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HEALTH SCRUTINY COMMITTEE

12 OCTOBER 2016

PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

In attendance

Gina Lawrence	Chief Operating Officer, Trafford CCG
Stephen Gardner	Director of Strategic Projects, CMFT
Mary Burney	Divisional Director, Trafford Hospitals, CMFT
Jane Grimshaw	Head of Nursing, Trafford Hospitals, CMFT
Steve Jones	A&E Consultant and Clinical Director for Emergency Medicine, CMFT
Mandy Bailey	Chief Nurse & Executive Director of Risk & Governance, UHSM
Ann Day	Chairman, HealthWatch Trafford
Peter Forrester	Democratic and Performance Services Manager
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors Mrs. A. Bruer-Morris and L. Walsh.

14. MINUTES

REOLVED: That the minutes of the meeting held on the 13 July 2016, be approved as an accurate record and signed by the Chairman.

15. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Mitchell in relation to holding a Governor position with a Mental Health Trust.
- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.
- Councillor Taylor in relation to her employment by the NHS.

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16. SINGLE HOSPITAL SERVICE UPDATE

The Director of Strategic Projects, Central Manchester University Hospitals Foundation Trust (CMFT) gave a brief presentation to the Committee on the Single Hospital Service project. The presentation covered the challenges facing Hospitals within Manchester, the key milestones achieved so far, the key tasks going forward and the end goals of the project.

The Director of Strategic Projects for CMFT stated that Trafford Health and Manchester Health Scrutiny Committees had been identified by the project board as key stakeholders. As such an update on the progress of the project would be brought to all meetings of the Committee unless the Committee expressed otherwise.

As of the meeting the communications strategy for the project was being rolled out. The Director of Strategic Projects at CMFT asked for feedback from Committee members on the strategy and to contact him if they felt that any stakeholders had been missed out or undervalued.

Committee members then posed a series of questions covering a number of aspects of the project including; patient transport, the impact on other services and the impact on Trafford residents. The Committee members received detailed answers to their queries and were satisfied with the responses given.

RESOLVED:

- 1) That the Director of Strategic Projects for CMFT be thanked for his update.
- 2) That the single hospital service will be a standard item on the Committee agenda.
- 3) That members of the Committee are to look at the project communications strategy.

17. URGENT CARE CENTRE AT TRAFFORD GENERAL HOSPITAL UPDATE

The Director of Strategic Projects for CMFT updated the Committee on the recent changes at the Urgent Care Centre (UCC) based at Trafford General Hospital. The Committee were informed that the integration of the walk-in centre and the UCC commenced 3 October 2016 and that there was a programme of work running to analyse the running of the UCC in the new configuration.

The Director of Strategic Projects for CMFT thanked the Chairman and Vice-Chairman for their quick response when they were working on the decision to bring forward the planned integration of the service due to the circumstances elsewhere in Manchester. There had been a more detailed update provided at the Joint Health Scrutiny Committee on 11 October 2016 and the presentation from that meeting was to be circulated after the meeting for information.

RESOLVED:

- 1) That the Director of Strategic Projects for CMFT be thanked for his update.
- 2) That the presentation submitted to the Joint Health Scrutiny Committee 11 October be circulated to Committee Members.

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18. UPDATE ON THE GYNAECOLOGY UNIT AT TRAFFORD GENERAL HOSPITAL

The Director of Strategic Projects for CMFT told Committee members that the Gynaecological Unit at Trafford General was originally closed earlier in the year due to staffing issues. CMFT were currently training an additional cohort of nurses to bring the Hope Gynaecological team, which staffed both Hope and Trafford General, up to full strength.

The proposed Single Hospital Service would ensure that Wythenshawe Hospital had a Gynaecological Unit of the same standard as Hope. Because of this development CMFT were uncertain as to whether the Gynaecological Unit at Trafford General would reopen.

The Chairman of the Committee expressed her unhappiness at the closure of the Gynaecological Unit based at Trafford General. The Chairman explained that her dissatisfaction was with the way that CMFT had conducted the closure. Whilst the chairman did not doubt that the revised plans were in the best interests of the people of Trafford it was felt that CMFT could have been more open with the Committee as to the viability of the service.

RESOLVED:

- 1) That the Director of Strategic Projects for CMFT be thanked for his update.

19. UPDATE ON PHLEBOTOMY SERVICES AT TRAFFORD GENERAL HOSPITAL

The Director of Strategic Projects for CMFT gave a verbal update to the Committee as to the status of phlebotomy services at Trafford General. The issue originally came to the attention of the Committee due to the service provided at Stretford Memorial being closed. The Committee had requested that additional services be provided in the Stretford area which CMFT did and those services, based at Ayres road, were seeing the expected number of patients at the time of the meeting.

CMFT were having a problem with the number of patients attending Altrincham and Trafford General. In the month prior to the meeting there had been an additional 2000 patients attending both Hospitals. It had been identified that the increase in attendances were due to a decrease in the capacity of community services.

The Chief Operating Officer for Trafford CCG stated that the position of the community services was an area of concern. She informed the Committee that Trafford CCG were in the process of conducting a capacity audit and would be happy to bring the results to a Committee meeting once it had been completed.

The Vice-Chairman raised a question on behalf of Councillor Mrs Bruer-Morris relating to the taking of blood at the Trafford General anti-coagulant service. Councillor Mrs Bruer-Morris had been informed that the Wednesday clinic at Trafford General were using INR strip test but Friday Clinics were taking the blood from the vein. The Councillor wanted to know why the INR strips weren't being used at both clinics given the advantages.

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The Divisional Director for Trafford Hospitals for CMFT informed the Committee that CMFT were currently in the process of switching from taking blood from the vein to INR strips. The reason the two clinics had been running the separate techniques simultaneously was that CMFT had conducted a trial to ensure the strips were more effective and better for patients. The results had been positive and as of the meeting CMFT were training staff to use the strips and once the training was completed all clinics would only use INR strips.

RESOLVED:

- 1) That the Director of Strategic Projects for CMFT be thanked for his update.
- 2) That Trafford CCG present the results of their capacity audit of community phlebotomy services once completed.

20. TRAFFORD CARE COORDINATION CENTRE UPDATE

The Chief Operating Officer for Trafford CCG gave a presentation updating the Committee on progress of the Trafford Coordination Centre (TCC). The presentation covered the progress to date, the explanation of the current discharge model and the new care coordination model. The presentation also covered updates on Care Coordination, referral management, integration and the directory of services.

Committee members asked a series of questions on various areas of the TCC including the ambitions of the project, how it integrates with mental health services and the patient experience of the TCC. The Chief Operating Officer for Trafford CCG provided detailed responses to the Councillors' questions. The Chief Operating Officer for Trafford CCG confirmed that Trafford CCG would continue to provide regular updates on the TCC and that a full customer journey, with realised savings attached, would be available to bring to the next meeting of the Committee.

RESOLVED:

- 1) That the Chief Operating Officer for Trafford CCG be thanked for her presentation.
- 2) That the update in December 2016 includes a full customer journey with realised savings attached.

21. HEALTHWATCH UPDATE

The Committee members thanked the Chairman of Trafford HealthWatch for providing an excellent report. The Chairman of Trafford HealthWatch informed councillors that another report on fibromyalgia would be completed soon and would be sent to officers to distribute to committee members.

RESOLVED:

- 1) That the Chairman of Healthwatch Trafford be thanked for the report.
- 2) That the HealthWatch Trafford report on fibromyalgia be sent to officers to be distributed to the Committee.

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22. CQC INSPECTION OUTCOMES - WYTHENSHAW

The Chief Nurse and Executive Director of Risk and Governance at University Hospitals of South Manchester (UHSM) delivered a presentation to the Committee on the results of the Care Quality Commission inspection conducted in January 2016. The Committee were informed that the report was over 200 pages in length and available online. The Chief Nurse and Executive Director of Risk and Governance at UHSM explained the CQCs' rating system and gave the Committee the context of the circumstances at UHSM at the time of the inspection. It was highlighted to the Committee that UHSM had gone through a change in leadership and strategic direction and that the CQC had found that UHSM were good in a caring sense across the board.

The Chief Nurse and Executive Director of Risk and Governance at UHSM went through all aspects of the inspection report with the Committee. There were a large number of actions that the CQC requested UHSM complete in order to come up to standard but that these ranged from minor, such as fixing a door handle, to major changes, such as improving retention and recruitment of staff. The presentation focused upon the major changes that UHSM had to make and the NHS Trust felt that it had made large improvements since the inspection was conducted.

Councillors asked a number of questions about the improvements in staffing retention and mortality rates. The Chief Nurse and Executive Director of Risk and Governance at UHSM detailed all the modifications that UHSM had implemented in these areas to deliver the results shown in the presentation. The Committee were happy with the progress that had been made by UHSM and requested a further update on progress towards completing the action plans later in the year.

RESOLVED:

- 1) That the Chief Nurse and Executive Director of Risk and Governance at UHSM be thanked for her presentation.
- 2) That UHSM provide a further update to the Committee in 2016/17 municipal year.

23. EXECUTIVE'S RESPONSE TO THE HEALTH SCRUTINY COMMITTEE'S REPORT ON DIGNITY IN CARE

The Committee looked at the responses given by the Executive and the representatives of CMFT presented their responses to recommendations 1, 2, 3 and 6. The Committee noted the responses and agreed that members of the committee would email any questions to officers following the meeting.

RESOLVED:

- 1) That the representatives of CMFT be thanked for attending the meeting.
- 2) That the responses from the Executive and NHS Trusts be noted.
- 3) That Committee members email their questions to officers to be collated and sent to the Executive or NHS Trusts.

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24. EXECUTIVE'S RESPONSE TO THE HEALTH SCRUTINY COMMITTEE'S REPORT ON DELAYED TRANSFERS OF CARE

The Committee looked at the responses given by the Executive. The Committee noted the responses and agreed that members of the Committee would email any questions to officers following the meeting.

In response to recommendation 8, members of the Committee were invited to visit Ascot House to view the new reablement model. The Chairman and Councillor Taylor had conducted their site visit the day prior to the meeting and updated the other members. Councillor Taylor said that she would type up her notes from the visit and distribute them to Committee Members for information.

RESOLVED:

- 1) That the responses from the Executive and NHS Trusts be noted.
- 2) That Committee members email their questions to officers to be collated and sent to the Executive or NHS Trusts.
- 3) That Councillor Taylor is to send the notes from the visit to Ascot house to members of the Committee.

25. JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Vice-Chairman told the Committee that the update on the UCC had covered the majority of the content from the last Joint Health Scrutiny Committee (JHSC) meeting. The Chairman requested that officers distribute the presentation from the JHSC on 11 October 2016 to all Committee members.

RESOLVED:

- 1) That the update be noted.
- 2) That the presentation from the JHSC meeting 11 October be circulated to members.

26. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Vice-Chairman informed the Committee that there had not been a meeting of the Greater Manchester Joint Health Scrutiny Committee (GMJHSC) since the previous meeting. The Vice-Chairman confirmed that the next meeting of the GMJHSC would be 19 October 2016.

RESOLVED:

- 1) That the update be noted.

27. TASK & FINISH GROUP UPDATE

The Chairman updated the Committee on the progress of the two Task and Finish Groups. Both groups had conducted their scoping meetings and were looking to arrange the next meetings for early November. A number of Councillors expressed that they wished to join the groups and so it was requested that officers send round an invitation to join the groups following the meeting.

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RESOLVED:

- 1) That the next meetings of the two Task and Finish Groups be arranged to Occur in November.
- 2) That an invitation be sent to all members of the Committee to join the task and finish groups.

The meeting commenced at 6.30 pm and finished at 8.50 pm

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