

## CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Wednesday, 21 July 2021 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle. CA1 1RD

### PRESENT:

Ms C McCarron-Holmes (Chair)

Mr T Allison  
Mr F Cassidy  
Dr M Hanley  
Mr N Hughes

Mr J Kane (Vice-Chair)  
Mr GRPM Roberts  
Mr CJ Whiteside  
Mr M Wilson

### Also in Attendance:-

- |                 |   |  |
|-----------------|---|--|
| Mr D Blacklock  | - | Chief Executive, Healthwatch Cumbria   |
| Ms J Clayton    | - | Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group  |
| Ms L Corlett    | - | Associate Director for Operations for the Integrated Community Care Group, University Hospital Morecambe Bay NHS Foundation Trust  |
| Mr P Davies     | - | Consultant Stroke Physician, North Cumbria Integrated Care NHS Foundation Trust  |
| Mrs J Foster    | - | Interim Chief Nurse, North Cumbria Integrated Care NHS Foundation Trust  |
| Mrs L Harker    | - | Senior Democratic Services Officer   |
| Mr J Hawker     | - | ICS Executive Director for Lancashire and South Cumbria New Hospitals Programme  |
| Ms K Maynard    | - | Chief Operating Officer, University Hospitals of Morecambe Bay NHS Foundation Trust  |
| Ms H McConville | - | Senior Manager, Integrated Care Communities and Community Services Development, Morecambe Bay Clinical Commissioning Group   |
| Mr P Rooney     | - | Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group  |
| Mr S Sinha      | - | Clinical Director of Women's and Children's Services, University Hospitals of Morecambe Bay NHS Foundation Trust and Medical Lead for Lancashire and South Cumbria New Hospitals Programme |
| Mr D Stephens   | - | Strategic Policy & Scrutiny Advisor  |
| Ms S Turner     | - | Advanced Occupational Therapist, North Cumbria Integrated Care NHS Foundation Trust  |
| Mr P Woodford   | - | Director of Corporate Affairs, University Hospital Morecambe Bay NHS Foundation Trust  |

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

The Chair, on behalf of the Committee, paid tribute to the late Helen Horne, Chair of Healthwatch Cumbria and Sue Crawford, a previous Carlisle City Council representative on the Committee.

### **1 ELECTION OF VICE-CHAIR**

There were a number of apologies received from District Council representatives, therefore, it was agreed that this item would be deferred until the next meeting of the Committee. Mr J Kane was appointed as Vice-Chair for this meeting only.

### **2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr P Dew (Mr G Roberts attended as substitute), Dr S Haraldsen, Ms V Hughes, Mr A Semple and Mr D Shepherd.

### **3 MEMBERSHIP OF THE COMMITTEE**

The Committee noted the following:-

- (1) Ms C McCarron-Holmes had replaced Ms C Driver as a member of the Committee and as Chair.
- (2) Mr A Semple had replaced Mr P Scott as the Allerdale Borough Council representative.
- (3) Ms V Hughes had replaced Ms H Chaffey as the South Lakeland District Council representative.
- (4) Mr S Haraldsen had replaced Mr S Wielkopolski as a County Council representative.
- (5) Mr T Allison had replaced Ms R Hanson as a County Council representative.

The Committee noted the changes in membership expressed their thanks and appreciation to previous members.

### **4 DISCLOSURES OF INTEREST**

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

- (2) Mr G Roberts declared a non-pecuniary interest as he was a member of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Partnership.

## **5 EXCLUSION OF PRESS AND PUBLIC**

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

## **6 MINUTES**

With reference to Minute 91(a) – Mental Health Impact of COVID 19 Pandemic and Future Plans (South Cumbria) it was agreed that the following sentence be added ‘Officers confirmed that the mental health in-patient facilities would re-open at Westmorland General Hospital.’

**RESOLVED,** that with the inclusion of the above amendment the minutes of the meeting held on 23 February 2021 be agreed as a correct record and signed by the Chair.

## **7 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 current Work Plan and following concerns raised by members regarding a number of services it was agreed to add the following matters for discussion at future meetings:-

- Implications of the Health and Care Bill for Cumbria
- Ambulance Provision in Alston
- Liberty Protection Safeguards
- Recruitment and Retention
- Digital Strategies
- Stroke Services in South Cumbria
- Dentistry Services in West Cumbria

A discussion took place regarding the current provision of GP services in West Cumbria and concerns were raised regarding the timescales involved for face to face consultations. A member suggested the introduction of a walk-in service to alleviate some of the problems and, whilst the concerns were acknowledged, caution was expressed that the new service could lead to current practices being de-stabilised. It was felt that current services should be supported with the introduction of schemes to improve the recruitment of GPs.

**RESOLVED,** that

- (1) the update on the most recent round of Lead Health Scrutiny Member meetings with System Leaders in the North and South of the county be noted;
- (2) Mr F Cassidy and Ms C McCarron-Holmes be appointed to the Cumbria Health Scrutiny Variation Sub-Committee following recent changes to the Committee membership;
- (3) the future Work Programme include the following:-

**October 2021**

Impact of COVID 19 Pandemic  
Implications of the Health and Care Bill for Cumbria  
Stroke Services in South Cumbria  
Dentistry Services in West Cumbria  
Ambulance provision in Alston

**Future Meetings of the Committee**

Liberty Protection Safeguards  
Recruitment and Retention  
Primary Care provision in West Cumbria  
Digital Strategies  
Inpatient Mental Health Provision.

## **8 COVID 19 UPDATE**

The Committee received very similar updates from representatives of both University Hospitals of Morecambe Bay and North Cumbria Integrated Care NHS Foundation Trusts.

Members were informed that during January and March 2021 Morecambe Bay had 200 positive COVID cases in their hospitals and all elective surgery had been cancelled. It was explained that during March and April 2021 the number of cases for both Trusts had reduced and elective recovery had begun as part of the accelerator programme.

The Committee was informed that overall in the south the Trust was running 110% for elective care and was focussing on Westmorland General Hospital as a Green Elective Care Site. Officers confirmed that all pre-pandemic screening was being undertaken as well COVID testing prior to surgery.

It was explained that cancer treatment data had shown an improvement and figures were close to pre-pandemic with 'long-waiter' patient numbers reducing by almost 100 per week.

A discussion took place regarding the return of public transport in the area and any effects this had for patients. Officers confirmed they were not experiencing any problems for patients accessing services with regards to travel.

Members discussed virtual consultations for patients which had taken place during the pandemic; it was confirmed that whilst they would remain there would always be the option for patients to request face to face appointments but highlighted the potential delays in appointments which this could cause. It was explained work was being undertaken to focus on improving remote appointments where necessary.

The Chief Executive of Healthwatch informed members that they had undertaken a survey on remote appointments and the results had shown that a mixed economy was probably the right approach. It was agreed that the research data would be circulated to the Committee.

The Committee was informed that more recently there had been a significant rise in cases with patients currently in hospital with COVID. It was explained that a number of the patients had been admitted to hospital with separate conditions but had tested positive for COVID.

Officers from both the north and south drew attention to the number of patients who had stayed away from hospital during the pandemic which had resulted in a deterioration in their health and, therefore, led to more complex conditions. It was highlighted that although deaths due to COVID were still being experienced they had significantly reduced since the start of the pandemic. Officers agreed to provide data regarding the age profile.

Members were informed that hospitals in the south currently had 100% occupancy and whilst noting that plans were in place to expand the bed space noted the problems regarding funding.

Officers explained the impact on services in both the north and south because of a reduction in the workforce due to COVID or isolation. The risks regarding workforce absence was highlighted noting that an emergency response plan had been initiated to focus on safe staffing levels.

The Committee was informed that currently accident and emergency departments, primary care and North West Ambulance Service were experiencing record levels of patients and were exceptionally busy.

The Chief Operating Officer for North Cumbria CCG explained that referrals during May and June for mental health services had been exceptionally high with an impact on services due to COVID isolation. It was explained that a short-term non-permanent operational change may be required and the Committee would be kept updated on this matter.

A discussion took place regarding the vaccination programme and members were informed that 87.5-90% of employees from both Trusts had received both vaccinations with approximately 68% of the population as a whole receiving them. Officers confirmed that the vaccination provided good protection against COVID and long-COVID whilst acknowledging this was not 100%.

Members raised their concerns regarding the number of people who, for various reasons, had not received a vaccination. It was explained that the CCGs were leading on a vaccination programme to encourage individuals to receive the vaccination. During the course of discussion, whilst officers acknowledged the challenges around equity and inequalities, they emphasised that the rate of vaccination take-up was exceptionally high in Cumbria. Officers explained that the local media had supported the vaccination programme. It was agreed that North Cumbria CCG would circulate a link to their website which provided comparator vaccination levels.

The Committee expressed their thanks and appreciation to all individuals who had been involved in the vaccination programme.

## **9 NEW HOSPITALS PROGRAMME UPDATE**

Members were informed that the Lancashire and South Cumbria New Hospitals programme was leading the local NHS response to the Government's initiative to build 40 new hospitals by 2030. It was explained this was a fundamental and critical programme that would shape the future of hospital services for people and provide high-quality services bringing significant wider economic benefit for the area.

Members were informed that University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) were awarded £5m each as seed funding to progress the required business cases to secure capital investment to redevelop/replace ageing estates which were no longer fit for purpose.

The Committee was informed that the funding was part of a national programme which would be phased to ensure there was efficient construction capacity. Officers expressed their optimism whilst being mindful of the need to learn lessons from previous PFIs.

Officers explained that investment in Lancashire and South Cumbria's NHS hospital infrastructure would enable the provision of the art facilities and technology, strengthening its position as a centre of excellence for research, education and specialised care. It was anticipated this would significantly boost the attractiveness of the area to potential recruits and the highest calibre of clinicians.

A discussion took place regarding the provision of services closer to home and accessibility by public transport. It was explained that the Programme was committed to ensuring new hospitals fully embraced the benefits of digital technologies to create an agile network of care, allowing it to optimise the size of the physical footprint and minimise environmental impact. It was felt that this in turn

would enable the provision of more specialised services in hospitals and deliver more care closer to home as part of the wider ambitions of the Lancashire and South Cumbria Health and Care Partnership.

Members highlighted the need to improve efficiency through internal communications using digital technologies. Officers acknowledged that due to the geography of the county it was important to ensure records were accessible, therefore, it had been agreed there would be one digital system which could be shared across the whole system.

During the course of discussion officers confirmed there was no intention to close hospitals. It was emphasised the Programme was to build new hospitals, highlighting that work in Cumbria should never be under estimated with regards to integrated communities. It was felt there was a need to ensure communities remained strong with continued investment in the future.

A discussion took place regarding the previous difficulties regarding recruitment and retention to Women's and Children's Services. Officers anticipated that the plans to build education centres together with multi-disciplinary working as part of this Programme would help to improve those services.

Members were informed that currently the hospital estate was some of the worst in the North West and did not comply with many basis standards and restricted its ambition to provide high quality, safe, efficient and cost-effective services for communities. It was explained that the condition of the Royal Lancashire Infirmary (RLI) and Royal Preston Hospital (RPH) had reached a critical stage. Officers felt the poor condition of the hospital infrastructure was a structural barrier to the ability to recruit and retain the number of staff required to deliver services. Officers highlighted the need to demonstrate in the Business Case the investments required.

During the course of discussion the Committee asked whether it was the intention to downgrade the RNLH to Westmorland General Hospital status. Officers confirmed the aim was to deliver better care for the population in Lancashire and South Cumbria and not to increase inequalities and reduce care.

A member raised the possibility of Garstang being used as a potential site; it was confirmed that this had been discussed but emphasised no decision had been made as this was still in the engagement stage.

Members discussed the need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote locations noting no decision had been taken regarding locations.

A concern was raised regarding the length of time which mental health facilities had been artificially separated and questioned whether it would be possible to combine services again.

The Committee noted that the UHMBT and LTHTr schemes were in the Government's second phase with an ambition to start building in 2025 with an aim to open new hospital facilities by 2030. It was explained this was a phasing process with eight hospitals progressing and Lancashire and South Cumbria being included in the category.

Officers emphasised the need to incorporate engagement and consultation with patients, local people, staff and stakeholders throughout the New Hospitals Programme's process as this would inform and shape final proposals. Members were informed that to-date over 20,000 comments had been received.

In conclusion the Committee noted that the Lancashire and South Cumbria New Hospitals Programme was leading the response to the Government's initiative which offered the opportunity to transform the hospital facilities and services they provided and bring significant economic benefit well beyond the NHS.

**RESOLVED**, that

- (1) the report be noted;
- (2) the Committee be kept updated of future developments;
- (3) the case for change be circulated to members.

## **10 NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST CARE QUALITY COMMISSION ACTION PLAN**

The Committee was informed that following Care Quality Commission (CQC) inspections to the Trust during August and September 2020 they had been managing the following specific streams of work in relation to this:-

- Warning Notice requirements - an urgent and emergency care (UEC) improvement plan was put in place to address the core themes issued as part of the warning notice. Regular updates were provided to the CQC on delivering the required improvements and continued to be monitored on an ongoing basis;
- Must Do and Should Do actions from the November 2020 inspection report. The CQC report had outlined 51 must do and nine should do requirements.

The Committee received progress to-date and details of the six further strands of work which had been developed to support and sustain improvements for the long-term.



Members were informed that significant progress had been made in implementing the CQC recommendations and this had resulted in real improvements for the services which the Trust provided. It was explained there had initially been a focus on the most urgent issues and strong foundations had been laid to ensure the actions were implemented in a sustainable way into 2021/22.

A discussion took place regarding the overview of requirements and members asked for further information regarding the Community and End of Life Care. The Interim Chief Nurse highlighted concerns, informing members the actions required were regarding the accurate documentation on the end of life pathway and place to die. She emphasised this was a process which should involve the entire organisations and not only palliative care.

Members noted the amber actions regarding Emergency Care and were informed they were regarding the functionality of the electronic system; plans were in place to eliminate those concerns.

During the course of discussion the importance of an early diagnosis by Emergency Care for Sepsis was highlighted. The Interim Chief Nurse explained this was a national issue and that NCIC had reinvigorated a programme which had been previously been in place to address this matter.

A discussion took place regarding the 'Must Dos' and a request was made for examples of concrete recommendations. Members were informed these included training standards such as specific training in safeguarding, safe nurse staffing levels and sufficient resources to deliver services in a safe environment.

The Committee asked whether all staff received safeguarding supervision training. It was confirmed that everyone received training which was commensurate with their role which included training to recognise all types of abuse including neurological issues.

A Member raised a concern regarding the negative culture amongst staff which affected the reputation of the hospital. The Interim Chief Nurse informed the Committee that this had not been identified by the CQC but acknowledged the Executive Team were aware of the perception of the hospital and work was being undertaken to improve this.

In conclusion the Committee was informed that an Improvement Plan had been identified for 2021/22 to take forward further actions which included an agreed medical and nurse staffing model, review of the transfer policy and process, safeguarding supervision training, safeguarding champions, recognition reporting and investigation of incidents training roll out and a review of committee/meeting structures and Terms of Reference to ensure the flow of information from Ward to Board.

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

## **11 NORTH CUMBRIA STROKE SERVICE JULY 2021**

Members received a presentation on the North Cumbria Stroke Service noting that the Healthcare for the Future consultation had concluded in March 2017 and the Hyper Acute Stroke Unit (HASU) opening at the Cumberland Infirmary, Carlisle in October 2019 with patients from West Cumbria being admitted to the Unit in December 2019.

The Committee was informed of the successes and challenges, welcoming the improved quality of care for patients, provision of seven day service for hyper acute strokes, ensuring all patients across north Cumbria received the same level of care on arrival in hospital and a maintained/improved thrombolysis rate.

Members' attention was also drawn to the remaining challenges which included recruitment, maintaining the flow out of the HASU and pre-hospital assessment. Officers explained that work was being undertaken with North West Ambulance Service to improve the pre-hospital alerts and assessments prior to admission to improve pathway efficiency.

The Committee was informed of the Early Supported Stroke Discharge (ESSD) the service which was provided for people after a stroke allowing the transfer of care from an inpatient environment to a primary care setting. It was explained that 40% of acute stroke patients were suitable for this service and was of particular benefit to those with mild or moderate disability.

Members noted that currently there were three ESSD teams covering Carlisle, Brampton & Longtown, Eden and Workington & Copeland. It was explained this enabled a timely flow of stroke patients through the acute hospital system which helped create essential capacity on the HASU for acute stroke admissions.

The Committee raised their concerns regarding the lack of an ESSD service in the west of the County due to lack of funding. Members felt the situation was not fair or equitable and suggested that Cumbria Health Scrutiny Committee investigate this matter further.

The Chair, on behalf of the Committee, thanked officers for the fantastic work which they were undertaking and agreed to investigate the lack of an ESSD in West Cumbria.

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

## **12 COMMUNITY HOSPITALS BED BASE REVIEW**

The Committee considered a report which provided a progress update of Morecambe Bay CCG's and University Hospitals of Morecambe Bay Trust's engagement activities for the Community Hospitals Bed Base Review in South Cumbria which took place across the South Cumbria footprint from 2 September to 13 December 2019.

Members were informed, as way of background, that in 2017, Morecambe Bay Clinical Commissioning Group commissioned the North West Utilisation Management (NWUM) Unit to undertake a Community Bed Based Service Review which included Langdale North Unit, Westmorland General Hospital, Langdale South Unit, Westmorland General Hospital, Abbey View, co-located at Furness General Hospital and Millom Community Hospital.

The Committee noted that the review had highlighted a number of issues on the units and a subsequent review of intermediate care across Lancashire and South Cumbria undertaken in 2019 indicated that outcomes for intermediate care delivered in people's own homes was better than those who experienced intermediate care in another setting. It was explained that this further compelled a review of the current provision with the intention to re-design and modernise services.

Officers explained that after taking this into account, a project was initiated to review the community beds and develop ideas for effective use and future proofing in South Cumbria. Members noted that the first step had been to engage with a wide range of stakeholders, including the wider public and staff, to generate ideas in response to the question 'Where would you like to be cared for?'

The Committee was informed that to-date stakeholder and staff engagement had taken place during the period September 2019 to January 2020. It was explained the survey confirmed that for some communities there would be a need for some bed-base, offering 24 hour care for people whose home circumstances were not suitable and for whom it would not be safe to provide sessional support at home. It was also acknowledged that, in some communities, the community beds provided good quality end of life care that was highly valued and an important offer for people who were at that stage in life.

The Committee was informed of the current position; over the past year, the community beds at Abbey View and Millom had continued to operate as close to normal as possible albeit with the restrictions imposed in terms of managing infection risk. It was explained that all attempts were made to implement Infection Prevention and Control processes which included a decision to directly discharge patients home wherever this was possible. Members emphasised the immense value of community hospitals in remote areas highlighting the need for such facilities to continue.

The Committee noted that in the initial stage of the COVID pandemic the beds on the Langdale Unit in Kendal continued to function for step down. However, by the beginning of July 2020, there were just 4 beds in use and, because of mounting pressure to manage the backlog of surgical patients and other elective care procedures, a decision was made by the Incident Management Group at UHMBT to temporarily close it and enable use of all of Westmorland General as a COVID-free site in as far as this would be possible.

The Committee was informed that the temporary closure of the Langdale Unit provided an opportunity to test some new ways of working which included deploying the majority of staff into community roles that supported those same patients who were now at home.

The Committee was informed of the next steps which would be subject to a formal consultation exercise, noting that because of the differing needs of the three different areas of South Lakes, Furness and Millom there was potential to adopt a phased approach to planning, with South Lakes leading the process.

During the course of discussion officers confirmed they were committed to simultaneously working on a plan to re-open the Langdale Unit in accordance with planned restoration of services that had experienced changes because of the pandemic. It was explained that should the proposed options indicate a reduction in bed-base, then reinvestment would be seen to community services to respond to the need and enable care be delivered closer to home.

A discussion took place regarding the geographical position of Central Lakes and members were informed that referrals were usually made to the site closest with an option to go elsewhere. It was explained that currently patients in Kendal and Grasmere were receiving care from community teams due to the closure of the Langdale Unit.

Members drew attention to GP feedback which included the UHMBT ward staff accessing community generated Care Plans to inform any acute admission. It was noted that despite efforts to date it had not been possible to change practices to ensure that any community generated care plan was accessed in Lorenzo to inform in-patient care in hospital and discharge planning. Officers confirmed the need to streamline the system.

The Committee was informed of the identified timescales to take the programme of work forward and it was agreed that the Cumbria Health Scrutiny Committee would be kept informed.

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

### **13 DATE OF FUTURE MEETING**

It was noted that the next meeting of the Committee would be held on Monday 4 October 2021 at 10.30 am in Conference Room A/B, Cumbria House, Carlisle.

The meeting ended at 3.00 pm