

To: **OVERVIEW AND SCRUTINY COMMISSION**  
**30 JANUARY 2014**

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**RECOMMENDATIONS TO THE OVERVIEW AND SCRUTINY COMMISSION FROM THE  
HEALTH OVERVIEW AND SCRUTINY PANEL'S WORKING GROUP ON THE FRANCIS  
REPORT**

**Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report invites members to consider the recommendations to the Overview and Scrutiny Commission from the Health Overview and Scrutiny Panel's working group on the Francis report.

**2 RECOMMENDATION**

- 2.1 **That the Overview and Scrutiny Commission considers and responds to the recommendations to the Overview and Scrutiny Commission from the Health Overview and Scrutiny Panel's working group on the Francis report:**
- a) **That public engagement mechanisms are kept under review, with the underlying aim of learning about residents' healthcare concerns as directly as possible, and – in concert with Local Healthwatch - by giving the public a voice.**
  - b) **Recognising that officer resources are already fully stretched, to decide, in consultation with the Health O&S Panel, how to meet the new demands on officer time by ceasing lower-priority O&S work and divert resources accordingly, or by not implementing all of the Working Group's recommendations.**
  - c) **To consider reviewing, and asking the other O&S Panels to review, the scope for replicating the improvements to Health O&S throughout the Council's O&S function.**

**3 SUPPORTING INFORMATION**

- 3.1 The Inquiry by Robert Francis QC into the failings of the Mid Staffordshire Foundation NHS Trust concluded that the large number of excess deaths between 2005 and 2008 at Stafford Hospital and the incidence of very poor patient care there constituted a 'disaster' and 'one of the worst examples of bad quality service delivery imaginable'. The Health Overview and Scrutiny (O&S) Panel set up a Working Group to help ensure that the failures at Mid Staffordshire do not happen in Bracknell Forest.
- 3.2 The report of the Working Group was adopted by the Health O&S Panel at its meeting on 7 January 2014. The report contains a number of recommendations to the main NHS organisations providing emergency and inpatient health services to Bracknell Forest residents; to the Council's Executive; to the O&S Commission; and to the Health O&S Panel. The recommendations to the Panel are the most numerous, as the Working Group identified various improvements which can and should be made if the shortcomings in local authority O&S found by Mr Francis are not to be repeated in Bracknell Forest.

- 3.3 The recommendations to the O&S Commission are in paragraphs 5.20, and 5.32-33 of the Working Group's report. The full report can be viewed in the Health O&S Panel meeting agenda at <http://democratic.bracknell-forest.gov.uk/ieListDocuments.aspx?CId=147&MId=4880> . The Conclusions and recommendations chapter of the report is appended, for context and ease of reference.

**ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable**

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Extract from O&S Working Group Report 'Applying the Lessons of the Francis Report to Health Overview and Scrutiny'

## **5. Analysis, Conclusions And Recommendations**

- 5.1 Anyone who cares about the National Health Service and its treatment of patients must have been truly shaken by the reports by Robert Francis QC about the failings at Mid Staffordshire NHS Trust. The number of excess deaths at Stafford hospital between 2005 and 2008 has been estimated at 492 people, and there were dreadful failures to ensure the safety, dignity and comfort of many other patients. The Francis report describes the failings as a '*disaster*' and '*one of the worst examples of bad quality service delivery imaginable*'.
- 5.2 Anyone who cares about local authorities standing up for residents' interests in relation to getting good services from the NHS must have been shaken by Mr Francis' comment that '*The local authority scrutiny committees did not detect or appreciate the significance of any signs suggesting serious deficiencies at the Trust.... The Overview and Scrutiny Committees in Stafford ..... did not [take]... responsibility for identifying and acting on matters of concern; and .....offered ineffective challenge.*'
- 5.3 Bracknell Forest Council's Health Overview and Scrutiny (O&S) Panel commissioned this review because it cares greatly about the quality of NHS services to residents, and because we want to ensure we scrutinise those services effectively. In short, we are determined that the appalling failures of the Stafford Hospital, and in local authority Overview and Scrutiny there, should not be allowed to happen in Bracknell Forest.
- 5.4 We have been mindful of the Secretary of State for Health's words: '*This was a systemic failure of the most shocking kind, and a betrayal of the core values of the health service as set out in the NHS Constitution. We must never allow this to happen again.*' Our main reason for having the review was therefore two-fold:
- To establish whether the NHS Trusts providing most of the essential health services to Bracknell Forest residents were taking the lessons from the Francis report seriously; and
  - To see what improvements were needed to the way the Council carries out its statutory duty to scrutinise local NHS services.
- 5.5 From its investigations, the Working Group (the Group) has drawn the following conclusions, on which we have based a number of recommendations to some of the NHS Trusts, to the Health Overview and Scrutiny Panel and other parts of the Council.

### **The NHS Trusts Providing Most Of the Acute Health Services to Bracknell Forest Residents**

- 5.6 The Group reviewed the actions taken by those NHS Trusts which provide most of the hospital, ambulance and other inpatient health services to Bracknell Forest residents:
- Frimley Park Hospital
  - Heatherwood & Wexham Park Hospitals

- Royal Berkshire Hospital
- South Central Ambulance Service
- Berkshire Healthcare Trust

As set out in section 4 of this report, our review included appraising published reports on actioning the Francis recommendations, face to face meetings with senior representatives of most of these organisations, discussions with the Clinical Commissioning Group and Local Healthwatch, and visits to two of the hospitals. We are very appreciative of the willing co-operation and candour shown by all the people we met.

5.7 The Group was impressed by the seriousness of purpose by all the Trusts in learning and applying the lessons from Francis. The people we met were all clearly shaken by the appalling failures at Mid Staffordshire. The very real changes and improvements they had embarked upon demonstrated to us their determination not to let similar failures happen in their Trust. Whilst we are greatly encouraged and reassured by this overall response, we do have a few observations and recommendations for further improvement:

- a) All the Trusts seemed to us to be striving to ensure that their Boards and staff are fully engaged in understanding the Mid Staffs failures and in making the improvements within their own Trusts. We believe this to be a significant achievement, given the many pressures on NHS staff.
- b) The nationally-run Inpatient survey showed very low levels of satisfaction with information being available on how to make a complaint, and we heard similar feedback from patients at a CQC 'Listening Event' which we attended.  
**Recommendation: All Trusts should include in their welcome pack for patients a brief guide to how to make a complaint or compliment.**
- c) The Group was encouraged by the Royal Berkshire's development of their 'Patient Safety' reports to include more information on complaints. Also, we were impressed by the level of detail on complaints included in the published 'Patient Experience' reports of the Berkshire Healthcare Trust.  
**Recommendation: All Trusts should publish detailed information on complaints, at least equal to the level used by the Royal Berkshire and the Berkshire Healthcare Trust. The published information on complaints should also include the outcome for the complainant, for example – whether the complaints were upheld, lessons learnt and any settlements.** We note that our recommendation is consistent with the new requirements required by the Government in their detailed response to the Francis report, of 19 November 2013.
- d) **We recommend that the Trusts display on their website and PALS notice board a postcard summarising the role of O&S and welcoming views (but not individual complaints) from patients to the Health O&S Panel (See paragraph 5.28 (iv) below).**
- e) The Working Group wish to thank the people they met for their helpful views on what information they thought the Local Authority Overview and Scrutiny Panel should be receiving routinely from the NHS, and in their willing co-operation to ensure that such information needed is received from them. Full use of their ideas have been made in recommending the improvements the Working Group want to see made to Health O&S at Bracknell Forest.

### **Improvements Needed to Bracknell Forest's Health Overview and Scrutiny**

5.8 There are many learning points arising from the Francis report which could be equally applied to any other O&S Panel and the O&S Commission, but at the heart of the matter is the need for councillors carrying out Health scrutiny to have both researched

and be prepared to obtain and scrutinise information on the service users' experience by asking sometimes uncomfortable but pertinent questions. It is equally important that there is an ethos of systematically following matters up through action tracking. We have grouped our conclusions and recommendations using the themes of the Francis report, as below.

### Redefining The Objectives For Health O&S and the Role Of Members

- 5.9 Francis identified the need for more clarity over what functions/objectives Health O&S intend to follow when scrutinising the NHS. The starting point for this must be the **Health and Social Care Act 2012** and related legislation which gives powers to upper-tier local authorities to: review and scrutinise any matter relating to the planning, provision and operation of health services in their area; to make reports/recommendations to local NHS bodies, NHS-commissioned providers, and the Secretary of State; to require the attendance of NHS staff and to require information to be provided. The Act also requires NHS bodies to consult the local O&S committee (including joint committees) on matters of substantial development or variation to services. Separately, the CfPS has recommended that council scrutiny is an opportunity to act as the eyes and ears of the community. Also, we must ensure that there is no duplication with or conflict with the Health and Wellbeing Board roles and responsibilities.

**The Group recommends to the Health O&S Panel that:**

**The overall aim of Health scrutiny should be:**

*'Through constructive challenge and accountability, to work with the Executive, the Health and Wellbeing Board and Health Service Providers to help ensure good health services are provided to residents of Bracknell Forest, reducing health inequalities, and helping everyone to stay fit and lead healthy lives.'*

Within that overall aim, **the objectives for Health Scrutiny should be:**

- i. To exercise democratic accountability, representing the interests of Bracknell Forest residents in regard to health services. This entails constructively and transparently holding service providers to account in meetings open to the public, and making recommendations for improvements.
- ii. To achieve and maintain knowledge of the patients' experience.
- iii. To monitor the performance of the major providers of health services to our residents, with reference to the findings of NHS regulatory bodies, challenging underperformance and encouraging improvement.
- iv. To review proposals for substantial service change.
- v. To recognise that the vastness of the NHS and the limited time available for O&S means that only those matters deemed to be of greatest significance are scrutinised.
- vi. Consequently, to make the best use of the resources available to O&S, by focussing attention on those issues which O&S members judge:
  1. affect a large number of residents, or
  2. are significant service failures or matters of public concern

In delivering these objectives, **the role of Members** is not to be medical experts. Instead, and in line with Mr Francis' reported view, councillors are expected to make themselves aware of, and pursue, the concerns of the public who have elected them.

Which NHS Service Providers Should be Regularly Scrutinised?

5.10 There are a large number of organisations involved in providing NHS services to Bracknell Forest residents. Regrettably, resources available to O&S do not permit them all to be scrutinised, so it is necessary to adopt a tiered approach based on councillors' views of priority. **The Group recommends to the Health O&S Panel the following approach:**

Organisation	Proposed Approach to O&S	Comment
Health and Wellbeing Board (H&WBBd)	One Member to take lead in monitoring the activities of the H&WBBd, drawing matters to Panel's attention as necessary. Panel to review each year the annual refresh of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy	H&WBBd Chairman attends Panel meetings routinely
Clinical Commissioning Group (Bracknell Forest and Ascot)	One Member to take lead in monitoring the activities of the CCG. Panel to meet the CCG Chairman and Accountable Officer at least once every two years.	
General Practitioner Practices	GP Patient Survey results to be presented to Panel, which will consider questioning any under-performing GP Practices	
Broadmoor Hospital	No O&S to be carried out, as very low significance for Bracknell Forest health services	Patients drawn from whole south of England
Heatherwood and Wexham Park Hospitals	<ul style="list-style-type: none"> <li>• Review NHS Choices information (includes staff and patient survey results, Friends and Family scores) at each Panel meeting</li> <li>• One Member to take lead in monitoring the complaints made to each hospital, particularly serious and Ombudsman cases, drawing matters to Panel's attention as necessary for follow-up.</li> <li>• Regular follow-up of significant issues, e.g. FPH/H&amp;WP prospective merger, and instances of under-performance</li> <li>• On-going Panel review of any inpatient survey results, CQC and MONITOR reports</li> <li>• Respond to annual Quality Accounts</li> <li>• Formally meet each Trust at least once every two years</li> </ul>	Though based outside the Borough, these three hospitals and the Healthcare Trust provide the majority of acute healthcare for Bracknell Forest residents
Royal Berkshire Hospital		
Frimley Park Hospital		
Berkshire Healthcare Trust		
King Edward VII Hospital	O&S Officer to maintain watching brief on any CQC reports/news items and bring anything of concern to nominated Member(s) attention, for them to conduct further enquiries/draw matters to Panel's attention as necessary.	
Dentists		
Opticians		
Pharmacists		
Other hospitals	No O&S to be carried out, as lower volume of services for Bracknell Forest residents	Reliance to be placed on O&S by those councils in whose areas

		these hospitals are sited
NHS England & Specialised commissioning	O&S Officer to maintain 'light watching brief' on any news items and bring anything of concern to Panel Chairman for them to conduct further enquiries/draw matters to Panel's attention as necessary.	
South Central Ambulance Service	One Member to take lead in monitoring the activities of/complaints to the SCAS, drawing matters to Panel's attention as necessary. Panel to review SCAS performance at meeting at least once every two years	
Public Health	One Member to take lead in monitoring the activities of/complaints to Public Health, drawing matters to Panel's attention as necessary. Panel to scrutinise annual budget, also to review performance at meeting with Director of Public Health at least once every two years	
Local Healthwatch	Support Healthwatch Bracknell Forest and obtain regular feedback from them on their findings. O&S Officer to maintain 'light watching brief' on any news items and bring anything of concern to specialist member for them to conduct further enquiries/draw matters to Panel's attention as necessary.	Local Healthwatch to be invited to attend all Panel meetings
Private sector providers of NHS commissioned services	No O&S to be carried out, as currently of low significance for Bracknell Forest health services	To be reviewed if 'contracted in' services grow significantly

Note – some of the services referred to in the table above are delivered at the Royal Berkshire Bracknell Clinic.

This frequency of coverage would mean that there is at least one substantive 'visitor item' at each of the Panel's four meetings annually.

#### Improving Members' Effectiveness (To Include Training, Advice And Support)

- 5.11 The Francis report said of O&S in Staffordshire: *'It confined itself to the passive receipt of reports.....Difficult though statistics can be to understand, 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.'*
- 5.12 The NHS is a vast and multi-faceted operation, such that it is impracticable for any one Councillor to develop an all round knowledge and understanding of the whole organisation, at a sufficient level to achieve effective scrutiny. To attempt to do so - as at present - risks "skating over the surface", the very essence of the Francis report. The Group considers that Member involvement in Health O&S, and the efficiency, quality, depth and effectiveness of scrutiny, could, potentially, be better served by each of the Panel Members concentrating on one defined and major area of NHS services - for example hospital services - and to lead the Panel's scrutiny work on that area. By specialising in an area of choice, and building a relationship with the respective organisation, each Member would develop knowledge of their area, thereby enhancing the O&S approach and greater distribution of the questioning

between Members. This approach of having each Member taking the lead on an area of questioning has already been trialled very successfully at the Panel meeting with a hospital Trust on 19 August 2013. Knowledge – building would benefit from continuity of Panel Membership, so Members should be encouraged to view Membership of the Health O&S Panel as a four-year commitment.

The specialist areas for Members would need to be set by the Panel, but a possible grouping of topic areas could be two members each on:

1. Hospitals
2. Mental Health & Ambulance Service
3. Primary Care, to include the CCG, GPs, Dentists, Opticians and Pharmacists
4. Public Health, Health and Wellbeing Board, and Local Healthwatch.

It would be important for each Member to voluntarily take on one of these areas, and collectively they should cover all the areas deemed to be important by Members. Furthermore, each specialist Member should report back to each Panel meeting on scrutiny progress in their designated area, in a standardised report co-ordinated by O&S officers.

**The Group recommends to the Health O&S Panel to adopt the focussed, designated Member approach as articulated above and in so doing implement appropriate training for such designated Members.**

- 5.13 The importance, complexity, and continual evolution of the NHS means that Members carrying out Health O&S need regular training if they are to be effective. Use might be made of the training material provided to newly appointed Non-Executive Directors of NHS Trust Boards.

**The Group recommends to the Health O&S Panel and to the Director of Adult Social Care, Health and Housing that training should be delivered primarily by officers in the Adult Social Care, Health and Housing Department, and comprise:**

- a) **induction training for all Members new to Health O&S on the NHS structure, functions and local delivery organisations, and on the powers and role of Health O&S;**
- b) **annual refresher training on major developments, to coincide with the annual update of the Joint Strategic Needs Assessment (which sets out the ‘health profile’ of the borough’s population); and**
- c) **targeted training in whichever topic area is selected for a focussed O&S review.**

- 5.14 It is clear to us that expert advice is needed in various fields if Health O&S is to be effective. Members are not equipped with specialist knowledge for the clinical/medical questioning required. We would propose that a pool of experts is established for us to call upon depending on Members deciding what is needed for each aspect of the work. The pool could consist of GP’s, be they retired or practicing also Nursing experts in hospital and caring environments. There may be others that Members come forward with. Hopefully these people would give their time to the community free of charge in the knowledge that their time would not be unreasonably used. Depending on the subject before Members, it would be helpful if our specialist expert was present at a scrutiny meeting. We could then take ‘time outs’ to seek guidance from answers given and, thereby obtain a sensible supplementary examination. The Health Panel will need to exercise care in deciding on the suitability of prospective members of this advisory panel.

**The Group recommends to the Health O&S Panel that a Panel of people with clinician experience be recruited in a voluntary ‘pro-bono’ capacity and used to**

**provide independent expert advice to the Panel on: priority health issues which should be reviewed, the questions which need raising, interpreting the results, and forming value-added recommendations.**

Prioritising Issues For O&S Attention, And Getting The Right Information

- 5.15 There are many different aspects to health services, which are vast, and an O&S Panel which meets four times annually cannot hope to scrutinise more than a small part of those services. This needs to be openly recognised. The slender resources available to O&S means there is a clear need to keep the flow of information to Members of manageable size, to concentrate on exception reporting, flagging of issues of possible concern, and to prioritise quite ruthlessly on where O&S should focus its efforts. The O&S work programme needs to be of manageable proportions for Members, and be more actively shaped and led by Members than has previously been the case. Members might consider prioritising three or four headings to be scrutinised over a two year period, and once finished, then move on to another set of priorities. We think that it would be good practice to redefine the activity after each high level work plan is completed, even if no changes are identified.
- The Group recommends to the Health O&S Panel that a process be put in place to facilitate Members identifying and bring forth for scrutiny such matters as they deem appropriate and necessary, for the Panel to agree on one or two issues to focus on, and determine its work programme for each municipal year.**
- 5.16 The CfPS has recommended that council scrutiny should consider establishing a range of 'triggers for action' using data and information to monitor trends. The Panel needs to receive a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents. This information should not come just from the NHS organisations themselves (as has usually been the case) but from a variety of relevant sources, in order to arrive at a well-informed and balanced viewpoint. That said, Members must not be buried in mountains of information. Instead, there should be a selective approach, which as mentioned above could be achieved by each Member specialising in one of the principal fields of NHS activity. Each Member, advised by the O&S officer, should decide what matters should be brought to the Panel's attention from their designated area, and they should each lead the Panel's questioning in their respective area. Examples of the information specialist Members would be expected to refer to the Panel would be the in-patient survey results and the GP Patient survey.
- The Group recommends to the Health O&S Panel that individual Members work with the O&S Officer to receive and review a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents.**

- 5.17 The Group considered the standardised mortality figures<sup>1</sup> in some detail, and we see some limitations in placing too much emphasis on them. For example, they are a single figure for a whole hospital and could mask a high mortality in some areas, and it is not readily possible to get useful breakdowns of the figures. We considered that the summary mortality information should be regularly reported to the Panel, but other information is needed too. This could include a periodic analysis of the numbers of all types of death in Bracknell Forest, using information from the Coroners Service.

### Public Participation

- 5.18 The Council's published Values include the following statement: 'The Council exists to serve and lead the local community therefore residents are at the heart of everything we do. While serving residents we will be friendly and approachable - we will be open, listening and straightforward.' Furthermore, the Centre for Public Scrutiny (CfPS) has established four core principles to help people understand the most important activities of O&S, including that O&S, 'enables the voice and concerns of the public and its communities'. This forms part of the CfPS 'Good Scrutiny Guide'.
- 5.19 The Francis report said, '*It [O&S] made no attempt to solicit the views of the public. It had no procedure which would have encouraged Members of the public to come forward with their concerns.....It showed a remarkable lack of concern or even interest in the HSMR [Hospital Standardised Mortality Rate] data.....Scrutiny ought to involve more than the passive and unchallenging receipt of reports from the organisations scrutinised.*'

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### <sup>1</sup> Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is used for reporting mortality (i.e. deaths) at hospital trust level across England. It indicates where the mortality of a provider is higher or lower than expected when compared to the England average, given the characteristics of the patients treated. SHMI data is presented in two ways – as a ratio and as a banding.

#### **Ratio**

SHMI is calculated as a ratio of A:B, where **A** is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days after the patient left the hospital, and **B** is the expected number of deaths based on the characteristics of the patients treated (for example patient's age, gender, and reason for admission to hospital)

The baseline value is 1 – a Trust would get 1 if the number of patient deaths were exactly the same as the number of patients expected to die (i.e. A = B)

#### **Banding**

A range is calculated within which a mortality rate is to be expected. A Trust's mortality rate is considered to be higher/lower than expected if it falls outside of this range. A Trust's mortality rate is judged to be outside of this range if it is 2 standard deviations away from the baseline of 1. Standard deviation measures how much spread there is within the data. A measure of 2 standard deviations will equal to the top and bottom 2.5% of the data and, therefore, represents the extreme ends of the spread of data.

Trusts have been banded into three categories, showing how their mortality compares to the average:

- 1 – where the trusts mortality rate is higher than expected
- 2 – where the trusts mortality rate is as expected
- 3 – where the trusts mortality rate is lower than expected

We noted that RBH and HWPT were currently in Band 2, and FPH was in the top Band 3.

Separately, the CfPS has recommended that Health O&S needs to monitor information about the patient experience, hearing about people's experiences of services, and the public should be given an opportunity to raise issues.

- 5.20 There is a public participation scheme for O&S at Bracknell Forest, but it has been accessed only rarely, and achieving greater public engagement with O&S is an elusive challenge for the majority of councils. There is an argument that the Public Participation scheme for O&S should be as accessible as that for the Health and Wellbeing Board (which only requires 15 minutes advance notice of questions before Board meetings).

**The Group recommends to the O&S Commission and the Health O&S Panel that public engagement mechanisms are kept under review, with the underlying aim of learning about residents' healthcare concerns as directly as possible, and – in concert with Local Healthwatch - by giving the public a voice.**

#### Wider Intelligence Gathering

- 5.21 Gaining a regular flow of relevant, but not excessive information, would also be assisted by the O&S officer scanning newly released reports by the NHS regulatory bodies, also piloting the use of internet alerts to summarily review media reports containing criticisms, of the NHS organisations selected for regular review. Members should also notify the O&S officer of any adverse media reports they become aware of. Also, the NHS Trusts identified for O&S coverage should be asked to notify the O&S Officer whenever they receive an 'outlier alert' (indicating materially sub-standard performance) from the Care Quality Commission. The O&S officer would then draw any issues of concern from these sources to the relevant 'Specialist Member' and Panel Chairman as appropriate, for them to determine whether, and if so how, to follow the matter up.

**The Group recommends to the Health O&S Panel that this information gathering and dissemination process commences.**

- 5.22 **The Group recommends to the Health O&S Panel that it should routinely receive at Panel meetings:**
- a) **The summary information from the 'NHS Choices' website on Hospital Standardised Mortality Rate data, Friends and Family ratings, etc**
  - b) **Regular feedback from Local Healthwatch about any concerns they might have come across**
  - c) **Regular feedback from the Clinical Commissioning Group about any major concerns they have with the quality of services provided**
  - d) **Inpatient survey results**
  - e) **GP survey results**
  - f) **Any reports issued by the Care Quality Commission and MONITOR about the three hospitals, Ambulance Service and the BHT.**

#### Information on Patients' Complaints

- 5.23 Mr Francis recommended 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 of patient confidentiality.'*
- 5.24 The Working Group invested some time in research and in visiting two of the Trusts to learn about complaints systems and processes. There is a plethora of information on complaints and so the Panel should be discerning of what information would be useful. Whilst each NHS Trust follows the national regulations for NHS complaints, our research has shown that each Trust deals with complaints in a slightly different

way. We have seen an example of a serious complaint report, and we regard that to be too detailed for O&S purposes. Instead, the quarterly Patient Safety Report, published by each of the NHS Trusts for their Board meetings in public, provides good summary information to gain a good general impression of complaints 'traffic', and does not endanger individual confidentiality. The Specialist Member for this area should request any supplementary information that may be required and brought to the attention of the Health O&S Panel, for example, there may be an upsurge in one type of complaint and so more information may be required beyond the Patient Safety Report. Also a summary of the Ombudsman cases and other more serious complaints may be requested. The Specialist member should relay all relevant information to all Panel members and advise the Panel if it was felt that an issue was big enough and serious enough to warrant action to be taken. It would be beneficial if the specialist member monitoring the complaints, together with all specialist members could present a routine report on their area of speciality at every Overview & Scrutiny Panel meeting. The Panel should seek a regular flow of information from Local Healthwatch, who should relay any concerns that are relevant. Also the Panel should receive the quarterly and Annual report from SEAP (the Complaints Advocacy Service) as this information is at present only available through Local Healthwatch. **The Group recommends to the Health O&S Panel that all specialist members apply the processes above when considering complaints in their specialist areas.**

- 5.25 It appears that residents do not necessarily associate their ward members with local health issues and so **the Group recommends to the Health O&S Panel that all Members should be encouraged to outreach into their respective wards to relay properly prepared and approved health information and issues to residents living in their wards.**

#### The Parliamentary and Health Services Ombudsman

- 5.26 When people who complain are dissatisfied with the response they receive from an NHS Trust, they can take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for them to use their independent statutory powers to investigate. Following the clear direction from Francis to O&S on complaints, we therefore see it as important to establish an information flow from the PHSO to learn of the number of cases received and the outcome, particularly in terms of whether the Ombudsman had asked for further apology, compensation or other action to be taken by a Trust (sometimes termed a 'local settlement'). We approached the Ombudsman to seek such information and were disappointed to have had our request declined. Whilst there may be some confidentiality issues to address and resolve, we do not regard this to accord with the spirit of Francis, nor helping local authorities to fulfil their statutory duty to scrutinise the NHS, and it would be preferable for us to receive information on Ombudsman complaints directly from the PHSO rather than from the NHS Trusts. **The Group recommends that the Health O&S Panel ask the PHSO to reconsider the Council's request for information on complaints.**

#### Working With Partners

- 5.27 Mr Francis said in his report: *'It [O&S] took no steps to consider the implications of the announcement of an investigation by the HCC [Health Care Commission] or to follow its progress. And Mr Francis' recommendation no 47 was: 'The Care Quality Commission should expand its work with overview and scrutiny committees..... as a valuable information resource.'*

- 5.28 For Health O&S to operate well, we need to work with various organisations providing Health Services, and related regulatory and other bodies. The Group regards our relationships to be generally good and productive, but we consider that some improvements could be made:

(i) Local Healthwatch

We had a constructive meeting with 'Healthwatch Bracknell Forest' (HWBF) during the course of our review and the Panel is actively helping HWBF settle into its important, new role to champion patients' interests. We must continue to encourage Local Healthwatch to build and maintain regular contact with patients of the three hospitals, Ambulance Service and the BHT, and feed back any key concerns to the Panel. Local Healthwatch (LHW) was represented (though apparently not as a co-optee) at the Surrey Health O&S Committee meeting we attended. We believe this is entirely appropriate, to emphasise the important role of Local Healthwatch and to build/maintain good working relationships. Our Health O&S Panel has already acted on this by agreeing with HWBF that they should come to all Panel meetings as an Observer (not co-opted onto Panel Membership, as they have a statutory participative role in the Health and Wellbeing Board, which is an Executive function).

**Recommendations: a) That the practice of having a Local Healthwatch Observer be formally recognised in the Health Overview & Scrutiny Panel Terms of Reference;**

**b) That the Panel obtains regular feedback from HWBF on their view of the complaints processes, trends and outcomes.**

**c) That Panel Members spread awareness of HWBF in their Ward work.**

(ii) Councillors On Trust Boards, etc

Some Bracknell Forest councillors have places on NHS Trusts, sometimes as part of their constitutional arrangements. Examples are the Berkshire Healthcare NHS Foundation Trust, and a Governor position at the Heatherwood and Wexham Park NHS Foundation Trust. We are unaware of the full extent of these positions, and there is no regular contact between the Panel and those councillors on Trust Boards/Governing Bodies to collaborate and share information on activities. This is a missed opportunity, and the Council should ensure it takes up its full representation.

**The Working Group recommends:**

**a) That the Executive Member for Adult Services, Health and Housing carries out a stock take of all the Council's external positions on NHS bodies, and works with Members to ensure that all suitable opportunities are taken up.**

**b) That the Health O&S Panel maintains regular contact with those BFC councillors on Trust Boards/Governing Bodies, with the aim of working in concert with them to best represent the interests of our residents. This should include asking each councillor representative to report to the Panel at least once annually, subject to their trust boards' confidentiality rules.**

(iii) NHS Quality Accounts

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the O&S Committee (or Panel) in the local authority area in which the

provider has its registered office, inviting comments on the report from O&S prior to publication. This gives O&S the opportunity to review the information contained in the report and provide a statement on their view of what is reported. Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

**The Group recommends that the Health O&S Panel should invite input from all Members including the Executive Member, also the Director, and the Public Health Consultant before commenting on the annual Quality Accounts.**

#### (iv) NHS Trusts

We should be very careful about making hospital visits, as patients might regard this to be an unwelcome intrusion. This is particularly the case where their dignity could be at risk, for example in Accident and Emergency. Instead, reliance should be placed on the hospital visits made by the CQC and Local Healthwatch. If, exceptionally, a hospital visit is made, this should always be by prior arrangement with hospital management, and be accompanied by them or one of their NHS professionals.

As part of the drive to get O&S better known and closer to residents, **the Group recommends that the Health O&S Panel request each of the three hospitals, the Ambulance Service and the Berkshire Healthcare Trust to display on their website and PALS notice board a postcard summarising the role of O&S and welcoming views (but not individual complaints) from patients to the Health O&S Panel.**

#### (v) NHS Regulatory Bodies

We set out above how Health O&S should make better use of information from the Care Quality Commission (CQC) and MONITOR. A Member of our Group attended a CQC 'Listening Event' on 7 November to hear at first hand the views of patients about their experience as patients at Frimley Park Hospital, and this helped get us much closer to seeing things from the patients' point of view.

**The Group recommends that the Health O&S Panel specialist members concerned should maintain contact with the local CQC Manager, and attend any CQC 'Listening Events' with patients of the three hospitals and Berkshire Healthcare Trust in advance of their inspections. The Panel's specialist member should also actively engage in the CQC 'Quality Summits' for the Trusts we are focussing on.**

#### (vi) Centre for Public Scrutiny

The Group appreciated the advice of the CfPS Health Scrutiny Advisor at the outset of our review, and we think the improvements this report seeks to achieve would be of interest to other councils' Health O&S organisations. **Recommendation: That the Working Group's report be sent, together with our thanks to their representative for her input, to the Centre for Public Scrutiny for sharing widely.**

### Improving The Running of Panel Meetings

5.29 The Group consider that some improvements can and should be made to the conduct of meetings, and **our recommendations to the Health O&S Panel are:**

### (i) Collectively Planning Ahead and Taking Stock of Progress

The agenda-setting meetings should be held 6 weeks before each panel meeting and be open to all Panel Members, and expanded to:

- provide an opportunity for a de-brief on the previous Panel meeting, and
- be a forum for general discussion on health O&S priorities and progress.

In setting agendas for meetings, there is a clear need for keener prioritisation, including turning down some of the requests by the NHS to address the Panel on issues which the Panel does not see as its priorities.

### (ii) Preparation for meetings



Preparation for Panel meetings has benefitted from pre-meetings, which should continue, but there is still a lot more to do, both collectively and by individual Members, if best value is to be obtained from Panel meetings. On our visit to Surrey Council's Health O&S Committee, we observed that the members were evidently well prepared, and they all participated well in the meeting, asking good quality questions. BFC Members need to ensure they are fully briefed and prepared, and be confident to ask challenging questions, seeking advice from the O&S and departmental officers as necessary.

As a matter of routine, any presentations to be delivered should be circulated to members at least a few days in advance, to allow them to prepare for meetings well.

### (iii) Summing Up Discussions

The Panel Chairman has recognised the need to arrive at a clear conclusion at the end of each agenda item, ideally ending with a voted motion, possibly containing a recommendation. Inconclusive meetings are of limited value, and this discipline should continue.

### (iv) Official Record of Health O&S Panel Meetings

Mr Francis said, *'It has been far from easy to determine [what scrutiny activity was carried out]... as the minutes... are brief to the point of being uninformative: they register that a topic was discussed and summarise presentations made ..... but there is no summary of the debate..... In many cases, the decision was often merely to "note" a presentation. It was widely accepted by witnesses that this style of minute taking was inadequate'.*

Officers have revised the format of our Health O&S Panel minutes in line with the Francis criticism, to more comprehensively record the questions raised and the answers received. No objections have been raised to the improved format, which should continue.

### (v) Proper Follow-up to Panel meetings

Health O&S Panel Members should be reminded that follow-up questions can be sent in writing as necessary, after Panel meetings.

In our visit to Surrey, we observed that there is a regular agenda item on 'action tracking' (systematically following matters up, including previous recommendations). Subject to resources being available, this would be a good addition to the Health O&S Panel's procedures.

### Resourcing the Recommended changes to Health O&S

- 5.30 Mr Francis recommended in his report that, '*Scrutiny Committees should be provided with appropriate support to enable them to carry out their scrutiny role*' (recommendation 149).

#### Member Resources

- 5.31 Implementing the Group's recommendations would add noticeably to the time demands on Members. **The Panel should not agree to the recommendations in this report unless all its Members are personally committed to putting in the time to deliver what is recommended as new responsibilities.**

#### Officer Resources

- 5.32 Implementing the Group's recommendations would also add noticeably to the time demands on officers. The Panel currently has around 0.3 full-time equivalent of an O&S Officer to support its work. By contrast, we observed that Surrey Council had two officers supporting Health O&S, however the two are not directly comparable: it is possible they have other duties; besides the Health O&S responsibilities for Surrey are more numerous than for Bracknell Forest. We must also recognise that the recommendation regarding member training would be a significant new demand on officers in the Adult Social Care, Health and Housing Department too. Pending experience of the actual resource implications, it is vital that we grasp this nettle either we may need to increase/divert resources, or openly acknowledge that we will not be able to implement all the learning points from Francis.

Our priority is - through scrutiny – to ensure that good health services are delivered to our residents. **The Group recommends that the Health O&S Panel, in consultation with the O&S Commission decides how to meet these new demands on officer time. One possible solution could be to not implement the more resource-intensive of our recommendations (e.g. recruiting and maintaining a panel of expert advisors; information gathering for the specialist member; and action tracking).**

If no option is taken up, it would be unfair and unrealistic to ask our existing officer resource - which is already hard-pressed - to just accommodate these extensive new demands, so there could be no expectation that our recommended improvements could be implemented.

### Applying the lessons of this review to other O&S Panels

- 5.33 The Group is confident that adopting the recommended improvements in this report will make Health scrutiny more robust and effective when monitoring the actions of the NHS Trusts that serve the residents of Bracknell Forest. By gathering and scrutinising information from a number of different sources the Panel will be in a strong position to act and advise if action is deemed necessary. We also believe that many of the improvements envisaged for Health O&S could be applicable to the conduct of O&S by the O&S Commission and other O&S Panels. For example, other Panels could benefit by considering whether they should obtain corresponding information on complaints to obtain a better understanding of the service user's perspective. **The Group recommends that the O&S Commission and Panels consider reviewing the scope for replicating the improvements to Health O&S throughout the Council's O&S function.**