

## **Minutes of the Health and Adult Social Care Scrutiny Committee**

**Wednesday 28<sup>th</sup> August, 2019 at 10.00 a.m.**  
**in Committee Room 2 at the Council House, Dudley**

### **Present:**

Councillor D Tyler (Chair)

Councillors J Baines, H Bills, P Drake, P Lee, P Miller, G Partridge, S Ridney; and S Pritchard.

### **Dudley MBC Officers**

M Bowsher – Chief Officer Adult Social Care, D Harkins – Chief Officer Health and Wellbeing (People Directorate) S Griffiths – Democratic Services Manager and H Shepherd – Democratic Services Officer (Chief Executive's Directorate).

### **Also in attendance**

D Wake – Chief Executive, L Abbiss – Head of Communications, K Anderson – Head of Children's Services, N Hill – Matron, L Leddington – Matron, D Lewis – Head of Midwifery, B Mascaranas – Divisional Director, M Palak – Deputy Director of Operations, M Pinto – Matron, Dr A Singal – Medical Service Head, M Sexton – Chief Nurse, D Stanley – Consultant Critical Care, R Tomkins – Matron and Dr A Wolinski – Clinical Director (all Dudley Group NHS Foundation Trust).

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### **7 Apologies for Absence**

Apologies for absence were received from Councillors C Bayton, R Body, B Cotterill, A Hopwood, L Johnson, C Neale and S Waltho.

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### **8 Appointment of Substitute Members**

It was noted that Councillors H Bills, G Partridge, S Ridney and J Baines had been appointed as substitute members for Councillors C Bayton, R Body, B Cotterill and S Waltho, respectively.

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### **9 Declarations of Interest**

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

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### **10 Minutes**

#### **Resolved**

That the minutes of the meeting held on 10<sup>th</sup> July, 2019, be approved as a correct record and signed.

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11 **Public Forum**

No issues were raised under this agenda item.

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12 **The Dudley Group NHS Foundation Trust – Care Quality Commission Report**

The Chair outlined the purpose of the meeting, which was to consider the submissions and proposals to build good practice following the Care Quality Commission (CQC) comprehensive inspection undertaken January to February 2019 and to consider ways in which to improve the existing proactive and collaborative approach to ensure the best possible services were achieved and maintained in Dudley Borough Hospitals.

Following the introduction of Officers and Practitioners, the Chief Executive of The Dudley Group NHS Foundation Trust gave a brief overview of service challenges and opportunities and the mandatory targets that the Trust was required to deliver. Overall performance in the referral to treatment, Diagnostic Services, Cancer two week wait, were all reported to have achieved above the required target. A positive reduction in infection prevention rates, pressure ulcers, falls and hospital standardise mortality was also reported. The achievements attained in recent months were outlined, however it was recognised that there were a number of service areas that required improvement and that staff continued to work tremendously hard to improve performance levels and quality of care.

In referring to the latest CQC inspection and subsequent rating report published in July 2019, the Chief Executive stated that it was the Trust's aspiration to ensure all areas rated as 'Inadequate' or 'Requires improvement' to be re-rated as 'Good' or 'Outstanding' in future inspections. Representatives from each of the core services that formed part of the inspection were in attendance and gave a presentation on their individual service area and highlighted the improvement areas and actions implemented to address concerns.

**Diagnostic Services**

Dr A Wolinski, Consultant Radiologist, gave a detailed presentation on behalf of the Diagnostic Services and provided an overview of the services and the clinical staff structure. During the presentation it was commented that there had been an increase in demand for direct access to the service during 2018/19 in comparison to previous years and that the complexity of patient scans had significantly developed over time, with the number of Computerised Tomography (CT) scans conducted increased. Members were advised that Russells Hall hosted the Black Country Vascular Services, which was an around the clock service and was the hub for Wolverhampton and Walsall. It was recognised that there was a national shortage of trained/qualified consultant radiologists and radiographers. It was hoped that Magnetic Resonance (MR) scanning would also be able to be provided 24 hours at Russells Hall but that this was not the case at the current time.

In addressing the areas of concern identified from the CQC Inspection it was stated that:-

- The location and area size of the department at Russells Hall Hospital was considered to be insufficient for patient demand, but was regularly reviewed by the Trust together with alternative ways of working. The service was seeking additional space at the hospital, however space at the site was limited. An outpatient provision had been opened at the Guest Hospital to try to alleviate pressures at Russells Hall Hospital and to free facilities for hospital patient's use. It was stated that there had been dialogue with Dudley Clinical Commissioning Group (CCG) regarding the provision of additional community-based services and that the service was evolving although it was recognised that this would take time.
- A Governance Lead had been appointed and mandatory training completion rates had improved and were now recorded as 90% completed.
- New regulations had been deployed throughout the hospital and Radiation Protection Supervisors had been appointed in all areas where radiation was used.
- A full staff review had been conducted to rectify the flaws identified within the Leadership of the service with a number of new positions appointed to ensure the management of workloads.
- Staff now rotated around services and worked collaboratively, to ensure efficiencies and help personal development.
- The Trust were looking to appoint five additional consultant radiologists and had recruited ten radiographers with fifteen more newly created vacancies. Dedicated staff had been appointed to monitor patients in waiting areas.
- Staff now received daily briefings to discuss service issues and a newsletter was published on a monthly basis.
- One of the CT scanner machines had been replaced and two more upgraded machines awaited delivery.
- A CT scanner had been committed for inpatients/emergency use only, with an average of 34 scans conducted per day. As the demand for MRI scans was less, there was no dedicated machinery, however, the same level of inpatient access was provided.

Following the presentation, a patient gave his views on the service and commented positively on level of care that had been provided to him and his family and commended staff for the excellent work that they did.

Arising from the presentation, Members asked questions, made comments and responses were provided where appropriate as follows:-

- Members commented positively on the work that the service was doing to address concerns, although acknowledged that there was a shortage of trained radiologists and radiographers. The dissemination of radiation protection throughout all areas of the hospital was welcomed.

- The recruitment of nurses to care for patients whilst in the waiting area was considered to be a positive move forward and a long awaited enhancement to the service.
- It was confirmed that patients using the facilities at the Guest Hospital were encouraged to use the booking system and that the provision was currently based within one room. Collaborative work with Dudley CCG was to be undertaken to look at the whole borough geographically.
- The service was in the process of becoming completely digital and GP's should receive an electronic report within 24 hours of a scan being conducted.
- Reports for CT and MRI scans were currently outsourced due to lack of internally capacity. The company used, however, were also experiencing issues with capacity and were operating with a four week delay. The Trust had received assurances that turnaround times would improve to adhere to their contractual agreement.
- Emergency treatment to off-shore patients was provided free of charge, however, any on-going treatment would be chargeable. It was stated that this was a national instruction although a view was expressed that it should be reviewed.
- The Trust was proactive in visiting Schools and Colleges to promote services and encourage recruitment.
- The recruitment of nurses was a national issue with approximately 40,000 vacancies. Agency staff were only used where positions could not be filled internally and the agency bill had reduced significantly and was now approximately £800,000 per year.
- Providing GP's with access to scanned images had been trialled, however, this had not been well received and therefore only the written report was now provided.
- It was commented that there was always room for improvement in any service, but that the service did work in close association with GP's and met frequently to discuss how the imaging process could be improved.
- All aspects of the Diagnostic Service would be developed and it was envisaged that the implementation of the Sustainability and Transformation Partnership (STP) and collaborative working with other trusts would help deliver a higher quality of care. It was noted that there was an opportunity within the Black Country to develop a diagnostic hub with Dudley being a potential site which would further enhance the service provided locally, and be a positive and exciting opportunity.

- All new staff were required to attend a one day mandatory corporate training session, as well as a local induction in their particular service area. Basic Cardiopulmonary Resuscitation (CPR) training was included as part of the corporate training. It was also stated that new members of staff with the Diagnostic Service were allocated a mentor.
- A new CPR Manager was in progress of being appointed, therefore CPR training was currently being provided by an external training provider in the interim.
- Members were assured that everything was being done to address the criticism in respect to insufficient space at Russells Hall, with an increase in services being provided at alternative venues and within the community where possible.

### Emergency Department

Prior to the commencement of the presentation, the Chief Executive stated that the Emergency Department (ED) had initially been rated by the CQC as 'Inadequate'. As a result of the dedicated commitment of staff, significant progress had been made. ED had now been rated as 'Requires Improvement', and concern was expressed that this did not do justice to the work that had been undertaken by the staff.

The Matron and Medical Service Head for ED gave a detailed presentation on the journey of ED from 'Inadequate' to 'Requires improvement' and beyond and in doing so stated that two of the Section 31 notices had now been lifted in respect of safeguarding and specialist review within ED. It was confirmed that independent internal monitoring would, however, continue for both of these areas and it was assumed that the Section 31 notices relating to Sepsis and Triage would also be lifted following the next review inspection.

Statistical information was provided which identified that there had been a significant increase over a three year period of attendances to ED, which had impacted upon the performance levels within the department. It was recognised that the population was getting older, with people who experienced multiple problems. It was reported that ED was operating at a capacity in excess of 95% which had a negative impact upon the productivity of the service.

It was stated that it was the national standard to triage a patient within 15 minutes, which was a challenging target. Significant improvements had been made in all aspects of the triage process and 69-70% of patients were now triaged within a 15 minute timeframe.

Members were advised that a new triage model had been adopted by ED, which was similar to those in operation at best practice hospitals. The ED was working closely with the Cardiology team and the Cardiac assessment unit to drive triage performance and ensure patients were transferred to the correct department and received suitable care.

It was reported that a new ICT system had been implemented in May 2019, which had initially impacted upon triage performance targets. Performance targets had now started to improve. Members were asked to be mindful that triaging a patient within the 15 minute timeframe was sometimes difficult to achieve as it involved obtaining a patients history, bloods and observations and was not considered to a prolonged period to complete a full and accurate assessment.

In referring to Sepsis and deteriorating patients, it was reported that figures were at an all-time low for ED and were reported to currently be the lowest in the West Midlands region. The organisation had worked hard to achieve these results together with a significant amount of financial investment being made to increase the workforce and the appointment of two Band 7 employees to support the delivery of the Sepsis 6 protocol.

Members were advised that weekly audits were undertaken on Sepsis 6 performance, to ensure monitoring observations was carried out as standard and that performance was challenged to inspire improvement. Regular 'huddles' with staff were called throughout the day to provide support and to consider the care of individual patients.

It was reported that the Urgent Care Centre operated 24 hours a day which did alleviate some pressure within the ED, as it would treat patients suffering with non-emergency minor illnesses and injuries, however patients needed to be educated as to where to go for the appropriate level of care.

It was recognised that there was still a lot of work to be done within ED, but Members were reassured that patients treated at the department were safe.

It was envisaged that by winter, ED would be fully staffed, although it was reiterated that there was a national shortage of trained medical staff and that upon a recent recruitment drive for a junior doctor, only one of the applicants had been located within the United Kingdom. This was considered to be a national problem. It was reported that new staff were required to attend a corporate induction as well as corporate study days and team simulation sessions. Significant investment had been made to increase staffing resources within ED in the hope to move away from the use of agency and bank staff.

As a result of the comments raised by the CQC, Staff appreciation and incentives had been implemented, with a breakfast club operated every morning and recognition awards presented to employees who had gone above and beyond their duty.

It was stated that capital for a rebuild had been secured to refurbish parts of the ED, which would be a two year project. A new cardiac assessment unit and paediatric area had been created to improve efficiencies.

Arising from the presentation, Members asked questions, made comments and responses were provide where appropriate as follows:-

- Members considered ED to be one of the most difficult areas to work and commended staff for the excellent work that they did.

- From a safeguarding perspective, Members welcomed the creation of a separate children area.
- If referring to the roles of the two newly appointed Band 7 employees it was stated that one would take charge of ED, whilst the second would ensure patient care was delivered appropriately and that they were updated accordingly to improve patient experience. Compliments received from patients had increased since the two new members of staff had been in post.
- A dedicated mental health room had now been designated for when dealing with patients with mental health issues and ED were working closely with Bushey Fields to ensure appropriate triage treatment was identified.
- Two Reminiscence Interactive Therapy Activities (RITA) were available within ED to be used when caring for elderly patients with cognitive impairments. RITA was an interactive touch screen system that allowed patients to enjoy relaxation music, watch TV/films and play games to help as a distraction.
- Key Performance Indicators were audited daily and weekly and were regularly challenged by the Executive Team. Mock peer reviews were undertaken for all care services to ensure care quality was improving.
- Members commented that action should be taken to reduce the number of people who attended the Emergency Department unnecessarily. It was stated that 20-30% of patients should not attend ED and that effort should be made to try to educate the public, together with collaborative working with other care partners/providers to improve care pathway provisions.
- It was reported that West Midlands Ambulance Service would be taking over the NHS 111 helpline on 5<sup>th</sup> November 2019 and it was hoped that this would result in a reduction of patients presenting at ED.
- It was a target for those patients diagnosed with Cancer to have a maximum two week wait for treatment, however patients were often seen sooner than fourteen days. New cancer standards were also due to be implemented from 2020.
- Mechanisms were in place to advise patients when there was a delay in treatment. Information posters were displayed in prominent areas explaining the streams for delay and that waiting times would be displayed to try to alleviate frustration.

(The meeting was adjourned at 11.55am and reconvened at 12.35pm)

## Maternity Services

Prior to the commencement of the presentation, the Chief Executive expressed her disappointment in the rating of the maternity service particularly as no 'Must Do's' had been identified and significant improvement had been made in the last two years.

During the presentation, the Head of Midwifery outlined the six 'should do' recommendations and the progress made to date. In doing so she confirmed that immediate action had been taken with regard to the 'fresh eyes' risk assessments to ensure audits showed that the practice was completely embedded; adoption of the 'Perfect Ward' inspection tool; infection prevention mandatory training was now operating at 89.1%; collaborative working with the complaints department to ensure timely responses, with face to face meetings arranged to discuss issues with the complainants; Governance processes had been reviewed and a dedicated governance team operated within the maternity service; monthly meetings were held to look at incidents and reported back to staff via newsletters, huddles and a dedicated Facebook page.

Moving forward the maternity service was working together with the Local Maternity System within the STP, neighbouring trusts and neonatal services to implement better birth recommendations. Work would continue with the Local Authority Early Years Transformation Academy Team.

In referring to the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme, Members were advised that the Trust had submitted its standards and expected to demonstrate that all ten safety actions had been achieved, which would result in the contribution made to the CNST maternity incentive fund refunded, the same as in the previous year.

Arising from the presentation of the report, Members asked questions, made comments and response were provide where appropriate as follows:-

- There was a shortage of midwives nationally, however, Dudley was in a fortunate position and were fully staffed. There was a shortage of support staff. During holiday periods, however, as midwives were predominately female, there may be a reduced level of staffing and therefore induction of labour for patients maybe delayed.
- Members commented positively on the service and agreed that every effort had been made to comply with regulations and provide a good quality of service.
- It was commented that performance was poorly in respect of outcomes for families and that partner organisations needed to work collaboratively to achieve better outcomes. The introduction of the Early Years Transformation Academy Team was welcomed and would help collaborative working in the future.



## Children and Young People

The Head of Children's Services gave a detailed presentation on Children's Services across the whole Dudley Group Foundation Trust. Following the approval of a business case, a dedicated cubicle had been developed to create a safe and calm environment for children/young people admitted. Risk assessments were undertaken for all children and young people that were admitted with mental health conditions to mitigate a lack of designated safe space.

In referring to staffing issues it was stated that daily huddles took place to assess pressures and ensure the safe allocation of staff resources. Approval to appoint two additional consultant paediatricians had been agreed to assist with providing care back into the Community.

The transitional pathways from children to adult services was referred to and it was confirmed that approval to appoint a transition co-ordinator had been agreed. A transition focus group would be developed, which would comprise members from different Carer Support groups to help scope pathways and develop engagement strategies to ensure the views of children, young people and parents/carers were captured.

The achievements of the Children and Young People services were outlined including the successful introduction of 'Holly Bags' which provided young people with essentials that entered the service with nothing.

Following the presentation, Members commended the service for the work that they had achieved.

## Outpatients

The Matron for Outpatients and the Deputy Director of Operations gave a presentation on the areas for improvement identified by the CQC and progress made. It was stated that the tracking system for health records had been strengthened with the record journey stored digitally and available to consultants; staffing levels had been increased at Corbett Hospital and that the collection of notes had been increased and rooms had been identified for the secure storage of health records. It was further stated that a risk register had been implemented and was monitored by the patient access team, with monthly meetings arranged to discuss identified risks. Staff were rotated to the different service areas to ensure continuity.

In referring to patient deterioration and the use of patient trolleys with no sides in Urology, it was confirmed that new patient trolleys with sides had been ordered at the time of the inspection but had not been delivered. Appropriate trolleys were now available and in operation. All staff had also received basic life support care training to assist any patient if an incident were to arise.

The development of a five year outpatient plan had been established to assist with a reduction in appointments and to look at alternative ways of contact, including virtual clinics, to assist with patient flow.

In response to a question raised by a Member with regards to when the service would be completely digital, it was stated that implementation of all records being stored digitally would be gradual over a two to three year period. It was commented that some staff had concerns at the prospect of being completely digital, although a lot of medical letters were currently stored electronically and that two specialist areas had agreed to trial the digital system when operational.

Members concurred with clinicians' reservations in records being stored entirely digital, particularly if there were to be an issue with loss of power.

### Surgery

The Deputy Director of Operations gave a positive presentation on the Surgery Department which had been rated as 'Good' overall by the CQC and 'Outstanding' in the caring category.

In referring to areas identified by the CQC as 'Must Do', Members were advised that a sufficient number of recovery staff at Corbett Outpatient Centre had now been trained in Advanced Life Support (ALS) to enable there to be an ALS trained member of staff on duty every day at Corbett Outpatient Centre.

### Critical Care

The Matron for Critical Care and Consultant Critical Care gave a presentation on the previous and current position of the critical care service; areas identified by the CQC rated as 'Good'; and the actions identified as 'Should do' and the future action plan.

Arising from a question raised by a Member in relation to the establishment of a rehabilitation service for adult patients after experiencing a critical care illness, it was stated that the business case for the establishment had now been approved and work was being undertaken to develop appropriate job advertisements and specifications. It was recognised that it would take time to establish a full team and that there were difficulties in recruiting qualified trained staff, however, it was considered vital that this service was established for the recovery of patients. It was also stated that collaborative working with Primary Care colleagues was necessary to ensure that a patient received the correct level of care required to enable a full recovery.

### Community

The Matron for Community Services and Divisional Director gave a presentation on the Community Services rated as 'Good' overall by the CQC.

During the presentation the recommendations made by the CQC were highlighted, together with the actions that had been taken as follows:-

- 93% of staff had completed mandatory online training and monthly meetings were held to discuss governance issues and pressures within the service to improve patient experience.

- Staff appraisals were operating at 100% completed and were carried out during the period April to June.
- Care packages were now individualised to ensure that they were appropriate for each individual patient, with focus on district nurses to identify and support families and patients with end of life care plans.
- Lunch and learn events were arranged to provide support and training to staff, addressing any themes and trends that may arise and to review what had been achieved well and effectively, to improve the sustainability of quality care.
- Collaborative working with the MCP IT Lead for the implementation of a new mobile IT system, would enable any member of staff to access accurate up to date patient information and provide continuity of care.
- Infection control checklists were now completed daily at all sites and audited quarterly by team leads with Hand hygiene audits completed and audited monthly.
- A more effective management structure had been implemented to improve pathways for patients and staff to provide support.
- Quarterly meetings were held to embed governance arrangements and processes were operational to monitor risk management and incidents.

Members commented that the majority of complaints received from residents in relation to health care related to community nurses and suggested that consideration be given to improving resources that were available and accessible within the local Community.

### End of Life Care

The Chief Nurse gave a presentation on end of life care across all patient service areas. It was reported that overall the service had been rated 'good' and was considered to be outstanding in promoting the needs of people receiving end of life care and adhering to patient wishes. It was reported that the Trust was working towards Gold Standard Framework accreditation and that the team was working in conjunction with other service providers rather than in isolation to avoid duplication.

Following the presentation of all service areas, the Director of Finance commented that like all public sector organisations, the Trust had been subjected to financial challenges and although it was recognised that not all improvements necessarily required financial investment, it was inevitable that some areas would. The largest financial expenditure for the Trust was considered to be staffing resources and ways in which to achieve efficiencies had been considered with risk assessments undertaken to mitigate any effect on the quality of care and service provided. It was necessary to work in conjunction with other care providers to ensure sustainability.

In concluding, the Chief Executive stated that the Trust was committed to the improvement of services to achieve the highest level of care. Staff were commended for their continued commitment and hard work in achieving the improvements made.

The Chair thanked everyone for attending the meeting and for their verbal and written contributions. Five draft recommendations were proposed for the Scrutiny Committee to consider and for inclusion in a future report to the Cabinet namely:-

That the Committee:-

1. Welcome the assurances given by the Dudley Group National Health Service (NHS) Foundation Trust on the changes being implemented to respond to the Care Quality Commission (CQC) inspections and support the continuous improvement of the services provided in Dudley Borough Hospitals.
2. Place on record its appreciation of the hard work and dedication of all staff involved.
3. Support the proactive and collaborative approach to partnership working between the NHS, the Council, the Clinical Commissioning Group and all partners to continue the improvement journey following the CQC report.
4. Endorse the further development of a joint, co-ordinated strategy to reduce the numbers of people who attend the Emergency Department unnecessarily.
5. Note that a detailed action plan has been submitted to the CQC and that arrangements are in place to ensure the ongoing monitoring of progress.

#### **Resolved**

- (1) That the written information, together with the verbal presentations presented at the meeting in respect to The Dudley Group NHS Foundation Trust – Care Quality Commission Report, be noted.
- (2) That the Scrutiny Officer, circulate the draft recommendations to Members for consideration and comment.
- (3) That a report on behalf of the Health and Adult Social Care Scrutiny Committee be submitted to the Cabinet at its meeting on 12<sup>th</sup> September, 2019.

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#### 13 **Date of next meeting and proposed items to be considered**

#### **Resolved**

That the date of the next meeting and the items for inclusion, subject to the need for flexibility to reflect any changes that might arise, be noted.

The meeting ended at 1.55p.m.

CHAIR  
HASC/20