

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
ON 29 May 2014**

Present:

Mr C Aldred	Norfolk County Council
Mr J Bracey	Broadland District Council
Mr D Bradford	Norwich City Council
Mr M Carttiss (elected Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Ms A Kemp	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mr A Wright	Borough Council of King's Lynn and West Norfolk

Substitute Members Present:

Mrs J Virgo for Mrs J Chamberlin

Also Present:

John Paul Garside	Board Secretary and Head of Legal Services, Norfolk and Norwich University Hospitals NHS Foundation Trust
Liz Libiszewski	Director of Nursing, Quality & Patient Experience, James Paget University Hospitals NHS Foundation Trust
Valerie Newton	Deputy Director of Nursing, Queen Elizabeth Hospital NHS Foundation Trust
Jo Segasby	Director of Women, Children and Cancer Services, Norfolk and Norwich University Hospitals NHS Foundation Trust
Dr Lisa Cook	Queen Elizabeth Hospital NHS Foundation Trust
Dr Katie Soden	Lead Consultant at Priscilla Bacon Centre, Norfolk Community Health and Care NHS Trust
Alex Stewart	Health-watch Norfolk
Chris Walton	Head of Democratic Services, Norfolk County Council
Maureen Orr	Scrutiny Support Manager (Health)
Tim Shaw	Committee Officer

1(a) Election of Chairman

Resolved (unanimously)

That Mr M R H Carttiss be elected Chairman of the Committee for the ensuing year.

(Mr M R H Carttiss in the Chair)

1(b) Election of Vice-Chairman

Resolved (unanimously)

That Mr A Wright be elected Vice-Chairman of the Committee for the ensuing year.

2. Apologies for Absence

Apologies for absence were received from Mrs J Chamberlin, Mrs A Claussen-Reynolds and Mrs M Fairhead .

3. Minutes

The minutes of the previous meeting held on 17 April 2014 were confirmed by the Committee and signed by the Chairman.

4. Declarations of Interest

There were no declarations of interest.

5. Urgent Business

There were no items of urgent business.

6. Chairman's Announcements

6.1 The Chairman paid tribute to the work of Mr Bracey, the former Vice-Chairman of the Committee, who had been appointed Vice-Chairman of Broadland District Council and remained a member of the Committee. The Chairman also congratulated Mr Wright from the Borough Council of King's Lynn and West Norfolk, the longest serving member of the Committee, on his election as the Committee's new Vice-Chairman and welcomed to the Committee the newly appointed Members of the County Council.

6.2 The Chairman said that he had received a proposal from the Commissioning Manager, Integrated Mental Health and Learning, who would like to run a 'Dementia Friends' session for 50 minutes at the end of the next meeting of the Committee on 17 July 2014. The Chairman pointed out that 'Dementia Friends' was an initiative to encourage 1 million people nationwide to use their knowledge about dementia in the community and at work. The session would be open to Members and to staff. Members of the Committee were asked to let Maureen Orr know if they were interested in attending the event.

7. Hospital Complaints Processing and Reporting

7.1 The Committee received a suggested approach from the Scrutiny Support Manager (Health) to reports from the Norfolk acute hospitals on how their Boards and their Governors received information about complaints and how they learnt from and acted upon trends in complaints.

7.2 The Committee received evidence from John Paul Garside, Board Secretary and Head of Legal Services, Norfolk and Norwich University Hospitals NHS Foundation Trust, Liz Libiszewski, Director of Nursing, Quality & Patient Experience, James Paget University Hospitals NHS Foundation Trust and Valerie Newton, Deputy Director of Nursing, Queen Elizabeth Hospital NHS Foundation Trust.

7.3 In the course of discussion, the following key points were made:

- The witnesses said that anyone who was receiving, or had received, NHS treatment or services could complain. They could complain in person or get someone else, usually a relative or close friend, to complain on their behalf. They could complain by writing to the Chief Executive of the Trust, via the Trust's website and/or with the assistance of the Trust's Patient Advice and Liaison Service (PALS).
- The witnesses pointed out that the Patient Advice and Liaison Service (PALS) was an informal service and did not replace the NHS complaints procedure. The PALS and hospital complaints team were distinct and separate and there was no obligation on patients to go through PALS first.
- PALS staff ensured that up to date PALS posters and leaflets were displayed and available in hospital wards.
- The witnesses said that the three Acute Trusts aimed to acknowledge complaints in writing within 3 days of receipt.
- Mr Garside said that a complainant could expect to receive a first response within 10 working days and a full substantive response within 25 working days.
- The witnesses said that local efforts to resolve complaints were usually successful and that very few complaints were referred to the Parliamentary and Health Service Ombudsman.
- The witnesses explained the procedures that the Trusts had put in place to make sure they acted on complaints. The witnesses said that Information was provided on a monthly basis to the Boards of all three Trusts about the nature of the complaints that related to their hospitals, with a particular emphasis on the outcomes of the complaints process, and whether patients thought that their concerns had been 'properly heard and addressed'.
- In order to ensure that complaints were used to learn lessons that lead to service improvements for patients, information about complaints was also provided to the relevant ward/departmental manager and clinical director and elsewhere within management structures of the hospitals.
- In reply to questions, it was pointed out that complaints about car parking at the NNUH had led to significant improvements at that hospital, including an enlarged car-park.
- The QEH had provided benchmarking data for all three acute hospitals which was included in the appendix to the Scrutiny Officer's report.
- Where complaints involved agency staff the agency was informed at the earliest opportunity.
- The hospitals used social website media to keep in contact with the views of young people.
- In reply to questions the witnesses said that where complaints spanned organisational boundaries, there were arrangements in place for a 'joined up' approach to sharing them with the CCGs, Adult Social Services and other organisations so that they were dealt with effectively and as quickly as possible.
- The complaints were broken down into different categories of complaint and complaints about individual members of staff were dealt with sensitively in

- accordance with established HR practice.
- An established “Speak up Policy” at the NNUH gave staff a series of options whereby they could raise any issues of concern through local line management, with the Chief Executive, and with the hospital’s HR department.
- The JPH had designated a senior member of staff within the hospital’s HR team with specific responsibility for whistleblowing, so as to ensure that the hospital acted on intelligence received from whistle-blowers.
- Val Newton agreed to supply information for Members of the Committee on how many people had brought up the 17 cases of whistle-blowing at the QEH (that were mentioned on page 58 of the agenda papers) and how many of these individuals had brought forward more than one of these whistle-blowing cases.
- In response to a member question, John Garside explained that the Care Quality Commission's Intelligence Monitoring Report published on 21 October 2013 had shown the Norfolk and Norwich University Hospitals NHS Foundation Trust with an elevated risk due to four cases of whistle-blowing. The hospital no longer had such an elevated risk. Mr Garside also explained that there were no occasions in the last two years where staff had used the hospital's internal whistle-blowing process (i.e. the 'safety valve' in the Speak-Up Policy whereby staff could approach a Senior Independent Director).
- It was pointed out that none of the three acute hospitals had “gagging clauses” in contracts that prevented former members of staff raising issues of concern.
- Alex Stewart of Health-watch Norfolk explained the information that was included at Appendix D to the report which set out Health-watch Norfolk’s involvement in the NHS complaints process.

7.4 The Committee agreed to receive Health-watch Norfolk’s report on complaints handling in Norfolk when it was published (the report was expected to be published on 23 July 2014). It was noted that the Committee would then be able to decide whether to look further at the subject of hospital complaint handling.

8 End of Life Care in Norfolk’s Acute Hospitals

8.1 The Committee received a suggested approach from the Scrutiny Support Manager (Health) to an update on new end of life care practices in hospitals to replace use of the Liverpool Care Pathway.

8.2 The Committee received evidence from Jo Segasby, Director of Women, Children and Cancer Services, Norfolk and Norwich University Hospitals NHS Foundation Trust, Dr Lisa Cook, Queen Elizabeth Hospital NHS Foundation Trust, Liz Libiszewski, Director of Nursing, Quality & Patient Experience, James Paget University Hospitals NHS Foundation Trust and Dr Katie Soden, Lead Consultant at Priscilla Bacon Centre, Norfolk Community Health and Care NHS Trust.

8.3 In the course of discussion, the following key points were made:

- The witnesses pointed out that the Liverpool Care Pathway (LCP) was being phased out in Norfolk and replaced with more personalised plans for end of life care following the publication of an independent national report from the Leadership Alliance for the Care of Dying People.
- The witnesses added that Government guidance as to what policy would replace the LCP was awaited and this was causing some degree of

uncertainty within the NHS.

- There was, however, no need for consultation about what made for good care of patients since this was the same for all patients and family needs always needed to be respected.
- The spiritual needs of patients requiring end of life care were also not neglected.
- It was pointed out that the Priscilla Bacon Centre, Norfolk Community Health and Care NHS Trust, would officially no longer follow the LCP from 1st June 2014 but in practice the Centre had not been using the LCP for a number of months.
- The witnesses added that they were working together to integrate care and develop a single “yellow folder “ for patients with end of life needs and that they were piloting new electronic palliative care records.
- The acute hospitals in Norfolk had raised standards by ensuring that a named senior consultant was responsible for a patient’s care needs.

8.4 The Committee noted the information provided by the acute hospitals and Norfolk Community Health and Care.

9 Terms of Reference for Great Yarmouth and Waveney Joint Health Scrutiny Committee

9.1 The Committee agreed the revised terms of reference for the Great Yarmouth and Waveney Joint Health Scrutiny Committee and that Suffolk County Council should be informed of this decision.

9.2 The Committee also agreed that Mr Carttiss, Mr Aldred and the NHOSC Member for Great Yarmouth Borough Council would serve on the joint committee.

9.3 It was noted that the next meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee had been arranged for 23 July 2014 at the Orbis Centre, Lowestoft and that all Members of the NHOSC were eligible to be substitute members of the Joint Committee.

10 Forward Work Programme

10.1 The proposed forward work programme was agreed.

Officers were asked to look at putting the page numbers for appendices to reports on the NHOSC agenda sheets.

10.2 The meeting concluded at 11.45 am

Chairman



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