

## Health Scrutiny Committee

Meeting to be held on Tuesday 22 March 2022

Electoral Division affected:  
(All Divisions);

**Corporate Priorities:**  
N/A

### Report of the Health Scrutiny Steering Group

Contact for further information:

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#### Brief Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 9 February 2022.

#### Recommendation

The Health Scrutiny Committee is asked to receive the report of its steering group.

#### Detail

The steering group is made up of the chair and deputy chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

The main purpose of the steering group is to manage the workload of the committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the steering group are listed below:

1. To act as a preparatory body on behalf of the committee to develop the following aspects in relation to planned topics/reviews scheduled on the committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the committee;
  - Determine who to invite to the committee;
2. To act as the first point of contact between scrutiny and the health service trusts and clinical commissioning groups;

3. To liaise, on behalf of the committee, with health service trusts and clinical commissioning groups;
4. To make proposals to the committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
5. To act as mediator when agreement cannot be reached on NHS service changes by the committee. The conclusions of any disagreements including referral to secretary of state will rest with the committee;
6. To invite any local councillor(s) whose ward(s) as well as any county councillor(s) whose division(s) are/will be affected to sit on the group for the duration of the topic to be considered;
7. To develop and maintain its own work programme for the committee to consider and allocate topics accordingly.

It is important to note that the steering group is not a formal decision-making body and that it will report its activities and any aspect of its work to the committee for consideration and agreement.

- **Meeting Held on 9 February 2022**

### **UHMBT - Urology and Trauma and Orthopaedic Services**

The Chair welcomed to the meeting representatives from the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT), Aaron Cummins, Chief Executive, Mike Thomas, Chair, Phil Woodford, Director of Corporate Affairs, Richard Sachs, Director of Governance, Damien Riley, Associate Medical Director, and Dr David Levy, Regional Medical Director from NHS England and Improvement North West and Chair of the System Improvement Board to present on the approach adopted to develop actions arising from the recommendations in the Niche Health and Social Care Consulting report into urology services and the Royal College of Surgeons report on trauma and orthopaedic services at the trust.

A copy of the presentation is set out in the minutes.

Dr Levy provided the steering group with a narrative to the concerns raised in relation to urology services and trauma and orthopaedic services at the trust. Key issues for the trust included culture and governance. CQC visits had also highlighted significant issues. It was explained that a System Improvement Board had been established to oversee and support improvements at the trust with a programme of improvement and exit criteria being agreed between the two bodies for the next 18 months to 2 years. Dr Levy offered to share the exit criteria with the steering group.

Comments and queries from the steering group were as follows:

- Culture was a key foundation stone of the trust's Recovery Support Programme. The trust looked at their challenges and looked back to the foundations of UHMBT and issues with Urology and Trauma Orthopaedics. It was recognised that staff engagement was vital to move forward. It was noticed in the past issues were raised and dealt with but not quickly or sustainably. The trust undertook cultural engagement work using an online platform to promote engagement and used answers from a cultural engagement survey and national staff survey which received an encouraging number of responses, this told the leadership team the staff wanted to be involved and the feedback was used to design the Cultural Improvement Programme. The next step was to reflect to those who participated in the survey before collating and agreeing actions. There was also a Leadership Development Programme to develop existing members of the leadership team or recruit.
- Partnership work with Clinical Commissioning Groups (CCGs) and local authorities was the key to the journey and success. UHMBT also received support, additional funding, and expertise from the NHS national Recovery Support Programme Team.
- It was clarified that next to recommendations in the report, actions remained as 'no' or in red until actions were delivered. With regard to member's queries on recommendations 67(E) and 11; NICHE would return to the trust in Autumn 2022 to conduct their Phase 5 review and work with UHMBT to objectively check that the actions were delivered and achieved at an acceptable standard and the impact they would expect. Also, until the work was completed with the Cultural Improvement Programme, Professional Relationships would remain as an issue until the chief executive was satisfied.
- It was further clarified that Jane McNicholas was appointed Interim Medical Director to look at the quality and capability of the clinical leadership teams to deliver the clinical strategy, the clinical vision for services with those new teams, and to ensure that the culture of clinical leadership was embedded into the Cultural Improvement Program.
- It was explained that named consultants was difficult for UHMBT, as there were multiple sites which span a large area and consultants travelled between sites, which they did not want to reflect on the patient's journey. Therefore, changes were made to how lead consultants or named teams were allocated to patients. The clinical strategy would lead to more consolidation of services. The trust was aware that running services over multiple sites and over a large area was more challenging than a different trust which could run all its services on one site.
- Members queried the total number of patients there were from the 44 responses received as part of the Urology Patient Experience rating (December 2021), UHMBT would find out and feed this back to the steering group.
- A request was made for more detail on the Do Not Attempt CPR issues, to determine if this was specifically paperwork or more substantial issues.
- UHMBT were satisfied that with their new appointments and additional support there was the capacity and capability to deliver the improvements. It was suggested that Phil Woodford contact Gary Halsall to appraise him of what's planned over the next 12 months with the System Improvement

Board's forward-looking agenda to help inform when the steering group could schedule future updates on these matters.

Members thanked UHMBT for attending the meeting and for their honesty when responding to questions.

Actions: UHMBT to;

- Share the Recovery Support Programme's exit criteria.
- Find out the total number of patients who could have participated in the Urology Patient Experience (December 2021).

**Resolved:** That the System Improvement Board's forward-looking agenda be shared with the Senior Democratic Services Officer to help inform the Health Scrutiny Committee Steering Group for when further updates on urology and trauma orthopaedic services could be scheduled.

### **Quality Surveillance Group**

The Chair welcomed Jackie Hanson, Director of Nursing NHS England/Improvement (NHSE/I) and Jane Scattergood, Director of Nursing and Quality, Lancashire and South Cumbria Health and Care Partnership. The steering group received a presentation developed by the National Quality Board (NQB) about how quality was aligned across the complex health and care system and what that meant for Lancashire and South Cumbria.

It was noted that quality oversight arrangements were going through transition as Integrated Care Boards (ICBs) moved to a statutory footing. The Quality Surveillance Group would be replaced by a System Quality Group which would report to the NHSE/I Regional Quality Group with new arrangements coming into effect on 1 July 2022.

Comments and queries from the steering group were as follows:

- It was clarified that lead providers did provide Quality Accounts and that the information was constantly being gathered, the quality teams were present at the provider's quality committees and challenged them with quality visits. There were multiple streams of information over the standard reporting that all providers had to share and performance metrics, which were used as triggers.
- The steering group commended the Quality Surveillance Group for their decision about citizen representation and use of citizen juries.
- The ICB's monthly quality report would be a public report which could be shared regularly with the steering group.
- When there were formal proposed service reconfigurations, NHSE/I must perform a statutory process review and agree it. After the Integrated Care System became a statutory body, the ICB would review changes before NHSE/I became involved.
- The ICB and Partnership would become a statutory body on 1 July 2022 and the transition had begun in the northwest as the Quality Surveillance Group had been in place in Lancashire and South Cumbria for a while. Whilst it was

nationally prescribed, it was for the local system to shape and adapt quality oversight to the local circumstances.

The Chair thanked Jackie and Jane for attending the meeting.

Actions:

- An arrangement would be made for the ICB's monthly quality report to be shared on a regular occurrence with the steering group.

**Resolved:** That an update on the Quality Surveillance Group's transition into a System Quality Group be presented to the Health Scrutiny Committee Steering Group around June/July 2022.

### **Fylde Coast Integrated Urgent Care Contract and our future plans**

The steering group received a letter from the Chairs of the NHS Blackpool CCG and NHS Fylde and Wyre CCG. The letter dated 14 January 2022 set out to update the health scrutiny function on the Fylde Coast Integrated Urgent Care Contract and their future plans around managing this. Representatives from the CCGs were unable to attend the meeting to present on the matter but had offered to arrange a telephone call with the Chair of the steering group to explain the background further.

The steering group queried if the Integrated Urgent Care Contract was separate to Blackpool Victoria Hospital's emergency department, as this would determine their decision about extending the contract given the emergency department's recent CQC rating.

**Resolved:** That the Chair's of NHS Blackpool and Wyre and Fylde Clinical Commissioning Groups be contacted by the Chair of the Health Scrutiny Committee discuss the letter in more detail and report back to the Health Scrutiny Committee Steering Group at its next meeting on 10 March 2022.

### **Work programme 2021/22**

The steering group reviewed the Health Scrutiny Committee and Steering Group's Work Programme for 2021/22.

It was noted:

- During the discussion in Item 6, that the steering group wanted to add the item about the Care Quality Commission report that rated Blackpool Victoria Hospital's emergency care as inadequate.
- That the Disabled Facilities Grant's item might not be ready to be presented to the Health Scrutiny Committee at its meeting on Tuesday 22 March 2022, the steering group agreed for that item to be replaced by the request received to present the Lancashire Safeguarding Adult Board Annual Report 2020/21 at that meeting.
- With regards to the steering group's work programme that the NHS Trust Quality Accounts item would be moved to April or later, dependant on if NHS England provided an extension for the accounts to be submitted.

- That the Continuing Healthcare Assessments item did not need to be a presentation, the steering group agreed that this update could be a written report.
- Interest was expressed in keeping Health inequalities – people with learning disabilities as a topic for the steering group's meeting on Thursday 10 March 2022.
- Members asked for the relevant minutes of the Health Scrutiny Committee be shared with them regarding the Annual health checks and LeDeR programme, to see if the item could be a written report.
- It was also requested for more detail to be shared with the steering group about the Intermediate Care Services topic and that it could be delayed to a later meeting.
- The Public Health items be provided to the steering group as a written report before being presented to allow more meaningful conversation.
- It was agreed that a meeting of steering group would be set to allow for the Health Scrutiny Committee to formulate a work programme for 2022/23 in June 2022.

**Actions:**

- The minutes of the previous Health Scrutiny Committee relating to Annual health checks and LeDeR programme be shared with members of the steering group.
- More detail is provided to members of the steering group regarding Intermediate Care Services.
- A meeting be arranged with the Health Scrutiny Committee for June 2022 to set the work programme for 2022/23.

**Resolved:** That the Health Scrutiny Committee and Steering Group's Work Programme for 2021/22 be noted.

**Consultations**

N/A

**Implications:**

This item has the following implications, as indicated:

**Risk management**

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985  
List of Background Papers**

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II:

N/A