

# Health Scrutiny Panel Meeting

Minutes – 19 September  
2013

## Attendance

### Members of the Panel

Cllr Claire Darke (chair)  
Cllr Neil Clarke  
Cllr Ian Claymore  
Cllr Susan Constable  
Cllr Milkinder Jaspal  
Cllr Paul Singh

### Other Councillors

### Staff

|                    |   |
|--------------------|---|
| Earl Piggott-Smith | Scrutiny Officer                                      |
| Ros Jervis         | Director of Public Health for Wolverhampton           |
| Viv Griffin        | Assistant Director (Health, Wellbeing And Disability) |
| Matt Vins          | Graduate Trainee                                      |

### Other Officers

|                |   |
|----------------|---|
| Tracey Harvey  | Dental Contract Manager (NHS England)   |
| Jamie Emery    | Patient Experience Lead (The Royal Wolverhampton Hospital NHS Trust)                                  |
| Richard Young  | Director of Commissioning, Strategy & Solutions (NHS Wolverhampton City Clinical Commissioning Group) |
| David Loughton | Chief Executive (The Royal Wolverhampton Hospital NHS Trust)  |
| Trisha Curran  | Interim Director - Strategic Support (NHS Wolverhampton Clinical Commissioning Group)                 |
| Dr Helen Hibbs | Chief Officer (NHS Wolverhampton Clinical Commissioning Group)  |

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

| <i>Item No.</i> | <i>Title</i> | <i>Action</i> |
|-----------------|--------------|---------------|
|-----------------|--------------|---------------|

### MEETING BUSINESS ITEMS

1. **Apologies**

Apologies for absence were received from Cllr Zahid Shah and Cllr Thomas Turner

2. **Declarations of interest**

There were no declarations of interest received.

3. **Minutes of the previous meeting (18 July 2013)**

Resolved:

That the minutes of the meeting held on 18 July 2013 be approved as a correct record and signed by the Chair.

4. **Matters arising**

There were no matters arising from the minutes.

### DECISION ITEMS

5. **Special Needs Dental Service**

Tracy Harvey briefed the Panel on developments since the new service started on 1.4.13. Tracy reported that too early to assess the impact of the service on improving patient outcomes. The early evidence shows that the system is working well and there are fewer inappropriate referrals. The feedback from patients has been very positive about the new service. The panel welcomed the report and the work being done to promote the service.

Resolved:

That the report be received. The panel accepted the recommendation to receive a further report on the health

outcomes of the new service after April 2014

## 6. **The Royal Wolverhampton NHS Trust - Patient Experience**

Jamie Emery gave an overview of the range of information about patient experience of the services and quality care received and how it is used within the hospital to improve services. Jamie gave an overview of the different sources of information used by the Patient Advice and Liaison Service and the work done to act on complaints received.

Jamie explained the focus is not just on the numbers and types of complaints but also the overall view people have of the service.

Jamie explained the process for responding to complaints and overview of data presented. The quality of patient care is regularly monitored and information is presented to the Trust Board

The Panel queried how the performance of the hospital in the Friends and Family Test compares nationally. Jamie explained that the results for the hospital are comparable to those with a similar sized acute inner city trust hospital with a patient profile as the challenges they face are not the same. The hospital scores low when compared to national figures.

The Panel queried the views of Healthwatch about the quality of the service and the types of issues that they raise with the hospital about the quality of the service. Jamie explained that the hospital has a good working relationship with Healthwatch. The panel requested a report from Healthwatch on the information presented.

Jamie explained the results of the Friends and Family Test is not a science, but an indication about the quality of the service, which needs to be considered with other information to provide an accurate picture.

The Panel queried how data about patient is picked up and interpreted. Jamie explained that complaints are referred to clinical specialist to consider and take action as appropriate.

Resolved:

That the report be received. The panel requested a further update on the progress in 12 months on the patient experience data presented.

Wolverhampton Healthwatch to be invited to comment on the information about patient experience and present a report to a future meeting.

7. **Public Health Services in the Local Authority - Children's Public Health and Transformational Change**

Ros Jervis gave an overview of the changes introduced as result of the establishment of Public Health England and the transfer of public health responsibilities to the local authority.

Ros explained that local authorities will be given extra responsibilities from April 2015 relating to childrens health. Ros highlighted concerns about the impact of the changes on children health care and the challenges facing the service.

Ros briefed the Panel on the establishment of the Transformation Fund. The fund has £1 million. The fund is ring fenced monies and is available to agencies that have ideas that could help improve childrens health outcomes. Ros advised that successful projects would be given funding for two years.

The Panel queried if the fund was open to the community and voluntary groups to submit bids. Ros confirmed that the fund was available to such organisations to apply to if the plan is likely to have a positive effect on childrens health. Ros explained that the scheme wants to encourage new ideas and creative thinking.

The Panel highlighted he challenges to generating the savings and the demand for the service to do more with less. Ros explained how data about the years of life lost for Wolverhampton is used to plan services to tackle the six 'big killers'

The panel queried the funding to deliver improvements to public health against which the performance will be monitored nationally. The Council is paid on a quarterly basis and public health has to report nationally how the money is being spent. Ros explained the budget is ring fenced allocation; this was initially for two years but has recently been extended for a third year.

Resolved:

That the report be received. The panel welcomed the report and accepted the recommendation.

8. **Update on the CCG response to Robert Francis - NHS Wolverhampton City Clinical Commissioning Group**

Trisha Curran gave a presentation on the findings and recommendations of the Francis Inquiry and links to previous

national health reviews, which highlighted common themes. Trisha outlined the key themes from the Francis Inquiry and the work being done to address these, and implement the recommendations. Trisha listed a number of examples of the issues considered by the Board and details of future plans to deliver the necessary changes.

Trisha commented on the significance of the findings nationally and the clear expectation on health bodies to make the necessary changes and the need to focus on the needs of the patient.

The Panel commented on the concern that the same issues have arisen from previous national reports / Inquiries and agreed that there were lessons for the wider public sector including Local Authority organisations about the need for openness and transparency. The Panel commented on the fear in some organisations in not admitting mistakes to avoid being labelled as a 'failure'. Trisha agreed with the comment and accepted the need to change the culture of organisations if progress is to be made.

Richard Young commented on the fact the issues highlighted in the Francis Inquiry will take a long time but there is commitment to implement the change, while accepting tackling the problem will be very resources intensive.

Resolved

That the report is received and the recommendations were accepted.

**9. Wolverhampton Clinical Commissioning Group(CCG)  
Proposal for quality and assurance report to the Health  
Scrutiny Panel**

Richard Young present report outlining a proposal for reporting progress against three balanced score card domains to provide assurance to the panel from Wolverhampton CCG. Richard proposed that the Panel receive quarterly update reports to satisfy itself that the strategic objectives are being delivered.

Resolved:

That the report be received. The Panel agreed to receive quarterly quality assurance reports based on the three domains presented at future meetings.

Richard  
Young

10. **Health and Wellbeing Board - Joint Health and Wellbeing Strategy**

Viv Griffin presented a report which detailed the work of Health and Wellbeing Board. Viv outlined the priorities of the board and the work being deliver a whole system change. Viv highlighted the importance of early intervention as part of efforts to reduce demand on the service.

The Panel welcomed the report

Resolved

That the report be received

**INFORMATION ITEMS**

11. **Choose and Book system**<sup>1</sup>

David Loughton (Royal Wolverhampton Hospital NHS Trust) briefed the Panel on the electronic system for patients to book outpatient appointments in a hospital or clinic. David outlined the current challenges with the system and the work being done with the Wolverhampton CCG to reduce the number of failed bookings.

The Panel welcomed the report

Resolved:

That the report be received

12. **Consultation on the Mid Staffordshire Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase Consultation**

David Loughton briefed the on the Panel on the draft recommendations from Trust Special Administrators on proposals for the future of Mid Staffordshire NHS Foundation Trust. The hospital will be considering its response to consultation document at a future meeting of the Trust Board.

David briefed the panel on the concerns about future financial challenges facing Mid Staffordshire hospital and the options being considered to address the problem in the short term.

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<sup>1</sup> Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

David outlined current ideas for future of maternity services and the reconfiguration of services, including the transfer of patients to Cannock Chase Hospital.

David reported concern about not getting any of the recently announced national funding from the Government of £500 million to help relieve pressures on A&E. The Panel queried the impact of the limited reduced A&E consultant led service (the service is available between 8am to 10pm daily) at Mid Staffordshire Hospital is having on the patient demands on services at Wolverhampton. David reported that the hospital is coping with the increased numbers.

David repeated concerns about the challenges facing the acute sector and the long term financial viability of acute hospitals serving populations below 200,000.

Resolved:

That the report be received.

### **13. Health Scrutiny Panel Work Programme 2013/14**

Earl Piggott-Smith presented to a report detailing the agenda for future meetings of the panel. The Panel were invited to suggest topics they would like added to the work programme.

The Panel highlighted concerns about the difficulties in arranging GP appointments and the need to improve access to GP services to help reduce demand on A&E services. There was also concern about patients missing appointments. Dr Hibbs explained that the CCG does not commission GP services but would be happy to discuss specific details

Resolved:

That the report is received and the work programme revised to take account of comments at the meeting about future topics.

Earl Piggott-Smith