**Minutes of Partnerships Scrutiny Committee held on Thursday, 6 November 2014 at 9.30 am at Conference Room 1A, County Hall, Ruthin**

**Present:**
Councillors Raymond Bartley (Vice-Chair), Jeanette Chamberlain-Jones (Chair), Ann Davies, Meirick Davies, Richard Davies, Pat Jones, Margaret McCarroll, Merfyn Parry and Bill Tasker

**Also Present:**
Nicola Stubbins (Director of Social Services), Phil Gilroy (Head of Adult and Business Service), Cathy Curtis-Nelson (Service Manager, North Locality), Rhian Evans (Scrutiny Coordinator), Karen Evans (Democratic Services Officer).

BCUHB – Sally Baxter (Acting Director of Planning), Tracey Cooper (Assistant Director of Nursing), Janet Ellis, Catherine Owen-Jones, Meinir Williams (Associate Chief of Staff, Nursing)

Councillor Bobby Feeley, Lead Member for Social Care Adult and Children's Services

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## 1 APOLOGIES

Apologies for absence were received from Councillor Dewi Owens

## 2 DECLARATION OF INTERESTS

Councillor Bill Tasker declared a personal interest as a member of the Community Health Council in agenda item 5.

Councillor Jeanette Chamberlain Jones declared a personal interest in items 5 and 6 due to her sister being an employee of the Betsi Cadwaladr University Health Board (BCUHB)

Councillor Ann Davies declared a personal interest arising from her son in law being an employee of BCUHB.

## 3 URGENT MATTERS AS AGREED BY THE CHAIR

There were no urgent matters however the Chair, with the Committee's agreement altered the order of business on the agenda taking item 7 before item 6.

## 4 MINUTES OF THE LAST MEETING

The Minutes of a meeting of the Partnerships Scrutiny Committee held on Thursday, 25 September, 2014 were submitted.

Matters arising
The information report on the membership of the Regional Safeguarding Children's Board and the Conwy LSCB Delivery Group had been circulated as requested.

A report on CCTV was being considered by Performance Scrutiny Committee on 20th November 2014.

***Resolved*** *that the Minutes of the meeting held on Thursday, 25 September, 2014, be received and approved as a correct record*.

## 5 FRAMEWORK FOR DELIVERING HEALTH AND SOCIAL CARE FOR OLDER PEOPLE WITH COMPLEX NEEDS

The Lead Member for Social Care Adult and Children's Services introduced the report (previously circulated) whilst the Head of Adult and Business Services and BCUHB's Acting Director of Planning, apprised the committee how the project was progressing in relation to respective fields.

The Committee were reminded of the size of this project and advised that the Older People's Commissioner was very keen to promote the service and see it expand to a 7 day service model. For this to be achieved a great deal of work needed to be done and resources found to support it. It was noted that:

- to date there was a high satisfaction rate with the service from service-users

- key to good service delivery would be good governance, therefore during the forthcoming months the Denbighshire Health and Social Care Board would be reviewed to ensure that it was fit for purpose and fitted-in with the Health Board's changing structures.

Members of the committee conveyed concerns regarding reports received from constituents that patient care in hospitals was sometimes impersonal, and that the lack of empathy and apparent concern left some people with a residual perception of poor quality nursing.

It was acknowledged that this matter had been highlighted as an area for concern in the recent Andrews Report, 'Trusted to Care', on the Abertawe Bro Morgannwg University Health Board, which had subsequently been reviewed by all Health Boards. This has resulted in the implementation of spot checks and the Community Health Council (CHC) operating "care watch" in hospitals.

The CHC continued to undertake announced and unannounced spot check visits on all aspects of care, including compassion and dignity. These visits had proved an extremely valuable tool for identifying good and bad working practices and for

sharing good practice. Health representatives undertook to check whether these visits were permitted to take place during 'protected meal times'.

Health Board representatives acknowledged that more work needed to be done to educate Health staff of the benefits of CHC visits for patients and health workers alike. The CHC needed to be regarded as a supporting friend rather than a critical adversary;

The Committee heard that Wrexham Maelor Hospital had been taking part in a pilot called 'i Want Great Care', which canvassed the views of patients on their care experiences at the hospital. As a matter of course this pilot would be evaluated when it ended in January 2015 before a decision would be taken on its suitability for roll-out across other Health Board establishments. Consideration would need to be given to the potential reluctance to report negative experience if ongoing treatment was required.

Both Health and Social Services officers assured members that:

- compassion and dignity formed part of the basic nursing training programme;

- treating people with dignity and compassion was an integral part of both health and social care occupations;

- everyone should be treated courteously and with respect at all times and staff should be encouraged to report any incidents which fell short of this mark.

The Head of Adult and Business Services explained that front line staff had recently undergone customer service training on “The Denbighshire Way” which had resulted in a workbook that would be circulated to all employees. He reported that there had been a hundred percent positive feedback response from clients to services delivered under the Framework, who felt that they had been treated with dignity and respect. Nevertheless, members asked officers to be mindful of a possible false high satisfaction level with the services based on the fact that vulnerable people may be reticent to criticise the services received for fear of losing them.

Health Board Officers also confirmed that new employees were shown the “What do you see when you’re looking at me?” teaching film at induction and that top up training is mandatory for nurses, backed up by ward rounds and inspections.

BCUHB officials were asked if Supporting Independence in Denbighshire (SID) would inform the development of their 3 year plan and how they saw the Health Service at the end of that period. Members were assured that the Health Board had recently agreed in principle to support the approach outlined in the Local Service Board's (LSB) Single Integrated Plan - Denbighshire's Well-being Plan - and its single theme of supporting independence and resilience. This Strategy would inform part of the Health Board's new three year strategic plan as a number of the Well-being Plan's aspirations reflected the Board's future service delivery intentions e.g. investment in community and primary care services with a view to reducing prolonged hospital stays which compromised long-term independence -

early intervention or prevention was far more cost effective in the long-term for all concerned.

It was acknowledged that many individuals did not need professional care to live independently but did need company and social interaction in order to thrive. To mitigate the risk of social isolation Health and Social Care staff were working to engage expert services from among the voluntary sector to deliver community based events. It was suggested that GPs (who for some may be the only form of social contact) share with those at risk of isolation information about services which may be available to them. Any services commissioned from the voluntary (3rd sector) organisations would be subject to strict contract monitoring arrangements which would include safeguarding matters.

Reference was made to the Health Board's potentially large projected overspend announced recently by the press. Health officials confirmed that the Board was not in special measures at present and advised that the Board was actively working with the Welsh Government (WG) to reduce the overspend, which was partly the result of the slow progress made with the programme of health service modernisation in North Wales, and the efficiency target of 8% set for the Board to achieve.

The Lead Member for Social Care – Adult and Children's Services, who had been privy to the Health Board's draft 3 year plan, stated that the plan looked hopeful with three sub regions based on prospective merged Local Authorities and therefore three general hospitals focussing on different specialisms.

The Committee discussed the review of governance arrangements and the implementation of the new Partnership and Leadership Forums and Citizen Panel. Members asked that consideration be given to the following:

- for any new Health Board committees or groups which covered both Conwy and Denbighshire local authority areas to have an equitable number of representatives on them from both areas;

- for the proposed composition, recruitment and appointment processes for the new Citizens Panel to be examined by the Committee when the details were available

- for enquiries to be made on whether BCUHB would be applying for the additional funding made available by the UK Government for dementia services, and if so which services would benefit considering that North Wales had the lowest rate in Wales for diagnosing dementia.

The Head of Adult and Business Services advised that, whilst the Intermediate Care Fund (ICF) monies would cease at the end of March 2015, he was hopeful that negotiations could start with the Health Board soon to explore whether any of the additional funding allocated to the Health Service could be utilised to fund and support the excellent work started with ICF money. He also enquired on the availability of the Heath Board's induction video on basic compassion and dignity for the purpose of training a wider audience of social care staff.

The Lead Member for Social Care (Adults and Children's Services) advised that she had already been privy to a draft of the Health Board's new three year plan. She felt it was deliverable and hoped that the recent negative media publicity around the Health Board would not detract from its implementation and undermine its deliverability. The Lead Member was hopeful that now both the Health and Social Care services lay within the same WG Minister's portfolio of responsibilities that there should be a more cohesive approach in national policy development and decisions on funding.

Following detailed discussion the Committee:

***Resolved:*** *subject to the above observations to note all actions taken to date by all stakeholders to deliver the Statement of Intent for providing integrated services for older people with complex needs.*

## 6 HYGIENE AND INFECTION CONTROL

The Committee received a presentation from the BCUHB's Assistant Director Nursing (Infection Prevention) outlining the measures taken to date with a view to reducing hospital acquired infections. It was generally acknowledged that in 2013 Wales had a higher rate of Clostridium Difficile (C. diff) infection than England.

Steps had been taken to address this through changing cleaning routines including the use of chlorine based products and microfibre cloths. This had made a real impact on visual cleanliness. Board officials acknowledged that some areas of Ysbyty Glan Clwyd looked dirty even though they were clean due to the failing fabric of the building.

Board officials emphasised the Board’s commitment to infection control and addressing anti-microbial resistance which was a problem globally, not just in hospitals but primary care practices (GPs) too. It had invested financial resources and recruited staff specifically to address infection control within Board establishments and on the wards.

Improvements to infection control had already been seen and progress made to date had been externally verified. The Board was committed to drive improvement through scrutiny of cause analysis. It was now focussing on further improvement to cleaning processes and reducing MRSA and other infections through partnership working with local authorities and other partners. The Committee was informed that the Welsh Government produces statistics, publicly available, showing the occurrence of C. diff outbreaks.

Members of the Committee expressed concern that nurses and other health care workers could be seen wearing their ward/work based uniforms outside of their clean working environment e.g. shopping in supermarkets etc. and questioned how this affected infection control and whether there were any policies relating to this matter.

Health officials confirmed that the Health Board had a clear policy on the wearing of uniforms outside of hospitals and whilst off-duty and that the wearing of an operational uniform in a non-health Board environment was a disciplinary offence.

In response to members' questions, Health officials confirmed that:

- staff were regularly encouraged to challenge dress and hygiene non-compliance practices, as were patients and visitors;

- aprons were regarded to be far more hygienic than the long-sleeved white coats for all hospital staff;

- patients were encouraged to follow washing and dressing requirements when in hospital and pre-surgery. If a patient refused to conform to these requests no action could be taken against them as staff had to respect individuals' right of choice. However any areas exposed for surgery would be cleaned;

- assigning cleaners their own individual wards had proved to be good practice. It was perceived cleaners took ownership of their allocated areas and assumed greater pride in their work. Regular meetings with their ward leader resulted in better communication and improvement in the environment.

- there was a clear correlation between clean, modern buildings and hygiene, therefore further investment was being made in domestic staff;

- all toilets in the vicinity of operating theatres contained washbasins as per building regulations;

- it was identified that there were insufficient visitor chairs on wards, this led to visitors sitting on patients' beds while visiting. This shortage was being redressed;

- clinical governance visits were undertaken to GPs surgeries to undertake spot-checks;

- in recent years leadership had been too far removed from patients and front-line staff, this situation was now being rectified;

- dignity and respect were now being promoted at the 'front door' e.g. recently a system of triaging patients waiting in ambulances outside A&E had been introduced. This had achieved a positive outcome resulting in patients being referred to the appropriate treatment areas as soon as possible, thus releasing ambulances to their next call. As a result ambulances queuing outside A&E were now an exception not a regular occurrence;

- the closure of some community hospitals had not compounded ambulance waiting times at the general hospitals, as those hospitals which had closed were of very poor fabric and subsequently increased the risk to patients for suffering from hospital acquired infections;

- integrated working between medical and non-medical staff would eventually lead to the best possible experience for the patient at a very distressing time.

## 7. LOCALITIES

It was agreed to amalgamate the presentations on Localities and Hospital Discharge Procedures given the subjects' inter-relationship.

## 8 HOSPITAL DISCHARGE PROCEDURES

The presentation (previously circulated) and verbal reports for Localities and Hospital Discharge Procedures were taken under the same business item. The presentation highlighted the feedback received to date and the statistics on the uptake of the new Localities Service.

Information was shared regarding the additional areas currently under development as part of the Service, which included workforce planning. Details were given on the Single Point of Access (SPoA) Service which had recently been launched, including the different assessments available as part of the Service. Both the Localities and SPoA services supported the planning for hospital discharges and supported carers.

In response to members' questions, officers advised that:

- from the 1 December 2014 a single 16 page integrated nursing document would be introduced in all BCUHB hospitals. This document would detail the patient's 'journey' all the way through from admission to discharge and would include all relevant information to assist and improve the discharge process. This document had been developed to improve the quality of information available to all stakeholders, including the SPoA Service, after it became evident that community hospitals possessed far superior quality information on patients' journeys through hospitals than the acute hospitals;

- senior leadership was now being introduced into community hospitals and the Health Board was exploring the viability of changing the 'named doctor' led discharge process in community hospitals to be a multi-disciplinary led process. Further work was required around this proposal;

- the Welsh Ambulance Service NHS Trust (WAST) had an effective model in place called the Paramedic Pathfinder - which aimed to deliver the appropriate level of care at the appropriate time. Efforts were currently underway to try and bring the WAST into the SPoA Service as it was felt that this particular work would complement the services already available under SPoA;

- more work was needed in order to strengthen working links with the independent sector;

- the Localities Service was a flexible service aimed at meeting people's needs and supporting their independence in an effective, less process-orientated, seamless way between Health and Social Care, and vice-versa;

- multi-disciplinary teams were now operational in all A&E Departments. These teams were on hand to share expertise, information and signpost patients and carers to all services available to them;

- all but one GP surgeries in Denbighshire were engaging with the SPoA Service;

- Denbighshire residents receiving hospital treatment in out of county hospitals would also have the same access rights to the SPoA Service as those who were receiving treatment in-county.

- individuals could self-refer themselves to the SPoA Service. Other people could refer people to the Service with the individual's permission. The only time the individual's permission was not required for referral to the SPoA Service was if there were safeguarding concerns;

- as with any fledgling service there would be teething troubles. Once these had been worked through the concept had the potential to be a very good service for both the individuals needing it and practitioners, as it brought together key aspects of health and social care services and made them all accessible via the initial contact with the service;

- officers agreed that a copy of the SPoA leaflet and business card be made available to all county councillors via the internal mail system, this would enable councillors to promote the service to residents in their areas;

- Learning Disability referrals to the SPoA Service tended to be young people being transferred from Children's Services to Adult Services;

- The SPoA Service would give consideration to service-user's preferred language for communication.

Following a detailed discussion it was:

***Resolved:*** *subject to the above observations to receive the reports and request that a report on the progress made with the establishment of the SPoA Service be scheduled into the Committee's forward work programme in twelve months' time.*

## 9 SCRUTINY WORK PROGRAMME

The Committee considered its draft Forward Work Programme for future meetings as detailed in Appendix 1. Members agreed to leave December's meeting at 3 agenda items.

It was decided, as per the above business item, to defer the progress report on SPOA from February's meeting until September 2015, when the Service would be better established.

That a report on the proposed Citizens Panel be scheduled into the forward work programme.

Members were reminded that the Scrutiny Chairing Skills training on 27th November was open to all members – not just the Scrutiny Chair and Vice Chair Group – course details were to be re-sent. It was:

***Resolved:*** *subject to the above amendments to endorse the Committee's forward work programme*

## 10 FEEDBACK FROM COMMITTEE REPRESENTATIVES

Councillor Richard Davies reported that he had attended a meeting to prepare for the Business Improvement and Modernisation Service's service challenge. There had been no representatives present from other Scrutiny Committees.

The meeting concluded at 1:25pm