

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 22 November 2018 in Committee Room 1 - City Hall, Bradford

Commenced 4.30 pm
Concluded 7.20 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Greenwood A Ahmed Akhtar Shabbir	Hargreaves Riaz	N Pollard

NON VOTING CO-OPTED MEMBERS

Susan Crowe
Trevor Ramsay

Strategic Disability Partnership
Strategic Disability Partnership

Apologies: Councillor Kamran Hussain, Councillor Fareeda Mir, Councillor Khadim Hussain and G Sam Samociuk

Councillor Greenwood in the Chair

43. DISCLOSURES OF INTEREST

- (i) Councillor A Ahmed disclosed, in the interest of transparency, that she was a Governor for the Bradford District Care NHS Foundation Trust (Minute 51) and that two members of her family were employed as nurses at Bradford Royal Infirmary (Minute 49 and Minute 50).
- (ii) Councillor Shabbir disclosed, in the interest of transparency, that he had a relative who lived in one of the care homes listed in the Care Quality Commission report (Minute 48).
- (iii) Councillor Riaz disclosed, in the interest of transparency, that he was a Governor for the Bradford District Care NHS Foundation Trust (Minute 51) and a director of a care home in Bradford (Minute 48).

ACTION: City Solicitor

44. MINUTES

That the minutes of the meeting held on 4 October 2018 be signed as a correct record.

45. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

46. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Committee.

47. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19

The Overview and Scrutiny lead presented the Committee's Work Programme 2018/19 (**Document "U"**).

Members were reminded that a joint meeting with the Children's Services Overview and Scrutiny Committee was scheduled for 5 February 2019 to consider Young People's Mental Health; and that a report was due to be submitted to the Committee on 21 March 2019 on Cancer and Lung Cancer and therefore this area was not covered in the Respiratory Health report (Document "X").

Resolved –

That the information contained in Appendix A to Document "U" be noted.

NO ACTION

48. AN UPDATE FROM THE CARE QUALITY COMMISSION

The Inspection Manager, Adult Social Care, Care Quality Commission, submitted a report (**Document "V"**) which provided an update of their inspection activity across Adult Social Care in Bradford district.

The inspection Manager provided an overview of the current services being provided in the Bradford district as outlined in Document "V" and stated that the latest published ratings were available on the CQC website.

In response to Members' questions, she stated that:

- In 2017 a new protocol had been introduced for the CQC to work closely with providers who had continued to receive a 'Requires Improvement' rating, to help them improve. This involved reviewing the management of the care home.

- CQC officers met with providers to discuss the outcome of their inspection and worked with the local authority to provide advice and guidance.
- Overall, performance across the district had improved as there were three 'outstanding' care homes whereas a year ago there had been only one; there had also been an increase in the number of care homes rated 'good'.
- Care homes that performed well often demonstrated strong leadership and management.
- There was a high number of care homes in the Bradford district due to the fact that approximately 86% of those providers were small family run businesses.
- An advantage of having a high number of care providers meant that reliance was not placed upon a small number of large providers.
- Page 7 of Appendix 1 to Document "V" showed the number of care homes that had de-registered with the CQC within the last 31 days and the reasons for this varied.
- A care home that had de-registered with the CQC could still be operating as a care home if it had registered under a different name e.g. following a change in ownership.
- The CQC recognised that a lot of progress had been made with the introduction of the Improvement Boards and forums to help providers get to where they needed to be.
- The best providers demonstrated they were 'people centred' around the individuals they cared for.
- It was often the case that if a care home performed strongly in 'well-led' it would perform well overall.

The Strategic Director of Health and Wellbeing addressed the Committee and stated that the Contracts Compliance Team from her department worked closely with providers to help them improve. She informed Members that there were two Improvement Boards (one for residential care and the other for nursing care) which the CQC attended and that events were regularly organised to bring providers together in order to share best practice. She also alluded to peer support from within the sector to highlight that support was offered to providers in a number of different ways.

The Chair requested that a report on the Improvement Boards be submitted to the Committee in the 2019/2020 municipal year.

A Member commented that the services inspected by the CQC affected the quality of many people's lives and she was pleased to see that the overall picture was improving and that good practice was being shared.

In response to a Member's question, the Strategic Director of Health and Wellbeing stated that the shortage of nurses was a national issue and this was reflected in the number of care homes with nursing (72) compared to the number without (150) across the district. She also stated that whilst Bradford did not compare favourably regionally, there had been a number of positive changes over the past year but she acknowledged there was still a lot of work to do to improve adult social care provision across the district.

Resolved –

- (1) That the Inspection Manager, Adult Social Care, Care Quality Commission be thanked for the report.**
- (2) That a report be submitted to a future meeting of the Committee in relation to the Service Improvement Boards.**

ACTION: Strategic Director, Health and Wellbeing

49. CARE QUALITY COMMISSION INSPECTION REPORT: BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

The Care Quality Commission (CQC) carried out inspections of Bradford Teaching Hospitals NHS Foundation Trust (the Trust) in January and February 2018. The Trust was rated 'Requires Improvement'.

The City Solicitor submitted **Document "W"** which presented the CQC Inspection Report (Appendix 1) and the report of the Director of Governance and Corporate Affairs at the Trust on the compliance actions required by the CQC and the Trust's action plan (Appendix 2).

The Director of Governance and Corporate Affairs expressed her disappointment at the outcome of the inspection and stated that not all of the Trust's core services were inspected. She informed Members that the Trust anticipated another inspection by the end of May 2019 plus one unannounced inspection.

She outlined the actions the Trust must take to improve, as stated in the inspection report (Appendix 1) following inspection of the following core services: maternity, urgent and emergency care, medicine and care of older people and surgery. She assured Members that good progress had been made with the Compliance Action Plan (Appendix 2) and reported that:

Mandatory training – was now at a 97% compliance rate whereas previously it was below 84%. Compliance with high priority training was at 83% and 88% for induction refresher training. The annual staff appraisal rate was at 86.7% and the Trust would be moving to an 'appraisal season' so that staff appraisals were anticipated at the same time every year and not left until the end of the year when service pressures were at their highest.

Policies and guidelines – the inspection had found that there were a number of corporate and local policies that were past their date for review. The Trust had 1,197 local guidance documents and the inspection had found that 93.7% of them were in date. The target compliance rate had been set to 100% so that all areas were held to account. All policies and guidelines in maternity services were now fully up to date. HR policies tended to take longer to update but the Trust was confident that they would be up to date by December 2018.

Equipment safety checks – a standard checklist had been created for resuscitaires which would be audited regularly and there were now areas demonstrating 100% compliance.

She stated that all actions were expected to be put in place by the end of December 2018 and the Trust was also focusing on cultural changes within its organisation.

The Chair queried why the Trust did not carry out follow-up work on areas it was rated 'Good', to aim for 'Outstanding'. In response, the Director of Governance and Corporate Affairs stated that the improvement work was carried out on identified risk areas. She also stated that one of the areas the Trust was proud to have been rated 'good' was for being well-led.

A Member referred to the part of the inspection report which stated that "the respiratory service did not have access to a specialist respiratory consultant at the weekend or during bank holidays. However cover had been risk assessed and was provided by a medical rota." She asked what actions had been taken to overcome this issue. In response it was reported that specialist respiratory consultants were on call on weekends and bank holidays and that a robust risk assessment had been undertaken which had found that the measures in place adequately mitigated against the risks. She also stated that there were specialist nurses on that ward and that discussions had taken place with the CQC Inspectors since the report was published to explain how this issue was managed; therefore there were no plans to have specialist respiratory consultants on site at weekends or during bank holidays.

A Member questioned how the Trust was ensuring improvements would be sustained for the long-term, how it compared with other Trusts with a similar population and whether there was a sense of complacency. In response, the Director of Governance and Corporate Affairs stated that, the Trust was by no means complacent and was proactively undertaking mock inspections and engaging with patients and staff and holding focus groups; the inspection outcome had been a disappointment for the Trust but Members were assured that the Trust was doing all it could to put improvements in place. Whilst the Trust was benchmarked with its peers, Bradford had a unique set of circumstances but its population could not be used as an excuse for the inspection outcome; and good governance was considered a pre-cursor to delivering good services. The Trust had done a lot of work around embedding good governance and leadership and it was determined to move to a 'Good' CQC rating.

A Member stated that she was pleased to hear about the increase in training rates but had concerns about the amount of issues identified for improvement in the maternity ward, particularly as some of the issues were basic checks such as recording medicine fridge temperature checks. In response, it was explained that there had been previous concerns and an action plan had been developed which the Chief Executive had led on. The Royal College of Midwives had undertaken a review in 2017 and, since then, there had been a marked improvement with regard to safety and leadership in maternity services. Assurances were provided that work was on-going to make further improvements in maternity services as it was crucial to get the basics right. It was considered that part of actively trying to make these improvements required a culture change.

In response to questions from Members, the following responses were provided:

- The Trust had increased the number of its own staff in its staffing 'bank' to cover sickness and unplanned absences.
- The patient experience strategy had been launched around the spirit of kindness as that was what patients valued.
- Changes had been made to the way some training was delivered in order to make it more accessible e.g. increased use of e-learning packages.
- Mock inspections were carried out by approximately 30 different people including the Trust's Governors and Healthwatch Bradford and District.
- The Trust had recruited an obstetric theatre team to address the staff shortage identified in the inspection report and the maternity team was now fully staffed.

In response to a Member's question, the Director of Governance and Corporate Affairs stated there was work to do on the Accessible Information Standard which the Trust rapidly needed to take action on and a review was due to take place on the Trust's Patient Accessible Information Group to ensure it was fit for purpose. It was suggested that Sue Crowe, non-voting co-opted member on the Committee (representing the Strategic Disability Partnership) could assist with this.

A discussion took place about the Trust's mental health strategy and Members were informed that it was linked to 'Treat as One', a report from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) which outlined the findings of a recent review undertaken of the mental health care provided to patients who received treatment for physical health problems in hospitals.

A discussion took place about the Committee's next steps. It was noted that the Trust was expecting to be inspected again in early 2019. It was agreed that following publication of the subsequent inspection report, the Committee would decide any further action it wished to take.

Resolved –

That the progress made by Bradford Teaching Hospitals NHS Foundation Trust following the Care Quality Commission inspection report be noted.

NO ACTION

50. RESPIRATORY HEALTH IN BRADFORD DISTRICT

Respiratory disease is an important cause of ill health and early death in Bradford district. The district performs relatively poorly compared to other areas in England. Recognising this, partners across the district, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

The Strategic Director, Health and Wellbeing submitted **Document "X"** which provided an overview of respiratory health in the Bradford district and outlined what partners across the NHS and local authority were doing to improve outcomes for people in the district. There was a specific focus on prevention and on asthma and chronic obstructive pulmonary disease (COPD), as these conditions accounted for a significant amount of the ill health and subsequent costs associated with respiratory disease in the district.

The Consultant in Public Health provided an overview of the work being undertaken in Bradford as part of the Bradford Breathing Better Programme, and in Airedale, Wharfedale and Craven (AWC) through the AWC Respiratory Action Plan Group. It was highlighted that; whilst 13,154 people in the district had been diagnosed with COPD, it was estimated that the actual figure was closer to 19,300 due to an estimated undiagnosed rate; 41,858 people across the district had been diagnosed with asthma and this number was also likely to be an underestimate too; the prevalence of smoking had fallen from 22.2% in 2016 to 18.9% in 2017 but smoking in pregnancy rates (13.8%), although declining, were higher than the national average (10.7%). Services to support people to stop smoking, and activities to prevent people from smoking, as outlined in Document "X", were outlined. It was reported that there was a focus on de-normalising smoking to prevent people from taking up smoking.

A Member stated that he was an asthmatic smoker and his last three asthma check-ups with his GP had been over the telephone. He considered more could be done to interact with patients to explain what support was available to stop smoking. In response it was stated that this issue had already been raised by patients and the variations between practices was being reviewed as every patient with a respiratory condition should have an action plan developed, have their inhaler usage monitored and be reviewed regularly. It was stated that many of the programmes in place were aiming to change the culture of smoking and view it as a long term health condition.

A discussion took place with regard to the uptake of the flu vaccine. Members were informed that the uptake varied between at risk groups and that it was particularly low for two to three year olds but uptake rates were good for people aged 65 and over. It was reported that there were many organisations involved in commissioning or providing the vaccine such as schools, GP practices and care homes and, in order to address the uptake rates, a comprehensive flu vaccination plan had been developed. Members were informed that this had been presented as part of Self Care Week.

The Medical Director, Bradford District Care NHS Foundation Trust, was in attendance at the meeting, and in response to a Member's question reported that all of the Trust's sites had been smoke free for over a year. He also stated that smoking rates were high amongst people with mental health conditions and that the Trust was committed to continually reinforcing messages and offering support to help people to stop smoking.

A Member stated that, whilst the Bradford Royal Infirmary was a smoke-free building, it had a smoking shelter directly adjacent to its main entrance which sent out the wrong messages and needed to be addressed.

It was explained that the Breatheasy Group consisted of patients with respiratory conditions who regularly met up for peer support as well as information and education from guest speakers such as pharmacists or representatives of organisations such as Asthma UK and the British Lung Foundation. Members were informed that the sessions had previously been spread across the district but had been poorly attended with patients citing access difficulties, therefore a new practice based approach was being piloted in Low Moor.

A Member provided anecdotal evidence and stated that he wanted to see non-medical self care information being shared with patients that had worked for other patients. In response it was stated that the clinical advice provided was on an evidence based method, however there were various non-medical support services such as walking groups and support groups that patients were sign posted to by GPs.

A Member commented on the importance of asthma patients being properly educated on how to use their inhalers and questioned whether there was an alternative flu vaccine available which did not contain porcine gelatine. In response it was stated that there was no alternative flu vaccine available and that the ingredients of the vaccine were decided on a national level. Members were also informed that a bid, to support the campaign to increase the uptake of the flu vaccine through nudge theory messaging, had been submitted to the Local Government Association.

Resolved –

That an update be presented to the Committee in two years time.

ACTION: Strategic Director, Health and Wellbeing

51. BRADFORD DISTRICT CARE NHS FOUNDATION TRUST CQC INSPECTION: OUTCOME AND RESPONSE

Following an inspection of nine out of fourteen core services, in February 2018, the CQC published an updated report on Bradford District Care NHS Foundation Trust. The Trust was rated as 'Requires Improvement' overall which was a deterioration from the previous rating of 'Good'. Community services were rated as 'Good' with some aspects of care rated 'Outstanding'. Mental health services were rated as 'Requires Improvement'. An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided.

The Trust submitted **Document "Y"** which outlined that the Trust Board had overseen delivery of the action plan and had recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which would deliver long term, sustainable, staff-led improvements to the quality of its services. The next CQC inspection was expected in early 2019.

The Medical Director, Bradford District Care NHS Foundation Trust, provided a brief summary of the progress against the action plan as outlined in his report.

A Member commented that she was pleased to see that personalised care plans were being developed following the recent move to SystmOne. The Medical Director stated that this had been a big improvement on the previous care plans and that they were easier to read and use. As the information was shared during a hospital admission it meant that patients did not have to repeat information and the handover of the patient was more seamless.

A discussion took place about work being undertaken with the Yorkshire Ambulance Service to ensure that patients with a mental health crisis were accessing better places for help than undergoing an Accident and Emergency admission at a hospital, as this was rarely the best option for them.

In response to Members questions, the Medical Director reported that:

- The Trust did not know what areas of its organisation would be inspected by the CQC.
- Whilst the CQC rating was disappointing, it was important to learn from it to put things right and ensure there was a continuous cycle of improvement.
- Two of the biggest causes of staff sickness were stress and musculoskeletal conditions.
- A range of health and wellbeing support services were offered to staff and there were early signs of success, as sickness rates had decreased.

A Member asked a question in relation to barriers for staff to undertake mandatory training. In response the Medical Director explained that there was a range of mandatory training for staff to undertake and it was often difficult to find time to do it. He also stated that there was a capacity issue as some trainers could not meet the demand for the training as well as practical difficulties such as obtaining suitable training venues and glitches in the statistics due to attendance at training sessions not being recorded correctly. Members were assured that mandatory training performance was increasing and the 95% target was considered achievable.

A discussion took place about the Committee's next steps. It was noted that the Trust was expecting to be inspected again in 2019. It was agreed that following publication of the subsequent inspection report, the Committee would decide any further action it wished to take.

Resolved –

That the progress made since the previous report be noted.

NO ACTION

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER