

Meeting of the Health and Adult Social Care Scrutiny Committee

Wednesday 28th August, 2019 at 10.00am
In Committee Room 2 at the Council House, Priory Road, Dudley

Agenda - Public Session **(Meeting open to the public and press)**

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. [To confirm and sign the minutes of the meeting held on 10th July, 2019 as a correct record.](#)
5. Public Forum
6. [The Dudley Group NHS Foundation Trust - Care Quality Commission Report \(Pages 1 - 14\)](#)
7. Date of next meeting and proposed items to be considered:-
 - 25th September, 2019
 - Impact of the Dudley Scams Team
 - Violence Prevention Strategy
 - How West Midlands Ambulance Service prevent ambulance conveyancing to Russell's Hall Hospital
8. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



Chief Executive

Dated: 19th August, 2019

Distribution:

Members of the Health and Adult Social Care Scrutiny Committee:

Councillor D Tyler (Chair)

Councillor C Neale (Vice-Chair)

Councillors C Bayton, R Body, B Cotterill, P Drake, A Hopwood, L Johnson, P Lee, P Miller and S Waltho

Substitutes:

Councillor J Baines (Substitute for Councillor B Cotterill)

Councillor S Ridney (Substitute for Councillor S Waltho)

Please note the following:

- In the event of the alarms sounding, please leave the building by the nearest exit. There are Officers who will assist you in the event of this happening, please follow their instructions.
- There is no smoking on the premises in line with national legislation. It is an offence to smoke in or on these premises.
- Public WiFi is available in the Council House. The use of mobile devices or electronic facilities is permitted for the purposes of recording/reporting during the public session of the meeting. The use of any such devices must not disrupt the meeting – Please turn off any ringtones or set your devices to silent.
- If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, please contact us in advance and we will do our best to help you.
- You can view the [Democratic Services Privacy Notice](#) and much more information about the Council on our website www.dudley.gov.uk

Elected Members

- Agendas containing reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that information containing private and personal data is kept safe and secure at all times. Following the meeting confidential papers should be handed to the Democratic Services Officer for secure disposal. If you choose to retain the documents you should ensure that the information is securely stored and destroyed within six months.
- Members can submit apologies by contacting Democratic Services. The appointment of any Substitute Member(s) should be notified to Democratic Services at least one hour before the meeting starts.
- You can contact Democratic Services by telephone 01384 815238 or Email Democratic.Services@dudley.gov.uk



Minutes of the Health and Adult Social Care Scrutiny Committee

Wednesday 10th July, 2019 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:

Councillor D Tyler (Chair)
Councillor C Neale (Vice-Chair)
Councillors C Bayton, R Body, B Cotterill, P Drake, A Hopwood, L Johnson, P Lee, P Miller, S Waltho; and S Pritchard.

Dudley MBC Officers

M Samuels – Strategic Director People, M Bowsher – Chief Officer Adult Social Care, D Harkins – Chief Officer Health and Wellbeing (All People Directorate) and H Shepherd – Democratic Services Officer (Chief Executive’s Directorate).

Also in Attendance

L Broster – Dudley Clinical Commissioning Group (CCG)

1 **Declarations of Interest**

Councillor D Tyler declared a non-pecuniary interest as he is Chair of Trustees at Dudley Mind.

2 **Minutes**

Resolved

That the minutes of the meeting held on 10th April, 2019, be approved as a correct record and signed.

3 **Public Forum**

No issues were raised under this agenda item.

The Chair commented that he would like to encourage public attendance at Scrutiny Committee meetings so that residents’ views could be expressed and ideas of ways in which engagement with the public could be addressed were welcomed.

Annual Scrutiny Programme 2019/20

A report of the Lead for Law and Governance was submitted on the proposed items for inclusion in the Annual Scrutiny Programme for the Health and Adult Social Care Scrutiny Committee during 2019/20.

The Chief Officer Adult Social Care gave a detailed presentation on the scrutiny function; the effectiveness of scrutiny and how to get it right; and outlined the statutory items to be considered by the Scrutiny Committee.

It was recognised that in previous years the Annual Scrutiny Programme had consisted of an excessive number of items for consideration, which increased throughout the year when further issues arose. To ensure effective scrutiny for the 2019/20 municipal year, it was suggested that, with the exception of statutory items, Members may wish to review each proposed individual item, to consider if the topic was a priority for the Scrutiny Committee. Items that were deemed appropriate for consideration by the Committee feedback should be provided in relation to the aspect of the topic the Committee wished to scrutinise and the form of evidence officers could provide to enable effective scrutiny and challenge.

The different ways in which scrutiny could be conducted were discussed, which included the opportunity to appoint working groups to allow Members to have an in-depth discussion of items in an informal setting, as well as holding joint meetings with other Scrutiny Committees, in particular Children Services, where topics overlapped.

A Member requested that an additional item be added to the Annual Scrutiny Programme, or included as part of an existing item relating to adult obesity, particularly within the 16 to 21 age range and the impact this had on the National Health Service (NHS). Details in respect of what was being done to address adult obesity, the interventions that had been implemented successfully and not so successful were all requested to be included. It was suggested that this issue be incorporated into the Promoting Physical Activity and Healthy Weight item that was scheduled to be considered in January 2020.

A Member commented that items submitted to Scrutiny Committees should not have already been agreed/approved at Cabinet. It was considered that the Multi-Specialty Community Provider (MCP) would provide the Committee with a real opportunity to scrutinise the process, at the appropriate time. The Chief Officer Health and Wellbeing commented that the MCP as a whole was extremely complex, however considered the integration of adult public health and Children's Services, into the care model, would be a good topic for the Committee to focus on.

The Chief Officer Adult Social Care outlined each proposed topic that had been programmed and Members made comments as follows:-

25th September, 2019

- Impact of the Dudley Scams Team – although Members acknowledged that this topic was considered during the previous municipal year, due to the severe impact scam had on Dudley residents, it was considered important to receive an update on the progress and improvements that had been implemented to protect residents.
- The Dudley Group NHS Foundation Trust's Emergency Department Quality Improvement – Members unanimously agreed that the Committee should continue to receive updates on the performance at Russells Hall Hospital to monitor and ensure that the improvement plan implemented in light of ongoing quality concerns identified by the Care Quality Commission (CQC).
- Violence Prevention Strategy – It was considered that as this item would relate to the draft strategy, the Committee would have a real opportunity to influence the contents of the strategy. Members were interested in establishing what the Local Authority was doing to address violence, what plans were currently in place and what was planned for the future.
- Additional Winter Monies Evaluation – Members considered that this item was no longer required and the Committee could call in an item during the municipal year in the event that the current positive performance decreased.

20th November, 2019

- Medium Term Financial Strategy – It was recognised that this item was a statutory requirement, however the Committee were reminded that focus should be around scrutiny of Adult Social Care and Public Health items only. The Chair asked Members to submit any detailed questions in advance of the meeting to Officers, so that a full response could be provided at the meeting.
- Annual Adult Safeguarding Report and Deprivation of Liberty Standards (DOLS) – It was acknowledged that this item was statutory, however it was suggested that a specific priority from the Adult Safeguarding Plan could be focused upon in greater detail.
- Breast Screening Incident - Members acknowledged that this topic was considered during the previous municipal year following a reported incident, however Members requested that an update and the progress in implementing the improvement plan to ensure a similar incident did not reoccur be provided.
- Overview of cancer screening programme – As a result of the breast screening incident, Members requested an overview of all other cancer screening programmes. Members requested that data be provided in relation to the uptake of cancer screening, the success rates and range of cancers detected as a result and what was being done to encourage more screening, particularly within the Black, Asian and Minority Ethnic (BAME) Communities.

- Long Term Plan/Operating Plan – This item was considered to be an important topic, as Members would have an opportunity to influence the plan whilst it was still in its draft form. It was noted that Dudley Healthwatch had been proactively engaged in the consultation process and it was suggested that a working group dedicated solely to this item be arranged for September, with a copy of Dudley Healthwatch’s response circulated to Members. In considering the Membership of the Working Group, the Chair suggested that to ensure continuity, five or six members be appointed.
- Better Care Fund Plan - As this item would also be considered by the Health and Wellbeing Board, it was suggested that this item be removed from the scrutiny programme and revisited if any problems arose. It was requested that Dudley Health and Wellbeing Board provide feedback on any pertinent issues identified.

22nd January, 2020

- Dudley Disability Service (Progress to update) and Special Educational Needs and Disabilities (SEND) and Quality of Maternity Care in Dudley – Due to the remit of the three items, it was noted that Children’s Services Scrutiny Committee had requested joint meetings with the Health and Adult Social Care Scrutiny Committee to consider these items collaboratively. In referring to the Quality of Maternity Care, a Member requested that the Head of Midwifery be invited to the meeting to provide evidence. The Chair also suggested that special meetings of the joint scrutiny committees may be required to allow public attendance where necessary and therefore alternative meeting venues may be needed. It was suggested that the Queens Cross Network, Wellington Road be considered as an alternative venue and the ways of engaging with the public and the possibility of broadcasting meetings be explored.
- Dudley Blue Badge Service – Members acknowledged that this topic was considered during the previous municipal year, however new guidance with regard to the Blue Badge scheme was expected to be published imminently and therefore necessary to remain as an agenda item.
- Promoting Physical Activity and Healthy Weight/Reducing Adult Obesity – Members considered that this item would be quite lengthy and in-depth and may require a dedicated meeting. Members wished to develop a greater understanding of the obesity epidemic and requested that a GP’s perspective be provided and that the Healthy Planner be invited to attend the meeting to provide evidence.

11th March 2020

- Dudley Carers Hub – Members welcomed this item and requested that a Carer be invited to attend to provide feedback on behalf of users on the facilities and support available/provided.
- NHS Quality Accounts – It was acknowledged that this item was statutory and therefore necessary to remain as an agenda item.

- Changes to Primary Care Contracts – During the previous municipal year changes to primary care contracts had been considered at Working Group meetings on an ‘as and when’ basis. L Broster, Dudley Clinical Commissioning Group (CCG) confirmed that upon notification of a proposed closure, written correspondence would be circulated to Members of the Committee for information and comments. It was agreed that where possible a working group meeting would be convened within the required consultation period for Members comments to be expressed and to help influence the decision. However, if this was not possible then Members comments on the proposal could be provided electronically.
- Waiting/target times to transfer patients from ambulances to admission at Russell’s Hall Hospital – It was considered that this item would be more appropriate to be considered at the September or January meeting. Focus would be on changes to the West Midlands Ambulance Service, plus the impact of the CCG schemes.

It was agreed that a working group to consider the progress of the implementation of the MCP would be convened at an appropriate time following completion of check point two and that the Joint Safeguarding Arrangements would be incorporated into the Annual Adult Safeguarding Report and Deprivation Liberty Standards agenda item, rather than a stand-alone item.

L Broster, Dudley CCG referred to the Transforming Care Partnership and the public engagement that had commenced to inform the implementation of the clinical model and the proposed closure of Ridge Hill Centre. Members were advised that a joint meeting of the Black Country Authorities would be arranged to discuss the proposals and all Chairs of the Health and Adult Social Care Scrutiny Committees would be invited accordingly.

Resolved

- (1) That the items to be scrutinised by the Health and Adult Social Care Scrutiny Committee as contained in the Annual Scrutiny Programme for 2019/20, be noted.
- (2) That the programme of business below, subject to the need for flexibility to reflect any changes that might arise during the municipal year, be confirmed:-

Wednesday 25th September, 2019

Impact of the Dudley Scams Team
 The Dudley Group NHS Foundation Trust’s Emergency Department
 Quality Improvement Plan
 Violence Prevention Strategy
 How West Midlands Ambulance Service prevent ambulance conveyancing to Russell’s Hall Hospital

Wednesday 20th November, 2019

Medium Term Financial Strategy
Annual Adult Safeguarding Report and Deprivation of Liberty
Safeguards and Impact of New Safeguarding Arrangements.
Breast Screening Incident
Overview of Cancer Screening Programmes

Wednesday 22nd January, 2020

Promoting Physical Activity and Health Weight/Reducing Adult
Obesity
Dudley Blue Badge Service

Wednesday 11th March, 2020

Dudley Carers Hub
NHS Quality Accounts
Annual Report and Draft Scrutiny Programme 2020/21

- (3) That the Health and Adult Social Care Scrutiny Committee Working Group be established for the 2019/20 municipal year, with memberships to be confirmed, to consider the following items and any other items deemed necessary throughout the municipal year:-

- Long Term Plan/Operating Plan
- Multi-Specialty Community Provider

and that the Working Group report their emerging findings and recommendations to a future meeting of the Health and Adult Social Care Scrutiny Committee.

- (4) That the proposed arrangements for joint meetings of the Children's Services and Health and Adult Social Care Scrutiny Committees to be held to consider items as outlined in paragraph 10 of the report submitted, together with an additional item in relation to the Quality of Maternity Care in Dudley, be approved.
- (5) That the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, be authorised to make all the necessary arrangements to enable this Committee to undertake its programme of scrutiny work during the 2019/20 municipal year.
- (6) That the terms of reference for the Health and Adult Social Care Scrutiny Committee, as set out in the Appendix to the report submitted, be noted.
-

Dudley's Health and Wellbeing Strategy – Annual Review

The Scrutiny Committee considered a report of the Strategic Director People on the work of Dudley's Health and Wellbeing Board and the implementation of the Joint Health and Wellbeing Strategy.

The Chief Officer Health and Wellbeing gave a presentation and shared with Members local residents stories on how engaging with the community aided the achievement of the four principles of the strategy and assisted with the development of resilient communities. It was commented that Dudley Health and Wellbeing Board would explore at a future meeting what steps Dudley could implement to deliver the strategy goals and consider new ways of working and engaging with the community.

Following the presentation, a Member advised that an initiative to encourage communities to be independent and active, similar to that of Wigan Council's 'Deal for the Future' was currently being developed. The initiative was in working progress and therefore was not at an appropriate phase to be presented to the Committee.

The Chair referred to Community Forum Funding Grants that were available to Voluntary and Community organisations based in Dudley which should be promoted to support community groups. It was commented that there were a number of small community organisations which the authority had no control of or knew what was happening, particularly within the church community and at Community Centres.

The Chief Officer Health and Wellbeing advised that a Dudley Community Directory was currently being developed and anticipated to be launched in December. It was envisaged that the directory would collate all community groups and events on offer locally, so that residents could search for events/groups in their area. Members acknowledged that this was a huge task to be undertaken and would be difficult to achieve a one stop shop. The development of such an application was however encouraged and it was suggested that Community Centre Managers be contacted, together with the interfaith network as they would be aware of activities within their own communities.

In referring to the work undertaken by Dudley Health and Wellbeing Board with regards to promoting healthy weight and the whole systems approach to obesity, Members welcomed the appointment of a Healthy Planning Officer, but suggested that consideration be given to applying a levy to limit the number of fast food outlets within the borough.

In considering reducing the impact of poverty, a Member commented that the Local Authority should focus on ways in which to reduce poverty rather than address the impact of poverty. It was recognised that the number of residents that lived in poverty had increased and that the issue needed to be addressed as a priority by the Authority.

Arising from a question raised by a Member in relation to the effectiveness of open air gyms located in local parks and healthy hubs, the Chief Officer Health and Wellbeing agreed to provide available data on the usage of the gyms. It was commented that feedback from residents with regards to the reasons as to why they did not use the available facilities related to them not feeling safe within the environment. It was acknowledged however, that in some parks the gyms had had a positive impact and had helped to reduce anti-social behaviour.

Members commented on the initial installation of the healthy hubs and the lack of consideration for the provisions to be installed within smaller parks located in deprived areas. In tackling the issue of obesity within the Borough, Members considered it important for services including Greencare, housing managers and community centres managers to work collaboratively to address the issue and encourage the use of the available facilities.

Resolved

- (1) That the progress made in implementing the Joint Health and Wellbeing Strategy, be noted.
- (2) That all decisions made to take account of the Health and Wellbeing Strategy goals and principles, be noted.
- (3) That Members of the Committee to act as champions and advocates for reducing loneliness and isolation, reducing the impact of poverty and promoting healthy weight, be agreed.
- (4) That support and advocating the four principles that set out the new ways of working, particularly working differently with communities to enable strong, connected and resilient communities, be agreed.

6 Date of next meeting and proposed items to be considered

Resolved

That the date of the next meeting and the items for inclusion as outlined in minute no. 4, subject to the need for flexibility to reflect any changes that might arise, be noted.

The meeting ended at 7.50 p.m.

CHAIR

Health and Adult Social Care Scrutiny Committee – 28th August 2019

Report of the Lead for Law and Governance and the Statutory Scrutiny Officer

The Dudley Group NHS Foundation Trust - Care Quality Commission Report

Purpose

1. To consider quality improvements following the Care Quality Commission (CQC) comprehensive inspection in January to February, 2019.

Recommendations

2. That the Committee comment and make any recommendations on the information reported at this meeting concerning the improvements implemented since the CQC inspections in January to February, 2019 and the further work in progress.

Background

3. This meeting of the Scrutiny Committee has been convened after discussions with The Dudley Group NHS Foundation Trust and the Dudley Clinical Commission Group. The CQC reported in July, following an inspection undertaken in January to February, 2019. The [Inspection Report](#) is available on the CQC website together with the [Use of Resources Assessment Report](#). Copies have been sent to Members of the Committee.
4. Attached as an Appendix is a report from the Chief Executive of The Dudley Group NHS Foundation Trust and further information will be presented at the meeting.
5. The Committee is invited to consider the submissions and proposals to build on good practice, improve the existing proactive and collaborative approach and ensure the best possible services can be achieved and maintained in Dudley Borough Hospitals.

Finance

6. Financial issues are dealt with in the [Use of Resources assessment report](#). Work will continue to improve and build on the proactive and collaborative approach to the improvement journey following the CQC report.

Law

7. This Committee has responsibility for overview and scrutiny functions as they relate to the improvement of local health and associated services, as a contribution to the Council's community leadership role, in accordance with relevant legislation,



statutory instruments, regulations and associated guidance. This includes the Health and Social Care Acts 2001 and 2012, the National Health Service Act 2006, the Local Government Act 2000 and the Localism Act 2011.

8. The Trust must comply with its regulators of the Care Quality Commission and any recommendations or notices applied to it.

Equality Impact

9. The services provided impact on all sections of the local community. All partner organisations are committed to ensuring that equality and diversity is reflected in all areas of service provision.

Organisational Development/Transformation

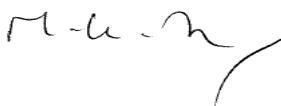
10. The Trust is required to provide a comprehensive, robust action plan to the CQC to address a range of organisational and transformation issues as part of the overall improvement journey.

Commercial/Procurement

11. This is dealt with in the Inspection and Use of Resources assessment report.

Health, Wellbeing and Safety

12. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens. All partners are committed to working to continue the improvement journey following the CQC report.



Mohammed Farooq
Lead for Law and Governance
Monitoring Officer



Steve Griffiths
Democratic Services Manager
Statutory Scrutiny Officer

Contact Officer:

Steve Griffiths

Telephone: 01384 815235

Email: steve.griffiths@dudley.gov.uk

Background Documents

[Report of the Care Quality Commission \(CQC\)](#)
[Use of Resources Assessment Report](#)



The Dudley Group Care Quality Commission Ratings

Summary

- The Care Quality Commission (CQC) undertook a large inspection of eight core services between 15th January and 4th February 2019;
- CQC rated Russells Hall Hospital and the Guest Hospital an overall rating of Requires Improvement;
- CQC rated Corbett Hospital an overall rating of Inadequate

This report provides an overview of the Must and Should Do actions for each core service inspected by Domain.

The Trust's overall rating remains the same from the previous inspection in 2017 at Requires Improvement. We are pleased that the hard work of our teams is paying off in our urgent and emergency services whose overall rating has improved to Requires Improvement.

The CQC recognised the outstanding aspects of our community end of life service which was rated good overall and received outstanding for caring. Community health services for adults received a good overall rating. This is great recognition of the dedication and commitment to excellent patient care these teams deliver to their patients.

Our surgical services received an outstanding rating for being a caring service and are rated good overall. Our critical care service improved to a good rating, in recognition of the improvements made by the teams in delivering safe patient care.

We are making steady progress across all of our services but we are, of course, disappointed that our diagnostic imaging services has been rated inadequate overall, and overall the Trust was inadequate for the safe domain.

This is the first time our diagnostic service was subject to a CQC inspection. The team responded immediately to the concerns and put actions in place at the time of the inspection and we are confident of the improvements. Immediately, we introduced a matron to oversee quality and safety and have increased monitoring 24/7 of our inpatients waiting for imaging. We also conducted a comprehensive staffing review to ensure any additional posts are in the right places to support patient care and safety. We had an external expert's view on our staffing review and skill mix within the department. Since then we have recruited ten more radiographers and eleven support staff; we are looking to appoint five more radiologists.

What was inspected?

The CQC inspected the Trust between the 15th January and 4th February, 2019 and reviewed both registered sites, Russells Hall Hospital (this includes the Guest Outpatient Centre and community) and Corbett Outpatient Centre. In total they inspected eight core services which included:-



- Urgent and emergency services (Russells Hall Hospital)
- Outpatients (Russells Hall Hospital, Guest Hospital and Corbett Hospital),
- Diagnostics/Imaging (Russells Hall Hospital, Guest Hospital and Corbett Hospital),
- Surgery (Russells Hall Hospital and Corbett Hospital),
- End of life care (Russells Hall Hospital and the Community,
- Critical care (Russells Hall Hospital)
- Children and young peoples (Russells Hall Hospital)
- Maternity (Russells Hall Hospital)

In addition a well-led review was completed from the 13th February to 15th February, 2019. The CQC published the report on 12th July 2019. The full report can be found on the Trust website or on the CQC website.

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0739.pdf

Ratings

The CQC use five domains to inspect and rate services these are safety, effectiveness, caring, responsive and well-led.

The following tables outline the CQC published ratings for the Trusts two registered sites, namely Russells Hall Hospital and Corbett Outpatient Centre. The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time.

Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019	Requires improvement ↑ May 2019	Requires improvement ↑ May 2019
Medical care (including older people's care)	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Maternity	Requires improvement ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
End of life care	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Outpatients	Requires improvement ↓ May 2019	N/A	Good ↔ May 2019	Good ↑ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Requires improvement May 2019	Requires improvement May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019



Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
Overall*	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

Ratings for Corbett Outpatients Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate May 2019	Good May 2019	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019

Areas for improvement

The CQC inspection report clearly outlines a number of regulatory actions to be taken by the Trust, and these are categorised as “Must dos” in addition a number of “Should do” areas for the Trust to consider. In respect of the CQC definitions “Must do’s” are regulatory actions that the trust is required to comply with. “Should do’s” are areas of further improvement for the trust to consider.

It is important to note that the numerous Must and Should dos are not reflective of the number of individual concerns for improvement as some actions are repeated within each of the core services e.g. mandatory training. The following table provides an overview of the Must and Should Dos (including the duplicated) against each core service. And the detail of the actions is contained in the report thereafter.

Core Service	Site	Must Dos	Should Dos	Totals Actions
Urgent and Emergency Care	Russells Hall Hospital	13	6	19
Surgery	Russells Hall Hospital		7	7
	Corbett Outpatient Centre	1	3	4
Children and Young People	Russells Hall Hospital	8	2	11
Outpatients	Russells Hall Hospital & Guest Outpatient Centre	6	9	15
Outpatients	Corbett Outpatient Centre	6	3	9

Diagnostic and Imaging	Russells Hall Hospital & Guest Outpatient Centre	13	5	18
	Corbett Outpatient Centre	6		6
Maternity	Russells Hall Hospital		6	6
Critical Care	Russells Hall Hospital		8	8
End of Life	Russells Hall Hospital		2	2
	Community		1	1
TOTAL		54	52	106

Driving improvement

All actions identified including the subset actions have been pulled into a single action plan which will be monitored, driven and assurance gained through our Achieving Excellence Group. The Trust is committed to not just completing the actions but ensuring they are embedded and continually improving its delivery of high quality safe patient care and the experience for both patients and staff. Many of the actions identified in the CQC inspection report were identified at the time of inspection and immediate action was taken; these will be reflected in the action plan. The progress against these actions will be reported via the Achieving Excellence Group to the Clinical Quality Safety and Patient Experience Committee which is a Board level Committee. The following provides an extract from the action plan of the Must and Should Dos from the CQC inspection report per core service.

CQC INSPECTION REPORT July 2019 MUST DO AND SHOULD DOS	
CHILDREN AND YOUNG PEOPLE – RUSSELLS HALL HOSPITAL	
Must	The provider must ensure that the premises used by the service are safe for their intended purpose, including ensuring the premises are safe for patients admitted with a mental health condition.
Must	The provider must review the counting of trainee nurse associates within the registered staff numbers on the neonatal unit.
Must	The provider must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced medical staff available to provide care to children and young people.
Must	The provider must ensure that suitable transitional pathways from children's services to adult services are in place to meet the needs and reflect the personal preferences of young people.
Must	The provider must ensure that care is planned and delivered in a way that meets the individual needs of all children, young people and those close to them, including those children and young people with a mental health condition.(Regulation 9(1)).



Must	The provider must have systems and processes in place to monitor progress against plans, including a vision and strategy, to improve the quality and safety of services.
Must	The provider must ensure it has systems and processes in place to collect, analyse and use information to improve quality and safety across the service.
Should	The Trust should ensure that children, young people and their families are involved in making decisions about care
Should	The Trust should review how it obtains feedback from children, young people and those close to them to improve and shape services.
Should	The Trust should ensure that children, young people and their families are involved in making decisions about care
Should	The Trust should review how it obtains feedback from children, young people and those close to them to improve and shape services.
CRITICAL CARE – RUSSELLS HALL HOSPITAL	
Should	The service should ensure hand hygiene audits are large enough sample to provide assurance
Should	The service should ensure venous thromboembolism (VTE) assessments are completed on all patients
Should	The service should ensure SHDU has a resuscitation trolley based on the unit
Should	The service should ensure it meets the Guidelines for the Provision of Intensive Care Services (GPICS) for dietician's staff.
Should	The service should ensure medical staff mental health law meets the Trust's target.
Should	The service should ensure it complies NICE requirements QS158 for rehabilitation after critical care illness for adults.
Should	The service should ensure complaints are managed in line with its complaints policy.
Should	The service should ensure patients are discharged in less than eight hours.
DIAGNOSTIC IMAGING – RUSSELLS HALL HOSPITAL AND GUEST HOSPITAL	
Must	The Trust must ensure they improve mandatory staff training compliance
Must	The Trust must ensure they improve the uptake of safeguarding staff training

Must	The Trust must ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support
Must	The Trust must ensure they improve resuscitation adults staff training compliance
Must	The Trust must ensure they put in place an effective system for measuring the safety of imaging services
Must	The Trust must ensure they put in place a system of medical supervision of inpatients waiting on corridors for Imaging appointments
Must	The Trust must ensure inpatients and ED patients waiting for imaging appointment's on corridors are kept sufficiently warm
Must	The Trust must ensure inpatients and ED patients waiting for imaging appointment's on corridors are able to be modestly covered
Must	The Trust must ensure they put in place guidelines for pain assessment in children
Must	The Trust must ensure they take effective steps to meet the diagnostic standard and to catch up with paediatrics anaesthetic, colonoscopy and cardiac waiting lists.
Must	The Trust must ensure they put in place an effective management and governance structure in imaging services and monitor its performance
Must	The Trust must ensure confidential patient information is protected from casual view and hearing in imaging services.
Should	The Trust should ensure they increase the numbers/availability of radiographers competent to interpret and clinically report on diagnostic images as recommended by the CQC July 2018 national report on reducing wait times for imaging results.
Should	The Trust should ensure they make available information to patients and visitors on safeguarding children and vulnerable adults from abuse
Should	The Trust should ensure they provide drinking water for patients with imaging services areas.
Should	The Trust should ensure they encourage use of the telephone interpreter service over the use of staff and relatives
Should	The Trust should ensure they make staff aware of guidelines in place for use of pain score for patients with dementia.

DIAGNOSTIC IMAGING – CORBETT OUTPATIENT CENTRE

Must	The Trust must ensure they review and improve the diagnostic imaging services measures of quality and patient outcomes.
Must	The Trust must ensure they put in place an effective management and governance structure in diagnostic imaging services and monitor its performance.
Must	The Trust must ensure they improve mandatory staff training compliance.
Must	The Trust must ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support.
Must	The Trust must ensure they improve resuscitation for adults' staff training compliance.
Must	The Trust must ensure they put in place an effective system for measuring the safety of diagnostic imaging services.

END OF LIFE - RUSSELLS HALLS HOSPITAL AND COMMUNITY

Should	The Trust should ensure they have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
Should	The service should ensure they have enough suitable qualified staff to ensure compliance with recommendations from national bodies such as The Association of Palliative Medicine for Great Britain and Ireland and the National Council for Palliative Care.
Should	The service should ensure they continue its efforts to provide a seven-day service.

MATERNITY - RUSSELLS HALLS HOSPITAL AND COMMUNITY

Should	The Trust should ensure all staff maintain to complete documentation around CTG monitoring, including 'fresh eyes' to ensure its consistent throughout the service.
Should	The Trust should ensure all records are kept up to date and completed accurately.
Should	The Trust should ensure all staff adhere to Infection Prevention and control policy.
Should	The service should ensure complaints are managed in line with the Trust's complaints policy.
Should	The Trust should ensure the clinical audit programme for maternity services is fully embedded within the service.



Should	The service should ensure governance arrangements within maternity should ensure they have a full overview of the service.
OUTPATIENTS – RUSSELLS HALL HOSPITAL AND GUEST OUTPATIENT CENTRE	
Must	The Trust must ensure clear plans are in place around deteriorating patients; to include a review of the availability of resuscitation equipment, the storage of anaphylaxis kits, cascading learning from the revised cardiac arrest procedure and assessing the risk of clinical support workers working in clinics without the direct supervision of a registered nurse.
Must	The Trust must ensure systems are in place to improve the accessibility of patient notes, to include effectively monitoring the volume of missing notes and developing clear plans of action to reduce the use of temporary notes.
Must	The Trust must improve the storage of patient notes within the department in relation to confidentiality and information governance requirements and health and safety.
Must	The Trust must ensure all risks are mitigated and reviewed on the departmental risk registers and that action is taken to move risks on.
Must	The Trust must ensure risks to patients in urology are effectively managed in relation to the use of trolleys with no sides for patients undergoing invasive procedures.
Must	The Trust must ensure they review the suitability of the outpatient premises in relation to patient flow through the department.
Should	The Trust should ensure that risk assessments are completed around only being one resuscitation trolley in the outpatients' department and be certain all staff know who will fetch the trolley in an emergency and that scenario training is completed to include reception staff.
Should	The Trust should ensure notes are legible and do not contain loose pages.
Should	The Trust should ensure relevant staff can access all medications easily in the ophthalmology department.
Should	The Trust should ensure they consider representation at morbidity and mortality meetings to aid learning.
Should	The Trust should ensure they consider a programme of audit around compliance in areas such as national institute for health and care excellence (NICE) guidelines, consent and did not attend patients.
Should	The Trust should ensure they continue to reduce outstanding follow up appointments.



Should	The Trust should ensure annual refresher training for patient group directives (PGD's).
Should	The Trust should ensure they consider ways of improving communication with the rapid access team.
Should	The Trust should ensure they review storage space in the department and complete risk assessments in relation to staff handling the records.
OUTPATIENTS – CORBETT OUTPATIENT CENTRE	
Must	The Trust must ensure clear plans are in place around deteriorating patients; to include a review of the availability of resuscitation equipment, the storage of anaphylaxis kits, cascading learning from the revised cardiac arrest procedure and assessing the risk of clinical support workers working in clinics without the direct supervision of a registered nurse.
Must	The Trust must improve the storage of patient notes within the department in relation to confidentiality and information governance requirements and health and safety.
Must	The Trust must ensure all risks are reviewed on the departmental risk registers and that action is taken to move risks on.
Must	The Trust must ensure all risks are mitigated and reviewed on the departmental risk registers and that action is taken to move risks on.
Must	The Trust must ensure risks to patients in urology are effectively managed in relation to the use of trolleys with no sides for patients undergoing invasive procedures.
Must	The Trust must ensure they review the suitability of the outpatient premises in relation to patient flow through the department.
Should	The Trust should ensure all risks are recorded on the departmental risk register.
Should	The Trust should ensure they continue to reduce outstanding follow up appointments
Should	The Trust should ensure review processes for staff engagement and involvement in decisions affecting their roles.
SURGERY – RUSSELLS HALL HOSPITAL	
Should	The Trust should ensure medical are up to date with mandatory training; including mental health and safeguarding training.
Should	The Trust should ensure substance managed under Control of Substances Hazardous to Health (COSHH) regulations are stored safely

Should	The Trust should ensure patients attending the surgical ambulatory assessment unit are triaged within trust targets; and this is formally monitored.
Should	The Trust should ensure records are updated with 24-hour venous thromboembolism (VTE) assessment outcomes.
Should	The Trust should ensure all staff have access to learning following never events and serious incidents.
Should	The Trust should ensure staff follow a standardised approach to reducing unnecessary fasting prior to surgery. Enable a way for this to be audited consistently by local managers.
Should	The Trust should ensure staff are trained in autism and where necessary access materials to support awareness and to aid individualised treatment and care
SURGERY – CORBETT OUTPATIENT CENTRE	
Must	The Trust must ensure it follows through with plans to train all recovery staff in Advanced Life Support training in line with guidance
Should	The Trust should ensure that it follows through with plans to replace all the wooden cabinets with metal cabinets which are used to store flammable liquids in line with guidance.
Should	The Trust should ensure that it carries out observational audits of the World Health Organisation (WHO) checklist
Should	The Trust should ensure that all staff are aware of the major incident plan and that there is a copy of the plan on the unit.
URGENT AND EMERGENCY CARE – RUSSELLS HALL HOSPITAL	
Must	The Trust must ensure that there are robust escalation and full capacity protocols in place aimed at avoiding a crowded emergency department and that they are followed in times of high demand
Must	The Trust must ensure that all patients in the emergency department are subject to the same safety checks
Must	The Trust must ensure that ambulance crews are able to handover the care of their patients as soon as they arrive at the emergency department.
Must	The Trust must ensure that all staff within the emergency department complete mandatory training and additional training for their role as per trust policy.

Must	The Trust must ensure that all staff in the emergency department are trained in and to the appropriate levels of safeguarding for adults and children.
Must	The Trust must ensure that patients being cared for on corridors are appropriately supervised at all times.
Must	The Trust must ensure that all required patients presenting to the emergency department receive a robust clinical assessment in line with national guidelines and standards within 15 minutes of arrival.
Must	The Trust must ensure that patients with deteriorating conditions are effectively identified and treated within the emergency department.
Must	The Trust must ensure the appropriate storage, checking and administration of medicines at all times within the emergency department.
Must	The Trust must ensure that all staff within the emergency department understand their responsibilities in supervising mental health patients and have the skills, training and competency to do so.
Must	The Trust must ensure that risks within the emergency department are appropriately identified and managed.
Must	The Trust must ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. The clinicians should provide the oversight of care provision, ensuring all patients receive care from senior clinicians that is safe, effective, timely and in line with best practice.
Must	The Trust must ensure that there is enough staff within the emergency department with the right qualification, skills, training and experience to keep people safe and to provide the right care and treatment.
Should	The Trust should ensure that at night, senior doctors in the emergency department have sufficient time to treat children as well as patients in the resuscitation room.
Should	The Trust should ensure that infection control policies and practice are implemented and followed throughout the emergency department.
Should	The Trust should ensure that patients' privacy is respected in the waiting and reception areas of the emergency department.
Should	The Trust should ensure effective monitoring and audit of treatment and interventions used for mental health patients within the emergency department.
Should	The emergency department should ensure that leaflets are information are available in other languages than English



Should	The Trust should ensure that paediatric staff are alerted to unwell children on their way to the department
--------	---

Next Steps

The Trust was required to provide a comprehensive, robust action plan to the Care Quality Commission no later than 21st August 2019.

At the time of writing this report, the Trust was on track to deliver this. The intervention being that the Clinical Quality Safety and Patient Experience (CQSPE) will receive a report on progress against delivery at each meeting.

Diane Wake
Chief Executive
The Dudley Group NHS Foundation Trust

Contact Officer: Liz Abbiss
Telephone: 01384 321013
Email: liz.abbiss@nhs.net

