

MINUTES of the meeting of the Health and Well-being Overview and Scrutiny Committee held on 21 February 2012 at 7.00pm.

Present: Councillors Wendy Herd, Martin Healy, Sue Gray, Victoria Holloway, Amanda Prevost and Tunde Ojetola

Apologies: Mike Riley

In attendance: R. Harris – Head of ~~Strategic~~ Commissioning, Peoples ~~Adult~~ Services
J. Hall- Interim Commissioner, Peoples Services
A. Whittle – Chief Executive of Basildon Hospital
D. Sarkar – Director of Nursing, Basildon Hospital
J. Forbes-Burford – Project Director, Health Transition
M Boulter – Principal Democratic Services Officer
J. Olsson – Director of Peoples Services (arrived at 8pm)

37. MINUTES

The Minutes of the Health and well-being meeting held on 17 January was approved as a correct record.

Councillor Ojetola asked, in relation to the Housing Strategy, whether the changes recommended at the last meeting had been made to the Cabinet report. Officers confirmed they would check.

38. DECLARATIONS OF INTEREST

Councillors Ojetola, Healy and Herd declared personal interests in relation to Item 5 by virtue that they were members of the Foundation Trust , Basildon Hospital.

39. BASILDON HOSPITAL UPDATE ON PROGRESS AND PLANS

The Committee was taken through a presentation by the hospital, which highlighted the following main points:

- Sir Peter Dixon had been appointed interim Chairman.
- The Clinical Management Structure had been changed and was due for a six and twelve month review.
- A patient safety and quality Committee had been introduced.
- The Hospital had reduced occurrences of MRSA and C. Diff.
- A nursing and midwifery strategy had been developed with staff to improve practices and morale.

- Individual care plans had been brought back for patients with a greater emphasis on compassionate care.
- Patient waiting times were a challenge due to a backlog of cases but the service was now balanced and the red flag rating was removed in January.
- A new cleaning contract had been procured and was now fully staffed following problems with recruitment following on from the last supplier.
- Legionella was still an issue and the hospital had introduced the Silver-Copper Ionisation treatment to tackle it more effectively.
- In terms of regulatory visits, the hospital remained in significant breach of terms of authorisation under Monitor due to issues relating to Legionella and staff capacity in Accident and Emergency. However, the hospital had been signed off by the National Medical Council and the Health and Safety Executive had recently completed its investigation into Legionella at the hospital and the board was awaiting the results.
- An update was provided on new buildings and renovations on site.
- Aspirations for the future were a bigger critical care department, additional operating theatre, electronic medical records and further reductions in hospital infections, pressure ulcers and patient falls.

Members sought assurances that patient care was excellent and the hospital representatives assured the committee that care practices meant that it was highly unlikely for patients to sit or lie in their own waste or to be uncomfortable.

It was confirmed that most departments were fully staffed but those few that weren't were supported through bank staff. The hospital was currently looking at the ratio of trained and untrained staff on wards.

The Committee discussed the handling of complaints where it was confirmed that the hospital received roughly 40 complaints a month of which 92% were responded to within the prescribed deadline of thirty five working days. It was added that very few complaints were re-opened following the initial response. However, it was stated that there had been an increase in referrals of complaints to the ombudsman, although they largely supported the hospital in most cases. Where a complaint highlighted poor performance or practices, the hospital developed an action plan to encourage change and improvement, which was reported back to the Directors Board.

The Committee were informed that there was a specialist nurse who specialised in patients with learning disabilities and was responsible for training all staff in their own working environments. The Hospital had also been approached by the Strategic Health Authority (SHA) to provide a national training pack. The Hospital had also adopted the

regional SHA's strategy to ensure patient choice was paramount in providing care.

The hospital still had difficulties in marrying up patients' drug schedules with GPS when they were discharged from hospital. There were a number of factors contributing to this including pharmacy preparation times, doctor availability and general communication but it was a priority for the hospital to resolve.

The use of electronic medical records was discussed and the committee was given assurances that security and back up was being developed to a very high level to ensure records were not lost or made inaccessible. There was a major project underway to scan historic records onto the system.

Following a question, the Chief Executive of the hospital explained what a red and black alert were, stating that they related to the availability of beds throughout a particular day. The hospital usually ran on amber alert and the challenges it faced with accommodating patients was a system issue involving all health and social care partners and was not something the hospital could control or affect on its own.

The Committee was given assurances that the quality of care for elderly patients was good and far exceeded the last official assessment two years ago.

RESOLVED: That:

- i) **The update be noted.**
- ii) **A visit to the hospital be arranged at a future date to explore some of the issues discussed at this meeting.**

40. HEALTHWATCH

The Local Involvement Network (LINK) was due to end in March ~~2013~~ ^{April} and be replaced by ~~the~~ Healthwatch, which would undertake the same duties but with a more formalised role and with an expectation that it would take a greater part in the Health and Well-being Board, as well as work in collaboration with the Clinical Commissioning Groups (CCGs).

The LINK host had recently changed from CEM ~~H~~VO to the CVS, which was supported by all voluntary groups in Thurrock.

RESOLVED: That:

The update be noted and that a future update return to the Committee when appropriate.

41. ESSEX, SOUTHEND AND THURROCK DEMENTIA STRATEGY

With the knowledge that the number of dementia sufferers in Thurrock will double over the next ten ~~five~~ years, officers outlined the key themes of the strategy, namely:

- People suffering dementia be encouraged to seek help through GPs. This was derived from the fact that only 40% of dementia sufferers were diagnosed as having dementia in the first place.
- The Dementia Intensive Support Scheme, based at [BTUHB](#) Basildon Hospital, will be expanded ~~introduced~~ to prevent unnecessary hospital admissions.
- The Council will work closely with residential care homes to reduce the use of anti-psychotic drugs.
- Increase the presence of the reablement team within the community.
- Focus on end of life care to allow people to make better choices relating to their care.

The strategy would run for three years and would be refreshed on a bi-annual basis.

RESOLVED: That the report be noted

42. WORK PROGRAMME

The Committee discussed the form the adult skills report would take and agreed that the Chair and Director of People's Services would discuss the content for this report.

RESOLVED: That:

- i) **The Annual Public Health Report be removed from March's meeting.**

The meeting finished at 9.00pm.

Approved as a true and correct record

CHAIRMAN

DATE

**Any queries regarding these Minutes, please contact
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or alternatively e-mail mboulter@thurrock.gov.uk**

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