



# Health Scrutiny Panel

## Minutes - 20 November 2014

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Claire Darke (Chair)  
Cllr Paul Singh  
Cllr Bert Turner  
Cllr Greg Brackenridge  
Cllr Jasbir Jaspal  
Cllr Peter O'Neill  
Cllr Daniel Warren

#### Employees

Jonathan Pearce	Graduate Management Trainee
Adam Hadley	Scrutiny and Transparency Manager
Glenda Augustine	Consultant in Public Health, Community Directorate
Viv Griffin	Assistant Director - Health, Well Being and Disability
Alison Shannon	Finance Manager

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

*Item No.*     *Title*

- 1 Apologies**  
Apologies for absence were received from Cllr M. Jaspal and Cllr Shah.
- 2 Declarations of Interest**  
There were no declarations of interest received for this meeting.
- 3 Minutes of the previous meeting (25.9.14)**  
Resolved:  
That the minutes of the meeting held on 25 September 2014 be approved as a correct record and signed by the Chair.
- 4 Matters arising**  
There were no matters arising.
- 5 Budget Review - 2015/16 Budget and Medium Term Financial Strategy 2015/16 - 2018/19**  
Viv Griffin introduced the Budget Review report which outlined a draft five year budget and medium term financial strategy approved by the Cabinet on 22 October 2014 as the basis for consultation. The first three proposals related to savings in the Mental Health Budget. These savings will be made by running proactive projects that enable individuals to lead a more independent, community based lifestyle. This will

be more cost effective to the Council given that there will be a reduced spend on housing needs as more people live independently in their own homes. By moving people from the residential system, the Council will be paying for increased care needs, but benefit from reduced housing needs costs. Viv explained that care needs will be monitored very closely to ensure the right support is given to individuals. It was also estimated that in real terms the amount of people directly affected by the changes would be around 10 people per year. These people are expected to move from residential care to supported living; again, their care needs will be monitored closely according to their dependency need. All three mental health budget savings were endorsed by the panel.

Viv then introduced the final budget saving relating to Public Health. Councillors questioned how savings would be made and whether it would result in a reduction in staff numbers in key areas. Glenda Augustine explained to the panel that Public Health can invest in any project providing it has a positive health outcome for patients. She also clarified how savings are being made: the money the Council would have spent previously on these projects will now come from the public health budget. Therefore the money the Council isn't spending as a result will now be a saving. Subsequently, there will not be a change in staff numbers as funding for public health projects will remain - albeit from a different source.

Resolved:

The panel agreed that the comments of the panel is endorsed by the Chair and Vice Chair and then forwarded to the Scrutiny Board for consideration.

## 6 **CQC Inspection Plan update**

Lynne Fieldhouse introduced the CQC Inspection Plan Update report outlining the progress made against the Trust's comprehensive action plan to address the 2013 CQC report findings. She noted the following outstanding areas of the action plan:

- A review of outpatient nursing skills
- A review of ward clerk and receptionist cover (to be reviewed early 2015)
- Business case of mortuary reviewing room
- Nurse and midwife staffing

Lynn explained how training and hiring quality nurses was a key issue for the hospital. As a result the hospital has created 170 nursing posts. It is filling these positions through a variety of means, such as recruiting staff from Europe and training student nurses. There is also investment from the CCG for additional staffing. Reassurance was given that appropriate training is provided for all new recruits. Foreign nurses are all linguistically competent and receive an induction package to help them settle into the country. Similarly, student nurses receive support and are gradually introduced into the hospital to ensure they train alongside experienced colleagues. Finally, all nurses benefit from high level training for breaking bad news to patients and families – this is something the hospital has made notable progress with.

In terms of actual numbers of new nurses, to date the hospital has registered 90 new nurses, some of whom are midwives. Of those registered, half are now operational in the hospital with the other half expected to become active in January 2015. 100

newly recruited nurses are almost all, but not exclusively, from the University of Wolverhampton. Efforts are also being made to recruit non-commissioned trained nurses, i.e. student nurses that have not had their tuition fees funded.

The panel also enquired about how staff levels were maintained. Lynn explained that the hospital is obliged to have a transparent process about staff levels on wards, and this information is on a public website. In addition, she clarified that annual leave is managed by team leaders and ward areas with a threshold for the number of staff that can be on leave. The hospital also has a bank of nurses to call in case of emergency shortages. Notably they do not hire agency nurses, which ensure them to ensure nurse competence.

The CQC hopes to conclude its action plan by Easter 2015.

Resolved:

To provide an update Easter 2015 to the Chair and Vice-chair to determine whether the action plan needs to be brought back to the panel.

7 **Provision of planned care services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - public consultation interim report**

Maxine Espley introduced the consultation final report guiding the panel through the proposals to move some planned care services to Cannock Chase Hospital. The consultation closed on 17 October with over 5000 consultation documents having been distributed. She drew the panel's attention to the numerous means of consulting the public, including the success of social media; radio and press briefings and surveys.

Whilst the consultation received some positive feedback, travel issues were noted as a major concern for patients. Their worries included cost of travel, distance between hospitals and access problems. To alleviate these and similar concerns raised in the consultation, the Trust has developed an action plan and will continue to engage key patient groups as the next stage of the plans are developed and implemented. In addition a meeting with a breast care group is to be arranged to discuss the concerns raised in the petition.

Work is also being carried out with HealthWatch to create a communications plan to keep the public informed of changes. Maxine explained how this would be beneficial as misinformation had been a cause of negative feedback in surveys. Many people expressing concern about the relocation of services had been misinformed. For example, the belief that certain services would disappear completely from Newcross Hospital is unfounded.

With regard to future plans, the Trust hopes to create a coherent schedule for transferring services. This will enable more effective use of services and also ease the strain on certain areas of Newcross Hospital. The equalities analysis section of the action plan will feed into how the schedule is shaped. The first cohort to move to Cannock Hospital is orthopaedic services in mid February 2015. They will be shortly followed by rheumatology services in March 2015. HealthWatch will be involved in an evaluation of the Trust's action plan to ensure it is robust.

Councillors were broadly supportive of plans and willing to help and asked that they be kept up-to-date as changes occur and as to when moving events take place. They also welcomed the idea of using social media to drip-feed messages about service relocation scheduling to the public. This would be beneficial for a service area like breast surgery, which is a potentially contentious issue. Cllr Darke outlined how learning from this consultation could help inform the process for future consultations.

Councillors also outlined how their visit to Cannock Hospital using the new dedicated bus service had been informative in understanding the facilities available at the hospital. A key finding from the trip was that Cannock Hospital's orthopaedic ward has not cancelled a planned procedure since 2003, which Councillors were in praise of.

**Resolved:**

To provide the Chair and Vice Chair with updates on Cannock Hospital for them to make a decision about when to bring an update to Health Scrutiny Panel.