

Confirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 15 April 2016 at 10:34 am in the Lecture Theatre, Burrage Centre, James Paget University Hospital, Great Yarmouth.

Present: Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Carttiss (Vice Chairman, Norfolk County Council), Alison Cackett (Waveney District Council) and Bert Poole (Suffolk County Council).

Supporting officers present: Paul Banjo (Scrutiny Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

Also present: Christine Allen (Chief Executive, JPUH), Anna Hills (Director of Governance, JPUH) and Andy Evans (Chief Executive, Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG)).

30. Public Participation Session

There were no applications to speak in the public participation session however the Chairman invited contribution during the proceedings of Agenda Item 5 (minute 34), from Mr Patrick Thompson and Councillor Sonia Barker (Waveney District Council).

31. Apologies for Absence and Substitutions

Apologies for absence were received from Councillor Colin Aldred and Councillor Shirley Weymouth.

32. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

33. Minutes of the Previous Meeting

The minutes of the meeting held on 22 January 2016 were confirmed as a correct record and signed by the Chairman.

34. James Paget University Hospital (JPUH) Transformation Plan and CQC Inspection follow-up – a progress update and action plan

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer (Suffolk County Council) to a report detailing the James Paget University Hospital's Transformation Programme and Action Plan.

The Chairman welcomed the following witnesses to the meeting:

- Christine Allen (Chief Executive, JPUH);
- Anna Hills (Director of Governance, JPUH); and
- Andy Evans (Chief Executive, Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG)).

The Chairman invited the witnesses to introduce the report.

Christine Allen outlined the transformation plans, the clinical quality risk assessment process, the range of transformation projects for 2015/16, the new Norfolk Provider Partnership, and the greater financial challenge ahead for 2016/17. The Lord Carter report recommendations which would be delivered over a five year period had been incorporated into the transformation plans.

Anna Hill outlined the work on engaging with patients, investigating complaints, patient advice and liaison, the increased proactive work and decreasing number of formal complaints, more feedback via social media, use of focus groups for 'hard to reach' communities, and linking with GP Patient Participation Group (PPG) forums.

With regard to the 'Good' CQC Report, there had been good engagement with stakeholders to deliver improvements, and they had been introducing a number of activities regarding End-of-Life services and equipment maintenance.

With regard to the Business Continuity Incident on 3-4 January 2016, the JPUH advised that part of the root-cause analysis had been completed and a number of changes had been made internally. There was a real challenge nationally regarding Accident and Emergency (A&E) performance, as shown in the Report, with JPUH performing slightly better than the national average. There had been some successes in recruitment, but difficulties recruiting nurses; the Norfolk Provider Partnership (NPP) partnership would help with 'hard to recruit to' posts. There was a real challenge to staff in A&E and still a need to use temporary staff to fill gaps. The preference was to employ locally trained and recruited nurses and look overseas as a last resort. The JPUH Site Strategy had been to the Board the previous month; there had already been changes in the past 12 months e.g. in A&E and the Day Case and Ambulatory Unit.

Andy Evans reiterated the immense importance of JPUH to the people of Great Yarmouth and Waveney (GY&W) and remarked that the whole of the health system was under pressure and in overall deficit due to a mismatch between raised expectations and the amount of money going into the NHS. JPUH was to be congratulated on its high quality of care and its 'Good' CQC outcome. Moving forward savings would need to be sought system-wide, not just at the JPUH.

Members remarked that the Board and staff of the JPUH had done an incredible job in turning the hospital round, including improvements, for example, to the appointments system which was testing out a system that contacted patients a few days before their appointment. Members asked questions about: the streamlining of the appointments system; how the hospital had improved the 'do not resuscitate' (DNR) process and End-of-Life care; the

hospitals procedures for the junior Doctors' strikes; retention of locally trained talent; profiling the patients involved in the 'business continuity' event analysis; delayed transfers of care; savings expected from the projects shown in Section 1.7 of the Report; procurement and the 'Most Capable Provider (MCP)' scheme; Norfolk and Suffolk Foundation Trust (NSFT) and Ambulance involvement in the NPP partnership; the impact of Ambulatory Care on the A&E admissions figures (it has had biggest impact on reducing overnight admissions); how feedback was sought; greater use of pharmacies for advice; and the perception that the Better Care Fund was not working.

The Chairman thanked the guests very much for their participation in the meeting.

Recommendation: The Joint Committee:

- a) Commended and congratulated the James Paget University Hospital (JPUH) on the 'Good' Care Quality Commission's (CQC) rating;
- b) Noted the good progress of the JPUH transformation action plans;
- c) Requested an Information Bulletin update in July on progress with the system-wide root-cause analysis of the 'Business Continuity Event' when there was unprecedented high demand at the JPUH Accident & Emergency department; and
- d) Requested more information for a future meeting about the 'Most Capable Provider' (MCP) procurement scheme.

Reason for recommendation: Members were pleased with the CQC report and congratulated the Board and staff on the positive work achieved so far.

Members felt it was beneficial to interrogate the root-cause analysis to further identify if any trends had occurred leading up to the 'business continuity event', for example due to the closure of Oulton Medical Practice, although Members accepted it was likely coincidence.

Members noted the GY&W CCG's approach to commissioning integrated services, and wished to scrutinise the new procurement scheme.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

35. Information Bulletin

The Committee noted the information bulletin at Agenda Item 6.

36. Forward Work Programme

At Agenda Item 7, the Joint Committee agreed its Forward Work Programme with the inclusion of an agenda item on 'Diabetes care within primary care services in Gt Yarmouth and Waveney' (update on the Integrated Model of Diabetes care) to 7 October 2016 meeting. This would be held in Lowestoft with an opportunity also to hear from the Kirkley Mill Out of Hospital Team.

It was also proposed that the Joint Committee would consider the 'Most Capable Provider (MCP) procurement scheme' at its meeting on 20 January 2017.

37. Urgent Business

There was no urgent business.

The meeting closed at 12.15pm.

Chairman