

Health Scrutiny Panel

Minutes - 24 September 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri
Cllr Craig Collingswood
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal (Chair)
Cllr Peter O'Neill
Cllr Stephen Simkins
Cllr Wendy Thompson

Employees

Ros Jervis	Service Director, Public Health & Wellbeing
Deborah Breedon	Scrutiny Officer

In attendance

Joyce Fletcher	Deputy Director of Nursing
Jeremy Vanes	Chair of the Royal Wolverhampton NHS Trust
Debbie Hickman	Deputy Chief Nurse

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies were submitted on behalf of Cllrs Mark Evans, Val Evans, Mr Ralph Oakley, Mrs Jean Hancox and Mr David Hellyar

- 2 **Declarations of Interest**
- 3 **Minutes of previous meeting**
Resolved:

That the minutes of the meeting held on 16 July 2015 be approved as a correct record and signed by the Chair

- 4 **Matters Arising**
There were no matters arising

- 5 **Francis Report Update - Black Country Partnership NHS Foundation Trust (BCPFT)**
Joyce Fletcher, Deputy Director of Nursing provided a synopsis of the progress within BCPFT in the implementation to the Francis Report in relation to the specific areas as requested by the Health Scrutiny Panel:

- How Duty of Candour Requirements are being met
- Dignity Champions
- Complaints Management
- Staffing / Apprenticeships
- National Nursing Strategy 'Care and Compassion'
- Freedom to speak up

The Deputy Director of Nursing advised that the implementation of the Francis Report has been incorporated into the core clinical and quality strategies of BCPFT and not reported separately. She highlighted several outcomes arising including:

- Duty of Candour – About how it links into the value of the organisation
- Dignity Champions – 'In my shoes' how does it feel as a service user, different wards, listening to service users
- Monitoring of Staffing – ensuring staffing agencies are safe, triangulating the planned staffing level with clinical incidents to ensure staffing levels are safe. She advised that retention of staff is important and it is important to streamline DBVS tests. Also important here is the marketing campaigns to attract staff, when to launch, how long to get into post in line.
- She advised that there are 50 apprentices across the organisation and that they have recently won a national award for giving local people opportunities.
- A video has been developed for you tube to share the six 'C's' – Staff are very proud to promote the freedom to speak out about things.

She advised that there are challenges related to training, when doctors have to take annual leave to carry out staff training and capacity for training is a challenge. Ros Jervis, Service Director Public Health welcomed the sign off of actions and suggested that it would be useful for Health Scrutiny Panel to receive evidence to highlight what has changed as a result of the Francis Report in terms of improving quality of care at BCPFT and New Cross, with some examples of the improvements and how they have become embedded in day to day process.

Cllr Mrs Wendy Thompson reported some concerns about nurses and midwives leaving the profession due to reporting mechanisms and indicated that retention may depend on the leadership and management.

The Deputy Director of Nursing advised that executive officers were actively encouraged to walkabout within the trust to speak to staff and those in a guardian role. She advised that the 'Freedom to Speak' was quite new but is very welcome by everyone to improve services. During discussion about parity of esteem and funding equality in mental health the panel considered the accumulative effect of public and health services and need for Health Scrutiny to look at suicide prevention.

Resolved:

1. That the Health Scrutiny Committee received the report and noted the contents.
2. That the Panel noted the actions arising from the Francis report are now embedded.

Cllr Milkinder Jaspal welcomed Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust and Debbie Hickman, Deputy Chief Nurse. He advised that scrutiny of the CQC inspection report is important to hear what the issues are and the problems are and to understand the relationship between the two.

Jeremy Vanes introduced the CQC Inspection Report; he informed the Panel that the person responsible for the CQC report is the Chair of the organisation and that the Deputy Head Nurse will respond to specific questions. He gave a brief background about CQC inspections, explaining that CQC Commission was created 2009-10 to replace three other regulatory bodies based on the lessons learnt from Mid Staffordshire Hospital NHS Trust. The commission was established as a single, integrated regulator for England's health and adult social care services by the Health and Social Care Act 2008.

The CQC inspects Hospitals, Social Care, General Practitioners (GPs) and others the Royal Wolverhampton NHS Trust (RWT) was inspected in the first wave of inspections in November 2013. The rationale for undertaking this 2015 inspection was to rate the trust because the initial inspections did not receive a rating due to being in the early wave one pilot programme. The RWT Chair advised that there had been significant changes at RWT since 2013. The RWT Chair advised that 64% of all hospitals inspected in the Country had received a rating of 'requires improvement' and RWT had tried proactively to prepare for the inspection which was carried out only seven months after RWT had taken over Cannock Hospital.

The RWT Chair outlined the methodology of CQC inspections; he highlighted the five domains as follows:

- Safe
- Effect
- Caring
- Responsive
- Well led - three levels Ward; Middle management and Senior level

He advised there are eight core group services inspected and that the inspection can also go to place which may be of interest, such as a ward, where the team may be there all day reviewing data and observing staff to evaluate against the five domains of the inspection and that there are 85 different areas of judgement in the report on RWT, which is one of the largest undertaken by CQC. He added that the visits to ward can be unannounced, at weekends, at night, anytime and anywhere.

The RWT Chair informed the Panel that the draft report was sent to RWT to read and send back inaccuracies. He advised that there were almost 300 factual inaccuracies identified and returned to CQC; of these some 200 were accepted and revised in the final report, however none of the rankings changed. The next step was a quality summit, a meeting attended by RWT, the Local Authority, Trust Development Authority, several CCG's and Health Watch to discuss the final report before the report was press released.

The RWT Chair informed Panel that RWT is one of the largest acute and community providers in the West Midlands providing its services from New Cross Hospital, West Park Hospital, more than 20 Community sites and

(since November 2014) Cannock Community Hospital. He indicated that it is a very integrated organisation with three completely different levels to provide integrated healthcare – community, secondary and tertiary services.

With regard to the inspection report the RWT Chair advised that the outcome was a disappointing overall requires improvement. He encouraged the Panel to read the detail of the report and informed them that out of 85 different sections 64% were judged to be good and highlighted good for caring; effectiveness; being responsive; surgery; maternity and gynaecology; community services and good for the new accident and emergency (A&E) at New Cross being a great step forward. He highlighted outstanding for caring domain as giving great heart and spirit to the RWT, however voiced disappointment with the overall outcome as requires improvement. He acknowledged that an inadequate for safety in medical care and care in the same area as inadequate was disappointing and were a stimulus for the appeal on process. He accepted the criticisms in several parts of the report, particularly focussed on some findings in radiology and critical care. He advised that as issues were identified by CQC in June much remedial action was put in place immediately. He informed the Panel that the CQC identifies nursing vacancies as a concern in relation to patient safety, but acknowledges nurse staffing levels are a national problem and require a national solution. RWT has made significant in-roads in recruiting additional nursing staff and the Trust manages the issue well and will continue to address the issue.

The RWT Chair informed the Panel that an appeal of the overall rating has been submitted and RWT will wait for the CQC to respond which may take weeks.

Debbie Hickman, Deputy Chief Nurse advised the Panel that there was disappointment with the overall rating from CQC. She advised that the process has been followed, factual inaccuracies had been taken into account and now the process will be challenged, focusing on how the ratings have been weighted and triangulated. She indicated that the 60% of factual inaccuracies had been accepted but not translated into the report or the overall rating. She advised that the CQC had ten days to appoint an assessor and would have to respond to the Trust within 30 days relating to the appeal.

The Health Scrutiny Chair, Cllr Milkinder Jaspal asked if there would be a financial cost to appeal the decision and was advised that the appeal would be quite inbedded in paperwork and that the assessor would advise if there will be a financial implication.

Cllr Peter O'Neill indicated how the inspection underlines attention to recruitment of nurses. He referred to sections of the report where systems could be improved relating to drugs handling and the system for storage of drugs; the record of fridge temperatures, where equipment had broken down and the transport of blood. The RWT Chair advised that in the vast organisation there would inevitably be equipment failures, he advised that the out of date drugs were in fact on a training trolley in the critical care unit which was not used on the ward, but he acknowledged the need to build in more rigorous systems and checks. Cllr Peter O'Neill asked if there had been a pre-assessment before the inspection date. The Deputy Head Nurse advised that there had been a matrix, she and the RWT Chair clarified that as part of the pre-assessment RWT had raised issues with the inspection team which they had

acknowledged, he advised that all hospitals had prepared and that they had learned a lot from the process.

The RWT Chair indicated that the next scheduled inspection is likely to be two and a half years away; however there may be unannounced visits before that date. He advised that part of the action plan will be to ensure process and mechanisms are in place. The Health Scrutiny Chair suggested that the aim should be continuous improvement.

Cllr Stephen Simkins voiced concern that the RWT had grown too quickly and that more than half of the services required improvement relating to safety, he asked what the processes and plans are to improve the services. He indicated that the credibility of New Cross Hospital was low with residents in his area and asked what more could be done to address the lack of nursing staff. The RWT Chair responded that the safety ratings 'inadequate' and 'requires improvement' had been adversely affected by the lack of staff; he advised that this is a national problem but reported that RWT has been working with the University to ensure that every nurse coming out of the University is welcome to apply at RWT, and other initiatives like the University Technical College (Health) offered long term hopes. He advised that modern nursing is a technically and emotionally hard job and that the decision that every nurse is a graduate was a national decision.

In response to the point about the rapid growth of RWT the RWT Chair advised that in order to prevent the demise of Stafford hospital timetables were set to transfer the services and that in doing that several vacant posts were also transferred. In such situations, there is an inevitable time lag in refilling vacancies. He advised that the Trust Service Administrator (not RWT) determined the plan, which was difficult in that it is not very often a hospital is pulled apart and redistributed; the Ministers were grateful that Stoke and Wolverhampton could respond. The more recent addition of Cannock Community hospital is an opportunity to move some of the elective surgery there (relieving the pressure at New Cross), and there was a reasonably good report even though not all of the works to new operating theatre in Cannock are complete.

In response to a question from Cllr Milkinder Jaspal about the due diligence process, The RWT Chair advised that there was an exhaustive "double lock" assurance process and a clinical assessment too. The Deputy Head Nurse confirmed that there is an action plan and that work commenced on the actions as soon as the CQC inspectors walked through the door, she advised that some of the actions are complete.

The RWT Chair acknowledged public concerns about services in the community and travelling distance for an operation but advised that with it is important to have specialist services at one centre of excellence, and elective operations in New Cross has previously been subject to cancellation when overflows of medical patients needed extra beds.

Ros Jervis, Head of Public Health acknowledged the comments made about staffing levels and nursing impacting on the safety domain and asked what were the other big issues raised during the inspection that are now included on the work programme. The RWT Chair advised that there were 15 must do items why the service was deemed inadequate prior to the quality summit, none of which directly

focussed on medical care, and he had questioned the CQC on this in the quality summit, then some of the should do's were changed to must do's later; staffing vacancies were the main underlying source of harsher judgements. The Deputy Head Nurse advised other big issues related to radiology and a few other issues that were identified on the day and put right with immediate effect.

Cllr Craig Collingswood asked if training issues should be looked at in the hospital. The RWT Chair advised that the staff had been extremely responsive to issues raised during the inspection. Cllr Craig Collingswood asked why staff needed to be told when they could self-prevent if trained. The RWT Chair agreed with this view and suggested that a contact is provided outside the meeting to discuss specific training matters.

The Deputy Head Nurse responded to a question about the breast care unit and advised that there were no clear plans at the time of inspection but that things have moved on and that from an operational level there is no change but that consideration is being given to expanding services and including at Cannock Hospital. She clarified that currently both sites are being looked at relating to utilisation for all services.

Cllr Wendy Thompson referred to Stafford NHS Trust and that it was clear major change had to happen, she was grateful to RWT as the service at Cannock hospital had to improve and she referred to instances of people actively choosing RWT Heart and lungs unit as the service is so good, she welcomed the good service at New Cross Hospital. She referred to staffing issues and indicated that it is right to have well qualified nurses; she asked if enough trainee nurses are coming through the system with the required maths and English GCSE qualifications. The Deputy Head Nurse responded that in terms of applications there were 300% in terms of work force planning and confirmed that this has increased. She suggested that funding may be an issue when it becomes a national scheme, she confirmed there is a good working relationship with the University and that there is still a post Francis report effect. The Panel indicated support of the forward plan and any actions to increase staffing, the Deputy Head Nurse agreed to forward detail of turnover of staff to the Panel for information. The Health Scrutiny Chair indicated that many nurses live in area around New Cross Hospital but work in Birmingham and asked if pay was a factor in attracting nursing staff to other hospitals. The Deputy Head Nurse advised that there is a national pay grade for nurses but that other hospitals offer different opportunities in terms of speciality pathways and that there is an element of choice. She confirmed that RWT have vacancies and that pathways with neighbouring authorities are being explored. Cllr Stephen Simkins asked if schools are visited to talk to young people about nursing careers, he suggested a more proactive approach and a strategic plan for management and strategy. The Chair suggested that the Panel receive information about staff retention policies and strategy in a further report to staffing later in the year.

The RWT Chair advised that he is liaising with Heath Park (adjacent to New Cross site) and RWT has good interactions with numerous other schools about work with young people; the University Technical College in West Bromwich already has 300 young people, with the first cohort of 30 youngsters from Wolverhampton attending. The UTC provides work experience and the first pupil from Heath Park to gain a place at medical school went last year from the academy.

The Chair thanked the RWT Chair and Deputy Head Nurse for presenting the CQC Inspection report and responding to questions from the Panel.

Resolved:

1. That a progress report be requested relating to the CQC Inspection Action Plan and outcome of the appeal submitted to CQC.
2. That the update report includes details of timelines for actions to be completed and if there are any financial implications arising from the appeal to CQC.