



## MANCHESTER AND NORTHWEST DISTRICTS BRANCH HEALTHCARE SERVICES SECTION

### Minutes of Meeting

Friday 25 November 2016

Brookfield Masonic Hall, Westhoughton, Bolton

#### Present:

Mark Burns	MB	Chair
Peter Bohan	PB	Vice Chair
John Houlihan	JHn	Secretary
Simon Regan	SR	Guest Speaker, Care Quality Commission
Melinda Lyons	ME	University of Manchester
Matt Rodgers	MR	Phoenix Medical Supplies
Steve Rowland	SRo	Priory Group
Carl Dennis	CD	The Guinness Partnership
Lynne Atherton	LA	Wrightington, Wigan and Leigh NHS Foundation Trust
Maureen Conway	MC	Mydentist
Kirsty Mulvaney	KM	Mydentist
Penri Cunnah	PC	Mydentist
Tina Platt	TP	East Cheshire NHS Trust
Shannon Jolly	SJ	Compass Compliance Solutions Ltd.
Deborah Williams	DW	Compass Compliance Solutions Ltd.
Paula Coward	PCo	University Hospital of South Manchester NHS Foundation Trust
Jane Close	JC	St Anne's Hospice
Sue Tootill	ST	Brighterkind Care Homes
Therese McArdle	TMcA	St John's Ambulance Services
Terence Harris	TH	Aintree University Hospital NHS Foundation Trust
Andre Haynes	AH	Wirral University Teaching Hospital NHS Foundation Trust
Joe Cryans	JC	The Joseph Rowntree Foundation
Sallyanne Hunter	SAH	NHS Liverpool Clinical Commissioning Group
Steve Cann	SC	Bolton Council
Sue King	SK	Four Seasons Healthcare
Lorraine Disley	LD	Four Seasons Healthcare
Paul Mason	PM	Barchester Healthcare
Lisa Harris	LH	Barchester Healthcare
Jane Kemp	JK	Royal College of Nursing - Retired



## MANCHESTER AND NORTHWEST DISTRICTS BRANCH HEALTHCARE SERVICES SECTION

Paul Roberts	PR	Department of Health
Jane Hadfield	JHa	The Christie NHS Foundation Trust
Caroline Simpson	CS	Consultant
Philomene Nkwenti	PN	Creative Support Ltd.
Wendy Guest	WG	Lancashire Care NHS Foundation Trust
Sally Shihadah	SS	University Hospitals North Midlands
Lisa Hitchcox	LH	Your Housing Group
Ian Neil	IN	Your Housing Group
Wendy Astle Rowe	WAR	Mid Cheshire Hospitals NHS Foundation Trust
Lyn Ellis	LE	Cheshire and Wirral Partnership NHS Foundation Trust
Debbie Carr	DC	Cheshire and Wirral Partnership NHS Foundation Trust

### **Apologies:**

Martin Brandon	MBr	South West Yorkshire Partnership NHS Foundation Trust
David Halicki	DH	Consultant
Deborah Halicki	DHa	Pennine Care NHS Foundation Trust
Andy Wood	AW	Alternative Futures Group
Vanessa Mayatt	VM	Mayatt Consultancy
Phil Gifford	PG	Mayatt Consultancy

### **Guest Speaker Presentation**

#### **Simon Regan, Care Quality Commission**

#### **Presentation: An update on the work of the Care Quality Commission**

SR recapped on the history and political landscape of the Care Quality Commission and the current network of relationships and concordats with other internal and external bodies such as Monitor, NHS England, the Health and Safety Executive, Ofsted, HM Inspectors, the Coroners Society, Clinical Commissioning Groups etc. He also spoke of future plans to develop closer working relationships with charity organisations and other patient safety groups.

Members received a summary of the purpose and role of the Care Quality Commission; its current model of registration; how it collates data; information gathering and its inspection regime. Examples were given of the types of data being used to measure against each of the five domains asked of all healthcare service providers during inspection i.e. are they safe, effective, caring, responsive and well led.



## MANCHESTER AND NORTHWEST DISTRICTS BRANCH HEALTHCARE SERVICES SECTION

SR referred to progress being made when completing comprehensive inspections of all services of building a powerful baseline when understanding the quality of care.

Attention was drawn to a recent publication highlighting the overall ratings of those NHS acute and independent locations, mental health, learning disability and community trusts following the outcome of inspection. It concluded that the majority, a total of 49% 'required improvement', with 5% deemed as being 'inadequate'. By contrast, only 1% was classed as being 'outstanding' with 44% cited as being 'good'.

Members noted, from the evidence presented, that work is encouraging continuous improvements to be made. Discussions also took place of the volume and complexity of health and social care provision and of the many challenges and expectations faced.

SR added that at the same time, the Care Quality Commission have focused on strengthening its systems and processes, ensuring it makes the best use of its resources in being as effective as possible, as well as reducing the requirements it places on those it regulates.

Members were given a detailed account of the new five year strategy to be adopted by the Care Quality Commission. This strategy was agreed by 86% of respondents following a year long consultation with partners, stakeholders, providers and the public and is due to be implemented in April 2017. It sets out the vision for the Care Quality Commission to be a more targeted, responsive and collaborative regulator and identifies four key priority actions in achieving that strategic ambition. These four priorities are for the Care Quality Commission to:

- '*encourage improvement, innovation and sustainability in care*' by working with others to support improvement, adapting its approach as new care models develop and publishing new ratings of NHS trusts' use of resources;
- '*deliver an intelligence driven approach to regulation*' by using information from the public and service providers more effectively so as to target resources where risks to quality of care are the greatest, checking where quality is improving and introducing a more proportionate approach to registration;
- '*promote a single shared view of quality*' by working with others and agreeing a consistent approach to defining and measuring quality, collecting information from service providers and delivering a single vision of high quality care;



- *'improve efficiency and effectiveness'* by working more efficiently to achieve year on year savings and improving the work with the public and service providers.

SR anticipated that this strategic ambition will only be achieved when people fully trust the Care Quality Commission and use its expertise and independent judgement about the quality of care, as well as people also having the confidence that good or poor standards of care are being identified along with necessary actions taken to protect their rights.

In addition, health and social care organisations that deliver care improve quality as a result of being regulated and are encouraged to use resources as efficiently as possible to deliver high quality patient care outcomes.

SR confirmed that whilst a proportion of activities are to remain the same, there are others that are expected to be done more differently such as thematic reviews, pathway tracking, demographics, registration processes, management experience and varying levels of scrutiny, numbers of incidents, resources, governance and risk management arrangements, key performance indicators etc.

SR referred to encouraging health and social care organisations building a portfolio of evidence for submission on inspection, meaning fewer data requests will be needed prior to or during an inspection which will result in more focused risk profiles and inspections and shorter, concise reports.

SR clarified, following the outcome of discussions held, that there are no plans at this stage for the Care Quality Commission to adopt the 'fees for intervention' model that has been introduced by the Health and Safety Executive.

Members thanked the guest speaker and expressed its gratitude for his valued contribution.

## **Meeting**

### **1. Apologies for absence**

Noted.

### **2. Minutes of the last meeting / matters arising**

#### **Minutes of the last meeting**

Members approved the minutes of the meeting held on Friday 16 September 2016 as a true and accurate record. All actions from the minutes form part of the standing agenda of the meeting.



**Matters arising**

JHn stated arrangements to rearrange delivery of the guest speaker presentation that was due to be held at the last meeting have since been completed.

JHn proposed matters regarding the development of a template of instructions of how the branch wants information to be structured on its web pages be removed as an action item until confirmation is received from the branch. Members agreed.

JHn repeated the request made by branch that districts and sections review which communication methods are successful and those that are not e.g. connect, mailer, event web pages etc. by asking members at each meeting and updating the networks officer, where necessary

**Action: members to provide feedback at the next meeting.**

JHn stated work to complete the section programme for 2017 has been completed and submitted to branch for publication.

Members agreed matters regarding the outcome of feedback and the development of a dashboard illustrating health and safety training and competencies for directors and senior executives be deferred for presentation by David Sinclair at a future meeting.

JHn confirmed he had received a reply from the networks officer, following a request made by members to issue a survey that will help examine concerns raised regarding numbers of attendances. Unfortunately, as the branch had already sent a survey out to all members recently, it was not possible to do another one until the middle of next year.

JHn explained, in light of this, he had undertaken a review himself by means of canvassing those members in attendance and seeking opinion from a number of health and safety practitioners working across a variety of healthcare organisations that he had met through various networking events that do not or have not attended any meetings over the past year or so.

As expected, dwindling numbers of attendances did not relate to the choice of venue, guest speaker presentations or of how, generally, the section is run. When speaking to a number of those who did not or have not attended any meetings they unanimously confirmed this was not their deliberate intention and was purely due to operational requirements, limited resources and an extremely busy workload.



## MANCHESTER AND NORTHWEST DISTRICTS BRANCH HEALTHCARE SERVICES SECTION

When explored further, what was interesting to note was the differences amongst those canvassed, especially from those newly established health and social care service providers, of awareness of the section.

It was noted that whilst most health and safety practitioners working within NHS organisations were fully aware of the section's existence, there was a clear lack of awareness of the section and or confusion amongst others regarding the dynamics between the section and healthcare services group.

JHn added that the updating of information regarding the section has been completed and is regularly reviewed, however, many of those health and safety practitioners working for health and social care providers outside of the NHS thought the healthcare services group was the only network available to them and they were reluctant to attend because meetings are held outside the north west, with representation already in place nationally by nominated persons within IOSH with many also unsure of how information would be relayed back to them, if any.

JHn stated that when challenged as to the differences between the healthcare section and group and whether they could signpost to information about the section on the IOSH webpage, most of these health and safety practitioners expressed difficulty doing so and were surprised it was contained under the branch framework, with some admitting this would not be the first place they would look and that they were browsing the healthcare group webpage, hence the confusion, despite him highlighting the search engine and structure of the branch using the 2016 programme.

JHn concluded that he will update members on progress following further discussions with the networks officer regarding strengthening and improving the web links between the healthcare section and group to see if this makes any difference.

**Action: JHn to update members on progress at the next meeting.**

### **3. Communication / correspondence / consultative documents**

JHn sign posted members to recent case law, publication of health and safety statistics for the health and social care sector and business plan issued by the Health and Safety Executive and updated memorandum of understanding between the Care Quality Commission, Health and Safety Executive and Local Authorities.

### **4. Regulatory authority update**

No matters were presented for discussion.



**5. IOSH Manchester and Northwest Districts Branch update**

No matters were presented for discussion.

**6. Future topics of interest**

No matters were presented for discussion.

**7. IOSH CPD / IPD programme**

No matters were presented for discussion.

**8. Members forum**

Members discussed local health and safety issues.

**9. Any other business**

No matters were presented for discussion.

**10. Date of next meeting**

Friday 20 January 2017