

# Health Scrutiny Panel

## Minutes - 19 July 2018

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Obaida Ahmed  
Tracey Cresswell  
Cllr Jasbir Jaspal (Chair)  
Cllr Milkinderpal Jaspal  
Cllr Paul Singh (Vice-Chair)  
Cllr Martin Waite

#### In Attendance

Stephen Marshall  
Jo Cadman  
Debra Hickman

Wolverhampton CCG  
Black Country Partnership NHS FT  
Royal Wolverhampton Hospital NHS Trust

#### Employees

Dr Majel McGranahan  
Earl Piggott-Smith  
Martin Stevens  
Sarah Smith  
David Watts

Public Health Registrar  
Scrutiny Officer (Minutes)  
Scrutiny Officer  
Head of Strategic Commissioning  
Director of Adults Services

---

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

*Item No.*      *Title*

### 1      **Apologies**

Apologies were received from the following:

Cllr Linda Leach  
Cllr Phil Page  
Cllr Asha Mattu  
Lesley Writtle - Black Country Partnership NHS FT  
Elizabeth Learoyd - Wolverhampton Healthwatch  
Shelia Gill - Wolverhampton Healthwatch  
Dana Tooby - Wolverhampton Healthwatch  
Ann-Marie Cannaby - The Royal Wolverhampton Hospital NHS Trust  
Jeremy Vanes - The Royal Wolverhampton Hospital NHS Trust

### 2      **Declarations of Interest**

There were no declarations of interest recorded.

3 **Minutes of previous meeting (24 May 2018)**

The minutes of the previous meeting were approved as a correct record and were signed by the Chair.

4 **Matters Arising**

The Panel queried progress of the issue highlighted by David Loughton, RWHT, at a previous meeting about delays in getting planning permission from the City of Wolverhampton Council to provide extra car parking provision at the hospital. The Scrutiny Officer agreed to contact John Denley, Director of Public Health, who had agreed previously to follow up this matter on behalf of the Panel and report back to a future meeting.

The Chair suggested a special meeting be arranged to review the delays in issuing death certificates that was suggested as a topic for the panel work programme. The Chair suggested two possible dates 23 October and 25 October for the meeting. The Scrutiny Officer agreed to send details of the dates and would confirm asap.

The Panel agreed to add the Patient Advice and Liaison Service (PALS) as a future item for the work programme.

5 **Black Country Partnership NHS Foundation Trust - 2018/19 Quality Account Priorities**

Jo Cadman, Strategy and Transformation Director, Black Country Partnership NHS Foundation Trust, thanked Panel members for the comments on the Quality Accounts Report.

The Strategy and Transformation Director briefly outlined the response to issues that the Panel suggested it would welcome further information. The Panel were advised that there was now a dedicated CAMHS Crisis Intervention Home Treatment Team - the service worked with acute hospitals, street triage and to the local authority to respond to crisis referrals in a timely manner.

The Panel welcomed the report. The Panel queried progress on an issue raised at a previous meeting about the need for agencies to working more closely with schools to provide more appropriate support to young people.

The Strategy and Transformation Director advised the Panel of the range of broad support available and specialist mental health services and the increase in the number of cases.

The Panel discussed the merits of online counselling mental health support services. The Strategy and Transformation Director commented that young people can access support and there had been positive feedback from members of Wolverhampton Youth Council about the current provision of mental health services.

The Panel discussed the statistic that an estimated 30 per cent of young people needed mental health intervention. The Panel commented that this was likely to be an underestimate and that some young people were not able to get the support needed. The Panel discussed the profile of people who currently accessed the service. Stephen Marshall, Wolverhampton CCG, commented that an estimated 2300 people annually are referred to a Tier 3 service – approximately 1400 of these cases met the threshold to receive support. The Panel were advised that there was a

national target that 90 per cent of referrals for support receive their first intervention within two weeks. The Panel commented on the need to improve access to mental health services.

The Panel discussed the key role of the voluntary sector organisations in providing lower level support to young people who did not meet the threshold for more specialist interventions.

The Strategy and Transformation Director commented that the initial feedback following a CQC inspection of the service was very positive. The Panel agreed to receive a report at their meeting in September 2018.

**Resolved:** That the report be noted. The panel agreed to receive a report on the findings of CQC inspection of Black Country Partnership NHS Foundation Trust at the panel meeting in September 2018.

## 6 **Disbandment of Transforming Care Together - What next?**

Jo Cadman, Strategy and Transformation Director, explained that a report had been prepared in response to a Panel request to explain what had occurred in the disbandment of Transforming Care Together (TCT). The Strategy and Transformation Director explained the reasons for the decision not to proceed with the original plan.

The Strategy and Transformation Director advised that the future would be focused on developing a clinically driven Black Country strategy aligned to the Black Country Sustainability and Transformational Partnership (STP). The aim was to deliver effective support services. The Strategy and Transformation Director outlined the learning from the review and stressed there was a commitment to continue to work collaboratively to develop solutions which were clinically led.

The Strategy and Transformation Director commented on the need to develop local solutions and enhance services.

The Panel queried the costs of the work involved in preparing for the merger and the overall vision for the future of mental health services. The Strategy and Transformation Director advised the Panel that there were no additional costs involved and the learning from the process has been useful. The benefits of working with representatives from Dudley and Walsall was highlighted and there was a commitment across the service to more collaborative working.

The Strategy and Transformation Director briefed the Panel on progress of the Sustainability Transformation Plan (STP) and the benefits for supporting improvements in mental health provision. Steve Marshall commented on the investment in mental health provision and the need to improve the estate that could deliver improved services.

The Panel commented on the lack of public information about the decision not to proceed with the planned merger and suggested that there was a need to have a public engagement strategy to explain what had happened. The Strategy and Transformation Director accepted the need to improve services. In addition, he accepted that the estate was not considered fit for purpose and changes were needed.

The Panel thanked the Strategy and Transformation Director for her report.

**Resolved:** That the report be noted.

7 **Red Bag Project Evaluation Briefing**

Sarah Smith, Head of Strategic Commissioning, outlined the background to the Red Bag Project. The Head of Strategic Commissioning advised the Panel that the project involved a partnership approach from different agencies who agreed to be involved in the trial.

The Head of Strategic Commissioning outlined the training offered and plans to roll out the scheme. The Panel were advised that 16 care homes were involved in the project and it was planned to extend the scheme to other care homes. The project had received positive response from WMAS and they had highlighted the benefits of having timely access to patient information.

A key reported success of the scheme was the reduction in the time that people had to stay in hospital. A formal evaluation of the project was planned. The Panel members were shown a short video which included comments from patients, care staff and WMAS about their experiences of the project. The Head of Strategic Commissioning advised the Panel that the success of the scheme has been acknowledged nationally and other areas had been encouraged by NHS England to introduce the scheme in January 2019.

The Panel queried the cost of delivering the project and were advised that the project cost £60,000 with additional funding provided by WCCG. The Head of Strategic Commissioning commented on the training provided to care staff to support the delivery of the project. The Panel agreed that a copy of the evaluation report should be presented to a future meeting of the Panel.

**Resolved:**

- a) The Panel welcomes the Red Bag presentation and wishes to formally thank those involved for delivering such a successful project.
- b) That the Panel receive a copy of the Red Bag evaluation report at a future meeting.

8 **Healthwatch Wolverhampton Annual Report 2017/18**

Tracy Cresswell, Community Engagement/Volunteer Co-Ordinator, Healthwatch Wolverhampton, presented the annual report. The Community Engagement/Volunteer Co-Ordinator advised the Panel that the report covered the range of work done by Healthwatch staff and volunteers during the year. She wanted to put on record her appreciation and thanks to the work of volunteers.

The Community Engagement/ Volunteer Co-Ordinator outlined several successes which included the setting up of Café Neuro at Compton Hospice and the work done with Black Country Neurological Alliance, to provide a venue for people to talk, receive advice and help. She commented on survey results involving members of the deaf community.

The survey aimed to capture positive and negative experiences of the services offered to members of the deaf community. A survey of GP services was due to be completed in April 2019.

The Panel queried how members of Healthwatch engaged with members of the public. The Community Engagement/ Volunteer Co-Ordinator commented on the work done to build trust with individuals and offer support, but also the challenge in raising awareness amongst the public about the key role of Healthwatch.

The Community Engagement/ Volunteer Co-Ordinator commented on the advantage of offering the public an independent voice that could help them resolve issues or complaints about the service they had received.

**Resolved:** That the progress made by Wolverhampton Healthwatch be noted.

9 **Oral Health Needs of Older Adults - update**

Majel McGranahan, Public Health Registrar, presented an update on the previous report on the findings of oral health needs of older adults.

The Public Health Registrar briefed the Panel on progress made since the previous report was presented in March 2018.

The Public Health Registrar advised the Panel of plans to improve oral health in older adults in Wolverhampton and plans to extend the oral health improvement pilot, so that staff at care homes across Wolverhampton could be trained to provide oral care.

**Resolved:** That the report be commended, and the progress made on the oral health needs of older adults be noted.

10 **The Royal Wolverhampton NHS Trust reviews 'never events'**

Debra Hickman, Deputy Chief Nurse, RWHT, gave a presentation about the number and type of 'never events' and the learning from a review that would be used to inform future action.

The Deputy Chief Nurse advised the Panel that the NHS definition of a 'never event' has changed since 2011 following revised guidance. The Deputy Chief Nurse added, that as result of the changes it was more difficult to make a judgement about changes in the quality of patient care over time. This was because some previous errors were no longer classified as a 'never event,' which needed to be reported. The Deputy Chief Nurse explained that some incidents were not recorded in the year that they occurred, which could affect the annual reported figures.

The Deputy Chief Nurse advised that work was being done to standardise the data to improve the situation. The Deputy Chief Nurse reassured the Panel that there was no evidence to suggest that current systems and checks were at fault – work was being done to encourage greater openness among medical staff involved in invasive surgical procedures. The Deputy Chief Nurse gave an analysis of the data presented and the common themes identified as contributing to the number of reported incidents.

The Deputy Chief Nurse advised the Panel that policies and procedures had been revised and that findings from the causes of 'never events' were used to inform future practice – the work would include reviewing the patient pathway and supporting an environment which encouraged personal reflection and revalidation of staff to improve practice. The Deputy Chief Nurse commented on the difficulties in achieving compliance in terms of practice and greater understanding of hospital procedures, by using permanent staff rather than agency staff. An update on action to deliver safer care would be included in the hospital's next Quality Accounts report. The Panel thanked Debra Hickman for her presentation.

The Panel queried the reasons for the increase in the number of recorded wrong site incidents as 'never events'. The Deputy Chief Nurse explained that nationally there was an issue about the underreporting of wrong site incidents – where a procedure would have been necessary at a future date it was not always recorded as a 'never event'. The issue of consent was key – as the patient has agreed to a specific surgical procedure and if an operation had been done on the wrong site, then this should be counted as a 'never event'.

The Panel discussed the common themes contributing to 'never events' and the extent to which poorly trained staff were a factor.

David Loughton, Chief Executive, RWHT commented on the investment in surgical simulation suites to allow surgeons to practice procedures. The Chief Executive added surgical procedures were complex and people could make errors which had consequences for patients. The Chief Executive supported the reasons made by the Deputy Chief Nurse for not using agency doctors and nurses during surgery.

The Panel commented on the issue of human error which appeared as a common link in a list of themes in the presentation. They queried whether it was an issue of lower graded staff not feeling able to report senior staff, where they had concerns about their competence. The Chief Executive commented that the hospital was a good place for medical students to learn and the hospital was rated as offering a good learning experience. The Chief Executive commented on the work done to learn from the aircraft industry to reduce the number of accidents and the management of risks and variations in practice.

The Panel queried at what stage a person would be likely to be dismissed because of a 'never event'. The Chief Executive responded that each case would be judged on its own merits and that there was a set process before a surgeon was referred to the General Medical Council and this was rarely due to an individual error but a combination of varied factors.

The Chief Executive commented that following a recent inspection by CQC the hospital has been rated as being good and a similar rating was expected for Cannock Hospital. The good CQC assessment rating had made a positive impact on the recruitment at the hospital.

**Resolved:** That the report from the Royal Wolverhampton Health Trust on 'never events' be noted.