

# Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 30 March 2011

## PRESENT:

Councillor Ricketts, in the Chair.  
Councillor Gordon, Vice Chair.  
Councillors Bowie, Delbridge, Dr. Mahony, Mrs Nicholson and Dr. Salter.

Co-opted Representatives: Chris Boote (LINK)

Apologies for absence: Councillor McDonald and Margaret Schwarz (PHNT)

Also in attendance: Pam Marsden, Assistant Director for Adult Social Care (Plymouth City Council), Paul O'Sullivan, Joint Commissioning Manager (NHS Plymouth), Debbie Butcher, Commissioning Manager (Plymouth City Council), Julie Wilson, Mental Health Commissioner (NHS Plymouth), Liz Cooney, Director of Professional Practice and Patient Safety (NHS Plymouth), Angela Saxby, Governance, Project and Diversity Manager (NHS Plymouth), Professor Sarah Watson-Fisher Chief Nurse, (Plymouth Hospitals NHS Trust), Steve Boucher, Head of Operations Cornwall and IOS (South Western Ambulance Service), Nick Thomas, Director of Strategic Planning and Information (Plymouth Hospitals NHS Trust), Giles Perritt, Lead Officer (Plymouth City Council) and Ross Jago, Democratic Support Officer (Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.10 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 100. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Dr Mahony	105. NHS Plymouth Quality Accounts.	General Practitioner	Personal

## 101. CHAIR'S URGENT BUSINESS

### Election of Vice Chair

In the absence of Councillor McDonald, Councillor Gordon having

been nominated by Councillor Ricketts and Seconded by Councillor Delbridge was appointed as Vice Chair for this meeting.

102. **MINUTES**

Agreed that the minutes of the meetings held on 16 February 2011 and 2 March 2011 are approved.

103. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

Agreed to approve the panel's tracking resolutions.

104. **DEMENTIA STRATEGY**

The Joint Commissioning Manager (NHS Plymouth) introduced an update on the Dementia Strategy Action Plan. It was reported that –

- a. the panel had been provided with documents which outlined the key actions being undertaken to implement the dementia strategies locally. Local and National actions were referenced within the dementia self assessment paper which had been validated by the South West Strategic Health Authority;
- b. the panel was also provided with a spreadsheet detailing NHS Plymouth spend and Adult Social Care spend with regard to dementia services;
- c. although there were areas marked green in the action plan these areas were being taken further;
- d. the spreadsheets did not reflect total spend on dementia services, there were additional costs such as pharmaceutical and primary care. The figures provided needed to be considered in the context of the wider spend.

In response to questions from members of the panel it was reported that –

- e. the membership of the partnership board was weighted toward clinicians and there was little permanent local authority membership. However the panel was assured that local authority officers were brought onto the panel when required. The approach ensured a free flow of information throughout the department;
- f. the focus on early diagnosis and end of life provision was reflected in the panel membership.

It was commented by the Plymouth Local Involvement Network (LINKs) Chair that the LINK's sister organisation Plymouth Involvement and Participation

Service (PIPs) had worked with officers from the health service and the local authority on the dementia strategy.

Agreed that-

- (1) the membership of the partnership board should be reviewed;
- (2) service user feedback is provided by PIPs and the LINKs to the partnership board to review the development of the strategy.

#### 105. **NHS PLYMOUTH QUALITY ACCOUNTS**

The lead officer for governance and patient safety introduced a report and consultation documents on NHS Plymouth's Quality Accounts. It was reported that –

- a. the documents included with the agenda highlighted the work completed since NHS Plymouth last provided the quality accounts to the panel in June 2010;
- b. the 2010-11 quality accounts were extended to include all services provided by NHS Plymouth provider services;
- c. NHS Plymouth were currently consulting various stakeholders over the priorities included within their quality accounts; these priorities had been based on robust evidence and a number of organisations had already been consulted. The consultation period would end on the 1 April 2011;
- d. following the end of the consultation period NHS Plymouth would refine the quality accounts and provide them to the Health and Adult Social Care Overview and Scrutiny Panel in May 2011 for final comment.

In response to questions from panel members it was reported that –

- e. there had been a number of newsletters and an online survey which had helped patients be included within the quality accounts process. As it was only the second year of quality accounts this would be the benchmarking year in terms of quantifying success;
- f. NHS Plymouth had not compared the results of similar sized trusts. NHS Plymouth would use their networks to compare the consultation results;
- g. LINKs were helping with the development of NHS Plymouth quality accounts.

Agreed that-

- (1) the final quality accounts are presented to the panel in the new

municipal year with detailed analysis of consultation responses;

- (2) the quality accounts would be Plymouth focused and would reflect the four city priorities throughout;
- (3) the quality accounts should illustrate where NHS Plymouth aligns its priorities with other service providers in the city;
- (4) the quality accounts should be written in plain English to ensure they are accessible for the public.

106. **PLYMOUTH HOSPITALS NHS TRUST QUALITY ACCOUNTS**

The Director for Strategic Planning and Information and Chief Nurse introduced Plymouth Hospitals NHS Trust (PHNT) draft accounts. It was reported that–

- a. a strong focus on infection control had resulted in falling rates of Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C.diff);
- b. stroke services were viewed as amongst the best in the country and Dr Foster Healthcare Intelligence rated Derriford Hospital among the best hospitals in the country for patient outcomes;
- c. the PHNT standardised mortality ratio continued to fall;
- d. a national inpatient survey showed that almost 80 per cent of PHNT patients rated their treatment as excellent or good;
- e. maternity care in Plymouth was rated as good and in parts amongst the best in the country according to the patients who used the service.

Targets for the coming year included-

- f. a reduction in the number of cardiac arrests and the number of grade 3 pressure ulcers, surgical site infections and the incidence of Venous Thromboembolism (VTE);
- g. a reduction in the number of patient falls, the average length of patient stay and the number of delayed discharges;
- h. improved compliance rates for National Institute for Clinical Excellence guidance, an overall percentage improvement in the National Inpatient Survey, improved provision of single sex accommodation and an increase in the number of rapid response calls.

The Chair congratulated PHNT on the improvement in their quality accounts. In response to questions from members of the panel it was reported that-

- i. there had been an increase in the number of complaints, this was in some part due to an improved reporting process. Staff had been provided with a new complaints handling process which had improved the PHNT response rate;
- j. on site security was a constant presence at the hospital, to ensure that all staff and patients were safe;
- k. many modern operating procedures required a shorter stay in hospital. It was highlighted that the longer a patient remained in hospital increased significantly the chances of infection and many patients recovery was aided by being at home;
- l. there was a well developed work stream on dealing with paper records, PHNT's performance record in this regard could be reported to the panel and be included within future quality accounts;
- m. the main reason for delayed discharges was due to a delay in providing medication for patients leaving hospital or identifying a suitable location for them to be discharged to.

Agreed that-

- (1) PHNT's performance in relation to the management of patient records is added to the quality accounts 2011/12;
- (2) the final quality accounts are presented to the panel in the new municipal year with detailed analysis of consultation responses;
- (3) the quality accounts would be Plymouth focused and would reflect the four city priorities throughout;
- (4) the quality accounts should illustrate where PHNT aligns its priorities with other service providers in the city;
- (5) the quality accounts should be written in plain English to ensure they are accessible for the public.

107. **SOUTH WESTERN AMBULANCE SERVICE QUALITY ACCOUNTS**

The Head of Operations for Cornwall introduced a consultation document on South Western Ambulance Services Quality Accounts. It was reported that patient experience teams are used to gain feedback from patients and that the priorities within the consultation document would cover all aspects of service delivery.

Agreed that –

- (1) the final quality accounts are presented to the panel in the new municipal year with detailed analysis of consultation responses;

- (2) the quality accounts would pay due regard to Plymouth and would reflect the four city priorities throughout;
- (3) the quality accounts should illustrate where the South Western Ambulance Service aligns its priorities with other service providers in the city;
- (4) the quality accounts should be written in plain English to ensure they are accessible for the public.

108. **PLYMOUTH HOSPITALS TRUST - CARE QUALITY COMMISSION  
UNANNOUNCED INSPECTION**

The Chief Nurse reported to the panel on the recent unannounced inspection by the Care Quality Commission (CQC) following a number of 'never-events' which occurred at the hospital. It was reported that –

- a. 'never events' were serious preventable incidents which should not occur when preventable measures had been implemented. Six never events had occurred at the hospital over a ten month period;
- b. 'never events' were reported to the PHNT public board meeting on the 28 January 2011 where the board agreed to engage proactively with the CQC;
- c. the CQC made an unannounced visit to the Hospital on the 16 February 2011 and found that there was not full and proper compliance with World Health Organisation checklists;
- d. since the CQC visit PHNT had published clear guidance on how to complete the checklist. This guidance was displayed in all theatres and anaesthetic rooms;
- e. before making mitigating changes theatres were reporting compliance rates of between 18 per cent and 80 per cent of patients receiving a complete checklist. Since the guidance had been published weekly compliance rates increased consistently above 95 per cent;
- f. further work was being carried out in order to prevent further incidents which included:
  - a review processes related to swabs and a standard operating procedure was developed for use in all theatres;
  - a swab 'bag it' system was introduced in all theatres to ensure accuracy of swab counts;
  - the throat pack process had been reviewed and a standard operating procedure was developed for use in all theatres;
  - team brief and debrief processes were being reviewed to ensure standard approach across theatre teams;

- theatre lists scheduling and compilations were being reviewed;
  - all staff were receiving written and verbal communication updates on changes to practice and plans for improvement;
- g. the CQC visited again on the 22 March 2011 to check for compliance. Although the CQC had not yet published a report on this visit PHNT did not expect to have to carry out further work.

In response to questions from members of the panel it was reported that-

- h. PHNT had carried out root cause analysis into each 'never event' and had implemented processes and procedures which were easy to adhere to;
- i. it was possible that junior staff felt unable to challenge senior staff members, if there was a case for disciplinary procedures further action would be taken;
- j. theatre teams were based around specialities, if there were staff shortages people could be moved around teams. PHNT had started a review around the scheduling of surgery;
- k. PHNT had a higher instance of 'never events' than other hospitals in the UK;
- l. each 'never event' had been subject to a root cause analysis. It was felt that adequate mitigating processes had been put in place. However when a further event occurred in November the problem was found to be rooted in the culture of the work place;
- m. no long term harm had been caused to any patient. Patients and their families were offered meetings with the trust following the events and engagement with patients continued;
- n. while there had been personnel changes, the problem was not based in local teams but was rather a systemic problem.

Agreed that the Plymouth Hospitals NHS Trust would provide the panel with an update at a future meeting following the publication of the Care Quality Commission report. The Chair of the Cornwall Health and Social Care Overview and Scrutiny Committee would be invited to the meeting.

109. **TASK AND FINISH GROUP ON PLYMOUTH PROVIDER SERVICES**

Agreed that the recommendations of the task and finish group be approved and forwarded on to the new Chief Executive of Plymouth Provider Services.

110. **WORK PROGRAMME**

Agreed that the panel's work programme is approved.

111. **EXEMPT BUSINESS**

There were no items of exempt business.