panel Members Present

Councillor M. Longhi (Chair)
Councillor V. Woodruff (Vice-Chair)
Councillor R. Carpenter
Councillor S. Fletcher-Hall
Councillor R. Martin
Councillor I. Robertson
Councillor D. Russell
Councillor H. Sarohi

Officers present

Andy Rust, Head of Vulnerable Adults & Joint Commissioning Unit
Richard Kirby, Chief Executive, Walsall Healthcare NHS Trust
Isabel Gillis, Director of Public Health, Walsall PCT
Ann Bains, Director of Strategy, Walsall Healthcare NHS Trust
Wendy Godwin, Unscheduled Care and Planned Care Programme Manager
Lloyd Haynes, Finance Account Manager
David Pitches, Locum Consultant in Public Health
Brandon Scott-Omenka, Quality Assurance Service Manager
Sally Roberts, Assistant Director of Nursing, Quality and Safety
Craig Goodall, Scrutiny Officer

130/12 Apologies

Apologies for absence were received from Councillor D. Turner.

131/12 Substitutions

There were no substitutions for the duration of the meeting.

132/12 Declarations of interest and party whip

Councillor V. Woodruff declared a personal interest as an employee of Walsall Healthcare NHS Trust.

133/12 Minutes

A Member asked for a correction under Item 127/11 "Midwife Led Birthing Centre". It was requested that 'Charles Street' be deleted and replaced with 'Bloxwich Maternity Home'. This change was agreed.

Resolved

That the minutes of the meeting held on 12 December, 2011, as amended, a copy having previously been circulated be approved as a true and accurate record.

134/12 Budget consultation feedback 2012/13

The Panel considered the report to Cabinet that reported responses to the consultation that had taken place on what local people's priorities are and how they think they should be reflected in the Council's budget.

The Finance Account Manager highlighted the findings from the budget simulator exercise.

Resolved

That the budget consultation feedback be noted.

135/12 Third Draft Revenue and Capital Budget Proposals 2012/13 for Consultation

The Panel considered the revised draft revenue and capital budget proposals as submitted to Cabinet on 14 December, 2011.

The Finance Account Manager highlighted areas in the remit of the Panel.

A Member requested further information on the staffing implications of budget proposals.

Resolved

That the draft revenue and capital budget proposals for 2012/13 be noted.

136/12 Cancer Rates in Walsall

The Panel considered cancer rates in Walsall and whether or not there was a prevalence of cancer in the Alumwell Ward.

The Locum Consultant in Public Health highlighted five year (2004-2018) figures for cancer deaths in Alumwell and Walsall. He explained that the figures indicated that deaths from cancer in Alumwell were no more prevalent than other parts of the Borough. He explained on the data available, no clear link between cancer rates and pollution in Alumwell could be identified.

The following are the principle points from the ensuing discussion:-

- The distribution of cancer types was not unusual in Alumwell;
- Lung cancer rates were higher in men than women. This indicated that smoking was the likely cause of cancer rather than other environmental factors as previously men were more likely to smoke than women. Smoking was the main cause of all types of cancer;
- Pollutants in Alumwell were monitored and there was no current reasons for concern.

The Chair explained that this issue had been raised following concerns from a member of the public. He acknowledged that based on the figures available, it was clear that there was no significant cancer incidences in Alumwell. However, as the sample was so small and only included current Alumwell residents, he was not able to state that the concerns raised had been re-assured. Therefore, he proposed to write to health partners to seek to address the issues raised. This was agreed by the remainder of the Panel.

Resolved

That the Chair write to health partners with further details on the concerns about incidences of cancer in the Alumwell Ward.

137/12 Mortality Rates at Walsall Healthcare NHS Trust

The Panel considered mortality rates at the Manor Hospital and work which the Trust is undertaking to continue to deliver improvements.

The Chief Executive of Walsall Healthcare NHS Trust (WHC) reported on hospital mortality rates and infections.

The following are the principle points from the ensuing discussion:-

- The number of deaths in the hospital was reviewed monthly;
- The hospital standardised mortality rate (HSMR) had an expected mortality rate of 100. For 2011/12 this figure was currently showing at 112 which, despite being over 100, was within NHS confidence levels. A mortality rate of 125 or greater would be a cause for concern;
- The standardised hospital mortality index (SHMI) also had an expected mortality rate of 100. For 2011/12 this figure was currently showing at 106. Although above 100, this figure was recognised as expected by the SHMI;

- Mortality rates would be affected by the health and wellbeing of the population in the area the hospital served. The figures were used as an indicator and allowed staff to identify if there were any areas for improvement;
- Sandwell had a lower mortality rate than WHC but other Black Country areas showed comparable figures to Walsall;
- A Member commented it had been difficult to locate the hand sanitising gel on a recent visit to a ward;
- Staff were allowed to use the on-site café but only if they were dressed in suitable clothing to prevent the spread of infections;
- A case of MRSA had not been recorded for 316 days. Cases of C.difficile were currently being controlled and contained;
- There had been cases of norovirus which had required whole wards to be shut down but the spread of infection had been contained;
- A short discussion took place on car parking charges.

Resolved

That:-

- (1) the Panel be advised of the lower and upper boundary figures for both the hospital standardised mortality rate and the standardised hospital mortality index for information;
- (2) a further report on mortality rates at Walsall Healthcare NHS Trust be considered in six months time.

138/12 Liverpool Care Pathway

The Panel considered the Liverpool Care Pathway (LCP) and its implementation in Walsall.

The Unscheduled Care and Planned Care Programme Manager explained the LCP, how it was developed, the local approach to the LCP and the findings and recommendations of a recent audit into LCP implementation.

She explained that patients were only initiated onto the LCP following a decision by a team of clinicians in consultation with the patient's family and the patients themselves if they are able to do so. However, the auditor found that not all families or patients had received this explanation.

The Panel recognised the need for the LCP and acknowledged that its main objective was to assist patients to die in a dignified way. Members felt that it was especially important that the individuals and families were directly involved in the decision to commence the LCP.

The Chair highlighted findings within the report and audit that illustrated that improvements were required in the implementation and monitoring of patients on the LCP. For example, the audit had identified nine patients where no date was

recorded for commencement on the LCP, therefore, it was impossible to identify how long it had been in place. The Chair stated this was unacceptable. It was acknowledged that an action plan was in place but further work was required to implement the LCP and its requirements in the workforce.

Resolved

That:

- (1) the Panel note the contents of the report;
- (2) the current position with the development of palliative and end of life care services be noted;
- (3) Walsall Healthcare NHS Trust approach to palliative and end of life care be noted;
- (4) the progress made with the use of Liverpool Care Pathway as the Trust's framework for managing end of life care in hospital and community be noted;
- (5) a more detailed action plan for further improving palliative and end of life care services, including improving the way the Liverpool Care Pathway is used, be reported to a future meeting of the Panel;
- (6) the results of the audit conducted with bereaved relatives who have raised concerns about end of life care across health partners and how lessons learnt will be implemented be reported to a future meeting of the Panel;
- (7) a further investigation be undertaken to provide more information regarding the nine patients in the audit who it was not possible to ascertain the date they commenced the Liverpool Care Pathway be undertaken and the findings reported to a future meeting of the Panel.

139/12 Nursing and Residential Care Quality Framework

The Panel were informed on the progress in relation to quality assurance in Walsall's care home community.

The Quality Assurance Service Manager gave Members an overview of the framework. He provided background information on the local care home sector. He explained the aims and objectives of the framework and how it would be implemented. The framework was based on self-assessment, regular visits and inspections.

The Head of Joint Commissioning reported that care homes in Walsall needed to be substantially improved and the framework was one system designed to facilitate the required changes. The Panel were re-assured by the new framework and the anticipated improvements it could bring.

Members of the Panel reported individual experiences of poor care home practice they had witnessed and emphasised the importance of caring for the elderly and vulnerable to a high standard.

The Panel were also informed of the work of the Carer Users Partnership which was a group of volunteers who undertook visits to care homes to investigate standards.

Resolved

That:

- (1) the nursing and residential care quality framework be noted;
- (2) a further report on the nursing and residential care quality framework be received in six months time.

140/12 Walsall Healthcare NHS Trust - Foundation Trust Consultation

The Panel considered how WHC was going to consult on its proposed transfer to a Foundation Trust.

The Director of Strategy presented Members with a draft copy of WHC's consultation document (annexed). She explained that WHC had approximately 13,500 members and that a variety of ways, including social media, would be used to discuss the proposed changes.

Resolved

That the Panel formally take part in the consultation process for the proposed transfer to a Foundation Trust by Walsall Healthcare NHS Trust at a future meeting.

141/12 Dudley and Walsall Mental Health NHS Trust - Foundation Trust Status Consultation Outcome

The Panel were informed of the outcome of the consultation undertaken by the Mental Health Trust regarding its proposed transfer to a Foundation Trust.

The Scrutiny Officer reported that due to ongoing pressures with the Foundation Trust application, a representative of the Trust was unable to attend the meeting. He circulated an e-mail (annexed) offering feedback on the consultation to Members for information and highlighted that the Trust had now agreed to include Member and PCT representatives from both Dudley and Walsall on its Council of Governors.

Resolved

That feedback on the consultation for the Dudley and Walsall Mental Health NHS Trust proposed transfer to a Foundation Trust be noted.

142/12 Work Programme 2011/12 and Forward Plan

Resolved

That the work programme 2011/12 and Forward Plan be noted.

143/12 Date of next meeting

It was noted that the date of the next meeting was 6.00 p.m. on 5 March 2012.

Termination of meeting

The meeting terminated at 8.42 p.m.

Signed:

Date: