MAIDSTONE BOROUGH COUNCIL

MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON THURSDAY 17 JUNE 2010

PRESENT: Councillor Elliott (Chairman)
Councillors Crowhurst, Cunningham, Marchant, D Mortimer and Paterson

1. The Committee to consider whether all items on the Agenda should be web-cast

Resolved: That all items be web-cast.

2. Apologies.

Apologies were received from Councillors Atwood and Mrs Stockell.

3. Notification of Visiting Members.

There were none.

4. Notification of Substitute Members.

There were none.

5. a) Election of Chairman
b) Election of Vice-Chairman

Resolved: That:

(a) Councillor Elliott be elected Chairman for the municipal year 2010-11; and
(b) Councillor Marchant be elected Vice Chairman for the municipal year 2010-11.

6. Disclosure by Members and Officers:

a) Disclosures of interest

Councillor Mortimer declared a personal interest in Agenda items 8 and 9 'Maidstone and Tunbridge Wells NHS Trust: Quality Report 2009/10' and 'Department of Health consultation on registering with a GP practice of your choice' due to being employed in the Health care industry.

Councillor Cunningham declared a personal interest in Agenda item 8 'Maidstone and Tunbridge Wells NHS Trust: Quality Report

2009/10' by virtue of his wife working for Hospitals in Maidstone and Tunbridge Wells.

Councillor Crowhurst declared a personal interest in Agenda item 8 'Maidstone and Tunbridge Wells NHS Trust: Quality Report 2009/10' by virtue of the new Hospital at Pembury being in the Ward she represented.

b) Disclosures of lobbying

There were none.

c) Disclosures of whipping

There were none

7. To Consider whether any item should be taken in private because of the possible disclosure of exempt information.

Resolved: That all items be taken in public as proposed.

8. Maidstone and Tunbridge Wells NHS Trust: Quality Report 2009/10

Kat Hicks, Overview and Scrutiny Officer, introduced witnesses from the Maidstone and Tunbridge Wells NHS Trust :

- Glenn Douglas, Chief Executive
- Claire Roberts, Head of Quality; and
- Darren Yates, Head of Communications

Mr Douglas described the progress the Trust had made in a variety of different areas over the year and responded to Members' questions. It was explained that the publishing of Quality Accounts was a new process to the NHS. They set out the previous years performance and how the Trust will be judged over the coming year, and he welcomed input and feedback from the Committee on the progress made by the Trust. The Trust had achieved the majority of its targets in 2009/10, and 90% of patients in all specialities had been treated within 18 weeks of referral. Financially, in 2010 the Trust had balanced its budget for the second year in a row for the first time since 2001.

Mr Douglas said there had been a significant fall in Clostridium difficile ('C diff') infections in the Trust's Hospitals, which now had the lowest rates in the Strategic Health Authority's area. He explained the statistics for C diff infections included patients who were already infected at the time of admission. Although the overall number of cases for the year was low, there had been a sharp rise in the recorded number of patients with C diff throughout the winter. He attributed this to the high incidence of patients presenting with other viruses, such as the norovirus. During that period the hospital had tested all patients for infections on admission, leading to an increase in the number of recorded C Diff infections.

Mr Douglas said the rate of hospital acquired infection was very low. The Trust now routinely tested all patients for infection at the time of admission and would investigate whether they could set a separate target for hospital acquired infections. He added a survey of over 500 patients this year had shown that 95% of Hospital staff were using hand-cleaning gels before coming into contact with patients. The Committee was informed that the LINks report on infection control had found the Trust to be the best in Kent. But there were problems relating to hand hygiene at the entrance to the Pembury and Kent and Sussex Hospitals, partly due to the multiple entrances. Hand hygiene at the entrance to the wards was very good in all locations. He confirmed the Trust would issue a formal response to the LINks report.

Mr Douglas explained that, of the 23 cases of MRSA bacteraemia infection, 16 were acquired in hospital. Analysis had identified poor sampling procedures, resulting in cross contamination creating false positives, as a cause for the some of those cases. The Trust had introduced new procedures and training to address this and expected the rates to reduce in 2010/11. He stressed that, although the actual number of MRSA infections was quite small, it was important to eradicate avoidable hospital acquired infection. There had only been one case of MRSA infection in the last two months. Members suggested this should be explained in the report and he agreed to consider this.

The Committee heard that although The Trust could not explain the monthly variation in recorded patient trips slips and falls, the target was important. All incidents were reported and analysed and action taken to resolve any problems. There were relatively few instances of falls arising as a result of floor conditions, nevertheless a lot of thought had been given to the flooring in the new hospital to further minimise the risk of falls.

In response to questions, Mr Douglas explained that low rise beds were used when a patient was assessed as being at risk of falling out of bed. The beds were lowered to the floor when the patient was in it, thus negating the risk.

Mr Douglas informed the Committee that the Trust had implemented several measures to improve patient nutrition. These included ensuring meal times were not disturbed by visitors or ward rounds. Patients who needed help with eating were served meals on a red tray so that staff could easily identify and help those in need of assistance.

Mr Douglas acknowledged the Trust had, in his view justifiably, been criticised for not engaging enough with the public. The Trust had taken steps to improve this and had responded to patient concerns. The Committee was informed that patients were provided with hand-held electronic questionnaires so they could give feedback prior to discharge from hospital.

Mr Yates explained that the Trust had introduced processes to analyse patient's concerns, establish the cause, and identify ways to prevent the problem recurring. In addition, Matrons and ward Sisters were listening to patients and, where possible, dealt with problems at the time. He believed the Trust had improved significantly in this area and added the Royal College of Nursing had recently praised the Trust as a good example of listening and responding to patient's concerns.

The Committee was told that the new hospital at Pembury was on target for completion, with the first patients expected in early 2011. The hospital would be a significant improvement over the facilities previously available, with a large number of single occupancy rooms that would improve patient privacy. However Mr Douglas recognised that too many people still shared mixed sex facilities such as bathrooms in the Trust's other hospitals. He explained the Trust was investing in better toilet facilities and re-organising wards in those hospitals to improve patient privacy.

Mr Douglas said here had been significant investment in Maidstone Hospital, which now had a World leading Laparoscopic training centre. Laparoscopy [key-hole surgery] techniques reduced the length of hospital stay and improved the speed of patient recovery. RapidArc radiotherapy machines had also been installed in Maidstone and Canterbury Hospitals. They provided precise control of the dose of radio therapy administered, which improved the quality of care and patient outcomes. He said the Trust was now able to provide top quality radiotherapy services to patients.

The Committee heard that the Trust had a proposal for the location of a birthing centre at Maidstone, a midwife-led site adjacent to the main hospital site. Pembury Hospital had a midwife-led birthing facility as part of the main birthing centre.

The Committee was informed that work was underway on the new Histopathology laboratory [for examination of biopsy samples] in Maidstone Hospital. This would replace obsolete facilities at Preston Hall and Pembury and support cancer services.

Mr Douglas said the provision of stroke services had been a priority for the Trust over the last 12 months, and both Maidstone and Tunbridge Wells now had good services. He explained the Trust's performance against the Sentinel Stroke Audit, which had previously been poor, had improved significantly.

In response to questions, Mr Douglas confirmed the Trust intended to apply for planning permission for more parking spaces at Pembury Hospital.

In response to Members' questions, Mr Douglas confirmed there had been complaints regarding staff parking in streets near Maidstone Hospital. Managers had tried to deal with this, but there was a limit to what they could do to prevent staff parking legally on public roads. Although staff

had to pay for parking at the Hospital, the cost was £104 per year which the Trust considered to be reasonable.

Mr Douglas confirmed the Trust would work with partners to pursue development of duelling works for the A21. It was hoping to attract patients from Sevenoaks and believed improvements to the A21 would help this.

The Committee heard that the Trust's funding had been frozen for 2010/11, and was likely to remain frozen for the next few years. While confident it could meet its targets this year, this would have to be kept under review.

A Member asked about the measures the Trust took to cater for the needs of disabled or vulnerable people. Mr Douglas said this was high on his personal priorities. He said that generally the Trust managed this quite well, but there were examples where it had not performed as well as he would like. He believed the opening of Pembury Hospital was an opportunity to look again at how the Trust responded to their needs.

The Committee considered the format of the report and in response to questions, was informed that the term 'cum' in the tables on page 4 of the report meant 'cumulative', while 'breach' on pages 22, 25 and 26 of the report meant that a target had been exceeded.

Members suggested that, as the report contained acronyms and abbreviations, a glossary would be useful. Members also suggested that a summary of the report would make it more accessible to members of the Public. Mr Douglas said the Trust was required to follow a specific format for the report, but would consider producing a summary document.

Members noted that the Trust was reminding patients by text or telephone of their appointments, and noted this would be beneficial to both patients and the Trust.

The Chairman thanked the witnesses for attending and answering questions from the Committee.

Resolved: That the Committee write to the Trust, suggesting that:

a) A glossary should be included;
b) A summary should be produced to make the report more accessible to non health care professionals;
c) The term 'cum' in the tables on page 4 should be expanded or an explanation be included to show this referred to a cumulative total;
d) an explanation of why low-rise beds, referred to in page 6, reduce the incidence of patient slip, trips or falls, should be included;
e) An explanation of how the Red Tray system, referred to in page 21, improves patient nutrition would be helpful;

f) There should be a clearer explanation that a 'breach', referred to in pages 22, 25 and 28, meant a target had been exceeded;

g) The report should clarify that the rates of Hospital acquired infections of both Clostridium difficile and MRSA were lower than the recorded infection rates, due to the inclusion of patients with an existing infection on admission.

h) The report should explain why the rate of MRSA infections had not reduced in a similar proportion to that of C Diff infections, and why the measures proposed for 2010/11 were expected to reduce infection rates;

And the letter should:

i) Confirm the Committee believed the steps taken to remind patients by text or telephone of their appointments would prove to be beneficial to both patients and the Trust; and

j) Record that the Committee welcomed the agreement to publish a formal response to the LINks report on infection.

The web cast from this session is available at: http://clients.westminster-digital.co.uk/maidstone/Archive.aspx

9. Department of Health Consultation on registering with a GP practice of your choice

Les Smith, Overview and Scrutiny Officer, explained the background to the consultation document and the options identified in the document for patients to register with a GP practice of their choice. The Committee then discussed the document.

A Member informed the Committee he had discussed the document with a semi-retired GP, who had suggested the proposals were driven by politics rather than a clinical need for change. He said the GP had not seen a need to change the current system.

Members noted that continuity of care was important. They considered that the more services were fragmented, the more difficult it would be to properly treat the individual. They believed that most people would prefer to be treated by their local GP, who knew their history. A Member said that many GP practices offer some evening and / or Saturday morning appointments to cater for those who found it difficult to see the Doctor during normal working hours.

Members discussed the suggestion, in paragraph 2.12 of the consultation document, that a patient's record of home visits might be taken into account when considering which practice to register with. The Committee

noted that a home visit might be required at any time and concluded all practices should assume that home visits would be required.

Members noted the proposal to introduce new ways of defining practice boundaries. They believed the current system worked well and saw no need to make significant changes. They were concerned at the disclosure in paragraph 3.3 of the document, that over 800 practices are believed to have closed their lists to new patients without having first agreed this with the PCT. The Committee considered this reduced the choice that patients currently have in their choice of GP practice. Members noted that the PCT already had powers to deal with such practices and believed those powers should be used.

Members noted that both options A and B had a significant weakness in that a Doctor conducting a home visit for an out of area patient would not have access to their health information until the 'Summary Care Record' was in place. Members believed that a Doctor should have full access to a patient's history when treating and were concerned that a summary may cause confusion. They were also concerned that the Summary Record could be insecure and increase the risk of patient's data being lost, particularly if accessed through portable devices.

Members concluded that, for the majority of people, the current system of registering with a local GP worked well and provided continuity of health care. They recognised that for some people, the ability to register with a practice some distance away, for example close to where they worked, would give them better access to GP services. They noted the weaknesses identified in the document relating to dual registration, but concluded that this provided the best way of meeting that need.

The Committee concluded that a response should be sent to the Department of Health confirming that dual registration should be offered for those patients who regularly spend significant periods of time away from home.

Resolved: That a letter be sent in response to the consultation document, saying there was no need to amend the current system of practice boundaries but that dual registration should be available for those people who regularly spend significant periods of time away from their home.

The web cast from this session is available at: http://clients.westminster-digital.co.uk/maidstone/Archive.aspx

10. Joint Working Protocol

The Committee discussed the protocol for joint committees between Maidstone and Tunbridge Wells Borough Councils. Members agreed that the Chairman should be elected on the basis of being the best person for the job and voted in on an annual basis. Members also agreed that all Members of the Committee should have voting rights; that experts could be co-opted onto the Committee; and that due to the specialised nature of

the Committee substitute Members would not be permitted to attend Meetings.

The Committee also considered the Kent protocols for National Health Service Overview and Scrutiny and agreed that they were in need of review. Members also noted that the protocol prevented Overview and Scrutiny Committees adversely commenting on any individual officer of an authority or NHS body by name and therefore unduly restricted the role of the Committee.

Resolved: That the Committee would adopt the Joint Working Protocol on page 89 of the agenda with the following provisions:

a) The Chairman be voted in on an annual basis;
b) Substitute Members would not be permitted to attend; and
c) Experts could be co-opted on to the Committee to help with reviews.

11. Future Work Plan

The Committee was informed that the only item currently on the Forward Work Programme was a meeting with the MP for Tunbridge Wells, Greg Clark and the Primary care Trust to discuss the recent Mental Health Care Provision Review. This was expected to take place on 16 July, but the Committee would be informed as soon as a date was confirmed.

Resolved: That the Forward Work Programme be noted.

12. Duration of the Meeting

2:24 p.m. to 4:20 p.m.