

## **CUMBRIA HEALTH SCRUTINY COMMITTEE**

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Wednesday, 18 May 2022 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 P Dew  
Dr M Hanley

Mr N Hughes  
Mr D Shepherd  
Mr CJ Whiteside

Also in Attendance:-

- |               |   |  |
|---------------|---|--|
| Mr R Chillery | - | Director Operations (The Bay), Lancashire & South Cumbria NHS Foundation Trust             |
| Mr A Davison  | - | Director of Nursing and Quality (The Bay), Lancashire & South Cumbria NHS Foundation Trust |
| Ms J Foster   | - | Chief Nurse, North Cumbria Integration Care NHS Foundation Trust                           |
| Mrs L Harker  | - | Senior Democratic Services Officer   |
| Mr G Quinn    | - | Head of Service, North West Ambulance Service NHS Trust (Cumbria and Lancashire Area)      |
| Mrs R Stanger | - | Sector Manager, North West Ambulance Service NHS Trust                                     |
| Mr D Stephens | - | Strategic Policy & Scrutiny Advisor  |

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

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

Members noted that a number of District Council representatives were absent from the meeting, therefore, it was agreed that this item would be deferred until the next meeting of the Committee.

It was agreed that Mr D Shepherd be appointed as Vice-Chair for this meeting only.

## **2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr D Blacklock, Mr J Bland, Mr F Cassidy, Mr A Semple and Mr M Wilson.

## **3 MEMBERSHIP OF THE COMMITTEE**

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

## **4 DISCLOSURES OF INTEREST**

- (1) Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.
- (2) Mr C Whiteside declared a non-pecuniary interest in agenda item 12 – North West Ambulance Service Provision in Cumbria (minute 12 refers) as he was employed by Openreach.

## **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**

**RESOLVED,** that the minutes of the meeting held on 22 February 2022 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.

Members received an update on the Cumbria and Lancashire Joint Health Scrutiny Committee, the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System and the Implications of the Health and Care Act for health scrutiny.

Members highlighted the value of Cumbria Healthwatch attending Committee meetings and raised their concerns regarding the lack of attendance recently; they also enquired as to whether they had appointed a new Chair. It was agreed the Strategic Policy and Scrutiny Advisor would contact Cumbria Healthwatch to investigate their situation in terms of capacity and raise the matter regarding the appointment of a Chair.

The Committee drew attention to the University Hospitals of Morecambe Bay declaring OPEL Level 4 due to increasing pressures. It was agreed this matter would be considered by Lead Members and the Cumbria and Lancashire Joint Health Scrutiny Committee.

A discussion took place regarding the Work Programme and a number of items were added for future discussion.

**RESOLVED**, that

- (1) the update on the Cumbria and Lancashire Joint Health Scrutiny Committee (specific to Morecambe Bay) be noted;
- (2) the update on the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System be noted;
- (3) the Health and Care Act – Implications for Health Scrutiny be noted;
- (4) the existing Work Programme was reviewed and the following matters were added for future consideration:-
  - (i) Update on the Health and Care Act and the impact on powers of Health Scrutiny (explore the possibility of Centre for Public Scrutiny attending);
  - (ii) Stroke Services across North and South Cumbria, including a comparison of the different operating models and what learning can be applied from one to the other;
  - (iii) action being undertaken to address the fragility of Dentistry Services in Cumbria;
  - (iv) update from Cumbria Healthwatch prior to the end of 2022.

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

Members noted the minutes of the Cumbria and Lancashire Joint Health Scrutiny Committee meeting held on 15 March 2022.

The Committee was informed that the context for UHMBT declaring OPEL Level 4 and contingency planning for winter 2022/23 would be considered at the next meeting in September.

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

## **9 UROLOGY SERVICES AT UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST**

The Committee considered a report regarding Urology Services at the University Hospital Morecambe Bay NHS Foundation Trust.

Members emphasised their concerns regarding the lack of detail in the report which was acknowledged by the Officer. It was agreed that the analysis report outlining all the specific actions being undertaken would be circulated to the Committee.

The Committee was informed that following concerns raised by a former colleague, due to the range and complexity of the allegations in 2019, the Trust had asked NHS England/Improvement to provide independent assistance to help investigate the claims. It was explained that as a result in 2020 NHS England/Improvement had commissioned NICHE Consulting Ltd (an independent management consultancy that specialised in supporting health care providers with all issues of safety, governance and quality, including undertaking independent investigations following very serious incidents) who undertook a detailed investigation received by the Trust in November 2021.

During the course of discussion it was confirmed there were no clinical concerns; the main issues were regarding administration, leadership, culture and governance.

Members noted that the Trust fully supported and accepted the findings of the report. Officers explained it was very clear that although the Trust had taken significant action over a period of time to attempt to tackle various concerns that arose, the actions that were taken were not suitably detailed or robust to ensure the improvements were sustainable and embedded, and further steps should have been undertaken.

The Committee noted that apologies had been made to patients and families who had experienced any kind of harm or distress caused by the events chronicled in the report. Officers emphasised that the Trust remained committed to ensuring that the work undertaken over the past two years to improve the service continued and became embedded.

Members were informed that the successful completion of the recommendations from the reports would improve quality and safety, ensure better outcomes for patients and was a SOF level 4 exit criteria for the Trust. It was explained that cross-cutting themes from CQC, NICHE and RCS had been identified and work was progressing to enable information systems to integrate themes and commonalities between those plans and other sources of evidence (audits, service reviews, Quality Improvement projects).

The Committee noted that evidence continued to be populated to allow for tolerance testing with proposed dates identified and deep dives commenced into the cross-cutting themes. Members were informed that a re-collaboration had been undertaken which had recently replaced deep dives with a check and challenge model.

The Committee was informed that a number of recommendations were in progress but slippage had occurred around target dates due to winter pressures; assurances were made that this was improving and it was anticipated that deadlines would be met.

A discussion took place regarding risk management and officers explained that a Risk Management Strategy was in place as well as the creation of a new Risk Management Group, whilst highlighting that this was not a stand-alone topic and was woven through the vast majority of services. Members were informed that Medicine Care Group had implemented more robust risk management governance processes through regular reporting of risks registers at Care Group Governance and Assurance Group, resulting in the number of overdue risks reducing significantly. It was explained that an audit process strengthened at corporate and care group level through the establishment of a new corporate governance structure, targeted support to care group provided.

The Committee discussed the NICHE recommendations noting that six of them were specific to Urology only. Members were informed that extensive action had been made to address them with an update of the current position and assurance being collated following a request by NHS England/Improvement. Officers explained that the learning and best practice that could be implemented from Urology into the new Trust wide actions would be shared.

Members were informed it had been acknowledged that work was required with regards to culture which had gone unchallenged in the Urology Team for a considerable length of time. It was explained that work undertaken following the NICHE recommendations had put Urology on a remarkable journey which had led to increased respect and psychological improvements which would be escalated and articulated throughout the Organisation.

The Chair thanked the Officer for the update and asked that a further report be made to a future meeting of the Committee following the NICHE Phase 5 in November.

**RESOLVED,** that

- (1) the report be noted;
- (2) a detailed analysis report outlining all the specific actions being undertaken be circulated to the Committee together with the report which will be considered by the Board of Governors;

- (3) an update on progress in addressing the NICHE recommendations be included in the Trust's report to the Cumbria and Lancashire Joint Health Scrutiny Committee in September.

## **10 INPATIENT MENTAL HEALTH PROVISION ACROSS SOUTH CUMBRIA**

Members considered a positive report from Lancashire and South Cumbria NHS Foundation Trust regarding in-patient mental health provision across South Cumbria.

The Committee was informed that in October 2019, Mental Health services across South Cumbria had transferred to Lancashire and South Cumbria NHS Foundation Trust. It was explained that as part of that transfer the Trust inherited a number of challenges, including a 'Requires Improvement Care Quality Commission' rating, as previously updated to the Committee.

Members were informed that when South Cumbria services were transferred there had been significant concerns regarding staffing, estate and patient safety on the inpatient wards in Kendal (Kentmere) and Furness General (Dova and Ramsey wards), including a lack of awareness around policies and procedures. The Committee noted there were serious incidents reported on the inpatient wards, with concerns relating to the culture among the staff and leadership. It was noted that subsequently, upon transfer, both the Care Quality Commission (CQC) and the Freedom to Speak up Champion received whistleblowing concerns from staff and the service was struggling to recruit and retain staff.

The Committee was informed that prior to and following transfer of the services of South Cumbria, an Assurance Committee, chaired by a Board Non-Executive Director., was put in place to oversee the transaction and quality of the services together with an Oversight Group, led by NHS Improvement. Officers explained that in addition to this, in July 2020, a weekly Incident Management Group (IMG) was established for South Cumbria inpatient units led by an Executive Director of the Trust, with its remit being to ensure that the necessary improvements were made in the South Cumbria Inpatient wards. Members were informed that a number of actions were identified for improvement across workforce, leadership, culture, practice and the estate.

Members were informed that the Group had reported in January 2022 that they had achieved 100% of the required actions identified in the Improvement Plan. The Committee noted the improvement to date and the continuous improvement work underway to ensure South Cumbria had the highest quality of care provided to patients who required inpatient mental health care.

A discussion took place regarding the provision of Freedom to Speak up Ambassadors who had been appointed on both wards to ensure that inpatient staff knew who and how to access support and advice when needed.

Members were also informed that Kick Start activity workers (a Government scheme to support young people (16-24 year olds) to find work, who were at long term risk of unemployment) were also engaged in the wards which it was felt helped with mental health recovery.

The Committee was informed that RAID training (reinforce appropriate, implode disruptive) psychological approach to challenging behaviours were delivered on both wards to support a reduction in restrictive practice.

A discussion took place regarding recruitment and retention and officers acknowledged that this was the biggest challenge. It was explained that ongoing improvements included a pilot to enhance a recruitment and retention offer specific to the Bay network given the recognised challenges for recruitment. Members were informed that in order to enhance staffing South Cumbria wards had also been part of the Trust's international recruitment campaign and it had a rolling active recruitment programme in place across South Cumbria which included advertising campaigns and proactive local recruitment.

Officers explained that whilst every effort was made to recruit resources there were occasions when bank and agency staff had to be deployed during certain levels of absence.

The Committee was informed that feedback from service user complaints and serious incidents was now embedded in ward meetings and safety huddles, promoting an open learning and just culture for staff. It was noted that there was oversight of incidents, complaints, Patient Advice & Liaison, safeguarding and quality indicators such as Friends and Family to ensure the improvements were sustained.

Members welcomed the appraisals and the training which was commissioned to ensure good quality appraisals leading to development plans for all staff. It was agreed that the Appraisals Workbook would be circulated to all members of the Committee.

The Committee was informed that the Trust also undertook a staff survey which had seen a significant rise in responses.

A discussion took place regarding the new Kentmere Ward and it was confirmed this would be a 12 bedded unit with a courtyard built on the same site as the existing ward. An invitation to the new Kentmere Ward was extended to the Committee.

In response to a question regarding challenges which were being faced officers acknowledged that recruitment and an increase in mental health were their biggest challenges at present.

The Chair, on behalf of the Committee, welcomed the report and accepted the invitation to visit the new Kentmere Ward in the future.

**RESOLVED**, that

- (1) the report be noted;
- (2) the Appraisals Workbook be circulated to all members of the Committee.
- (3) the invitation be accepted for the Committee to visit the new Kentmere Ward prior to opening.

## **11 LIBERTY PROTECTION SAFEGUARDS**

### **a Liberty Protection Safeguards Preparation North Cumbria Integrated Care NHS Trust**

The Committee considered a report from North Cumbria Integrated Care NHS Trust which outlined preparations for the Liberty Protection Safeguards (LPS). It was explained that this would move several responsibilities from the local authority to NHS trusts, where inpatient services were provided to patients who lacked capacity and who may be deprived of their liberty.

Members were informed that the Code of Practice to the LPS was published as a draft document for extended consultation on 17 March, running until 7 July. It was explained that the Government had stated that it would not provide a revised implementation date until after consideration of the responses to the consultation; it appeared likely that there would be at least six months between the response to the consultation and the start date of LPS, to allow for organisations to prepare systems and train or recruit staff.

The Committee was informed that with regards to the implementation of LPS, the Trust was aware that significant work was taking place at national and ICS level around LPS, including the creation of an Intercollegiate Document for Mental Capacity Act learning, similar to that used for safeguarding for adults and children. Officers explained that preparation was being undertaken for training resources and materials with the expectation that there would need to be a significant degree of training offered within the Trust, possibly using the resources created nationally.

Members were informed a considerable amount of work would need to be undertaken at ICS and national level in preparation areas such as funding, workforce, governance and inter-operability between organisations. The Committee noted that the Head of Safeguarding was attending the North East/Yorkshire/Cumbria footprint meetings and would be engaged in any of the work of that Group. Furthermore, in the local area there were established inter-agency liaison meetings between NHS trusts, advocacy services and the Local Authority, to agree implementation and transition plans, however, those sessions were currently unable to consider plans in detail.



A discussion took place regarding the financial implications and members were informed it was anticipated that no funding would be transferred from the Local Authority to the Trust.

The Committee was informed there would be a Lead within the Safeguarding Team; a permanent MCA Specialist Practitioner post who would act as the lead for casework supported by two administrators. Matron teams would receive appropriate training and provide a service in the community.

Members raised their concerns as to the possibility of patients failing to be noticed or included. Officers acknowledged this concern and explained there was a plethora of individuals involved to try and prevent this happening.

The Committee was informed there was also an enhanced training package which would be developed and implemented to cover mandatory and extended MCA practice for wards and services across the Trust in both acute and community settings.

A discussion took place regarding the right to challenge for extended family members. It was explained this could be undertaken by an advocate, individual with legal power of attorney or similar position, whilst also highlighting there were a number of avenues for the decision to be challenged. Members were also informed that professional opinion would be sought for life-threatening, limb preserving or other similar issues.

The Committee noted the next steps for consideration of the LPS implementation and it was agreed a further report would be made to a future meeting.

#### **b Liberty Protection Safeguards ( LPS) Preparation - South Cumbria**

The Committee had received a detailed presentation in advance of the meeting but due to unforeseen circumstances there were no officers from UHMBT available to attend, therefore, the following questions would be relayed to the Trust:-

- How does UHMBT assess the risk of their DoLs Co-ordinator being on secondment; how are these mitigated?
- Who are the Team liaising within their LPS Networks?

## **12 NORTH WEST AMBULANCE SERVICE PROVISION IN CUMBRIA**

The Committee received a presentation from North West Ambulance Service which provided an update on ambulance provision in Cumbria.

Members were informed there were eight ambulance sites, 13-20 ambulances, three response cars and 191 active Community First Responders to support the county.

The Committee noted the emergency response standards measured through the Ambulance Response Programme (ARP) which aimed to make sure patients were being reached as quickly as possible based on the nature and priority of the call.

A discussion took place regarding improvements which included hospital handover safety checklist, NHS pathways in emergency operations centres for single primary triage, work being undertaken with Cumbria Health On-Call Limited to improve patient access and receipt of funding to work with the Cumberland Infirmary, Carlisle to improve care for frail and elderly patients suffering trauma.

The Committee received an update regarding ambulance provision in the Alston Moor area. Members noted that the objectives were to future proof the provision of safe and reliable care for the community and position Alston as a model of quality. Officers explained the clinical concerns which included the number and availability of emergency medical technicians which resulted in limitations of cover and the inability to convey patients.

It was explained that discussions were taking place with the Cumbria Fire and Rescue Service to discuss the use of retained firefighters to help improve response times for category 1 patients. Whilst members acknowledged that options were being considered for Alston it was felt that there should be a bespoke funded option for the area.

Members noted the initial proposals of NWS and the engagement which had taken place with a number of agencies and the community.

The Committee received an overview of the achievements across the region over the past year which included the roll out of a new Electronic Patient Record system, completion of first phase to enable real time sharing of patient detail, involved in the national pilot trialling of body worn cameras for crews, launch of a Suicide Prevention Toolkit, launch of a staff Disability Network and the Trust's first consultant midwife to improve maternity care.

A discussion took place regarding the number of call-outs and response times. Officers explained the high number of calls were due to the demographics of the area and highlighted that the Ambulance Response Programme included new call categories which were substantial increases in the expected response times for different categories of calls. Members were informed that two hours urgent care response was in its implementation stage.

Members noted that future aims and objectives included the digitisation of workforce and medicines management system, the ESMC project (new national mobile data system) and welcomed the introduction of the Ambulance Academy. The Committee suggested that attendance at local events should be encouraged and officers confirmed a variety of public engagement took place in accordance with the resources available.

During the course of discussion members raised their concerns regarding to anti-social behaviour towards ambulance staff and welcomed any efforts made by the Service to mitigate the abuse.

The Chair, on behalf of the Committee, thanked officers for their update and suggested that a further report, including information regarding South Cumbria, be considered at a future meeting.

**RESOLVED**, that

- (1) the update be noted;
- (2) a report, including information regarding South Cumbria, be considered at a future meeting.

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

It was noted that the next meeting of the Committee would be held on Monday 25 July 2022 at 10.30 am in Conference Room A/B, Cumbria House, Botchergate, Carlisle.

The meeting ended at 2.30 pm