

## **CUMBRIA HEALTH SCRUTINY COMMITTEE**

Minutes of a virtual Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 15 December 2020 at 10.30 am.

### **PRESENT:**

Ms C Driver (Chair)

Mr F Cassidy  
Ms H Chaffey  
Mr P Dew  
Mr N Hughes

Mr P Scott  
Mr D Shepherd  
Mr CJ Whiteside  
Mr M Wilson

### **Also in Attendance:-**

- |                 |   |  |
|-----------------|---|--|
| Mr D Blacklock  | - | Chief Executive, Healthwatch Cumbria                       |
| Ms F Counsell   | - | University Hospitals of Morecambe Bay NHS Foundation Trust |
| Ms C Donovan    | - | Lancashire and South Cumbria NHS Foundation Trust          |
| Dr C Graham     | - | North Cumbria Integrated Care NHS Foundation Trust         |
| Mrs L Harker    | - | Senior Democratic Services Officer                         |
| Ms H Horne      | - | Chair, Healthwatch Cumbria                                 |
| Ms U Martin     | - | Lancashire and South Cumbria NHS Foundation Trust          |
| Ms H McConville | - | University Hospitals of Morecambe Bay NHS Foundation Trust |
| Mr C Oliver     | - | Lancashire and South Cumbria NHS Foundation Trust          |
| Mr P Rooney     | - | North Cumbria Clinical Commissioning Group                 |
| Mr D Stephens   | - | Strategic Policy & Scrutiny Advisor                        |
| Mr P Woodford   | - | University Hospitals of Morecambe Bay NHS Trust            |
| Ms L Wyre       | - | University Hospitals of Morecambe Bay NHS Trust            |

### **PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS**

Mr P Scott was nominated as Vice-Chair for this meeting only.

### **70 ROLL CALL FOR MEMBERS AND OFFICERS**

It was noted that all the above members and officers were present at the meeting.

## **71 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Ms J Clayton, Dr M Hanley, Mrs R Hanson and Mr J Kane.

## **72 MEMBERSHIP OF THE COMMITTEE**

There were no changes to the membership of the Committee on this occasion.

## **73 DISCLOSURES OF INTEREST**

Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

## **74 EXCLUSION OF PRESS AND PUBLIC**

**RESOLVED,** that the press and public be not excluded from the meeting for any items of business.

## **75 MINUTES**

With reference to minute 65 – Urgent and Emergency Care and Elective Care Mr N Hughes requested clarification regarding the reference to ‘performance against the 6 week standard reaching 63.5% waiting over six weeks .....’. It was agreed officers would look into this and report back at the next meeting.

**RESOLVED,** that taking into account the above, the minutes of the meeting held on 5 October 2020, with the exception of minute 65, be agreed as a correct record.

## **76 COMMITTEE BRIEFING REPORT**

The Committee received a report which updated members on developments in health scrutiny, the Committee’s Work Programme and monitoring of actions not covered elsewhere on the Committee’s agenda.

A discussion took place regarding the Lead Health Scrutiny Member meeting for North Cumbria where a briefing had taken place on the development of the action plan responding to the North Cumbria Integrated Care Trust CQC report. It was noted that this would be considered at a meeting of Lead Members in January with further communication to the Cumbria Health Scrutiny Committee.

The Committee, whilst welcoming the greater use of open source systems which enabled records to be viewed appropriately by clinicians across different health and care settings, also raised concerns regarding the possibility of patient confidentiality

being jeopardised. During the course of discussion members emphasised their disappointment at the slow progress being made regarding the digitising of records and improving system interoperability and agreed this should be considered at a future meeting of the Committee.

Members received an update on the successful implementation of the Hyper Acute Stroke Unit. Officers confirmed that the renewal programme being put in place for new CT diagnostic provision was not in addition to what was available at present.

The Committee was informed that with regards to North Tyneside Clinical Commissioning Group's partnership with Livi to provide online GP services there were no similar plans in North Cumbria.

A discussion took place regarding the roll out of the national campaign on the new part of NHS 111 to make appointments at Accident and Emergency (A&E). Members were informed this new facility had reduced waiting times and made it a safer environment during the pandemic by reducing the number of people waiting. The Committee was informed that although the new system was effective assurances had been made that patients without appointments would not be turned away from A&E.

Members received a positive update on the engagement work regarding the plans being considered to bring Workington's five GPs together to improve services to patients and highlighted the need to continue to consider this again in the future.

The Committee was informed that scoping work for the impact of COVID was being programmed and members were asked to contact the Strategic Policy and Scrutiny Advisor with any matters they wished to be included.

During the course of discussion the importance of lead member meetings was highlighted as a means to raise important issues but emphasised the continued need for transparency through the Cumbria Health Scrutiny Committee.

**RESOLVED,** that

- (1) the Lead Health Scrutiny Member meetings with System Leaders in North and South Cumbria be noted;
- (2) the CQC report and action plan outlining the Trust's response be circulated to the Committee when available for comment in advance of the next Lead Health Member meeting;
- (3) the Work Programme be noted and an update on HiP2/rebuilding hospitals programme for South Cumbria and Lancashire be included.

## **77 RAMSEY UNIT, FURNESS GENERAL HOSPITAL**

The Committee received an update on the challenges facing some of the mental health, learning disability and autism services within South Cumbria, to share Lancashire & South Cumbria Foundation Trust's (LSCFT) improvement work to date and to have early discussions regarding a scoping and involvement exercise being launched regarding Mental Health inpatient provision in South Cumbria.

Members were informed that LSCFT had taken over the provision of mental health, learning disability and autism services in South Cumbria in October 2019 and since this date had continually improved service provision, whilst acknowledging that COVID-19 had added an additional dynamic.

The Committee noted a number of quality concerns which had been raised when the Care Quality Commission (CQC) inspected the previous Trust, Cumbria Partnership NHS Foundation Trust, in May 2019. It was explained that an Improvement Plan had been developed to address the issues raised, with significant actions taken across all services within South Cumbria to address quality challenges.

A discussion took place regarding the Lack of Freedom to Speak Up Guardian provision and awareness across the services and asked whether this was a safeguarding of whistleblowing provision. It was explained this was a national requirement to encourage people to speak up.

Members were informed there were remaining quality challenges in the inpatient services (staffing, culture and clinical practice issues), as post transfer of the services, due diligence and governance systems identified further actions. It was explained there were also challenges within the Child and Adolescent Mental Health Services (CAHMS), which were related to culture, leadership and ensuring high quality, responsive care. The Committee noted that the Trust had also commenced a review of CAHMS and had employed a CAMHS Improvement Lead who would commence their role in January 2021.

The Committee raised concerns regarding staffing culture and clinical practice issues. It was explained they had been inherited and highlighted that one of the biggest challenges was the recruitment of clinical staff which was improving. The Trust explained continual improvement was taking place and emphasised the need to support staff to ensure a caring, compassionate and high quality service was delivered.

Members were informed that the inpatient infrastructure was not of good quality and did not allow for the provision of modern mental health inpatient care. It was noted that the type of accommodation at the Kentmere inpatient unit on the Westmorland Hospital site in Kendal was being replaced nationally with a desire for more individual en-suite bedroom accommodation.

The Committee was informed that the COVID-19 pandemic had necessitated the immediate temporary closure of the Kentmere Unit to ensure the Trust was able to provide socially distanced inpatient care. It was highlighted that the Trust remained

committed to reopening a mental health inpatient unit on the Westmorland Hospital site and had secured capital investment of £5m from the Department of Health to fully refurbish and redevelop what was previously first floor dormitory accommodation to ground level en-suite accommodation with garden access.

It was explained the Trust also provided inpatient care from two units on the Furness General Hospital site in Barrow and noted that following a review of all ligature prevention work it had been deemed that a full improvement programme was also required.

Members were informed that the Trust had planned to temporarily decant the Ramsey Unit from the Furness General site to a site near to Morecambe in order to undertake the required ligature prevention work and had started to consult with staff on this move. However, the concerns of staff had been taken into account and this move of service had been paused. It was noted that following work being undertaken with the Estates Team there were plans for the ligature prevention works to continue with a reduction of inpatient beds.

The Committee was informed that the Trust's ambition to provide high quality care and wherever possible single sex ward accommodation with adult and older adult functional mental health provision in separate units.

Members noted that the continuation to ensure alternatives to admission remained a focus and the Trust was addressing the lack of a Rapid Intervention and Treatment Team which provided urgent care at home for older adults. It was explained that the Trust had carried out a significant amount of work regarding home treatment for adults and a 24/7 crisis service but there was not the same rapid response for older adults, therefore, there was a need to highlight the gap with the commissioners to ensure this was investigated further.

The Committee were keen to see the provision of dementia care as close to home as was possible. Whilst this was acknowledged by officers they could not commit to keep the current services located where they were now provided but did emphasise their commitment to engage and listen to people.

Members were informed that the Trust also owned a building in Ulverston which was previously used for inpatient mental health services but had been empty for some years and asked for assurance that serious consideration was being taken to use this facility again. It was explained that future use of this this would be explored further as part of an engagement exercise.

Members were informed that the geographical dispersed landscape of South Cumbria had provided challenges to health care provision, but noted the Trust was committed to working with stakeholders as their services were modernised within South Cumbria to deliver modern, high quality services for patients, service users and staff. The Committee asked the Trust to guarantee that proposed public engagement did not take place solely on-line; officers were mindful of this matter and ideally welcomed the opportunity for face to face discussions to take place wherever possible. The Committee also emphasised the need for better communication with elected members prior to any future press releases.

The Chief Executive of Healthwatch Cumbria highlighted the importance of the services to local communities and the need to carefully manage and support the engagement process. It was agreed that further discussions would take place between Healthwatch and the Trust regarding engagement.

It was agreed that a detailed improvement plan from LSCFT to be focussed on mental health would be considered at the Committee's next meeting in February.

**RESOLVED,** that

- (1) the report be noted;
- (2) a detailed improvement plan from LSCFT focussing on mental health be considered at the Committee's next meeting in February.

## **78 HEALTHCARE FOR THE FUTURE UPDATE - COMMUNITY HOSPITALS**

Members considered a report from North Cumbria Clinical Commissioning Group which updated the Committee on community hospitals in the county.

The Committee was informed that Maryport Hospital had undergone a huge renovation project to upgrade the former inpatient unit to a state of the art day unit and now provided additional services including a thriving 3 bedded ambulatory care assessment bay where patients could receive observations and ECG monitoring which would be reviewed by the on-call doctor.

The Committee noted that building on the work at Maryport, there had also been the development of nurse-led day services which were also being delivered from a base at Wigton Hospital and currently running Monday to Friday. It was explained that both Maryport and Wigton Day Units had been absolutely crucial in enabling the community teams to deliver a swabbing service for the health and care system in north Cumbria. Members were informed there was also work underway involving the third sector to develop a community health and well-being hub at the Wigton Hospital site.

A discussion took place regarding the facility at Alston, highlighting how this, in the past, had been referred to as a good example by the Kings Fund and how a difficult and challenging position had turned positive. Members, therefore, expressed their disappointment at the lack of progress and commitments made at the time and that those challenges existed prior to COVID. A particular area of concern highlighted was the estates; it was confirmed that officers were not aware of any financial issue which would restrict the estate work going ahead but would look into this matter and keep members updated. Officers raised concerns regarding the comments made by the Committee and agreed to investigate the matter further with ICC colleagues and report back to members.

Members were informed that work to progress the digital hub was underway but had been delayed due to COVID and staffing issues. Officers agreed to provide an update on progress in developing and delivering the digital hub in Alston and a reflection on how the community were being engaged on the future plans.

The Committee received an update on Keswick noting that following completion of works in Autumn 2019, which had included a substantial contribution from the League of Friends, the new four bedded ward had increased the number of beds in the unit from 12 to 16. It was explained the vision for the Hospital remained the same and included support reablement and recuperation.

Members were informed that Brampton hospital had opened in July 2020 following a £1m refurbishment programme and welcomed the contribution of around £250,000 from the Brampton Hospital League of Friends. It was explained there were now significantly improved facilities offering better privacy and dignity standards for patients with spacious en-suite rooms. The Committee welcomed the recruitment of four new registered nurses and a healthcare assistant on the reopening of the hospital and noted there was no major change for the vision of the hospital which would continue to support reablement and recuperation.

The Committee was informed that Penrith Hospital required significant refurbishment and the timing of the work planned for the site was being reviewed by all partners in light of the impact of COVID, together with a collective assessment of patient flow and capacity. A discussion took place on the proposed changes and the members asked for assurances that a full consultation would take place on any new proposals. The Chief Operating Officer, North Cumbria Clinical Commissioning Group advised members only the scheduling of the works was being changed but made assurances that if any proposals to the original plans were considered they would be in consultation with the Cumbria Health Scrutiny Committee and relevant stakeholders.

Members asked for confirmation and reassurance that daily meetings continued to take place in community hospitals and involved all disciplinary agencies. Officers confirmed that all Integrated Care Communities in North Cumbria currently held daily multi-disciplinary discussions with a view to including relevant 3<sup>rd</sup> sector organisations in the future.

The Committee welcomed the progress regarding community hospitals which had been made prior to the current pandemic and highlighted how they were valued in the community. Members asked that when current COVID restrictions were eased they be afforded the opportunity to visit community hospitals.

The Chair, on behalf of members thanked officers for their update and encouraged future engagement with the Committee.

**RESOLVED,** that

- (1) members be afforded the opportunity to visit community hospitals once the current pandemic restrictions had been eased;

- (2) an update on progress in developing and delivering the digital hub in Alston and a reflection on how the community are being engaged on the future plans be made available to members.

Members then received an update on the roll-out of the COVID vaccine. It was explained that the West Cumberland Hospital had begun the vaccination programme with two Primary Care Networks in Copeland and Carlisle expected to follow soon. Officers informed the Committee that the full programme would take a number of months to fulfil with the roll-out changing in accordance with the national picture whilst highlighting that all PCNs were prepared.

The Committee welcomed the update and asked whether there were any capacity challenges for administering the vaccine. It was explained there would be further information on the development of the programme in the New Year but currently there was an active recruitment campaign for clinical staff to allow the administering of this.

During the course of discussion a question was raised regarding the utilisation of voluntary groups for non-clinical matters such as stewarding of sites and transport and it was agreed that as and when more information was available following national discussions details would be made available to members.

The Chair, on behalf of the Committee, thanked all health colleagues for their work and dedication throughout the current pandemic.

## **79 HOSPITAL ACQUIRED INFECTIONS**

### **a South Cumbria**

The Committee considered a report from University Hospitals of Morecambe Bay NHS Foundation Trust regarding the Infection Prevention and Control Board Assurance Framework.

Members were informed that as an understanding of COVID-19 had developed, Public Health England and related guidance on required infection prevention and control measures had been published, updated and refined to reflect the learning. It was explained this continuous process would ensure organisations could respond in an evidence-based way to maintain the safety of patients, service users and staff.

The Committee was informed the Framework had been developed to help providers assess themselves against the guidance as a source of internal assurance that quality standards were being maintained as well as identifying any areas of risk and demonstrating corrective actions had been undertaken. It was explained the tool, therefore, could also provide assurance to trust boards that organisational compliance had been systematically reviewed.

Members were informed that the Framework was intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. Officers explained this was a decision which would be taken locally whilst highlighting that organisations must ensure they had alternative appropriate internal assurance mechanisms in place.

It was emphasised to members that the robust risk assessment processes were central to protecting the health, safety and welfare of patients, service users and staff. It was explained that where it was not possible to eliminate risk, organisations had to assess and mitigate risk and provide safe systems of work. Members noted that in the context of COVID-19, there was an inherent level of risk for NHS staff who were treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting; all organisations must, therefore, ensure that risks were identified, managed and mitigated effectively.

The Committee were informed of three areas of the action plan which the Trust were struggling to comply with:-

- The provision of cleaning four times daily in areas where there were no persistent outbreak plans. It was explained that this was due to a gap in domestic service provision to support the additional cleaning requirements, which at present was being provided by local companies together with nursing and clinical support. Members were informed this required funding approval and that a business case for additional resources had been developed and was awaiting approval.
- Patients were required to have two negative tests prior to discharge which had caused high occupancy rates.
- Currently the Trust were compliant with bed spacing but additional infection control screens also needed to be installed.

Members were informed social distancing in the Intensive Care Unit at Furness General Hospital had been a challenge, therefore, this had been moved to a larger area and included additional beds.

The Committee acknowledged that hygiene was a pre-requisite and welcomed the national campaign to encourage domestic staff into the Service, highlighting their invaluable contributions during the pandemic, and expressed their support.

Members discussed the availability of resources and were informed that at present there was sufficient clinical support but additional capacity would be required for any extra services.

A discussion took place regarding Nightingale Hospitals and members were informed this facility at Kendal Leisure Centre no longer existed but the equipment was still available in case it needed to re-open.

Members raised their concerns regarding poor toilet facilities in a number of hospitals. It was explained that some estates were being repurposed to increase en-suite facilities for single side rooms, therefore, reduce the risk of infections.

A general discussion took place regarding estates and the ability to allow COVID patients to be separated. It was acknowledged that there were estate issues and that ideally there should be separate COVID and elective care wards. Officers explained this had been possible at Kendal where there was only a small number of wards which needed to be managed.

The Committee noted that patients who tested negative upon admission must have a second test three days after admission, and a third test five-seven days post admission. Members welcomed the implementation of day three screening.

Members sought reassurance that patients were only discharged into care homes following two negative COVID tests. Officers confirmed that patients who had tested positive for COVID were not discharged but explained that in Cumbria a number of care homes had agreed to accept patients and isolate them.

A discussion took place regarding lateral flow testing and it was felt this was better than not testing at all.

The Committee welcomed the detailed report.

**RESOLVED,** that the report be noted.

**b North Cumbria**

The Committee received a report from North Cumbria Integrated Care NHS Foundation Trust on Infection Prevention and Control. Members were informed that work had been undertaken across the Trust in order to implement and embed a process to audit current compliance, identify actions and provide assurance with any gaps in the Board Assurance Framework (BAF) being actively monitored throughout an improvement plan.

Members received details on COVID 19 outbreaks noting that the Trust currently had one inpatient ward in active outbreak management at the Cumberland Infirmary site.

Officers explained that a significant amount of work was being undertaken as part of the Trust's Winter Plan for additional capacity as well as improvements being made to the estate, particularly at the Cumberland Infirmary site.

A discussion took place regarding the challenges encountered due to the lack of space available on the estate. It was explained that the space between patients was just over two metres but the space around them should be twice the size that it was, therefore, beds had been reduced in bays from five to three to allow for this but highlighted it was not possible to implement this throughout the Trust. The Trust had identified that a significant build was required to make the Cumberland Infirmary site fit for purpose but the funding required was greater than the Trust could provide.

The Trust felt that the main ongoing risk was further episodes of COVID 19 infection both in the local population and within the hospital; the strategy to mitigate this risk was close co-operation with community colleagues to help identify and reduce the impact of any community clusters through regular communications.

Members noted that in addition to COVID 19 there was an increase of Clostridium difficile cases and hospital onset Gram-negative infection, therefore, the Trust was relaunching its key prevention strategies, including the importance of hydration, cleanliness of the environment and antimicrobial stewardship efforts.

The Committee discussed the challenges regarding domestic team resources. Officers acknowledged there were staffing issues, particularly at the Carlisle site, due to the provision being via the PFI contract; but also highlighted shortages due to staff-related COVID outbreaks. Both members and officers acknowledged this low paid invaluable resource.

Members raised their concerns regarding the challenges which staff faced working in a threatening environment during the pandemic and asked how well this had been managed, taking into account social distancing measures etc. It was acknowledged that lack of social distancing during break times had contributed to COVID outbreaks amongst staff but the Trust were continuously reinforcing the need for social distancing.

The Chair thanked the Officer for his report.

## **80 UPDATE ON ENGAGEMENT PROCESS REGARDING POSSIBLE CHANGES TO THE NHS PODIATRIC SERVICE PROVIDED BY UNIVERSITY HOSPITALS MORECAMBE BAY NHS TRUST**

The Committee considered a report which gave an update on Morecambe Bay Clinical Commissioning Group's engagement process regarding the proposal to implement consistent referral and treatment criteria for the podiatry service provided by University Hospitals of Morecambe Bay Trust.

Members had previously been informed that in order to create sufficient capacity in the South Cumbria NHS Podiatric Service to manage national clinical priorities, expectations for diabetic foot care and the growing demand for more complex interventions within existing resources, the CCG and UHMBT had been exploring which elements of the current service could be delivered outside the NHS for people of South Cumbria. It was explained it had been felt that ceasing the provision of the low level skin and nail element of the service, ensuring this was in line with the North Lancashire service offer, would permit reinvestment in the treatment of people with a higher medical or podiatric need. It was highlighted that such an approach had been effectively implemented in other parts of the country and that this arrangement was also extant in the former North Lancashire CCG for patients of Lancaster and would provide equity of service provision for the population of MBCCG.

The Committee welcomed the consultations which had taken place in North Cumbria Integrated Care Trust on the implementation of the new service specification. Members noted that as a result proposed pathway had been developed for vulnerable patients who had been treated and discharged if they no longer met the criteria together with advice on processes for training staff to enable them to have relevant conversations with patients who were discharged as a result of the new service criteria as well as offering enhanced patient education.

The Committee noted that in line with the NHS guidance; COVID-19 Prioritisation within Community Services, Podiatry face to face services were stood down with the exception of high-risk diabetic foot ulcer management. The service re-opened in August 2020 for face to face appointments with a plan to increase activity. It was explained that to date the Team were operating at 60% of previous capacity for face to face appointments due to the social distancing measures in place for infection prevention.

Members were informed that currently each new referral was being triaged by the Team to assess the podiatric need and only high-risk patients were being offered a face to face appointment due to the capacity restrictions. It was noted that those high-risk patients, often with complex conditions, were now offered longer appointments to enable the clinician to fully assess their condition which it was felt had significantly improved outcomes for this group of patients.

The Committee noted that in light of the rationale Morecambe Bay Clinical Commissioning Group proposed to implement the new service specification with effect from 4 January 2021. It was envisaged that the implementation would take approximately 6-9 months and was intended to be carried out in three stages.

Members were informed that in all cases the Podiatrist would notify the GP and/or the referrer if either the patient no longer required the appointment or were discharged. It was explained the GP care-coordinator would be informed of any patient who was discharged and whom the Podiatrist felt fell into the vulnerable category.

The Committee discussed the report and highlighted possible support from third sector and voluntary organisations. Whilst officers welcomed the support which had been received, and acknowledged their potential help for this service, highlighted the possibility of reduced voluntary and third sector organisations due to the impact of funding during COVID. During the course of discussion attention was drawn to potential support from the Healthy Town Initiative in Ulverston.

Members discussed the availability of local private provision and were informed a number of providers would visit individual homes to provide the service. The Committee suggested that information detailing alternative providers in individual areas would be useful for elected members. It was agreed that in the new year engagement would take place with individual ICCs regarding the service change with exploration of any mitigating measures which they may be able to help with such as links to community support groups etc.

The Committee, whilst agreeing the recommendation, raised their concerns regarding individuals who may find no other option and welcomed any future updates.

**RESOLVED,** that

- (1) the proposed implementation plan for the Podiatry Service in South Cumbria (as detailed in the report) be supported with effect from 4 January 2021;
- (2) in the new year engagement take place with individual ICCs on the service change and explore any mitigation measures which they may be able to help with.

## **81 DATE OF FUTURE MEETING**

It was noted that the next meeting of the Committee would be held on virtually on Tuesday 23 February 2021 at 10.30 am.

The meeting ended at 2.05 pm