

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

8<sup>th</sup> May, 2013

**PRESENT** – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, Regan E. A. Richmond, S. Richmond and J. Taylor. (8)

**APOLOGIES** – Councillor Nutt and H. Scott. (2)

**ABSENT** – Councillor I. Haszeldine. (1)

**ALSO IN ATTENDANCE** – Councillor Copeland.

**OFFICERS IN ATTENDANCE** – Sue Jacques, Chief Executive, Edmund Lovell, Associate Director Marketing and Communications and Joanne Todd, Associate Director of Nursing (Patient Safety and Governance), County Durham and Darlington NHS Foundation Trust; Liz Graham, Chief Nurse and Jackie Kay, Assistant Chief Officer, Darlington Clinical Commissioning Group; Bev Reilly, Director of Nursing and Quality, Area Team, Durham, Darlington and Tees; Mark Cotton, Assistant Director of Communications and Engagement, Mike Dolphin and Mark Hemmington, Non-Executive Governors, North East Ambulance Service Trust and Sharon Pickering, Director of Planning and Performance, Tees Esk and Wear Valleys NHS Foundation Trust.

**OTHER REPRESENTATIVES** – Andrea Goldie, Healthwatch.

**HP77. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP78. QUALITY ACCOUNTS 20012/13** – The Director of Resources submitted a report (previously circulated) presenting the Scrutiny Committee's commentaries on the Quality Accounts 2012/13 for County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust and sought approval.

The submitted report reminded Members of the agreement to be more involved with the local Foundation Trusts Quality Accounts, to enable Members to have a better understanding and knowledge of performance when submitting the commentaries on the Quality Accounts at the end of the Municipal Year 2012/13. As a result, Members committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and established a Working Group with members of Darlington Link to receive quarterly performance reports from County Durham and Darlington NHS Foundation Trust.

The Director of Planning and Performance, Tees Esk and Wear Valleys NHS Foundation Trust thanked Members for their commitment to responding to the Quality Account and welcomed the commentary. It was noted that the Trust do try hard to engage with Stakeholders and an undertaking was given to submit the six monthly performance report to Members for consideration during next year's process.

The Associate Director of Nursing (Patient Safety and Governance), County Durham and Darlington NHS Foundation Trust addressed the comments Members made in the commentary and following the updated information received from the Associate Director Members agreed to amend some sections of the commentary.

**RESOLVED** – That the subject to the amendments referenced above, the draft commentaries for the Quality Accounts 2012/13 for County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust be approved and submitted to the respective Trusts for inclusion in the Quality Accounts for 2012/13.

**HP79. NHS ORGANISATIONS RESPONSE TO THE FRANCIS REPORT** – Invitations were sent to all NHS Organisations asking for a brief overview of how the recommendations contained within the Francis Report would be addressed and implemented. Each Organisation was allotted 20 Minutes to address the meeting and answer Members questions.

**(a) Bev Reilly, Director of Nursing and Quality Area Team, Durham, Darlington and Tees.**

The Director of Nursing and Quality reminded Members of the core functions of the Area Team and advised that the Area Team does not hold any performance contracts with the Foundation Trusts. It was noted that the NHS has been talking about the outcome of the Francis Report for a number of years and the recommendations were not surprising. The Area Team has held Learning Events to enable providers to share learning and preparation to address the Francis recommendations.

Members noted that the Area Team has the oversight of the Health System which includes quality, safe guarding, financial and performance issues and as a result quarterly meetings are held with the local Clinical Commissioning Groups (CCG) where the Team seek assurance and offer challenge to the CCG. This addresses one of the key Francis recommendations that there was no forum for sharing information and operating challenge. There is also a Quality Surveillance Group with a large membership which enables its members to triangulate information and share good practice. This involves Local Authorities, CCG's, Health Watch, the Coroner, Monitor, Care Quality Commission and a number of providers. Liz Graham added it was a proactive Group and not just reactive and reassured Members that the CQC are very active within the Group. The CQC also carries out a number of visits and have a rolling programme of unannounced visits and inspections.

The Chair asked how Scrutiny fits into this model and it was noted the Scrutiny can have an influence through the Local Authority representative attending the Quality Surveillance Group. As part of the Area Teams role it also commissions GPs and Primary Care, Public Health, Specialised Commissioning and Offender Health.

**(b) Liz Graham, Chief Nurse Darlington Clinical Commissioning Group.**

The Chief Nurse made reference to the appalling suffering of patients caused by the serious failure on the part of the Trust Board. The Mid Staffordshire Hospital Trust did not listen to feedback from its patients and staff or ensure correction of deficiencies was brought to the Trusts attention. The Board also failed to tackle the negative culture

involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. It was noted that in the North East there are some very good NHS provider Trusts but complacency should not set in. Poor care should not be tolerated and staff and GPs must report incidents, to ensure something like Mid Staffs never happens.

It was acknowledged that the CCG are a member of the Quality Surveillance Group and involved in Quality Improvement Cost Improvement Plans. This ensures that providers making any changes to service provision or proposed changes must be brought to the Groups attention. It is a secure mechanism providing an overview and monitoring function of up and coming issues. It is a forum that should have been carried out a while ago.

The CCG must focus on implementing the recommendations and ensuring that as commissioners, they must continue to ensure that services are well provided and are provided safely. The responsibility for driving improvements by requiring compliance with enhanced standards lies with the commissioners as more is demanded of the provider than the fundamental standards. The Area Team and the local commissioners of services must be adequately resourced to enable a proper scrutiny function of providers, ensuring the delivery of standards of service required under their contracts. The resource available to the commissioners to monitor the provision of contractual services should be extended as necessary, to include the capacity to undertake audits, inspections and investigations, of individual cases and/or groups of cases. The commissioners must have access to Quality Accounts and all QRPs available to the CQC. This also includes commissioners visiting Hospitals on ad hoc basis to talking to patients and staff and looking at the management of staff.

The Chair enquired about the role of scrutiny, stating that there needed to be a route into the CCGs for Members and the Chief Nurse advised that engagement with the Scrutiny Committee would be included in the Action Plan that was in the process of being developed. It was noted that regular meetings have been held with the Council's Director of People and Head of Adult Social Care.

Discussion ensued about whether ad hoc visits by CCG to hospital actually worked and whether the staff found it beneficial; commissioning of a new nursing model; Ward Sisters becoming more involved in nursing care rather than Ward management; increase in dementia patients and staff training. The Chief Nurse reassured Members by visiting hospitals soft intelligence is being gathered and quite often patients and staff talk openly to visitors, other patients or patient champions. Particular reference was made to nursing shortages and the Chief Executive of County Durham and Darlington NHS Foundation Trust commented that at present the Trust have 150 nursing staff vacancies. The Trust employs approximately 4,000 staff across the Community and three Hospitals and are coping well with the vacant positions. There is however, a recruitment drive to recruit staff as currently staff are offered overtime to fill the gaps and sometimes bank staff are used. The Trust has secured its own bank staff which are cheaper to employ, using staff willing to take on additional hours, rather than additional cost of agency bank staff. Ms Jacques added that it was unlikely the Trust would ever reach full capacity of nursing staff, as there is a high turnover of nursing staff.

It was noted that the leadership change with the new Director of Nursing and Medical Director has brought new a dynamic thinking and staff feel that their views are being

listened too. Staff are improving their engagement with patients and it was noted that for the first time in four years performance was improving. The Trust is currently rated 38/164 for patient feedback and everything is being done to raise this figure. It was believed that creating the right staff culture from the top down was the best way to address this and key to everything.

**(c) Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust.**

The Chief Executive reassured Members that the Trust Board are taking the Francis Recommendations very seriously and convened a Special Board meeting to discuss the recommendations. Work on Quality has continued to be a Trust priority and the Quality Impact Assessment (QIA) tool has demonstrated this and has been used for two years evolving into a robust process with senior representation on the Group. The Trust will also be sharing that QIA process with the CCG in due course. Clinical Strategy events have been held and involved stakeholders. The five year Quality Strategy has been led by the Medical Director and Director of Nursing and includes priorities for improvement against three domains of safety, experience and effectiveness.

Members were pleased to note that investment in proposals for the development of Communications Strategy have been supported by the Board and acknowledge that it is difficult to communicate with staff across a large geographical area. Listening events and a series of 'by invitation' staff engagement events have been organised and information gathered will be fed back to the Board and Council of Governors meetings.

The Chief Executive assured Members that the Trust Board will safe guard against anything like what happened with the Mid Staffordshire Hospital Board happening with the CDDFT Board. Staff are spoken too at every opportunity and invited to give their feedback comments, etc. Learning from feedback and complaints is key and vital that certain ways/culture do not become normalised. The Executive Clinical Leadership Group (ELC) consists of the all the Directors of the Care Groups and is a Sub-Committee of the Trust Board. It is supported by the Associate Directors and is used as a consensus vehicle to move forward proposals, has a strategic component and considers performance.

Particular reference was made to dignity in care and safe guarding adults issues. The Chief Executive reported that pledges have been given by the Trust as part of the NHS Constitution and they have become well established and adopted. Members welcomed there are also competencies in staff appraisal about dignity in care and safe guarding. It was noted that the Trust have been success with a bid to trial an Elderly Friendly Ward. Members acknowledged that change would not happen overnight and that a gradual change t would slowly start to emerge and eventually become common practice.

**(d) Sharon Pickering, Director of Planning, Tees, Esk and Wear Valleys NHS Foundation Trust.**

The Director of Planning provided details of the Quality Improvement System used by the Trust which is based on the Toyota model of LEAN and this has been ingrained into 'it's the way we do things'. The Trust places lot of importance on empowering staff and engaging with staff to enable them to carry out their sometimes difficult job, on a daily basis. The Director reported what the Trust are currently achieving and the additional

systems that have been in place to ensure that something like the Mid Staffordshire public enquiry never occurs within the Trust. It was noted that a full report in response to the Francis report would be published in July 2013.

A number of staff workshops have been organised to enable staff to share their thoughts and opinions on what the Trust needs to do in terms of responding to the recommendations of the Francis report. The workshops will be independently facilitated and the Trust will use the feedback received to inform its formal response. The work will be completed by June 2013 and would be fed back to the Scrutiny Committee in due course.

Similar events have also been arranged for Trust Governors to ensure that the response to the Francis report is inclusive. Members were reassured that the Trust Board has always been committed to achieving high quality and believe that the systems together with the new systems in place will allow the Trust to make continuous improvement.

In response to a question, the Director outlined the variety of ways that the Trust gathers feedback from its services users, this includes questionnaires, electronic devices, smiley faces, etc. Feedback is usually collected within the Wards and a sample number of patients are used. Feedback is also ascertained from patients visiting the inpatient facilities. Engagement with GPs and feedback is also gathered as commissioners of the service provided. It was noted that many of the Senior Management Team visit Wards on a regular basis to seek patient feedback. The representative present from the Area Team and Health watch commented positively on the way the Trust gathers feedback from patients.

**(e) Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Trust.**

The Assistant Director reported that NEAS staff frequently respond to staff surveys and often the needs are acted upon and/or addressed. It was noted that an independent review of NEAS was carried out a couple of years ago and some positive comments were received, particularly with reference to the Trust empowering its staff. With regards to patient safety Members were pleased to hear that there alerts are in place to alert the Board of incidents and there are a number of policies in place.

It was noted that the Service Improvement Mechanisms are very similar to TEWVs and investment has been agreed for a Behaviour Programme. The Assistant Director acknowledged that NEAS have work to do but believe that they have a good starting point. NEAS' biggest challenge is communicating with staff spread out across a vast geographical area and ensuring that consistent clinical care and patient safety is carried out across the patch.

Particular reference was made to patient safety and ambulance handover delays. The Assistant Director acknowledged that this has been an issue for NEAS and that there have been issues that have impacted on everyone. As Members will recall this was also the subject of a Clinical Summit, held by NEAS in February 2013. The outcome of that event will be followed up by a further event in the summer months, prior to implementation over the winter months.

Members were interested to note that changes to staff rotas have been rolled out to ensure that each team has a Team Leader, Clinical Lead and Administration support on every shift, making staff feel more part of a team. There will also be an element of protected time to allow Team Leaders to manage staff and carry out appraisals and mentoring if required.

Both of the Governors present, praised NEAS for inclusion in a vast number issues and believe that the systems in place are robust and feel assured by the communications they receive.

**RESOLVED** – (a) That all the reports be noted.

(b) That representatives be thanked for their attendance at the meeting; and

(c) That the information presented be noted and consideration be given to whether Members would like any further work to be undertaken.