

## **CUMBRIA AND LANCASHIRE JOINT HEALTH SCRUTINY COMMITTEE**

Minutes of a Meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee held on Tuesday, 27 September 2022 at 11.00 am at Committee Room 2 - County Offices, Kendal, LA9 4RQ

### **PRESENT:**

Mr M Wilson (Chair)

Ms L Collinge  
Mr E Pope  
Mr S Rigby

Mr D Westley  
Mr CJ Whiteside

Also in Attendance:-

Mrs L Davis	-	Democratic Services Officer
Ms S Parker	-	Senior Democratic Services Officer
Ms L Jones	-	Acting Director of Corporate Affairs
Mr S McLean	-	Chief Operating Officer
Mr R Sachs	-	Director of Governance
Mr D Stephens	-	Strategic Policy & Scrutiny Advisor

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

#### **29 APOLOGIES FOR ABSENCE**

An apology for absence was received from Mr F Cassidy.

#### **30 MEMBERSHIP**

There were no changes to membership to note.

#### **31 DISCLOSURES OF INTEREST**

There were no disclosures of interest made for this meeting.

#### **32 EXCLUSION OF PRESS AND PUBLIC**

**RESOLVED**, that the press and public be not excluded from the meeting during consideration of any items on the agenda.

### **33 MINUTES**

**RESOLVED**, that the minutes of the meeting held on 15 March 2022 be agreed as a true record and signed by the Chair.

### **34 PROGRESS REPORT ON CARE QUALITY COMMISSION (CQC), NICHE AND ROYAL COLLEGE OF SURGEONS (RCS) IMPROVEMENT PLANS**

Members received update a report that summarised the current position and progress of the improvement plans to address the following:-

- o CQC Must Do and Should Do recommendations
- o NICHE Report recommendations
- o Royal College of Surgeons Report recommendations

The report combined all three reviews into one report which had been designed to meet the reporting requirements of the Trust Assurance Committees, Trust Board and the Service Improvement to aid efficiency, support visibility and to increase understanding of cross-cutting themes. A summary of the key issues were listed in the report.

The Director of Governance outlined the robust governance that had been put in place and agreed to provide monthly progress reports, submitted to the UHMBT Board, to members when available. Members received an explanation of the Niche Investigation Assurance Framework (NIAF) in terms of levels 0-5 and were informed the Trust was working towards achieving level 3 compliance. It was noted that Niche would undertake a return visit in October, with the expectation of their report being published in January 2023. It was suggested that the Joint Committee be convened when appropriate to consider the NICHE report.

In answer to members' questions, the Director of Governance acknowledged a slippage in the progression of CQC's must and should dos, but outlined actions and processes that had been put in place to ensure the Trust remained on target and most importantly have a sustainable patient centred service. The Director of Governance agreed to provide members with the percentage of "must dos" which were beyond the control of UHMBT to deliver, along with details of type of actions required and who had responsibility for these.

The discussion then centred around staff vacancy figures and the impact of these on services. It was agreed that members be provided with current vacancy rates across nursing and midwifery together with any specialism where the levels were of a concern (above 15%) for the Trust. Seasonal pressures and the ability to cope was discussed.

Further to a member's question on another level of process, the Director of Governance agreed to provide information on the rationale for the proposal by the People Committee for the Trust to introduce a mechanism of escalation, separate to the existing grievance and Freedom to Speak Up processes.

Recording of ethnicity and health inequalities were discussed. Work was being undertaken at Lancashire County Council on Health Inequalities and it was agreed that this work be shared with the Joint Committee members when available.

The Director of Governance was thanked for the report.

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

### **35 UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST WINTER PLANS**

The Chief Operating Officer presented reports and gave a presentation on the approach the Trust, and system partners, were taking to prepare for the forthcoming winter period and when responding to escalating service pressures. The presentation outlined the Trust's Managing Patient Flow, Surge and Escalation Plan.

The Officer informed members of hospital admission and "not meeting the criteria to reside" (NMCR) figures, adult social care pressures and the pressures of these on the hospitals. It was reported that this year's winter was expected to be particularly challenging given already stretched health and social care services, with an expected increase of illnesses. Members noted improvement projects that had been designed to mitigate winter pressures, focussing on increasing capacity outside hospital and ensuring timely discharges. The introduction of virtual wards was discussed and the officer outlined safeguarding measures put in place for these.

In discussion of adult social care pressures, the Chief Operating Officer outlined work that was taking place with Cumbria County Council to provide additional alternative provision, freeing up headroom within the Trust. It was agreed that members be provided with details of the provider in receipt of the contract, which was currently out to tender, to provide alternative domiciliary care provision to reduce NMCR over the winter.

The Chief Operating Officer informed members that the Trust was not considering opening additional ward capacity for NMCR. A member asked the Trust to give consideration over undertaking a Quality Impact Assessment of not opening additional ward capacity for NMCR.

To conclude, the officer gave a presentation on the Managing Patient Flow, Surge and Escalation Plan and outlined Opel 4 Escalation. Members suggested circulating the presentation to the full Health Scrutiny Committee members.

Members thanked the Chief Operating Officer for the reports.

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

### **36 DATE OF NEXT MEETING**

The date of the next meeting was to be confirmed.

The meeting ended at 12.55 pm