SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 13 July 2016

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Mike Drabble, Adam Hurst, Douglas Johnson, George Lindars-Hammond, Anne Murphy, Zahira Naz, Bob Pullin and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe and Clive Skelton

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1. INTRODUCTION

1.1 The Chair, Councillor Pat Midgley, welcomed everyone to the meeting and, on behalf of the Committee, expressed her thanks to Councillor Jackie Satur for her previous service to the Committee. She also thanked Alice Riddell (Healthwatch Sheffield) for her contribution and welcomed Clive Skelton as a Healthwatch Sheffield Observer.

2. APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Councillors David Barker and Shaffaq Mohammed.

3. EXCLUSION OF PUBLIC AND PRESS

3.1 No items were identified where resolutions may be moved to exclude the public and press.

4. DECLARATIONS OF INTEREST

4.1 In relation to Agenda Item 7 (Care Quality Commission Inspection Report 2016 – Sheffield Teaching Hospitals NHS Foundation Trust), Councillor Sue Alston declared a Disclosable Pecuniary Interest as she was an employee of the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that her interest was not prejudicial in view of the nature of the report and chose to remain in the meeting, but take no part in consideration of the item. In addition, Councillor Douglas Johnson declared a personal interest in Agenda Item 7, as he was employed by a firm of solicitors who were taking legal action on behalf of a client against Sheffield Teaching Hospitals NHS Foundation Trust.

5. MINUTES OF PREVIOUS MEETINGS

5.1 The minutes of the meeting of the Committee held on 23rd March 2016, were

approved as a correct record and, arising from their consideration, it was noted that the final version of the Sheffield Clinical Commissioning Group (CCG) Primary Care Strategy 2016 was included in the agenda pack for information and that the Policy and Improvement Officer would check as to whether this had received final approval from the CCG and let Members know.

5.2 The minutes of the meeting of the Committee held on 18th May 2016, were approved as a correct record.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 There were no public questions raised or petitions submitted from members of the public.

7. CARE QUALITY COMMISSION INSPECTION REPORT 2016 - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

7.1 The Committee received a report of the Policy and Improvement Officer on the Care Quality Commission (CQC) Inspection Report on Sheffield Teaching Hospitals NHS Foundation Trust (the Trust) which had been undertaken in December 2015, with the final reports being produced in June 2016. This was supplemented by a presentation on the CQC report.

7.2 In attendance for this item were Dr David Throssell (Medical Director) and Sandi Carman (Head of Patient and Healthcare Governance) of the Sheffield Teaching Hospitals NHS Foundation Trust.

7.3 Dr Throssell took Members through the presentation which provided an overview, a grid of results for each of the sites covered, highlights of the report's main findings, areas of outstanding practice which had been identified, areas where further improvements had been recommended and the next steps. He indicated that the overall rating for the Trust was "good" and that an Action Plan had been submitted to the CQC, which covered all "must do" and "should do" items detailed in the final reports, and that this would be monitored.

7.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- The fact that the Jessop Wing was not treated as a separate site for the purpose of the final reports was not an indication that it was subject to a less rigorous inspection. The decision to incorporate the Jessop Wing in the Royal Hallamshire Hospital final report had been made by the CQC.

- It was accepted that end of life care was the biggest concern arising out of the inspection and that there was still much to do to create a Trust wide strategy and ensure there were effective monitoring processes in place. There was now a focus on this and there were physicians trained in palliative care throughout the departments and also a specialist palliative care outreach team, which provided a seven day service across the organisation.

- Responsiveness was about compliance with targets such as the limit of four hours waiting at Accident and Emergency (A&E) and the timeliness of response to events such as outbreak of gastroenteritis. In assessing this, the CQC looked at complaints, talked to patients and analysed patient feedback.

- As some people attended A&E rather than visit their GP, consideration was being given as to how unnecessary visits to A&E could be prevented. GPs periodically worked in A&E, where their ability to assess patients without resorting to exhaustive investigation was extremely valuable. The concern was that GPs working regularly in A&E might become more ed dependent on investigations, which was more typical of a hospital doctor's approach to patient assessment. One idea under consideration was to have a GP centre close to A&E.

- The fact that the urgent and emergency services rating was not as good at the Northern General Hospital (NGH) compared with the Royal Hallamshire Hospital was a reflection of the more comprehensive A&E service at NGH. It should be borne in mind that due to the nature of the service A&E never closed. It was noted that 70% of acute trusts were categorised as "requiring improvement" across the board, and A&E services were a common contributor to these "requires improvement" ratings. In terms of patient impact, more patients were waiting longer than the four hour target at A&E, with those with less serious injuries waiting longer. There was a national shortage of doctors trained in emergency care and a critical mass was required to provide the required level of service, so as a result the main A&E facility in Sheffield was located at the NGH to ensure effective use of resources.

- There was a consultant available at A&E until midnight and one on call thereafter. The staffing profile at any one time was designed to meet demand, which meant that there were fewer medical staff on duty in the middle of the night. Medical staffing rotas were, however, under review at the present time.

- The extension of visiting times at the Weston Park Hospital was being looked at, but one issue which restricted flexibility around this was a shortage of physical space to accommodate visitors in ward areas. This issue was an important driver for the planned refurbishment of facilities across this hospital site.

- Many of the contracts for patient access to television had been set up several years ago and some of these prevented the use of other means of access. Some consideration was now being given to the use of wi-fi as a means of accessing the media.

- In relation to directing people away from A&E towards the use of GP services, any education was helpful and work was going on with the local authority and CCG in this regard. The Prime Minister's Challenge Fund had also been

used to introduce later GP appointments at four hubs. In addition, cross-boundary work had been undertaken as part of the Sustainability and Transformation Plan to look at areas of high A&E usage.

- It was anticipated by the Trust that the GP out of hours service would be inspected at a later date.

- Since the inspection, the nursing vacancies at Weston Park Hospital had been filled and the situation was being monitored.

- At the Weston Park Hospital the majority of patients were there for curative treatment, not end of life care. The dedicated palliative unit was at the Macmillan Centre at NGH. Staff involved in end of life care on the unit all had specialist training, but all staff had some training in end of life care.

- Additional lessons had been learned from discussions with the CQC inspectors and also from an inspection which Dr Throssell had chaired in another Trust.

- The analysis of the correct level of nurse staffing was complex and included a number of factors such as patient acuity and dependency. The CQC looked at the number of nurses against the funded complement and if the actual number was below that figure, the conclusion would be that that hospital was not fully staffed. It should be borne in mind that the funded complement was an in-house view. For the future, a new metric was being introduced nationally which related to patient contact hours. Furthermore, what was viewed as the appropriate number of nurses for particular ward areas may change on a daily basis.

- If an Urgent Care Centre was put in place near A&E, there would be a need for education to direct people to it. The Committee could help in getting this message out, as could the Public Health Service. The Prime Minister's Challenge Fund could also be used, but it should be noted that the funding to support this was time limited.

- The Action Plan arising from the inspection contained deadlines, the latest of which was March 2017, but it was felt that the estates work on the Weston Park Hospital would take longer. In relation to the Urgent Care Centre, discussions were ongoing but a clearer picture should emerge in two to three months. Some of the actions in the Plan would relate to a reconfiguring of services for the emergency care pathway.

7.5 RESOLVED: That the Committee:-

(a) thanks Dr David Throssell and Sandi Carman for their contribution to the meeting; and

(b) notes the contents of the report, presentation and the responses to questions.

8. DRAFT WORK PROGRAMME 2016/17

8.1 The Committee received a report of the Policy and Improvement Officer which set out the Committee's Draft Work Programme for 2016/17.

8.2 RESOLVED: That the Committee:-

(a) notes the Draft Work Programme 2016/17 as set out in the report;

(b) agrees to hold a one hour meeting, to which all Committee Members are invited, on Wednesday, 31st August 2016, to agree the scope of the Committee's Task and Finish Group; and

(c) requests that Members wishing to suggest any topics for consideration at the meeting on Wednesday, 31st August 2016, send details of these to the Policy and Improvement Officer by e-mail, for circulation prior to the meeting.

9. QUALITY ACCOUNTS 2015/16 - QUALITY ASSESSMENT SUBMISSIONS

9.1 RESOLVED: That the Committee notes the contents of the Quality Accounts 2015/16 – Quality Assessment Submissions report.

10. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - COMMISSIONERS WORKING TOGETHER PROGRAMME

10.1 RESOLVED: That the Committee notes the contents of the Joint Health Overview and Scrutiny Committee 2016 – Commissioners Working Together Programme report.

11. SHEFFIELD CLINICAL COMMISSIONING GROUP PRIMARY CARE STRATEGY 2016

11.1 RESOLVED: That the Committee notes the contents of the Sheffield Clinical Commissioning Group Primary Care Strategy 2016 report.

12. DATE OF NEXT MEETING

12.1 It was noted that the next meeting of the Committee would be held on Wednesday, 14th September 2016, at 4.00 pm, in the Town Hall.

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