

AT A MEETING
- of the -
HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
Friday 7 April 2006 at
6.00 p.m.

PRESENT

Councillor Woodruff (Chair)
Councillor D. Pitt
Councillor Robertson
Mr. Jim Weston - Patient Forum
Ms Louise Mabley - PALS (PCT)
Mr David Martin - Executive Director, Social
Care & Supported Housing
Yvette Sheward – tPCT
Martin Turner - tPCT
Nigel Key – Walsall Hospital Trust

ALSO PRESENT

Kathy McAteer – Assistant Director, Adult
Services
Pat Warner – Scrutiny Officer
Nikki Ehlen – Scrutiny Officer

APOLOGIES

Apologies were received from Councillor Walker, Dr Sam Ramiah and Dr.T.A Varkey.

SUBSTITUTIONS

There were no substitutions received at this meeting.

DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Woodruff declared an interest as an employee of the Walsall Hospital Trust and Councillor Pitt declared an interest as an employee of the West Midlands Ambulance Service.

MINUTES OF PREVIOUS MEETING

RESOLVED

David Martin requested that the minutes be amended to include the discussions relating to the issue of mental health configuration which was taken to the Health and Social Care Scrutiny and Performance Panel, who asked for the issue to be further considered by the Health Scrutiny Panel.

Councillor Woodruff enquired whether the information relating to mapping exercise of the psychology department had yet been received from Margaret Wilcox as had been agreed at the last meeting.

That the minutes of the meeting held on 23 February 2006, a copy having been previously circulated to each member of the panel be approved and signed by the chair as a correct record.

NHS BANK

David Martin explained that due to NHS budgetary issues the NHS was facing a financial challenge. To combat this, a NHS bank was to be created, in which money was to be invested. This will result in a total of £4.8 million to be taken off development opportunities for the PCT. David Martin informed the group that the PCT was seeking to avoid any detrimental impact on key targets. He then suggested that the panel may wish to look at what was planned and what can be delivered once the NHS bank is in operation.

Martin Turner informed the panel that £9.9 million was required to be put into the bank. The PCT was planning an under spend of £3 million by decreasing the reserves to £500,000. He added that this was a necessity, and that money put into the bank would gain interest. Martin stated that due to the late notice of this requirement they had been forced to examine money that was not committed to anything in the budget and any missed opportunities would be deferred and not cancelled. Martin said that the PCT had been assured that they would not have to commit finances in the following year. Martin assured the panel that the PCT will not be making redundancies as a result of the financial situation.

The panel was informed of the availability of a document on the website and Martin Turner would provide the Scrutiny Team with a copy as soon as possible.

Councillor Woodruff asked how payment by results was affected by the NHS bank and the financial challenges facing the NHS. Martin Turner explained that GPs in Walsall were required to have 3 or 4 choices of hospitals, which should include the private sector, and 1 of which will always be the Manor Hospital. Whichever provider was chosen should be paid the same amount of money for the treatment. Martin explained that research indicated that people prefer to go to the Manor Hospital. He concluded that the impact of choice and the link to payment by results was uncertain but that it was predicted that the Manor Hospital would be within budget.

RECONFIGURATION OF HEALTH SERVICES IN WALSALL AND THE BLACK COUNTRY

The consultation document in respect of the reconfiguration of health services in the Black Country was submitted:-

(see annexed)

Martin Turner stated that the reconfiguration of health services in Walsall and the Black Country had been revised following feedback from service users. It was now proposed that residents do not lose services but that patients would now be able to go to Wolverhampton hospital rather than Birmingham hospital. Nigel informed the panel that the report had been distributed widely and it has not attracted a great deal of interest to date.

Councillor Woodruff stated that she had no issues with the document, the proposed service seems fine and that specific cancer services will potentially be improved. Proposals relating to the paediatric and neo-natal services could cause huge changes and she suggested that members visit the Manor hospital to examine the existing services. Councillor Robertson said that this would be useful but expressed concern about the wording of the document and asked if it signalled long-term commitment, he added that it needed to be looked at carefully. Councillor Pitt commented that he was concerned that Walsall could not compete with New Cross hospital.

Jim Weston suggested that Wolverhampton hospital was not the best hospital to deal with neo-natal services based on past performance, and also that Wolverhampton suffers from transport problems.

Councillor Woodruff recommended that Sue James be contacted to arrange a visit to the Manor hospital to examine existing services as soon as possible.

David Martin informed the panel that scrutiny panels from Wolverhampton and Dudley do not deem the proposals to be substantial to conduct a joint scrutiny exercise. He asked members for their views on this. He suggested that the panel's comments could be fed into the consultation process.

The Panel RESOLVED:

That the proposals set out in the consultation document did not constitute substantial variation to services, it was therefore unnecessary to conduct a joint scrutiny exercise with other affected Authorities. It was agreed however, that it may become necessary to enter into joint discussions with some Authorities.

That a site visit be arranged to the Manor Hospital to enable members to examine the Neonatal and Paediatric services and that the visit takes place as soon as possible prior to 4th May 06.

REVIEW OF PUBLIC HEALTH PERFORMANCE TARGETS INCORPORATING
CHOOSING HEALTH – ANNUAL REPORT 2005 OF DEPARTMENT OF PUBLIC
HEALTH

The Annual Report of the Department Of Public Health was submitted:-

(see annexed)

The panel agreed that Dr. Sam Ramiah could be requested to clarify any issues within this document at a future meeting. Members agreed however that this was an excellent reference document.

HEALTH CARE COMMISSION ANNUAL HEALTH CHECK PCT/HOSPITAL TRUST CORE STANDARDS

Nigel Key asked the panel for their questions relating to the core standards within the summary report of all actions related to the standards for better health. The panel asked the following questions:

Are any individuals employed without a CRB check?

Nigel Key confirmed that, this did not happen.

Members proceeded to comment on the Core Standards as submitted by both organisations:-

C4a. Health scrutiny panel had noted Methicillin-Resistant Staphylococcus Aureus (MRSA) surveillance figures within the PCT had shown a slight increase during January – December 2005. Members were of the view that if the organisations were to meet a 50% reduction in MRSA bacteraemia, infection control policies and procedures need to be robust and practical. The infection control committee must be proactive in its commitment to reducing MRSA bacteraemia. The organisation must never become complacent with MRSA.

Yvette Stewart said that the figures were for 2004 – 2005 and some information was out of date. Nigel Key added that a lot of work was conducted on MRSA but that 2005/06 saw an increase in figures, which may be because more screening was carried out and the PCT was much clearer about who was coming in with MRSA and who contracts MRSA whilst in hospital. Nigel Key offered to provide the panel with more information/presentation about what the Hospital Trust are doing to reduce the number of cases of MRSA. He added that the Manor Hospital was in the lowest quarter nationally.

C4e. The Panel noted that the organisations have a safe system of handling and transporting clinical waste. It was felt however, that in order to prevent any serious risk to staff and patients, GPs and their practices need to be educated about how to deal with any miss handling of clinical waste (including used sharps); how to dispose of the sharps which should not to be left in general bins. The procedure for reporting of incidents needs to be clear to all staff especially cleaning contractors. Yvette Sheward said that all GPs were encouraged to report such incidents and mechanisms were in place to ensure this happened.

C5b. The financial problem in 2006/07 must not halt any standards of clinical care/treatment; they need to ensure there is never any reason for a decline in professional clinical supervision/leadership.

Yvette Sheward agreed that it was important that this continued. Martin Turner stated that money was not being taken away from existing services.

C5c. The panel asked whether the financial situation of the PCT affect any staff posts.

Martin Turner confirmed that there was a freeze on permanent non-clinical posts; this will entail a ring-fence of non-clinical posts which was not connected to the financial situation but was a result of restructuring in the PCT.

C6. The panel stated that the intermediate Care Unit at Rushall Mews was an excellent unit. Martin Turner added that clinical outcomes of Rushall Mews are excellent.

Councillor Robertson enquired about the work the PCT does with the voluntary sector.

Martin Turner explained that the PCT had signed the Compact document which created a set of obligations to the voluntary sector. Martin explained that the PCT was taking its first steps in doing this.

C7. The panel asked if the financial situation would cause any problems in achieving the required standards.

Martin Turner said that this was not an issue, but if an unexpected amount of acute activity occurred it may result in the reduction of reserves. Martin Turner said that as a general rule payment by results benefit hospitals but the potential risk was that the national tariff for paying hospitals was wrong which would result in the PCT losing money.

Yvette Sheward informed the panel that the NHS standards have recently been assessed by the Audit Commission and Nigel Key added that a prize has been won for financing.

C9. Councillor Woodruff asked when CRB checks expired. Martin Turner explained that technically CRB checks expire the day that they are received and he stated that all existing staff have been CRB checked. He explained that there was no policy to have the CRB checks re-done. Yvette Sheward re-iterated that any new post within the PCT was subject to a CRB check. Martin said that partners needed to have CRB checks done for their staff. Nigel Key added that all voluntary members of staff have been CRB checked.

Councillor Pitt asked if there were different levels of CRB checks. Nigel Key stated that enhanced CRB checks are available. Martin Turner explained that interpreters were not required to have CRB checks because they are never alone with a patient.

C11b. The panel asked if the PCT had experienced problems with staff attendance at training sessions.

Yvette Sheward stated that the PCT experienced some problems, and an action plan was in place to promote compliance. Nigel Key explained that the Hospital Trust was looking at different ways of learning.

C14c. The panel commented that a good aspect of both the Hospital Trust and the PCT was the Patient Advice and Liaison Service (PALS).

Nigel Key stated that the managers of both organisations have a good relationship, which enabled a coordinated approach to dealing with complaints and issues.

C15b. The panel asked what impact the imminent closure of *Goscote Hospital* would have on the food produced there. Nigel Key stated that the kitchen would remain.

Martin Turner explained that it was not efficient to keep a single part of a site running and they were looking to review the service to provide the best possible service for patients. Councillor Woodruff expressed the opinion that the units which prepare the food provide an excellent service.

C16. The panel asked whether information was provided for individuals with sight and hearing difficulties. Nigel Key said information was available for a wide range of people.

The panel discussed various methods that had been used and would be used to increase the number of Asian women participating in breast screening programmes. Yvette Sheward stated that an individual has been recruited to work specifically with Black and Minority Ethnic (BME) groups.

C20. Councillor Woodruff asked if the Manor Hospital building still complied with fire safety regulations. Nigel Key said that the building has a fire certificate.

C21. Nigel Key informed the panel that the Hospital Trust would not be compliant with standard C21.

C23. The panel asked how the imminent closure of Goscote hospital would impact the elderly. Nigel Key stated that due to an increased focus on the elderly, there now an improved understanding of the issues that surround this.

C24. Martin Turner informed the panel that a plan was in place for pandemic flu.

Councillor Woodruff commented that more information on Hospital Trust's core standards would have been useful. Nigel Key stated that this could be provided to the panel and agreed to send a copy to Pat Warner.

WORK PROGRAMME 2005/06

Councillor Woodruff said that the panel needed an update on the information being prepared by Dr. Ramiah relating to adult obesity to find out what progress has been made on this.

The panel agreed to defer consideration of the work programme to the next meeting and that members could in the meantime forward any ideas to Dr. Ramiah for inclusion into his document for that meeting

DATE OF NEXT MEETING

The date of the next meeting will be agreed in May at annual Council. There being no further business the meeting terminated at 7.20pm.