



Health Scrutiny Panel

Minutes - 15 January 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Claire Darke (Chair)
Cllr Zahid Shah (Vice-Chair)
Cllr Greg Brackenridge
Cllr Mark Evans
Jean Hancox
David Hellyar
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal
Cllr Peter O'Neill
Ralph Oakley
Cllr Daniel Warren

Employees

Viv Griffin	Service Director - Disability and Mental Health
Adam Hadley	Scrutiny and Transparency Manager
Ros Jervis	Service Director - Well Being
Jonathan Pearce	Graduate Management Trainee

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
An apology was received from Councillor Turner.
- 2 Declarations of Interest**
There were no declarations of interest received for this meeting.
- 3 Minutes of the previous meeting (11 December 2014)**
Resolved:
That the minutes of the meeting held on 11 December 2014 be approved as a correct record and signed by the Chair.
- 4 Matters arising**
Councillors raised an issue about the Mental Health Commissioning Strategy report that was due to be presented to the Panel in December 2014. A reference had been made to this report in a different report to Children and Young People Scrutiny Panel. Helen Hibbs, Chief Officer at Wolverhampton CCG, confirmed that the report will come to the Panel and that the matter is being pursued.

5 **The Francis update report of The Royal Wolverhampton NHS Trust (RWT)**

Lynne Fieldhouse, Deputy Chief Nurse, introduced the Trust's report by providing an overview of the recommendations of the Francis Report that the Trust had to implement. She explained that many of the Francis Report recommendations have now become national standards, and are now part of the Trust's core business. She added that approximately 70% of recommendations have been closed, with work being undertaken currently to conclude the remaining 30%. Councillors questioned the timescales for the implementation of the outstanding recommendations. The Deputy Chief Nurse expressed confidence that the outstanding areas within the Trust's control will be completed by the Trust Board meeting in March. A detailed overview of how the Trust has responded to these recommendations will be published on the Trust's website as part of the public agenda for this meeting.

Councillors sought information about recommendations relating to complaints handling and the implementation of subsequent changes. They were assured that this has been addressed by introducing a new NHS complaints framework with support from the CQC. This allows patients to make their complaint through a variety of mediums without being hindered by age, first language or proficiency with technology.

HealthWatch members requested specific information about how patients are being put first by the Trust. The Deputy Chief Nurse gave a number of examples of how this was happening:

- publishing a comprehensive action plan
- including a HealthWatch member on the Trust Board
- providing monthly updates to NHS England
- publishing a safer staffing and nursing report online
- publishing Trust policies on the website

Councillors also requested information about concerns raised by constituents with regard to nursing numbers and quality. It was explained the Trust has a 70:30 ratio of registered nurses to healthcare assistants in hospitals. Reassurance was also given that the numbers of staff on wards was more than sufficient, with £1.5 million being invested into the Trust to help provide more night working staff. Supervisory status of band seven sisters has also been rolled out across the Trust, meaning that these employees are able to oversee and manage their wards rather than being involved in more menial tasks. This was a key recommendation in the Francis report.

Further reassurance was given to the Panel about nursing standards for nurses who have been recruited from outside the UK. A large range of measures have been installed to ensure the quality of these nurses as has been discussed at a previous Health Scrutiny Panel meeting (20 November 2014).

The Deputy Chief Nurse explained that the Trust is doing its utmost to respond to duty of candour responsibilities (not aiming to win litigation at all costs but serve the court with accurate findings and the correct result). Therefore it must be more transparent with patients about risks and errors.

Councillors scrutinised the evidence for working practice changes, questioning how improvements have been monitored. The Trust has created a framework to escalate

patients' treatment where necessary; to report concerns in a standardised manner; and to monitor data. This framework is widespread across the Trust and its importance is reiterated to staff frequently.

Councillors also enquired as to how the Trust had adapted to an increase in size especially in the light of Cannock Hospital now being part of the Trust. The Trust has amalgamated successful policies from all the hospitals it has involvement with to ensure quality services are delivered. The Deputy Chief Nurse added that whistle blowing policies were in place across all hospitals.

6 **Black Country Partnership Foundation Trust Response to the Francis Enquiry**

Joyce Fletcher, Deputy Director of Nursing, introduced the BCPFT response to the Francis Enquiry by giving reassurances that the BCPFT Board closely monitors developments on its sites. She added that the Trust has built in a national framework for nursing to develop a strategy ensuring effective and compassionate care. In particular, the Trust aims to monitor patient dignity and has created Dignity Champions who advocate for patients and highlight areas for ward improvement. These champions are also complimented by student nurse 'Care Makers' who are involved in supporting wards where appropriate.

The Deputy Director of Nursing gave an overview of some of the measures implemented by the BCPFT in response to the Francis report:

- A monthly quality and safety reporting mechanism, which gives staff greater ownership of challenges regarding quality of care. Specifically this involves managing complaints more effectively by sharing them with committees and commissioners.
- A weekly incidents report across the organisation to share best practice across sectors.
- A weekly bulletin of lessons learnt which is shared across the Trust quarterly.
- An alignment project with Royal College of Nursing and agency staff to make improvements to the Trust's working culture.
- Director walkabouts - which Councillors clarified are prearranged.
- Unannounced visits from CQC and other groups. Councillors stressed the importance of such visits in providing an accurate impression of a hospital.
- The use of the 15 step challenge which gives ward managers an immediate impression of the quality of a ward and has been used to immediately address and unblock issues.
- Time out days for registered and non-register staff to provide feedback about wards.
- An effort to meet duty of candour requirements. The Panel questioned what evidence there was to prove this. Continued scrutiny and feedback from ward users will provide this proof.

Councillors asked for clarification about protecting meal times. The Deputy Chief Nurse explained this is a period when patients can eat meals with carers without the presence of clinicians. It exemplifies the Trust's efforts to be more people centred by trying to accommodate service users' lifestyle patterns. Assurance was then sought by the Panel about the Trust's confidence in the measures they have implemented. It was explained the BCPFT Board focuses on quality and that all business decisions are followed up by a quality impact assessment. Councillors queried how resources, particularly staff, are constrained by financial pressures. It was clarified that all organisations have introduced safe staffing measures, which they must monitor and report on publicly. It is the BCPFT Board's role to ensure this regardless of financial challenges.

7 **The Francis update report - CCG**

Helen Hibbs, Chief Officer, presented the CCG's action plan report. She explained the specific recommendations for commissioners related to:

- monitoring and holding to account commissioned services
- using independent audits on services commissioned
- being accountable as an organisation
- having powers of intervention and an overview of services

Commissioners set service quality standards by writing performance indicators and then monitoring them through a variety of means, such as:

- CCG and CQC review meetings
- complaints to the CCG
- listening to GPs and the public via Quality Matters (an electronic service that gathers information and spots trends)
- planned quality visits and unplanned night time
- quality monitoring with care homes
- quality surveillance groups where commissioners can share information

Councillors enquired about how the transfer of services between Cannock and New Cross has affected the CCG. The Chief Officer explained it is monitoring developments to assess where services are best located. In response, Councillors questioned the CCG's relationship with the Acute Trust. The Chief Officer assured members that there was a good working relationship; however, further work was being done to improve communication and transparency between the two.