

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 4 October 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Gollick, Daniel Griffin, Hand-Davis, Hayward, W. Johnson, Makinson, Mathers, Philips, Pourali, Sheard, Sixsmith MBE and Tattersall together with co-opted members Ms J. Whitaker and Mr J. Winter

24 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms Kate Morritt in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

25 Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary or non-pecuniary interest.

26 Minutes of the Previous Meeting

A Member commented in relation to Item 14 that further information had been received regarding the Royal Voluntary Service (RVS) contract in the Central Area Council with the aim of progress being made on this before the contract comes to an end in March 2017.

In relation to Item 17, a Member commented that further clarification was needed over the timescales for resolving issues with the South Yorkshire Police (SYP) 101 non-emergency telephone number. The committee were advised that a report has been published the previous week advising of the investigation into this undertaken by SYP and the corrective actions which have been planned. The Member was advised further information could be given outside the meeting if required.

The minutes of the meeting held on 19 July 2016 were then approved as a true and accurate record.

27 South West Yorkshire NHS Foundation Trust (SWYPFT) Care Quality Commission (CQC) Inspection Outcome

The Chair welcomed the following witnesses to the meeting:

- Sean Rayner, District Service Director, Barnsley and Wakefield, SWYPFT
- Tim Breedon, Director of Nursing, Clinical Governance and Safety, SWYPFT
- Kate Gorse-Brightmore, Inspection Manager, CQC

- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Rachel Dickinson, Executive Director, People, BMBC
- Carrie Abbott, Service Director, Public Health, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

Sean Rayner gave a brief presentation to the committee advising the service welcomed the CQC inspection with the requirements leading to an improvement in services for local people. The CQC inspection was thorough and involved seeking comments from service users, of which they received 676, as well as speaking with them directly. The inspection team consisted of 76 inspectors, lasting 5 days with 100% of inpatient services and 32% of services in the community being inspected. The overall rating consists of 14 separate reports, collected from over 230 individual services, which have nearly 1 million contacts a year over 4 geographical areas. The CQC report was presented on the 14th July 2016 to partner organisations. The inspection found without exception, all services were caring and the report highlights how the staff treat patients with kindness, care and compassion. The first 4 lines of Item 4c relate to services provided in Barnsley only, whereas the other ratings are Trust-wide. The inspection found there to be 'outstanding' areas of care, as well as no scores of 'inadequate' or any return visits from the CQC being required.

Members proceeded to ask the following questions:

- i. What improvements are being implemented to address the waiting times for specialist community mental health services and psychological therapy services for children and young people?

The committee were advised the concerns over the length of waiting times are in relation to Trust-wide provision of Child and Adolescent Mental Health Services (CAMHS) and are not specific to Barnsley. There is an improvement plan in conjunction with Barnsley Council and Barnsley Clinical Commissioning Group (CCG) which is monitored by the Children's Trust Executive Group (TEG). The service is acutely aware this is an area where it needs to improve and is due to be considered separately by this Overview and Scrutiny Committee in May 2017.

- ii. What are the future challenges to improve the overall rating from 'requires improvement' to 'outstanding'?

Members were advised the service is always striving for a rating of 'outstanding' and is always looking for areas of improvement. Prior to the inspection, the service had already recognised areas where they needed to improve; the same areas were subsequently identified in the CQC report, which demonstrates the organisation's own self-awareness. Whilst aspiring to a rating of 'outstanding' the service appreciates the challenge to achieve this.

- iii. The opening introduction referred to a figure of 32% for community services, what is being done to improve this?

The group were advised this figure refers to the percentage of community services which were inspected by the CQC, against 100% of inpatient services.

iv. Can you outline the scope of the inspection?

The committee were advised the CQC inspected 14 core services across the SWYPFT geographical footprint, which included 10 mental health services, 4 community health core services, 70 wards, spoke to 590 employees, and 225 patients, 49 carers and relatives, facilitated 45 focus groups, reviewed 326 patient records and collected feedback from 676 patients, carers and staff using comment cards. The CQC also attended and observed 24 hand-over meetings and 34 home visits. All of this was done over 3 core inspection days. Consistency is ensured as the inspections employ the same methodology across the whole of the country.

The Chair of the committee commented that nationally there are only two Trusts which are rated as 'outstanding'.

v. What is being done to improve existing staff standards and increase the recruitment of new staff?

Members were advised the service has learnt a lot from the inspection and to ensure this is communicated across the Trust, teams were brought together to share and understand their individual ratings and contribute to action plans. The resulting overall improvement plan was then submitted to the CQC.

In relation to staffing levels, the Trust took a decision to make sure staff levels are set to appropriate need and not just basic safety levels; therefore it is hard to keep up the recruitment of nurses as there are shortages. However, they emphasised that they have made sure they have appropriate recruitment and retention strategies in place. Within the last 4 months there have been 55 new starters in terms of the Registered Care Workforce and the Trust has proactively contacted universities in anticipation of their newly qualified students to make sure they are aware of vacancies.

The Trust advised they have looked at re-organising the skill mix in the workforce as there have been difficulties in recruiting middle grade doctors and consequently consultants are now being recruited to fill these roles. The required staffing levels are being achieved, although in some wards on certain days this has not been possible due to employee sickness. They also stated that they have a peripatetic workforce who can be drafted in to cover vacant shifts.

vi. The report identifies technical issues with the Trust's electronic recording system, which may lead to the good work being done not being adequately documented; what is in place to improve this infrastructure and the training of staff in using it?

The group were advised the Trust's electronic information system was in the process of being upgraded at the time of the inspection. There have been some unforeseen technicalities with its implementation, which the Trust made the Lead Inspector aware of. During and since the inspection we have renewed our work in relation to IT and have been dealing with issues on a daily basis. We have kept an action log and there are now only 2-3 issues left in the system which are still causing problems.

Throughout the report there is evidence of information being recorded; however the service appreciates it is better in some areas than others. Prior to the CQC

inspection the Trust were emphasising the importance of recording information, for example we are making sure employee supervision is recorded. The Trust are now around 98/99% in terms of data recording completeness.

An item not included in the report is the complaint from patients that different NHS services don't have access to the same information. In Barnsley we have System 1 which enables read only versions of information from GPs to be available. The service also now has agile working which means staff can record information on visits straight into the system.

- vii. A member of the committee commented on the 'grey on white' text which has been used in the CQC report as being difficult to read for those who are visually impaired; suggesting for future reports, colours where there is a greater contrast should be used to enable the text to be read more easily.

The committee were advised the CQC would take this feedback to all their directorates.

- viii. Whilst the report highlights the positive work which has been undertaken, the overall rating is 'requires improvement'; are there to be any changes with either the senior management or board members in view of this?

Members were advised following the results of the inspection, a formal process ensues, which has resulted in a prescribed action plan having been implemented. However continual improvement goes beyond the action plan. A new Chief Executive, has been appointed, Rob Webster, who has a wealth of experience in organisational change and leading continuous improvement. The evidence of our continuous improvement is in the action plan and we're also looking for this in patient feedback and outcomes.

The term 'requires improvement' is clearly defined by the CQC and means an organisation has the capacity to improve; therefore it's not the capacity that needs to change but the actions. Prior to the inspection, the Trust already had some of its improvement plans in place and when these were presented to the CQC, these corresponded to their recommendations. The progress that has been made against the action plan is reviewed at the monthly board meetings.

- ix. In relation to mental health services, SWYPFT used to have staff available to contact in the community however these links are now missing; please can you comment on this and advise how you ensure patient involvement in the design and delivery of services?

The Trust advised that they have a specific officer, Zahida Mallard, who is responsible for community engagement and they would provide the appropriate contact details to the committee. Also, they have held a number of engagement events to involve the public such as at the Salvation Army in the Dearne.

- x. The report identified one of the Trust's buildings in Barnsley had a leaking roof which had no impact on patients, but impacted on staff, therefore must have affected morale; has this now been repaired?

The group were advised this had now been dealt with.

- xi. How frequent should the medication of Mental Health patients within the community be reviewed?

The committee were advised this is monitored on an individual basis; for many patients this is reviewed on a fortnightly or monthly basis, but as a minimum it should be no longer than six months.

- xii. Are there plans in place to reduce the waiting times for children needing to access mental health services?

Members were advised waiting times for CAMHS have reduced, but there are still issues that need resolving; however an improvement plan is in place for this service.

- xiii. In 4 months' time, what do you expect the waiting time to be for children wanting to access these services?

The group were advised the improvement plan target is 18 weeks however our plan is to reduce this further. There has been national 'Future in Mind' investment which is now gathering pace and in October the '4Thought' service will be available for secondary school aged children which is focused around preventing the need for CAMHS and to help those who are on the waiting list for services. Similarly, in relation to primary school children the 'Thrive' approach is being rolled out. The CCG advised they could provide additional information to the committee on both of these schemes.

- xiv. How effective is the leadership and management within the organisation? To what extent are staff confident in this and engaged in improvement work, as often front line staff have the best ideas?

The group were advised the Trust has excellent employee engagement processes. These include having a Health and Wellbeing survey which is over and above standard NHS processes and 55/60% of staff responded. The survey includes questions around training and the working environment being one in which to thrive. We also have a family and friends test so employees can say whether they would refer their family and friends to services and the scoring on this is high. Information on our processes and the results are available to everyone.

- xv. How up to date is the Trust in relation to completion of staff Personal Development Plans (PDPs)?

The committee were advised this information is routinely presented to the board. For employees on Band 6 and above, by the next quarter 90% will have had their appraisal. Our overall current performance is 80%. Our new Chief Executive has reviewed the data and has said that we score well in terms of staff appraisals. We assign priority to this as our service users are reliant on our staff.

- xvi. The report highlights that risk assessments were not done in line with procedures, has this been resolved and can you provide reassurance that services are safe?

Members were advised the problems regarding risk assessments were as a result of issues with the recording system and there were some that had not been completed. The Trust indicated that they are confident that they are taking place, which is being checked, and that patients are receiving a safe service. Also, just because the CQC has rated the service as 'requires improvement' does not mean that it is not safe.

- xvii. What are the contact details in relation to complaints, also what procedures are in place to ensure the Trust is held to account on an ongoing basis?

The Trust advised that they would forward contact details in relation to complaints to the committee. Also, they advised that ongoing scrutiny of their services would take place through the Council's Cabinet, Overview and Scrutiny Committee, as well as by the Health and Wellbeing Board. It was also highlighted that the Chair and Officer for the Council's Overview and Scrutiny committee attended the CQC Quality Summit and provide challenge to the Trust on an ongoing basis. The CQC advised that the Trust's action plan has been submitted to them and is reviewed on a monthly basis as well as quarterly meetings held to discuss improvements. The action plan goes above and beyond the CQC requirements and it is anticipated that most of the actions will be completed by December 2016, however the work in relation to CAMHS will take longer as this service is undergoing system changes.

- xviii. The report identifies the lowest number of comment cards (0.5%) which were received were from the 'crisis and health based place of safety'; why was this number so few?

The committee were advised the reason for this is the nature of the situation the service users are in. In these instances, the patient will be in crisis and will not be in a suitable state to be able to send a comment card in therefore comments have to come from family and friends.

The Chair gave a summary of the discussion and thanked the witnesses for their attendance and valuable contribution.

28 BMBC's Customer Service Strategy 2015-18 - Implementation Update

The Chair welcomed the following witnesses to the meeting:

- Ann O'Flynn, Service Director, Customer Services, BMBC
- Hazel Shaw, Head of Customer Support & Development, BMBC
- Wendy Lowder, Acting Executive Director Communities, BMBC
- Cllr Jenny Platts, Cabinet Spokesperson - Communities, BMBC

Ann O' Flynn explained this report is an update on the Council's Customer Service Strategy 2015-18 implementation following the investigation undertaken by the Scrutiny Task and Finish Group (TFG). Good progress has been made and a lot of the new processes have now been introduced, however there is significant work to be done over the next 6 to 9 months.

Members proceeded to ask the following questions:

- i. A member of the committee explained they had contacted customer services over an enquiry about a change in procedures for the collection of household

waste and the person they spoke with was unable to fully answer their enquiry.

The group were advised the service will take away this valuable feedback, explaining staff in the contact centre need to be informed of any changes to practices or procedures to ensure they are able to respond to all enquiries.

- ii. A member complimented the service on the improvements to the Council's website including ease of viewing Member attendance at meetings and asked what the customer feedback had been in relation to the changes made?

The committee were advised the service seeks feedback from customers and listens to what is said. On every page of the website a feedback box is available and when we launch any online process we end that with a questionnaire. The ambition of the service is to get more people using online services, therefore need to ensure they are good. We also need to monitor the feedback in relation to telephone and face to face contact.

- iii. Searching for a particular service on the website can prove difficult at times particularly when the public may not necessarily know which word or phrase to use e.g. Governance; is anything done to address this?

Members were advised the search engine is powered by Google and for enquiries made through the 'search box', the service input additional key words that have the same meaning and would bring up the correct page for the customer. For example for a Household Waste Recycling Centre (HWRC), searches for 'dump it site' or 'tip' would take customers to the same page.

- iv. The report identifies a target set for 2020, whereby 70% of all customer contact is completed online. Currently the figure is 37%; does the target refer to just Customer Services or is it online contact across all departments?

The group were advised this is a general target across all contact channels. We have a complex range of contact channels but we need to get many more people online and our ambition is to achieve that across the board. There has been a gradual transition from face to face contact to telephone enquiries, but this needs to continue and we need to move customers to online access.

- v. When we see people who are digitally challenged we refer them to our library service for online access; a report has recently been through Cabinet in relation to this service, therefore is it important that we maintain an extensive library service in order to meet our targets?

The committee was advised that it is important for us to have a library service however we need to make sure our offer is modern and responsive as people are currently coming and queuing to use PCs. We also have free WiFi in our libraries so it's important that when we do the new design it has to be a modern offer. We used to have a lot of face to face contact in libraries but this demand has now reduced, therefore we need to think differently. There are also lots of clever systems available to manage buildings, for example we can extend opening hours with a technology system, so could open on Saturday afternoons and Sundays without needing staff.

- vi. How successful have the Digital Champions been since their introduction?

Members were advised there are 2 Digital Champions who work in the community and travel to where their skills are required. They have worked with a number of community groups; however it is difficult to assign a direct correlation between Digital Champions being brought in and a specific increase in the use of online services. At the end of the Quarter 1 performance reporting period, the percentage of online users was 37%, by comparison this was less than 10% eighteen months ago. The target of 70% is steep and the closer we get to it, the harder it will be to achieve; therefore we need Members to contribute to achieving this by advising the service of where the difficulties/challenges are in their individual Wards.

- vii. A Member asked how our telephone services work as they have tried to contact officers and have just ended up on a loop system bouncing from phone to phone which would not be a good experience for our customers. Also, asked are the changes we have implemented fully integrated as they had recently contacted a neighbouring Council and found they completed an online form but then received a paper form from the service asking the same questions?

The group were advised there is still further work to be done; on the website there are 1200 telephone numbers including those for Councillor Surgeries and partner agencies, specific ones of which won't be changed. There are 500 Council numbers on the website which we plan to streamline down to just four, for Adults, Children, Finance and Customer Services. Processes have been set-up to redesign services from end to end in collaboration with the service providers. The service has been working with the Council's IT department as they are central to the changes; however there are still underlying issues that need resolving.

- viii. To ensure residents are able to access Council Services online, it is essential the WiFi facilities provided in our libraries are working, however this has not been the case at Dodworth and Royston libraries, therefore please can something be done about this?

The committee were advised the service would follow these queries up with the libraries.

- ix. Can the WiFi password be displayed in a prominent position in the libraries to avoid having to ask for it?

Members were advised there are complex reasons why WiFi password can't be displayed and we need customers to have individual log-ins so that we have an audit trail of what they have viewed should we be challenged to provide this by other agencies such as the Police.

Members of the committee complimented the service on both the instructional video that is now on the Council's website, which provides advice on waste and recycling which was one of the TFG recommendations. Also, they complimented staff at the libraries who have been on hand to help customers get online.

- x. Will there be a single telephone number for Members similar to the Highways department pilot scheme to make enquiries, also there have been recent issues in accessing this service?

The committee were advised Members have an emergency contact card for key numbers. Also, the Member pilot has since been transferred back to the Highways department, where there is a dedicated office rota to deal with the telephone enquiries; however the service will follow this up with Highways if there are issues. The service advised they are currently working with services to look at Member demand so they can review how their enquiries are dealt with on a service by service basis.

The Chair thanked the witnesses for their attendance and valuable contribution to the meeting and the work they have been doing.

Action Points

- 1) Further information to be passed to the Member who enquired regarding progress with improvements to South Yorkshire Police 101 number.
- 2) CQC to inform all their directorates to review the colour contrast used in reports for ease of use for those who are visually impaired.
- 3) SWYPFT to provide contact details to the committee of Zahida Mallard who is responsible for community engagement.
- 4) Barnsley CCG to provide additional information to the committee on the 4Thought service and Thrive approach being used in schools in relation mental health.
- 5) SWYPFT to provide contact information in relation to complaints to the committee.
- 6) Members to advise the service of any key areas within their wards where there are challenges in terms of getting our customers online and where our Digital Champions will be able to offer support.
- 7) Service to follow up WiFi issues at Dodworth and Royston libraries and ensure it is working.
- 8) Service to follow up issues with Members being able to access the Highways department to make enquiries.