THE IMPLICATIONS OF THE FRANCIS REPORT FOR WIRRAL

SCRUTINY REVIEW

FRANCIS REPORT

A report produced by
THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

January 2014
FINAL REPORT

WIRRAL BOROUGH COUNCIL

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Page

APPENDICES

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1. INTRODUCTION

At the meeting of the former Health and Wellbeing Overview & Scrutiny Committee, held on 13th March 2013, Members agreed to undertake an in-depth Scrutiny Review to investigate the implications of the Francis Report for Wirral. As a result, a Scrutiny Panel comprising five Members has held a series of meetings in order to obtain appropriate evidence.

An Executive Summary of the findings follows, together with the recommendations arising from this Review. The Report then sets out the background to the original brief, as well as the methodology adopted for gathering the evidence. This is followed by the main body of the Report which details the national context, the key findings of the Review and the evidence gathered in support of the recommendations proposed by the Scrutiny Panel Members.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

National Picture:

In June 2010, Robert Francis QC was asked by the Secretary of State for Health to undertake a public inquiry into the failures of Mid Staffordshire NHS Foundation Trust. The Francis Report was published on Wednesday 6 February 2013.

The report exposes the appalling suffering of patients at Stafford Hospital. It further recognises that what happened in Mid Staffordshire was a system failure, as well as a failure of the organisation itself and concludes that a fundamental change in culture is required to prevent such a failure from happening again. It stresses the importance of avoiding a blame culture and proposes that the NHS should develop a learning culture aligned with the needs and care of patients.

The report also concluded that the Trust Board did not sufficiently listen to its patients and staff and failed to tackle a negative culture involving tolerance of poor standards and disengagement from managerial and leadership responsibilities. Performance management systems designed to identify poor practice showed on many levels that Mid-Staffordshire was a successful Trust, whilst in reality it was failing patients.

In November 2013, the Government formally responded to the Francis Report, accepting the vast majority of the 290 recommendations, placing particular emphasis on compassion and care for patients; culture and standards of care; openness and transparency; and the importance of leadership in an organisation.

Context:

Although this Scrutiny Review has focused particularly on the work of the largest hospital in Wirral, Wirral University Teaching Hospital (WUTH), it is noted that problems are equally likely to occur anywhere in the health system, for example, in a care home or in a unit for people with disabilities. Indeed, another Scrutiny Panel is currently investigating the quality assurance and standards in care homes in Wirral and will produce a report in the near future. In addition, at the time of agreeing the Scope for this Review members did agree that, as other hospital services are provided in Wirral, it may be deemed appropriate to undertake a similar exercise to scrutinise those services in the future, for example, Clatterbridge Cancer Centre or Cheshire & Wirral Partnership Trust (CWP).

Governance Arrangements:

The Scrutiny Panel has reviewed the governance and monitoring arrangements in Wirral. The roles of a number of bodies are detailed in Section 7.1 of this Report, namely, the Area Team of NHS England, Wirral Clinical Commissioning Group (CCG), Wirral Health and Wellbeing Board, Wirral Department of Adult Social Services, Wirral Healthwatch, the Care Quality Commission (CQC) and the health service providers including Wirral University Teaching Hospital. In the early stages of this Review it was noted that the role of the Panel was to reassure themselves that governance arrangements were in place to enable early warning signs to identify potential problems and for those warning signals to be acted upon.

A key message from Mid Staffordshire was that, although data was available, no one pulled together the ‘big picture’. In order to do so, it is necessary to pool information and intelligence across organisations. Subsequent to the Francis Report, the Area Team of NHS England has initiated monthly meetings of the Quality Surveillance Group, which brings together all the key partners to monitor performance across the health system. The development of this role is welcomed by the Scrutiny Panel. However, in order to fulfill their role of being a constructive critical friend to their local health partners, it is anticipated that members of the Families and Wellbeing Policy & Performance Committee will seek to further develop a positive, open and honest working relationship with those partners, sharing information where appropriate.

During this Review, Panel Members were re-assured by the processes which the CCG (as commissioner of many of the hospital services) has in place to monitor the delivery of good quality services. Likewise there was reassurance that mechanisms are in place within the CCG to enable early warning signs to identify potential problems. However, a number of sources provided the Panel Members with messages such as "there is a need to make it easier for patients to tell their experiences; both good and bad. Part of the challenge is to get people to make constructive criticism".

The Care Quality Commission is responsible for making sure that services are safe, effective, compassionate and of high quality. Therefore, services are inspected to ensure standards of quality and safety. Reports and ratings are published for all providers. Panel Members were reassured that the Care Quality Commission is implementing a more in-depth inspection regime in the near future. The new regime will also place greater emphasis on feedback from staff and patients, with public listening events being held at the beginning of the inspection process.

Local Healthwatch has a key role to play as it is responsible for gathering and representing public views. Healthwatch must ensure that the views of people that use services are taken account of and that they influence the design and delivery of local services. There is a confidence that Wirral Healthwatch is in a better position than Mid Staffordshire to identify any serious issues. That confidence is based on the good relations that exist between partners, which help Healthwatch to perform its role as a critical friend. However, Panel members feel the role of Healthwatch needs further promotion to ensure the public are aware of its function.

Wirral University Teaching Hospital achieved Foundation Trust status in 2007. As such, Foundation Trusts have their own regulator, Monitor, which is responsible for assessing eligibility for Foundation Trust status; granting foundation trust status and monitoring compliance with those terms. These cover provisions relating to the trust's governance arrangements, finances, and provision of agreed mandatory services, education and training. Eighteen months ago, Monitor raised issues with WUTH regarding 18 week waiting times and medicines management, which both had implications for governance. Over a 10 month period, governance arrangements were evaluated, being reviewed again in February 2013, by which time Monitor assessed that the Trust was 'green' for governance.

Members are, however, concerned that on 22nd November 2013, Monitor announced that it has launched an investigation into whether poor financial performance is indicative of Wirral University Teaching Hospital NHS Foundation Trust potentially breaching its licence to provide healthcare services. That investigation process with Monitor is currently ongoing.

Assessment of care standards at Wirral University Teaching Hospital:

Panel Members have completed their Review, concluding that WUTH is an organisation that is safe and, in general, providing a good standard of care. However, anecdotal evidence came to light which did give rise to some concerns, particularly in relation to the care of some elderly people and those with dementia and also in relation to nurse staffing levels. It is understood that WUTH is on a journey of improvement, which is recognised by senior management. One area identified for improvement is that of patient experience, where, although only one of several measures, the outcomes of the Friends and Family Test, implemented nationwide in April 2013 as a barometer of patient experience, shows WUTH performing less well than neighbouring hospitals in the Cheshire, Warrington and Wirral Area Team and in England as a whole.

In mid November, CQC undertook an annual inspection of WUTH, which is part of the unannounced inspection regime. The inspection report was very positive. In terms of governance processes, the CQC summary report commented:

"The trust had a robust governance framework in place that included systems and processes in place for monitoring the quality of services and risk management".

In addition, CQC has recently provided each hospital in England with a risk rating, in the range of 1 to 6. WUTH has been allocated a rating of 6, the top rate. Panel Members warmly welcome this excellent rating for WUTH.

WUTH has undertaken an extremely thorough response to the Francis Report; this being a major priority for the Trust in recent months and an Action Plan for improvement is currently being implemented. A key component of the change is the introduction by WUTH of a document entitled 'Proud to Care', which sets out the Trust's values in nursing. The Chief Nursing Officer of NHS England refers to the 6 c's of nursing (namely: care, compassion, competence, communication, courage and commitment) in the Strategy for Nursing 'Compassion in Practice'. During 2013, the Director of Nursing at WUTH has been working with nurses, midwives and health care support workers to determine what that means in practice. 'Proud to Care', launched in December 2013, sets out the ethos and care standards which staff are expected to deliver at WUTH. The Panel Members warmly welcome this initiative as it is recognised that "the basics make an enormous difference". Members suggest that, in order to ensure that the scheme has a direct impact on patient experience, Wirral University Teaching Hospital is requested to develop a mechanism for analysing the impact of 'Proud to Care' on patient experience and provide update reports to the Families and Wellbeing Policy & Performance Committee.

The strengthening of health scrutiny in Wirral:

A number of recommendations in the Francis report made direct reference to the role of overview and scrutiny committees. Therefore, the Review Panel has used the opportunity of this Review to reflect on how best to take forward Health Scrutiny in Wirral.

Since 2010, all providers of NHS secondary care have been required to produce annual quality accounts: public reports of their performance on various locally selected quality measures, together with plans for improvement. There is an expectation that the committee responsible for Health Scrutiny will comment upon the Quality Accounts as they are prepared by local health providers. Recommendation 246 of the Francis Report includes "Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local Healthwatch". Department of Health guidance suggests that stakeholder engagement in the development of a Quality Account should be throughout the whole process. Good practice identified at Warwickshire County Council has illustrated the benefits arising from a group of members providing performance monitoring capacity and input in to the Quality Accounts process on an ongoing basis. Therefore, it is proposed that the Families and Wellbeing Policy & Performance Committee appoints a Panel of Members to undertake this approach in Wirral. It is anticipated the Panel will open a dialogue with the health partners to determine the data to be provided on a quarterly basis with the aim being that the process is not burdensome to the providers yet enables the Panel to act as a constructive, critical friend. However, it is important that this proposed Panel is able to add value by focusing on improvement work and does not become a bureaucratic process duplicating effort elsewhere.

The Panel Members understand that health scrutiny has a part to play in the governance arrangements along with a number of other bodies and organisations. One of the key messages of the Francis Report was that partners were engaged in the process and data was reported in Mid Staffordshire yet no one drew the evidence together and joined up the many signals that all was not well. The Panel Members therefore agree that is imperative that constructive working relationships are further developed with scrutiny's key partners at a local level. The aim is to extend a collaborative working relationship which, at the same time, avoids duplication of effort. As a result, the Panel Members are proposing a series of recommendations aimed at strengthening the working relationship with Wirral Healthwatch, Wirral Health and Wellbeing Board, the Care Quality Commission and the Quality Surveillance Group which is led by the Area Team of NHS England. Further recommendations are aimed at strengthening the role of councilors undertaking their role as health scrutineers.

In considering the evidence found during the Review, the Panel Members have formulated the recommendations identified on pages 7 to 9.

RECOMMENDATIONS

Governance Arrangements

Recommendation 1 – Relationship with health partners
In order to fulfill their role of being a constructive critical friend to their local health partners, members of the Families and Wellbeing Policy & Performance Committee will seek to further develop a positive, open and honest working relationship with those partners.
(Reference Section 7.1, page 22)

Recommendation 2 – Communication between Wirral University Teaching Hospital and GPs
Wirral Clinical Commissioning Group is encouraged to further develop arrangements to enable GPs and Wirral University Teaching Hospital to communicate more effectively with particular reference to patient referral letters and subsequently patient feedback.
(Reference Section 7.1, page 22)

Recommendation 3 – Further raising the profile of Healthwatch
Healthwatch is expected to fulfill a key role in making sure that the public's voice on health and social care issues is heard whilst retaining its independence. Opportunities should be taken to further raise the public profile of Wirral Healthwatch. A presence on the Arrowe Park site could be considered as an effective step towards this goal.
(Reference Section 7.1, page 22)

Assessment of care standards at Wirral University Teaching Hospital

Recommendation 4 – 'Proud to Care'
The launch of the 'Proud to Care' document is very warmly welcomed. The Chief Executive at Wirral University Teaching Hospital is requested to develop a mechanism for analysing the impact of 'Proud to Care' on patient experience and provide update reports to the Families and Wellbeing Policy & Performance Committee.
(Reference Section 7.2, page 28)

Recommendation 5 – Staffing levels on wards
The Director of Nursing and Midwifery at Wirral University Teaching Hospital is requested to ensure that the proposed information regarding staffing levels on wards is easily understood and accessible to the public.
(Reference Section 7.2, page 29)

Recommendation 6 – Unplanned admissions
Wirral Clinical Commissioning Group is requested to provide regular reports to the Families and Wellbeing Policy & Performance Committee regarding actions being put in place and progress being made towards reducing unplanned admissions. It is expected that the on-going work with partners to further integrate social care and health provision will form a key component.
(Reference Section 7.2, page 29)

Recommendation 7 – Cultural change
The Chief Executive of Wirral University Teaching Hospital is encouraged to further develop the cultural change that is underway to order to further encourage staff and patients to provide feedback to hospital management.
(Reference Section 7.2, page 29)

The strengthening of health scrutiny in Wirral

Recommendation 8 – Establishment of the Health Performance Monitoring Panel
In order to fulfill health scrutiny's role to hold providers to account, the Families and Wellbeing Policy & Performance Committee will establish a standing member's panel to monitor the performance of health providers. It is suggested that the Panel will be known as the Health Performance Monitoring Panel and will be established in readiness to review the Quality Accounts produced by health partners in spring 2014.
(Reference Section 7.3, page 31)

Recommendation 9 – Data requirements of the Health Performance Monitoring Panel
The Health Performance Monitoring Panel will agree appropriate monitoring data with each of the health partners. The data will be reported on a quarterly basis and may include data such as:

- Quarterly update of the Quality Account
- CLIPPE (Complaint, Litigation, Incident, Patient Advice and Liaison Service and Patient Experience) Report
- Complaints data
- Lessons learned and improvements made as a result of complaints
- Outcomes of Friends and Family Test
- Data relating to staffing, including levels and turnover

(Reference Section 7.3, page 32)

Recommendation 10 – The Local Authority's role in the Quality Accounts process
The Families and Wellbeing Policy & Performance Committee will establish a mechanism to ensure that the Local Authority fulfills the requirement to provide comments regarding the Quality Accounts of health service providers.
(Reference Section 7.3 page 32)

Recommendation 11 – Protocol for effective working between Healthwatch and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a protocol between Healthwatch and health scrutiny in order to encourage collaborative and effective joint working. The protocol will be in place by the commencement of the 2014/15 municipal year.
(Reference Section 7.3, page 32)

Recommendation 12 – Framework for effective working between the Health & Wellbeing Board and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a framework to encourage a constructive working relationship between Health & Wellbeing Board and health scrutiny, ensuring that strategies reflect priorities and deliver outcomes.
(Reference Section 7.3, page 32)

Recommendation 13 – The relationship between the Care Quality Commission (CQC) and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a mechanism to enable members of the Families and Wellbeing Policy & Performance Committee to establish an effective working relationship with the Care Quality Commission (CQC).
(Reference Section 7.3, page 33)

Recommendation 14 – Information flow between the Quality Surveillance Group and health scrutiny in Wirral
In order to enhance the current early warning mechanisms, the Health Performance Monitoring Panel is requested to establish an effective flow of information with the Quality Surveillance Group, led by the Area Team.
(Reference Section 7.3, page 33)

Recommendation 15 – The role for elected members in reflecting the views of their communities

The Head of Policy & Performance / Director of Public Health be requested to establish a mechanism to enable elected representatives (MPs and councillors), as a spokesperson of their communities, to reflect concerns and experiences to the Health Performance Monitoring Panel. The framework should be in place by the commencement of the 2014/15 municipal year.

(Reference Section 7.3, page 33)

Recommendation 16 – Continuity of membership of health scrutiny

In order to enhance the level of expertise and skills regarding health scrutiny among the members, the leadership of the political groups is encouraged to consider providing greater continuity of membership on the Families and Wellbeing Policy & Performance Committee.

(Reference Section 7.3, page 34)

Recommendation 17 – Health scrutiny training

The Head of Policy & Performance / Director of Public Health is requested to ensure that members feel that they have adequate skills and training to undertake their health scrutiny role effectively.

(Reference Section 7.3, page 34)

3. MEMBERS OF THE SCRUTINY PANEL

Councillor Cherry Povall (Chair)

The Francis Report was the result of an enquiry into the failings of the Mid-Staffordshire Foundation Trust. The Leader of Wirral Borough Council charged the Health and Wellbeing Overview and Scrutiny Committee to establish the suitability and robustness of monitoring and governance within WUTH. This Scrutiny Panel has taken an in-depth snapshot and looked at the current situation. We are indebted to the large number of witnesses who have given their time to meet with us to explore the position.

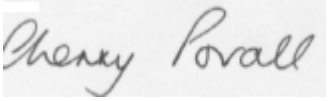
We are satisfied at this particular point in time that there does not appear to be any immediate risk to the people of Wirral. We are assured that the Clinical Commissioning Group has a robust system in place for the monitoring of WUTH and we are assured that the Care Quality Commission, in their evolving role, will have a more in-depth inspection regime over the next few months.

The hospital itself appears to have taken the failings of Mid-Staffs seriously reflected in the appointment of the new Director of Nursing, Jill Galvani. We were particularly impressed with her 'back to basics approach' which we feel will strengthen the overall performance of the hospital. Further work needs to be done to strengthen the relationship between health scrutiny at Wirral Council and WUTH to ensure good governance both now and in the future. With this in mind we are proposing the setting up of a Standing Committee to monitor both financial and governance related matters.

In the past, the public perception of PALS has been that it was a complaints body independent of hospital management. Although this was never the case, there is now an independent body, in Healthwatch, which should be promoted as such. We feel that Healthwatch should be given more prominence and its role clearly defined.

Overall we feel that the hospital is facing challenges but are fully aware that the patient needs to remain at the centre of what they do and the pursuit of tick boxing should not be allowed to cloud that central issue.

We would like to place on record our thanks to everyone who has spoken to us in preparing this report and a special thanks to our Scrutiny Support Officer Alan Veitch who has worked tirelessly to support us in this in-depth piece of work.



Other Panel Members were:

Councillor Alan Brighouse

Councillor Mike Hornby

Councillor Moira McLaughlin

Councillor Denise Roberts

This Scrutiny Panel was supported by:
Alan Veitch
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4. BACKGROUND AND ORIGINAL BRIEF

The Leader of the Council made an announcement at Council on 11th February 2013. The minutes of the meeting read as follows:

> "The Leader referred to the shocking report published last week by Mr Robert Francis QC, which found serious failings in the quality of hospital care provided by Mid-Staffordshire NHS Foundation Trust. He expressed sorrow and concern for the families and friends of those affected and highlighted the importance of key partners in Wirral examining the report findings to determine whether any actions were required to ensure that no such failings happened in Wirral.
>
> Although there was no suggestion of any issues concerning the quality of hospital care provided in Wirral, he proposed as a matter of urgency that, in order to uphold the highest possible standards of care, a proactive approach be taken to recognise and deal with service failures before things go badly wrong, as happened in Mid-Staffs:
>
> (i). As Chair of Wirral's Health and Wellbeing Board, he would be seeking an urgent meeting to discuss the key issues from the Francis Report and to ask the Clinical Commissioning Group to present a report on their governance and monitoring arrangements; to include input from Healthwatch, in relation to their new role and how it would act as an early warning system.
>
> (ii). He proposed also to write to the Chair of the Council's Health and Wellbeing O&S Committee to suggest that a similar discussion takes place and that the Committee consider the establishment of a 'Task and Finish' group to ascertain in detail the suitability of governance and monitoring arrangements".

In response, the meeting of the Health and Wellbeing Overview & Scrutiny Committee, held on 13th March 2013 received a report on 'The Mid Staffordshire NHS Foundation Trust Public Inquiry'. The meeting resolved that:

> (i) the Mid Staffordshire NHS Foundation Trust Public Inquiry be noted; and
> (ii) a Task and Finish Group be set up with Councillors Brighouse, Hornby, McLaughlin and Povall to ensure that the failures of care in Mid Staffs were not being replicated in Wirral.

Subsequently, a Scrutiny Panel was formed to undertake detailed work and Councillor Roberts became an additional member of the group. The draft Scope for the Review was developed by the members of the Review Panel and reported to a meeting of the Families and Wellbeing Policy & Performance Committee, held on 9th July 2013. The Scope Document is attached as Appendix 1 to this report.

The overall objectives of the Review were identified:

- To understand the current monitoring and reporting arrangements, and if necessary, propose improvements.
- To assess, from a layperson's view, that the monitoring arrangements translate into adequate standards of care. It was agreed that the major focus for the Review will be the services provided by Wirral University Teaching Hospital Foundation Trust (WUTH).
- To determine whether Council scrutiny of the health providers in Wirral is as robust as it needs to be.

The remit of this Scrutiny Review has placed a specific emphasis on the implications of the Francis Report for Wirral in terms of local governance arrangements and, in particular, on the role of health scrutiny.

5. METHODOLOGY FOR THE REVIEW

The Panel has employed the following methods to gather evidence:

5.1 Meetings

A series of individual meetings has taken place at which the Scrutiny Panel Members could discuss relevant issues with the following:

- Wednesday 26th June 2013
  Lorna Quigley (Head of Quality and Performance, NHS Wirral Clinical Commissioning Group)
- Wednesday 26th June 2013
  Karen Prior (Manager, Wirral Healthwatch)
- Monday 22nd July 2013
  Colm Byrne (Regional Officer, Royal College of Nursing – RCN)
- Monday 22nd July 2013
  Sandra Wall (Chair, Wirral Older People's Parliament)
  Pauline Sutton (Member, Wirral Older People's Parliament)
- Monday 12th August 2013
  Sue Newnes (Manager, Wirral Alzheimer's Society)
- Monday 12th August 2013
  Brian Knight (Chair of the Participation Group for West Wirral Group Practice and Interim Chair of the Patient Forum for the Wirral Health Commissioning Consortium)
- Monday 23rd September 2013
  Mike Chantler (Head of Patient Experience and Involvement, Wirral University Teaching Hospital)
  Mark McKenna (Deputy Head of Patient Experience and Involvement, Wirral University Teaching) Hospital
- Wednesday 9th October 2013
  Phil Jennings (Chair, NHS Wirral Clinical Commissioning Group)
  Lorna Quigley (Head of Quality and Performance, NHS Wirral Clinical Commissioning Group)
- Wednesday 13th November 2013
  Fiona Johnstone (Head of Policy, Performance and Director of Public Health, Wirral Borough Council)
- Wednesday 20th November 2013
  David Allison (Chief Executive, Wirral University Teaching Hospital)
  Dr Evan Moore (Medical Director, Wirral University Teaching Hospital)
  Jill Galvani (Director of Nursing and Midwifery, Wirral University Teaching Hospital)
  Lucy Lavan (Associate Director of Governance, Wirral University Teaching Hospital)
  Mike Chantler (Head of Patient Experience, Wirral University Teaching Hospital)
  Jean Quinn (Non-Executive Director and Chair of the Quality & Safety Committee, Wirral University Teaching Hospital)
- Tuesday 3rd December 2013
  Helena Dennett (Compliance Manager for Cheshire West, Chester and Wirral, Care Quality Commission)
  Sally Derbyshire (Lead Inspector for WUTH, Care Quality Commission)

The Panel Members have also been supported on an advisory basis by Graham Hodkinson (Director of Adult Social Services) and Chris Beyga (Head of Service, Adult Social Services).

5.2 Written Evidence

The Review was also informed by written evidence including committee reports, Government documents and briefing papers from officers.

6. THE NATIONAL CONTEXT

In June 2010, Robert Francis QC was asked by the then Secretary of State for Health Andrew Lansley to undertake a public inquiry into the failures of Mid Staffordshire NHS Foundation Trust. The terms of reference included:

- To examine the operation of the commissioning, supervisory and regulatory organisations and other agencies, including the culture and systems of those organisations in relation to their monitoring role at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 and to examine why problems at the Trust were not identified sooner; and appropriate action taken.
- To identify the lessons as to how in the future the NHS and the bodies which regulate it can ensure that failing and potentially failing hospitals or their services are identified as soon as is practicable.

The Francis Inquiry followed a series of previous investigations and reports, including an investigation by the Healthcare Commission in 2009 and an independent inquiry also conducted by Robert Francis.

The final report of The Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013. The result of nearly three years' work, it runs to three volumes with almost 1800 pages and it has 290 recommendations. The report exposes the appalling suffering of patients at Stafford Hospital, many of whom died through neglect. The focus on meeting NHS targets and achieving financial balance took precedence over patient care. The Trust lost sight of its fundamental responsibility to provide safe care. The report describes the failings as a 'disaster' and 'one of the worst examples of bad quality service delivery imaginable'.

The Inquiry looked at the hospital itself and the roles of the main organisations with an oversight role including the Department of Health, the Strategic Health Authority, the PCT, national regulators, other national organisations, local patient and public involvement, and health scrutiny. The report is critical of multiple external healthcare organisations whose scrutiny failed to detect systemic and sustained failures which occurred over a long period of time and which had widespread and serious impact on patients. The report examines what information was known which might have been expected to give cause for concern or further enquiry. However, it concludes that the primary responsibility for the unacceptable standards of care lay with the Trust Board and professional staff.

The report recognises that what happened in Mid Staffordshire was a system failure, as well as a failure of the organisation itself. Rather than proposing a significant reorganisation of the system, the report concludes that a fundamental change in culture is required to prevent this system failure from happening again, and that many of the changes can be implemented within the current system. It stresses the importance of avoiding a blame culture, and proposes that the NHS adopts a learning culture aligned with the needs and care of patients.

The report also concludes that the Trust Board did not sufficiently listen to its patients and staff and failed to tackle a negative culture involving tolerance of poor standards and disengagement from managerial and leadership responsibilities. Performance management systems designed to check up on poor practice showed on many levels that Mid Staffordshire was a successful Trust, whilst in reality it was failing patients. Variations in performance were recorded and explained in ways that made it difficult to be clear what was happening to patients. Concerns about operational performance were overshadowed by apparent strategic successes. The Centre for Public Scrutiny has subsequently commented that:

"Accountability is not just about publishing data – this is important but should be linked to mechanisms that bring a reality check to make sure that patient's experiences are properly reflected. Robert Francis identified that it was difficult for anyone 'on the outside' to check what was happening in the hospital"

The implications of the Francis Report, specifically for health scrutiny, are discussed further in Section 7.3 of this report 'The Strengthening of health scrutiny in Wirral'.

Subsequent to the release of the Francis Report in February 2013, a series of other events have followed, each contributing to the national debate and influencing the provision of hospital care at a local level:

- The Department of Health published an interim response 'Patients First and Foremost' and during summer 2013 held a series of events in partnership with the CQC, NHS England and Health Education England about implementing the Francis recommendations. In the interim response, the Department indicated an expectation that local Francis Action Plans should be in place in health and care organisations across the country by the end of 2013.
- The CQC held its own series of consultation events about 'A New Start, changing the way the CQC regulates, inspects and monitors care'. In response to concerns relating to the inspection of hospitals and also to care homes, the CQC has appointed Chief Inspectors of Hospitals, Social Care and Primary Care.
- Sir Bruce Keogh was commissioned to review performance at 14 hospitals with Hospital Standardised Mortality Ratios (HSMR) similar to those at Mid Staffordshire. As a result some hospitals are receiving additional support to improve the quality of services.
- In July 2013 NHS England published its first Friends and Family Test results about whether patients would recommend the place they received treatment to their friends and family.
- In August 2013, Don Berwick published a review about improving the safety of patients.
- In October 2013, the Report into handling of complaints by NHS England by Ann Clwyd and Professor Tricia Hart was published.

In November 2013, the Government published a full response to the Francis Report, focusing on five key issues:

- Compassion and care
- Values and standards
- Openness and transparency
- Leadership
- Information

In total, the Government has accepted 281 out of 290 recommendations, including 57 in principle and 20 in part (meaning the recommendation has been accepted with some differences or new ideas relating to how it will be delivered). Progress against the report as a whole will now be reported to Parliament on an annual basis to ensure rapid progress against delivering the recommendations.

In its response, the Government highlighted the following actions:

- From April 2014, all hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. By the end of 2014 this will be done using models approved independently by NICE.
- Hospital boards will review evidence for their staffing numbers in public at least once every six months.
- A new national safety website will publish all the information relevant to safety in every hospital on a monthly basis.
- A new national patient safety programme across England will spread best practice and build safety skills across the country. NHS England is due to start the programme in April 2014.
- Five thousand patient safety fellows will be trained and appointed by NHS England within five years, to be champions, experts, leaders and motivators in patient safety. The fellows will range from frontline nurses to senior managers.
- Hospital trusts will be required to report quarterly on complaints data and lessons learned.

- All hospitals will be required to set out clearly how patients and their families can raise concerns and complain, with independent support available from their Healthwatch or alternative organisations.
- Experts will be asked to advise the Government on how to improve reporting of safety incidents.
- The Government will legislate to make it an offence to willfully neglect patients, so that organisations and staff, whether managers or clinicians, responsible for the very worst failures in care are held accountable.
- A new Fit and Proper Person's Test will be introduced to enable the Care Quality Commission to bar unsuitable senior managers who have failed in the past from taking up individual posts elsewhere in the system.
- A new Care Certificate to ensure that Healthcare Assistants and Social Care Support Workers have the fundamental training and skills needed to give good personal care to patients and service users.
- Every hospital patient should have the names of a responsible consultant and nurse above their bed. In addition, starting with over-75s from April 2014, there will be a named accountable clinician for out-of-hospital care for all vulnerable older people.

7. EVIDENCE AND RECOMMENDATIONS

7.1 Governance Arrangements

What the Members have found….

There are a number of organisations that have a role in the governance of health services:

NHS England Area Teams

There are 27 Area Teams across England, which form the top level of NHS commissioning. The Area Team of which Wirral is a part covers the geographical area of Cheshire, Warrington and Wirral. NHS England is accountable to the Secretary of State and independent of the Department of Health (DOH). The Area Teams have a range of functions including CCG development and assurance plus quality and safety. All Area Teams have direct commissioning responsibilities for GP services, dental services, pharmacy and certain aspects of optical Services, in addition to some specialist services, for example, renal services.

In relation to standards and quality of health services, NHS England has established Quality Surveillance Groups (QSGs) covering every locality. The role of QSGs is to identify possible problems and share information with key players and provide a proactive forum for collaboration, giving all partners:

- a shared view of risks to quality through sharing intelligence
- an early warning mechanism of risk about poor quality
- opportunities to coordinate actions to drive improvement,

Key participants include the Clinical Commissioning Group, Health providers (such as Wirral University Teaching Hospital and Cheshire and Wirral Partnership Trust), the Council's Department of Adult Social Services, Healthwatch and the Care Quality Commission.

Wirral Clinical Commissioning Group (CCG)

Wirral CCG formally took on their responsibilities from March 2013. The CCG is responsible for commissioning health services for the residents of Wirral. These include hospital-based health services and community services such as Community Nursing.

CCGs have to account to the patients and the population they serve. They are also formally accountable to NHS England through the Area Team. They require comprehensive and effective patient and public engagement strategies with systems and processes to assure the governing body that engagement is taking place throughout the organisation.

The CCG must play a full role on their local Health and Wellbeing Boards. They are expected to work in partnership with Local Authorities and (as members of the Health and Wellbeing Boards) have a role in encouraging health and social care commissioners with the aim of securing better integrated health and social care for their patients. They will have a responsibility to ensure that relevant health and care professionals are involved in the design of services and that patients and the public are actively involved in the commissioning arrangements.

CCGs are subject to scrutiny by three local bodies:

- The scrutiny function within local authorities (in Wirral this is through the Families & Wellbeing Policy & Performance Committee)
- Health and Wellbeing Boards (also situated in local authorities)
- Local HealthWatch organisations

The CCG clearly has a responsibility to ensure that high quality services are specified in contracts and that those services are delivered. During this Scrutiny Review, Panel Members were re-assured by the processes which the CCG have in place to monitor the delivery of good quality services. These processes include regular data monitoring, analysis of complaint data to establish trends, intelligence links with other partners, regular meetings with WUTH; all supplemented by the possibility of 'enter and view' visits to specific wards.

Wirral Health and Wellbeing Board

The Health & Wellbeing Board, which is a statutory committee of Wirral Council, was created in shadow form in September 2012 in order to build relationships among the component partners, with the over-riding objective to promote health and wellbeing in Wirral. The Terms of Reference, based on the responsibilities established by the Health and Social Care Act 2012, require that the Board, although not responsible for the commissioning of services, provides oversight and coordination to:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Develop a Health & Wellbeing Strategy which tackles health inequalities and promotes health and wellbeing
- Support and encourage integrated commissioning of services

Statutory members of the Board include:
- Elected Council members
- Director of Public Health
- Director of Adult Social Services
- Director of Children's Services
- Clinical Commissioning Group (CCG)
- Healthwatch

Other non-statutory organisations invited to be members in Wirral include the Chief Executive of:
- Wirral University Teaching Hospital (WUTH)
- Cheshire and Wirral Partnership Trust (CWP)
- Wirral Community Trust (WCT)
- Clatterbridge Cancer Centre (CCC)
- Voluntary and Community Action Wirral (VCAW)

It should be noted that the Health & Wellbeing Board does not have a role in performance monitoring individual organisations. This responsibility lies with those accountable for that, and where appropriate, through scrutiny.

Department of Adult Social Services (DASS)

Local authorities must take steps to ensure DASS delivers the local authority's responsibilities for assessing, planning and commissioning adult social care and wellbeing services to meet the needs of all adults with social care needs in the authority's area. Local authorities must also ensure DASS has responsibility and authority for ensuring that the local authority maintains a clear organisational and operational focus on safeguarding vulnerable adults.

Wirral Healthwatch

Wirral Healthwatch is an independent consumer champion, responsible for gathering and representing public views. Healthwatch must ensure that the views of people that use services are taken into account and influence the design and delivery of local services. The role includes:

- Serving on the Health and Wellbeing Board
- Providing a complaints advocacy service
- Undertaking 'enter and view' visits to service providers on an unannounced basis as necessary
- Reporting concerns to the Care Quality Commission

It is therefore essential that Healthwatch has strong relationships with partner organisations to ensure that it acts as an effective 'eyes and ears' of health and social care services. Employing a small number of staff, the resources of Healthwatch are supplemented by the inclusion of approximately 50 active volunteers. A skills register of Healthwatch volunteers is used to ensure that there are no significant skill gaps as many volunteers have different skills.

Healthwatch has a statutory right to undertake 'enter and view' visits of health service providers ranging from Wirral University Teaching Hospital to independent care homes. To date, approximately sixteen 'enter and view' visits have related to wards at Wirral University Hospital Trust. Any visit will usually be triggered by someone informing Healthwatch that there is an issue with a particular service provider. Research will be undertaken prior to any interviews or visits and an Action Plan will be produced following the visit. Although undertaken by lay people, the Healthwatch visits include people with the required skills and experience to gather appropriate evidence.

There is a confidence that Wirral Healthwatch is in a better position than Mid Staffordshire to identify any serious issues. That confidence is based on the good relations that exist between partners, which help Healthwatch to perform its role as a critical friend.

The Care Quality Commission (CQC)

The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. The CQC's aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes or elsewhere. The CQC makes sure that essential standards of quality and safety are being met where care is provided. It has a wide range of enforcement powers to take action on behalf of service users if those services are judged to be unacceptably poor.

The CQC can be flexible about how and when to use its enforcement powers, such as fines and public warnings. It can apply specific conditions in response to serious risks. For example, it can demand that a hospital ward or service is closed until the provider meets safety requirements or is suspended. It can take a service off the register if absolutely necessary.

The CQC has recently reviewed its inspection processes. The aims of the new regime are to ensure that the inspections are more robust and in-depth, with a greater involvement of inspectors with clinical experience. It is also noteworthy that the new regime will place greater emphasis on feedback from staff and patients, with public listening events being held at the beginning of the inspection process. It is expected that the information gathered during these listening events will be used to influence the focus of the inspection.

In mid November, CQC undertook an annual inspection of WUTH, which is part of the unannounced inspection regime. Compared to previous inspections, the inspectors carrying out the most recent inspection spoke individually to more staff. The inspection focused particularly on the care for the elderly, including the dementia pathway. The inspectors have been in theatres and on the surgical wards. Some previous criticism of CQC has related to the low level of clinicians among the inspectors. It is noted that this recent inspection team included an ex-theatre sister. A WUTH director commented that the inspection "feels and looks different". In addition, the CQC has recently provided each hospital in England with a risk rating, in the range of 1 to 6. WUTH has been allocated a rating of 6, the top rate. Panel Members warmly welcome this excellent rating for WUTH.

NHS providers (including Wirral University Teaching Hospital; Cheshire and Wirral Partnership Trust)

The local providers are primarily commissioned by the CCG. The formal management relationship between CCGs as commissioners and NHS Trusts is modeled on a contractual relationship, using nationally established standard contracts, which include required performance standards. It is the responsibility of the commissioners to ensure that the contract is delivered. Under a national scheme

known as Commissioning for Quality Improvement (CQIN), a small proportion of a trust's income (1.5 per cent in 2010/11) is contingent on it meeting a series of quality standards agreed locally.

NHS trusts are also regulated by the CQC. Trusts are legally required to be registered with the CQC in order to provide services. Registration requirements cover essential safety and quality requirements, and include a range of criteria such as proper use and maintenance of equipment; keeping accurate records; having in place an effective complaints system; and respecting patients and involving them in their care.

Since 2010, all providers of NHS secondary care have been required to produce Annual Quality Accounts: public reports of their performance on various locally selected quality measures, together with plans for improvement. These serve as a quality improvement tool to encourage trust boards to focus on the quality of care provided by their organisation and as a public accountability mechanism. The Local Authority, in the form of health scrutiny, is expected to formally comment upon the quality account of each provider.

NHS Foundation Trusts

NHS Foundation Trust status is granted to high-performing trusts, and establishes trusts as not-for-profit public benefit corporations, which enjoy more freedoms in comparison with their non-foundation trust counterparts, including in relation to borrowing capital; selling assets; retaining surpluses; and developing their own incentive and reward packages for their staff.

The formal mechanisms through which foundation trusts are held to account comprise:

- a contractual relationship with CCGs
- regulatory relationships with Monitor (charged with authorising foundation trusts) and the CQC
- scrutiny by their governors, who are in turn electorally accountable to foundation trust members
- scrutiny by non-executive directors who sit on the board of directors
- scrutiny by Healthwatch and local overview and scrutiny committees, supported by the publication of quality accounts.

Foundation Trusts have their own regulator, Monitor, which is responsible for assessing eligibility for Foundation Trust status; granting foundation trust status and monitoring compliance with those terms. These cover provisions relating to the trust's governance arrangements, finances, and provision of agreed mandatory services, education and training. Where a Foundation Trust is found to be in significant breach of the terms of its authorisation, Monitor has powers to remove directors and governors and appoint replacements, close services and, subject to consultation, to dissolve the trust. Monitor is accountable directly to parliament rather than to the government. Foundation Trusts must also be registered with the CQC against the same terms as other NHS trusts. The CQC and Monitor are expected to cooperate in carrying out their duties.

Wirral University Teaching Hospital (WUTH) - Governance arrangements

WUTH gained Foundation Trust status in July 2007, which set up a Public Benefit Corporation. Governance arrangements are set out in the Trust's constitution.

The Trust has four levels of governance:

1. Members –There are 9500 community members and 5500 staff members. There is regular communication with the members. Members' meetings with the Council of Governors are held quarterly. There were approximately 120 members present at the last meeting. The membership of the Trust elects some Governors.
2. Council of Governors – The Council of Governors comprises of:
    - Public governors. A majority of the Council is democratically elected from the public members.
    - Staff governors are elected by staff members. All permanent staff are members of the Trust.
    - Stakeholder governors are appointed by WUTH's major partners, including Wirral Council.

The Council of Governors represents the interests of both public and staff members and of partnership organisations. Governors act as a conduit between the Trust and its members, and also engage with the wider community acting as the eyes and ears of Wirral residents with regard to their experiences of care in WUTH. The Council meets four times a year and is led and directed by the Chairman of the Trust. Members of the Board of Directors attend the quarterly Council of Governors meetings, which are also open to the public.
The Council of Governors is responsible for appointing or removing the Chair and other Non-Executive Directors (NEDs); holding NEDs to account for the performance of the Board; representing the interests of members and the public; and assisting in developing the Forward Plan (which must be submitted to Monitor for approval).

3. Non-Executive Directors (NEDs) - There are currently 7 NEDs, who are appointed by the Council of Governors. The NEDs are appointed for 3 year terms, with a maximum term of 6 years in line with Monitor's Code of Conduct regarding the independence of NEDs. NEDs are responsible for agreeing the pay, remuneration and appointments of the Executive Directors.
   The NEDs are appointed by the Governors following a thorough process, which takes account of the required skills which would be most useful to the Board.
4. Executive Directors – There are 7 Executive Directors, of which there are three statutory positions (Finance, Medical and Nursing).

The Board of Directors comprises the NEDs and the Executive Directors. The Board is accountable to the public via the Governors and now holds meetings in public. The role of the Board is to set the strategic direction of the Trust; ensuring safe and effective care that is responsive to the needs of patients; and providing effective governance and leadership. The Board discharges those duties through three key Committees:

- Audit Committee (A NED Committee which scrutinises systems of internal control relating to financial and clinical governance)
- Quality and Safety Committee (Led by a NED Chair with NED, Executive and Governor members)
- Finance, Performance & Business Development Committee (Led by a NED Chair with NED and Exec members)

In addition, all healthcare professionals such as Doctors, Nurses, Midwives & Allied Healthcare Professionals (for example, physiotherapists) are all regulated by their professional bodies. The first line of regulation is 'self' through their professional Code, then line management and on to disciplinary measures if necessary.

Eighteen months ago, Monitor raised issues with WUTH regarding 18 week waiting times and medicines management, which both had implications for governance. Over a 10 month period, governance arrangements were evaluated, being reviewed again in February 2013, by which time Monitor assessed that the Trust was 'green' for governance. The new governance arrangements included a greater role for staff engagement, including the introduction of 'Listening into action' events.

What the Members suggest for future developments….

It is clear that no single body has the sole responsibility for monitoring the delivery of high quality health care. A number of organisations, including health scrutiny, all have a part to play. The process will work most effectively when robust relationships between the various partners are in place. One of the issues highlighted by Robert Francis was that, although data was available in Mid Staffordshire no one pulled together the 'big picture'. In order to do so, it is necessary to pool information and intelligence across organisations. There is also a need to foster an open relationship with those organisations who are being scrutinised.

Recommendation 1 – Relationship with health partners
In order to fulfill their role of being a constructive critical friend to their local health partners, members of the Families and Wellbeing Policy & Performance Committee will seek to further develop a positive, open and honest working relationship with those partners.

It is recognised that WUTH is very keen to develop stronger links with GPs. Indeed, in May 2013, 46 GPs attended an event aimed at developing ideas for the Trust and GPs to work together better. It is planned that these will be regular 6 monthly events, with the next session previewing winter planning.

Members have heard evidence that the feedback from GPs to WUTH regarding the quality of service received by their patients is limited. It is understood that such feedback is not encouraged by there not being an integrated IT system for GPs and WUTH, which also results in many referral letters being received by WUTH in a hand-written format. The amount of information provided is variable – some GPs' letters have lots of information; some are very limited. The Members encourage Wirral CCG to investigate ways in which IT systems can be better integrated.

Recommendation 2 – Communication between Wirral University Teaching Hospital and GPs
Wirral Clinical Commissioning Group is encouraged to further develop arrangements to enable GPs and Wirral University Teaching Hospital to communicate more effectively with particular reference to patient referral letters and subsequently patient feedback.

It has become apparent to the Members of the need to further promote the role of Healthwatch to ensure that the public are aware of its function. The introduction of the Healthwatch surgery at Moreton One Stop Shop is welcomed and it is hoped that it may be possible to extend this initiative to other locations. Although it is essential to retain its independence, in order to further promote the existence of Healthwatch, it is suggested that, in the future, a presence on the Arrowe Park site would help to enhance its role.

Recommendation 3 – Further raising the profile of Healthwatch
Healthwatch is expected to fulfill a key role in making sure that the public's voice on health and social care issues is heard whilst retaining its independence. Opportunities should be taken to further raise the public profile of Wirral Healthwatch. A presence on the Arrowe Park site could be considered as an effective step towards this goal.

7.2 Assessment of care standards at Wirral University Teaching Hospital

What the Members have found….

Overview

During the course of this Scrutiny Review, concerns of an individual nature have been raised with the Members. However, there is no evidence of major systematic issues regarding the quality of service. As with any organisation, there is always scope for improvement. The evidence suggests that WUTH is performing to good standards; albeit with some examples of inferior patient experience. Overall, Members were impressed by the evidence relating to clinical standards and the progress being made. A key indicator of this improvement is the recent CQC risk rating in which WUTH has been allocated a rating of 6 (the top rating in a range of 1 to 6).

The result of the unannounced CQC inspection, carried out in November 2013, has been recently announced. The summary of the CQC inspection report provides the following commentary:

"We spoke with patients, relatives and staff at this inspection. We visited three wards and the theatre department. Most of the patients and relatives spoke positively about their experience and care they received. They provided comments such as: "I'm treated very well. Staff treat me with love and kindness. We're on friendly names. There is a close bond between myself and staff. They give me a choice of meals. I'm always asked what I'd like to eat. They do ask me if I like the food", "I think she's getting the care and support she needs here". We found that when patients were admitted their needs were assessed and a plan of care was put into place. We found that the care plans were standardised and sometimes inflexible to patients needs when variances were identified. We found that patients who had a diagnosis of dementia were supported and cared for with a comprehensive assessment and care plan that met their needs. We found that discharge planning was generally effective. We looked at staffing levels and support for staff. We found that staff on one ward experienced stress due to staffing levels. We were satisfied measures had been implemented to ensure suitable staffing and support on this ward. We found elsewhere that generally staff were appraised, trained and supported to undertake their roles effectively. The trust had a robust governance framework in place that included systems and processes in place for monitoring the quality of services and risk management".

However, Members are concerned that on 22nd November 2013, Monitor announced that it has "launched an investigation into whether poor financial performance is indicative of Wirral University Teaching Hospital NHS Foundation Trust potentially breaching its licence to provide healthcare services. The Trust will be asked to explain to Monitor why its costs this year have been higher than expected, and why its income has been lower than forecast". In particular, financial performance and planning is being reviewed.

WUTH's response to the Francis report

WUTH has undertaken an extremely thorough response to the Francis Report; this being a major priority for the Trust in recent months. As part of the response process, all staff areas were consulted and asked to make suggestions for improvements, which resulted in a workshop with representatives from each department. The aim was to ensure Trust-wide engagement in the process. Regarding openness and transparency, the Trust supports the need to recognise and report incidents and the provision of strong patient-centred leadership. The priorities identified for WUTH's Action Plan for the response to Francis are:

- Put quality first
- Hear the patient voice
- Value our staff
- Be open / implement the duty of candour
- Deliver sustainable services
- Improve communication

Governance arrangements and management reporting

The key governance arrangements for WUTH are detailed in Section 7.1 above. The CLIPPE report (Complaint, Litigation, Incident, Patient Advice and Liaison Service and Patient Experience) is a key management tool for reporting performance and is produced quarterly. Patient experience data is collated from:

- The in-house 'Learning with patients' Questionnaire, of which approximately 10,000 forms are completed each year)
- Friends & Family Test
- PALs (Patient Advice and Liaison Service)

The data is analysed on a monthly basis to monitor trends in order to enable quicker intervention. The CLIPPE report identifies new concerns and monitors old concerns. This report is reported to the Board of Directors, the Clinical Governance Group and to the Quality & Safety Committee.

Quality and Safety data

A Quality Improvement Strategy has recently been introduced for 2013-16, with the three strategic aims being:

- Safer care
- More effective care
- Better patient experience

The Strategy builds on the priorities set within the Quality Account, which is produced following consultation with the Clinical Commissioning Group, Healthwatch and the Local Authority (health scrutiny).

Safety data provides evidence of the recorded incidences of:

- Pressure ulcers
- Harm from falls
- VTE (venous thromboembolism)
- Readmissions within 30 days of discharge
- Allergic to medication given. (This relates to incidences of giving patients medication to which they have allergies and staff have already been informed).

Data is reported to the Clinical Governance Group, who chooses to either accept the data or request Action Plans. Members were informed that staff are strongly encouraged to report incidents.

The mortality rate is regarded as a fundamental measure of quality. There are 2 main ways for reporting mortality rates: HSMR (Hospital Standardised Mortality Ratios) and SHMI (Summary Hospital-level Mortality Indicator). On both indicators, the rates for WUTH are improving and are within expected ranges.

WUTH is also developing an ethos whereby the delivery of a 24/7 service for unplanned care must be as good on a Saturday or Sunday as on a Tuesday or Wednesday. This initiative has resulted in a significant financial investment, with the main driver being quality.

Standards of nursing care

The Chief Nursing officer of NHS England refers to the 6 c's of nursing (namely: care, compassion, competence, communication, courage and commitment) in the Strategy for Nursing 'Compassion in Practice'. During 2013, the Director of Nursing at WUTH has been working with nurses, midwives and health care support workers to determine what that means in practice. A WUTH document has been developed entitled 'Proud to Care' which sets out the ethos and care standards which staff are expected to deliver. As an example, the care standards include "patients will be helped to have a bath, shower or assisted wash at least daily - when we offer an assisted wash the patient will be able to soak their feet".

The document is due to be launched to staff in December 2013. It is also planned that an equivalent document will be available in the bedside folder for patients. It is envisaged that this document will strengthen the patient experience as it will form part of the nursing audit and it will be incorporated into staff performance reviews. Members warmly welcome this initiative as it is recognised that "the basics make an enormous difference".

Patient experience:

The patient experience data is accessed from a variety of sources:

- Internal Patients questionnaire ('Learning with Patients') – to which there are approximately 10,000 responses per year. Approximately 40% of the returned forms include comments regarding the quality of service. These comments are coded and provide valuable data by which to identify trends.
- National surveys
- Friends and Family Test - From April 2013 the Friends and Family Test (FFT) has been introduced across the NHS in England and this will provide a nationally benchmarked indicator for the public to compare hospitals. The test uses the net promoter methodology. In the first six months, the Friends and Family Test has proved challenging to WUTH, although the score did improve in October. The Trust recognises that more work needs to be done to improve this outcome.
- Compliments, Concerns and Complaints
- Patient stories – based on an individuals experience during their stay in hospital.
- 15 Step Walkarounds – A new NHS initiative last year, whereby the quality of care within 15 steps of walking onto a ward is monitored. Board members and governors go out on to the wards on a monthly basis.
- Healthwatch visits - The relationship with Healthwatch (and formerly with LINk) has been important to the Trust. Healthwatch has the authority to undertake 'Enter & View' visits. Healthwatch / LINk have undertaken 16 unannounced visits, some of which have been invited by WUTH. The Trust and Healthwatch have worked jointly on a methodology for the visits, which has resulted in an inspection tool. This tool enables lay members of Healthwatch to undertake inspections, although their independence is retained. Although still developing their systems, Healthwatch do informally report complaints and concerns to the Head of Patient Experience at WUTH and formally through the Patient and Family Experience Group which reports to the Quality and Safety Committee.
- Public events, for example, with the Older People's Parliament

The Trust fully appreciates that it has more to do to ensure that more patients feel that they have had a positive experience. In order to improve patient experience, among the challenges identified by WUTH are the following:

- 40% of patients report delays when in hospital, the highest of which is Take Home Medication
- Unplanned admissions- issues relating to emergency admissions department
- Patients feeling involved in the planning of their discharge
- Getting the right information at the right time to help patients feel involved in decisions about their care

Complaints handling

During the Review, a number of witnesses commented that more should be done to deal effectively with problems and concerns to prevent them escalating to become official complaints. It was, therefore, reassuring to be told by the Directors at WUTH that there is now a drive to ensure a higher level of local resolution of issues while patients are still in the hospital (that is, prior to discharge).

The Trust deals with approximately 1000 patients each day, which give rise to approximately 10 complaints per week. The details of every complaint are reviewed by the Chief Executive and the Director of Nursing. There were 509 complaints raised last year with an additional 1000 informal concerns. There is a grey area between a concern and a complaint, which can partly explain the discrepancy in the rate of complaints received by different Trusts.

A new complaints policy has been recently ratified and there is evidence that the complaints process is fit for purpose, as Internal Audit has recently audited the complaints process. Leaflets should be available from matrons on the wards, and from the Patient Experience Team as well as information on the Trust's website.

Staffing issues

During the course of the review, a number of witnesses raised concerns regarding the levels of nurse staffing on some wards and the ratios between qualified and unqualified nurses. The Trust appears to recognise the pressures and has put actions in place to assess the staffing levels for all wards. As there is no set minimum staffing level, the assessment is based on experience and data provided by the Royal College of Nursing (RCN). The target is for a ratio of 8 patients per trained registered nurse during daytime with an equivalent cover of 10:1 for night cover, with variations depending on the acuity (how poorly the patients are) and their dependency (how much nursing care the patients need). A paper has been reported to the Finance & Performance Committee to demonstrate the rationale for the staffing levels.

Patients with dementia

It is recognised that WUTH demonstrably place a high priority on staff training for the care of patients with dementia. During the Scrutiny Review, members heard of varying experiences depending upon the ward. There were reports of good experiences, particularly reflected from patients on elderly wards (DME), where the newly introduced reminiscence pods have proved to be very positive for patients with dementia. However, it was also noted during the Review, the environments in A&E and MAU (Medical Assessment Unit) had been highlighted as sources of poor experience for patients with dementia. The Directors of WUTH have reassured the Panel Members that those issues are being addressed:

- In the refurbished A&E, new bays will be provided particularly for patients with dementia. These bays will be protected from the business of the department.
- Intentional rounding, known as patient-focused rounding at WUTH, is being introduced as part of the patient-centred approach. This will ensure that all patients will be checked on a minimum of a two hourly basis to ensure that they are comfortable and pain free.
- Working with health and social care partners to, wherever possible, avoid hospital admission by providing alternative forms of care in different settings.

Priorities in WUTH's Quality Accounts 2012/13

The Quality Accounts for 2012/13 set out a series of priorities (and targets) for the forthcoming year. The current targets and progress, as at the end of Quarter 2, are set out below:

Patient Experience Priorities

a. Improve handling of complaints

The target for 2013/14 is:

• 80% of complaints responded to within the timescale agreed with the complainant.

Progress - As at the end of Quarter 2, the actual figure is 63%. As a result, complaints management is subject to weekly performance monitoring and monthly monitoring by the Executive Director team.

b. The National Friends and Family Test

The targets for 2013/14 are:

• To implement the Friends and Family Test for Acute Inpatients and patients attending Emergency Department Minors (from April 2013) and users of Maternity Services (from October 2013)

Progress – The Friends and Family Test is now live in all inpatient areas as well as for patients using the Emergency Department Minors. Although patients in Maternity Services were able to complete the Friends and Family Test from October 2013, no data has yet been released. This is due from January 2014.

• To ensure that response rates for the FFT are 15% by the end of Quarter 1 rising to 20% by the end of Quarter 4

Progress - The overall response rate for Quarter 2 was 18.3% (against a target of 15%).

• To improve the score for staff stating that they would recommend the hospital to family and friends to 65% from 61%.

Progress – No data on staff was available. However, data returns from patients indicate that further work is required by WUTH to raise the net promoter score for both inpatients and Accident & Emergency admissions. This is highlighted by the following table which compares the net promoter score for WUTH with both the Area Team (hospitals in Cheshire, Warrington and Wirral) and in England. As can be seen, although the scores for WUTH have generally improved, the Accident & Emergency data remains a challenge.

	Net promoter Score		
	Wirral University Hospital Trust	Cheshire, Warrington & Wirral Area Team	England
July			
Inpatient FFT Score	52	73	70
A&E FFT Score	20	47	54
Combined	33		63
August			
Inpatient FFT Score	66	75	71
A&E FFT Score	23	46	56
Combined	40		64
September			
Inpatient FFT Score	59	74	71
A&E FFT Score	16	45	52
Combined	34		62
October			
Inpatient FFT Score	68	78	71
A&E FFT Score	46	50	55
Combined	55		64
November			
Inpatient FFT Score	71	76	72
A&E FFT Score	34	48	56
Combined	49		64

Safety Priorities

c. Minimise unnecessary in-hospital bed moves

The target for 2013/14 is:

• No more than four bed moves unless it is clinically appropriate.

Progress – Initiatives are in place to improve patient flow, with the aim of ensuring that beds are more readily available in specialist areas. Activity is also taking place to avoid unnecessary admissions and support earlier discharge.

d. Reduce the hospital standardised mortality rate (HSMR) (the HSMR is a calculation that compares the observed deaths with those that could be expected, based on deaths in similar patients across similar hospitals).

The target for 2013/14 is:

• 10% from the baseline of 2012/13

Progress – WUTH reports that good progress is being made with reducing HSMR and rates are within expected ranges.

Clinical Effectiveness Priority

e. Achieve goals set out in Safety Express Programme

The targets for 2013/14 are:

• 50% reduction in serious harm and death from preventable falls in the hospital on 2012/13 figures

Progress – The Trust has achieved an 83% reduction in all falls with any harm since particular focus was placed on reducing harm from falls in April 2012. However, 7 falls resulting in serious injury have been reported in the first half of 2013/14. All falls causing serious harm are analysed and designated as 'voidable' or 'unavoidable'.

• 50% overall reduction in prevalence of new pressure ulcers developed in the hospital (grades 2-4) with an 80% reduction in new grade 3 and 4 pressure ulcers based on 2012/13 figures.

Progress – Increased effort is being made to ensure that these targets are achievable.

• 50% reduction in preventable venous-embolic events based on 2012/13 figures.

Progress – WUTH reports that the annual target is achievable and that the Trust is on track to do so.

• A 50% reduction in unnecessary urinary catheterisation whilst maintaining the 50% reduction in urinary tract infections in patients with in-dwelling catheters based on the 2012/13 prevalence study.

Progress – The Trust is on plan to meet this target.

WUTH are planning to publish data on falls, pressure ulcers, complaints and Friends and Family Test results on the Trust website from February 2014.

What the Members suggest for future developments….

The Panel Members warmly welcome the proposal to incorporate the 6c's of nursing into the 'Proud to Care' initiative. However, Members also suggest that, in order to ensure that the scheme has a direct impact on patient experience, a mechanism is implemented to ensure that the desired impact is measured and realised.

Recommendation 4 – 'Proud to Care'

The launch of the 'Proud to Care' document is very warmly welcomed. The Chief Executive at Wirral University Teaching Hospital is requested to develop a mechanism for analysing the impact of 'Proud to Care' on patient experience and provide update reports to the Families and Wellbeing Policy & Performance Committee.

It is noted that one of the Government responses to the Francis Report has been the announcement that, from April 2014, all hospitals will be expected to publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. It is also noted that the Government has also announced that by the end of 2014 this will be done using models approved independently by NICE. In order to be as open and clear as possible with patients and relatives, the Members suggest the publication of such data on wards should be done so that it is easily understood and accessible to the public.

Recommendation 5 – Staffing levels on wards

The Director of Nursing and Midwifery at Wirral University Teaching Hospital is requested to ensure that the proposed information regarding staffing levels on wards is easily understood and accessible to the public.

One of the challenges recognised by WUTH relates to the level of unplanned admissions. There is currently little evidence that unplanned admissions are reducing. This is a challenge for the whole health and social care sector. The recently adopted 'Pull Pilot' is a collaborative initiative supported by Wirral University Teaching Hospital (WUTH), The Community Trust, the Clinical Commissioning Group (CCG) and the Department of Adult Social Services (DASS). This pilot was established following concerns that often individuals would present at Accident & Emergency with a combination of problems (health and social care) but a lack of quick response and failure to utilise community based services can lead to admission into an inpatient bed. This is neither good for the individual and leads to significant costs and a potential disruption to elective health care provision. The pilot consists of practitioners from a variety of disciplines including medical staff seeking better individual solutions. Early indications suggest positive outcomes in preventing hospital admissions for patients who can be better cared for elsewhere.

Recommendation 6 – Unplanned admissions

Wirral Clinical Commissioning Group is requested to provide regular reports to the Families and Wellbeing Policy & Performance Committee regarding actions being put in place and progress being made towards reducing unplanned admissions. It is expected that the on-going work with partners to further integrate social care and health provision will form a key component.

During this Scrutiny Review, the Members have heard anecdotal evidence relating to patients and staff being reluctant to report incidents for fear of retribution. Equally, the members have been impressed by the clear indication by management that staff are already encouraged to report incidents and by the actions already underway to change the culture of the organisation as part of the response to the Francis Report. This, of course, is in line with the NHS as a whole. It is recognised that it is necessary for the culture within the NHS to change in order to give patients greater confidence to raise complaints / concerns. Members wish to see this process continue.

Recommendation 7 – Cultural change

The Chief Executive of Wirral University Teaching Hospital is encouraged to further develop the cultural change that is underway to order to further encourage staff and patients to provide feedback to hospital management.

7.3 The strengthening of health scrutiny in Wirral

What the Members have found….

A number of recommendations in the Francis report made direct reference to overview and scrutiny committees. The Francis Report quoted Overview and Scrutiny of Health – Guidance (July 2003) to advise that:

"A constructive approach based on mutual understanding between the committee, the local authority executive function and local NHS bodies will be a prerequisite for success. Scrutiny is sometimes challenging and will sometimes be uncomfortable for the organisation being scrutinised but if the process is aggressive, or relies on opinion rather than evidence, it is unlikely to lead to positive or sustainable improvement. Likewise, health bodies will need to respond honestly to questioning and provide explanations if they are unable to implement overview and scrutiny committee recommendations.

The power to scrutinise the NHS needs to be applied both robustly and responsibly. Scrutiny should be probing and incisive, focusing on its primary aim of improving services for members of local communities. Asking the obvious question can be very revealing, but committees must also recognise that some of the problems facing the NHS have no simple or universally popular solution".

Subsequent to the publication of the Francis Report, the Centre for Public Scrutiny has issued a paper which reflects the following:

Scrutiny by local councillors is an important part of the framework of health service accountability, but their role is different from the Care Quality Commission (CQC) or local Healthwatch. We urge councils and the NHS to embrace the value we know scrutiny can provide and support and resource council scrutiny well. Everyone with a role to hold the NHS to account needs to work together to make sure they combine their powers and the information they gather so that stronger lines of accountability are developed for strategic direction and operational performance".

It is with reference to this challenge, that Panel Members have used the opportunity of this Review to reflect on how best to take forward Health Scrutiny in Wirral. Health scrutiny is currently undertaken in Wirral as part of the remit of the Families and Wellbeing Policy & Performance Committee. The Francis recommendations directly relevant to overview and scrutiny committees were:

Recommendation 43: Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.

Recommendation 47: The Care Quality Commission should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information resource. For example, it should further develop its current 'sounding board events'.

Recommendation 119: Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality.

Recommendation 147: Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

Recommendation 149: Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

Recommendation 150: Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.

Recommendation 246: Department of Health/the NHS Commissioning Board/regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local Healthwatch.

What the Members suggest for future developments….

Scrutinising the performance of health providers

The Healthy Accountability Forum has been developed by the Centre for Public Scrutiny to become a national voice for health scrutiny. The Forum has highlighted Warwickshire Health Overview and Scrutiny Committee (HOSC) as an example of good practice for the processes employed to engage with their health providers and respond to the Quality Accounts process. There is an expectation that the committee responsible for health scrutiny will comment upon the Quality Accounts as they are prepared by local health provider organisations. Recommendation 246 of the Francis report includes "Quality accounts should be required to contain the observations of commissioners, overview and scrutiny committees, and Local Healthwatch".

Warwickshire HOSC made the decision to invest in engaging in the Quality Accounts process to inform other work and develop their relationship with five NHS Trusts including the ambulance trust. For Warwickshire, the HOSC involvement had previously been very last minute and unable to add value for either side. Warwickshire took note of the Francis recommendations, which placed a high importance on Quality Accounts and also of Department of Health guidance which suggests that stakeholder engagement in the development of a Quality Account should be throughout the whole process. Therefore, Warwickshire made the decision to devote resources to Task and Finish groups to undertake this work. The outcome was that the Trusts acknowledged that Quality Accounts are public-facing, not exclusively for clinicians; and the HOSC found an opportunity to influence future priorities, not simply those in the Quality Account.

Panel Members appreciate that, in order to provide meaningful scrutiny of the services of health providers and input in to the Quality Account process, a positive outcome for all parties is more likely to be achieved by further developing a constructive and open relationship. Therefore, it is proposed that the Families and Wellbeing Policy & Performance Committee appoint a Panel of Members to undertake this detailed work on an ongoing basis. The Panel will provide update reports to the Committee and will identify the significant issues. It is anticipated that, initially, the Panel will open a dialogue with the health partners to determine the data which the partners will provide on a quarterly basis with the aim being that the process is not burdensome to the providers yet enables the Panel to act as a constructive, critical friend. However, it is important that this proposed Panel is able to add value by focusing on improvement work and does not become a bureaucratic process duplicating effort elsewhere. It is important to note that although the key health partners attend the Policy & Performance Committee meetings, they must also be held to account for the services that they deliver. Scrutiny needs to do that by being searching, constructive and non-combative.

Recommendation 8 – Establishment of the Health Performance Monitoring Panel
In order to fulfill health scrutiny's role to hold providers to account, the Families and Wellbeing Policy & Performance Committee will establish a standing member's panel to monitor the performance of health providers. It is suggested that the Panel will be known as the Health Performance Monitoring Panel and will be established in readiness to review the Quality Accounts produced by health partners in spring 2014.

Recommendation 9 – Data requirements of the Health Performance Monitoring Panel
The Health Performance Monitoring Panel will agree appropriate monitoring data with each of the health partners. The data will be reported on a quarterly basis and may include data such as:
- Quarterly update of the Quality Account
- CLIPPE (Complaint, Litigation, Incident, Patient Advice and Liaison Service and Patient Experience) Report
- Complaints data
- Lessons learned and improvements made as a result of complaints
- Outcomes of Friends and Family Test
- Data relating to staffing, including levels and turnover

Recommendation 10 – The Local Authority's role in the Quality Accounts process
The Families and Wellbeing Policy & Performance Committee will establish a mechanism to ensure that the Local Authority fulfills the requirement to provide comments regarding the Quality Accounts of health service providers.

Health scrutiny and other partners

One of the key messages of the Francis Report was that partners were engaged in the process and data was reported in Mid Staffs yet no one had a view of the complete picture and joined up the many signals that all was not well. The Panel Members therefore agree that is imperative that constructive working relationships are further developed with scrutiny's key partners at a local level. Indeed, the Centre for Public Scrutiny, in October 2012, issued a briefing paper 'Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value'. The paper identifies scenarios to help the three bodies to develop positive relationships. It is proposed that a protocol for effective working is developed between Healthwatch and health scrutiny.

Recommendation 11 – Protocol for effective working between Healthwatch and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a protocol between Healthwatch and health scrutiny in order to encourage collaborative and effective joint working. The protocol will be in place by the commencement of the 2014/15 municipal year.

The Health and Wellbeing Board was established in its permanent form as of April 2013. As the Board further develops its role it is sensible to ensure that the Board and health scrutiny work collaboratively and avoid duplication, while ensuring effective sharing of information. Useful points to consider might include:

- Health scrutiny ensuring that the strategies developed by the Health & Wellbeing Board are effectively scrutinised.
- The Health & Wellbeing Board receiving copies of the reports from all relevant scrutiny reviews.
- Members of the Policy & Performance Committee to receive minutes of the meetings of the Health & Wellbeing Board and request additional information if necessary.

Recommendation 12 – Framework for effective working between the Health & Wellbeing Board and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a framework to encourage a constructive working relationship between Health & Wellbeing Board and health scrutiny, ensuring that strategies reflect priorities and deliver outcomes.

Recommendation 47 of the Francis Report states that "The Care Quality Commission should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information resource. For example, it should further develop its current 'sounding board events'. The Members of this Scrutiny Review Panel welcome the revised approach to the inspection framework being introduced by the Care Quality Commission, in particular the prospect for greater input from service users as evidenced by the proposed listening events and public feedback sessions. A future relationship between the Care Quality Commission and health scrutiny based on open dialogue is therefore welcomed.

Recommendation 13 – The relationship between the Care Quality Commission (CQC) and health scrutiny
The Head of Policy & Performance / Director of Public Health is requested to develop a mechanism to enable members of the Families and Wellbeing Policy & Performance Committee to establish an effective working relationship with the Care Quality Commission (CQC).

As described earlier (in Section 7.1 – Governance Arrangements), the Area Team has a key system-wide governance role across the region for all health providers. In order to fulfill this role, NHS England has established Quality Surveillance Groups (QSGs) covering every locality. The role of QSGs is to identify possible problems and share information with key partners. Through bringing partners together on a monthly basis, an arena has been created to share intelligence, challenge performance and provide an early warning mechanism to identify potential problems relating to quality in service provision. The Panel Members consider it to be beneficial for a dialogue to be created between local health scrutiny and the Quality Surveillance Group to ensure that scrutiny members are part of that information flow.

Recommendation 14 – Information flow between the Quality Surveillance Group and health scrutiny in Wirral
In order to enhance the current early warning mechanisms, the Health Performance Monitoring Panel is requested to establish an effective flow of information with the Quality Surveillance Group, led by the Area Team.

<u>The role of members</u>

This Scrutiny Review has given members the opportunity to reflect on the role of health scrutiny and of individual members within that process. While only a relatively small minority of councillors are members of Wirral's health scrutiny mechanism (the Families and Wellbeing Policy & Performance Committee), all councillors are representatives of their communities and are in an ideal position to reflect the views of constituents. It is, therefore, proposed that a procedure should be developed to enable all of Wirral's elected representatives (councillors and MPs) to reflect relevant concerns and experiences to the Health Performance Monitoring Panel. It is essential that this process is not seen as a complaints service but as an information source which will enable members of the Health Performance Monitoring Panel to, along with information from other partners, identify trends and areas for concern. It is also noteworthy that Recommendation 151 of the Francis Report states that "MPs are advised to consider adopting some simple system for identifying trends in the complaints and information they received from constituents. They should also consider whether individual complaints imply concerns of wider significance than the impact on one individual patient".

Recommendation 15 – The role for elected members in reflecting the views of their communities
The Head of Policy & Performance / Director of Public Health be requested to establish a mechanism to enable elected representatives (MPs and councillors), as a spokesperson of their communities, to reflect concerns and experiences to the Health Performance Monitoring Panel. The framework should be in place by the commencement of the 2014/15 municipal year.

Effective health scrutiny relies on the knowledge and expertise of those Members directly involved. The framework within which health and social care services are provided can appear complicated to the lay person. The Francis Report points out that "The combination of responsibility for scrutiny of performance and for representation of the public view on strategic health issues is a demanding one for lay councillors with limited or no expert support". In the future, it may be necessary to seek independent clinical or operational opinions from clinical reference groups or expert help with interpreting statistics. The Panel Members therefore suggest that greater continuity among the membership of the Families and Wellbeing Policy & Performance Committee would be beneficial in order to enable members to develop their knowledge base. Likewise, the development of specific health scrutiny training for members is also proposed. Some briefing sessions, provided by health partners, have already commenced. These are welcomed and it is hoped will be incorporated into a more general training programme available to members responsible for health scrutiny.

Recommendation 16 – Continuity of membership of health scrutiny
In order to enhance the level of expertise and skills regarding health scrutiny among the members, the leadership of the political groups is encouraged to consider providing greater continuity of membership on the Families and Wellbeing Policy & Performance Committee.

Recommendation 17 – Health scrutiny training
The Head of Policy & Performance / Director of Public Health is requested to ensure that members feel that they have adequate skills and training to undertake their health scrutiny role effectively.

This Report was produced by the Francis Report Scrutiny Panel
(which reports to The Families and Wellbeing Policy & Performance Committee)

Appendix 1: Scope Document for the 'Francis Report Scrutiny Review'

Date: 24th June 2013 (Version 3)

Review Title: Implications of the Francis Report for Wirral

Scrutiny Panel Chair: Cllr Cherry Povall	Contact details:
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1**. Which of our strategic corporate objectives does this topic address?**
An element of the Council's statutory scrutiny role is to hold partners to account, including health partners, of which Wirral University Teaching Hospital (WUTH) is one. In addition, this review will support the Council's Corporate Objectives to Tackle Health Inequalities and Protect the vulnerable in our borough.

2. **What are the main issues?**
This Scrutiny review will focus specifically on the services provided by Wirral University Teaching Hospital (WUTH).
2.1 Are suitable governance and monitoring arrangements currently in place?
2.2 Are basic standards of care being met?
2.3 Is Council scrutiny of the health providers in Wirral as robust as it needs to be?
2.4 How will the Health & Wellbeing Board, Healthwatch and Scrutiny work together collaboratively in the future?
2.5 What information should the Families & Wellbeing Policy & Performance Committee be monitoring on an ongoing basis?

Out of scope: Services provided by Cheshire & Wirral Partnership Trust (CWP) are NOT included as part of the scope of this Scrutiny Review. (It may be possible to include a similar review for CWP on the Committee's Work Programme).

3. **The Committee's overall aim/objective in doing this work is:**
The Leader of the Council made an announcement at Council on 11th February 2013 regarding "the shocking report published……. by Mr Robert Francis QC, which found serious failings in the quality hospital care provided by Mid-Staffordshire NHS Foundation Trust". As part of the announcement, he proposed to write to the Chair of the Council's Health and Well Being O&S Committee to suggest that the Committee consider the establishment of a 'Task and Finish' group to ascertain in detail the suitability of governance and monitoring arrangements which are in place in Wirral.

4. **The possible outputs/outcomes are:**
4.1 To understand the current monitoring and reporting arrangements, and if necessary, propose improvements.
4.2 An assessment, from a layperson's view, that basic standards of care are being met.
4.3 Evaluate whether adequate health scrutiny arrangements are embedded in Wirral.

5. **What specific value can scrutiny add to this topic?**
Scrutiny will give members the opportunity to assure themselves that satisfactory governance and monitoring is already taking place and that the monitoring arrangements translate into adequate standards of care. Reassurance is needed that the situation that occurred in Mid Staffordshire cannot happen in Wirral.

6. **Who will the Committee be trying to influence as part of its work?**
6.1 Wirral University Teaching Hospital (WUTH)
6.2 Wirral Clinical Commissioning Group (CCG)
6.3 Wirral Health & Wellbeing Board
6.3 Appropriate Cabinet members, Wirral Borough Council

7. **Duration of enquiry?**
- The Scope document is due to be discussed / agreed at the meeting of the Families & Wellbeing Policy & Performance Committee to be held on 9th July 2013.
- Evidence Days will be held during the summer.
- The review is due to be completed by December 2013.

8. **What category does the review fall into?**

Policy Review		☐	Policy Development	☐
External Partnership	X	☐	Performance Management	☐
Holding Executive to Account		☐		

9. **Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?**
The review will be conducted by councillors with the support of existing officers. However, the panel is looking for advice from people with expertise on this topic.

10. **What information do we need?**	
10.1 **Secondary information (background information, existing reports, legislation, central government documents, etc).** • The Francis report • Relevant Government Departmental reports • Relevant national documents, including briefing papers • LGiU briefing papers • The current monitoring arrangements for services provided by WUTH. • Reports from other Councils relating to the same topic • Overview of relationships between local health functions	10.2 **Primary/new evidence/information** Interviews with key officers and representatives of partner organisations Input from patients or patient representative groups The number of complaints and how they are dealt with Examples of best practice from health scrutiny arrangements in other Local Authorities
10.3 **Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc).** **council officers to include:** Potential witnesses include the following: • Clinical Commissioning Group (CCG) – Phil Jennings / Abhi Mantgani • Wirral University Teaching Hospital (WUTH): David Allison (Chief Executive) Luke Readman, Head of Information Governor's Patient Experience Sub-Committee • Health & Wellbeing Board • Healthwatch – Annette Roberts • PALS (Patient Advice and Liaison Service) • Older People's Parliament • Patient Participation Groups (from GP practices) • All 66 Wirral Councillors • 4 MPs representing Wirral Council • Staff representatives / Trade Unions • Greater Liverpool & Knowsley RCN Colm Byrne • Citizens Advice Bureau	10.4 **What specific areas do we want them to cover when they give evidence?** Specific lines of enquiry will include the following: What are the CCG plans to hold WUTH to account? What is the working relationship between local health bodies, such as Clinical Commissioning Group, Area Team, Service Providers, Director of Public Health, Health & Wellbeing Board, Healthwatch and Health Scrutiny? Are the current procedures for monitoring Quality Accounts adequate? How is patient experience measured and how are complaints monitored? How does patient satisfaction vary across different wards?

11. **What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).**

11.1 An Evidence Day(s) will be organised. Witnesses, including those listed in Section 10.3 above, will be invited to attend at a specified time throughout the day(s)
11.2 Desktop analysis / research
11.3 Possible Focus Groups of patients
11.4 Possible survey of Wirral Councillors / MPs

12**. In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).**
12.1 The holding of a Focus Group(s) involving patients is being considered
12.2 Advocacy agencies such as Healthwatch, PALS (Patient Advice and Liaison Service, Older People's Parliament and Patient Participation Groups (from GP practices) will be invited to represent the views of their clients / members.