

Questions to Board

Date: 19.04.2018	Name: David Gill
Question asked:	
Is the Dudley CCG Board assured that DGFT governance systems are safe and robust?	
Response provided by Caroline Brunt – Chief Nurse & Quality Officer	
<p>The CCG are assured that DGFT are committed to achieving robust governance processes that underpin safe day to day high quality care for patients. We recognise there is still work to do to ensure processes are in place consistently across the Trust.</p> <p>We recognise, as do the DGFT executive team, that governance processes within the Trust require further improvements and that some services have more developed systems than others. The recent CQC findings highlighted areas of outstanding practice alongside areas in need of significant improvements. We are working with the Trust governance team to address the issues identified and our role is to gain assurance as we test the longstanding systems alongside new and enhanced processes as they are developed.</p> <p>This development and assurance work has been ongoing for some time. An example of a key area of governance that we have focused on over the last two years has been learning from serious incidents including the introduction of key performance indicators to enable progress monitoring. While there is significant evidence of improvements in this area and the CCG are assured that there is greater recognition of incidents requiring investigations and the quality of these processes, for example in maternity services, we are still supporting enhancements to these to ensure there is a consistent approach across the whole organisation.</p> <p>The CCG Audit and Governance committee has requested a review of the CQC report at a future meeting and the progress towards the action plan will be monitored by the CCG Quality and Safety Committee.</p>	

Date: 05.05.2018

Name: Ian Fleming

Question asked:

1. In the light of RHH failing its CQC inspection despite the assurances given by Dianne Wake to CCG in November last year that all was well and the hospital was well placed for the winter and despite the number of high profile resignations fit for purpose, will the board call for the resignation of the Chair and board of governors. No CQC audit should come as a surprise if good governance is in place the deficiencies should have been known and plans in place to address them.

*Inspectors wrote: **“Governance systems were not robust and did not ensure safe and effective care was being delivered.”***

“The culture within the department was not open and senior staff did not recognise significant areas of risk and potential harm to patients...”

“Senior staff within the service were out of touch with the reality of the quality of care and treatment provided in the department.”

Read more at <https://www.expressandstar.com/news/health/2018/04/18/russells-hall-hospitals-ae-rated-as-failing-in-damning-report/#12BO8SfqXRyXODbq.999>

2. Losing 5 board members in a year members is a concern clearly no adequate succession plan was in place. How will this be addressed in the future?
3. How will the public be reassured that the ED is now safe? clearly this judgement cannot be based on the CEO's "say so" as she staked her reputation on this prior to the inspection, will an independent re audit be commissioned ?

The report said: “The emergency department was not providing safe, effective and responsive care and treatment and the care and treatment provided at times exposed patients to the risk of avoidable harm...”

“Patients presenting to the emergency department did not always receive robust and sufficient assessment of their clinical presentation and condition.”

“This posed a significant risk that life threatening conditions would not be identified and treated as quickly as they should have been.”

“We saw examples of patients who had deteriorated unnoticed due to the lack of robust assessment.”

Triage processes were inconsistent and not exercised in line with the trust policy or national guidelines.

“Patients attending the emergency department did not always receive robust and sufficient assessment of their clinical presentation and condition.

Read more at <https://www.expressandstar.com/news/health/2018/04/18/russells-hall-hospitals-ae-rated-as-failing-in-damning-report/#12BO8SfqXRyXODbq.99>

"We are fortunate that all our new Board members have benefited from comprehensive handovers, either with their predecessors or long standing deputies, who have significant organisational and local knowledge."

"Throughout this period of change, our priority has continued to be quality patient care and patient safety, and I am confident that the Board is well equipped with the expertise, skills and knowledge to effectively manage the upcoming winter pressures and achieve the trust's strategic goals." Dianne Wake

Read more at <https://www.expressandstar.com/news/local-hubs/dudley/2017/12/06/all-change-at-hospital-board-level/#5V7DUw01YB5xgtK6.99>

4. Will the CCG board ask DGoH to apologise to patients and the public for the avoidable failings identified in this shameful report?

Russells Hall Hospital: Patient treated after 'inspectors intervene'

<http://www.bbc.co.uk/news/uk-england-birmingham-43806860>

<http://www.bbc.co.uk/news/uk-england-birmingham-42565638>

and then despite reassurances <http://metro.co.uk/2018/04/23/young-mum-died-hours-diagnosed-sepsis-7489899/>

Russells Hall Hospital: Patient dies waiting for treatment

*Russells Hall Hospital **had** the best performing A&E department in the country two years ago, but it has seen its performance decline this winter.*

- 4b. Given it is now rated inadequate who is accountable?

<https://www.expressandstar.com/news/health/2018/05/02/hundreds-of-patients-wait-too-long-at-russells-hall-ae/> "...300 patients were left waiting more than half an hour in ambulances outside a Black Country hospital in a month, according to new figures."

5. Will the board ask how much time and money has been spent on the uniform change and is this another example of "senior staff being out of touch with reality" when there are clearly bigger areas demanding their attention?

<https://www.thelondoneconomic.com/news/nhs-chiefs-slammed-for-splashing-out-thousands-of-pounds-of-taxpayers-cash-on-brown-uniforms-for-staff/18/04/>

6. Will the board confirm that this practice has been stopped and the correct national procedure for sepsis diagnosis is now being followed?

"Professor Bryan Williams, of the Royal College of Physicians, said: "This patient safety alert is a welcome development aimed at saving lives by focusing attention on the need to use NEWS2 to better identify patients at risk of sepsis and other life-threatening conditions."

The call comes after it emerged that senior doctors at one hospital removed one key indicator of serious illness from their warning score system because it "was identifying too many ill patients".

Care Quality Commission (CQC) inspectors found that the scoring system in the emergency department at Russells Hall Hospital, part of The Dudley Group NHS Foundation Trust in the West Midlands, did not include oxygen saturation levels.

The CQC report, released last week, states: "Senior clinicians amended a national early warning score system to remove one key indicator of serious illness. **This was undertaken with no consultation with the medical director or evidence base and the rationale provided was that it was identifying too many ill patients and generating too many emergency calls.**"

http://www.watfordobserver.co.uk/news/16183707.NHS_100_patients_died_because_medics_didn_t_spot_them_deteriorating/

Response provided by Caroline Brunt – Chief Nurse & Quality Officer

There are a number of questions regarding the recent Care Quality Commission (CQC) report (April 18) into services provided by Dudley Group NHS Foundation Trust (DGFT). Many of the questions need to be responded to directly by the executive team and Board of Governors within DGFT. CCG Board requested that our representative on the Board of Governors (Dr Richard Gee) raise these questions with them at the next meeting.

While the CCG were disappointed to read the significant concerns described within the report we also acknowledge areas of good and outstanding practice have been identified and are to be commended.

Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Apr 2018	Requires improvement Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↔ Apr 2018	Inadequate ↓ Apr 2018	Inadequate ↓ Apr 2018
Medical care (including older people's care)	Good ↔ Apr 2018					
Surgery	Good Mar 2014					
Critical care	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↔ Apr 2018
Maternity	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Services for children and young people	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018	Requires improvement ↓ Apr 2018
End of life care	Requires improvement Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Outpatients	Good Mar 2014	N/A	Good Mar 2014	Requires improvement Mar 2014	Good Mar 2014	Good Mar 2014
Overall*	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Overall*	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018

Following the initial and subsequent CQC visits the CCG Quality and Safety team have been working closely with DGFT staff and colleagues from NHS Improvement, NHS England and the Dudley MBC Office of Public Health supporting the implementation of a remedial action plan and a range of assurance and monitoring visits.



Dudley

Clinical Commissioning Group

The CCG recognise, as do the DGFT executive team, that governance processes within the Trust require further improvements and that some services have more developed systems than others. The CCG are assured that DGFT are committed to undertaking this work and achieving robust governance processes that underpin safe day to day high quality care for patients and to ensure processes are in place consistently across the Trust. The CCG will continue working with the Trust governance team to address the issues identified and our role is to gain assurance as we test the longstanding systems alongside new and enhanced processes as they are developed.

This development and assurance work has already been ongoing for some time. An example of a key area of governance that we have focused on over the last two years has been learning from serious incidents including the introduction of key performance indicators to enable progress monitoring. While there is significant evidence of improvements in this area and the CCG are assured that there is greater recognition of incidents requiring investigations and the quality of these processes, for example in maternity services, we are still supporting enhancements to these to ensure there is a consistent approach across the whole organisation.

Date: 05.05.2018

Name: Ian Fleming

Question asked:

7. Will the board publish its response to Equality and Human Rights Commission's letter sent to Dudley CCG 19/3/18?

<https://www.equalityhumanrights.com/en/our-work/news/nhs-facing-court-action-over-unlawful-policies>

Response provided by Neill Bucktin – Director of Commissioning

Thank you for your question. The CCG has responded to the Equality and Human Rights Commission's letter, we will not be sharing the response publically. However, we can confirm that we will be reviewing our policy in light of the challenge made by the commission.