

TITLE	Report of the Possible Implications for Scrutiny of the Francis Report Working Group
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 10 September 2014
WARD	None Specific



WOKINGHAM BOROUGH COUNCIL

REPORT OF THE POSSIBLE IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP

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POSSIBLE IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP

Background and Introduction

- 1.1 The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) was established to look at poor care and failings at Stafford Hospital between 2005 and 2008. Examples of inadequate care identified included patients being left in soiled bedclothes for some time, a lack of dignity and privacy and unclean wards. As well as looking at the hospital the Inquiry examined the role and actions of organisations including the Department of Health, the Strategic Health Authority, the Primary Care Trust, Care Quality Commission, Monitor, local patient and participation organisations and local authority overview and scrutiny.
- 1.2 The Report acknowledged that what happened with the Mid Staffordshire NHS Foundation Trust (the Trust) was not just a failure by the organisation. It also highlighted a systematic failure by several national and local organisations, including the scrutiny committees of Stafford Borough Council and Staffordshire County Council, to respond sufficiently to concerns put forward regarding patient care and safety.

The report covered the following key areas:

- Warning signs;
- Governance and culture;
- Roles of patient and public involvement group, commissioners, Strategic Health Authority, scrutiny and regulatory bodies;
- Themes for the present and the future

- 1.3 Chapter 6 of the Francis Report, 'Patient and Public Local Involvement and Scrutiny', examined the role of patient and public involvement bodies, LINKs, the local health scrutiny committees, MPs and local media outlets. The Report concluded that the Stafford Borough Council and Staffordshire County Council Overview Scrutiny Committees had not effectively fulfilled their scrutiny roles with regards to the Trust and 'lacked expert advice and training, clarity about their responsibility, patient voice involvement, and [had] offered ineffective challenge.'
- 1.4 The second and final report of the public inquiry into the Trust was published on 6 February 2013. 290 recommendations were made, including a strong call for a culture change so that patients were always put first. The Government accepted many of the recommendations in their entirety or in principle.
- 1.5 At the Health Overview and Scrutiny Committee's (HOSC) 25 November 2013 meeting, Members established a working group to look at the potential implications for scrutiny in Wokingham of the Francis Report. Members agreed that should similar issues to those detailed in the Report ever be identified in Berkshire, the Committee could be expected to be aware and take action. It was therefore vital that the HOSC was as effective as possible. The purpose of the review was therefore:-

- to identify the key potential implications for overview and scrutiny from the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report) and to identify any areas of further development for health scrutiny in Wokingham and;
 - to recommend any improvements to the health scrutiny practices in Wokingham, to the Health Overview and Scrutiny Committee.
- 1.6 The Working Group received an introductory briefing on the Francis Report at their meeting on 6 March 2013 from the Improvement Project Officer and the Director of Health and Wellbeing.
- 1.7 The Terms of Reference for the review (attached at Appendix A) were also agreed on 6 March 2013. The key objectives of the review were:
- a) To review the recommendations and comments from the Francis Report which relate to scrutiny and identify whether there are areas where Overview and Scrutiny practices in Wokingham could be enhanced or amended in light of these comments and recommendations.
 - b) To establish the type, frequency and format of data, including complaint data that the Committee may wish to receive from relevant NHS bodies, Adult Social Care and Public Health.
 - c) To consider the role of the Committee member and how effectiveness can be improved further.
 - d) To determine if there are areas where improvements could be made to the Committee process.
 - e) To consider how the Committee can better monitor information regarding the patient experience.
 - f) To consider how the Committee's engagement with the public can be further improved.
- 1.8 The Working Group focused on the following key recommendations for the local authority overview and scrutiny function and comments regarding scrutiny detailed within the Francis Report.

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 for patient confidentiality.*

Recommendation 147 – *Guidance should be given to promote the co-ordination and co-operation 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 suggestion 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 or 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 and Local Healthwatch.*

1.9 The Working Group held meetings on:

- 6 March 2014
- 7 April 2014
- 3 June 2014
- 16 July 2014
- 6 August 2014

Recommendation: That the Health Overview and Scrutiny Committee (HOSC) receive the report of the Possible Implications for Scrutiny of the Francis Report Working Group and agrees the recommendations set out within the report which relate to HOSC.

2.0 Information Gathering

Committee practice:

- 2.1 With regards to scrutiny, the Francis Report stated that the Staffordshire Overview and Scrutiny Committees ‘...were happy to take on a role scrutinising health services but did not equate this with responsibility for identifying and acting on matters of concern; and they lacked expert advice and training, clarity about their responsibility, patient voice involvement, and offered ineffective challenge.’
- 2.2 A Member attended a meeting of the Bracknell Forest Council Health Overview and Scrutiny Panel on 13 March 2014 to gain a perspective of how other councils undertook health scrutiny. Questioning of witnesses appeared to have been well structured. Bracknell Health Scrutiny Panel had recently co-opted a non-voting Panel member with health service experience who had asked some more ‘technical’ questions which had proved helpful to discussions.
- 2.3 At its meeting on 7 April 2014 the Working Group looked at the following issues:
- Committee practice including preparation for meeting, record of the meeting and follow up of items;
 - the role of the HOSC member, including training and support of the Committee and how effectiveness could be improved further;
 - prioritisation of HOSC’s work programme

Aim of the Committee:

- 2.4 There had been confusion between the Staffordshire scrutiny committees around health scrutiny responsibilities. As a unitary, Wokingham Borough Council does not have this issue. Nevertheless, the Working Group took the opportunity to review if the HOSC’s aims remained fit for purpose following the publication of the Francis Report.

The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care;
- The needs and interests of Wokingham Borough;
- The performance of local NHS Trusts

The Working Group considered that these aims remained relevant and that no further amendments were required.

Preparation:

- 2.5 Members recognised the importance of preparation. The Working Group acknowledged that in order for scrutiny to be effective and for the HOSC to provide an effective level of challenge, Members needed to be fully prepared and briefed, have read the agenda thoroughly and feel able to ask good quality questions. It was felt that Committee members should seek advice from the supporting officer who in turn could seek information from the relevant internal and external officers, as and when deemed necessary.

Recommendation: That the HOSC members ensure that they are fully prepared for committee meetings and read the agenda thoroughly prior to the meeting to help identify any issues of concern/good news and to structure questioning, seeking advice from the supporting Democratic Services Officer as and when required.

- 2.6 The supporting officer ensured that so far as possible presentations and reports were included in the agenda or circulated at the earliest opportunity to give Members sufficient time to prepare and to consider questions that they may wish to ask presenters. The Working Group felt that the supporting officer should continue to advise those providing presentations that these should be concise, easy to understand and include an explanation of all acronyms.
- 2.7 The HOSC currently often holds a pre-meeting 30 minutes prior to Committee meeting, which many of the Working Group considered to be beneficial for preparation. Consideration was given as to whether any improvements could be made to ensure that maximum value was achieved.

Recommendation: That a pre meeting is held 30 minutes prior to each HOSC meeting and that it include;

- a) a brief discussion of agenda items to highlight any areas of concern;**
- b) a brief discussion of questions to be asked of presenters to ensure a coordinated approach is taken, high quality questioning and full Member participation;**
- c) a brief discussion of forward programme;**
- d) information briefings from officers, where required.**

The Working Group was of the opinion that in order for pre meetings to be most effective, Members should not arrive later than 5 minutes after the commencement of the pre meeting

Prioritisation:

- 2.8 At present a small Working Group of the Committee meets at the end of the municipal year to discuss possible topics for the forthcoming municipal year. The draft work programme is then agreed by the full Committee. The work programme is an evolving document and items can be added or taken off according to priority.
- 2.9 The health and social care landscape covering Wokingham Borough was vast and it was not possible for the Committee, which met five times a year to scrutinise all areas in detail effectively. Prioritisation was therefore the key.
- 2.10 The HOSC should consider data and information from a variety of sources, not just the providers, in order to monitor trends regarding patients' experiences and the quality of services provided. Nevertheless, it was important that the Committee did not become overwhelmed by information. Members believed that the HOSC should therefore be selective in what it considered, prioritising issues that would have the greatest impact on residents and where the Committee could potentially make a difference.

Recommendation: That the HOSC takes a more selective approach to its work programme, prioritising issues that will have the greatest impact on residents and where the Committee can make a difference.

- 2.11 Members felt that in order for scrutiny to be more effective, the work programme needed to be of a manageable size and that meeting agendas should only include a main topic for discussion along with an ancillary topic, in addition to the standard items.

Recommendation: That the HOSC agendas include a main topic for discussion along with an ancillary topic, in addition to the standard items, to ensure that agendas are of a manageable size.

- 2.12 Recommendation 43 of the Francis Report states that – *Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.* It was recognised that HOSC Committee members and the supporting officer currently reviewed media reports informally to keep informed of matters which may be of interest or concern to residents. It was felt that this was a key means of Members’ keeping their finger on the pulse.
- 2.13 HOSC members could request that an item relevant to the Committee’s functions be included on the agenda for the next available meeting or added to the work programme.

Recommendation: That all HOSC members monitor local and national media for reports regarding providers of NHS services to Wokingham Borough residents and inform the Chairman and supporting officer of any items which they feel may require further investigation by the Committee.

Record of meeting:

- 2.14 Of the minutes of the Staffordshire Overview and Scrutiny Committee meetings, particularly those of the Borough Council, the Francis Report stated that they ‘register that a topic was discussed and summarise presentations made by external bodies, or formal questions put, but there is no summary of the debate, merely a series of very short reports of any decision taken. In many cases, the decision was often merely to “note” a presentation.’ It was also often unclear what each Committee member had contributed at each meeting.
- 2.15 Members considered that the Wokingham HOSC meeting minutes were detailed, reflected Members’ contributions and that no further improvements were required.
- 2.16 Each HOSC agenda includes a Tracking Note to record questions that could not be answered within the meeting and actions for further action. Members felt that this was an effective and systematic way of ensuring that these were followed up and not missed.

Training:

- 2.17 Whilst the Francis Report acknowledged that ‘Councillors are not and cannot be expected to be experts in healthcare’ it also said of the Staffordshire County Council

Overview and Scrutiny Committee that 'they can, however, be expected to make themselves aware of, and pursue, the concerns of the public who have elected them.' The Committee was said to have confined itself to the passive receipt of reports and '...appears to have been wholly ineffective as a scrutineer of the Trust.' Members considered how the effectiveness of Committee members could be improved to ensure that similar criticisms could not be levelled at the Wokingham HOSC.

2.18 Councillor Ken Miall, as one of the newer members of the HOSC, was invited to the Working Group's meeting on 7 April 2014. He provided his views on training for the HOSC which included:

- Specialist training was not always necessary and that having access to the right officers who could provide information was important;
- New Members might find introductory training on matters such as the roles and responsibilities of the different health organisations, useful;
- Committee members should seek advice from the supporting officer if they felt that they required additional information or training;
- Data presented was sometimes complex and difficult to interpret;
- Site visits were often beneficial.

2.19 The Council's Constitution states that Members who are appointed to the scrutiny Committees, including substitutes, will be expected to undertake appropriate training. At present the HOSC receives reports and information from expert officers both from within and outside the Council. Training has been previously offered to HOSC and its substitute members specifically on health matters such as the health service reforms, the Health and Social Care Act 2012 and the Care Bill. More general scrutiny skills training such as questioning, formulating terms of reference for scrutiny reviews and making recommendations, has also been made available.

2.20 Such is the ever changing and complex nature of the health service, Members agreed that it was vital that new HOSC members undertook introductory training to enable them to become effective Committee members. Refresher training for the whole Committee helped to ensure that Members' knowledge remained up-to-date. The Working Group also felt that the provision of briefings on topics which the Committee would be looking at in detail, for example as part of a scrutiny review, would help increase Members' knowledge of that particular area and ensure more effective scrutiny and challenge.

Recommendation: That all HOSC members and substitutes should receive induction and refresher training and briefings on topics which the Committee will be looking at in detail.

Recommendation: That an introductory information briefing be provided to Task and Finish Groups on topics which have been selected for review, prior to the commencement of scrutiny reviews.

Recommendation: That the HOSC members and substitutes inform the supporting officer of any areas where they feel that additional training or a briefing, would be beneficial.

- 2.21 The Francis Report commented that scrutiny had 'showed a remarkable lack of concern or even interest in the HSMR data...it should have been possible to grasp that they could have meant there was an excess mortality that required at least monitoring by the committee.' Several Members were of the view that training on the interpretation of health related statistics would be helpful.
- 2.22 Members agreed that it would be helpful for the HOSC to have an understanding of the Hospital Standard Mortality Rates of the local hospital Trusts. However, it was also noted that there was some limitations to their usefulness such as the fact that they did not highlight where mortality may be higher in a particular area of the hospital. It was felt that the Committee, in addition to having an understanding of the Hospital Standard Mortality Rates, should monitor summary mortality information, as included on the NHS Choices website.
- 2.23 Site visits were considered an often useful means of furthering Members' understanding of a particular organisation or health service and it was felt that the Committee should continue to undertake site visits where appropriate. Newer HOSC members might find it beneficial to attend visits with more experienced Committee members.
- 2.24 A number of councils had selected individual Members to lead on particular areas such as Primary Care and Hospital Trusts, in order to distribute the knowledge base of the Health Overview and Scrutiny Panel. The Working Group gave consideration as to whether this approach might be effective in Wokingham. It was noted that Committee membership potentially changed to some degree each year and Members felt that this approach benefited from continuity of membership. The Working Group proposed that new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible, to ensure a continuation of knowledge. Members recognised the importance of the engagement of all Committee members in the scrutiny process to ensure maximum effectiveness of the Committee.

Recommendation: That new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible.

- 2.25 There is a mechanism in place should the HOSC wish to appoint lead members for different areas in future, as set out in 6.3.7 of the Council's Constitution (Procedure at Overview and Scrutiny Committees) 'In addition the Health Overview and Scrutiny Committee will consider...reports of lead Members assigned to particular health issues or health service providers.'

Support:

- 2.26 Recommendation 149 of the Francis Report states that *Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.*
- 2.27 The HOSC is supported by a Democratic Services Officer, undertaking this role in addition to other duties. The Working Group recognised the need to take the limited officer resources into account when planning the Committee's work programme and when contemplating undertaking scrutiny reviews. It was also recognised that there were limitations on Member resources and that many Committee members were

also members of the other Overview and Scrutiny Committees, which also carried out reviews. This too needed to be taken into account when planning and prioritising the Overview and Scrutiny Committees' work programmes.

- 2.28 Members believed that the HOSC could make greater use of support from the Council's Public Health team with regards to the provision of and interpretation of statistical and technical data and the provision of briefings on reports and presentations that the Committee received, to further Members' understanding. It was thought that this would help ensure that Members' questions were pertinent and well-formed according to the information presented, in turn increasing the effectiveness of the scrutiny offered by the Committee.

Recommendation: That the HOSC utilises support from the Public Health team with regards to the interpretation of statistical data and the provision of briefings on reports and presentations that the Committee receive, to help ensure that Members' questions are effective and well-formed according to the information presented.

- 2.29 The HOSC and in particular Task and Finish Groups, invite expert witnesses, both from inside and outside of the Council, to attend meetings to provide information on certain issues and to further Members' understanding of the topic under consideration.
- 2.30 Given the fact that HOSC members are not and indeed expected to be health experts, the Working Group were of the view that it would be appropriate to seek advice from independent experts such as those from Clinical Networks, on review topics, where it was considered that this would assist Members in their investigations.

Recommendation: That consideration be given to seeking advice from independent experts on review topics, where it was considered that this will assist Members in their investigations.

- 2.31 The Centre for Public Scrutiny produces a broad range of publications on various aspects of scrutiny, including health scrutiny. Greater use could be made of these resources where appropriate. Increased information sharing with other members of the Centre for Public Scrutiny's regional Health Scrutiny Network and participation where possible, in the Centre for Public Scrutiny's Healthy Accountability Forum was believed to be a good means of sharing best practice and keeping abreast of local and national developments.

Complaints data:

- 2.32 Of the Staffordshire County Council Scrutiny Committee, the Francis Report commented that it had made little use of sources of information other than that provided by the Trust, such as complaints data.
- 2.33 On 3 June the Working Group focused on Recommendation 119 of the Francis Report which stated that *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 for patient confidentiality.*

Information was received from:

- Stuart Rowbotham, Director of Health and Wellbeing
- Jim Stockley, Chairman of Healthwatch Wokingham Borough
- Councillor Bob Pitts, Council's representative on Berkshire Healthcare NHS Foundation Trust and the Royal Berkshire Hospital Foundation Trust – Board of Governors

- 2.34 The HOSC does not handle individual complaints. However, complaints data can be a potentially useful source of information for scrutiny. Trends and patterns identified can be indicative of a wider problem and can inform the Committee's work. The monitoring of complaints and compliments was one means of establishing patients' views on services provided.
- 2.35 Stuart Rowbotham provided the Working Group with information regarding the process for Adult Social Care and Public Health complaints.
- 2.36 Complaints could be made in person, via email, by telephone or via the Wokingham Information Network. Complaints could also be received via allied agencies such as housing agencies and the health service. For enquiries about social care services or to make a complaint, people were advised to contact the member of staff involved, their manager, or the Adult Disability Duty Desk. For complaints which involved both the Council and the National Health Service, a single response was provided.
- 2.37 There were a number of different routes that those wishing to make a complaint could take. Should they already be known to social care it was likely that they would have a contact within social care such as a case worker. If the person was not known to social care it was likely that they would initially contact the Customer Services team. If the matter was a safeguarding issue a safeguarding alert was raised, and a different process was followed.
- 2.38 As far as possible, complaints were managed and resolved as soon as they were received. Complaints could be elevated to the Director of Health and Wellbeing if necessary. Concerns raised that had been dealt with straight away were not recorded as complaints. Complaints were recorded through Frameworki. Managers received feedback on compliments and complaints on a quarterly basis. Complaints were anonymised and categorised in broad terms.
- 2.39 Members were of the opinion that it would be helpful if the HOSC received high level, anonymised complaints data in relation to any Adult Social Care and Public Health complaints. This data could be used to potentially identify and monitor trends that might require further follow up by the Committee.

Recommendation: That the HOSC receives high level, anonymised complaints data regarding any Adult Social Care and Public Health complaints.

- 2.40 Jim Stockley, Chairman of Healthwatch Wokingham Borough informed the Working Group that Healthwatch Wokingham Borough logged all comments, stories and issues received about local health services. Healthwatch Wokingham Borough was able to run a plethora of reports on this information and was able to identify trends,

such as comments by provider, theme of comment and sub themes. Jim Stockley commented that many people found the complaints system offputtingly complex.

- 2.41 Usually, when people contacted the local Healthwatch to say that they wished to complain, the Healthwatch service was explained and information about their circumstances requested so that they could be signposted accordingly. Sometimes people just wanted assistance in understanding 'the system' and Healthwatch Wokingham Borough could assist with that as part of its general health and social care signposting service. Healthwatch Wokingham Borough could explain about seeking local resolution with the service provider (e.g. suggest speaking to PALS if a hospital issue) and also mention the SEAP NHS Advocacy service.
- 2.42 The Council, along with 10 other councils across the south east had commissioned Support Empower Advocacy and Promote (SEAP) to provide an NHS Complaints Advocacy service. Healthwatch Wokingham Borough could signpost people to this service but it was not known whether those given SEAP's details had then gone on to contact them.
- 2.43 Members were informed that Healthwatch Wokingham Borough currently received SEAP's Independent Health Complaints Advocacy activity report for Berkshire. Berkshire Healthcare Foundation Trust's Serious Incidents Requiring Investigation (SIRI) Quarterly Report on Trends and Learning and the NHS Thames Valley Quality Surveillance information "early intelligence report."
Recommendation: That the HOSC request receipt of the quarterly and annual report from the complaints advocacy service, SEAP.
- 2.44 Councillor Pitts was a partner governor for the Royal Berkshire Hospital NHS Foundation Trust (RBH) and also Berkshire Healthcare NHS Foundation Trust (BHFT). He also sat on the BHFT's Quality Assurance Committee and RBH's Clinical Assurance and Business Assurance Committees. He informed the Working Group of what his role entailed.
- 2.45 Members noted that the Trust Boards routinely received information regarding complaints at Board meetings held in public. Berkshire Healthcare NHS Foundation Trust for example published 'Patient Experience' reports. The Working Group felt that the Board papers provided accessible complaints information and that the HOSC should periodically monitor complaints information taken to the Trust Board meetings held in public.

Recommendation: That the HOSC members monitor information regarding complaints published by each of the NHS Foundation Trusts which provide services to Wokingham Borough residents and on which the Committee is prioritising its focus, for Board meetings held in public. That Committee members highlight any concerns to the Chairman, for follow up by the Committee.

Working with partners:

- 2.46 Scrutiny should not duplicate the work of others but should engage fully with appropriate bodies to ensure that concerns are not missed. The Working Group recognised that the HOSC needed to work effectively with other bodies such as Healthwatch and regulatory bodies including the Care Quality Commission (CQC) in

order to successfully hold the local health care providers to account. Members considered how it worked with some of these bodies, if improvements could be made and how.

Care Quality Commission:

- 2.47 The Working Group gave consideration to Recommendation 47 of the Francis Report – *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.*
- 2.48 Working closely and constructively with the CQC and sharing information, where appropriate, was an important part of undertaking good quality scrutiny. HOSC has previously received updates from the CQC on its work regarding health and social care providers within the Borough or those used by Wokingham residents. The Committee is encouraged to share concerns it may have regarding the quality or safety of care delivered by local providers, or other relevant information.
- 2.49 Members felt that communication between the Committee and the CQC could be improved. It was suggested that the Chairman of HOSC and one other Committee member meet with the local CQC managers no less than twice a year.

Recommendation: That the Chairman of HOSC and one other Committee member maintain contact with the local CQC managers and meet with them no less than twice a year.

- 2.50 The Working Group believed that providing the CQC with copies of HOSC’s work programme and review reports should they contain recommendations or relevant information which the CQC should be aware of, would also improve the working relationship between the two.
- 2.51 At present the Chairman of HOSC and the supporting officer receive email alerts and links to publications of any public CQC review reports on local providers. These can then be shared with the Committee should issues of concern be identified. The Working Group was of the opinion that all Committee members should receive the email alerts and inform the supporting officer and the Chairman of any concerns.

Recommendation: That all HOSC members receive email alerts from the CQC regarding published inspection reports and highlight any concerns to the Committee, via the Chairman and supporting officer, as necessary.

- 2.52 Several HOSC members had attended a CQC ‘Listening Event’ for the Royal Berkshire Hospital on 24 March 2014, in advance of its inspection by the CQC. The Working Group felt that ‘Listening Events’ were an opportunity to hear of patients’ experiences, good or bad, from patients, their friends and relatives and that at least one Committee member should attend any future ‘Listening Events’ for the relevant NHS Foundation Trusts.
- 2.53 Members also believed that where possible the Chairman of HOSC should engage in the Quality Summits (when the CQC meets with the inspected organisation to

inform of the inspection findings and focus on the next steps needed to improve, if required) for the relevant Trusts.

Recommendation: That at least one HOSC member attends each CQC 'Listening Event' for the three main NHS Foundation Trusts providing services for Wokingham residents.

Recommendation: That, where possible, the Chairman of HOSC engages in CQC Quality Summits for the NHS Foundation Trusts providing services to Wokingham residents.

Healthwatch:

- 2.54 The Working Group met with Jim Stockley, Chairman of Healthwatch Wokingham Borough, at its meeting on 3 June. Healthwatch was the consumer champion for health and social care. Included in its role was; enabling people to share views and concerns about local health and social care services, the provision of evidence-based feedback to commissioners and providers, influencing and challenging and the provision of or signposting to, information about local services and how to access them. It could also refer matters of concern about services to scrutiny.
- 2.55 Members were of the view that the HOSC had a good relationship with the local Healthwatch, receiving an update on its activities and areas of concern identified, at every Committee meeting. In his submission to the Working Group, Jim Stockley had indicated that Members could promote the work of Healthwatch Wokingham Borough through their Ward work and encourage residents to share any stories they may have regarding local health services.

Recommendation: That Members be encouraged to raise awareness of Healthwatch Wokingham Borough through their ward work e.g. in ward surgeries.

- 2.56 Recommendation 147 of the Francis Report states *Guidance should be given to promote the coordination and co-operation between local Healthwatch, Health and Wellbeing Boards and local government scrutiny committees.*
- 2.57 The Centre for Public Scrutiny had published guidance on Local Healthwatch, health and wellbeing boards and health scrutiny which detailed the independent, but complementary, roles and responsibilities of the three.
- 2.58 A joint workshop between members of the HOSC, the Health and Wellbeing Board and representatives from Healthwatch Wokingham had been on 5 June 2013. The purpose of the workshop had been for participants to gain a better understanding of each other's' roles and responsibilities and to discuss how they would work together in the future. A model of interdependence, information regarding the roles and responsibilities of the three bodies and example questions were produced following the workshop.
- 2.59 Members were mindful that a clear understanding of the relationship between the bodies was vital. The HOSC, Health and Wellbeing Board and Healthwatch should be aware of each other's work and be willing to share information where appropriate

in a timely manner to minimise duplication and to ensure that important issues regarding the health and wellbeing of the Borough were picked up.

- 2.60 Members were of the opinion that a refresher workshop would assist in the continued development of good working relationships and would be particularly beneficial in light of changes in membership and changes in the health and social care landscape.

Recommendation: That a joint workshop be held between the HOSC, the Health and Wellbeing Board and Healthwatch Wokingham Borough to refresh members' understanding of each other's roles and responsibilities and the interdependencies between the three.

- 2.61 Recommendation 150 of the Francis Report states *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 suggestion for action.*

- 2.62 Currently scrutiny can refer concerns regarding a particular provider to the Care Quality Commission (CQC) and the CQC can undertake inspections. Healthwatch can undertake Enter and Views and refer matters to the HOSC for further review. Some Members believed that the HOSC undertaking inspections would potentially create duplication and confusion. The Working Group felt that the HOSC should inform the CQC of any concerns which Members had or had been informed of by residents, regarding specific providers. The HOSC should continue to work with Healthwatch Wokingham Borough, requesting that it be informed of any significant concerns and recommendations following Healthwatch Enter and View inspections.

Recommendation: That Healthwatch Wokingham Borough be requested to continue to inform the HOSC of any significant concerns and recommendations following inspections and the Committee follow these up as and when necessary.

Health and Wellbeing Board:

- 2.63 Under the Health and Social Care Act 2012, upper tier councils were required to establish Health and Wellbeing Boards.
- 2.64 The HOSC is the main scrutiniser of the Health and Wellbeing Board. The Health and Wellbeing Board provides a quarterly update to the HOSC on its activities which affords HOSC the opportunity to monitor and challenge the effectiveness the Board's strategies to reflect priorities and deliver outcomes.
- 2.65 The Working Group felt that it would be helpful for the Chairmen of the HOSC and the Health and Wellbeing Board to discuss whether improvements could be made to the way in which they worked together. Areas of discussion could include minimising duplication of efforts and ensuring no matters of importance were overlooked.

Recommendation: That the Chairmen of the HOSC and the Health and Wellbeing Board meet to discuss whether any improvements could be made to way in which the HOSC and the Health and Wellbeing Board work together.

Council's representatives on NHS Foundation Trusts:

- 2.66 At its meeting on 3 June 2014 the Working Group received information from Councillor Pitts, the Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of Governors on what his roles entailed.
- 2.67 Contact between the HOSC and the Council's representatives on the Trusts had in the past been minimal. The Working Group believed that there was potentially an opportunity for information sharing and proposed that the HOSC maintain contact with the Council's representatives on local NHS Foundation Trust Boards or Governing Bodies, including requesting these Member representatives report to the Committee at least twice a year. It was accepted that this would be subject to the confidentiality requirements of the individual Trusts.

Recommendation: That the HOSC maintains contact with the Council's representatives on local NHS Foundation Trust Boards or Governing Bodies, including requesting these Member representatives report to the Committee twice a year.

Quality Surveillance Groups:

- 2.68 The Francis Report made recommendations regarding organisations sharing concerns about provider service quality so that commissioners and regulators were aware of the full range of issues of concerns in a timely fashion. From April 2013 Quality Surveillance Groups would regularly bring together commissioners, regulators, local Healthwatch representatives and other bodies to share information and intelligence about quality across the system, with the aim of proactively spotting potential issues early on.

Patient experience and public engagement:

- 2.69 A key message of the Francis Report was the importance of hearing the patient voice and capturing the patient experience. The Report commented that the Staffordshire scrutiny committees had not actively sought sources of information other than received from the Trust, such as the views of the public to test what they had been told. In addition the committees had not proactively responded to or flagged up concerns put to them by residents, made little attempt to solicit the public's views and did not have procedures in place to encourage the public to air their concerns to the Committee.
- 2.70 In seeking to establish how the HOSC could better monitor information regarding the patient experience and how the Committee's engagement with the public could be improved, the Working Group looked at some of the different information available regarding the patient experience and how the Committee engaged with the public at present.

- 2.71 HOSC meetings are open to the public. A Tweet from the Council's Twitter feed is sent out prior to each meeting in an effort to increase public awareness of the Committee's work.
- 2.72 The public could submit written questions prior to HOSC meetings in accordance with the procedure detailed in the Council's Constitution. In addition after each presentation at Committee meetings, the public could ask questions relevant to the particular presentation. Questions should be asked through the Chairman and should not relate to personal cases. The Working Group felt that this offered an opportunity to raise issues. Members of the public attending committee meetings were provided with copies of the agenda and presentation slides.
- 2.73 Although members of the public could suggest topics for a scrutiny review the Working Group was disappointed to note that this avenue has been little used.
- 2.74 There is a wealth of information about the patient experience available which the HOSC could monitor and the Working Group were mindful that overloading Members with information was unlikely to lead to effective scrutiny. Prioritisation was therefore integral. At its meeting on 16 July the Working Group considered some of the different sources of information available, regarding patients' experiences of health and social care.
- NHS Choices: the UK's largest health website which provides a comprehensive health information service. Members looked at summary information regarding the main NHS Trusts serving the Borough. Indicators considered included NHS Choices user ratings, CQC national standards, recommended by staff, staff satisfaction with incident handling, NHS England patient safety notices and mortality rates. NHS Choices also published the Friends and Family Test scores (for A&E, Maternity and Inpatients), the percentage of patients who would recommend the hospital to their friends and family. Members concluded that it would be helpful for the HOSC to receive and monitor such summary information on a regular basis in order to identify any issues of possible concern.
 - GP Patient Survey: a survey administered by Ipsos MORI on behalf of NHS England. Issued in January and July, it gives a random selection of patients the opportunity to comment on their experience of their GP practice. The Working Group received the results of the survey published July 2014 and concluded that the survey was potentially a useful means of highlighting concerns regarding individual surgeries.
 - CQC Annual Inpatient Survey results: The Working Group considered the results of the Care Quality Commission 2013 adult inpatient survey for Royal Berkshire Hospital NHS Foundation Trust. Questions covered a range of issues including care and treatment, operations and procedures, leaving hospital and overall views and experience. It was felt that the Survey provided Members with information on patients' views of their experience of the individual hospitals and difference aspects of the service provided to them.
 - Patient Opinion: Online review and response tool for patients and relatives to comment on their experiences and for providers to give a response. It was felt that the supporting officer should maintain a watching brief and flag up any concerns as required.

- Patient Association: Users rate hospitals on a number of factors including cleanliness, food, communication, helpfulness and friendliness of staff and involvement in decisions about their care. It was felt that the supporting officer should maintain a watching brief and flag up any concerns as required.

2.75 Members concluded that in order to gain a more complete picture of patients' experiences, the triangulation of information from different sources, such as those detailed previously, was necessary. The Working Group believed that the HOSC was seeking to engage with the public but that improvements could be made to the way in which it captured the patient experience.

Recommendation: That in order to access patients' views on their experiences, the HOSC regularly receives the following information:

- a) A summary of the information on the NHS Choices website on the main healthcare providers for Wokingham Borough residents, including NHS Choice user ratings, CQC national standards, recommended by staff, staff satisfaction with incident handling, Mortality rate, NHS England patient safety notices and Friends and Family scores;
- b) GP Patient Survey results;
- c) CQC annual Inpatient Survey results;
- d) Information from Patient Opinion and Patient Association
- e) Any reports from regulators regarding Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust

2.76 Councillor Julian McGhee-Sumner, Executive Member for Health and Wellbeing, was invited to the Group's meeting on 16 July. He was asked for his views on the implications of the Francis Report, particularly for scrutiny and how the HOSC could further improve its engagement with the public and the way in which it accessed the health concerns of the public.

2.77 Councillor McGhee-Sumner suggested that the HOSC might wish to focus on making a difference in a small number of areas which were of importance to residents. He also stressed the importance of working with Healthwatch, the consumer champion to hear people's views and experiences of health and social care.

Quality Accounts:

2.78 At its meeting on 3 June 2014 the Working Group considered 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 or 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 and Local Healthwatch.*

2.79 The Health Overview and Scrutiny Committee currently receive Quality Accounts from the following:

- Berkshire Healthcare NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust

2.80 Members considered how the HOSC could improve the way in which it responded to these Quality Accounts. It was proposed that on receipt of the Quality Accounts, the Health Overview and Scrutiny Committee be divided into three groups, that each group focus on a particular Account and with the support of appropriate officers, formulates a response for the Committee as a whole to agree. It was felt that this would help to increase Committee involvement in the process.

Recommendation: That on receipt of Quality Accounts from the Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust, the HOSC be divided into three groups and that each group focuses on a specific set of Quality Accounts and formulates a response. Each response should be circulated to the full Committee for agreement.

2.81 Members believed that there were lessons to be learnt across all areas of scrutiny and that many of the recommendations made to the HOSC were equally applicable to the Council's other Overview and Scrutiny Committees.

Recommendation: That the Overview and Scrutiny Management Committee be sent the report of the Possible Implications for Scrutiny of the Francis Report Working Group and be requested to consider whether any of the improvements recommended for the HOSC could be applied to the Overview and Scrutiny Management Committee and the other Overview and Scrutiny Committees.

Recommendation: That the HOSC review the implementation of any agreed recommendations after a period of 12 months.

3.0 Conclusion

3.1 The Working Group considered those recommendations and comments set out in the Report relating specially to overview and scrutiny and sought to identify whether there were areas where Overview and Scrutiny practices in Wokingham could be enhanced or amended in light of these.

3.2 On the basis of the information available to it, the Working Group concluded that whilst there were areas of strength in the HOSC's practice there were some improvements which the HOSC could make collectively and individually.

3.3 Prioritisation and preparation were an integral part of effective scrutiny. The Working Group felt that pre meetings were a useful means of preparing for the Committee meeting and should continue. However, pre meetings could be used more effectively to identify key lines of enquiry, to identify any issues in reports and to discuss questioning. It was thought that Committee meeting agendas could be of a more manageable size to ensure more detailed scrutiny. Members agreed that

Committee members should continue to monitor media reports regarding local health service providers and regulators.

- 3.4 Whilst training was offered to Committee members on a variety of topics, including health specific matters and general scrutiny training such as questioning skills, it was felt that the HOSC should make greater use of the expertise of the Public Health team with regards to the interpretation of data. It was acknowledged that Members were not required to be medical experts but the Working Group were of the view that in some instances the level of scrutiny and challenge offered would benefit from advice from independent experts.
- 3.5 Working with other organisations was vital. The HOSC had established a good working relationship with Healthwatch Wokingham Borough, who provided a regular update to the Committee. Nevertheless, a refresher workshop between the HOSC, Health and Wellbeing and Healthwatch Wokingham Borough, to reaffirm how the three would work together, would be beneficial.
- 3.6 Members believed that the HOSC made efforts to solicit the views of residents; for example by allowing members of the public attending Committee meetings to ask questions following on from presentations. Nevertheless, improvements could be made to the way in which it monitored information regarding the patient experience. The Working Group believed that the HOSC should regularly receive information regarding the patient experience from a number of different sources, for example through a summary of information on NHS Choices, to gain a fuller picture of quality of services provided.

4.0 Recommendations

- 4.1 From the written and verbal evidence provided to the Working Group, the following were the main findings and the recommendations which were formulated as a result.
- 4.2 Recommendation: That the Health Overview and Scrutiny Committee (HOSC) receive the report of the Possible Implications for Scrutiny of the Francis Report Working Group and agrees the recommendations set out within the report which relate to HOSC.
- 4.3 Recommendation: That the HOSC members ensure that they are fully prepared for committee meetings and read the agenda thoroughly prior to the meeting to help identify any issues of concern/good news and to structure questioning, seeking advice from the supporting Democratic Services Officer as and when required.

Reason: To ensure that all Committee members are able to actively participate in questioning.
- 4.4 Recommendation: That a pre meeting is held 30 minutes prior to each HOSC meeting and that it include;
 - a) a brief discussion of agenda items to highlight any areas of concern;
 - b) a brief discussion of questions to be asked of presenters to ensure a coordinated approach is taken, high quality questioning and full Member participation;
 - c) a brief discussion of forward programme;

d) information briefings from officers, where required.

The Working Group was of the opinion that in order for pre meetings to be most effective, Members should not arrive later than 5 minutes after the commencement of the pre meeting

Reason: To ensure that Members are adequately briefed and prepared.

- 4.5 Recommendation: That the HOSC takes a more selective approach to its work programme, prioritising issues that will have the greatest impact on residents and where the Committee can make a difference.

Reason: To ensure that the Committee adopts a selective approach to its work programme, focusing more on matters that will have the greatest impact on residents and where the Committee can make a difference

- 4.6 Recommendation: That the HOSC agendas include a main topic for discussion along with an ancillary topic, in addition to the standard items, to ensure that agendas are of a manageable size.

Reason: To ensure that the Committee does not attempt to address too many issues in one meeting and has sufficient time to scrutinise items in more detail.

- 4.7 Recommendation: That all HOSC members monitor local and national media for reports regarding providers of NHS services to Wokingham Borough residents and inform the Chairman and supporting officer of any items which may require further investigation by the Committee.

Reason: To ensure that Members are aware of the activities of providers of NHS services to Wokingham Borough residents and identify possible issues of concern at an early opportunity.

- 4.8 Recommendation: That all HOSC members and substitutes should receive induction and refresher training and briefings on topics which the Committee will be looking at in detail.

Reason: To ensure that Committee members have an understanding of the health and social care landscape and are able to undertake good quality scrutiny.

- 4.9 Recommendation: That an introductory information briefing be provided to Task and Finish Groups on topics which have been selected for review, prior to the commencement of scrutiny reviews.

Reason: To ensure that Committee members have a reasonable level of knowledge regarding topics of review to enable Members to undertake effective scrutiny.

- 4.10 Recommendation: That the HOSC members and substitutes inform the supporting officer of any areas where they feel that additional training or a briefing, would be beneficial.

Reason: To identify any gaps in training.

4.11 Recommendation: That new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible.

Reason: To ensure continuity and to help develop the Committee's knowledge base.

4.12 Recommendation: That the HOSC utilises support from the Public Health team with regards to the interpretation of statistical data and the provision of briefings on reports and presentations that the Committee receive, to help ensure that Members' questions are effective and well-formed according to the information presented.

Reason: The Working Group recognised the value that support from the Public Health team might add to priority setting and the development of questions.

4.13 Recommendation: That consideration be given to seeking advice from independent experts on review topics, where it was considered that this will assist Members in their investigations.

Reason: Members are not expected to be medical experts. The Committee may be able to make use of independent experts' specialist knowledge to assist in the development of more in depth questioning on clinical matters, if required.

4.14 Recommendation: That the HOSC receives high level anonymised complaints data regarding any Adult Social Care and Public Health complaints.

Reason: To help identify any trends and areas of concern.

4.15 Recommendation: That the HOSC requests receipt of the quarterly and annual report from the complaints advocacy service, SEAP.

Reason: To help identify any trends and areas of concern.

4.16 Recommendation: That the HOSC members monitor information regarding complaints published by each of the NHS Foundation Trusts which provide services to Wokingham Borough residents and on which the Committee is prioritising its focus, for Board meetings held in public. That Committee members highlight any concerns to the Chairman, for follow up by the Committee.

Reason: To gain an insight into patients' experiences and to identify and monitor any trends.

4.17 Recommendation: That the Chairman of HOSC and one other Committee member maintain contact with the local CQC managers and meet with them no less than twice a year.

Reason: To further develop the relationship between the HOSC and the CQC.

4.18 Recommendation: That all HOSC members receive the email alerts from the CQC regarding published inspection reports and highlight any concerns to the Committee, via the Chairman and supporting officer, as necessary.

Reason: To maintain awareness of the work of the CQC and to identify any areas of concern which would benefit from follow up by the Committee.

- 4.19 Recommendation: That at least one HOSC member attends each CQC 'Listening Event' for the three main NHS Foundation Trusts providing services for Wokingham residents.

Reason: To hear patients' experiences, both positive and negative of the Trust in question.

- 4.20 Recommendation: That, where possible, the Chairman of HOSC engages in CQC Quality Summits for the NHS Foundation Trusts providing services to Wokingham residents.

Reason: To be kept informed of CQC inspection findings and any next steps needed to improve identified.

- 4.21 Recommendation: That Members be encouraged to raise awareness of Healthwatch Wokingham Borough through their ward work e.g. in ward surgeries.

Reason: To assist the public in voicing their views on the local health service by referring them to the consumer champion, Healthwatch Wokingham Borough.

- 4.22 Recommendation: That a joint workshop be held between the HOSC, the Health and Wellbeing Board and Healthwatch Wokingham Borough to refresh members' understanding of each other's roles and responsibilities and the interdependencies between the three.

Reason: Members recognised the importance of the HOSC, Health and Wellbeing Board and Healthwatch understanding how they could work together most productively, avoiding duplication of effort and resources.

- 4.23 Recommendation: That Healthwatch Wokingham Borough be requested to continue to inform the HOSC of any significant concerns and recommendations following inspections and the Committee follow these up as and when necessary.

Reason: To maintain a good working relationship with Healthwatch Wokingham Borough and for the HOSC to be kept informed of any significant concerns and recommendations identified by Healthwatch Wokingham Borough.

- 4.24 Recommendation: That the Chairmen of the HOSC and the Health and Wellbeing Board meet to discuss whether any improvements could be made to way in which the HOSC and the Health and Wellbeing Board work together.

Reason: To establish whether improvements can be made to way in which the two Committees work together.

- 4.25 Recommendation: That the HOSC maintains contact with the Council's representatives on local NHS Foundation Trust Boards or Governing Bodies, including requesting these Member representatives report to the Committee twice a year.

Reason: To improve contact between the HOSC and the Council's representatives on local NHS Foundation Trust Boards or Governing Bodies.

4.26 Recommendation: That in order to access patients' views on their experiences, the HOSC regularly receives the following information:

- a) A summary of the information on the NHS Choices website on the main healthcare providers for Wokingham Borough residents, including NHS Choice user ratings, CQC national standards, recommended by staff, staff satisfaction with incident handling, Mortality rate, NHS England patient safety notices and Friends and Family scores;
- b) GP Patient Survey results;
- c) CQC annual Inpatient Survey results;
- d) Information from Patient Opinion and Patient Association
- e) Any reports from regulators regarding Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust

Reason: To ensure a timely flow of information to the HOSC regarding patients' experiences.

4.27 Recommendation: That on receipt of Quality Accounts from the Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust, the HOSC be divided into three groups and that each group focuses on a specific set of Quality Accounts and formulates a response. Each response should be circulated to the full Committee for agreement.

Reason: To improve the way in which the HOSC responds to the relevant Quality Accounts.

4.28 Recommendation: That the Overview and Scrutiny Management Committee be sent the report of the Possible Implications for Scrutiny of the Francis Report Working Group and be requested to consider whether any of the improvements recommended for HOSC could be applied to the Overview and Scrutiny Management Committee and the other Overview and Scrutiny Committees.

Reason: To determine whether any of the improvements recommended for HOSC could be applied to the Council's other Overview and Scrutiny Committees.

4.29 Recommendation: That the Health Overview and Scrutiny Committee review the implementation of any agreed recommendations after a period of 12 months.

APPENDIX A

POTENTIAL IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP

TERMS OF REFERENCE

Purpose of Review:

To identify the key potential implications for overview and scrutiny from the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report) and to identify any areas of further development for health scrutiny in Wokingham.

To recommend any improvements to the health scrutiny practices in Wokingham, to the Health Overview and Scrutiny Committee.

Key Objectives:

To review the recommendations and comments from the Francis Report which relate to scrutiny and identify whether there are areas where Overview and Scrutiny practices in Wokingham could be enhanced or amended in light of these comments and recommendations.

To establish the type, frequency and format of data, including complaint data that the Committee may wish to receive from relevant NHS bodies, Adult Social Care and Public Health.

To consider the role of the Committee member and how effectiveness can be improved further.

To determine if there are areas where improvements could be made to the Committee process.

To consider how the Committee can better monitor information regarding the patient experience.

To consider how the Committee's engagement with the public can be further improved.

Scope of the work:

To gain an understanding of the implications for the Health Overview and Scrutiny Committee of the relevant comments and recommendations set out in the Francis Report.

BACKGROUND:

The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) was established to look at poor care and failings at Stafford Hospital between 2005 and 2008. As well as looking at the hospital the Inquiry examined the role and actions of

organisations including the Department of Health, the Strategic Health Authority, the Primary Care Trust, Care Quality Commission, Monitor, local patient and participation organisations and local authority scrutiny.

The Report acknowledged that what happened with the Mid Staffordshire Trust was not just a failure by the organisation. It also highlighted a systematic failure by a number of national and local organisations, including the scrutiny committees of Stafford Borough Council and Staffordshire County Council, to respond sufficiently to concerns put forward regarding patient care and safety.

At its meeting on 25 November 2013, the Health Overview and Scrutiny Committee established a Working Group to look at the potential implications of the Francis Report for scrutiny, which would report back to the Committee in future.

INFORMATION GATHERING:

Witnesses to be invited

Name	Organisation/Position	Reason for Inviting
Councillor Julian McGhee Sumner	Executive Member for Health and Wellbeing	To discuss views on implications of Francis Report for scrutiny.
Stuart Rowbotham, Director Health & Wellbeing	Wokingham Borough Council	To discuss support available to the committee and complaint data regarding Adult Social Care and Public Health.
Councillor Bob Pitts	WBC representative Berkshire Healthcare Foundation trust and RBH Foundation Trust Board of Governors	To discuss possible information sharing
Representative	Healthwatch Wokingham Borough	To discuss sharing information regarding complaints and ensuring roles are complementary.
Representative	Other local authorities – e.g. Bracknell Forest Council	To ascertain how they have responded to the Francis Report recommendations.

Key Documents / Background Data / Research:

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Patients First and Foremost: The Initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry

Hard Truths: The Journey to Putting Patients First - The Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry: Response to the Inquiry's Recommendations

Safety, Quality, Trust: Briefing for Council Scrutiny about the Francis Report (CfPS)

REPORTING ARRANGEMENTS:

Body	Date
Health Overview and Scrutiny Committee	

TIMESCALE

Starting: March 2014

Ending: ??

Number of meetings: 3/4

Panel Members involved in the review:

Councillors Kay Gilder, Tim Holton, Philip Houldsworth, Malcolm Richards and Sam Rahmouni.

Executive Member:

Julian McGhee Sumner, Executive Member Health & Wellbeing