



Health Scrutiny Panel

19 December 2013

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

Venue Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Room Committee Room 3 (3rd floor)

Membership

Chair Cllr Claire Darke (Labour)
Vice-chair Cllr Paul Singh (Conservative)

Labour
Cllr Ian Claymore
Cllr Susan Constable
Cllr Milkinder Jaspal
Cllr Zahid Shah
Cllr Thomas Turner

Conservative
No members

Liberal Democrat
No members

Quorum for this meeting is 2 Councillors.

Information for the Public

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

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Copies of other agendas and reports are available from:

Website <http://wolverhampton.cmis.uk.com/decisionmaking>
Email democratic.support@wolverhampton.gov.uk
Tel 01902 555043

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 for absence**
2. **Declarations of interest**
3. **Minutes of the previous meeting (7.11.13)**
[For approval]
4. **Matters arising**
[To consider any matters arising from the minutes]

DISCUSSION ITEMS

5. **The Royal Wolverhampton Hospital NHS Trust - Update on Care Quality Commission Chief Inspector of Hospitals Inspection Report**
[David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust]
6. **The Royal Wolverhampton NHS Trust – Foundation Trust Status application**
[David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust]
7. **Response by local partners to the Government report ‘Patients First and Foremost’ arising from the Mid Staffordshire NHS Foundation Trust Public Inquiry**
[David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust and Dr Helen Hibbs Wolverhampton Clinical Commissioning Group]
8. **Health Watch Wolverhampton – progress on work plan**
[Maxine Bygrave, Chair Wolverhampton Health Watch]

9. **Wolverhampton Clinical Commissioning Group - report on quality Indicators**
[Richard Young Director of Commissioning Strategy & Solutions,
Wolverhampton Clinical Commissioning Group]
10. **Public Health Services in the Local Authority; Update report on Health Protection and Public Health Improvement Services Commissioning update report on public health commissioning of services**
[Ros Jervis FFPH, Director of Public Health]
11. **Draft health scrutiny panel work programme 2014/15**
[Earl Piggott-Smith]

INFORMATION ITEMS

12. Briefing paper on proposed changes to In vitro fertilisation (IVF) policy in Birmingham, Solihull and the Black Country
13. Briefing paper on development of a community dermatology service for people needing help with common skin conditions.



Health Scrutiny Panel

Minutes – 7 November 2013

Attendance

Members of the Panel

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

Other Councillors

Cllr Sandra Samuels

Employees

| | |
|--------------------|---------------------------------------------|
| Earl Piggott-Smith | Scrutiny Officer |
| Ros Jervis | Director of Public Health for Wolverhampton |
| Juliet Grainger | Public Health Commissioning Manager |
| David Kane | Head Of Finance, Delivery |

Other attendees

| | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Richard Young | Director of Commissioning, Strategy & Solutions - NHS Wolverhampton City Clinical Commissioning Group (NHS WCC Group) |
| David Loughton | Chief Executive (The Royal Wolverhampton Hospital NHS Trust) |
| Dr Jonathan Odum | Medical Director (RWHFT) |
| Dr Helen Hibbs | RWHFT |
| Maxine Bygrave | Chief Officer (NHS WCC Group) |
| Roxanna Modri | Healthwatch Wolverhampton |
| Helen Kilgallon | Service Manager NACRO |
| David Watson | Head of Offender Management NACRO |
| Julian Morgans | NHS WCC Group |
| Noreen Dowd | |

Part 1 – items open to the press and public

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

The Chair referred to the very sad loss of Councillor Neil Clarke, who was a dedicated and valued member of the panel. The panel stood for one minute's silence as a mark of respect for Councillor Clarke.

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 September 2013)**

Resolved:

That the minutes of the meeting held on 18 September 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. **Budget Review Draft Budget 2014-15 and medium term financial strategy** [Ros Jervis, Cllr Sandra Samuels and David Kane]

Ros Jervis outlined the key areas of the budget savings proposals relating to remit of the panel.

Questions were raised and comments made on the proposals for investment in services and the savings proposals detailed in the report. A summary of the panel feedback on the proposals is detailed in Appendix 1.

Resolved:

The panel agreed to receive further information about the specific issues detailed in their comments made in response to the budget proposals.

Ros Jervis

6. **A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17**
[Dr Morgans WCCG and Dr Odum, RWHFT]

Dr Odum briefed the panel on the background to the development of the proposals for the strategy. Dr Odum confirmed that representatives of CCG and RWHFT and other agencies were supportive of the strategy. The plans were also considered by the Health and Wellbeing Board twice and was well received. Discussions have also been held with employees and West Midlands Ambulance Service.

Dr Odum outlined the work done to consult with the public about the strategy – for example at the City Show. There will be a phased approach to the implementing the strategy. Dr Odum commented on the impact of new unit will have on reducing demand on accident and emergency by providing improved access and being able to refer people to most appropriate service. Dr Odum estimated a reduction in accident and emergency activity by 3.8%, if the new centre is approved.

The panel commented on the important role of GPs and the problems caused by how people currently use the accident and emergency service. David Loughton commented on the good performance of dealing with patients under 16 years old, but repeated previous concerns about current accident and emergency building which is not suitable for delivering highest level of quality patient care.

Maxine Bygrave supported the new strategy, but commented on the difficulty patients have in accessing the GP service, which add the difficulties in the accident and emergency service.

Maxine commented on the reference in the consultation document regarding Eye hospital patients and the fact that there was not a planned change in this area. Based on past experience the process can be a challenge with patients moving between Accident and emergency and the Eye Hospital. Dr Odum confirmed they would be looking at this and David Loughton stated he would work with Healthwatch on this area.

Resolved:

The panel welcomed the report and supported the proposal set out in the strategy document. The panel supported the consultation document and engagement plan and the commitment to include Healthwatch in developing the plan.

7. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - End of Life Care** [David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust]

David Loughton briefed the panel on progress on improving the quality of the end of life care delivered within the hospital. David outlined the range of work done in response to the recommendations of the national review of Liverpool Care Pathways. David reported that good progress in improving the service, but acknowledged the situation needs to be kept under review.

Dr Odum explained the circumstances under which Liverpool Care Pathway would be implemented. David confirmed that there was no evidence to suggest hospital patients approaching the end of life receiving poor quality care. David reported that there is a working group review current working arrangements.

Maxine Bygrave commented on the feedback Healthwatch received about the delay in certification of a death at home, waiting for a GP. David agreed to include this issue during the review.

Resolved:

The panel welcomed the report and progress made.

8. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People** [David Loughton]

David Loughton briefed the panel on progress on improving the quality of care to older people delivered within the hospital. David commented on the challenges in reducing the number of falls. David stated that after looking at previous seven years of data there is no pattern to the causes which could help reduce the number of accidents. David reported success in reducing the number of pressure ulcers and work done within the hospital and with staff in nursing staff which had led to major impact on performance. David commented on the success of introducing protected meal times to help reduce the number of patients experiencing weight loss. David the importance of the good partnership working with staff in other agencies which will provide a firm foundation to build upon.

David commented on the progress in improving performance in meeting targets for nutrition and infection prevention.

Resolved:

The panel welcomed the report and progress made.

9. **The Royal Wolverhampton NHS Trust - Patient Misuse of Hospital Services** [David Loughton]

David Loughton briefed the panel on work done to reduce the number of re-attenders and the impact that they have on demand of accident and emergency service. David gave the example of person attending accident and emergency service on 53 consecutive days. David highlighted the work done to encourage people to use the most appropriate care, but also an acceptance of the scale of the challenge in tackling a complex problem and changing people's behaviour. David reported that 10 per cent of people (approximately 40 people) could be treated more appropriately elsewhere. The current healthcare system was developed many years ago and provides easy access to the service, which causes many of the difficulties of high demand experienced in accident and emergency.

There was a detailed discussion about the different factors which contribute to numbers of people currently using accessing accident and emergency services.

The panel commented on the complaints received from the public about the problems in getting GP appointments within a reasonable time. The panel discussed the different systems operated by GPs across the city and the problems caused by operating different systems for booking appointments

Dr Odum

Resolved:

The panel recommended that the issue of the difficulties in patients getting GP appointments within a reasonable period be considered as part of the proposal for urgent and emergency care and outcome reported to a future meeting of the panel.

10. **Substance Misuse Service – six months progress report** [Juliet Grainger, Ros Jervis, NACRO representatives]

Ros Jervis briefed the panel on the background to the newly commissioned service and the work done to develop new care pathways. A key part of the service is offering people a single point of contact.

Juliet provided an overview of the service transition in the first 6 months of the contract which included a staff management of change process involving over 100 employees. The introduction of and new IT based case management system and the implementation of a new, integrated model of service delivery for children, adults and families has also had a major impact.

Due to the size and scope of these changes, initial progress against performance targets has been challenging. The primary focus of the service has been to encourage and support existing service users through the changes to ensure they remain engaged in treatment.

The panel asked for further clarification on the reasons for current performance being below target figure and the plans for improving the situation. Helen explained the plans being put in place to market the new service and support service users more proactively to access wrap around services and set goals that will help them to achieve recovery. As a result of the changes the service has focused on maintaining performance, but there will be a focus on improving this activity over the next six months.

The panel queried the age profile of people with alcohol dependency. Juliet commented in the figures for males and females – higher number of women drinking alcohol compared to men – approximately 3:1 difference. Males have higher levels of drug misuse compared to women in the age profile 20-30 years.

White males aged 25 -35 were most prevalent group in drug treatment. However, the causes of drug use are multi-faceted and ranged of response are needed. Juliet outlined the range of facilities offering support to people with drug or alcohol problems.

The panel queried the experiences of NACRO to date. David Watson explained that is a very challenging contract. The contract is based on payment by results – the payments are small during the first year, but the increase significantly in years two and three. There is a financial incentive to do well and the organisation is very focused on the work they need to do. The service is reaching new users not previously known – they are getting 20 new referrals every week.

Juliet
Grainger

The relationship with the Council was very positive. David explained how the budget of £5.5 million was allocated to the different agencies involved in delivering the service.

Maxine Bygrave commented on the work done to capture the experiences of service users. Juliet explained that a report could be provided in six months that could include their experiences.

Helen Kilgallon explained the work being done to actively involve service users in the development of services and also to mitigate the number of users dropping out of service.

Resolved:

That welcomed the report and the progress to date. The panel agreed to receive a further progress report on performance in six months.

11. **Health Scrutiny Panel Draft 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.

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

INFORMATION ITEMS

12. **Development of Vascular Services Hub - Russells Hall Hospital**

Resolved:

That the report is noted.

| Inflationary Pressures | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Reference | Budget Pressure | Comments |
| Community | | |
| PI-Com01 | Leisure & Communities, Leisure PFI utility pass through costs anticipated to rise in line with energy costs nationally. The increased costs are not as a result of greater use or an increase in facilities provided. A 3% inflation figure has been used to calculate costs going forward. | No comment made |

Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title | Comments |
|-------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| | Community | |
| 0010 | Renegotiation of funding for Independent Living Service | The panel was advised that the there was a national push on prevention to reduce pressure on the health care system |
| 0027 | Subsume the Sports Development Team into the Public Health workforce | The panel was advised that the proposal will bring into team a new skills mix. |
| 0045 | Reduce Staffing in Carers Support Team | The panel was advised that the proposed changes would reduce staffing numbers from 13.5 to 11.5 FTE. |

Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title | Comments |
|------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0071 | Review of Jointly-Funded Services (Council and NHS) | <p>A question was raised regarding the effect of this proposal on service users and staff.</p> <p>The panel was advised that there are issues about the dividing line between the medical care and social care and who is responsible for meeting the cost. Dr Odum commented that the proposals for development of urgent care will involve a look at services in a more streamlined and will lead to clarity about the situation.</p> <p>It was clarified that this pressure related to intermediate care services. It was agreed that further information on the detail of the proposal would be circulated to the Panel</p> |

| Summary of Savings Proposals 2014-2015 - Efficiency | | |
|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ref. | Saving Proposal Title | Comments |
| 0080 | Restructure of Mental Health Care Management - Social Work Teams | <p>A question was raised regarding the transformation fund</p> <p>The panel was briefed about the purpose of the Integrated Transformation Fund</p> <p>The effect of this proposal on service users and staff. It was noted that this proposal would not be implemented until 2016/17 and would follow from a review of care packages.</p> <p>The panel requested further information on the Integrated Transformation Fund.</p> |
| 0083 | Explore options to reduce costs of Mental Health in-house provision | <p>The panel was advised that there cheaper alternatives to delivering the service were being considered.</p> |
| 0087 | Mental Health Care Assessment and Care Management - Packages of Care | <p>A question was raised about stating a savings figure, while at the same time undertaking a review of the service.</p> <p>The panel was advised that this proposal related to a review of care packages especially a renegotiation of contracts with external providers. In addition, there has already been some work done on this area. The aim would be to provide more supported living packages rather than residential care which could deliver the savings. The saving proposal was a starting point and additional savings were anticipated and would involve a review of individual care packages.</p> |

Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title | Comments |
|------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0137 | Commissioning of Early Years and Children's Services using Public Health funding | <p>A question was raised about the use of use of the budget for this service.</p> <p>The panel was advised that there are robust rules about ring fenced allocations and also that nationally funding for early years has been reduced.</p> <p>Councillors suggested that ward based information would be helpful for the accurate delivery of services.</p> |

Summary of Savings Proposals 2014-2015 – Growth Avoidance

| Ref. | Saving Proposal Title | Comments |
|------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | Community | |
| 0068 | Review the Care Packages of People Leaving Hospitals More Quickly | The panel was advised that work had been to manage demand on the service – for example in terms of provision of step down beds and spot purchases – to ensure that people are discharged in the most appropriate and timely way. |

Summary of Savings Proposals 2014-2015 – Growth Avoidance

| Ref. | Saving Proposal Title | Comments |
|------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0183 | Management of demographic growth through NHS Partnership for Adult Services | The panel were advised integrated transformation fund and that the Council contribution of £2 million annually. There was a need for clarity about how the fund can be used. The panel were advised that new national guidance on the use of the fund had recently been issued. |



Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Report title | Royal Wolverhampton Hospital NHS Trust - Update on Care Quality Commission Chief Inspector of Hospitals Inspection Report | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating Service | Royal Wolverhampton Hospital NHS Trust | |
| Accountable organisation | David Loughton | Chief Executive |
| | Tel | 01902 695950 |
| | Email | david.loughton@nhs.net |
| Report to be/has been considered by | List any meetings at which the report has been or will be considered, e.g. | Royal Wolverhampton Hospital NHS Trust Board - November 2013 |

Recommendation(s) for action or decision:

The Panel is asked to:

1. to scrutinise the findings of the CQC inspection report and comment on the action plan.
2. agree to receive a further report on the outcomes of the planned CQC visits to review progress against recommendations when drafted.

1.0 Purpose

- 1.1 The Trust received two inspections from the Care Quality Commission (CQC) during September 2013 - an unannounced inspection involving community services and an announced inspection as part of the new CQC inspection programme.
- 1.2 This report is to update the panel on the Royal Wolverhampton NHS Trust's (RWT) response to the findings of the inspections

2.0 Background

- 2.1 The first inspection during September 2013 was an unannounced to RWT Community Services, which took place on 17 and 18 September 2013. The inspection took place in District Nursing Clinics and Health Visiting Clinics. The final report demonstrates that the Trust meets the five CQC standards and there were no further actions to be taken. The report is available to the public on the CQC website:

http://www.cqc.org.uk/sites/default/files/media/reports/RL4X2_The_Royal_Wolverhampton_NH_S_Trust_Community_Services_INS1-784834232_Scheduled_23-10-2013.pdf

- 2.2 The second inspection was an announced inspection that took place on 26 and 27 September 2013 with a further unannounced inspection during the afternoon/evening of 7 October 2013.

This inspection was one of the first of the new wave of inspections involving 42 assessors over two days. Further details about the inspection criteria is available on the CQC website

http://www.cqc.org.uk/sites/default/files/media/documents/methodology_and_information_sources_for_new_surveillance_model.pdf

The Trust received a copy of the draft report for factual accuracy and subsequently the final report was published on the CQC website.

3.0 Progress.

- 3.1 A 'Quality Summit' took place on 19 November 2013. The Trust acknowledged the recommendations and developed a draft action plan (Appendix 1), which was presented to CQC and Trust Development Authority (TDA) at the Quality Summit. Agreement was reached on the areas for priority actions:

- Staffing
- Environment/ Infection prevention
- Mental Health including dementia
- End of Life
- Complaints handling

A full and detailed action plan has been developed and awaiting approval.

- 3.2 There is a governance process agreed around the approval and monitoring of actions within RWT.
- 3.3 The CQC will visit the Trust within the next month to review progress against the 2 key recommendations – staffing and complaints, and in 6 months to ensure other actions have been implemented across the priority areas cited in 3.1.

4.0 Financial implications

- 4.1 A case has been approved by the Trust Board for increased staffing as part of the workforce review, phase 2.



Introduction

The CQC selected 18 NHS Trusts for a new regime of inspection which looks at a wide range of data including patient and staff surveys, partner organisations and public view. The Royal Wolverhampton NHS Trust was selected because it was considered a medium risk service and was inspected on 26/27 September 2013.

The core services that were inspected were:

- A&E
- Paediatric Services
- Medical Services/Older people's Services
- Outpatients Department
- Surgical services
- ICCU
- Maternity Services
- End of Life Services

The CQC asked five questions of each service: Is it safe, effective, caring, responsive to need and well led?

Actions following the inspection

Two essential standard CQC regulations (as per the Health Social Care Act, 2008) for quality and safety were found to require attention:

Regulation 9: Care and Welfare of Patients *HSCA 2008*

CQC Outcome 4

'People who use the services were not protected against risks of receiving care or treatment that is inappropriate or unsafe by ensuring the welfare and safety of the service user'

Regulation 19: Complaints

CQC Outcome 17

'The provider has not brought the complaints system to the attention of service users and persons acting on their behalf in a suitable manner and format'

The Trust is required to develop an action plan to achieve greater alignment with these two regulations.

Action Plan

The plan sets out the required actions, the measure of success, identifies those responsible and the timescale for implementation. The actions are divided into those required on a Trust-wide and Department level.

The action plan will be monitored through the Trust's governance framework and will be a standing item on every directorate and divisional agenda, to ensure the whole organisation learns from the inspection and implements the actions as necessary. Each Core Service will take action to ensure the Trust achieves compliance through this action plan. Each Core Service will provide assurance to the Quality Standards Action Group that the actions are being implemented. We will publish the action plan on our website for easier public access.

This report is PUBLIC
[NOT PROTECTIVELY MARKED]

CQC Draft Action Plan November 2013

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TRUST WIDE ACTIONS

| | | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| | | | | |
| Safe | We will keep wards and public areas clean and clutter free | Review of environmental audits at the Environment Group | Head of Hotel Services and clinical divisions | |
| | We will review the midwifery recruitment plan and reduce the timeframe to recruit into post wherever possible | Monthly monitoring of numbers of Midwives in post will increase | HR Director with HoM | |
| | We will provide the correct staffing skill mix according to acuity and dependency is managed with a planned recruitment and retention plan for nurses and midwives | We will receive approval to recruit new staff and twice a year reviews of staffing based on acuity by ward will be discussed at Board level | CNO | |
| | We will monitor how we care for patients in need of mental health care in the A&E | We will ensure that the escalation process for patients requiring mental health care is effective | COO | |
| | We will move towards a faster system for determining harm from hospital acquired VTE and ensure that data reported on Safety Thermometer is robust | Timely review of all hospital acquired VTE will continue and review of how VTE is recorded on Safety Thermometer will be reviewed and staff educated | Medical Director and Deputy Chief Nurse | |
| Effective | We will provide access to the Dementia Outreach team and information on using the care bundle to every ward to provide the best care for patients with dementia | The Dementia Outreach team will review the use of the dementia Champions and audit spread of use of dementia bundles in use | Dementia Nurse Consultant and Dementia Care Champions | |
| | We need to obtain and document our patient's understanding of DNAR in the clinical notes for every patient with a DNAR order | Review of DNAR audits will be done at each directorate's governance meeting with actions on poor compliance escalated through the clinical director structure. | Divisional Medical Directors/Clinical Directors | |
| | We will improve how we manage breaking bad news in particular the skills of the medical staff and access to a suitable environment in which to do this | A review of how medical staff are taught to break bad news will be undertaken. Each ward will know how to facilitate a conducive environment for breaking bad news | Medical Director and Associate Divisional Medical Directors | |

TRUST WIDE ACTIONS

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|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|
| | We will improve the post bereavement pathway for relatives in hospital from the ward to mortuary making it easier to use and more caring and welcoming | A review of the bereaved relative pathway needs to be taken and actions around any gaps managed | COO as part of End of Life Objective through Division 1 | |
| | We need to show the public how they can provide us with feedback including raising concerns | A task and finish group will review the Clwyd/Hart Report and ensure we follow the recommendations | CNO and Patient Experience Lead | |
| Caring | We need to improve the mealtime experience with help for those who need it | Matrons and sisters will review how the meals are managed ensuring that all patients are helped | Heads of Nursing and Midwifery | |
| | We need to improve the environment in the General Office for privacy and compassion and also the environment in the viewing room for the public | A review of how the bereaved relative or carer needs to take place and gaps managed. | COO/ Division 1 management team and Head of Pathology | |
| | We need to ensure every patient has a good experience in the discharge lounge and don't feel rushed or unwanted | Focussed experiences of patients in the discharge lounge to be undertaken to identify what the themes and problems are | Division 2 with capacity team and PALs | |
| Responsive | We need to provide an up to date minimum data displayed on every ward and department about what our clinical performance is around key metrics and what our patients think about our services | Agree and display multidisciplinary KPIs and metrics about quality, safety and performance for staff and patients to see within each department | Divisional Management Teams | |
| | Chatback needs to be widely known about across junior staff | A review of how we circulate Chatback and how the results are disseminated will be undertaken | HR Director | |
| Ward led | All wards and departments need to display the management structure to enable staff to understand the governance arrangements | Senior nurses and directorate managers will agree what level of detail is displayed and a process for keeping this updated. | Divisional Management Teams | |

THE EMERGENCY DEPARTMENT (ACCIDENT AND EMERGENCY) ACTIONS

| | Finding from CQC Audit | Action | How will we know this is achieved | Lead | Agreed timescale |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|
| Safe | We were concerned about the safety of mental health patients | We will ensure that the escalation process for patients requiring mental health care is enacted and work with the CCG and BBCP to ensure there is a timely response to delays in A&E for patients. | Monitoring of this action will be provided to QSAG | A&E Directorate Management Team | |
| Effective | The % of unplanned readmissions within 7 days was higher than national average | The Mortality Review Action Group (MORAG) will review and take action where trends of patients who re-attend occur. | MORAG reports will verify this and be presented at QSAG | Medical Director | |
| Responsive | We had concerns about consultants responding to requests for support in A&E. We saw numerous incident reports but no action taken | The number of consultants who do not attend A&E when requested will be reviewed the next day by the clinical director and appropriate action taken. This will be monitored at the bi weekly A&E meeting | A&E Directorate Management Team will monitor this through the governance meeting and then to the Quality Standards Actions Group (QSAG) | A&E Directorate Management Team | |
| Well led | There is a risk that the service may not learn from adverse events | Review all serious incidents on Datix and ensure learning is circulated to the whole department | A&E Directorate Management Team will ensure learning is circulated to whole department | A&E Directorate Management Team | |

THE EMERGENCY DEPARTMENT (ACCIDENT AND EMERGENCY) ACTIONS

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|--|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| | Staff in A&E said they felt isolated from the rest of the hospital | We will meet with A&E staff to understand their concerns and agree actions to be taken. Back to the floor sessions will be organised as part of the safety walk round programme for Non-Executive Directors and Executive Directors | A&E Directorate Management Team will provide a report of findings to the governance meeting and sent to the QSAG | A&E Directorate Management Team | |
| | Trends are not being identified and corrective action is not being taken | We will agree and display multidisciplinary KPIs and metrics about quality, safety and performance for staff and patients to see. | This will be evidenced in the department | A&E Directorate Management Team | |

DRAFT

MEDICAL CARE (INCLUDING CARE FOR OLDER PEOPLE) ACTIONS

| | Initial CQC Audit | Current CQC Audit | Target Date | Responsible Person | Progress |
|-----------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|-----------|
| Safe | Elderly care and dementia wards were not sufficiently resourced especially evening and night | The nursing workforce and skill mix review will be presented to Trust Board 24 Nov 2013 for approval. We will develop the use of SafeHands to track acuity and skill mix on a daily basis. We will provide a display for the public that gives the numbers of staff on duty for that shift compared to the number that should be on duty and this will be done on every ward in the trust. Agree a stepped prioritised approach to recruitment to priority areas. | 24 Nov 2013 | HoNs with CNO. SafeHands project lead | On track |
| | We were concerned about a patient's observations and staff were unable to show us what intervention there had been | Staff in Elderly care wards will receive training in track and trigger and SBARD and Matron will monitor escalation of this through live records check. Elderly care wards to receive further training in track and trigger from Outreach team. | 24 Nov 2013 | Matron and manager of Critical Care Outreach Team to provide training | Completed |
| Effective | Full implementation of dementia care bundle across trust | We will ensure dementia outreach team provides education and advice across the Trust and will formally review the role of the Dementia Outreach team. | 24 Nov 2013 | Dementia Nurse Consultant and Lead Dementia Clinician | On track |
| | We observed many examples where patients did not get the help they needed to eat | We will review help at mealtime as part of the matron's KPIs and sisters /charge nurse's objectives | 24 Nov 2013 | Matrons & HoNs | On track |

MEDICAL CARE (INCLUDING CARE FOR OLDER PEOPLE) ACTIONS

| | | | | | |
|----------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------|--|
| | An incident where the call bell rang for 20 minutes despite staff sat at the desk | Call bells will be monitored and form part of sisters feedback from patients on discharge. Identify electronic reporting system through estates to monitor length of time call bells taken to answer | Monitored via KPIs at performance review and through patient experience via 'Patient Voice' | Matrons and HoNs | |
| Well led | Chatback was not known to many junior staff | Chatback will be re launched specifically targeting more junior staff | HR audit will demonstrate understanding and awareness of chatback with junior staff | Nominated HR lead to manage through directorates | |
| | Information about the Trusts and wards performance does not always filter down to junior staff | A minimum information data set will be agreed by senior nursing staff to display on every ward as part of 'knowing how we are doing' boards. | Evidence of data on ward boards ratified through Senior nurse Operational group | HoNs and Midwifery with Patient Experience Lead | |

DRAFT

SURGERY ACTIONS

| | in CQC Audit | | achieved | Lead | 3 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|
| Safe | We had some concerns about night time staffing and particularly in relation to pain relief | As part of the staffing review surgery is included, however we will continue to monitor acuity using SafeHands technology daily. We will also monitor patient's experience of pain relief through the discharge cards used to record FFT and use this to monitor improvement. Agree a stepped prioritised approach to recruitment to priority areas. | Continue implementation of SafeHands making acuity dependency monitoring real time in every ward which will form suite of reports from SafeHands. Twice a year reports to board will provide skill mix, sickness and vacancies | HoNs with CNO. Matrons for individual wards | |
| | We saw staff opening pedal bins with their hands | IP and use of pedal bins will be targeted as part of the visual audit of hand hygiene conducted as part of the sisters KPIs. | Observational audits will demonstrate compliance with IP practice | Ward Sisters/Charge Nurses through KPIs | |
| Effective | We saw no evidence of 2013 performance for falls | A minimum data set will be agreed by senior nursing staff to display on every ward as part of 'knowing how we are doing' boards. | Falls data will be part of the minimum data set in every ward on display and audited as part of matrons rounds demonstrated through observation | Ward Sister/Matron | |
| | There is a risk for IP, dignity and privacy for patients going or returning from the operating theatre due to lack of a dedicated lift | We will ensure there is a dedicated lift for transferring patients from the theatre and back to the ward | IP Lead will liaise with Estates and report actions through to QSAG | Estates Manager/Lead IP Nurse | |
| Caring | Patients well enough to be moved in chairs are unescorted | Implement the transfer policy and reduce the number of bed transfers and make more use of wheelchair transport if this is appropriate. | Monthly reports using Teletracking data spot audits checking transfer policy is being followed through Environmental Group | Head of Hotel Services with Matrons | |

SURGERY ACTIONS

| | | | | | |
|------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|--|
| Responsive | There were a number of broken TVs | We will ensure all TVs and regularly checked by the service provider and that staff know how to escalate this | Environment Group will report on TV service | Environmental audit reports | |
|------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------|--|

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MATERNITY ACTIONS

| | Finding from CQC Audit | Action | How will we know this is achieved | Lead | Agreed timescale |
|--------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|------------------|
| Safe | There is a shortage of midwives | Birth Rate Plus has been used and a business case approved. A recruitment and retention plan will be developed to meet this requirement. | W&C Governance Committee will report vacancies to QSAG | Head of Midwifery | |
| Caring | Patient's notes were left unattended in a public area of the clinic | Ensure there is appropriate storage for medical records in the antenatal clinic out of public view | Observational audit will demonstrate compliance | Matron | |
| | In the antenatal clinics there is limited information for people who have English as a first language | We shall maintain a range of patient information leaflets in different languages for patient and staff use that is easily accessible | Observational audit will demonstrate compliance | Matron | |

DRAFT

CHILDREN'S CARE ACTIONS

| | n CQC Audit | | achieved | lead | 3 |
|------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|---|
| Safe | Some toilets were dirty and had not been cleaned for 24 hours. We observed poor practice of hand hygiene amongst staff | We shall maintain and monitor cleaning of toilets in daily environmental checks. All staff will have 5 moments monitored weekly with support from other matrons through peer review | Environmental audits will be 100% and peer review results will be available through KPIs | Ward sister and housekeeping | |
| | Staff need access to specialists in Learning Disabilities | The staff have access to the LD nurse and also to education from the Gem Centre around the autistic spectrum disorder. This needs to extend to all services in paediatrics | Training database will demonstrate compliance and reported through performance meeting | Paediatric Directorate management Team | |

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END OF LIFE CARE ACTIONS

| | Finding from CQC Audit | Action | How will we know this is achieved | Lead | Agreed timescale |
|--------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|
| Safe | Documentation did not clearly set out discussions with patients about DNAR | We will ensure DNAR is documented in patients records and that discussion with the patient is evidenced as signed by the patient or family | Each CD will raise with directorates and undertake review of notes to ensure compliance in line with live records check | All Clinical Directors supported by Divisional Medical Directors | |
| Caring | We were concerned about the care for relatives after a person has died | We will incorporate a review of the Bereavement Service into the End of Life Strategy which is part of Trust's objectives and work with the division responsible to ensure improvements take place including training for staff in the General Office | A plan to improve bereavement care in the Trust will be presented to the Board as part of the End of Life Strategy | Division 1: Bereavement Services Manager/Directorate Manager Surgery and COO | |
| | We were concerned about the care for relatives after a person has died | We will undertake a review of the Viewing Room and consider how best to update/improve the area to make it more peaceful and conducive to bereavement, including supporting relatives who have been bereaved and wish to view their loved one. | Observation through re inspection will demonstrate improvement. PALS will demonstrate feedback in bereavement of improvements | Head of Pathology and Head Mortuary Attendant/PALS | |

DRAFT

OUTPATIENTS ACTIONS

| | Initial CQC Audit | Findings | Actions to be taken | Responsible | Target Date |
|------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------|
| Safe | We did not see any information about safeguarding | We will ensure all staff are appropriately trained in safeguarding and have information available to the public and other staff about this. | Training database for OPD. Peer review by matrons | OPD Matrons to lead | |
| | We found the cleaners room inadequate and no written cleaning schedule. We found thick dust in clinical areas on trolleys | We will ensure the cleaners room is managed and a cleaning schedule is in place and regular environmental audits take place with matron | Housekeeping environmental audits | Matron and Housekeeping | |
| Effective | Sister told us there were incidents when sometimes the consultants did not arrive for clinic | We will ensure there is an escalation process in place for a consultant not arriving for clinic which involves the divisional medical directors | Monitor incidents through OPD governance meetings | Outpatients sister through directorate team | |
| Responsive | Signage is poor and there is little information for patients. The WRVS café is rarely open | We will improve signage and ensure information is available on a range of health issues. We will also scope the provision of a vending machine for patients to use when the café is closed. | Environment group and OPD Matron. Scope availability of vending machines in OPD and access times to café with WRVS | Estates, Matron and PALS | |
| | Patients told us they did not know how to make a complaint | We will ensure multi media available to inform patients how to raise a concern and use PALS | Task and Finish group implementing findings from Clwyd/Hart Report | CNO | |
| | Nurses were not clear how to contact the Learning Disabilities Nurse | Ensure all information is also available for patients with Learning Disabilities and ensure staff understand how to access the specialist nurse | Observational audit assurances via matron | Matron and PALS | |

OUTPATIENTS ACTIONS

| | | | | | |
|----------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|--|
| Well led | We were not able to see any quality assurance such as how the clinics were performing against targets | We will ensure a core set of quality and performance indicators are well displayed in the outpatients department for the staff and public | Observational audit through Matron audits and patient feedback | Matron and PALs | |
|----------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|--|

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Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Report title | The Royal Wolverhampton NHS Trust – Foundation Trust Application Update | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating organisation | THE ROYAL WOLVERHAMPTON NHS TRUST | |
| Accountable organisation | David Loughton Tel Email | Chief Executive 01902 695950 Claire.Richards12@nhs.net |
| Report to be/has been considered by | List any meetings at which the report has been or will be considered, e.g. | N/a |

Recommendation(s) for action or decision:

To comment on progress of the hospital's foundation trust status application.

1.0 Purpose

- 1.1 The purpose of this report is brief members of the Health Scrutiny Panel about the progress of the Foundation Trust application since the assessment in September 2012.
- 1.2 The Royal Wolverhampton NHS Trust's foundation trust status application was deferred by Monitor in September 2012 for a period of twelve months, whilst the Board undertook a number of improvement actions.

2.0 Background

- 2.1 The Panel considered a previous report on 13 December 2012 detailing the outcome of an assessment by Monitor, the independent regulator for foundation trusts. The Board agreed that in response to comments of Care Quality Commission that more work was needed before the hospital could be considered for NHS Foundation Trust status.
- 2.2 The hospital agreed to provide the health scrutiny panel with a further update report on progress towards reactivation of its application, when available.

3.0 Discussion

- 3.1 The following is a summary of the progress against the improvement action plan
 - **Recruitment of a new chair and non-executive directors:** all appointments were completed by July 2013 with a new chairman in post from March 2013, two non-executives and two associate non executives.
 - **External review of governance:** a review was undertaken between December 2012 and April 2013 with a follow up visit in August 2013. The review showed that there were no fundamental issues with the governance arrangements but the Trust was "slightly behind the curve" in its arrangements. As a result of the review the Trust has reviewed its committee structure throughout the organisation to ensure there is clarity around the flow of information up and down the organisation, and that the Board receives timely and appropriate information in support of its decision making and assurance processes. In addition, three new Divisional Medical Directors have been appointed giving a total of five to strengthen clinical leadership at a senior level.
 - **Review of clinical services:** the Trust was in the first wave of the CQC Chief Inspector of Hospitals inspection programme and had its inspection in September. The report, published on 21 November 2013 highlighted lots of good practice and identified two areas that the Trust must address, both of which were in progress at the time of the inspection -
 - a) nurse and midwifery staffing levels; and
 - b) better management of complaints including feedback.

3.2 In response to the changing health landscape Monitor has made a number of changes to its assessment process and has reviewed the way it works with the CQC and the Trust Development Authority. We have been in regular contact with our Assessment Director at Monitor over the last year and are currently awaiting confirmation of how our assessment will proceed in light of the revised process.

4.0 Financial implications

4.1 There are no financial implications arising from the recommendations in this report.

5.0 Legal implications

5.1 There are no legal implications arising from the recommendations in this report.

6.0 Equalities implications

6.1 There are no legal implications arising from the recommendations in this report.

7.0 Schedule of background papers

7.1 Health Scrutiny Panel - Foundation Trust Application - 13 December 2012



Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|
| Report title | The Royal Wolverhampton NHS Trust (RWH) response to the Government report 'Patients First and Foremost' | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | ALL | |
| Accountable director | Sarah Norman, Community | |
| Originating organisation | The Royal Wolverhampton NHS Trust | |
| Accountable person | David Loughton | Chief Executive |
| | Tel | 01902 307999 |
| | Email | david.loughton@nhs.net |
| Report has been considered by | RWH Trust Board | May 2013 |
| | RWH Trust Compliance Committee | August 2013 |
| | RWH Trust Board | September 2013 |

Recommendation for action or decision:

The Panel is recommended to review the progress by RWH in implementing recommendations arising from the report 'Patients First and Foremost'. This report was prepared in response to the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Sir Robert Francis QC.

1.0 Purpose

- 1.1 This report provides an overview of The Royal Wolverhampton NHS Trust's (RWH) response to the recommendations in 'Patients First and Foremost' report published by the Government in March 2013.
- 1.2 The report was the Government's response to the findings of the Public Inquiry chaired by Sir Robert Francis QC into the quality of care provided at Mid Staffordshire NHS Foundation Trust.
- 1.3 Following a review of the 290 recommendations in the 'Francis Report', 102 were considered applicable to the RWH and have been reviewed in regard to existing actions and assurances; and where necessary further action has been undertaken.

2.0 Background

- 2.1 A full gap analysis and action plan has been formally reviewed by the RWH Trust Board and by its delegated committee, where monitoring will continue quarterly.
- 2.2 The overarching and significant themes from the report are outlined in the table in section 3 below.
- 2.3 RWH has in place a number of programmes of work which drive the ambition within Francis to improve patient safety, experience and quality. There are some programmes of work that directly link to the recommendations in the Francis report. However, there is also other related work being undertaken by RWH to demonstrate mitigation against a re-occurrence of the issues experienced at Mid Staffordshire NHS Foundation Trust
- 2.4 The Trust has assigned leads to progress actions and where appropriate work is aligned to existing work areas to embed improvements into mainstream work.

3.0 Progress

- 3.1 Status of progress against recommendations:

| Total recommendations | Red | Amber | Green | Grey (national actions) | Actions in development |
|------------------------------|------------|--------------|--------------|--------------------------------|-------------------------------|
| 102 | 0 | 28 (27%) | 58 (57%) | 14 (14%) | 2 (2%) |

Grading key:

- Red = major gaps in assurance/significant risk/work not yet commenced to manage risk.
- Amber = moderate gaps in assurance/moderate risk/ work in progress to deadline to manage risk.
- Green = no or minor gap in assurance/minimal risk/ work complete or majority complete to deadline.

3.2 The table below provides a headline summary of work in place or in development at RWH to address the themes falling from the Francis report.

| Theme | Work in place or in development |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Openness transparency and candour | <ul style="list-style-type: none"> • Favourable results for 2012/13 being open policy audit – passed level 3 NHS Litigation Authority being open criteria. • Maintained a healthy reporter status by the National Patient Safety Agency reporting benchmark. • Contractual target agreed with Commissioner taking effect from 1st April 2013. • Internal systems and processes for monitoring the Duty of Candour¹ for incidents and complaints. • The Trust will consider any further indicators to measure or evaluate progress. |
| Nursing, Care of the Elderly and Putting patient first | <ul style="list-style-type: none"> • Priority work streams - care of the older person and urgent and unscheduled care. • Work programme and group in place with a focus on care of the older person. • A Creating Best Practice programme is in place to drive improvements across clinical care and safety areas. This work covers documentation, nutrition and hydration, ward rounds, pressure ulcer management and prevention, infection prevention, patient satisfaction, workforce and staff satisfaction. • Dementia care developments. • Nursing and midwifery workforce – skill mix review • Nursing Midwifery Programme aligned to the 6C's (care, compassion, competence, communication, courage and commitment), the NHS Constitution, The Nursing and Midwifery Council Code, and the Royal College of Nursing Fundamentals of Nursing Practice • Quality impact assessments on all Cost Improvement Programme projects |

¹ 'Duty of Candour' is defined in [Robert Francis' report](#) as: "The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made."

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Leadership, Fundamental standards of behaviour | <ul style="list-style-type: none"> • Organisational Development plan in place to address issues reporting, information flows, RWT Trust Board development and assurance. • 2013 Culture survey in progress and will inform culture, leadership, values and behaviours. • Review and new developments in leadership training and competencies in progress. • Values based recruitment commenced to include interview assessment aligned to 6C's. |
| A common culture made real through the organisation, Fundamental standards of behaviour | <ul style="list-style-type: none"> • Review in progress of the organisation safety culture survey – benchmark against 2010 results. • Further requirements considered following the 2013 survey report. • Strengthening of accountability through the divisional and committee reporting structure. |
| Effectiveness of healthcare standards, Effectiveness of regulating healthcare systems governance | <ul style="list-style-type: none"> • Executive safety walk-around • Using technology to keep patients safe - Safe Hands electronic tagging, VitalPAC² to identify deteriorating patients. • Project group initiated to review quality and performance indicators, strengthen internal assurance and develop internal early warning alert systems. • Quality assurance framework to include internal quality indicators, new Care Quality Care inspection domains, Keogh(Keogh mortality review) lines of inquiry. • expansion in the scope of obtaining patient feedback or experience. |

4.0 Financial implications

4.1 There are no financial implications arising from the recommendations in this report.

5.0 Legal implications

5.1 There are no legal implications arising from the recommendations in this report.

² VitalPAC is a computer software system for detecting deteriorating patients in hospital and improving patient safety and outcome

References

- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013)
- Patients First and Foremost - The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf



Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| Report title | Healthwatch Wolverhampton – progress report | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating organisation | Healthwatch Wolverhampton | |
| Accountable employee | Carol Lamyman | Healthwatch Chief Officer |
| | Tel | 01902 426 271 |
| | Email | clamyman@healthwatchwolverhampton.co.uk |
| Report to be/has been considered by | List any meetings at which the report has been or will be considered, e.g. | N/a |

Recommendation for action or decision:

The Panel is recommended to:

1. Comment on the progress made by Wolverhampton Healthwatch in delivering its work plan.
2. Agree to receive further progress reports on the work plan at future meetings.

1.0 Purpose

- 1.1 The purpose of this report is give members of the Health Scrutiny Panel the opportunity to discuss and review the current work programme as agreed by the Board of Healthwatch Wolverhampton.

2.0 Background

- 2.1 Healthwatch Wolverhampton (HWW) is the new independent consumer champion for both health and social care. HWW works in the best interests of the patient or citizen. HWW is not an activist or lobbying group; rather it utilises intelligence gathered from service users to improve the quality and safety of NHS and social care provision.
- 2.2 HWW was set up as an independent Community Interest Group with its own Independent Chair, Maxine Bygrave. Maxine provides strategic overview to the HWW Board. Carol Lamyman was appointed as Healthwatch Manager on 30 July 2013. HWW employs 2.87 WTE staff, and has 10 voluntary Board Members and 4 Directors.
- 2.3 Local Healthwatch is a vital part of the Government's plans to give people a stronger voice and drive improvements in health and social care services. Healthwatch exists in two distinct forms – Local Healthwatch (Wolverhampton, in this locality) and Healthwatch England. (<http://www.healthwatch.co.uk/>)
- 2.4 HWW is able to 'Enter and View' publicly funded health and social care services either as unannounced spot checks or at agreed monitoring visits.

'Enter and View' visits are conducted by a small group of trained volunteers who visit health and social care services to observe and assess the service being provided; write a group report with suggestions for improvements which becomes a public document; and follow-up suggested recommendations where necessary. The findings of the visit will be reported to the providers and commissioners of service and, where appropriate, to the regulators.

Training for members regarding 'Enter and View' has already taken place in September and November. Wolverhampton Council and other organisations provide mandatory training to HWW on safeguarding and other issues.

- 2.5 A representative (usually Chair, Chief Officer or Board member) of Healthwatch has a seat on the local health and wellbeing board, as part of the shared local leadership assessing the needs of communities and planning how they will be met. A representative of Healthwatch is also on the boards of the Wolverhampton Clinical Commissioning Group, West Midlands Ambulance Service, and local NHS Trust, as well as on numerous other committees.
- 2.6 The Chief Officer has recently commenced monthly meetings with The Royal Wolverhampton NHS Trust's Deputy Chief Nurse, so as to discuss issues of significant concern.

2.7 Key Performance Indicators are being drafted for ratification by the Board of Healthwatch Wolverhampton. These are not yet finalised but should be ratified by Board and presented in April 2014.

2.8 During the last three months, volunteers within the Healthwatch office have marketed successfully the organisation via a variety of means e.g. telephone cold calling, targeting schools, University, Fitness centres and organisations affiliated to Healthwatch Wolverhampton on a corporate basis.

3.0 Progress to December 2013

3.1 Governance

- Board meetings are held monthly. Meetings are held in public with minutes available on the HWW website.
- Recruitment of three new Non-Executive directors has been made to the Healthwatch Board. These are individuals who have vast experience over many years, of strategic planning in Health and Social Care.

3.2 Core Objectives

Gathering the views and understanding the experiences of all who use services, their carers and the wider community

- HWW has a community engagement strategy from which the views of local groups and communities is gathered
- As part of the community engagement strategy is a volunteer programme which will enable greater reach across the city
- HWW is maximising opportunities to gather views of the public and is in the process of upgrading the website to enable online feedback capture
- HWW Enter and View training programme is in place with one session completed and will be rolled out shortly

Making people's views known, including those from excluded and under-represented communities

- HWW undertakes feedback meetings with key stakeholders including Local Authority, CCG, local hospital trusts and regulators
- HWW attends and contributes to the Quality Surveillance Groups hosted by NHS England Area Team
- HWW will be producing thematic reports which will be shared with stakeholders and published on the website;

Promoting and enabling the involvement of people in the commissioning and revision of local health and social care services and how they are monitored

- All opportunities for engagement and involvement are distributed to HW supporters and communicated through various channels;

Providing non-clinical advice and information about access to local care services so choices can be made about local care services

- The information helpline is in place and responding to 150 (minimum) calls per month
- The helpline is currently staffed by one member of staff and recruitment to a volunteer programme is on-going
- Requests for information include areas such as finding an NHS dentist, physiotherapy services, counselling for the bereaved etc.

Formulating views on the standard of provision and whether and how the local care services could and ought to be improved

- This is in development as part of the Work Plan and a snapshot of concerns or issues is compiled within Appendix 1.

Provide access to independent NHS complaints advocacy service

- HWW makes direct referrals to Wolverhampton Health Advocacy Service on a regular basis

Recommend investigation or special review of provider services via Healthwatch England or the Care Quality Commission

- HWW is able to undertake this function and has developed relationships with both Healthwatch England and the Care Quality Commission

3.3 Work Plan

HWW's Work Plan is comprised of and based on issues brought to the attention of the Healthwatch staff team or members and is ratified by Board members. Current topics include:

- Nursing/Care home provision – a pilot visit to Inspirations Care Home, Wolverhampton is scheduled for 16 December 2013
- Mental health services
- GP appointment systems – calls are received regularly from individuals who are unhappy at the non-availability of suitable appointments

- Chiropody services – Healthwatch has received concerns regarding access to a nail cutting service for those who are not eligible for the existing provision but do have some needs. This issue is being explored with Wolverhampton Clinical Commissioning Group considering the feasibility of implementing a service similar to that available in the Dudley area.
- Public Health including obesity, sexual health, maternity services. HW is working with Public Health to elicit the views of the public in relation to the sexual health review.
- Any items of concern as compiled by the Care Quality Commission following their recent visit to New Cross Hospital.

3.4 Patient and Public Engagement (PPE) Activity

- PPE is an integral theme running through all Healthwatch work. Since commencement in April 2013, there have been 29 public engagement events involving diverse, multi-cultural groups. There was a Civic launch on 30 April 2013 and a well-attended and successful members' launch on 17 October 2013. The latter event was well attended with interactive sessions covering a host of health and social care themes. Response and feedback was positive. Volunteers assist the small complement of Healthwatch staff within the office environment on an ad-hoc basis.
- Supporters (850 in number) of HWW have regular interaction and involvement with the organisation. A dedicated Community Engagement worker undertakes talks on a weekly basis and is available during the day or evening, whichever is most practical to the audience.
- The Chair undertakes presentations at strategic events. The Chief Officer is also available thereby ensuring that Healthwatch is made known to as many groups and citizens as possible within Wolverhampton. The Community Engagement Officer works within the locality targeting and addressing community and 'hard to reach' groups.

3.5 Media and Publicity

- Regular items in the print press, (Express & Star and Chronicle) radio (Free Radio) and television (BBC) has helped boost the number of individuals in the Wolverhampton locality who now provide regular feedback on health and social care issues.
- A new method of eliciting the views of the public via an innovative, dynamic website is planned for launch in January 2014. Discussions are underway to have quality, high-profile endorsement.
- A newsletter, produced quarterly is disseminated to key partners, supporters and the general public.

4.0 Financial implications

- 4.1 There is a Local Authority grant arrangement with the host organisation. Wolverhampton Voluntary Sector Council provides Healthwatch with an operating salary of £200,000 a year for 3 years (2013-16). In addition to receiving statutory income, HWW is actively seeking to supplement this by income-generation as of January 2014.

5.0 Legal implications

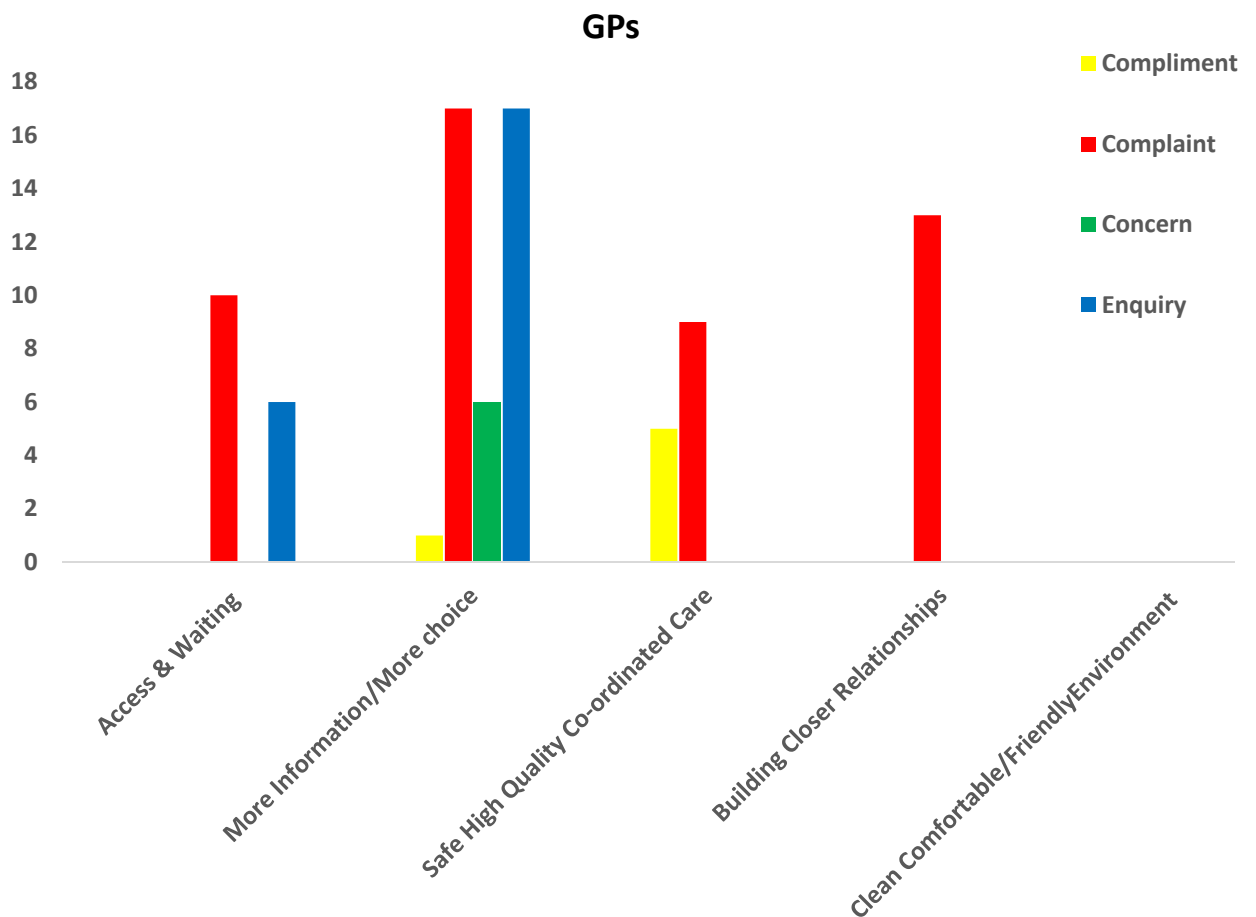
- 5.1 The Commissioner at Wolverhampton City Council meets with and receives quarterly and intermittent updates as necessary from HWW in this regard.

6.0 Equalities implications

- 6.1 HWW strives to ensure that the diverse health, social care, cultural and all other needs of the population of its locality are represented as fully as possible by the organisation.

Feedback collated Since April 2013 to November 2013 Healthwatch received 250 issues around Health and Social Care. Areas where Healthwatch receive the greatest comments from the public include; GP, New Cross Hospital, Social Services, Dentist, Mental Health – Black Country Partnership. Minor areas include Benefits, Penn Hospital, Willenhall Hospital, Staffordshire Hospital, NHS Community Services, Optical, other miscellaneous topics.

Healthwatch received 84 issues around GPs



Example Comments from Public during April 2013 – November 2013

Access & Waiting

Complaint

- *Dr Bagary, Ruskin Road, Wolverhampton, Scotlands. x is having difficulty making an appointment with her GP. She has to wait a long time before the surgery answers the phone. She does not get to see her GP for consistency. But has to see her locum.*
- *x from Pendeford - we have no pharmacy or doctors surgery near Dove Court instead they have moved to the health centre. :(*

More Information and Choice

Complaint

- *My husband has Alzheimer/Dementia, asked my doctor to have him admitted at New Cross but he didn't. Next day I had to call Ambulance Service, they suggested that my doctor refers him to New Cross. He died 2 weeks later.*
- *Having problems making an appointment with the GP. If x Calls the surgery he is told no appointments available, and to make an appointment at the end of the month. But each time he does he sees a locum. Surgery - Alfred Square Road, Wednesfield.*

Enquiry

- *x rang wanting to know more information on GP surgeries that she could access. x is a dependent from Zimbabwe living with her sister.*
- *Laura from WHACS contacted the office and queried x referral. Laura wished to know what advice could be given to x.*

Safe High Quality Co-ordinated Care

Complaint

- *Thornley Street GP. 2 GPs have left who used to support patients with Mental Health. There are no doctors at the surgery who know about Mental Health*
- *Urban Village Centre – Prescription issue. Moved from Cornwall June 2013. Live in Wednesfield and Surgery is in Bilston. Have to catch 2 buses to hand prescription in person and then have to come back 3-4 days later. Doctor won't put me on repeat prescription because the notes have not arrived. Boots chemist can't get the prescription. I took my prescription list to doctor but they lost it. Then had to take all my medication packaging to be photocopied before having medication re-issued.*

Compliment

- *Prestwood GP Surgery is very good. Doctor very good service but sometimes you can't get an appointment*
- *Dr Barry & Partners, 97 Blackhalve Lane, Wednesfield, Wolverhampton, WV11 1BB - 01902 731902 is excellent :)*
- *Showell Road Surgery brill!!*

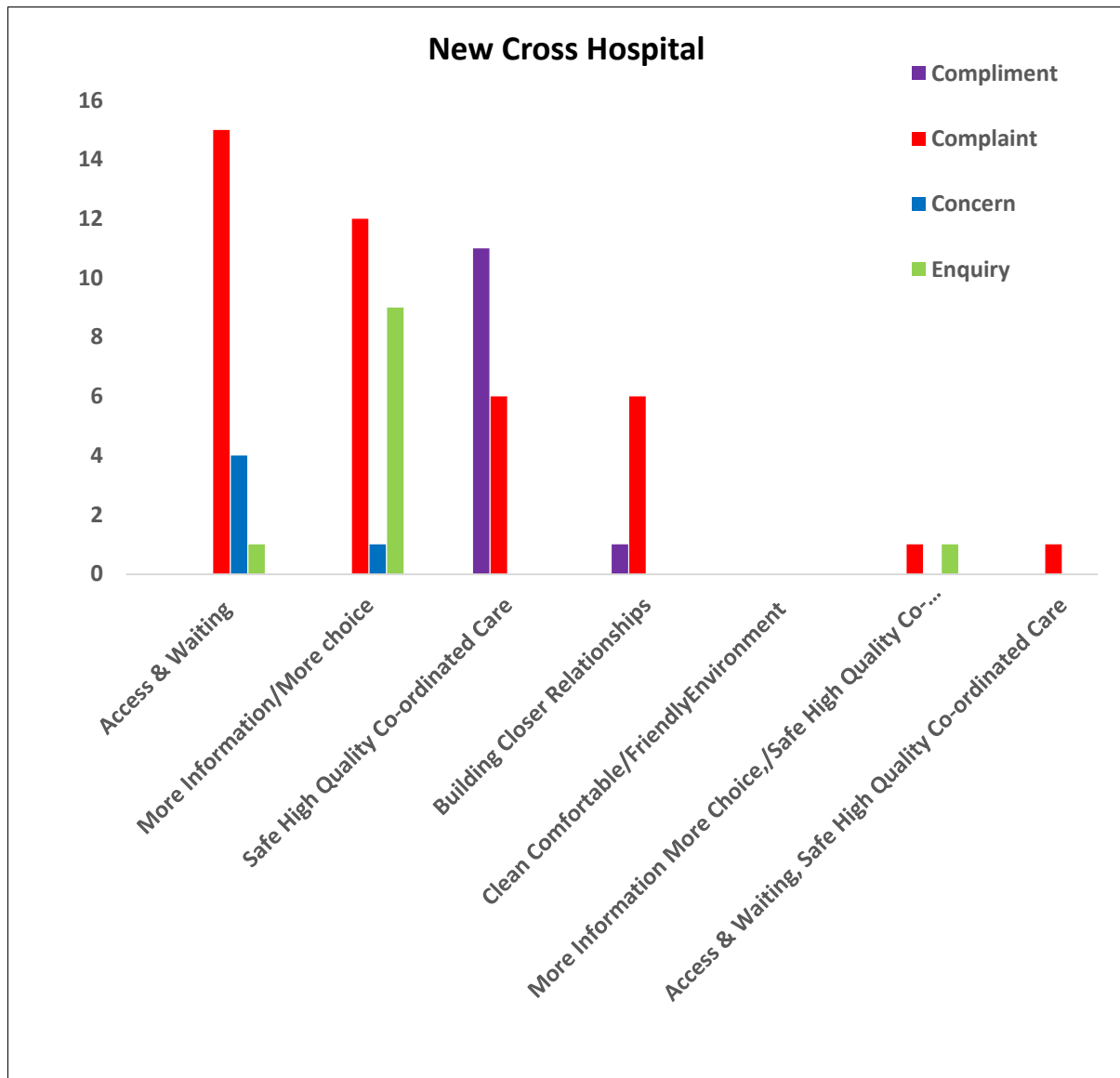
Building Closer Relationships

Complaint

- *There needs to be better communication between doctors and palliative services - my nurse told my GP, I needed some new medication three days ago. The GP still hasn't sorted out the prescription.*
- *Doctors don't know enough about Lymphodema. They can't tell you straight away about how you should be treated. This delay led to me getting an infection. Getting doctors to listen to you*
- *I will not be going back to this surgery. If this is the way GPs are now operating it's no wonder many people are going to A&E departments*

inappropriately. I would rather go back there but hopefully will have a new and polite surgery to go to.

Healthwatch received 68 issues around New Cross Hospital. Some issues covered other services as well as New Cross Hospital ie. Ambulance service.



Waiting time was the main reason for the public reporting a negative experience. A significant number was impressed with the care and treatment received. Healthwatch receives a range of enquiries that are signposted to relevant service providers ie. NHS Choices website.

Members of public have contacted Healthwatch office and given their observations whilst at New Cross Hospital.

Example Comments from Public during April 2013 – November 2013.

Access & Waiting

Complaint

- *I have been waiting for an appointment at New Cross for Osteoporosis since March 2013*
- *New Cross: Routine appointment supposed to be sent home at 3 monthly but I have to ring up to chase up appointment. Better admin system needed*
- *X has had a knee problem for many years, He has had a number of cancellations for his operations.*

Concern

- *Healthwatch member phoned office, observed a cancer patient at the pharmacy waiting for at least 30 minutes then to be told the prescription is incorrect. The patient had to return to her ward.*

More Information/More Choice

Complaint

- *X contacted HW office as had bad experience at New Cross Hospital in January and reluctant to be admitted back to hospital. He was unsure about his patient rights whilst on the ward if he could contact PALs. He stated that he will be writing to Chief Executive of the Hospital. He wanted more info on HW*
- *Cancer Care needs to be at one location at New Cross*

Enquiry

- *Does 560 bus still goes around the town then to New Cross Hospital?*
- *member of public wanted a number for PALs*

Safe High Quality Co-ordinated Care

Compliment

- *Had a great experience during my stay at New Cross. After care also great!*
- *C22 Dementia Ward first class*
- *The Dementia Ward at New Cross is good. I wish it was there years ago when my dad was in Hospital*
- *Eye infirmary at New Cross on 17th Sept 2013, accompany husband once a month. Treatment couldn't be better.*

Complaint

- *New Cross maternity unit - 1 year ago when I had my son he was born 7pm and by the time they sorted me out, my husband had to go home. The nurses didn't let him stay with me.*

Building Closer Relationships

Compliment

- *PALs excellent service.*
- *Young child with Cystic Fibrosis – query re breaking difficult news to the child. – Matron X contacted and agreed to provide help for the family.*

More Information/More Choice/ Safe High Quality Co-ordinated Care

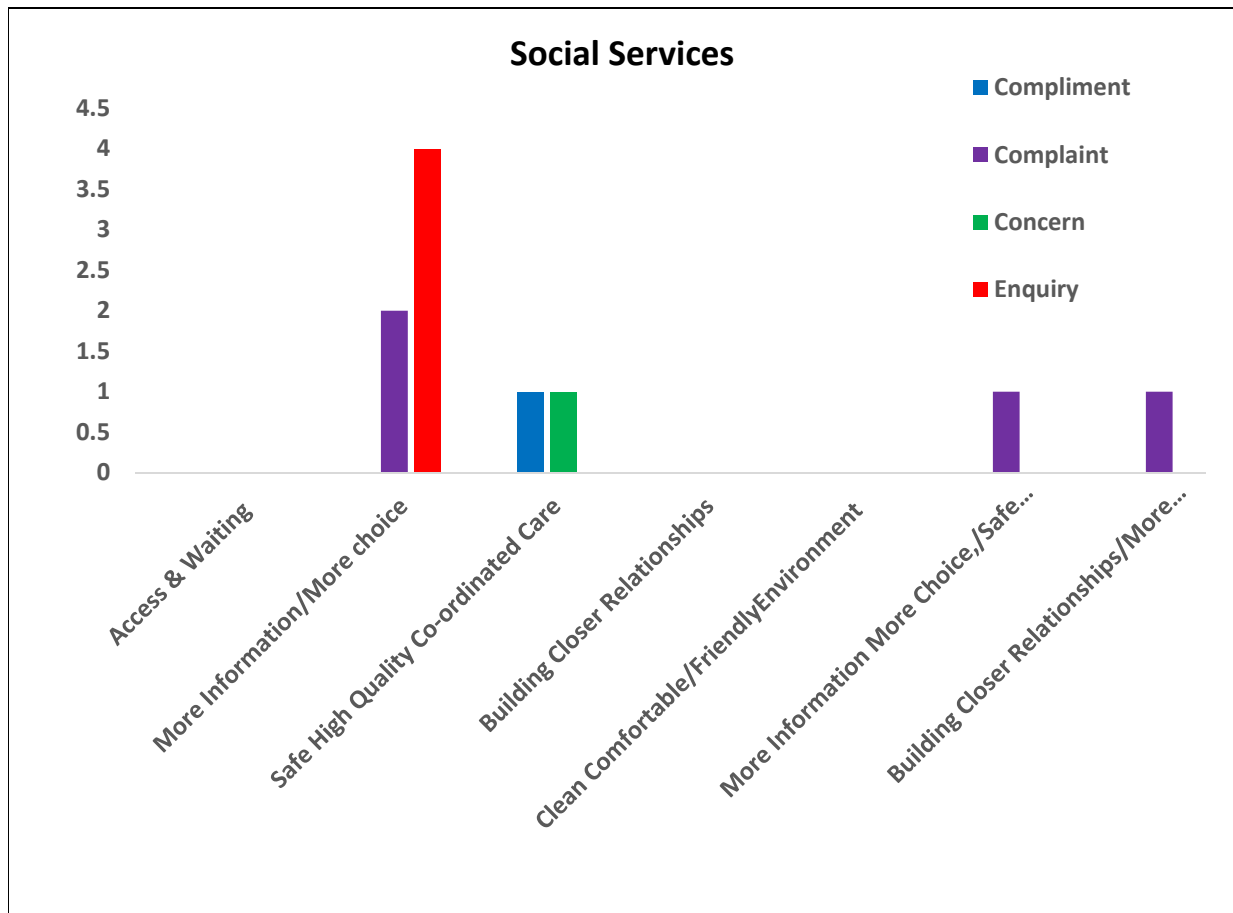
Complaint

- *x rang to ask for information on what she can do about her lost medical records from New Cross Hospital. She explained that she has been patient of x at Gynaecology department since 1980 and when she was there last year she saw a young nurse taking my records away from the gynaecology department before my appointment with x. She challenged her that where are you going with my records but was told that she will bring them back once she has finished checking something up. That was the last time she saw her records. She has been in touch with x 6-7 weeks ago and she can't find the records either.*

Access & Waiting/ Safe High Quality Co-ordinated Care

- *x providing care for her elderly relative who is tube fed and bed bound. The person is at end of life and need to be seen by a consultant at New Cross. Doctor from Compton Hospice wrote a detailed letter to New Cross Hospital to arrange an ambulance to New Cross, have the necessary x-rays/scan and treatment at one visit but a letter had arrived for an out patients appointment. When x called New Cross for an ambulance – she was told to bring her relative on public transport.*

Healthwatch received 10 issues around Social Services.



**Example Comments from Public during April 2013 –
November 2013.**

More Information/More Choice

Enquiry

- *x rang to enquire about her care package for her disabled elderly husband in getting carers to come at earlier slot in morning.*

Safe High Quality Co-ordinated Care

Concern

- Nursing & Care homes - people in charge need to make sure that employees are doing their jobs properly.

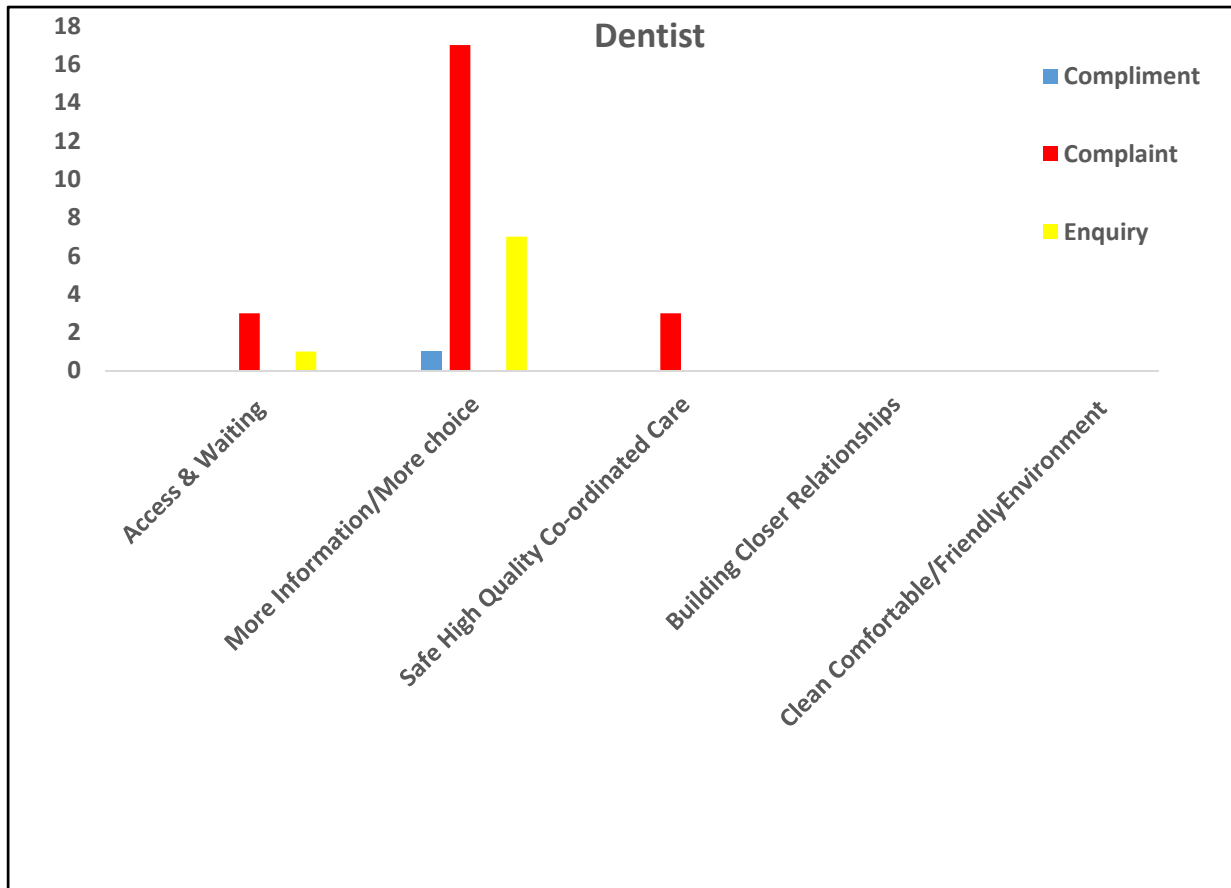
Compliment

- Home care is excellent :)

**More Information/More Choice/ Safe High Quality Co-ordinated
Care**

Complaint

- x family of this lady was concerned that their mother was unable to be discharged from hospital due to a lack of suitable social care beds. Query was disseminated to Charlotte Hall, Deputy Chief Nurse.



Healthwatch received 33 issues around Dentists

Example Comments from Public during April 2013 – November 2013

Access & Waiting

Complaint

- Hill Crest Dentist is not answering any calls and it is closed every time. x tried to book an appointment in person. X rang PALs number to ask for assistance and then rang Healthwatch office to ask how she could find out if her dentist surgery is trading?

Enquiry

- Law queried if there was a mobile dentist, who could visit his mom 98 years for denture fitting.

More Information/More Information

Complaint

- *x would like to complain against her old dentist - Hillcrest on Penn Road. Who she had visited in the last 12 months. X thought she was having her treatment by her regular dentist, but was told on the day of treatment, it would be by another dentist. The dentist had carried out 4 fillings instead of 3. X moved to a Bilston Dentist, to have the work redone. The dentist at Bilston had to redo the fillings. x would like to make a complaint. She had tried with the Practice manager but was unsuccessful.*
- *Call from a Wolverhampton resident - needed an emergency dentist for his sister who had moved from Birmingham a month ago. He had been to Phoenix Health Centre and the emergency dentist was closed.*

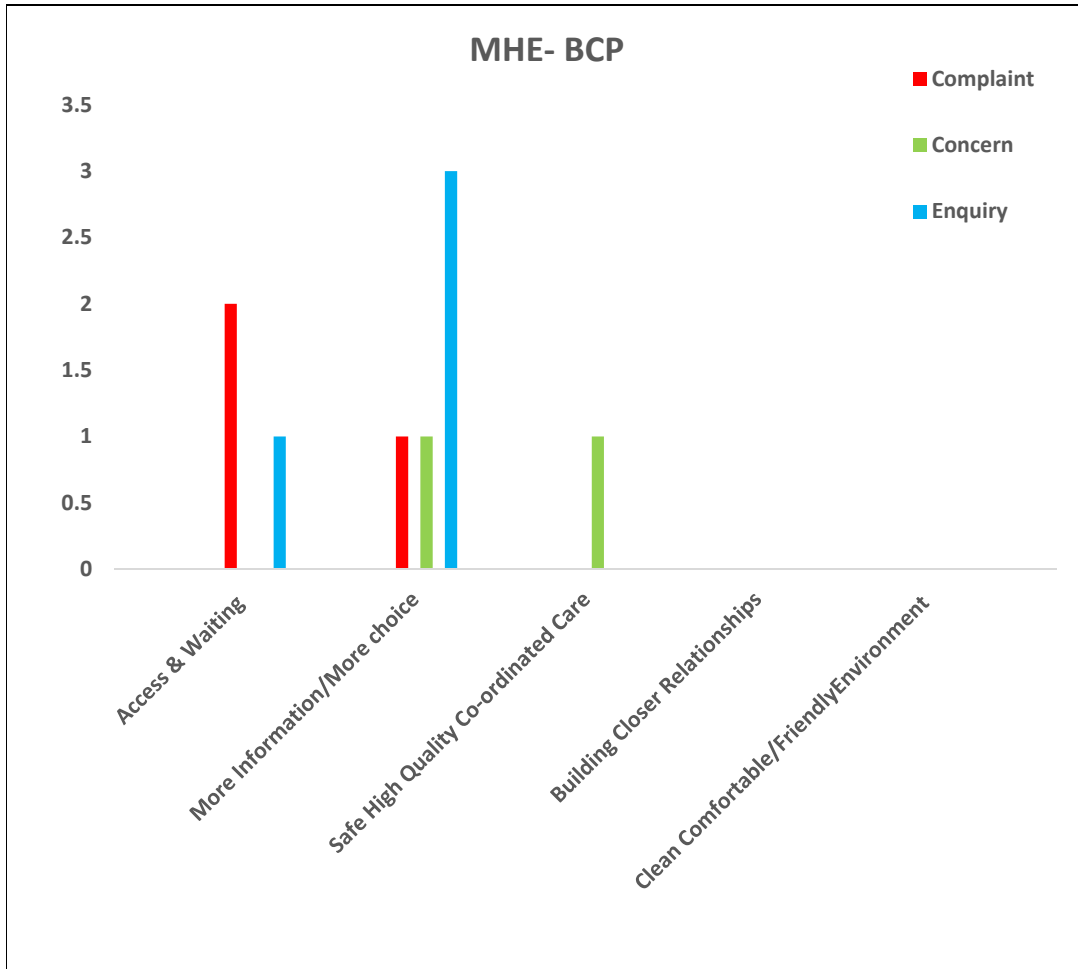
Compliment

- *Dental service is excellent but why some people have a free eye test and why not free dental checks and only pay for the treatment??*

Enquiries

- x from Pertemps contacted the office on behalf of the client x. x had cracked his tooth and wanted to know how to access local dentists.
- Dr Lyer wanted a list of local dentists within Tettenhall.

**Healthwatch received 9 issues around the Mental Health Services-
Black Country Partnership**



**Example Comments from Public during April 2013 –
November 2013**

Access & Waiting

Complaint

- *When you are in crisis, system needs to be in place to be seen straight away instead of waiting for a long time. Condition gets worse while you are waiting for an appointment*

More Information/More Choice

Complaint

- *Mother currently caring for her child who is 16 and has Mental Health issues. She wanted to make a complaint about the Children's Mental Health services.*

Concern

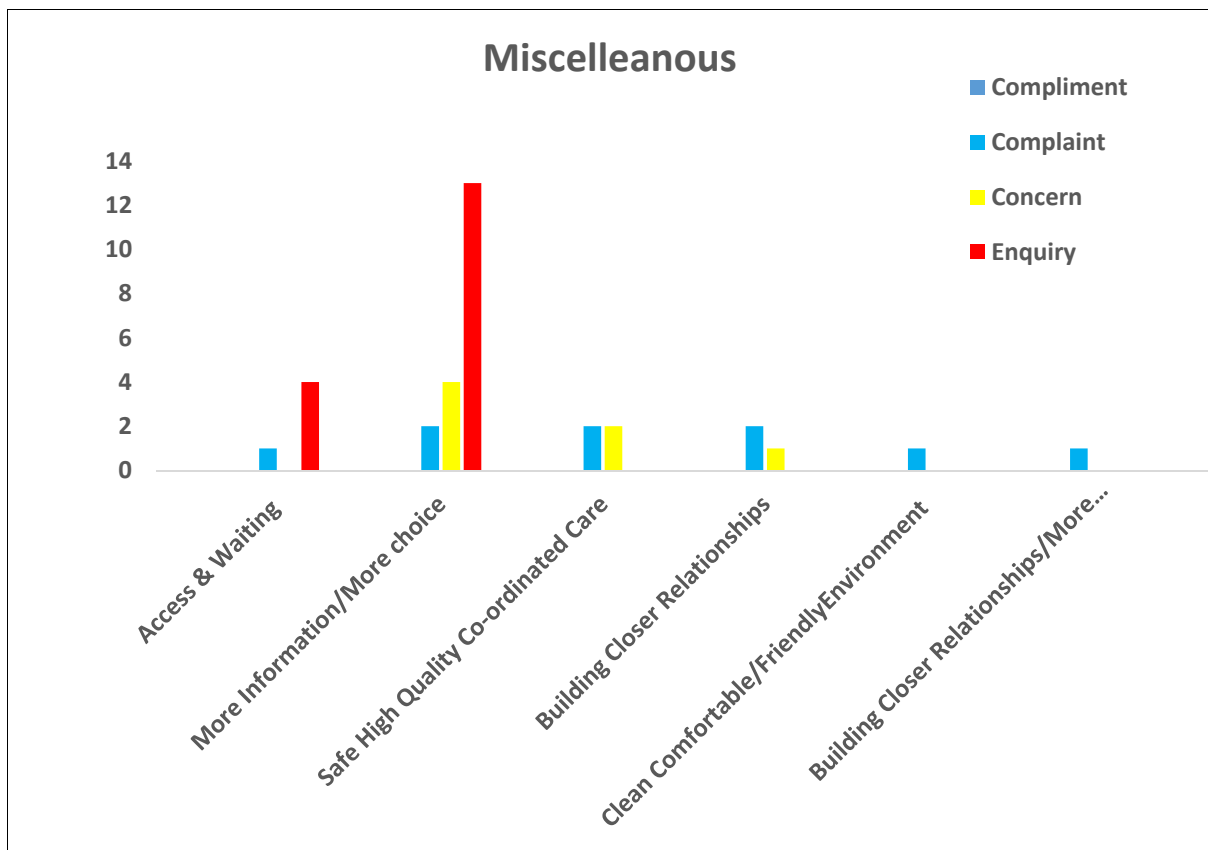
- *List of GP practices covering mental health*

Safe Quality/Co-ordinated Care

Concern

- *BME Tenants-Mental health support/care needed*

Healthwatch received 33 issues around the Mental Health Services- Black Country Partnership



Patient Experience

Healthwatch Wolverhampton has developed a draft workplan based on patient and user experience of health and social care services across the city. The remit of Healthwatch is to seek to influence the provision of services by using the intelligence gathered directly from those who are in receipt of services.

A number of issues, which are detailed in the plan have been transferred from the workplan of the Local Involvement Network (LINK). These have remained on the plan due to a number of outstanding actions, which are being addressed by the local acute provider, the Royal Wolverhampton NHS Trust.

| A & E Eye Casualty | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Issues Raised | Actions |
| Poor communication with patients informing of waiting times | Addressed by refurbishment of the A and E area. At time of booking receptionist will inform patients of estimated waiting time |
| Eye casualty should be re-located within the Eye Hospital. Patients find it confusing to attend A & E and then to attend the Eye hospital for treatment. This is especially challenging for patients who may have had drops administered and then have to walk to the department this is a difficult journey. | No plans to re-locate the eye casualty. Hospital transport is available. This remains an outstanding action with increased difficulty with plans to build a new Emergency department as indicated in the Urgent and Emergency Care Strategy. Agreement by Chief Executive, David Loughton and Medical Director Dr. Jonathon Odum to work with Healthwatch to look at this group of patients following the conclusion of the consultation. |
| Best Practice Wards | |
| Poor cleanliness in toilet areas – recommendation for regular checks to maintain standard | Notices implemented to encourage reporting of poor standards for remedial action |
| Improved maintenance of shower rooms required as increased risk of infection | Initial solution to trial a cleaning solution. Longer term solution would be the creation of wet rooms this would be subject to wider capital planning with estates |
| Call button response is not timely. | Work to improve visibility of nursing staff in all areas, which would increase response to call buttons and need. Need to ensure all patients on admission |

| | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | are advised on how to use and buttons are put within reach, essential to review for patients admitted during the night or sedated |
| Discharge process still remains problematic with patients delayed due to waiting for medication. | This is an ongoing issue with feedback still being received regarding delays on discharge. |
| | |
| Protected mealtimes | |
| Some patients need assistance with meals. Recommendation to use mechanisms which provides support to patients | Implementation of the yellow knife and fork sign Implementation of volunteers to help with meal times Note this is not consistently implemented, therefore there is need for ongoing monitoring. This can be raised directly with Trust at Patient Experience Forum |
| There does not appear to be fresh fruit made available to patients. | The Trust has stated that fresh fruit is readily available on the drinks trolley. Further observations have indicated that this is not always the case. Ongoing monitoring may be required to ensure consistency. |
| | |
| Discharge Lounge | |
| Patients not involved in the planning of their discharge and therefore not given information on what to expect | Discharge lounge to contact relatives to notify of discharge. There remains issues with the discharge process families given short notice of discharge but then delays occur due to long waits for medication HW still receives feedback regarding poor experience of the discharge process. Therefore this will feature as an independent area of work and is currently being scoped. |
| | |
| Primary Care | |
| Poor access to GP appointments HW receives regular feedback regarding poor access to GP appointments | Feedback will be shared with NHS England and local commissioners Input into Urgent and Emergency care strategy consultation |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Access to NHS dental care</p> <p>Requests for mobile dentists</p> | <p>Information provided via signposting service. HW will monitor all requests for information and work with commissioners to ensure accurate and suitable information is widely available in a range of formats</p> |
| <p>Feedback is being gathered on the following areas</p> <p>Maternity services</p> <p>Experience of nursing /residential care homes</p> | |
| <p>Mental Health</p> | |
| <p>HW received feedback regarding poor access to day services and therapies for patients</p> <p>Little or inadequate information is available on service provision</p> <p>Patient experience falls significantly during a change of contract or service provider</p> | <p>Discussions with the commissioner indicated a review was being undertaken and actions would emerge following the review.</p> <p>The report produced did not resolve the issues raised with the commissioner and a meeting has been planned to discuss how to move this issue forward.</p> <p>HW has noted that there is a mental health strategy re-fresh taking place and would seek to engage in this process, which may enable resolutions to be agreed. This will also enable HW to recommend including mechanisms to reduce impact on patient experience during any transition phases</p> |

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Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Report title | NHS Wolverhampton Clinical Commissioning Group - Quality and Assurance Report (Quarter 2) | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating Service | NHS Wolverhampton Clinical Commissioning Group | |
| Accountable organisation | Richard Young Tel Email | Director of Strategy & Solutions , 01902 551251 richard.young@nhs.net |
| Report to be/has been considered by | n/a | |

Recommendation for action or decision:

The Panel is recommended to consider content of the report and provide feedback to NHS Wolverhampton Clinical Commissioning Group.

1.0 Purpose

- 1.1 To provide to the Health Scrutiny Panel a standard report in order for the panel to maintain an overview of the commissioning activity of NHS Wolverhampton Clinical Commissioning Group (Wolverhampton CCG).

2.0 Background

- 2.1 Wolverhampton CCG currently reports on the delivery of its strategic objectives, as encapsulated within its Integrated Commissioning Plan, to the Wolverhampton Health and Wellbeing Board.
- 2.2 At the request of the Scrutiny Panel, Wolverhampton CCG has been asked to bring a summary report outlining the content of a quarterly operational performance report in regards to its commissioning activity

3.0 Progress and Discussion.

- 3.1 The attached balanced scorecards for the relevant performance domains. These are key performance domain areas on which the NHS England assesses and assures the Wolverhampton CCG in terms of its ability as an NHS commissioning organisation. The indicators show that the CCG is broadly on target to meet the indicators for:

- Good quality of care for local people
- Delivering the NHS constitution
- Improving health outcome

- 3.2 However, two areas in particular are being 'red-flagged' as areas of concern. These are:

3.2.1 Incidence of healthcare associated Clostridium Difficile infection (C. Diff)

Wolverhampton CCG had been set a threshold of 65 instances of C.Diff for 2013/14. Although incidences for C.Diff have fluctuated from 2012/13 to 2013/14, there has been no trend of increase or decrease in the total CCG incidence of C. Diff between Q1 2012/13 and present. However, excluding Hospital CDI apportioned to The Royal Wolverhampton Hospital NHS Trust (RWT), there is an upward trend of incidence in CDI apportioned to Wolverhampton CCG only.

3.2.2 Friends and Family test Indicator – Response Rate – Combined

The performance for the Friends and Family test are based on two specific performance indicators; inpatient response rates and A&E response rates. Both of these indicators produce the combined response rate.

When reviewing RWT performance against the target, performance for Q2 has missed target by 1.05%. An investigation into the under-performance has shown issues with A&E reporting of response rates.

The main reason for the decline in performance has been the low number of A&E responses in August and September. A&E response rates in August and September have performed significantly below previous months and this is due largely to issues with the process of collecting the A&E response data for which there have been issues in these two months. RWT has conducted a review and has introduced a new method of capturing responses in A&E (via a response card rather than the coin voting system). Updates from RWT show that the new methods are having a positive impact on performance.

3.3 Further detail on the content of these domains and current performance is included within Appendices A and B.

4.0 Financial implications

4.1 There are no immediate financial implications from this report.

5.0 Legal implications

5.1 There are no immediate legal implications from this report.

6.0 Equalities implications

6.1 There are no immediate equalities implications from this report.

7.0 Environmental implications

7.1 There are no immediate environmental implications from this report.

8.0 Human resources implications

8.1 There are no immediate HR implications from this report.

9.0 Schedule of background papers

9.1 Appendix A: Summary of quality Domain Balanced Score Cards

9.2 Appendix B: Exception reports for areas of concern

Appendix A

Balanced Scorecard Domains

Good quality care for local people

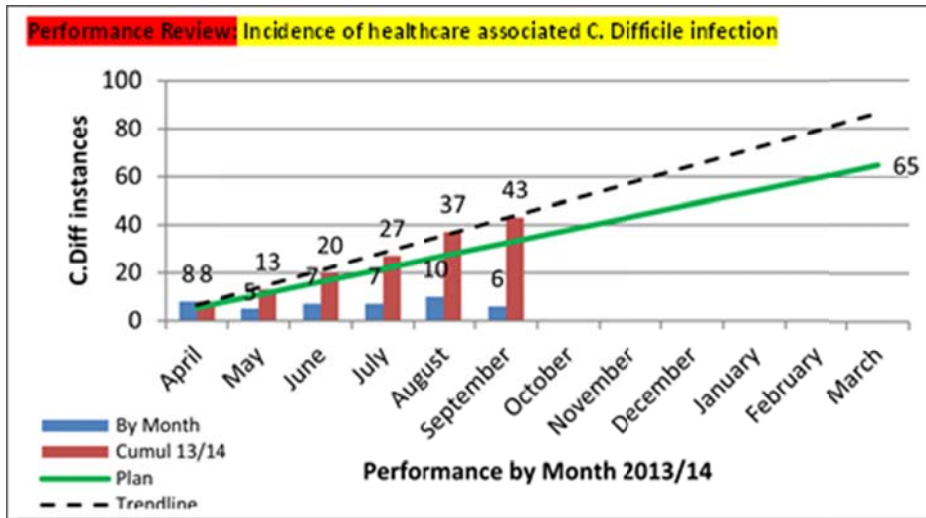
| Providers | Provider 1 | Provider 2 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|
| Provider Name | THE ROYAL WOLVERHAMPTON NHS TRUST | BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST |
| Provider code (automatic lookup) | RL4 | TAJ |
| Please identify the percentage of provider income for CCG: | 46 | 38 |
| What type of service is commissioned from this provider? | Acute | MH |
| Has local provider been subject to local enforcement action by the CQC? | | |
| Has local provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions? | | |
| Has local provider been subject to enforcement action by the NHS TDA based on 'quality' risk? | | |
| Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern? | | |
| Has the provider been identified as a 'negative outlier' on SMHI or HSMR? | | |
| Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero? | | |
| Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory? | | |
| Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero? | | |
| Does provider currently have any unclosed Serious Incidents (SIs)? | | |
| Has the provider experienced any 'Never Events' during the last quarter? | | |

Balanced Scorecard Domains

| Indicator | Operational Standard | Lower Threshold | Current QTD Performance | YTD Performance |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|-------------------------|-----------------|
| Referral to Treatment waiting times for non urgent consultant led treatment | | | | |
| Admitted patients to start treatment within a maximum of 18 weeks from referral | 90% | 85% | 92.90% | 92.44% |
| Non-admitted patients to start treatment within a maximum of 18 weeks from referral | 95% | 90% | 98.51% | 98.56% |
| Patients on incomplete non emergency pathways (yet to start treatment) should have been waiting no more | 92% | 87% | 95.59% | 95.59% |
| Number of patients waiting more than 52 weeks | 0 | 10 | 0 | 0 |
| Diagnostic test waiting times | | | | |
| Percentage of Patients waiting 6 weeks or more for a diagnostic test | 1% | 6% | 0.13% | 0.13% |
| A & E waits | | | | |
| [Provider 1]Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department | 95% | 90% | 96.62% | 95.87% |
| [Provider 2]Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department | 95% | 90% | | |
| [Provider 3]Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department | 95% | 90% | | |
| Cancer patients - 2 week wait | | | | |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP | 93% | 88% | 94.47% | 94.21% |
| Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) | 93% | 88% | 90.48% | 92.09% |

Balanced Scorecard Domains

| Indicator | Baseline position | Current QTD Indicator Value | YTD Indicator Value | Unit |
|-------------------------------------------------------------------------------------------------------|-------------------|-----------------------------|---------------------|-----------------|
| 5. Treating and caring for people in a safe environment an protecting them from avoidable harm | | | | |
| Incidence of healthcare associated infection (HCAI) i) MRSA | 0 | 0 | 0 | Number of Cases |
| Incidence of healthcare associated infection (HCAI) i) C difficile | 16.26 | 23 | 43 | Number of Cases |
| 6. Others | | | | |
| Are providers (defined in Domain 1) meeting the 15% response rates on FFT ? | No | 0 | 0 | |
| Is the CCG progressing as expected in the IAPT trajectory submitted during the planning round? | Yes | 1 | | |
| Local priorities (Self-Certification) | | | | |
| Are you on track to deliver against this local priority? | | | | |
| LOCAL PRIORITY 1 | Yes | | | |
| LOCAL PRIORITY 2 | Yes | | | |
| LOCAL PRIORITY 3 | Yes | | | |



Quarter 2 Performance:
 Annual Target: 65
 Latest Performance: 43 (September 2013 - Threshold 5)
 YTD Performance: 43 (Threshold 33)

The current performance year to date (end September) of 43/65 is 10 cases over trajectory for year to date and made up of the following.

- RWT laboratory - 40
- Other NHS Trusts - 2
- Erroneous patient on database - 1 (Request made to have this entry error removed from the database)

Comments:
 Wolverhampton CCG had been set a threshold of 65 instances of C.Diff for 2013/14. Although incidences for C.Diff have fluctuated from 2012/13 to 2013/14, there has been no trend of increase or decrease in the total CCG incidence of CDI between Q1 2012/13 and present. However, excluding Hospital CDI apportioned to RWT, there is an upward trend of incidence in CDI apportioned to Wolverhampton CCG only.

| | Under 65 | 65+ | Total |
|-----------------------|------------|------------|-------|
| 2012/13 Annual | 7 (10.8%) | 58 (89.2%) | 65 |
| 2013/14 Qtr 1 & Qtr 2 | 12 (29.3%) | 29 (70.7%) | 41 |
| Total | 19 (17.9%) | 87 (82.1%) | 106 |

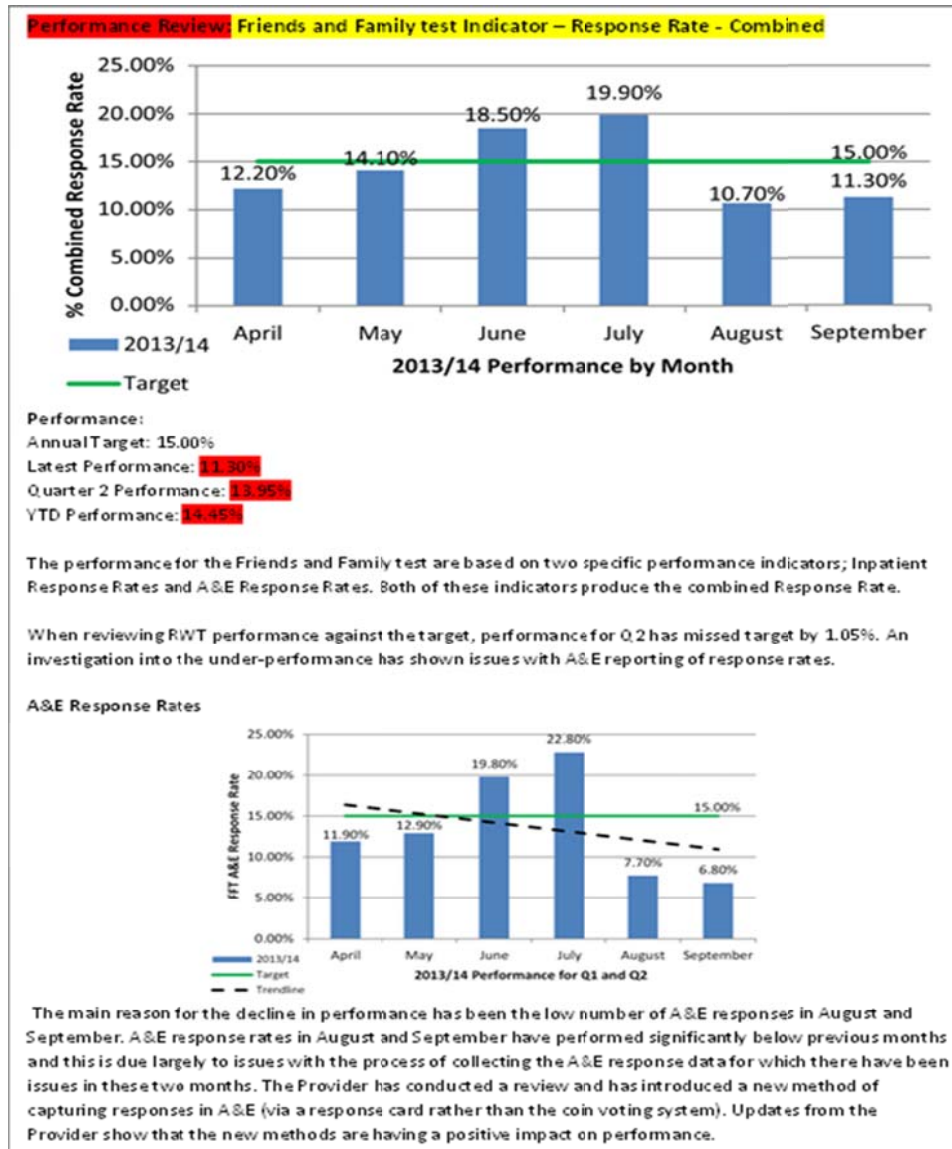
proportion of patients
 to September
 percentage of patients
 by Quarter 2

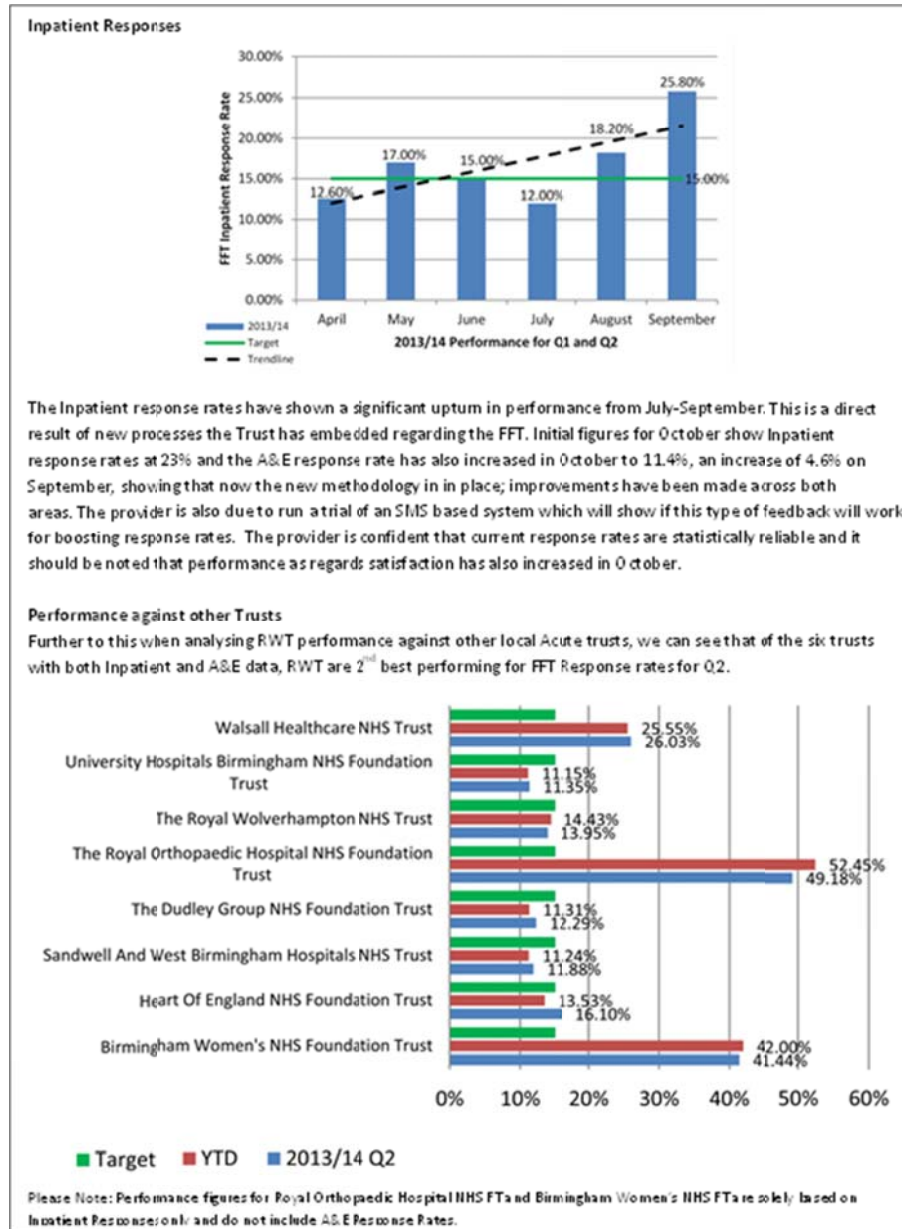
reaches for C.Diff
 breaches for

1 = 13)
 hold = 16)
 reshold = 20)

1 22)
 hold = 28)
 reshold = 33)

Safety review
 safety Group at the
 at RWT, entitled,
 which also







Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Report title | Public Health Services in the Local Authority; Update report on Health Protection and Public Health Improvement Services Commissioning | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating service | Public Health | |
| Accountable employee(s) | Ros Jervis Tel Email | Director of Public Health 01902 554211/551372 Ros.Jervis@wolverhampton.gov.uk |
| Report has been considered by | Public Health Delivery Board | 03 December 2013 |

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Endorse the Public Health work programme on Health Protection and Public Health Improvement: Commissioning

1.0 Purpose

- 1.1 The update report is provided for Panel as requested from previous public health reports on the work programme priorities for 2013/14.

2.0 Background

2.1 Health Protection

The Director of Public Health [DPH] has a statutory role in protecting the health of their population. In order to do this the DPH must seek assurance from those responsible for commissioning and provider services for health protection, that plans and systems are in place for surveillance to help prevent threats from arising and to ensure appropriate responses when incidents, outbreak and emergencies do occur.

2.2 Public Health Improvement Services Commissioning

As detailed in the questions paper, 46 public health contracts transferred from Wolverhampton City PCT to the Council on 1st April 2013 under the transition powers as set out in the Health and Social Care Act 2012. The areas of particular focus during 2013/14 being:

- Child weight management services
- Review of sexual health services
- Implementation of the new drugs and alcohol contract

3.0 Progress on Health Protection and Public Health Improvement Service Commissioning.

3.1 Health Protection

- 3.1.1 Wolverhampton has established a Health Protection Forum, which has oversight of the following health protection functions:

- Communicable disease (infectious disease and food/water-borne diseases)
- Infection prevention and control
- Environmental quality
- Antenatal/newborn and adult screening
- Immunisation and vaccination

- 3.1.2 The forum seeks to ensure the above functions are providing quality services, have identified risks and have mitigations in place. The Forum will also consider surveillance data, oversight of strategy development and inform the Joint Strategic Needs Assessment.

- 3.1.3 In addition the forum seeks assurance that the key organisations in Wolverhampton understand their roles and responsibilities, have plans in place, and are prepared and able to respond to public health incidents and emergencies, and indeed any incident that has the potential to affect the public's health.
- 3.1.4 There have been three meetings of the Forum to date. At the first meeting the Terms of Reference were agreed, and the Forum discussed the role of the Forum. At the meeting held on 17th September 2013, Public Health England Screening and Immunisations Team for Birmingham, Black Country and Solihull presented an assurance framework on the new immunisations programmes for Rotavirus, Shingles, Men C, and Children's Flu, the seasonal flu campaign, and the MMR catch up campaign for 10-16 year olds. A number of additional risks were identified in these programmes, and therefore PHE were asked to resubmit the framework for the DPH at the November Forum.
- 3.1.5 The third meeting of the Health Protection Forum was held on the 28th November, with good attendance from a wide range of partners, including NHS England, Public Health England, RWT and LA Resilience Team.
- 3.1.6 Sue Wardle, Consultant in Public Health, presented a paper proposing a format for quarterly surveillance for health protection and in addition a Joint Strategic Needs Assessment on Health Protection(JSNA). The JSNA would be developed in the same spine chart format as the current overarching JSNA, and would be developed annually by Wolverhampton Public Health, in conjunction with partners. It is anticipated that Public Health England would provide the quarterly surveillance data and update reports to the Health Protection Forum. It was agreed that further discussion would take place with PHE on the development of regular surveillance data, and that Wolverhampton Public Health would commence with the development of the health protection JSNA.
- 3.1.7 The resubmitted assurance framework provided an exception report as well as performance data for both immunisation and screening. Forum members asked questions about data quality improvement, incident reporting and training. It was agreed that it would be beneficial for Wolverhampton Public Health and PHE to jointly address issues regarding data. It was noted that it would be useful to have data on our comparators, to enable clarity on performance in relation to neighbouring areas. This would be provided in future reports. It was also requested that it would be helpful for the Forum to receive summary information on incidents, as this may be useful in providing evidence or information to support local concerns.
- 3.1.8 An Emergency Planning, Resilience and Response update was provided. Following the first Forum meeting the Director of Public Health wrote to Les Williams, Director of Operations at NHS England Area Team, requesting that he convene a meeting with Directors of Public Health and CCG Accountable Officers from across Birmingham, Solihull and the Black Country to discuss EPRR issues as a matter of urgency. This meeting took place on the 25th October and was considered to be helpful in enabling views to be shared. It was agreed that a further meeting will take place.

- 3.1.9 In addition a scenario testing day was held on 4th October at Himley Hall for those relevant organisations in the West Midlands West Health Protection Unit footprint. This tested local arrangements for a number of scenarios and the draft Concept of Operations (CONOPS) that has been developed by West Midlands West Health Protection Unit and Walsall and Wolverhampton Public Health. A post-workshop report has been completed and will come to the next Forum. PHE and Walsall and Wolverhampton EPRR managers are due to meet with Rashmi Shukla, PHE Regional Director, shortly.
- 3.1.10 The Wolverhampton MOU on responding to incidents between CCG/RWT/PH has been extended until March 31st 2014, allowing more time for the development of a detailed service specification.

3.2 Public Health Improvement: Commissioning

3.2.1 Child Weight Management Services

- 3.2.2 A range of universal (Tier 1) services, which are defined as screening, identification, advice and referral, currently exist in the City through school nursing and the National Child Measurement Programme, maternity services and primary care. Through GP, primary care referral there is also a Tier 2 community weight management service provided by Weight Watchers for children aged 10 years or more which is achieving some positive and sustained outcomes.
- 3.2.3 There are a number of initiatives aimed at early intervention with young people such as the Food Dudes programme which is universally offered to primary schools and nurseries. Wolfie's Workout; key stage 2 targeted activities in schools and the Local Authority free swim scheme also provide opportunities for children and young people to access opportunities for physical activity.
- 3.2.4 Public Health will also receive the findings from a number of family based pilots in school settings and through Warwick University in 2014 which will develop the local evidence base around effective interventions.
- 3.2.5 A new Hearty Lives project funded through the British Heart Foundation and Public health will be delivered with Social Care between 2013 14- 2015 16. The project is targeted at families subject to a child in need plan, child protection order or CAF where the child (ren) are obese/overweight. This will provide interventions with families for a 6 week period around healthy eating; cooking, shopping, eating habits and physical exercise. The project will contribute to reducing the cardio vascular disease rates/risk in Wolverhampton and children being taken of the child protection register/or no longer identified as in need.
- 3.2.6 There is no specialist child weight management service (Tier 3; specialist clinical intervention in a community or acute setting) in Wolverhampton however referrals are made to paediatric consultants and to a paediatric dietician in the outpatient setting at Royal Wolverhampton Trust.

- 3.2.7 Stakeholder interviews were undertaken over the summer months to consider and refine how child weight management services should be best delivered in the future and on the provision of child healthy lifestyle activity generally. Findings were that in addition to public health funded delivery there were many other council departments including the youth service, MASTs, and children centres, providing a range of lifestyle activities e.g. physical activity, healthy eating as well as providing support, advice and information.
- 3.2.8 The intention now is to redevelop a new Wolverhampton model of Tier 2 service(s) for children and young people between the ages of 2-18 to include parental and familial components. This will include national best practice guidelines. The process will culminate in a procurement process and it is proposed to establish contracts around programme management, training and the development of a champion's network as well as the services that will provide the interventions to be delivered to children and families.
- 3.2.9 Proposed timescales for the commissioning project are to complete planning and specification design by March 2014 to initiate a procurement process.

3.3 Sexual Health review

- 3.3.1 Public Health is undertaking a review of sexual health in Wolverhampton. The aim of this review is to inform a commissioning strategy for sexual health which ensures that all sexual health information and services are effective in meeting the needs of our population as well as delivering value for money. The review is anticipated to be completed by March 2014.
- 3.3.2 The scope of the review is focusing on population needs particularly targeting (but not exclusively) young people and all vulnerable age groups such as: people with learning difficulties, people with drug and alcohol issues, sex workers, people experiencing domestic abuse and people with mental health issues.
- 3.3.3 The team are currently examining the information available and services currently provided, and evaluating what is working well and where there are gaps in provision. The findings will inform a commissioning strategy for sexual health in Wolverhampton.
- 3.3.4 A multi-agency steering group was brought together by Public Health in July 2013 to oversee and support the sexual health review. The steering group has met on two occasions, with virtual communication in between meetings.
- 3.3.5 Current findings from targeted consultation and focus groups are that;
- More sex education is required in schools that is good quality, appropriate to the culture and behaviour of young people and delivered constantly across the City.
 - Young people are accessing a wide range of largely uncensored material via the internet in the absence of educationally focused, clear and sensitively delivered sexual health information appropriate to their needs.

- Better information on sexual health is required by vulnerable groups including those with learning disabilities, mental health service users, drug and alcohol service users, the lesbian gay and bisexual community, young people in the criminal justice system and those socially excluded.
- GPs felt that more training was required on implementing HIV testing and follow up; particularly targeted at nurses.
- Primary care clinicians have limited resources and time to deal with the issue and would advocate wider availability of specialist services
- NHS is a trusted brand for sexual health services.

3.3.6 There are current challenges with regard to obtaining data from NHS partners, despite a number of meetings and correspondence detailing the rationale for additional data requests for information on Genito Urinary Medicine (GUM) and Contraceptive and Sexual Health services (CASH).

3.3.7 Specific data sharing agreements allow the sharing of anonymised data; this in principal has been agreed and further liaison to enable receipt of this information is being undertaken by the DPH.

3.3.8 Implementation of the new drugs and alcohol contract – Health Scrutiny Panel received a separate update report on the progress to date at the last meeting on the 7 November 2013. The panel agreed to receive a further progress report on performance in six months.

4.0 Financial implications

4.1 There are no direct financial implications arising from this report. The services detailed throughout this report are funded from the Public Health grant which is £18.8 million for 2013/14.
[AS/13122013/V]

5.0 Legal implications

5.1 None
JH/05122013/D

6.0 Equalities implications

6.1 The data collected through the sexual health review will inform the development of an equality impact assessment which will inform the future commissioning strategy.

7.0 Environmental implications

7.1 None

8.0 Human resources implications

8.1 None

9.0 Schedule of background papers

9.1 Report to health Scrutiny Panel - Substance Misuse Service Contract Award – Six Month Review Update 7 November 2013

Report to Health Scrutiny Panel - Public Health Updates on Commissioning Children's Public Health Services and PH Transformational Budget 19 September 2013

Report to Health Scrutiny Panel - Public Health Services in the Local Authority 23 May 2013

Report to Health Scrutiny Panel – Transition of Public Health Services to the Local Authority 28 March 2013



Health Scrutiny Panel

19 December 2013

| | | |
|------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|
| Report title | Health Scrutiny Panel Draft Work Programme 2013/14 | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels Health and Well Being | |
| Wards affected | All | |
| Accountable director | Sarah Norman, Community | |
| Originating service | Policy | |
| Accountable employee(s) | Earl Piggott-Smith | Scrutiny Officer |
| | Tel | 01902 551251 |
| | Email | earl.piggott-smith@wolverhampton.gov.uk |
| Report to be/has been considered by | List any meetings at which the report has been or will be considered, e.g. n/a | |

Recommendation for action or decision:

Discuss and agree a list of possible topics for the 2013/14 scrutiny work programme.

1.0 Purpose

- 1.1 The purpose of this report is give members of the Health Scrutiny Panel the opportunity to discuss the current work programme and if necessary agree changes.
- 1.2 Topics should be selected on the basis that they fall within the remit of the panel and also contribute to supporting the achievement of key council priorities. The selection of topics should also be assessed against the following criteria listed below:
- Public Interest – concerns of local people should influence the decisions chosen
 - Ability to change – priority should be given to issues that the Panel can realistically influence
 - Performance – priority should be given to areas in which the Council and Partners are not performing well
 - Extent – priority should be given to issues that are relevant to all or a large part of the Council
 - Replication – work programmes must take account of what else is happening to avoid duplication

2.0 Background

- 2.1 The Panel considered a previous draft of the work programme report at their meeting on 18 July 2013. The Chair and Vice Chair attend agenda planning meetings with key officers to manage the agenda for future meeting to determine the best way of scrutinising the issues selected.

3.0 Financial implications

- 3.1 There are no direct financial implications arising from the recommendations in this report. Within the Office of the Chief Executive, there is a scrutiny budget to support the investigation of issues highlighted by councillors through the work programmes of the panels and the reviews and inquiries.
CN/06122013/E

4.0 Legal implications

- 4.1 There are no legal implications arising from the recommendations in this report.
JH/04122013/Q.

5.0 Equalities implications

- 5.1 The members of the panel are asked to consciously consider the need to eliminate discrimination, advance equality of opportunity and foster good relations between different groups of people, when determining the content of reports listed in the work programme. The members of the Panel are asked to reassure themselves that the content of the report will meet the requirements of the Equality Act 2010.

6.0 Environmental implications

6.1 There are no environmental implications arising from this report.

7.0 Schedule of background papers

7.1 18 July 2013 - Health Scrutiny Panel Work Programme 2013/14 – Health Scrutiny Panel

7.2 23 May 2013 - Health Scrutiny Panel Work Programme 2013/14/Development of the Work Programme – Health Scrutiny Panel

| Draft Health Scrutiny Work Programme – 2013/14 | | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------|
| Meeting Date | Agenda Item | Issue | Method | Lead Officer(s) |
| 6 February 2014 | The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 | Report on progress in achieving improvements in areas highlighted as priority for action in the Quality Accounts Urgent Care | Discussion | David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust |
| | Mid Staffordshire Hospital – response from Secretary of State for Health to recommendations about the future of Mid Staffordshire Hospital | Discussion about the implications of the decision for services at the Royal Wolverhampton NHS Trust | Discussion | David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust |
| 27 March 2014 | The Royal Wolverhampton NHS Trust Quality Accounts 2013 – 14 | Report on progress against priorities set for 2013/14 and the priorities for improvement in 2014/15. | Discussion | David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust |
| | Care Quality Commission – review of GP registration and new inspection regime | Report on progress of registering GPs in Wolverhampton and the outcomes of new inspection regime for hospitals and adult social care establishments | Discussion | Lisa Thacker Acting Compliance Manager Care Quality Commission |
| | West Midlands Ambulance Service – Quality Accounts 2013/14 | Report on progress against priorities set for 2013/14 and the priorities for improvement in 2014/15. | Discussion | Diane Lee Assistant Chief Executive Officer, West Midlands Ambulance Service |

2014/15 – future planned topics – dates to be confirmed

- Special Needs Dental Service – progress on health outcomes
- The Royal Wolverhampton NHS Trust - Patient Experience – report on Friends and Family Test June 2014
- The Royal Wolverhampton NHS Trust - Patient Misuse of Hospital Services
- Substance Misuse Service – 12 month review November 2014
- 2014/15 Budget consultation

Briefing paper to Birmingham/Black Country CCGs and OSC – Proposed changes to IVF policy in Birmingham, Solihull and the Black Country

Executive summary

Seven CCGs within the West Midlands have collectively reviewed the variance in the level of service provision for IVF treatment inherited from historical PCT policies. The aim is to ensure that policies are fair and consistent instead of the existing 'postcode lottery' in which the service offered to women varies according to where they live (see Appendix 1).

A working group was set up in April 2013 to review all current policies with the aim of:

- Reviewing all historical PCT/CCG assisted conception/IVF policies
- Realising NICE changes and the impact on current policies
- Relevant developments in Individual Funding Request processes for IVF
- Developing a collaborative policy across Birmingham, Solihull and Black Country CCGs
- Simplifying the administrative process for service providers to make the service more effective

Key areas of proposed changes:

- Clear criteria to ensure those entering the IVF pathway are most likely to benefit from treatment i.e. are in optimal health to be able to conceive
- All CCGs currently offer one cycle both fresh and/or frozen. The policy change proposes the provision of one fresh cycle only
- The policy will allow same sex female couples, transgender males, single women and heterosexual women to access one cycle of IVF, provided they meet the eligibility criteria
- The area of Sandwell which sits within Sandwell and West Birmingham CCG will be reducing its offer from two cycles to one
- Further discussion is needed to determine the cut off paternal age for accessing IVF

Participating CCGs:

- Birmingham CrossCity
- Birmingham South Central
- Solihull
- Walsall
- Sandwell and West Birmingham
- Wolverhampton
- Dudley

Recommendations

Given the potentially emotive subject matter as well as the changes proposed in the revised policy, it is recommended that a full statutory consultation is carried out across the CCGs.

The key principles are listed below:

- There is clinical evidence that using a fresh cycle results in higher success rates
- Consistent service – should be the same for all across each CCG involved
- Inclusive
- Making fair decisions – not a postcode lottery
- Engagement with Primary Care to ensure that women are aware of the IVF pathway and services

The NHS has an obligation to pursue best endeavours to inform the public about the proposed changes; in particular to those deemed to be in 'hard to reach' groups. These groups will be identified through an Equality Impact Assessment, and special effort will be made to reach out to these groups.

Next steps

The working group is currently seeking final approval from all CCGs involved and the HOSC's views on the proposed policy changes. The proposed stages are set out below:

- All CCG chairs in principal to agree to a single policy – End of November, 2013
- Finalise draft consultation plans - End of November, 2013
- Engagement to take place for up to four weeks to get feedback from the public about the proposed changes. A short survey is being formulated and the results will be evaluated – December, 2013
- Present proposal to HOSC – December, 2013
- Web communications across CCGs and focus groups – January to March, 2014
- Draft policy, incorporating feedback from engagement process, to go out to public consultation for 12 weeks – January to March, 2014
- Revised policy presented to CCG boards – April, 2014

Further information

A more detailed document is available on request from hamira.sultan@nhs.net

Appendix 1: Policy comparison**Differences in the Key Criteria for Eligibility**

| Criterion | Wolverhampton April 2012 | Sandwell March 2009 | Dudley Jan 2012 | Walsall | Birmingham 2006 | Cov, N & S Warw, Rugby and Solihull, 2005 |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Cycles (fresh/frozen) | 1 fresh cycle | 2 cycles | 1 cycle (+ frozen dependent on provider chosen) | 1 cycle | 1 cycle fresh or frozen (only Birmingham East and North policy is stated) | 1 fresh and 2 associated frozen (2 embryo maximum) |
| Fertility problems | Failure to conceive for 2 years after regular unprotected sexual intercourse | Failure to conceive for 2 years after regular unprotected sexual intercourse | Failure to conceive for 3 years after regular unprotected sexual intercourse | 2 years' duration of unidentified cause | Failure to conceive for 2 years after regular unprotected sexual intercourse | -- |
| Stable relationship | | -- | -- | 2 years | -- | yes |
| Childlessness | No living, including adopted | No surviving children | No existing, including adopted | No children either partner | No living children | No children under 16 living with them |
| Sterilisation | Neither partner | Neither partner | Neither partner | Neither partner | Neither partner | Neither partner |
| Previous treatment – exclusion criteria | Any NHS/private cycles | >2 private cycles | 2 cycles | Taken into account | Any NHS or 3 total cycles | Any NHS or >2 private cycles |

| | | | | | | |
|-------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------|
| Female Age | 23-39 | 23-39 (at 1 st consultation at tertiary) | 23-39 | 25-39 | 23-39 | 23-39 |
| Male Age | -- | -- | -- | <55 | -- | -- |
| BMI | 19-30 Male <30 | 19-30 | 19-30 | <30 | 19-30 | -- |
| Smoking | Both non-smokers (3 months prior) | Women must have stopped smoking | Both non-smokers (12 months prior) | Both non-smokers | Both non-smokers | -- |
| Child welfare | HFEA Regulations | -- | considered | Assessment undertaken | -- | No indications of inability to cope |
| Alcohol | NICE Guidelines | -- | Alcohol intake within guidelines | Abuse assessed as part of child welfare | -- | -- |
| Same Sex Couples | -- | -- | If proven sub-fertility | -- | yes | -- |
| Single women | -- | -- | If proven sub-fertility | -- | yes | -- |
| Other | Surrogacy, saviour siblings, PGD, HIV treated separately | 18 week waiting target | Couple need to be considered likely to comply with treatment and adopt healthier lifestyles and not using recreational drugs. | Weight-related amenorrhea | Must conform to HFEA code of practice | -- |

Appendix 2: Policy Rationale

| Ref | | NICE Guideline | Proposed Criterion | Rationale |
|-----|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - | Definition of Infertility | <p>A woman of reproductive age:</p> <ul style="list-style-type: none"> - who has not conceived after 1 year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner <p>Following the first year and clinical investigation:</p> <ul style="list-style-type: none"> - In the absence of any known cause of infertility, the couple should be offered NHS infertility treatment after a further 1 year of regular unprotected vaginal sexual intercourse - Where the cause of infertility is known, the couple should be offered NHS infertility treatment without further delay. - Where the woman is aged between 36<39 years of age, the couple should be offered NHS infertility treatment without further delay. | Adopt NICE Guideline | NICE Recommendation. |
| - | Definition of infertility exceptions (Same Sex Female Couples, single women and transgender men) | <p>For a woman in same sex relationships, who has not conceived after 6 cycles of donor or partner insemination, despite evidence of normal ovulation, tubal patency and semen analysis, offer a further 6 cycles of IUI before IVF is considered. [NICE 1.9.1.2]</p> | <p>For people in same sex relationships, who have not conceived after 6 cycles of self-funded donor or partner insemination undertaken at a HFEA registered clinic, offer infertility treatment.</p> <p>Clinic documentation detailing the procedures undertaken, outcomes and relevant clinical notes are to be provided</p> | <p>Where sub-fertility/ infertility is not a known issue, IUI is as successful as trying to conceive naturally. Therefore sub/infertility is indicated and this policy would apply. (Mackenna A.I., Zegers-Hochschild F., Fernandez E.O., Fabres C.V., Huidobro C.A., Guadarrama A.R. Intrauterine insemination: Critical analysis of a therapeutic procedure.</p> |

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| | | <p>For a single woman i.e. without a partner, they will be expected to follow the same definition of infertility as women in a same sex relationship</p> <p>For a transgender men, they will be expected to follow the same definition of infertility as women in a same sex relationship</p> | <p>at referral.</p> | <p>Human Reproduction. 1992; 7/3: 351-354; Peek J.C., Godfrey B., Matthews C.D. Estimation of fertility and fecundity in women receiving artificial insemination by donor semen and in normal fertile women. British Journal of Obstetrics and Gynaecology.1984; 91/10:1019-1024).</p> <p>Therefore in cases of single women, women in a same sex relationship and transgender males, we would expect them to self fund conceiving in this way.</p> <p>Use of a HFEA registered clinic to ensure a safe and clinically effective procedure is undertaken.</p> <p>BWH have provided us with data on number of women in infertility exceptions accessing IVF. In 2012-13, no transgender sought NHS funded IVF. Of those living in Birmingham, one single woman and 1 woman in a same sex relationship accessed NHS funded IVF. According to HFEA, across the whole of the UK (population of ~63 million), 418 women in a same sex relationship accessed IVF in 2010. For a population of 1.2 million people (roughly the size of Birmingham), one would expect there to be 7-8 women in a same sex relationship accessing IVF. In 2012-2103, 431 Birmingham residents accessed assisted conception treatment – using modelled figures for same sex women, this would represent 2% of last years of cohort accessing assisted conception treatment. In reality, numbers of women in a same</p> |
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| | | | | sex relationship accessing this treatment are likely to be less as not all women will fulfil eligibility criteria. |
| - | Definition of a Cycle | This term is used to define a full IVF treatment, which should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). | A fresh cycle will consists of ovulation induction, egg retrieval, fertilisation and embryo transfer/implantation of an embryo to the uterus, including all appropriate diagnostic tests, scans and pharmacological therapy. | Whilst NICE Guidance recommends the transfer of any resultant frozen embryos, frozen embryo transfers have a lower success rate [14% live births using FET vs 22% using fresh cycle] and are therefore not funded. A fresh cycle provides the optimum opportunity for conception. |
| - | Abandoned Cycles | | Further consideration required. | |
| - | # of cycles per couple | <p>[CG 1.11.1.3] In women aged under 40 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination), offer 3 full cycles of IVF, with or without ICSI.</p> <p>If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.</p> <p>[CG 1.11.1.4] In women aged 40–42 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination), offer 1 full cycle of IVF, with or without ICSI, provided the following 3 criteria are fulfilled:</p> <ul style="list-style-type: none"> • they have never previously had | For couples in whom this is clinically indicated and who fully meet the criteria detailed in Appendix 1, the Commissioner will fund 1 cycle of In Vitro Fertilisation (IVF) or Intra-Cytoplasmic Sperm Injection (ICSI). | Resource Allocation: to be able to provide an equitable service across as many eligible couples as possible. Offering two cycles (compared to 1) would increase costs by 64%; offering three cycles (compared to 1) would increase costs by over 100 %. |

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| | | <p>IVF treatment</p> <ul style="list-style-type: none"> • there is no evidence of low ovarian reserve <p>there has been a discussion of the additional implications of IVF and pregnancy at this age.</p> | | |
| - | Donor Egg/ Sperm Procedures | <p>[CG 1.14.1.1] The use of donor insemination is considered effective in managing fertility problems associated with the following conditions:</p> <ul style="list-style-type: none"> • obstructive azoospermia • non-obstructive azoospermia <p>[CG 1.15.1.1] The use of donor oocytes is considered effective in managing fertility problems associated with the following conditions:</p> <ul style="list-style-type: none"> • premature ovarian failure | <p>The commissioner will fund donor sperm procedures where the male partner has Azoospermia or Oligospermia.</p> <p>The commissioner will fund donor egg procedures for women who have undergone premature ovarian failure.</p> | Support the completion of a fresh cycle and provide the optimum opportunity for conception. |

Appendix 3: Eligibility Criteria Rationale

| Ref | Feature | NICE Guideline | Proposed Criterion | Rationale |
|-----|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Childlessness | n/a | NHS infertility treatment will only be funded if neither partner has no living children of any age; this includes an adopted child or a child from either the present or a previous relationship. Once accepted for treatment, should a child be adopted or a pregnancy leading to a live birth occur, the couple will no longer be considered childless and will not be eligible for NHS funded treatment. | Resource Allocation: The priority of infertility treatment for childless couples. |
| 2. | Sterilisation | n/a | NHS infertility treatment will not be available if either partner within the couple has received a sterilisation procedure or has undertaken a reversal of sterilisation procedure. | Sterilisation is offered within the NHS as an irreversible method of contraception. Protocols for sterilisation include counselling and advice that NHS funding will not be available for reversal of the procedure or any fertility treatment consequent on this. |
| 3. | Previous Infertility Treatment | n/a | NHS infertility treatment will not be offered for couples who have already undertaken any previous fertility treatment (IVF/ICSI) for fertility problems, regardless of whether the treatment was funded by the NHS or privately funded. | The ability of the commissioner to provider assisted conception services to the optimal number of couples. |
| 4. | Age of Female Partner | [CG 1.11.1.3] In women aged under 40 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination), offer 3 full cycles of IVF, with or without ICSI. | Maintain NICE guideline of 2004 with the addition of: Referrals for NHS infertility treatment should be made on or before the females 39th birthday to ensure relevant investigations can be completed, and treatment must have commenced prior to the females 40th birthday. | Consistent with 2004 NICE Guideline. Fall off in treatment success with increasing maternal age. Increased maternal and child complication rate. |

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| | | <p>If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.</p> <p>[CG 1.11.1.4] In women aged 40–42 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination), offer 1 full cycle of IVF, with or without ICSI, provided the following 3 criteria are fulfilled:</p> <ul style="list-style-type: none"> • they have never previously had IVF treatment • there is no evidence of low ovarian reserve • there has been a discussion of the additional implications of IVF and pregnancy at this age. | <p>If infertility is clinically identified in a female from the age of 20 years old - NHS infertility treatment should be offered without delay.</p> | <p>Prevention of delays in treatment where appropriate</p> <p>Whilst NICE recommend an extension of the female age to 42 where specific criteria are met, the success rates for this cohort of patients is low. For women aged under 34, success rates are 41%; in women aged 40-42, this drops down to 21%. (Taken from http://www.hfea.gov.uk/docs/HFEA_Fertility_Trends_and_Figures_2011_-_Annual_Register_Report.pdf)</p> |
| 5. | Age of Male Partner | n/a | <p>The age of the male partner at the time of treatment must be 41 years of age or less.</p> | <p>Donor sperm donation ceases at age 41 due to reduction in sperm quality (http://www.hfea.gov.uk/sperm-donation-eligibility.html).</p> <p>Also men aged over 40 are half as likely to conceive with IVF compared to 30 year old men when their female partner is aged 35-39 years (de La Rochebrochard E, de Mouzon J, Thépot F, Thonneau P. Fathers over 40 and increased failure to conceive: the lessons of in vitro fertilization in France. Fertil Steril. 2006; 85 (5):1420-4.)</p> <p>Communication with BWH indicates that 90% of opposite sex couples undergoing</p> |

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|----|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | IVF have fathers aged less than 42 yrs. |
| 6. | Body Mass Index [Medical] | Women should be informed that female BMI should ideally be in the range 19–30 before commencing assisted reproduction, and that a female BMI outside this range is likely to reduce the success of assisted reproduction procedures. . [CG 1.1.4] | NICE Guideline Applies with clinical discretion regarding application of the lower female BMI limit. | Consistent with NICE Guideline. Female body mass index of >30 and <19 kg/m ² is likely to reduce the success of assisted reproduction procedures. Men who have a body mass index of more than 30kg/m ² are likely to have reduced fertility. |
| 7. | Smoking Status [Medical] | Women who smoke should be offered referral to a smoking cessation programme to support their efforts in stopping smoking. [CG 1.2.4] Where one or both partners smoke, couples will only be eligible for fertility treatment if they agree to take part in a supportive programme of smoking cessation. [CG 1.1.4] | Only non-smoking couples (opposite sex and same sex; single women) will be eligible for fertility treatment; smoking must have ceased by both partners three months prior to referral to the assisted conception service. E cigarettes – further consideration needed. | Maternal and paternal smoking can adversely affect the success infertility treatment and smoking during the antenatal period can lead to increased risk of adverse pregnancy outcomes. Women should be informed that passive smoking is likely to affect their chance of conceiving. Sperm genesis cycle is approx 3 months. |
| 8. | Alcohol Intake | Women who are trying to become pregnant should be informed they should drink no more than 1 or 2 units of alcohol once or twice per week and avoiding episodes of intoxication reduces the risk of harming a developing foetus. Men should be informed that alcohol consumption within the Department of Health's recommendations of 3 to 4 units per day for men is unlikely to affect their semen quality. Men should be informed that excessive alcohol intake is detrimental to semen quality.[CG 1.2.3] | Further consideration needed as measurement is difficult. | Excessive alcohol intake can decrease the success of conceiving. Therefore potential recipients of IVF should be given advice to adhere to DoH guidelines for alcohol intake prior to being referred for treatment. |

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|----|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <p>People should be informed that the consumption of more than 1 unit of alcohol per day reduces the effectiveness of assisted reproduction procedures, including IVF [CG1.10.5)</p> | | |
| 9. | Caffeine consumption | <p>People should be informed that maternal caffeine consumption has adverse effects on the success rates of assisted reproduction procedures, including IVF treatment. [CG1.10.5)</p> | <p>Further consideration needed as measurement is difficult.</p> | <p>Maternal caffeine consumption has adverse effects on the success rates IVF treatment. Therefore potential recipients of IVF should be given advice to adhere to caffeine guidelines prior to being referred for treatment.</p> |

Development of a Community Dermatology Service

A new community dermatology service is being developed for patients needing treatment for common skin conditions. The service aims to deliver a high quality, accessible and patient centered community dermatology service for all adults with common dermatological conditions.

Why does the service need to change?

Skin conditions are the most frequent reason for people to consult with their GP for a new problem. Around 24% of the population in England and Wales visited their GP with a skin problem in 2006 with the most common reasons being skin infections and eczema. Not everybody needs to go to hospital. There are a number of conditions that can now be managed by a dermatology service in the community.

What are the benefits for patients?

- Improved quality and effectiveness of services for people with a dermatological condition
- Provision of equitable access for all patients
- Services Closer to Home, reducing the need to travel
- Increased patient choice
- Reduced visits to secondary care
- Personalised care with a prevention management service
- Provision of education and advice for all new diagnosed or treated patients on the management of their condition

.

Your Views

Your views are important to us, by telling us about your experience of treatment of your skin condition it can help inform the development of the community dermatology service.

Q1. I think the introduction of a community drop in service will bring about improvements in the care that I receive from this service.

Strongly Agree

Agree

Neither agree/Disagree

Disagree

Strongly Disagree

Q2. Please explain your answer