

# Health Scrutiny Panel

## Minutes - 12 January 2017

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Craig Collingswood  
Cllr Jasbir Jaspal (Chair)  
Cllr Peter O'Neill  
Cllr Phil Page  
Cllr Arun Photay  
Cllr Judith Rowley  
Cllr Stephen Simkins  
Cllr Wendy Thompson (Vice-Chair)  
Cllr Martin Waite  
Elizabeth Learoyd (Healthwatch)  
Dana Tooby (Healthwatch)  
Sheila Gill (Healthwatch)

#### Partners Organisations

Trisha Curran – Wolverhampton CCG  
David Laughton – Royal Wolverhampton NHS Trust  
Sarah Fellows – Wolverhampton CCG  
Jeremy Vines – Royal Wolverhampton NHS Trust

#### Employees

Ros Jervis	Service Director
Julia Cleary	Scrutiny and Systems manager

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

*Item No.*    *Title*

- 1**        **Apologies**  
There were no apologies for absence.
- 2**        **Declarations of Interest**  
There were no declarations of interest.
- 3**        **Minutes of previous meeting**  
Resolved: That the minutes of the previous meeting be agreed as a correct record.

4 **Matters Arising**

The Chair confirmed that as referred to on page 6 of the minutes that an update would be provided later on the agenda in relation to the Mental Health Strategy.

The Chair also confirmed that she was working with Officers to produce a training session and that further information would be provided to members in due course.

5 **Governance Review of the Royal Wolverhampton NHS Trust**

The Chair welcomed Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust to the meeting. Mr Vanes introduced the Deolitte Report and outlined the context within which the review had been carried out. Mr Vanes explained that the Trust was run by a unitary board which consisted of 7 voting non-executive directors and 5 voting executive directors. The purpose of the Board was to set strategy, influence the culture, and deal with higher level accountability and intelligence gathering. A review was carried out approximately every 2 to 3 years.

The recent report showed that performance was considered to be sound at the Royal Wolverhampton NHS Trust but that following an inspection by the CQC the previous year that improvement could still be made in some areas. Mr Vanes confirmed that the Trust was still making a surplus. The Trust currently employed over 8000 staff, covered over 20 sites and 3 hospitals and had a turnover in excess of half a billion pounds.

Mr Vanes stated that several of the directors had been interviewed more than once and that he had faced around 5 hours of interviews. External stakeholders had also been interviewed including MPs, representatives from Health Watch and previous Trust employees.

The report was on the whole very positive and included good feedback in relation to both the Chairman and the Chief Executive. Mr Vanes highlighted the fact that the report praised the high level of clinical involvement and engagement in the trust which was not seen across other organisations and which influenced the overarching culture, strategy and awareness. The report also highlighted the extensive training opportunities and awareness training carried out by the trust.

Regarding weaknesses the report did refer to the fact that the non-executive members were not as visible across the organisation as the executive members. Mr Vanes stated that this was in part because the non-executive members were often part time but that he was looking into this matter.

Mr Vanes stated that the Trust was also looking to include more non-executive members on sub committees to increase their participation in policy development and that the Trust was looking to keep non-executive members for longer terms and looking to create some new associate non-executive posts (including a post for a GP if possible). Mr Vanes did consider that the Trust needed to consider succession planning as the current Chief Executive was one of the longest serving in the country.

Members thanked Mr Vanes for his presentation.

A comment was raised in relation to page 49 of the report which referred to partnership working and training. Mr Laughton stated that the trust was currently

dealing with 2 STP plans and therefore there needed to be partnership working. Mr Laughton stated that his primary concern was for the people of Wolverhampton and that some of the criticism in the report stemmed from the fact that this priority could be seen as detrimental to residents in other areas. Mr Laughton stated that he was not prepared to move resources to other areas if it would be detrimental to residents of Wolverhampton.

The Panel also considered the reference in the report to the robustness of the Chief Executive (David Laughton) and considered that this was a positive given the difficult times we were facing.

A question was raised as to the diversity of the members of the Trust and whether it was reflective of the community it represented. Mr Vanes stated that it depended on where you were looking and that if you looked at Cannock then the Trust makeup was more diverse than the population and that in Wolverhampton it was not too dissimilar. Mr Vanes did however state that there was a lack of diversity in relation to the Board including the age of many of the Board Members who were largely over 50 years. Mr Vanes did however state that the gender makeup of the Board was no longer male dominated and that areas such as ethnicity were being looked into.

Members considered the work of the Quality Sub Committees and queried where the hospital stood in relation to levels of care including cancer care and how this compared to other areas.

Mr Laughton stated that the hospital carefully monitored its cardiac surgeons of which there were 8 and that the hospital was placed with first of second out of 29 hospitals in relation to this. The main issue regarding cancer care was currently not in the hospital but in relation to delayed referrals coming from primary care and single handed GP practices in particular.

The Panel questioned whether the Hospital Board had adopted all of the recommendations in the report and it was confirmed that it had and was responding immediately where possible and that the NHS Improvement Agency would be monitoring all progress against the recommendations.

A question was raised in relation to the Trusts approach to Partnership working and that fact that the Sustainability and Transformation Plan project was not fully engaged with the Trust. Mr Laughton stated that the STP was not fit for purpose as it would not be able to bridge the financial gap and cater the increased workload. There were also concerns regarding possible hospital closures which had yet to be confirmed.

The Panel then queried the knock on effect that any closures might have on Wolverhampton and Mr Laughton confirmed that there would certainly be an impact for Wolverhampton residents. Mr Laughton did however also make clear that at the moment only 40% of the income for the hospital came from inside of the City with the majority of the income coming from external patients.

The Vice Chair expressed her concern regarding this and the uncertainty of the future of the hospitals in Telford, Shrewsbury and Walsall. Mr Laughton stated that the biggest concern was the short notice that he was often given when a hospital closed its doors as had happen in Stafford which then had an effect on his clinicians in Wolverhampton due to an inability to plan ahead.

Cllr Simkins requested that the Panel write to the Secretary of State regarding the closures of the hospitals mentioned requesting clarity as to the future. The Panel considered this but agreed that any such activity might be best considered following the joint meeting with the County Council on 13 February.

The Panel requested that a copy of the action plan relating to the Report be provided at the first meeting in the new municipal year.

Resolved:

- a) That the Panel consider whether to submit a motion to Full Council regarding writing to the Secretary of State following the joint meeting on 13 February 2017
- b) That a copy of the action plan relating to the Governance Review be brought to the first meeting of the Panel in the new municipal year.

## 6 **NHS Learning Disability In-patient provision at Pond Lane Hospital**

The Panel received a report from Sarah Fellows, Wolverhampton Clinical Commissioning Group, to provide members of the Health Scrutiny Panel with an update regarding the NHS Learning Disability In-patient provision at Pond Lane Hospital including the outcome of the consultation and agreement by Wolverhampton Clinical Commissioning Committee and Governing Body to relocate services.

A Report relating to Pond Lane had originally been considered by the Panel in April 2016 prior to the commencement of the consultation.

Formal consultation had then taken place between 4th July 2016 and 22nd August 2016, following a period of pre-engagement. The recommendations arising from the consultation centred on the need to consider transport and support families to be able to make appropriate arrangements when visiting their family member.

Following the outcome of the consultation, it was recommended to Wolverhampton CCG Commissioning Committee and Governing Body that Wolverhampton did not continue to offer a local inpatient service. This recommendation was formally agreed by the CCG on 8 November 2016.

Resolved:

That the Health Scrutiny Panel note the outcome of the consultation regarding the closure of inpatient services on the Pond lane site, and the relocation of the inpatient services to alternative provision in Dudley, Sandwell and Walsall.

## 7 **Update on Adult Mental Health Strategy**

The Panel received a presentation from Sarah Fellows, Wolverhampton Clinical Commissioning Group in relation to the Mental Health Strategy.

The Panel praised the current Street Triage Service and concerns were reinforced regarding the links between people drinking and suffering a crisis. The concerns centred on the fact that the Triage Service was not able to treat people who had been drinking and that in most cases patients were taken to New Cross Accident and

Emergency until they were sober following which they often left before any additional treatment could be provided.

The Panel agreed that it was very hard to assess a person when they had been drinking and were pleased to hear that additional beds were being considered in the area.

The Panel were pleased that the Strategy presented appeared to be ambitious and good and hoped that the resources would be provided for it to be delivered.

Miss Fellows stated that the CCG would have to be able to show NHS England how the money was being spent and prove that the priorities were being met including in relation to parity of esteem. Trisha Curran from the CCG agreed that the Strategy was aspirational but also manageable, effective and would help to transform the service.

The Panel agreed that they would need to monitor the implementation of the Strategy and requested that an update be brought back in 12 months. Miss Fellows agreed and stated that there were many performance measures that could be provided in order for the Panel to assess progress. Miss Fellows stated that she could also provide information in recruitment and appointments and provide some case studies where appropriate.

Members queried progress in relation to concerns previously raised regarding mental health crisis incidents affecting people whilst in police custody. Miss Fellows stated that she was only aware of one such incident and that there was currently a very good relation with the Police.

The Director for Public Health stated that substance misuse and mental health was a very hard issue to crack but that they continued to try and support people and provide a seamless treatment. It was however still debatable as to whether the mental health problem or the substance abuse problem should be treated the first instance and that a pathway between the two services needed to be put into place. A steering group had been set up to look at this issue.

Resolved:

That an update report including performance measure and indicators be brought back to the Panel in 12 months.

## 8 **Work Plan**

A copy of the updated work plan was circulated and Members were requested to feedback any ideas for future topics to the Scrutiny Manager.