HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday 17 November 2008 at 6pm.

Panel Members present Councillor V. Woodruff (Chair)
Councillor A. Paul
Councillor B. Cassidy

Other Members present Councillor P. Smith

Officers present
Dave Martin – Executive Director – Social Care & Inclusion
Sue James – Chief Executive – Walsall Hospitals
Terry Mingay – Managing Director – Walsall Community Health
Margaret Willcox – Assistant Director Social Care & Inclusion - Adult Services
Gary Graham – Chief Executive – Dudley and Walsall Mental Health Trust
Marsha Ingram – Head of Corporate Affairs – Dudley and Walsall Mental Health Trust
Kam Mavi – Head of Performance – Head of Performance – NHS Walsall
Mandy Reynolds – Healthcare Governance Facilitator – NHS Walsall
Craig Goodall – Acting Principal Scrutiny Officer

19/08 **APOLOGIES**

Apologies for non-attendance were submitted on behalf of Councillor I. Robertson.

20/08 **SUBSTITUTIONS**

Councillor B. Cassidy substituted for Councillor I. Robertson.

21/08 **DECLARATIONS OF INTEREST AND PARTY WHIP**

Councillor V. Woodruff declared a personal interest as an employee of Walsall Hospitals NHS Trust.

22/08 **MINUTES OF PREVIOUS MEETING**

Craig Goodall explained that in a change from the minutes published in the agenda papers Doreen Russell had been listed as in attendance in minutes to be signed by the Chair.

Resolved:

That the minutes of the meeting held on 10 September 2008, be approved as a correct record and signed by the Chair.

23/08 **TRAINING OPPORTUNITIES**

The panel noted the training opportunities as previously circulated.

24/08 **FORWARD PLAN**

The panel noted the forward plan as previously circulated.

25/08 **WALSALL AND DUDLEY JOINT MENTAL HEALTH TRUST**

Members were updated on the establishment of the new Dudley and Walsall Mental Health Partnership NHS Trust (the Trust)

Gary Graham, Chief Executive of the Trust, explained that the Trust had been formed on 1 October 2008. All component parts had been handed to the Trust in good order with sound finances. Changes so far had been minimal and service delivery was unaltered.

Review work was being undertaken to gain an understanding of the range of services the Trust delivered to identify good practice. Gary Graham suggested returning to the Panel with the outcome of these reviews.

In response to a question Gary Graham explained that before the Trust was formed the Black Country was one of the few areas left nationally where mental health services were still managed by primary care trusts (PCT's). These services were of a good quality but as part of a larger organisation they naturally could not receive the same amount of management focus as a dedicated organisation. Separate mental health services delivered through a commissioning body was the preferred method of delivery for the Department of Health. Dave Martin added that in order to be of sufficient size to become a separate Trust a partnership had been established with Dudley. If this had not happened it would have been possible that local mental health services could have become a part of an already established Trust from outside the region.

Gary Graham reported that the greater focus from being a focussed mental health service provider had already made a significant difference. Further work was being undertaken to develop a clinical plan for children's mental health. In addition to this the level of job applications for vacancies was substantially higher for the Trust than the previous two separate organisations.

Following a question it was clarified that the Trusts Greybury House premises were shared with Walsall tPCT.

26/08 **DEVELOPMENT OF WALSALL COMMUNITY HEALTH**

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Gary Graham, Chief Executive of the Trust, explained that the Trust had been formed on 1 October 2008. All component parts had been handed to the Trust in good order with sound finances. Changes so far had been minimal and service delivery was unaltered.

Review work was being undertaken to gain an understanding of the range of services the Trust delivered to identify good practice and areas for improvement. Gary Graham suggested returning to the Panel with the outcome of these reviews.

In response to a question, Marsha Ingram (Head of Corporate Affairs for the Trust) explained that before the Trust was formed the Black Country was one of the few areas left nationally where mental health services were still managed by primary care trusts (PCT's). These services were of a good quality but as part of a larger organisation they naturally could not receive the same amount of management focus as a dedicated mental health organisation. Separate mental health services delivered separate to a commissioning body was the preferred method of delivery for the Department of Health. Dave Martin added that in order to be of sufficient size to become a separate Trust a partnership had been established with Dudley. If this had not happened it would have been possible that local mental health services could have become a part of an already established Trust from outside the region.

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Following a question it was clarified that the Trusts Greybury House premises were shared with Walsall tPCT.

27/08 **CHANGE IN STATUS OF THE MANOR HOSPITAL**

Members considered the current position and future plans for the Manor Hospital, Walsall.

Sue James explained to the Panel that the Manor Hospital was planning to become a foundation trust. There were three major criteria that needed to be achieved before it could do so.

1. Well Governed

What was required was a high performing board with good committee structures and risk management that did not require monitoring by the Strategic Health Authority (SHA).

Board meetings would be required to have balanced discussions on:

- Quality and safety
- Strategy
- Performance
- Risk

2. Legally Constituted

This required a drafted constitution approved by the SHA and a large public membership of the Trust. So far 6,000 public members had been secured across the

four ‘public constituencies’. Three of the public constituencies mirrored local parliamentary constituencies and the fourth was made up non-borough residents who would use Walsall based services. All staff were co-opted in as Trust members. Membership for all was free.

Shadow governor arrangements were in place so that members could experience what the role would entail before standing for election.

3. Financially Viable

The hospital had generated surpluses for the last three years and was on target to record a fourth this year. However, because of the private finance initiative (PFI) to pay for the new hospital premises it would be a required for the Trust to generate a further £12m a year on top of normal operating expenses. Therefore a minimum surplus of a challenging 5% each year was required.

Work had taken place with KMPG who had assisted in developing a long term financial model to ensure a 5% surplus. A track record of surplus delivery was required before transformation to a Trust was feasible.

Phase one of the plan was already implemented. Phase two was to be implemented next year. Further work with community partners would take place to ensure that patients were in the most appropriate environment which often meant not in hospital unless absolutely necessary.

During the next few months project plans would be put in place and implemented. Particularly around:

- Lengths of stay
- How theatres work
- Medical treatments and timescales

Before the move to the new premises a comprehensive review of property would take place to ensure that only those items that were really required were transferred to the new premises.

Once plans were finalised these would be shared with the SHA. The Hospital Board would decide on the timing of the application for Foundation Trust status in January 2009. If it was to apply in January 2009 the Hospital would become a Trust towards the end of 2010.

In response to a question from the Panel Sue James informed Members that the top three priorities for the hospital were:

- Improving outpatients
- Reducing length of patient stay
- Maintaining and improving quality of services

Sue James reported that cleaning at the new hospital was to be kept in house but with new higher standards. Fifty additional staff had been taken on and matrons were

responsible for maintaining standards. The impact of this new approach was already noticeable.

Members questioned what initiatives were underway to tackle hospital acquired infections. Sue James answered that two-thirds (6 out of 9) of c-difficle infections were already infected when they arrived in hospital. In response to this work was taking place with community based services and care homes to help prevent infection in the community.

Terry Mingay added that all nursing homes had audit infection control procedures and training for all staff was required.

The Chair opened the meeting to other Members in attendance. The following is a summary of the principal points from the ensuing discussion:

- It was felt that conversion to a Trust was a step towards hospital privatisation.
- A Trust would not allow for the charging of hospital provision other than car parking. The Trust would be able to operate private practice but only at a level equivalent to that on the day of transfer.
- Trust Governors would meet in public.
- It would be possible for the Trust to sell land assets. Currently if any money was raised it would be returned to the SHA for their allocation. However, with a Trust the money would be retained in Walsall.
- Competition with other hospitals was a part of the Trust initiative. Therefore it was essential that a good service was delivered to ensure patients stayed and came to Walsall.
- It was not possible to cut the pay of staff.
- Staff were offered the opportunity to opt out of the new Trust. Approximately 15 members of staff opted to this. The remaining 3000 became members of the Trust. Future employees would be required to join as a condition of their employment.
- Allegations were made that the Chairs of the Health, Social Care and Inclusion Scrutiny and Performance Panel and Health Scrutiny and Performance Sub-Panel had prejudicial interests.

The Chair opened the meeting to questions and comments from the remaining members of the public present.

In response to a question Sue James acknowledged that it was important to continue to grow the public membership of the Trust across all constituencies as it was important that people were represented.

A member of the public explained that they had a petition that was against the hospital becoming a trust signed by 4,000 people.

Several members of the public present spoke of personal experiences at the hospital.

A member of the public disrupted the meeting. The Chair warned the person about their behaviour and then asked them to leave so that the meeting could continue. The disturbance continued and the Chair adjourned the meeting using the powers conferred to her under Part 4.1 paragraph 21.5 of the Walsall Council Constitution.

The meeting adjourned at 7.20 p.m.

The meeting reconvened at 6.00pm on Monday 26 January 2009

Panel Members present	Councillor V. Woodruff (Chair) Councillor A. Paul Councillor I. Robertson
Officers present	Dave Martin – Executive Director – Social Care & Inclusion Margaret Willcox – Assistant Director Social Care & Inclusion - Adult Services Mike Browne – Medical Director Yvette Sheward – Director of Corporate Development - PCT Phil Griffin – Assistant Director of Primary Care Commissioning - PCT Sue Hartley – Director of Performance Paul Baylis – Divisional Commander – West Midlands Ambulance Service Marsha Ingram – Head of Corporate Affairs - Dudley and Walsall Mental Health Trust Craig Goodall – Acting Principal Scrutiny Officer
Others Present	Jim Weston Doreen Russell

28/08 **REDUCING PERINATAL AND INFANT MORTALITY IN WALSALL**

Resolved

That, this item be deferred to the next meeting of the Health Scrutiny and Performance Sub-Panel.

29/08 **ANNUAL HEALTH CHECK**

A) TEACHING PRIMARY CARE TRUST

The Sub-Panel considered the outcome of the Healthcare Commission Annual Health Check on Walsall teaching Primary Care Trust (tPCT) for 2007/08.

Yvette Sheward gave a presentation to the Panel explaining that the tPCT was rated as 'fair' in respect of its quality of services and as 'good' for its use of resources. She explained that the quality of services indicator had declined from 'good' to 'fair' due to three failed targets. Two of which the tPCT did meet but incorrect data handling had resulted in the wrong information being provided. Procedures had been tightened up as a result. The other was a regional target which Walsall had met but due to local neighbours not meeting their targets the Black Country as a whole had failed on that specific target.

(annexed)

Following a question from Members, Marsha Ingram reported that the Dudley and Walsall Mental Health Trust would be completing their own Healthcheck.

Members requested further information on the under achievement of the breast cancer screening indicator.

Resolved

That the Sub-Panel receive further information on the breast cancer screening indicator featured in the Healthcare Commission Annual Healthcheck.

B) WALSALL HOSPITALS NHS TRUST

The Sub-Panel considered the outcome of the Healthcare Commission Annual Health Check on Walsall Hospitals NHS Trust for 2007/08.

Sue Hartley informed Members that the Trust was rated as 'good; for quality of services and 'fair' for use of resources.

Following questions from Members Sue Hartley reported that the Trust had been disappointed with the outcome of the patient survey and the results would be used to assist in improving the patient experience throughout the hospital. Following a further question she reported that cancelled operations contributed towards underachievement.

The Chair noted that it was important to highlight the potential improvements that would be created by moving to the new hospital building.

30/08 **PERFORMANCE MONITORING**

A) TEACHING PRIMARY CARE TRUST COMPLAINTS

Members considered complaints at the tPCT during the period 1 July – 30 September 2008. Yvette Sheward explained that the report no longer included complaints about the Mental Health Services or Walsall Community Health Services, as both now had their own complaints process and department in place.

In response to a question from a Member of the Panel, Yvette Sheward explained that it was not always appropriate for all potential complaints to be dealt with by formal processes, however, all potential complaints were logged for monitoring purposes.

B) WALSALL HOSPITALS NHS TRUST COMPLAINTS

Members considered complaints received by Walsall Hospital during July – September 2008.

Mike Browne informed Members that 78 complaints had been received during this quarter. The top five areas for complaints were:

- Quality of clinical/medical care
- Staff attitude/behaviour

- Appointments
- Unhappy with general care
- Waiting times

Improving the patient experience was a high priority for the Hospital. With this in mind the '6 C's' model had been developed:

- Control of infection and hand washing
- Care, prompt and individualised
- Communication, two-way and effective
- 'Can do' professional attitude
- Courtesy, privacy, dignity and respect
- Clean, clutter free environment

Exit surveys were an important source of information in gaining data that could be used to improve the patient experience.

In response to a question, Mike Browne explained that surveys results were only from inpatients. Doreen Russell added that out patients services were reviewed.

C) AMBULANCE RESPONSE TIMES

Members considered performance information from West Midlands Ambulance Service (WMAS).

Paul Baylis reported that there were currently issues with vehicle turnaround taking longer than 30 minutes at appropriate facilities. New vehicles were being delivered to the Birmingham and Black Country area with more to come in the future. He added that WMAS won six awards at the Ambulance Service Institute Awards.

31/08 **GOSCOTE HOSPITAL DEMENTIA CARE UNIT**

Members received an update on progress with the development of the new dementia care unit on the site of the old Goscote Hospital.

Margaret Willcox explained that there was currently problems with negotiating the lease for the site although this was nearing completion. Behind the scenes programming was continuing regarding developing services.

It was hoped that construction of the new unit would begin in March, followed by construction of the new hospice in June.

32/08 **DATE OF NEXT MEETING**

The date of the next meeting was confirmed as being 6.00pm on 26 January 2009.

The meeting closed 6.56 p.m.

Chair:

Date: