

**Adult Care and Health Overview and Scrutiny Committee
Wednesday 26th June 2019**

REPORT TITLE:	REPORT OF HEALTH AND CARE PERFORMANCE PANEL
REPORT OF:	Head of Intelligence (Scrutiny Team Manager) Business Services

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Panel meeting held on 11th March 2019. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

RECOMMENDATION/S

Members are requested to:

- Note the contents of the report of the Health and Care Performance Panel.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Panel.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 ATTENDEES

Members

Councillor Julie McManus (Chair)
Councillor Wendy Clements (Vice-Chair)
Councillor Bruce Berry
Councillor Phil Gilchrist
Councillor Sharon Jones

Other Attendees

Karen Prior (Chief Officer, Healthwatch Wirral)
Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)
Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)

Visitors

Paula Simpson (Director of Nursing, Wirral Community Trust)
Claire Wedge (Deputy Director of Nursing, Wirral Community Trust)
Paul Moore (Director of Quality and Governance, Wirral University Teaching Hospital)

Apologies

Councillor Tony Cottier
Councillor Christina Muspratt

4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 4th FEBRUARY 2019

- 4.1 The Panel agreed the actions of the last meeting. The update on the NHS 111 offer in Wirral will be assigned to the work programme of the Adult Care and Health Overview & Scrutiny Committee for consideration at the first meeting of the 2019/20 municipal year.

5.0 CQC IMPROVEMENT PLAN UPDATE – WIRRAL COMMUNITY TRUST

- 5.1 Paula Simpson, Director of Nursing, introduced her presentation covering a number of key points of the Trust's comprehensive improvement plan, following its CQC inspection and subsequent 'requires improvement' rating 12 months

ago. The 14 'must do' actions set out by the CQC resulted in 100 tasks, 92 of which have now been completed to a rigorous standard with robust evidence—with the Trust on track to fully achieve their action plan by the end of the 2018/19 financial year. The Trust stated that their overarching goal has been to embed a culture of continuing improvement; with a particular focus on strengthening clinical and professional leadership within sexual health and community nursing. In addition, the implementation of a business intelligence system has improved risk management, and internal and external governance arrangements have also been reviewed - with initial monthly CQC assurance meetings now bi-monthly to reflect the progress made by the Trust so far.

- 5.2 Members were advised that there has been significant progress in reducing the number of avoidable pressure ulcers reported – with a 50% reduction in 2018/19 and an aim to achieve a zero-tolerance position in the next year. Members questioned whether the Trust included pressure ulcers that have developed at home or within a wider community setting within this aim. The Director of Nursing gave the response that the Trust do place focus on those that are under the responsibility of the Trust's care, but also look at methods of prevention as a priority, such as effective nutrition and hydration. The Panel were also apprised on the progress made within sexual health services, with the area identified as needing improvement within the CQC report. Immediate action was taken to develop the IT system used within the service, which is now sound and tested frequently. Risk factors in this area were quickly identified and there is now consistency of service provision, with continual monitoring to ensure ongoing quality.
- 5.3 Members commended the Director of Nursing on the initiatives implemented to develop staff engagement. Across the Trust, there are staff working from 80 locations, so it was appreciated that there has been difficulty in ensuring effective communication, particularly between those staff members working in the community. The Panel questioned how the assumed improvement in staff morale would be evidenced. The Trust admitted that culture change would take time, but that it is surveying staff more frequently than before rather than relying on the annual NHS Staff Survey. In addition, there is a leadership forum in place, with a 'buddying' system between successful leaders and those staff in need of further development. The Director of Nursing assured Members that these initiatives have started to rectify the disconnect between staff and senior management stated in the CQC report.
- 5.4 Overall, Members expressed satisfaction with the Trust's direction of travel and its dedication to improving services, culture and experiences for its patients. In addition, officers were thanked for providing updates to the Panel throughout the year, and for engaging effectively with scrutiny. Members were assured that the Trust were making sufficient progress in developing quality improvement measures across the organisation.

6.0 CQC IMPROVEMENT PLAN UPDATE – WIRRAL UNIVERSITY TEACHING HOSPITAL

- 6.1 The Panel were provided with an update from Paul Moore, Director of Quality and Governance, on progress made at the Trust relating to its CQC Improvement and Action Plan. Members were informed that significant developments have been made at the Trust since the first update to the Panel in September 2018, with all CQC ‘must do’ and ‘should do’ recommendations addressed as part of its action plan. By the Trust’s own admission, the previous governance structure was poorly co-ordinated and required reorganisation to ensure that it was fit for purpose. The Panel were informed that this has now been completed, with the new arrangements firmly established within all levels of the organisation. In addition, gaps identified in National Institute for Health and Care Excellence (NICE) guidelines have been addressed to ensure policies and procedures are workable, and a performance dashboard has been developed. This dashboard has been condensed from its previous format to ensure that quality indicators that need attention are made more clearly identifiable. There has also been a focus on incident reporting at the Trust, with a 75% reduction in serious incidents since the publication of the CQC report.
- 6.2 The Director of Quality and Governance advised the Panel that the Trust are now looking to ensure that quality improvements go beyond the ‘must do’ and ‘should do’ actions listed by the CQC and as a result, have established a quality strategy to ensure that excellence is embedded within the organisation. Alongside this, there have been a number of initiatives introduced to encourage competition and breed improvements – such as the use of the ‘Perfect Ward’ app. This innovative measure allows clinical and managerial teams to view real-time audit results, which in turn allows for learning and continual quality improvements.
- 6.3 Members were keen to be provided with further detail around the safe staffing aspect of the ‘must do’ action included in the report. Assurance was sought that there were appropriate numbers of medical and nursing staff available at all times, and that sufficient monitoring was in place to ensure this. The Panel were informed that staffing was closely monitored by the operations team. The team assess demand hour by hour and implement any necessary actions – on some occasions this can result in 3 to 4 actions per day to ensure that staffing is satisfactory.
- 6.4 Members of the Panel thanked the Trust for its engagement with scrutiny and for enabling open and transparent conversations around its improvement plans and exception reports over the last year. The Panel noted that there was still work to do, for example within medication storage and management, but that there had been substantial progress made to improve the quality of services following the disappointing CQC inspection rating. Members were adequately assured that the Trust’s board were making strides in developing quality improvement measures across the organisation.

7.0 OPTIONS FOR IMPROVING PERFORMANCE AND CONTRACT COMPLIANCE IN CARE HOMES

- 7.1 Amanda Parry-Mateo, Integrated Senior Manager Quality and Safeguarding, introduced a report setting out a number of options that were considered as part of a drive to improve care quality across Wirral. Members were informed that commissioners are currently part way through a continuing journey of improvement for care homes and, although providers generally work well with quality improvement teams, there were a small number refusing to engage. As a result, a proposal has now been agreed in order to strengthen current arrangements and to encourage tougher action on those unwilling to improve. Commissioners are now able to permanently suspend all care homes that have had three 'requires improvement' or 'inadequate' ratings over a two-year period. This suspension remains in place until the home returns to a 'good' rating, or until there are evidence sustained improvements.
- 7.2 Members questioned how implementation of this option aligned with the CQC schedule of inspection and any consequent action they might take. Commissioners advised the Panel that they work in close partnership with the CQC to ensure that homes are of the best quality, but often it can take time for resulting action to be enforced by the CQC. This option ensures that continual monitoring is in place at a local level for those homes which are consistently failing to meet required standards.
- 7.3 Discussion took place around the level of influence that the authority holds in order to be able to force improvement plan engagement on poorly performing providers. Although commissioners have a contractual right of entry to the home, a service can choose not to actively participate in quality improvements. Members were informed that a stream of officers, social workers and healthcare staff enter care homes regularly meaning that there is a variety of intelligence available regarding safety. Ultimately, commissioners do have the power to close the home, but the suspension option will allow residents to remain in a home whilst tangible improvements are made. It was also noted that it is a very small minority of homes that do not engage effectively in improvements.
- 7.4 The Panel asked whether better performing care homes help to improve the worst performing, in terms of peer support. As the homes are private enterprises, this hasn't historically been a provision that has been in place. However, recently a 'best practice' registered manager's network has been set up and has become the largest network nationally. An example of recent benefits of this support group includes the 'outstanding' rated Birkenhead Court sharing experiences with other homes of their move away from monitored dosage systems. Members speculated whether poorly performing services would participate in these kinds of networks and were informed that, although they are less likely to be involved, their attendance can be monitored.
- 7.5 Following a query regarding homes with Transfer to Assess beds, Members were informed that these intermediate beds could potentially be affected by any home suspensions. Depending on the arrangements at the care home, however, often T2A beds can be operated separately to ensure they are protected. Members were advised that there was a deliberate focus on keeping the new contractual

arrangements as broad as possible, so that care can be delivered according to need without limiting factors or contract restrictions.

- 7.6 The Panel were impressed with the work that had been carried out by the team, and adequately assured by the focus on improvement to quality of care. Members offered their thanks to officers for the continual effort given to raising standards and suggested that this great work should be promoted and celebrated more – this feedback was welcomed. Members will look to work closely with Healthwatch to arrange further ‘Enter and View’ visits to homes across the Borough.

8.0 REVIEW OF HEALTH AND CARE PROVIDERS

- 8.1 Jason Oxley, AD Health and Care Outcomes, provided an overview of the health and care service providers currently commissioned within the Borough. This was a follow up to a request by Members at a previous meeting of the Health and Care Performance Panel. Members were informed that there are currently just under 400 providers of health and care services in Wirral, with additional providers under the remit of Continuing Healthcare and Primary Care – some with larger contracts and some providing ‘one-off’ services. The comprehensive list was circulated to Members outside of the meeting.

9.0 SUMMARY OF ACTIONS

The following actions arose from the meeting;

- Members requested that they be provided with a copy of communication sent to care home providers regarding the updated proposals for compliance arrangements.
- Members requested that commissioners provide the Panel with a list of best and worst performing care homes in Wirral – to be circulated outside of the meeting.

10.0 FINANCIAL IMPLICATIONS

Not Applicable

11.0 LEGAL IMPLICATIONS

Not Applicable

12.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The delivery of the Panel work programme will be met from within existing resources.

13.0 RELEVANT RISKS

Not Applicable

14.0 ENGAGEMENT/CONSULTATION

Not Applicable

15.0 EQUALITY IMPLICATIONS

This report is for information to Members and there are no direct equality implications.

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APPENDICES

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	27th June 2018
Adult Care and Health Overview & Scrutiny Committee	27th November 2018
Adult Care and Health Overview & Scrutiny Committee	29th January 2019
Adult Care and Health Overview & Scrutiny Committee	19th March 2019