

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 January 2022 from 10.00 am - 12.10 pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Cate Woodward (Vice Chair)
Councillor Michael Edwards
Councillor Samuel Gardiner
Councillor Maria Joannou
Councillor Kirsty Jones
Councillor Angela Kandola
Councillor Anne Peach
Councillor Nayab Patel

Absent

Colleagues, partners and others in attendance:

Sarah Collis	- Chair, Healthwatch Nottingham and Nottinghamshire
Rupert Egginton	- Acting Chief Executive, Nottingham University Hospitals NHS Trust
Dr Keith Girling	- Medical Director Nottingham University Hospitals NHS Trust
Tiffany Jones	- Director of Communications and Engagement, Nottingham University Hospitals NHS Trust
Dr Neil Pease	- Chief People Officer, Nottingham University Hospitals NHS Trust
Julie Sanderson	- Head of Adult Safeguarding and Quality Assurance
Sara Storey	- Director of Adult Health and Social Care
Councillor Adele Williams	- Portfolio Holder for Adults and Health
Jane Garrard	- Senior Governance Officer
Phil Wye	- Governance Officer

51 Apologies for absence

None.

52 Declarations of interest

None.

53 Minutes

The minutes of the meeting held on 16 December 2021 were agreed and signed by the Chair.

54 Adult Social Care Workforce and Organisational Development

Sara Storey, Director of Adult Health and Social Care, introduced the report on the proposed content of the Adult Health and Social Care Workforce and Organisational Development Strategy, which is a priority in the Recovery and Improvement Programme for 2022. Councillor Adele Williams, Portfolio Holder for Adults and Health, added that she felt confident that work to address workforce challenges is going in the right direction.

During discussion, and following questions from the Committee, the following points were raised:

- a) it is really important to attract and retain suitable staff and make sure that they feel fully supported;
- b) a Governance Board will monitor progress against the Strategy, composed of members of the workforce and the community. It will set measures and outcomes for improvement which will be both statistical and anecdotal;
- c) the timeframe for the Strategy is three years, although it is hoped that some elements will have an immediate impact and will encourage existing colleagues to remain in post;
- d) consultation has taken place with frontline staff via monthly staff engagement, and manager attendance at team meetings. Overwhelmingly the workforce are supportive of each other and talk positively about support they get from each other and managers. The challenges of remote working have been raised, as well as the lack of opportunity for training and progression. Staff are generally most concerned about delivering good outcomes for citizens;
- e) the current high staff caseload is unlikely to decrease, but work can be done to decrease bureaucracy and a partner provider of social workers has been commissioned which should ease some pressure. Working more effectively in collaboration with partners also helps to reduce workload;
- f) the voice of the service user is also being taken into account and they have been consulted as well as included in panels. Feedback to frontline workers can also be fed into improvement work;
- g) the Council has looked at neighbouring authorities for comparison, but this can be difficult as social workers have differing levels of responsibility.

Sarah Collis, Healthwatch Nottingham and Nottinghamshire, offered the support of Healthwatch in listening to, and hearing the voice of service users and carers.

The Committee welcomed the work taking place on workforce issues, particularly the collaborative approach and involvement of stakeholders. It encouraged the continuation of work with staff networks and ongoing work with partners and other local authorities, in recognition that the Council cannot address all of the issues in isolation, and felt that the learning taking place from Children's Social Care was a

sensible approach and should continue. Following the offer from Healthwatch to support activity to involve service users and carers, the Committee supported the Service taking up this opportunity.

The Committee agreed to review progress with implementation of the agreed Strategy at the appropriate point(s).

55 Nottingham University Hospitals NHS Trust Improvement

Rupert Eggington, Acting Chief Executive, Nottingham University Hospitals NHS Trust, introduced the report updating on progress in improvement in response to the findings of the Care Quality Commission (CQC) inspection. He was supported by Dr Keith Girling, Medical Director. Neil Pease, Chief People Officer, and Tiffany Jones, Director of Communications and Engagement, Nottingham University Hospitals NHS Trust spoke about workforce culture, organisational development and communication. They highlighted the following points:

- a) A single improvement plan has been developed based on issues identified by the CQC and from the Trust's own investigations with its staff. The aim is to get to the level of a 'Good' rating within 18 months.
- b) The Trust is required to report progress against the Section 29a warning notice within six months, which will be the end of January 2022. Evidence on progress will be presented to the Trust Board in January and then submitted to the CQC with a view to the warning notice being lifted.
- c) A plan for improvement was approved by the Trust Board in November. This was then discussed with the national NHS England Board which, in a follow-up letter, confirmed that it was supportive of the approach, accepted the plan and confirmed funding to support a programme of improvement.
- d) Internal governance arrangements for monitoring improvement activity have been put in place and external governance has been established. This external governance has three strands: leadership and governance; maternity services; other core services inspected. Meetings are chaired by NHS England and there has been a positive assessment of progress to date.

During the discussion which followed, and in response to questions from the Committee, the following points were made:

- (a) following criticism of a disconnect between the Board and the wider organisation, work to address this has been put at the front-end of the improvement programme. There is now more visible leadership by the Board and Board members now visit areas across both sites, including visiting wards in advance of weekly Board meetings; Board members attend staff meetings and use technology to hold monthly open staff sessions. An open email account has been established and Freedom to Speak Up arrangements bolstered. Feedback is that Board members are more visible and easier to access, but more work needs to be done on ways for feedback to be given anonymously.

- (b) To try and improve the ability for staff to give feedback anonymously, the 'Our NUH' programme of small group meetings is being run by an external organisation and the recently launched 'Big Conversation' can be accessed anonymously. This is important because one of the themes for improvement is 'living our values', which do not tolerate bullying.
- (c) Prior to the CQC report, the Board was aware that there were reports of bullying within the workforce, but it was thought to be comparable to that in other NHS Trusts and the level of bullying identified by the CQC was a surprise. The Board was shocked by the findings and took a proactive approach to addressing the issues. Some Committee members questioned why the Board did not think that the levels of bullying were disproportionate when the CQC felt it appropriate to comment on high levels of bullying, and how the CQC could have found that a Board member did not know that there was an issue with bullying if the Trust was doing a lot of work on it, as reported at this meeting. Neil Pease responded that NUH is not an outlier in terms of national statistics, but the CQC looked beyond that and found elements in statistical analysis that should be brought forward for greater focus. Published national staff survey results also show that NUH is not an outlier in comparison to other Trusts, but there are sub-sets of the data which can be interpreted differently. However, he acknowledged that if anyone feels upset enough to speak to the CQC about bullying, and there was a significant number who did, then the Trust has a serious problem. People have said that this is their experience and therefore the Trust needs to act.
- (d) Cases of bullying brought forward are being categorised and learning is taking place. An external review of culture in specific areas has been commissioned and it is recognised that bullying needs to be investigated faster and the Trust needs to do better in feeding back on outcomes anonymously. The three staff networks for black and minority ethnic, disability, and LGBTQIA+ staff, along with trade unions have all been engaged in work following the inspection. The Board is trying to proactively address issues of bullying but the Trust is not there yet in terms of having no bullying in the organisation.
- (e) The Trust agreed with a Committee member's suggestion that there should be improved monitoring of bullying cases, and confirmed that the Trust is investing in tracking software so that it is better sighted on cases and trends. Monitoring will be both quantitative and qualitative. This will be supported by a more open dialogue with groups across the organisation, including increasing the interface with trade unions and staff networks. To facilitate this, chairs of staff networks have been granted one day a week to dedicate to the work of that network. Further work will be done to bolster Freedom to Speak Up Guardian arrangements. The Trust has engaged Hull University Teaching Hospitals NHS Trust, which has previously dealt with issues of bullying within its own organisation, to act as a critical friend on this issue.
- (f) In response to a question about why staff experiencing bullying didn't report this to the Trust before the CQC inspection, Trust representatives acknowledged that the psychological safety of staff had been depressed. The Trust thought that it was doing the right things and therefore it was surprised by the comments made to the CQC. In recognising the importance of psychological safety the Trust has

engaged a third party to support the Trust in understanding why it has not been the case.

- (g) Sarah Collis, Healthwatch Nottingham and Nottinghamshire, commented on the parallels with psychological safety for patients in speaking up about their care and the ability of the Trust to learn from patient safety incidents. In response, Trust representatives commented that work on this had started prior to the CQC report and a Family Liaison Co-ordinator was appointed to ensure patients and families have a voice, especially in relation to Serious Incidents. However, it is recognised that more needs to be done on this. The Committee welcomed this recognition and suggested that it would be good to see this articulated in plans so that the Trust can be held to account on that.
- (h) Feedback from staff so far has been positive, but it is recognised that there is still a long way to go.
- (i) The Trust assured the Committee that there is a structured development programme for the Board in place, including a half-day session on equality, diversity and inclusion training. There will also be reciprocal mentoring to ensure that training is not a standalone event. Increasing black and ethnic minority representation at senior levels is a priority for the Black and Minority Ethnic Strategy and there are a range of activities and interventions in place to support this e.g. interview support.
- (j) There are a range of risks to progress, including the latest wave of Covid cases, which will challenge pace of improvement. For example, there are challenges in balancing improvement work and staff training with the need to care for patients and prioritise patient safety at a time of unprecedented staff sickness. Currently it is not possible to maintain all training but risk-based decisions are being taken about what can be supported and what has to be stood down. It is expected that as the current wave of Covid cases recedes, other activity can be built up again. One of the challenges from NHS England/ NHS Improvement has been capacity to undertake the necessary improvement work and that is why it agreed funding for additional support.
- (k) Overall the Acting Chief Executive considers that the Trust has made pretty good progress in most areas but more needs to be done to demonstrate evidence of impact.
- (l) In relation to the Section 29a warning notice, there are no fixed criteria for its removal. Evidence about what the Trust has done in response and its ongoing the direction of travel is being compiled and will be considered by the Trust Board on 27 January. This evidence will then be submitted to the CQC. It is anticipated that the CQC will visit within a year to triangulate evidence.

The Committee acknowledged the work taking place to address failings and commented that the involvement of Hull University Teaching Hospitals NHS Trust as a critical friend was a positive, but noted that there is still considerable work to do. In particular, the Committee commented on the importance of having arrangements in place for receiving anonymous feedback. Concern was raised that some information provided at this meeting appeared to conflict with content of the CQC inspection

report, and therefore the Committee agreed that it would be appropriate to request a further update from the Trust on progress once the CQC has given its assessment of progress against areas identified for improvement. The Committee encouraged the Trust to be open and acknowledge issues to be addressed to give staff, service users and other stakeholders confidence that those issues are being dealt with.

Resolved to:

- (1) thank frontline staff working at Nottingham University Hospitals NHS Trust, whom the Care Quality Commission had recognised for their quality of their care, for their dedication and work particularly during this difficult period;**
- (2) request that Nottingham University Hospitals NHS Trust provide details of the findings of the national staff survey and Black and Minority Ethnic Workforce Plan; and**
- (3) request that Nottingham University Hospitals NHS Trust attend a future meeting of the Committee, following the Care Quality Commission's review of progress, to update on its improvement journey and action being taken to address outstanding issues.**

56 Nottingham City Safeguarding Adults Board Annual Report 2020 - 2021

The Chair noted that the Committee had received the 2020/21 Annual Report of the Nottingham City Safeguarding Adults Board for information.

Councillor Adele Williams, Portfolio Holder for Adults and Health, informed the Committee that, as the relevant Portfolio Holder, she attends meetings of the Board. She highlighted that 2020/21 had been a very challenging period, and while a number of safeguarding issues had arisen in different ways there were also lots of achievements to note. A Committee member suggested that it would be interesting to explore the Board's work in relation to domestic violence in more detail and this could be an item for inclusion on the Committee's future work programme.

The Committee thanked the Safeguarding Adults Board for its work, particularly during the particularly challenging period of the last couple of years.

57 Work Programme

The Committee noted its current work programme for the remainder of the year.