

## **HEALTH SCRUTINY AND PERFORMANCE SUB-PANEL**

Tuesday 28 April 2009 at 6.00 p.m.

### **Panel Members present**

Councillor V. Woodruff (Chair)  
Councillor M. Bird  
Councillor A. Paul

### **Officers present**

Dave Martin – Executive Director – Social Care & Inclusion  
Margaret Willcox – Assistant Director Social Care & Inclusion - Adult Services  
Jo Newen – Walsall Community Health  
Yvette Sheward – Director of Corporate Development NHS Walsall  
Paul Baylis – Divisional Commander Birmingham Black Country C division (WMAS)  
Sue Green – Regional Head of Risk and Governance (WMAS)  
Sue Hartley – Walsall Hospitals Trust  
Rosie Musson – Head of Governance and Partnerships  
Jacky O'Sullivan - Director of Performance & Strategy  
Nikki Ehlen - Scrutiny Officer

### **Patient representatives**

Doreen Russell – PALS  
Jim Weston – Patient Forum

### **54/08 APOLOGIES**

Apologies were received from Councillor I. Robertson and Dr Desai.

### **55/08 SUBSTITUTIONS**

There were no substitutions for the duration of the meeting.

### **56/08 DECLARATIONS OF INTEREST AND PARTY WHIP**

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

Doreen Russell declared a personal interest as an employee of Walsall Hospitals NHS Trust.

### **57/08 MINUTES OF PREVIOUS MEETING**

Nikki Ehlen explained a change to the minutes published in the agenda papers an amended set of minutes from the 3 March 2009 had been circulated to include an amendment to minute 49/08.

### **Resolved:**

**That the minutes of the meeting held on 3 March 2009, be approved as a correct record and signed by the Chair.**

The Chair asked if the potential joint scrutiny with Dudley had been progressed. Dave Martin confirmed that he was meeting with officers from Dudley the following week. Nikki Ehlen agreed to determine the progress of the Walsall pride article which had been previously discussed by the panel.

#### **58/08 SUMMARY OF PERFORMANCE INFORMATION RECEIVED BY THE PANEL**

The panel were informed that the intention of this briefing note was to remind members of performance information that they had received throughout the year. It was intended to inform the panel's third party commentary.

#### **59/08 HEALTHCARE COMMISSION THIRD PARTY COMMENTARY**

##### **NHS Walsall annual health check report**

Yvette Sheward explained to the panel that this year the Primary Care Trust (PCT) had to declare their compliance separately for the commissioning and provision of services. This was to allow for the separate reporting of performance for the PCT as a commissioner and provider.

The Chair clarified this point and the standards which would apply to NHS Walsall and those which would apply to Walsall Community Health.

A member asked how information was collated; officers explained that individuals had responsibility for collating evidence for certain standards, and this information was continually updated. The annual health check process was discussed. Sue Harley explained that it was a governance tool, and Trusts had other mechanisms for quality assurance internally.

The Chair asked if an MRSA action plan was in place, Yvette Sheward confirmed that this was the case and agreed to send a copy to the scrutiny team for distribution to panel members. Officers explained that the MRSA action plan was health economy wide; Margaret Willcox confirmed that it included the local authority and other organisations with a responsibility for infection control.

##### **Walsall Community Health annual health check report**

Johanne Newens explained that Walsall Community Health was the provider board for the PCT.

##### **Core Standard 1a**

Officers explained that the Trust had used manual processes, and only had electronic systems for part of the year, which meant that the Trust could not declare full compliance for the entire year.

##### **Core Standard 4a**

Officers explained that the Trust was required to demonstrate a year on year reduction of MRSA figures, and as a new organisation they didn't have the benchmark figures, but that they were part of the plan for Walsall for infection control. Officers described how

patients may be seen by a wide range of people providing different health services. This was the start of wider work which was considered innovative.

#### Core Standard 4e

The panel had a discussion around hazardous waste, and its disposal. Jo Newens emphasised that patients were left with hazardous waste bags or sharps boxes when appropriate. Members felt that it was important that people were educated about waste disposal of hazardous waste. Officers discussed whether it would be appropriate for the Council to produce some communication about sharps and hazardous waste. Dave Martin suggested that the senior management team are involved in discussions about educating service users disposing of hazardous waste in a safe manner. Members suggested that this may include the decision to carry out spot checks on nursing homes.

Jim Weston expressed frustration that paper targets were not improving the patient experience, and requested that the panel received more up to date information. Officers explained that this would be possible and could be discussed under item 7, but that this was the panel's opportunity to provide a commentary on Trusts performance. A member expressed the opinion that although the report would suggest that the Hospital was performing well; this was not the perception of the public.

Doreen Russell stated that Jim Weston was not able to hear as the analogue hearing aid loop system was not compatible with his digital hearing aid. A member requested that 'a piece of work is carried out to fully price the cost of updating the analogue hearing aid loop system to a digital hearing aid system and that this is provided within 7 days'.

#### Core Standard 18

The panel were reassured that the rate of breast and cervical screening had not decreased any further from last year.

### **Walsall Hospitals NHS Trust annual health check report**

Officers explained that there were none of the standards for which it was declaring non compliance but there were 4 where there was insufficient assurance.

#### Core Standard C4a

The panel were informed that there had been 21 cases of MRSA, 9 had been acquired within the hospital and the other cases were acquired outside of the Manor. The panel were informed of a healthcare commission review of the hospitals hygiene code, which was found to be lacking in areas but improvement was seen in their re-visit. The draft report was favourable and the hospital was hoping to be MRSA compliant by next year.

#### Core Standard C4b

Officers stated that compliance could not be declared with this standard, as the Hospital were not able to provide a log for the full year of training on equipment as it was destroyed in a reconfiguration. Officers emphasised that it was not that requirements for this standard weren't being done, just that it could not be evidenced.

Jim Weston stated that hospitals were too pre-occupied with performance standards and expressed the opinion that they did not matter to the man on the street. Sue Hartley explained that the Hospital were required to produce this document, and if they failed to comply they would not be licensed to operate. Officers stated that they would

be happy to demonstrate patient quality at future meetings. Sue Hartley expressed the opinion that if a high quality of care was delivered targets were naturally met. Jim Weston offered to work with Sue Hartley to produce a Performa for the hospitals board meeting detailing public concerns.

#### Core Standard C13b

Members were informed that the issue of insufficient assurance was around training on delegated consent. Councillor Woodruff asked for clarification on which staff required the training.

A member asked Doreen Russell if they considered public perception to be in line with the Hospital's declaration for the annual health check. Doreen Russell stated that most issues raised by patients were resolvable. Members were told that interviews were held to ensure compliance and to make sure performance monitoring was not just a 'tick box' exercise. The Chair asked if 'mystery shopper' style exercises still took place. Doreen Russell confirmed that this was this case and stated that further questions were asked and action plans were formulated once issues were raised. Sue Hartley stated that patient surveys showed a level of patient dissatisfaction that the hospital were not comfortable with.

A member asked for information on cancelled operations and levels of staff reductions. The Chair reminded members that a written request for information had been sent to the Chief Executive of the Hospital and would be sent to panel members. Officers stated that this information was part of the annual health check and was considered as part of 'the value for money' section.

#### Core Standard C4c

Sue Hartley stated that although the issue had been rectified, the hospital could not demonstrate a full years compliance.

The Chair asked if any of the areas of insufficient assurance would affect the hospitals application for foundation trust status. Sue Hartley said that this should not be the case and explained that they had been working with the Strategic Health Authority (SHA) and it would be expected that this would have been raised by now.

The Chair expressed disappointment that the areas of insufficient assurance were within the safety domain.

### **West Midlands Ambulance Service (WMAS) annual health check**

Officers from the ambulance service gave some background to the annual health check for the ambulance service and stated that they were declaring full compliance. Members were informed that WMAS had invited commentaries from various places including 15 Scrutiny Panels. The panel were informed that the Trust had been subject to a risk based inspection by the Healthcare Commission last year which was in the main provoked by the report into the previous Staffordshire Ambulance Service review. Following the inspection the Healthcare Commission upheld the Trusts declaration of full compliance.

The Chair asked if there were any issues remaining around response times in Brownhills, as she was aware there had been in the past. Officers confirmed that these issues had been rectified. The panel were informed that the location of stand by points

may be revised, and were assured that if this were to be the case the panel would be involved.

A member stated that the declaration made by the WMAS seems to compliment public perception, that people using the service were complimentary and that clients were satisfied. Sue Green stated that the ambulance service had a 'can do' culture which installs confidence and reassures clients.

Councillor Bird stated that if there was anything that the local authority could do to assist the WMAS the scrutiny panel would be happy to help. The panel discussed remote control technology to change traffic lights to improve response times in the borough. Paul Baylis stated that the issues with road works were now improving. It was recommended that the local authority sees if there is anyway it could work with WMSA to improve traffic flow of vehicles.

Doreen Russell clarified if WMAS used PALS, Paul Baylis confirmed that this was the case. Members were informed that a Hospital Ambulance Liaison Officer (HALO) had been employed and had improved relations and response time at the hospital. Members were invited to Millennium point to visit the ambulance control centre.

### **Dudley and Walsall Mental Health Partnership Trust annual health check report**

Jacky O'Sullivan introduced the report and explained that this was a new Trust created on 1 October 2008; and it was intended that the report was an honest reflection of the new organisations position. Members were reassured that the standards where insufficient assurance was declared had action plans in place.

#### **Core Standard 2**

Officers explained that insufficient assurance was declared for this because a joint policy had not been developed.

#### **Core Standard 3**

Officers informed the panel that NICE had offered to come into the Trust and work with them to achieve this standard.

#### **Core Standard 5a**

Members were informed that this was because governance policies across the organisation did not provide sufficient assurance.

#### **Core Standard 11b**

The panel were informed that declaring compliance with this standard meant getting assurance from each of the PCTs, and Dudley couldn't give this assurance as it could not evidence it.

#### **Core Standard 14a**

Members were reassured that action had been taken to rectify this.

#### **Core Standard 17**

Members were informed that insufficient assurance was given because the Trust did not have an engagement strategy, although there were pockets of good practice the Trust could do more.

Officers emphasised that this was a new organisation and that was the message throughout the document. Dave Martin stated that it was understandable that the organisation would focus on the clinical side of business with the softer side being business in progress. Dave Martin suggested that the panel consider this in the future; officers confirmed that it would be possible to bring an action plan to the panel.

The panel consider this to be a fair and honest declaration for a Trust that is in its infancy, and would commend the Trusts work to date. The panel will be involved in scrutinising the Trusts actions plans in the next municipal year.

Core Standard 24

Members were assured that there was a dedicated project to work on this.

**RESOLVED:**

That

1. A copy of the MRSA action plan for Walsall is provided to the panel
2. A piece of work is carried out to fully price the cost of updating the analogue hearing aid loop system to a digital hearing aid system and that this is provided within 7 days
3. The senior management team are involved in discussions about educating service users disposing of hazardous waste in a safe manner. This may include the decision to carry out spot checks on nursing homes.
4. Core standard 13b (Hospital) is clarified to describe which staff required training on 'delegated consent'
5. The interim arrangements and the progress of the re-tender of Links are clarified
6. The Dudley Walsall Mental Health Partnership Trust action plan is shared with the Health scrutiny panel next year.

**60/08 RECEIPT OF PERFORMANCE INFORMATION IN THE NEXT MUNICIPAL YEAR**

Members discussed receipt of performance information and agreed that the panel wanted to receive meaningful information which was fed back from the frontline. The Chair asked about the progress of Links, and asked how this group could be represented at the panel next year. Nikki Ehlen confirmed that she would ascertain the progress of the re-tender and the interim arrangements.

**RESOLVED:**

That the following performance data be considered by the Health Scrutiny and Performance Sub-Panel, on a timetable to be agreed, during 2009/10:

- Walsall Hospitals – complaints and serious infections
- NHS Walsall complaints
- Ambulance response times
- Walsall Community Health Complaints
- Dudley and Walsall Mental Health Trust complaints and 'corporate dashboard'

The meeting closed 8.05 p.m.

Chair:

Date: