

Health Scrutiny Panel

Minutes - 25 May 2017

Attendance

Members of the Health Scrutiny Panel

Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Dr Isabel Gillis

In Attendance

Witnesses

Employees

Neeraj Malhotra	Consultant in Public Health
Earl Piggott-Smith	Scrutiny Officer
Ros Jervis, Service Director, Well Being	Planning Officer
Helen Tambini	Democratic Services Officer
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies for absence were submitted on behalf of Councillors Malcolm, Page, Patten, Leach, Thompson and Waite.
- 2 Declarations of Interest**
There were no declarations of interest.
- 3 Minutes of the previous meeting (27 April 2017) (to follow)**
Resolved:
That the minutes of the previous meeting held on 27 April 2017 be approved as a correct record and signed by the Chair.
- 4 Matters Arising**
The Chair referred to the excellent report on oral health in children and reminded the Panel that it would receive a report on adult oral health in due course.

Ros Jervis, the Service Director for Public Health and Wellbeing referred to minute 8 Towards an Active City – a physical activity framework and stated that a technical report on Open Spaces was being produced by Planning Services.

The Panel might wish to see that report and if the Panel had any queries members could liaise directly with Ros Jervis or Richard Welch, the Head of Healthier Place and Andrea Fieldhouse, the Active People and Places Manager.

Resolved:

1. That a copy of the report explaining the reason for the high number of tooth extractions among 'White British' young people aged 2 to 16 years be forwarded to the Chair.
2. That the report on Open Spaces being prepared by Planning Services be circulated to the Panel for information.

5 **The Royal Wolverhampton NHS Trust Quality Account 2016/17 (DRAFT)**
Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust (RWT) presented the draft Quality Account for 2016/17 and highlighted the key points.

He stated that the format for the document had been established over six years ago, and was comparable year on year. It was assured and audited in the usual way, with stakeholders given the opportunity to comment. He referred to the three key priorities for improvement; safe nurse staffing levels, safer care and patient experience. He invited the Panel to comment and provide a statement to be included in the document when published on 26 June 2017.

The Panel considered the issue of safe nursing staffing levels and in response to questions regarding staffing shortfalls and training available for career progression, Jeremy Vanes confirmed that there continued to be a shortfall in experienced registered nurses, with recruitment abroad to find the necessary skills and experience. In some cases more health care assistants (HCA) were employed to compensate for that shortfall. There was also an extensive training programme for HCAs to allow career progression, including flexibility and re-designing job roles and innovation. There were also numerous local and national initiatives to both attract and retain staff.

In answer to a question regarding exit interviews, Jeremy Vanes stated that the feedback generally followed national trends. It was also acknowledged that Wolverhampton could not offer as much as some larger organisations. If the Panel thought that it would be helpful, it would be possible to ask Human Resources to provide a breakdown of the reasons for leaving.

The Panel considered the issue of safer care and in response to questions regarding what type of confidential breaches occurred and how serious incidents were graded, Jeremy Vanes confirmed that in the majority of cases it was paper documentation and it often involved younger members of staff who were not so aware of dealing with paper documentation. The increase in number could be because several GP surgeries had been added. At present he did not have a breakdown of how incidents were graded; however, that information could be provided at a future Panel meeting.

In respect of numbers and themes of Never Events, Jeremy Vanes and Ros Jervis, the Service Director for Health and Wellbeing confirmed that although those were extremely serious events, the outcomes for patients was usually not serious. Nevertheless, given the serious nature, every effort was made to ensure that those events were kept to a minimum.

The Panel considered the issue of patient experience, including the complaints procedure, how those complaints were investigated plus outcomes.

In answer to a question regarding the number of days given to process a complaint, Jeremy Vanes confirmed that the timescale had been increased from 25 to 30 days as previously the 25-day timescale had been breached by one or two days.

Jeremy Vanes referred to the Summary Hospital-Level Mortality Indicator (SHMI) and in particular the steps taken regarding coding for palliative care. Work was still required on the reasons for data and coding choices and it was hoped that national protocols would be available by the end of the municipal year and it would be an appropriate time for scrutiny.

Dr Isabel Gillis confirmed that Healthwatch would be commenting independently on the report and would circulate those comments to the Panel.

The Chair confirmed that a statement would be drafted and circulated to members of the Panel and agreed by the Chair and then forwarded to the Trust.

The Panel thanked Jeremy Vanes for his report and contributions to the discussion.

Resolved:

1. That the report be noted.
2. That the Chair forward a statement in response to the document.
3. That the comments from Healthwatch be circulated to the Panel when available.
4. That a breakdown of reasons why staff were leaving would be circulated to the Panel when available.
5. That a breakdown of how serious incidents were graded and near misses be circulated to the Panel when available.
6. That the possibility of scrutinising the Summary Hospital-Level Mortality Indicator (SHMI) and in particular the steps taken regarding coding for palliative care at the end of the municipal year be considered at a future meeting.

6 **Update on the work of the suicide prevention stakeholder forum**

Neeraj Malhotra, Consultant in Public Health, presented the update on the work of the Suicide Prevention Stakeholder Forum and highlighted the key points.

She outlined the key findings from the Suicide Prevention Needs Assessment undertaken in conjunction with the Samaritans in 2015. The Assessment had highlighted that men were significantly more at risk, peaking between 30 to 59, with the greatest risk being in homosexual men. It was noted that 72% of suicides were not known to specialist services and that emphasised how important it was to involve local communities and make them feel supported.

She referred to the Suicide Prevention Stakeholder Forum which had been established following the completion of the Needs Assessment. The Forum was made up of several groups and had overseen the development of a strategy and action plan. As a result of those initiatives, progress was being made to take a city-wide approach to reducing the risk of suicides occurring.

That had included in 2016, 70 people receiving basic suicide prevention awareness training, with plans to deliver that training to GPs.

The Panel commented that given the prevalence of suicides in men, was a targeted approach taken to reduce the risks?

Neeraj Malhotra stated that a meeting had been held with the coroner in January and he had invited officers to be present at inquests when it was believed to be a suicide to allow local data to be collected in terms of methods used, age, gender and ethnicity. Suicide attempts and cases of self-harm also need to be investigated as that was currently a 'grey' area, with self-harm admissions in the red for the city.

In answer to a question regarding the recording of suicides, Neeraj Malhotra confirmed that recording of suicides tending to be underestimated as deaths were only recorded as suicide when it was certain.

She referred to the work being undertaken by Headstart officers to help young people and to Age UK helping the elderly and their carers who were also vulnerable. Work with the recently bereaved was also important given the high risk factor. It would be helpful to engage with this group in a sensitive way to share their experiences. Reference was made to the success of the recent Suicide Prevention Awareness Week.

In answer to a question regarding future engagement with the university and college, Neeraj Malhotra stated that both have indicated that they would like to help and support potential future students by identifying how younger children may be supported to ensure their future mental well-being.

The Panel thanked Neeraj Malhotra for her report and contributions to the discussion.

Resolved:

1. That the Suicide Prevention Needs Assessment, Strategy and Action Plan and work undertaken in 2016 be noted.
2. That the 'benchmarking' assessment that had been completed, comparing the Forum, Strategy and Action Plan against the Parliamentary Health Committee recommendations be noted.

7 West Midlands Ambulance Service (WMAS) Quality Account - 2016 17

Resolved:

That a draft response be produced and shared with the Panel when available.