

# Health Scrutiny Panel

## 24 September 2015

**Time** 2.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

**Venue** Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

### Membership

**Chair** Cllr Milkinderpal Jaspal (Lab)  
**Vice-chair** Cllr Mark Evans (Con)

#### Labour

Cllr Harbans Bagri  
Cllr Craig Collingswood  
Cllr Val Evans  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Stephen Simkins

#### Conservative

Cllr Wendy Thompson

#### Liberal Democrat

Quorum for this meeting is two Councillors.

### Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Deborah Breedon  
**Tel/Email** Tel: 01902 551250 or [Deborah.breedon@wolverhampton.gov.uk](mailto:Deborah.breedon@wolverhampton.gov.uk)  
**Address** Democratic Support, Civic Centre, 2<sup>nd</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

# Agenda

## Part 1 – items open to the press and public

*Item No.*    *Title*

### MEETING BUSINESS ITEMS

- 1            **Apologies**
- 2            **Declarations of Interest**
- 3            **Minutes of previous meeting** (Pages 3 - 8)  
[To approve the minutes of the previous meeting as a correct record.]
- 4            **Matters Arising**  
[To consider any matters arising from the minutes.]

### DISCUSSION ITEMS

- 5            **Francis Report Update - Black Country Partnership NHS Foundation Trust (BCPFT)** (Pages 9 - 22)  
[To provide 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.]
- 6            **The Royal Wolverhampton NHS Trust - CQC Inspection Report and Francis Report update** (Pages 23 - 30)  
[To provide a presentation to update the panel about progress on the remaining actions arising from the Francis Report and to outline the CQC Inspection Report.]

The CQC Inspection report is available on the CQC website :  
<http://www.cqc.org.uk/location/RL403>

# Health Scrutiny Panel

## Minutes - 16 July 2015

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Milkinderpal Jaspal (Chair)  
Cllr Harbans Bagri  
Cllr Craig Collingswood  
Cllr Mark Evans (Vice-Chair)  
Cllr Val Evans  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Ralph Oakley  
Cllr Stephen Simkins  
Cllr Wendy Thompson

#### Employees

Ros Jervis	Service Director – Public Health and Wellbeing
Jonathan Pearce	Graduate Management Trainee

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1        **Apologies**  
Apologies for absence were received from Viv Griffin.
- 2        **Declarations of Interest**  
There were no declarations of interest.
- 3        **Minutes of previous meeting**  
Resolved:  
          That the minutes of the meeting held on 15 June 2015 be approved  
          as a correct record and signed by the Chair.
- 4        **Matters Arising**
- 5        **The end of life strategy update report of The Royal Wolverhampton NHS Trust (RWT)**  
Clair Hobbs, Senior Matron – Adult Community Services Group (RWT), introduced the End of Life Strategy Update Report. She explained how the strategy is based on national guidance about how to care for people during their last days of life, and that Trust's model is based on best practice from another trust. A new document launched on 24 April 2015 outlines the Trust's priorities and is being implemented at some Trust sites, such as Compton Hospice. This document will be audited in the next few months to assess how the Trust can improve and build upon their progress in the area. The Trust has also created a best practice steering group.

The vision of the strategy is to meet the needs of a dying person holistically. By involving individual and relatives in a care plan, the Trust facilitates the needs and preferences of a dying patient. This can include accommodating spiritual and religious customs, spending time with loved ones, and making special arrangements for the patient's pet to visit them in care. An internet page provides staff with information about these measures. Monthly training is also provided and over 500 employees have already completed the course. This has informed staff about the new care philosophy of tailored care. The Trust aims to implement a gold standards framework for end of life care to ensure people are able to choose where they die. It will do this by identifying patients at a palliative stage of care and proactively put measures in place to ensure they are able to choose how they are cared for.

Susan Seymour, Advanced Nurse Practitioner, presented the panel examples of resource boxes that are used to return patient possessions to a bereaved family. She explained how these resource boxes were a more personalised and sensitive gesture. She added that the hospital aims to accommodate the wishes of the family after bereavement, and that a discrete swan symbol informs staff that the patient is in end of life care. Departmental Swan Champions support the philosophy of this project and have been making arrangements for families to park at reduced rates when visiting relatives.

Cllr O'Neill queried how this service linked with patient complaints, noting that there could sometimes a desire to blame someone or something after bereavement. A patient liaison service processes such complaints currently, but an end of life steering group will monitor this in future. The group has designed a bereavement survey for relatives to evaluate quality of care and their experiences. The Trust is also voluntarily participating in the national end of life care audit. Cllr O' Neill also queried where the national end of life audit report could be accessed. The Advanced Nurse Practitioner explained the Trust is currently submitting raw data for this year's report, which won't be available until January 2016. She added that previous years' reports are available to access online.

Cllr O'Neill also commented on the financial implications of expanding the end of care team. Claire Skidmore, Chief Finance Officer at Wolverhampton Clinical Commission Group (WCCG), explained that the CCG commissions a Home In Reach Team and is aiming to extend the contract because they recognise the value of it. The Senior Matron confirmed this.

Cllr Collingswood commented on the sensitivity of the report and noted that there is an issue relating to people wanting to die at home, but being unable to. The Senior Matron explained that that the gold standards framework will see the Trust being more proactive in future when identifying patients. The framework will be implemented in the community with a view to liaising more closely with GPs and health professionals to identify patients in need of care.

Cllr Simkins enquired about the involvement of the Council's Bereavement Services Team in supporting the strategy. He suggested that the Council's input may help streamline the process for bereaved families, noting that administration is often a lesser concern for grieving families. The Senior Matron noted that this is not currently considered a problem as the swan resource pack provides clear information for

families about what they should do after a relative has died. She did however welcome the input of the Council at the next steering group meeting.

Cllr Simkins also queried the procedure for discharges that enable patients to die in their own homes. The Advanced Care Practitioner explained that if people want to die in their homes they can be discharged within 24 hours; social services are not required to be involved if it is clear the person has a short amount of time left to live. She acknowledged there were greater challenges liaising with social services when it the condition of a patient was less clear. In such circumstances, staff can access information on the Trust's intranet, which explains relevant procedures to discharge a patient.

Cllr Simkins made a final comment about whether people are directed towards charitable funding by the Trust. The Senior Matron commented that community matrons share information about how charities can help families, but that she would raise this issue again with the steering group.

Cllr Bagri commented on how there was a need to be spiritually and religiously sensitive to people's need, citing the Sikh and Muslim faith as examples. The Senior Matron explained that personalised care profiles will allow patients to specify these kinds of requirements. She added that a multi-faith chaplaincy is involved in steering group and would support Cllr Bagri's requests.

Ros Jervis, Service Director for Public Health praised the work of the report authors, but noted the immense challenge of identifying people in need of end of life care; she noted that this was a precursor to all the work the Trust has implemented. She added that it was important that a range of medical professionals (GPs, primary care physicians, consultants, inpatient teams, diagnostic service) should be able to feed into end of life team as this will support delivery of care. The Advanced Care Practitioner agreed and noted that the Trust's aim is for the gold standards framework to grow into the model suggested.

Resolved:

- 1) That a council bereavement officer attends the next end of life steering group meeting to discuss partnership working.
- 2) That the Trust demonstrates a broader range of health bodies being involved in the gold standard framework used to identify patients in palliative care.

## 6 **Musculoskeletal (MSK) Services Consultation Evaluation**

Claire Skidmore, Chief Finance Officer, and Penny Gibbs, Communications and Engagement Lead Officer, presented the Wolverhampton Clinical Commissioning Group (WCCG) MSK consultation evaluation. The CCG's consultation ran from 16 March 2015 to 5 June 2015. This work included:

- Formal meetings
- Visits to outpatient clinics
- Discussions at public and private CCG meetings
- Outreach opportunities
- Social media

The CCG reported a positive response to the consultation and noted the vision to streamline the service was shared by the majority of people that they spoke to. The consultation identified four themes that are important to people, which were:

- An accessible and local location
- Easy access and referral into the system
- Good communication
- Quality of service with performance indicators to measure success

The findings of the consultation will be presented to the CCG Board with a view to designing a contract specification to tender the service. The Chief Finance Officer noted that the CCG wishes for patient voice to be part of the procurement process, and that they hope to procure a service that will start by the end of 2016. Sam Hick, HealthWatch representative, queried how patient groups would be involved in this process. It was explained that there will be patient involvement in reviewing bids, with an opportunity to challenge decisions in the procurement process.

Cllr O'Neill commented on information sharing between health bodies and queried whether the CCG would introduce more technology to replace hard copies of documents. The Chief Finance Officer explained hospital trusts make these decisions; however, CCG contracts often make stipulations regarding technology, which means the CCG can track and monitor developments. She added that the CCG aims to design a MSK service where professionals are able to access patient records seamlessly to avoid duplication.

Cllr Simkins requested background information about MSK services for the benefit of new Health Scrutiny Panel members. The Chief Finance Officer explained that the reasons for bringing the paper were considered by the Health Scrutiny Panel last year, summarising the issues of the current service: a confusing system for patients, duplicated and superfluous appointments, and an inefficient information sharing processes. Cllr Simkins noted that turnout for some of the consultation events had been very low and queried whether elected members could be informed of future consultations in their wards, as this could significantly boost turnout. Ros Jervis, Director of Public Health, also noted that certain workshops had been poorly attended. She suggested that the CCG should link with Councillors when running future consultations as elected members often have detailed knowledge of their communities. This was noted by the CCG as a lesson learnt. The Director of Public Health explained to the Panel that she had not been involved in this consultation as it not part of Public Health's remit. However, she commented that Public Health would continue to play a role in supporting service users

Cllr Simkins commented that the results of the consultation survey showed a higher number of professionals with a possible interest in the service redesign than patients. The Chief Finance Officer noted that 215 service users had responded to the survey, and that clinicians' viewpoints were often useful for designing a service. Penny Gibbs, Communications and Engagement Lead, added that a mixture of patients, carers and professionals, totalling 138 people, had completed questionnaires for the consultation. She stated the total number of participants was not deemed low. She added that whilst the CCG had arranged a series of events and means to communicate, CCG employees could not coerce people into responding. The Chief Finance Officer noted that specific consultation had taken place at a rheumatology

group to gain insights from a key patient group. Sam Hick, HealthWatch member, enquired if feedback would be provided to those who had participated in the consultation. The Communication and Engagement Lead explained that where contact details had been left, the CCG would contact the individual.

Cllr-O'Neill requested that a specification draft be shared with the Panel when available to give Councillors an impression of the MSK service design. The Chief Finance Officer explained that the specification will be based on the consultation's findings. Cllr Simkins added that the Panel should be reported to about how effective the changes have been at a future meeting.

Cllr Thompson raised two health issues for the Panel's consideration. Firstly, she queried the number of rheumatologists in the Wolverhampton, noting a reported shortage by constituents. The Chief Finance Officer agreed to provide this information to clarify staff numbers. Secondly, Cllr Thompson made a suggestion for a future work item. She noted that there was a national issue of a shortage of young doctors and medical professionals, and requested that the Panel consider a report on 'building a workforce for the future' at a later meeting. The Director of Public Health suggested that Professor Linda Langué at University of Wolverhampton and Dr Singh at New Cross would be good contacts to provide information about working on postgraduate health training.

Resolved:

- 1) That the Musculoskeletal Consultation be upheld on the proviso a copy of the draft specification be circulated to Health Scrutiny Panel members.
- 2) That Wolverhampton Clinical Commissioning Group be provided with information about Councillors and their ward details for their future consultation involvement.
- 3) That the suggested work item, 'building a workforce for the future', be added to the Health Scrutiny Panel work programme.

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<b>Agenda item no:</b>	
<b>Enclosure no:</b>	

<b>Meeting:</b>	Health Scrutiny Board
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<b>Date:</b>	24 September 2015
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<b>Title:</b>	Health Scrutiny Update Report
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<b>Presented by:</b>	Joyce Fletcher, Deputy Director of Nursing
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<b>Prepared by:</b>	Joyce Fletcher, Deputy Director of Nursing
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<b>Purpose:</b>	Information		Discussion	<input checked="" type="checkbox"/>	Recommendation		Approval	
That the Health Scrutiny Committee receives this report and note contents for discussion.								

<b>Linked to risk register:</b>	No		Yes		Datix No:		H/ML
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<b>Additional resources required:</b>	Yes		No	
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This report covers (tick  all that apply):

<b>Strategic objectives:</b>	
We will improve access to a range of integrated services across the Black Country which are sustainable and responsive	
Our local communities will value the contribution we make to improving people's lives	
We will attract, retain and develop a capable and flexible workforce	
<b>Trust Goals:</b>	
To reduce inequality by recognising diversity and celebrating difference	
To improve and promote the health and well-being of local communities	
To provide high quality care in the right place, at the right time	
To put people and their families at the heart of care	

<b>Evidences compliance to:</b>
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Health & Safety Executive							
Care Quality Commission	Safe	x	Caring	x	Responsive		x
	Effective	x	Well Led				x

<b>Have impact assessments been completed for this report / strategy?</b>			
Quality Impact Assessment	Y/N/na	Equality Impact Assessment	Y/N/na

Number of pages in Document		Number of Appendices	8
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## Executive Summary

The enclosed report presents 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 Committee:

1. How Duty of Candour Requirements are being met
2. Dignity Champions
3. Complaints Management
4. Staffing/Apprenticeships  
Additional updates presented
5. National Nursing Strategy 'Care and Compassion'
6. Freedom to Speak up

This builds on the comprehensive report and presentation submitted and discussed at the Health Scrutiny Panel in March 2015 and meetings previous to this.

The implementation of the Francis Report which has now been incorporated into the core clinical and quality strategies of BCPFT and not reported separately.

## Health Scrutiny Report Update

<p>How Duty of Candour ( DoC) requirements are being met</p>	<ul style="list-style-type: none"> <li>• All relevant policies have been reviewed and updated to reflect both the statutory DoC and the Professional DoC. A training course was completed by medical staff in June to enhance their understanding.</li> <li>• A range of communication methods have been used to raise awareness of the requirements of DoC; including the use of the Trust Internal communication bulletins, video on the trust website and included on the agenda of key meetings.</li> <li>• Attached at Appendix 1 is the flowchart that has gone out to BCPFT Groups to ensure the follow the process. DoC forms a part of the Trust weekly review of all clinical incidents are</li> <li>• DoC is recorded on our Clinical Incident Reporting system Datix and this allows the trust to monitor the process.</li> <li>• Any lessons learnt are shared through our Trust quarterly ‘Lessons Learnt Bulletin’.</li> </ul>
<p>Dignity Champions</p>	<ul style="list-style-type: none"> <li>• The Dignity and Respect initiative was first launched in the Trust in January 2013, and re launched at the <b>4<sup>th</sup> Quality Summit</b> on the 10<sup>th</sup> March 2015. The re launch was underpinned by staff recommendations obtained from 2 Trust wide staff consultation workshops in June and September 2014, which emphasised the need for an “on the ground” focus to implementation of the Dignity and Respect agenda. This has commenced with a creative approach to patient and staff involvement entitled “<b><i>In My Shoes</i></b>”, with a project selected by each of the 17 inpatient wards across the Mental Health and Learning Disability Groups, facilitated by the Trust’s Creative facilitator. Projects include: an</li> </ul>

	<p>animated DVD resource and training pack to address bullying, to use photography as a medium for communicating dignity and identity issues, enhancing cultural life, accessible information to support patient's journeys and value based recruitment. "In My Shoes" is due for review at the end of November 2015.</p> <ul style="list-style-type: none"> <li>• <b>A Caremaker and Dignity Champion Recruitment &amp; Refresher Event</b> in July 2015 was well attended and resulted in an increase in clinical and non-clinical Dignity Champions across the Trust, and development of a register.</li> <li>• The revised Dignity and Respect Policy is to be re launched at the forthcoming <b>2<sup>nd</sup> Trust wide Dignity and Respect event</b> in November 2015. This will include Experts by Experience and Carers and focus on: an "In My Shoes" update, value based recruitment, the LGBT Network, Raising Concerns and the Care certificate.</li> </ul>
<p><b>Complaints Management Process</b>  Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care</p>	<ul style="list-style-type: none"> <li>• Policy and procedures are in place</li> <li>• Process refined with all complaints being sent to appropriate Clinical Director / Head of Nursing for allocation and subsequent sign off before being sent to CEO for approval</li> <li>• All outcomes/lessons learned are shared through monthly clinical reports and quarterly lessons learned bulletins</li> <li>• Patient story to the Board of Directors is now fully embedded</li> <li>• Compliance maintained to NHS complaints management process</li> <li>• BCPFT took part in a NHS benchmarking project, complaints management, in partnership with Patient Association. Uptake was very poor so difficult to benchmark ourselves with other MH trusts but outcomes taken on board and</li> </ul>

	<p>actioned as required</p> <ul style="list-style-type: none"> <li>• Please see attached flow chart at Appendix 2.</li> </ul>
<p><b>Staffing and Apprenticeships</b></p>	<p><b>Staffing Numbers</b></p> <ul style="list-style-type: none"> <li>• The trust is compliant with the National Quality Board (NQB) Guidance (Dec 2013) “How to ensure the right people, with the right skills, are in the right place at the right time”.</li> <li>• The Board of Directors receives monthly updates on the actual registered and non-registered nursing staffing levels across the organisation against the planned staffing levels. This is monitored closely within each service and Group to ensure that staffing levels are safe and quality is not compromised.</li> <li>• This includes a review of the use of bank and agency staffing numbers with a view to reducing the spend and use of agency staff and filling vacancies in accordance with National guidance.</li> <li>• The nursing establishment is reviewed on a six monthly basis in accordance with National Quality Board guidelines</li> <li>• The Trust has been involved in a West Midlands Project sponsored by Health Education West Midlands to explore the use of evidenced based staffing tools and are now working to implement this programme.</li> <li>• The Trust is engaging in further Regional pilots looking to incorporate other health professionals who make a very valuable contribution to patient care</li> <li>• The trust has developed a Recruitment and Retention Strategy. Some of the actions to date have been: <ul style="list-style-type: none"> <li>- Streamlining the recruitment processes to speed up the time from application to appointment and start date</li> <li>- Relooking at our marketing and recruitment approaches to attract people to</li> </ul> </li> </ul>

the organisation

- Relooking at development opportunities for people who work for us
- Increasing dialogue with staff to understand what would help
- Hearing from staff that have left the Trust through Exit Interviews.

### **Trust Apprenticeship Scheme**

- The Trust now has 22 clinical apprentices on placement after a second cohort started on 30<sup>th</sup> March 2015. We also have three new business administration apprentices who joined the apprenticeship induction programme at the same time.

The apprentices who joined us in August 2014 continue to flourish as their confidence grows with the knowledge being gained from their placements on mental health and learning disability in-patient wards across the Trust. Their career aspirations are also coming true with some of our apprentices having made definite plans for their future in the nursing profession.

One apprentice has been accepted by Wolverhampton University to undertake her nursing degree. Two other apprentices have also been successful in securing a Band 2 and 3 Healthcare Assistant post respectively, as a direct result of their qualifications and experience gained on the programme.

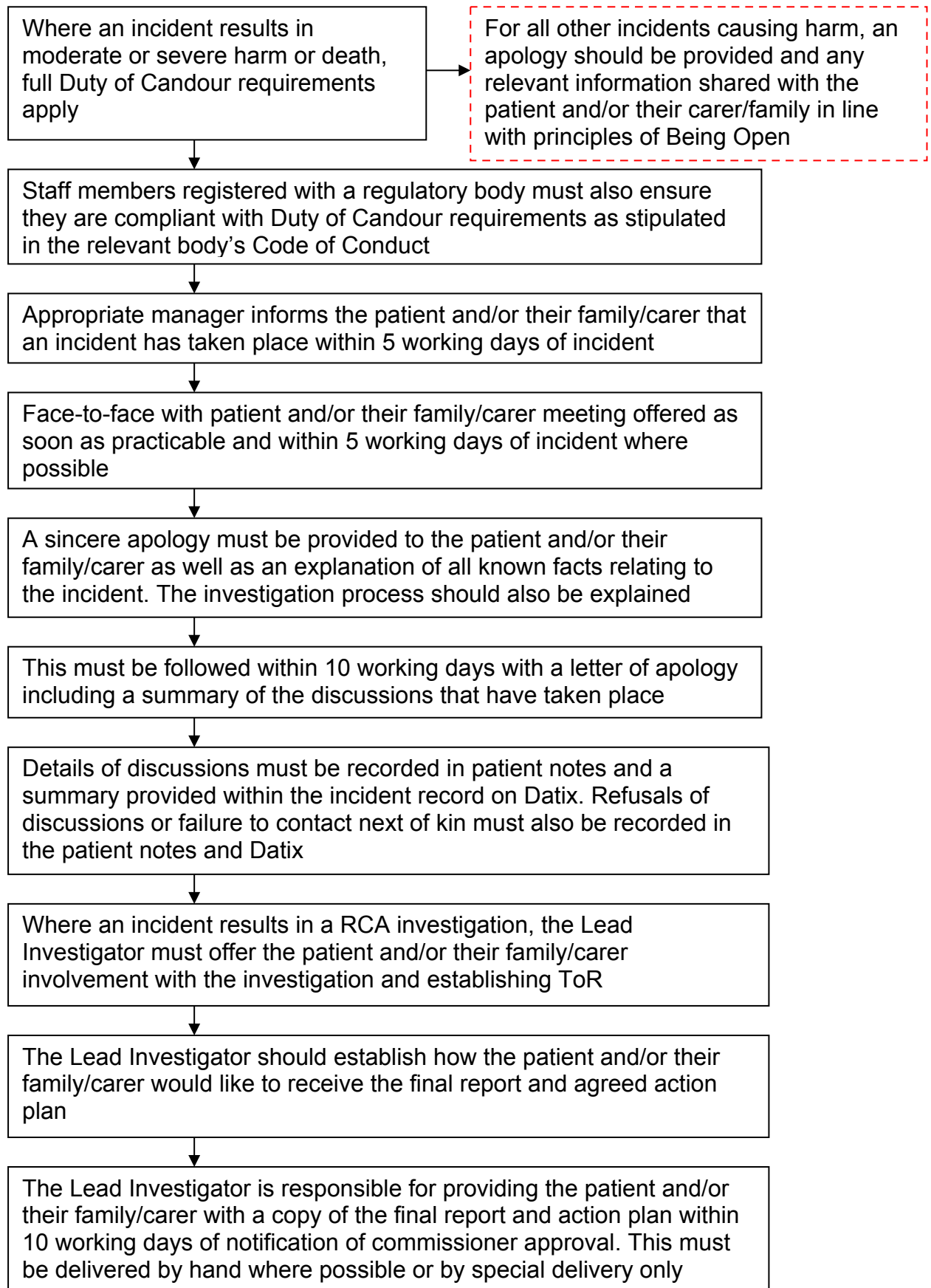
Cohort 2 commenced with the Trust on 30<sup>th</sup> March and completed their new and improved induction on 24<sup>th</sup> April. One of the major changes made to the induction, following feedback, being that apprentices were introduced to their placements earlier with more opportunities to work on the wards during their first four weeks. Apprentices took up their placements on a full time basis on 27<sup>th</sup> April 2015.

<p><b>Implementation of National Nursing Strategy Care and Compassion – 6Cs</b></p>	<ul style="list-style-type: none"> <li>• Significant progress has been made in embedding the 6Cs (National Nursing Strategy ‘Care and Compassion’ 2013); Compassion, Care, Competence, Courage, Communication and Commitment which have been embedded in the Visions and Values of the organisation and included in the induction and training programme within the Trust. The implementation has been underpinned by BCPFT <b>‘Caring Counts Strategy’</b> a framework for the delivery of the national strategy as outlined.</li> <li>• A Trust video was produced in March 2015 capturing the views of staff and patients of the 6Cs from across the organisation. This has been shared internally a tool for supporting dialogue on compassionate practice and is now publicly available via social media (YouTube).</li> <li>• The trust will be a participant in a national research project ‘The Therapeutic Engagement Questionnaire (TEQ) study which will be adopted at the end of September 2015. The TEQ sets out to measure the 6Cs and is funded by the Department of Health with the plan for the TEQ to be rolled out nationally as a standardised measure across mental health services.</li> <li>• This allows BCPFT to contribute to this wider body of knowledge of how to evidence compliance with the 6Cs and reflect compassionate, safe care throughout our inpatient services. Service users will also get the opportunity to feedback on their care and assist in developing a measure which in the future may help shape the provision of mental health services.</li> </ul>
<p><b>Freedom to Speak Up</b> Following the independent review commissioned by the Secretary of State, Sir Robert Francis recommended 20 principles and actions which all organisations who provide NHS healthcare should implement<sup>1</sup>.</p>	<ul style="list-style-type: none"> <li>• The Board of Directors have oversight of the implementation of the FtSU principles. A clear pan of action has been agreed and a governance framework is in place to monitor the delivery of such.</li> <li>• The government response to the Freedom to Speak Up consultation, the Public Administration Select Committee report ‘Investigating Clinical Incidents in the NHS’ and the Morecambe Bay Investigation was published late July /early August 2015.</li> </ul>

	<ul style="list-style-type: none"><li>• This sets out overwhelming support to implement the FtsU recommendations, a plan for NHS England to produce further guidance to implement the principles and actions in the FtSU report and the appointment of the Independent National Officer role hosted by the Care Quality Commission (CQC).</li><li>• To date a communication plan including staff briefings, trust newsletters, FtSU roadshows etc. have been put in place to promote the Freedom to Speak Up report and inform staff how to raise a concern.</li><li>• A Executive Director and Non-Executive Director Sponsor has been nominated and have presented to the Trust Leadership for Quality Summit in September 2015 A summary of actions taken to date are as follows:<ul style="list-style-type: none"><li>• Internal Audit review of the trust whistleblowing policy. The policy is currently being reviewed and updated.</li><li>• A cultural workshop was held in August and another is planned for September 2015 with the aim of supporting Dignity Champions/ cultural champions/ambassadors' who can support the Freedom to Speak Up work</li><li>• The FtSU job description has been drafted and out for comments.</li><li>• The trust is in the process of the development of the FtSU guardian role and will be appointing to the role as the guidance becomes clearer.</li></ul></li></ul>
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## Appendix 1- Duty of Candour and Being Open flowchart



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# A Guide to Formal Complaints

## What if a service user, carer or relative wants to make a complaint, or if I have received a complaint?

A formal complaint is an issue that cannot be resolved locally within 3 working days or is of such a serious nature that requires investigation.

Patient Experience and Involvement Team (PEI) coordinate record and report on complaints. If you receive a:

- *Verbal complaint*- request the complainant to call PEI Team on free phone 0800 587 7720 or 0121 612 8030 for advice.
- *Written complaint* - forward the email to [pei@bcpft.nhs.uk](mailto:pei@bcpft.nhs.uk) or send the letter in internal post to PEI Team, Delta House, or fax (after notification) ext 8090

## What do PEI Team do next?

PEI Team coordinates the complaint in accordance with the complaints policy:

- Register complaint
- Contact the Clinical Directors, Head of Nursing and the Group Director to confirm who will investigate the complaint copying in Group Governance Teams.
- Acknowledge complaint within 3 working days

## What do I do if I'm the lead investigator?

- Contact complainant to discuss complaint and offer meeting to discuss findings once investigation completed
- Gathering information. Speak to staff involved.
- Collate statements. review records.
- Attend a meeting if one has been requested (by complainant) **prior to completion of investigation** (must be within 15 days of receipt)
- Complete the complaint Plan and response letter provided by PEI Team.

## What should happen at the meeting?

- Listen to the complainant
- Discuss how the complaint will /has been managed i.e. process
- Present investigation findings and discuss with complainant
- Answer /explain what happens next (implementation action plan)
- **Give complainant copy of response letter**

## Timeline for Response:

4 weeks from receipt of complaint or following complaint meeting if one is held.

If complaint is high level the deadline may be extended.

### How is the complaint completed?

- The lead investigator completes the investigation within the timescale as agreed by the complainant, or by no later than six months (unless the complainant has agreed to this)
- The lead investigator drafts the response letter (*with support from PEI team if required*) including details of the investigations and sends to Head of Nursing for approval.
- Head of Nursing approves complaint and forwards to PEI Officer
- PEI Team finalises the response letter for the Chief Executive to sign the complaint (copy uploaded to Datix and Group Governance Teams informed)
- The lead investigator contacts complainant to ascertain how findings are presented i.e. face to face meeting or by formal letter. If face to face meeting a copy of the formal response must be given to complainant.

### Reporting on complaints:

- Monthly Divisional Reports with actions and lessons learnt for all divisions.
- Weekly call report to action complaints and monitor compliance to policy/procedure and to cross reference with the reported Duty of Candour incidents. Complaints that also meet DoC can also be reported to the Governance Team to ensure DOC has been met.
- Information included in the Quarterly Lessons Learnt Bulletin.
- Complaints data is in the Clinical Dashboard, which is shared with the Board of Directors and Clinical Commissioning Groups
- Patient Experience and Involvement Annual Report

### Did you know...?

- All complaints to PALS that are not resolved within 3 working days are registered as a formal complaint
- It is a legal requirement to respond to a complaint in 3 working days
- If the complainant is not happy with the Trust's response, they can take their complaint to the Parliamentary and Health Service Ombudsman
- People wishing to make a complaint must do so within 12 months of an incident happening or of becoming aware of the matter complained about
- If the complaint involves two or more organisations, the person complaining should receive a single, coordinated response
- Complaints about our services can be made to NHS England or local Clinical commissioning Group (CCG) and must still be investigated

# A Guide to a Reported Concern

## What if a service user, carer or relative wants to raise a concern?

Patient Experience and Involvement Team (PEI) coordinate record and report on concerns. If you receive a:

A concern is an informal issue that can be resolved locally within 3 working days of the Trust being notified.

- *Verbal concern* – Inform PEI team how this is going to be managed locally Free phone 0800 587 7720 or 0121 612 8030 for advice.
- *Written concern* - forward the email to [pei@bcpft.nhs.uk](mailto:pei@bcpft.nhs.uk) or send the letter in internal post to PEI Team, Delta House, or fax (after notification) ext 8090. Identifying how this is going to be managed locally

## PEI Team coordinates the concerns in accordance with the complaints policy:

- Register concern
- Contact the Head of Nursing and the Group Director to inform them of the concerns raised and if known how it is going to be managed locally. If not known ascertain who will speak to complainant.
- If concern is not resolved within 3 working days the PEI team will register this as a formal complaint (see formal complaint guide)

## What do I do if I'm requested to investigate?

- Contact complainant to discuss complaint and ascertain if issues reported can be resolved immediately
- Confirm complainant is happy for it to be resolved locally
- Gathering information. Speak to staff if involved.
- Report finding back to complainant
- If complaint is happy with outcome document in notes and inform the PEI team it has been resolved so the outcome can be recorded on Datix.

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# Health Scrutiny Panel

## 24 September 2015

<b>Report title</b>	The Royal Wolverhampton NHS Trust Care Quality Commission (CQC) Inspection Report and Francis Report updates	
<b>Cabinet member with lead responsibility</b>	External Report	
<b>Wards affected</b>	All	
<b>Accountable director</b>	External Report	
<b>Originating service</b>	Royal Wolverhampton NHS Trust	
<b>Accountable employee(s)</b>	David Loughton	Chief Executive
	Tel	01902 695950
	Email	David.loughton@nhs.net
<b>Report to be/has been considered by</b>	N/A	

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### Purpose

To provide a presentation to update the panel about progress on the remaining actions arising from the Francis Report and to outline the CQC Inspection report.

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# RWT Update September 2015

Cheryl Etches

# CQC UPDATE

# Francis report

- Assurance report presented to Trust Board in Feb 15
- A progress report on remaining action made to Quality Standards Action group in May 15 where it was decided to close the action plan as items had been covered either as business as usual or via specific work streams e.g. e Discharge, Dementia Strategy and CofE, Clwyd Hart review of complaints, Nurse revalidation, complaint policy review etc.

# Duty of Candour

- Updated Trust policy and provided staff guidance on the categorisation matrix to capture the levels of harm triggering DoC (ie moderate, severe harm, death or prolonged psychological harm)
- Cascaded training to Divisional Management teams and all Directorates via Governance offices re the above
- Issued a staff leaflet explaining the Duty, what staff need to do and the consequences of breach of the duty
- Developed a monitoring system for all incidents that trigger DoC (ie moderate, severe harm, death or prolonged psychological harm)
- Report our compliance internally through the monthly Integrated Quality and Performance report and to CCG quarterly via CQRM

Largely compliance with DoC is good for the year so far, with a few exceptions that are all report and followed up with the areas concerned.

# Nurse recruitment - Extract from High Level Plan

Action	Dependency	Yield / level of Success
<b>RWT overseas Programme</b> Poland, Croatia and potentially Greece	Funding - Trust Funded Programme	<b>Medium</b> There are fewer opportunities to source strong candidates as recruitment campaigns by a number of NHS providers in European countries over the last 2 years has depleted the pool of relevantly qualified candidates.
<b>EURES / Health Education West Midlands Regional Programme</b> Spain, Portugal, Italy and Hungary	Health Education West Midlands Support and Funding	<b>Low</b> Competition from NHS providers from across the UK makes standing out from the crowd challenging. Where RWT has successfully recruited retention levels are high
<b>RWT Overseas Programme – Outside of EEA</b> - Philippines - India	<i>National Government - lift restriction on Tier 2 and place Nursing and other health occupations on the occupation shortage list because the Trust does not operate in a market of oversupply. The effect of not making this change will have longer term impacts on the ability of the Trust to meet its recruitment / establishment targets.</i>	<b>High</b> RWT have previously successfully recruited a number of nurses from the Philippines - high retention, good promotion levels & few competency concerns.
<b>UK based nurses from overseas</b>	HEWM to lead on implementation and delivery of a conversion course aimed at UK based Philippines / India nurses - allowing a greater number to flow through the system	<b>High</b> Currently 25 RWT nurses would be eligible
<b>Access to Foundation Degrees</b>	National and Local Government - Universities Change access qualifications Funding	<b>High</b> This is time dependant - implementing changes at this stage would yield results in 2/3 years.

Current vacancy level = 125.35 wte

# Winter planning

- Extending opening hours in pharmacy to support discharge
- Additional porters available to support flow of patients through the Trust
- Opening of new Urgent and Emergency Care unit end of November and move of AMU onto the third floor in U and EC unit
- GPs working in ED
- Additional doctors and nurse in ED
- Close working with our health and social care partners on a daily basis
- Flu vaccine uptake plan for staff