

# **Health Scrutiny Panel Meeting**

## **Minutes – 19 December 2013**

### **Attendance**

#### **Members of the Panel**

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

#### **Other Councillors**

#### **Employees**

Earl Piggott-Smith	Scrutiny Officer
Ros Jervis	Director of Public Health for Wolverhampton
Viv Griffin	Assistant Director Health, Wellbeing And Disability

#### **Other attendees**

Richard Young	Director of Commissioning, Strategy & Solutions - NHS Wolverhampton City Clinical Commissioning Group
Gwen Nuttall	Chief Operating Officer (The Royal Wolverhampton Hospital NHS Trust
Dr Helen Hibbs	Chief Officer (NHS WCC Group)
Maxine Bygrave	Chair of Healthwatch Wolverhampton

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

<i>Item No.</i>	<i>Title</i>	<i>Action</i>
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### MEETING BUSINESS ITEMS

1. **Apologies**

Apologies for absence were received from Cllr Thomas Turner.

2. **Declarations of interest**

There were no declarations of interest received.

3. **Minutes of the previous meeting (7 November 2013)**

Resolved:

That the minutes of the meeting held on 7 November 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. **The Royal Wolverhampton NHS Trust – Update on Care Quality Commission Inspection**

Gwen Nuttall gave a summary of the visit by inspectors from the Care Quality Commission (CQC). The visit involved 42 inspectors touring the hospital during a two day period. In addition, the CQC arranged a public 'listening event' at the Molineux Football ground that was attended by 50 members of the public. Gwen explained that the hospital had received the inspection report to check for factual accuracy.

A 'risk summit' was held with all stakeholders to discuss an agreed response to the issues highlighted in the inspection report. The issue of staffing levels at night time and the process for dealing with complaints were highlighted in the CQC report as areas of concern.

The report highlighted inconsistencies in the procedures concerning end of life care treatment and infection control. The report praised the quality of care provided to people with mental or dementia care. The hospital can expect a follow up visit from CQC in six months time to review progress. Gwen explained that some of the required changes may take some time to achieve and the timelines to implementing will vary. The report has not yet been approved by the Board.

The panel shared the disappointment about the comments on infection control highlighted in the report and welcomed the planned action to address the problem. The panel commented on the purpose of the 'chat back' scheme. Gwen explained that in addition to staff survey, the scheme provides an opportunity for people to report anonymously issues of concern. The only information requested is for people to identify the area of the hospital where the issue relates.

The panel commented on the whether current methods for reporting concerns about treatment were suitable for some older people, with the reliance on the use of the internet. Gwen accepted the difficulties this can cause patients wanting to report concerns, and the also reluctance of patients to report concerns while still receiving treatment.

A panel member queried whether the hospital had the resources to deliver the improvements required by the CQC. Gwen confirmed that the hospital had the resources to undertake the work. A separate business case had already been presented to Wolverhampton CCG for additional nursing resource highlighted as important to resolve in the report.

Gwen commented on major improvements to be made to the bereavement rooms in response to patient comments. The aim being to create a better environment.

A comment was made about the overall positive comments by the CQC in the report and the commitment by the hospital to continuous quality improvement.

The panel commented on the importance of accountability for all public bodies and having an effective action plan to respond to issues of concern.

Resolved:

The panel welcomed the report and agreed to receive a further

report on the outcomes of the planned CQC follow up visit to review progress against recommendations.

6. **The Royal Wolverhampton NHS Trust – Foundation Trust Status application**

Gwen Nuttall briefed on the panel on developments in achieving Foundation Trust status. Gwen explained that the hospital needed to be rated by Monitor as being either good or above to be able to go forward with application for Foundation Trust status.

The panel queried the criteria used to recruit the chair and non-executive directors to the board and whether there was a focus to seek people who were professionally qualified. Gwen explained that there is an expectation that some of the Non-Executive Directors would have a clinical and financial background. The recruitment of the chair and non-executives are dealt with external to the Trust.

The panel commented on the policy of recruitment of nurses and midwives. Gwen explained that explained that while progress made on recruiting midwives, it is looking to recruit hospital's staff like other hospitals.

Gwen explained that most agencies in the NHS are also looking abroad to recruit extra staff.

The panel commented on the role of public and organisations such as Healthwatch in this process and the wider work of the hospital. Gwen explained that the 'shadow board' gives local people the opportunity to be involved in holding the Board to account. The chair of the shadow board is represented on the Trust Board.

A comment was made that representatives of Healthwatch attend the Board meeting to represent the views of the public and to provide challenge, but there was a need to do more to involve the public in the decision making process.

Maxine Bygrave agreed to meet with Gwen to progress this.

Resolved:

The panel welcomed the report on progress.

7. **Royal Wolverhampton NHS Trust response to the Government report 'Patients First and Foremost'**

Gwen Nuttall explained the action being taken or planned to implement relevant recommendations from the report. The panel

queried the impact of the 'duty of candour' on the hospital on changing the culture of care in the hospital.

Gwen explained that staff had responded positively to this change and were being more open about issues occur during hospital procedures; even when there was no harm done to the patient.

The panel discussed the challenge in deciding how to share this information and the how best to give feedback. The panel highlighted the need to give patients appropriate feedback about the outcome of their operation, while recognising the need to offer reassurance and avoid causing unnecessary concern

The panel commented on a statement from Robert Francis that his report was important and efforts should be made to implement the recommendations.

Resolved:

The panel welcomed the report on progress.

#### **8. Health Watch Wolverhampton – progress on work plan**

Maxine Bygrave briefed the panel on current work priorities and the launch of the new Healthwatch website. Maxine commented on the public consultation work to identify issues of concern which will inform their work plan. The information collected will be shared with NHS England. Maxine commented on the programme of 'enter and view' unannounced visits, following initial pilot work. Maxine highlighted concerns about 'protected meal times' and hospital discharge arrangements.

The panel commented the need to consider alternative to the internet when considering the needs of older people. The panel shared the concern about problems of getting GP appointments. A specific comment was made about the issue of mental health among the LGBT community which needed to be considered. The panel welcomed the report.

The panel queried the reasons for seeking additional funding to support the work of Healthwatch as detailed in the report. Maxine explained that there was no guaranteed funding after 2015 and the organisation therefore had to look for opportunities to generate income, possibly through advertisements on the website. Maxine confirmed that the process would not involve the sharing of personal information.

The panel queried progress in the development of performance indicators. Maxine gave examples such as numbers of people contacted and the number of 'enter and view' visits of indicators. Further work planned to develop performance indicators.

Resolved:

The panel welcomed the report on progress. The panel agreed to receive further progress reports on the work plan at future meetings.

Maxine  
Bygrave

9. **Wolverhampton Clinical Commissioning Group - report on quality Indicators**

Richard Young gave an update on commissioning activity since the previous report was submitted to the panel. Richard commented on areas which had been 'red flagged' as concerns and the work being done to address them.

Resolved:

The panel welcomed the report.

10. **Public Health Services in the Local Authority**

Ros Jervis gave an update on the work of Public Health public health and progress to date. Ros commented on the work done to deal with issues arising from the transfer of responsibilities. Ros commented on the work being done on regional level to respond to the particular difficulties about responsibilities in the event of outbreak. Ros commented that progress has been made to agree a memorandum of understanding with the key partners on how to deal with an incident.

The panel queried the reason for reviewing sexual health services to schools. Ros explained that new approach needed to reduce teenage conception rates and outlined the work being done with schools and other partners to improve the situation.

Resolved:

The panel welcomed the report and the update on progress against the Public Health work programme priorities for 2013/14.

11. **Draft health scrutiny panel work programme 2014/15**  
[Earl Piggott-Smith]

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.

Dr Hibbs briefed the panel about the progress in developing the Primary Care Strategy and agreed that the report on progress could be presented to the panel meeting on 27.3.14.

The panel also discussed considering adding the issue of GP premises to a future agenda. The panel requested a report on dental services to be presented to a future meeting. Richard Young agreed to present an updated report on Urgent Care to the panel meeting on 27.3.14

Resolved:

That the report is received and the following topics be added to panel work programme for future discussion

Earl Piggott-  
Smith

- Dental services
- Urgent Care – 27.3.14
- Primary Care Strategy – 27.3.14
- GP premises

## **INFORMATION ITEMS**

### **12 Briefing paper on proposed changes to In vitro fertilisation (IVF) policy in Birmingham, Solihull and the Black Country**

Resolved:

That the report is noted.

### **13. Briefing paper on development of a community dermatology service for people needing help with common skin conditions**

Resolved:

That the report is noted.