

## **Adult Social Care and Health Select Committee**

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 12th March, 2019.

**Present:** Cllr Lisa Grainge(Chairman), Cllr Evaline Cunningham(Vice-Chairman), Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Lauriane Povey, Cllr Mrs Sylvia Walmsley, Cllr Barry Woodhouse

**Officers:** Emma Champley,(AS&T), Peter Mennear, Marianne Sleeman (DCE)

**Also in attendance:** Keith Wheldon, Safety & Quality Performance Manager (NTHFT), Jane Metcalf, Deputy Medical Director (NTHFT)

**Apologies:** Cllr John Gardner

### **ASH 83/18 Evacuation Procedure**

The Chair welcomed everyone to the meeting and the evacuation procedure was noted.

### **ASH 84/18 Declarations of Interest**

There were no interests declared.

### **ASH 85/18 Minutes of the meeting held on 22nd January 2018**

Consideration was given to the minutes from the meeting held on 22nd January 2019.

AGREED:

That the minutes of the meeting held on 22nd January 2019 be confirmed and signed as a correct record.

### **ASH 86/18 North Tees and Hartlepool NHS Foundation Trust Quality Account**

Members were presented with an overview of the performance of North Tees and Hartlepool NHS Foundation Trust as part of consideration of its Quality Account.

The main issues highlighted were are follows:

- The Trust had improved its position in relation to mortality data, showing progress from four to five years ago. Clarification on the national formula regarding figures of mortality rates was given.
- Figures had reduced due to a number of factors including:
  - A programme in place which focussed across seven key themes, including sepsis, pneumonia, frailty, comorbidities, palliative care, and ambulatory care
  - Peer reviews which provided reassurance that there were no issues with patient quality of care. Another review provided recommendations on including ambulatory care patients in the data.

- The Trust participated in the Regional Mortality Group.
- Improvements in collecting the correct co-morbidity data around how ill patients were when they come into hospital.
- Case reviews to determine whether any death is preventable.

It was noted that the Trust's own internal processes and 'heat mapping' appeared to be operating well, and had recently identified issues affecting hospitals across the country prior to the national alerts on the same topics being issued.

- Formal complaints were sent back to the relevant ward for action. Patients were contacted the day of receiving the letter of complaint to try to de-escalate the issue. It was noted by a Councillor that a previous complaint had been made but not responded to. Representatives of the Trust requested further details so that they could investigate further.

Common themes in complaints related to communication and staff attitudes. Members requested a breakdown of the reasons behind complaints, and also the number of complaints that progressed to the Ombudsman.

- Feedback from the Friends and Family Test was discussed. It was noted that negative comments were fed back to a wards on a weekly basis so that prompt action could be taken, with positive comments reported monthly.
- North Tees and Hartlepool NHS Foundation Trust was only 1 of 2 Trusts in England achieving 95% target times for patients seen within 4 hours, and the lowest rate of vacancies for clinical staff. Members noted this was a positive development especially with care split across more than one main site.
- Wards visits are carried out by the Executive Team from the hospital.
- The Committee noted the increasing numbers of patients with dementia/delirium. A whole system approach was taken to this issue including staff training and introduction of 'Dementia Passports', and the Trust praised the responsive and timely support from Tees Esk and Wear Valleys Trust TEWV Psychiatric Liaison Service.
- Infection control data showed improvements across most infection types. One infection (*pseudomonas aeruginosa*) was showing an increase but this was not statistically significant, and the data had also (along with *Klebsiella* species) only started to be collected during the previous year, so longer term monitoring was needed. The Trust reported that a whole system approach was taken to improving infection control including hand washing campaigns, and a more rigorous approach to sample testing. Members queried the comparison with other Trusts and were informed this would be available in the draft Quality Account.
- A new Safety and Quality Dashboard business intelligence suite was due to replace the existing 'Safety Thermometer' which tracked a number of key

indicators including falls and urinary tract infections in patients with a catheter. Members would be provided with a briefing on the new system in due course.

Members thanked the Trust for the positive performance highlighted in the presentation.

AGREED:

- 1) That the update on performance and development of the North Tees and Hartlepool NHS Foundation Trust Quality Account be noted, and the requests for further information be submitted to the Trust.
- 2) A statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair

**ASH  
87/18**

### **Monitoring of Agreed Recommendations - Progress Reports**

Consideration was given to progress of the implementation of previously agreed recommendations. There were outstanding recommendations from the reviews of:

- Defibrillators.

Outstanding recommendations in relation to the above reviews were now fully achieved.

- Home Care.

The Committee requested further update on Home Care as a whole given the pilot scheme was extended and Home Care had been recommissioned since the completion of the scrutiny review.

- Licensing and Public Health.

Outstanding recommendations in relation to the above reviews were now fully achieved.

- Access to Services for People with Learning Difficulties and/or Autism.

Members queried the definition of 'clinical lead for learning disabilities' which all Practices were described as having in place. Further details were requested before recommendation 4 would be signed off as complete.

Members were asked to provide any more feedback via email.

AGREED:

That the progress updates be noted and the assessments for progress be confirmed, subject to the changes to the Home Care assessment of progress, and further information on the review of Access to Services.

**ASH**      **Overview and Scrutiny - End-of-Term Report 2015-2019**

**88/18**

Consideration was given to the Overview and Scrutiny – End-of-Term Report 2015-2019. This report covered the work of the Council’s Overview and Scrutiny function during the period 2015-2019, and the Committee were asked to reflect on its work over the last four years, as well as the scrutiny process in general.

Committee discussions noted as follows:

- Site visits, where appropriate, proved useful as it gives additional insight and were an integral part of Scrutiny.
- Members agreed the Committee influenced change which was positive.
- Scrutiny training for any new Members joining a Committee was encouraged. It was noted that a full induction programme, including dedicated scrutiny training, would be rolled out for Councillors following the 2019 Local Elections.

AGREED

That the Overview and Scrutiny – End-of-Term Report 2015-2019 be noted

**ASH**      **Regional Health Scrutiny Update**

**89/18**

Consideration was given to the Regional Health Scrutiny Update.

AGREED:

That the information be noted.

**ASH**      **Committee Work Programme**

**90/18**

Consideration was given to the Adult Social Care and Health Select Committee Work Programme 2018 – 2019.

AGREED:

That the Work Programme 2018 - 2019 be completed

**ASH**      **Chair's Update**

**91/18**

The Chair thanked all Members for their contributions to the work of the Committee over the last four years.

