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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: WEDNESDAY 30 MARCH 2011
TIME: 3 PM
PLACE: WARSPITE ROOM, COUNCIL HOUSE

Committee Members–

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

Co-opted Representatives

Chris Boote and Margaret Schwarz

Substitutes –

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

Please note that, unless the Chair agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used during meetings.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

PART I (PUBLIC COMMITTEE)

AGENDA

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make and declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES

(Pages 1 - 12)

The panel will consider the minutes of the meeting of the 16 February 2011 and 2 March 2011.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD

(Pages 13 - 16)

The panel will monitor the progress of previous resolutions and receive any relevant feedback from the Overview and Scrutiny Management Board.

6. DEMENTIA STRATEGY

(Pages 17 - 30)

The panel will receive an update on the Dementia Strategy Action Plan.

7. NHS PLYMOUTH QUALITY ACCOUNTS

(Pages 31 - 48)

The panel will consider the NHS Plymouth quality accounts.

8. PLYMOUTH HOSPITALS NHS TRUST QUALITY ACCOUNTS

(Pages 49 - 76)

The panel will consider the Plymouth Hospitals NHS Trust quality accounts.

9. SOUTH WESTERN AMBULANCE SERVICE QUALITY ACCOUNTS (Pages 77 - 88)

The panel will consider the South Western Ambulance Service quality accounts.

10. PLYMOUTH HOSPITALS TRUST - CARE QUALITY COMMISSION UNANNOUNCED INSPECTION (Pages 89 - 92)

The panel will consider a report on the recent Care Quality Commission unannounced inspection of Derriford Hospital.

11. TASK AND FINISH GROUP ON PLYMOUTH PROVIDER SERVICES (Pages 93 - 96)

The panel will consider the recommendations of the Task and Finish Group on Plymouth Provider Services.

12. WORK PROGRAMME (Pages 97 - 98)

To receive the panels work programme.

13. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 16 February 2011

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald, Vice-Chair.
Councillors Coker, Delbridge, Dr. Mahony, Mrs. Nicholson and Dr. Salter.

Co-opted Representatives: Chris Boote and Margaret Schwarz.

Apology for absence: Councillor Bowie.

Also in attendance: John Richards, Chief Executive, NHS Plymouth, Nick Thomas, Director of Strategic Planning and Information, and Amanda Nash, Head of Communications, Plymouth Hospitals NHS Trust, Carole Burgoyne, Director for Community Services, Pam Marsden, Assistant Director (Adult Health and Social Care), Councillor Grant Monahan, Cabinet Member for Adult Health and Social Care, Giles Perritt, Lead Officer, and Katey Johns, Democratic Support Officer.

The meeting started at 3.00 pm and finished at 4.50 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.

82. DECLARATIONS OF INTEREST

The following declaration of interest was made in accordance with the Code of Conduct -

Name	Minute No. and Subject	Reason	Interest
Margaret Schwarz	86 – Budget and Performance – Plymouth Hospitals NHS Trust	Non-Executive Director of Plymouth Hospitals NHS Trust Board	Personal
Councillor Dr. Mahony	86 – Budget and Performance – Plymouth Hospitals NHS Trust	GP	Personal
	87 - Budget and Performance – NHS Plymouth	GP	Personal

83. **CHAIR'S URGENT BUSINESS**

Invitation from Plymouth Hospitals NHS Trust

The Chair reported that Plymouth Hospitals NHS Trust had extended an invitation to a member of the Panel to join a tender group which was looking at tenders for an integrated parking and external services contract and a sustainable energy contract.

Agreed that further details of the tender group would be sought and circulated to Panel Members by the Democratic Support Officer.

(In accordance with Section 100(B)(4)(b) of the Local Government Act 1972, the Chair brought forward the above items of business because of the need to inform and consult Members).

84. **MINUTES**

Agreed the minutes of the meeting held on 7 January 2011.

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

The Panel received an update on its tracking resolutions as follows –

- (a) with regard to minute 57(3), a response had now been received from the Peninsula Cancer Network and this would be circulated to Panel Members via e-mail after the meeting;
- (b) with regard to minute 66(1), a copy of the Dementia action plan remained outstanding. This matter would be raised with the Chief Executive of NHS Plymouth later on the agenda;
- (c) with regard to 75(1), a response had now been received from the Community Services Department and this would be circulated to Panel Members via e-mail after the meeting.

86. **BUDGET AND PERFORMANCE - PLYMOUTH HOSPITALS NHS TRUST**

The Board received a presentation on the Hospital's budget and performance from the Trust's Director of Strategic Planning and Information and Head of Communications.

In response to questions raised, Members were advised that –

- (a) the three-year lease on the eye infirmary would expire in March 2013 but it was hoped that the service would be relocated to Derriford Hospital some time between April and September 2012. The building was no longer fit-for purpose and it made sense, both in financial and practical terms, to move the service to the Derriford site;

- (b) the changing landscape reflected the significant reduction in secondary care provision and move to increase self-care (e.g. pregnancy testing). It was acknowledged that, in terms of secondary care, effectiveness would be dependent on decent housing standards;
- (c) infertility services would continue to be provided jointly. Members may wish to pursue provision of this service further with NHS Plymouth;
- (d) Trusts would either become Foundation Trusts or be run by a Foundation Trust. Plymouth Hospitals NHS Trust would continue to pursue Foundation Trust status and was committed to submitting its application by March 2012. This was, however, dependent on getting its finances in order;
- (e) meeting the healthcare needs of the citizens of Plymouth within the current financial climate was going to be the Hospital's biggest challenge;
- (f) there had been slippage in follow-up appointments and work was ongoing to address this;
- (g) patient satisfaction and hospital performance data were collected in a number of ways, including –
 - surveys undertaken by the hospital itself
 - information provided through PALS
 - independent reviews conducted by organisations such as Dr. Foster and the Care Quality Commission
- (h) there was also a strong culture of incident reporting among staff. All serious incidents were reported publicly to the Trust's Board which, more recently, had included the occurrence of six 'never events'. Four of these events had related to retained swabs for which investigations and action plans had been put in place.

The presentation was noted with thanks.

Agreed that the following information be circulated to Panel Members via the Democratic Support Officer –

- a definition of self-care
- the results of the Patient Survey
- the report arising from the Care Quality Commission's recent unannounced Inspection (as soon as the embargo had been lifted)
- the Serious Incidents report submitted to the Trust's Board
- a briefing note on the work being undertaken to resolve the problems experienced around follow-up appointments

(Margaret Schwarz and Councillor Dr. Mahony declared personal interests in respect of the above item).

87. **BUDGET AND PERFORMANCE - NHS PLYMOUTH**

The Board heard details of the Annual Operating Plan 2011/12 from NHS Plymouth's Chief Executive.

In response to questions raised, Members were advised that –

- (a) with regard to the Sentinel tendering process, the Government had taken a very strong view that this service would be driven by clinicians from the bottom up. There would not be a tendering process, however, there would be an 'authorisation' process, the rules of which had not yet been spelt out. The final say on 'authorisation' would be by the NHS Commissioning Board;
- (b) the deficit forecast for the year end by Plymouth Hospitals NHS Trust from month six onwards had been £14-£16m against an income of £38 million. A break-even situation was now expected but the money would not be coming from the unplanned sum;
- (c) the Strategic Health Authority were strongly committed to ensuring that the GP consortia would not inherit any debt upon activation. All parties would, therefore, have to work together to address any existing debt. Any new debt incurred from 31 March would be the responsibility of the GP Consortia to manage.

With regard to minute 85(b), the Chair took the opportunity to remind the Chief Executive that that sight of the Dementia Strategy action plan remained outstanding.

The Chair thanked the Chief Executive for his presentation and commented that he welcomed the opportunity to hear from NHS Plymouth and Plymouth NHS Hospitals Trust at the same time.

Agreed that the Chief Executive of NHS Plymouth would investigate the delay in production of the Dementia Action Plan.

88. **BUDGET AND PERFORMANCE - PLYMOUTH CITY COUNCIL, ADULT SOCIAL CARE**

The Director for Community Services submitted a summary of the third quarter joint finance and performance report 2010/11 in respect of Adult Social Care. Also in attendance were the Assistant Director (Adult Health and Social Care) and Cabinet Member for Adult Health and Social Care.

Members were advised that –

- (a) the Adult Social Care budget of £73m was the largest single budget within the Council and was monitored regularly on a monthly basis;
- (b) the £4.1m of savings identified in the delivery plan, which had been considered as part of the budget scrutiny process, were all on target and projected to be delivered;
- (c) with regard to performance, the service –
 - was performing well in respect of direct payments, and was in the top quartile when measured against the Council's comparators
 - could do better in terms of supporting carers
 - was currently under-performing against the Learning Disabilities indicator linked to settled accommodation and those in employment
 - was unsure whether the settled accommodation indicator would be continuing next year
 - was expecting to reach the target of 5.9% in respect of those in employment by the end of the financial year

In response to questions raised, Members heard further that –

- (d) the service had been overspent last year however this deficit had been brought back into line through a series of panel reviews and regular monitoring;
- (e) a number of meetings had taken place with NHS Plymouth to discuss allocation of the winter pressure and reablement funding with some areas of spend already having been identified and agreed;
- (f) this Council was not intending to change its categorisation of need under the Fair Access to Care eligibility criteria.

With regard to minute 75(1), Members were reminded that the information requested related to whether there was any evidence to demonstrate that procurement was having an adverse effect on self-funding residents.

The Chair thanked the officers and Cabinet Member for their attendance.

Agreed that -

- (1) with regard to the winter pressure and reablement fund, the panel be kept informed on where the money was being allocated;

- (2) with regard to minute 75(1), relevant extracts from the market review undertaken in 2008 would be circulated to Panel Members via the Democratic Support Officer.

89. **WORK PROGRAMME**

The panel considered its work programme for 2010/11.

Agreed that the Director for Community Services would attend the next meeting to report on progress with early adoption of a Health and Wellbeing Board for the City.

90. **EXEMPT BUSINESS**

There were no items of exempt business.

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 2 March 2011

PRESENT:

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

Co-opted Representatives: Chris Boote and Margaret Schwarz

Apologies for absence: Councillor Bowie

Also in attendance: Nicola Jones, Deputy Director of Primary Care (NHS Plymouth), Sharon Palser, Director of Development (NHS Plymouth), Elaine Fitzsimmons, Assistant Director of Commissioning (NHS Plymouth), John Richards, Chief Executive (NHS Plymouth), Vicki Shipway Plymouth LINK Manager, Carole Burgoyne, Director of Community Services (Plymouth City Council), Craig Mcardle, Commissioning Manager (Plymouth City Council), Giles Perritt, Lead Scrutiny Officer (Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.15 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.

91. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

92. **CHAIR'S URGENT BUSINESS**

There were no items of Chair's urgent business.

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

With regard to tracking resolution 66(1) 10 November 2010, it was reported by the Chief Executive of NHS Plymouth that it was difficult to produce a costed action plan regarding the dementia strategy within two weeks as stated at the meeting in November. There had been progress in this area with a number of proposals on the table, including how to deal with future winter pressures. The dementia strategy was a jointly commissioned piece of work principally within the remit of local authority adult social care officers.

Tracking resolution 79C (2) of 7 January 2011 regarding the plain english version of the Plymouth Provider Services Integrated Business Plan would be further explored at the Task and Finish group set to take place on 17 March 2011.

Agreed that a development timetable of a fully costed dementia strategy action plan is provided to the panel including detail on where resources would be identified and which organisations would be responsible for delivering aspects of the plan.

94. **GP HEALTH CENTRE UPDATE**

The Deputy Director of Primary Care and the Director of Development (NHS Plymouth) provided the panel with an update on the closure of the GP led health centre. It was reported that –

- a. the centre had closed in the run up to the meeting and a report would be provided to NHS Plymouth's Professional Executive committee later in April 2011 on the options for future service provision and re commissioning decisions;
- b. communications around the closure had been handled well with the former providers, there had been no risks to safety and one informal complaint had been received from a non registered patient;
- c. the majority of registered patients had chosen to reregister with the co-located Mount Gould Primary Care Centre;
- d. outreach services would continue via the Mount Gould Primary Care centre and the service would be reviewed during 2011.

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

- e. there were a number of outreach services in city hostels, it was unknown whether these were provided on a 24 hour basis but all primary care providers would provide emergency cover;
- f. there had been no reduction in the use of the accident and emergency department for the period in which the GP led health centre was operational;
- g. the review had not been completed and there was work to be done on providing time scales, a full report would be provided to NHS Plymouth's board at the end of April 2011;
- h. all of the patients who had used the service had had an opportunity to register elsewhere;
- i. a number of practices sub contracted their out of hours service to Devon Doctors.

Agreed that the final report would be provided to the panel in the new municipal year.

95. **REVIEW OF URGENT CARE SERVICES**

The Assistant Director for Commissioning (NHS Plymouth) introduced a report on the review of urgent care. It was reported that NHS Plymouth had been working hard to improve processes and had been working within the Quality Innovation Productivity and Prevention (QIPP) programme. A number of conversations on the provision of urgent care had formed the basis of the review, it was highlighted that the myriad of urgent care options was confusing and there was too much choice which was leading to additional stress for patients during already stressful times.

A single point of contact was under discussion allowing the public to be directed to the service that they required. NHS Plymouth had submitted a joint bid with the South Western Ambulance Service and NHS Direct to pilot the three digit number in the south west. NHS Plymouth expect to be informed in April whether or not the bid had been successful.

South Western Ambulance Services would be rolling out the implementation of a Capacity Management System (CMS). The service would assist with the redirection of people who call for an ambulance but should be using other patient facing urgent care services. The changes would be linked with NHS Pathways which was a process directing people to the right options of care.

The management of long term conditions was seen as key to reducing unplanned urgent and emergency care, a number of work streams in the long term condition work plan would have an impact on urgent care landscape in Plymouth.

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

- a. it was up to health services to ensure that patients were sent to services and clinicians which were most appropriate;
- b. the results of a questionnaire on why parents take children to accident and emergency department rather than a GP had been completed and would be distributed to the panel if required;
- c. the minor injuries unit in Devonport had increased its opening hours, there had been no reduction of the number of presentations at the accident and emergency department at Derriford although there had been an increase in the number of people attending the minor injuries unit for health advice;
- d. the numbers attending the accident and emergency department could be the result of a confused urgent care system in the city.

Agreed to receive the urgent care work plan when available.

96. **LINK UPDATE - PERFORMANCE MONITORING**

The Chair of the Local Involvement Network and the LINK manager provided a presentation on the work of the LINK. It was reported that –

- a. the LINK had a number of priorities with different organisations in the city, this included working with Derriford Hospital on discharge of patients, access to primary care services and working with the local authority on direct payments;
- b. the LINK has had success in improving patient booklets provided by the hospital, suggested improvements to the direct payment system and sharing knowledge in the development of the Joint Strategic Needs Assessment;
- c. the LINK expressed an interest in developing Local Healthwatch arrangements and becoming part of the national pathfinder programme.

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

- d. LINK share the knowledge gained from members, volunteers and events with public health to help areas with health inequalities. The LINK was aware of the deprived areas of the city and focused work in these areas;
- e. the LINK has worked with gypsy and traveller groups and could provide a report into its work in this area;
- f. working on behalf of individuals was not within the remit of the LINK;
- g. the budget for the LINK came from a ring fenced grant administered by the local authority; the budget was spent on the LINK office premises, staffing and events.

Agreed to receive a copy of the LINK report regarding Gypsy and Traveller communities.

97. **HEALTH AND WELLBEING BOARD - EARLY ADOPTION**

The Director of Community Services provided a presentation on the development of health and wellbeing boards. It was reported that –

- a. the health and wellbeing board would be a council committee and a statutory duty on the upper tier local authority;
- b. the board would monitor the development of the Joint Strategic Needs Assessment, would develop Joint Health and Wellbeing Strategy and

promote integrated working;

- c. there would be a minimum membership and the Health and Social Care Bill (2011) proposed membership including directors of the local authority with a minimum of one elected member along with representatives from Healthwatch, GP consortia and any other representative that the local authority deemed necessary;
- d. Healthwatch England would be established as a statutory committee within the Care Quality Commission;
- e. Local Healthwatch would be established to replace LINK. Local Healthwatch would be contracted, accountable to and monitored by the local authority who would be required to publish reports on their effectiveness;
- f. scrutiny functions would remain with the local authority, it would be decided locally how these powers would be exercised;
- g. local authority scrutiny would be extended to any publicly funded health service provider and the power of referral to the national NHS Commissioning Board and Secretary of State for Health would remain with the local authority;
- h. an expression of interest in becoming an early adopter had been prepared and forwarded to the Department of Health, the submission had been supported by GP commissioners, NHS Plymouth, LINK and the Healthy Theme Group of the Local Strategic Partnership;
- i. a consultation paper would be provided for the panel and partners;
- j. the local authority supported Plymouth LINK proposal to develop a pathfinder Local Healthwatch.

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

- k. the health and wellbeing board would be able to focus on citywide issues such as alcohol abuse and sexual health. The board would have the ability to bring commissioners together who would have a duty to pay regard to the recommendations of the board;
- l. concerns were raised regarding the independence of the Director of Public Health. The appointment would be a joint appointment between the Local Authority and Public Health England who would promote the independent voice of directors of public health;
- m. the development of health and wellbeing boards was not considered one of the main areas of risk in the Health and Social Care Bill proposals. As there were large scale changes taking place in the health service there was a risk that public health could be left behind unless

early adoption was taken forward.

Agreed that -

1. a paper explaining possible changes and a plan for early adoption would be received by the panel when available;
2. a full council briefing explaining changes proposed by the Health and Social Care Bill and other health service changes be provided as soon as possible.

98. **WORK PROGRAMME**

Agreed to approve the panels work programme.

99. **EXEMPT BUSINESS**

There were no items of exempt business.

DRAFT

TRACKING RESOLUTIONS**Health and Adult Social Care Overview and Scrutiny Panel**

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
07/01/11 79c (3)	The plain English guide explaining proposed changes would be made available to the panel when completed.	This recommendation reflects the panel's discussion regarding the Proposed Plymouth Provider Services.	Recommendation forwarded to Steve Waite (Plymouth Provider Services)	Will be considered at the Task and Finish Group on the 17 March 2011.	As soon as available

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
16/02/11 86	<p>that the following information be circulated to Panel Members via the Democratic Support Officer–</p> <ul style="list-style-type: none"> • a definition of self-care • the results of the Patient Survey • the report arising from the Care Quality Commission’s recent unannounced Inspection (as soon as the embargo had been lifted) • the Serious Incidents report submitted to the Trust’s Board • a briefing note on the work being undertaken to resolve the problems experienced around follow-up appointments 	This resolution was made in response to the budget and performance update of Plymouth Hospitals NHS Trust.	Democratic Support Officer	Distributed via email	30/03/11
16/02/11 88 (1)	with regard to the winter pressure and reablement fund, the panel be kept informed on where the money was being allocated		Added to work programme.	Meetings to be confirmed.	New Municipal Year

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
16/02/11 88 (2)	with regard to minute 75(1), relevant extracts from the market review undertaken in 2008 would be circulated to Panel Members via the Democratic Support Officer.		Adult Social Care	Request made to department	
16/02/11 89	that the Director for Community Services would attend the next meeting to report on progress with early adoption of a Health and Wellbeing Board for the City		Complete	The director attended the panel on the 02/03/11	02/03/11
02/03/11 93	that a development timetable of a fully costed dementia strategy action plan is provided to the panel when available, including detail on where resources would be identified and which organisations would be responsible for delivering aspects of the plan.		Debbie Butcher / Julie Wilson	Request has been made to NHS Plymouth and Adult Social Care Commissioners - Added to Agenda	30/03/11
02/03/11 94	That the final report would be provided to the panel in the new municipal year.	This resolution relates to the GP led health centre. The final report on the closure will be provided to the panel in the new municipal year following its presentation to the NHS Plymouth board.		Added to work programme.	Meetings to be confirmed.

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
02/03/11 96	to receive a copy of the LINK report regarding Gypsy and Traveller communities.		Vicky Shipway (LINK Manager)	Provided to members on the 16/03/11	30/03/11
02/03/11 97 (1)	a paper explaining possible changes and a plan for early adoption would be received by the panel when available	Early Adoption of Health and Wellbeing Boards	Carole Burgoyne		New Municipal Year
02/03/11 97 (2)	a full council briefing explaining changes proposed by the Health and Social Care Bill and other health service changes be provided as soon as possible.	Early Adoption of Health and Wellbeing Boards	Carole Burgoyne		New Municipal Year

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)

Red = Urgent – item not considered at last meeting or requires an urgent response

Dementia Strategy

The following documents outline the key actions being undertaken to implement dementia strategies. The national and local actions are referenced to the Dementia Self Assessment paper which has been validated by NHS South West.

The current expenditure for NHS Plymouth is detailed on Spreadsheet 2; this includes a conservative estimate of the expenditure on clients with dementia from within the CHC budget.

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FINAL JAN 2010/2011 ASSESSMENT

DEMENTIA - Self Assessment by Plymouth Older Person's Mental Health Programme Board (previously Plymouth Dementia Joint Strategic Commissioning Group)

Members:
NHS Plymouth: Julie Wilson, Elaine Fitzsimmons, Carol Green
Plymouth Provider Services: Kate Anderson, Sara Mitchell, Jenny Jones, Claire Journeaux, Nicholas White, Dr Ford and Dr Donovan
Primary Care: Dr Ousey
Plymouth Hospitals Trust: Karen Grimshaw and Dr Stone
Plymouth City Council: Debbie Butcher
Age Concern: Barbara Duffy
Alzheimer Society: Ian Sherriff
University of Plymouth: Proff Giarchi, Helen McFarland

Date Jan-11
SHA NHS South West
Team NHS Plymouth

Program Lead: Julie Wilson

Code	Objective	Type	Notes	Jul-10	Nov-10	Jan-11
CHAPTER 1 - EFFECTIVE MANAGEMENT SYSTEMS						
101	Responsible lead identified	Assess	Julie Wilson, Mental Health Commissioner, NHS Plymouth	G	G	G
102	Executive sign up to self-assessment	Assess	Director of Joint Commissioning	A	G	G
103	Evidence of PCT/organisational board endorsement	Assess	Self Assessment processed through LIT and Joint Commissioning Executive	A	G	G
104	Evidence of multi-agency involvement	Assess	As indicated above in Programme Board Membership	G	G	G
CHAPTER 2 - IMPROVING PUBLIC AND PROFESSIONAL AWARENESS AND UNDERSTANDING OF DEMENTIA						
201	A sustainable, local awareness raising strategy is being delivered.	Assess	Local Media involved via Plymouth City Council/Alzheimer/NHS Plymouth in partnership with University of Plymouth, Primary Care via newsletters, and primary care governance	G	G	G
301	GP leadership is identified in the Primary Care Trust	Assess	Dr Ousey GP leadership in place and key member of Programme Board	A	G	G
302	Memory assessment services sufficient to meet local need are commissioned as part of a locally agreed care pathway	Assess	Data/Metrics collated via NHS Plymouth, reported at Programme Board and direct to SHA	A	A	G
303	A pathway for people with learning disabilities and memory problems is in place.	Assess	There is a separate pathway for people with learning disabilities and memory problems provided by the Learning Disability Partnership. The Programme Board is reviewing the possibility of combining the two pathways into one.	R	A	G
CHAPTER 4 - GOOD-QUALITY INFORMATION FOR THOSE DIAGNOSED DEMENTIA AND THEIR CARERS						
401	The Primary Care Trust has commissioned comprehensive information to be provided as part of commissioned pathway.	Assess	Website for care pathway developed for practices. Work with primary care practice under way using QOF data, master classes ongoing. Information leaflets developed. Communication in place via Communications team LA/PCT/Alzheimer's Society	A	G	G
CHAPTER 5 - ENABLING EASY ACCESS TO CARE, SUPPORT AND ADVICE FOLLOWING DIAGNOSIS						
501	Jointly commissioned dementia advisor services are in place at the point of diagnosis, as part of a locally agreed pathway.	Assess	All Modern Matrons working in the community are currently providing support and signposting for patients with dementia who have a range of other health needs. This will continue until locality arrangements are clarified within the structure of the new social enterprise organisation, after which it is expected that support and signposting will be a core component within each locality.	A	A	G

FINAL JAN 2010/2011 ASSESSMENT

502	People with dementia receive care that is co-ordinated and integrated across all relevant agencies.	Assess	Integrated locality model and plans under development but needs confirmation in line with TCS	A	A	A
CHAPTER 6 - DEVELOPMENT OF STRUCTURED PEER SUPPORT AND LEARNING NETWORKS						
601	Jointly commissioned peer support and learning networks are integrated into mainstream services, as part of a locally agreed pathway. These services are aligned with information services and dementia care advisors.	Assess	Plan available via the University. Workforce/Education strategy available incorporating the requirements of all providers, including peer support. This is now being taken forward via University of Plymouth/College of Further Education by developing competencies /capability framework for providers. NHS Plymouth and Plymouth Hospitals Trust supporting this.	A	A	G
602	Jointly commissioned peer support and learning networks are accessible to all people with dementia and their carers, including those in rural areas, from different cultural backgrounds and with specialist needs, e.g. people with learning disabilities and younger people.	Assess	Peer support has been jointly commissioned from the University of Plymouth and has been in place since December 2010. In addition peer support is also available through Plymouth City Council to the Care Forum Network. Some learning networks have been developed through the implementation of the Carers Strategy.	R	R	G
603	Commissioners routinely engage with, and consult with peer support networks in order to inform commissioning and service improvement	Assess	Work of University of Plymouth / College of Further Education / Alzheimers Society informs commissioning and service improvement requirements and vice versa for all providers	G	G	G
CHAPTER 7 - IMPROVED COMMUNITY PERSONAL SUPPORT SERVICES						
701	An agreed joint strategy is in place and implemented.	Assess	A joint strategy is in place and the focus of this work is to promote independence and choice for people with dementia and their families. Key to this is the personalisation of care planning and the use of Direct Payments within the local authority.	A	A	G
CHAPTER 8 - IMPLEMENTING THE CARERS' STRATEGY						
801	A jointly agreed Carers' Strategy and Implementation Plan are in place. They incorporate a dementia focus. Funding is identified to deliver short breaks based on assessed need.	Assess	Jointly agreed Carers Strategy and Implementation plan in place as presented to OSP and launched at recent Dementia conference in partnership with UOP/CFE Alzheimers Society Implementation plan monitored via PCC/PCT .	G	G	G
802	The jointly agreed Carers' Strategy and Implementation Plan reflect the needs of carers of people with dementia	Assess	Carers of people with dementia have been actively involved in the development of the Carers Strategy and related Implementation Plan.	G	G	G
CHAPTER 9 - IMPROVED QUALITY OF CARE FOR PEOPLE WITH DEMENTIA IN GENERAL HOSPITALS						
901	Acute and community hospitals have identified senior leadership to improve and assure the quality of care of people with dementia using these services.	Assess	Plymouth Hospitals Trust Director of Nursing Care and Consultant Geriatrician key members of the Programme Board	G	G	G
902	All acute and community hospitals within the PCT area have a dementia care strategy and improvement plan in place.	Assess Quarterly review	Improvement Plan with Plymouth Hospitals Trust monitored by both Provider and Commissioner. Self assessment process has been completed and the outcome will be presented to the Dementia Programme Board Meeting in April 2011.	A	A	G

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	Progress is monitored regularly by the acute and community hospital Boards. The PCT reviews the quality of care of people with dementia through its contracting and performance management mechanisms.		NHS Plymouth has a process for monitoring and reviewing the clinical quality within major NHS Providers. This process will need to be reviewed to ensure that it specifically addresses the quality of care of people with dementia.	A	A	A
903	People with suspected or known dementia using acute and general hospital inpatient services are assessed by a mental health liaison service that includes within its functions the assessment of needs, and interventions for people with dementia.	Assess	The current Psychiatric Liaison Service is based on patient needs and presentation within Plymouth Hospiatl's Trust assess and review all patients known to OPMH services within acute hospital setting; as a specialist service, they receive referrals for assessment of patients with dementia, where the cognitive impairment is moderate to severe, there are behavioural issues associated with the dementia or Mental Health Act requirements	A	G	G
904	National Audit of Dementia Care in General Hospitals	Assess	The National Audit highlighted areas for improvement which included patient and carer involvement in care planning especially discharge. Plymouth Hospitals Trust have now implemented the "This is Me" (this is a personalised hand held care plan that is accessible for the patient, family and other professionals.)	R	G	G
CHAPTER 10 - IMPROVED INTERMEDIATE CARE FOR PEOPLE WITH DEMENTIA						
1001	Intermediate care and re-enablement services are available for people living with dementia. There is a comprehensive joint commissioning strategy in place with funding identified	Assess	A model for Intermediate Care and Reablement Services is currently being developed and will be agreed by the Joint Commissioning Executive (Commissioners from both Health and Adult Social Care).	R	A	A
CHAPTER 11 - CONSIDERING THE POTENTIAL FOR HOUSING SUPPORT, HOUSING-RELATED SERVICES AND TELECARE TO SUPPORT PEOPLE WITH DEMENTIA AND THEIR CARERS						
1101	A housing and support strategy for older people is in place with the PCT's contribution agreed, and with active housing.	Assess	NHS Plymouth has been involved in the development of the Extra Care Housing Strategy in order to ensure that the needs of this client group are understood and the Strategy responds appropriately.	A	A	G
CHAPTER 12 - LIVING WELL WITH DEMENTIA IN CARE HOMES						
1201	All local care homes have access to multi professional health and social care in reach services.	Assess	Proposals to provide more proactive multi-professional support to care homes are currently being developed jointly across Health and Adult Social Care.	A	A	A
1202	Joint commissioning arrangements and market development are in place.	Assess	NHS Plymouth and Plymouth City Council are currently exploring a model to ensure that robust joint commissioning arrangements are in place for 2011/12.	A	A	G
CHAPTER 13 - IMPROVED END OF LIFE CARE FOR PEOPLE WITH DEMENTIA						
1301	There is a clear connection between the Primary Care Trust's End of Life Care Strategy and care planning which takes account of needs of people with dementia	Assess	There is a clear expectation that people who have end stage dementia have access to the same level of support and care planning as those other patients who are at the end of their lives. The Liverpool Care Pathway is used for all patients in this category.	A	A	G
1302	Where services have been commissioned, staff working with people with dementia requiring end of life care have the appropriate skills, knowledge and experience. This includes staff working in hospital, community, nursing home and residential care.	Assess	Health and Adult Social Care have commissioned a learning and development package from the University of Plymouth (UOP) and College of Further Education (COF). In time provider contracts will include a requirement for staff to have received this training.	A	A	A

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CHAPTER 14 - AN INFORMED AND EFFECTIVE WORKFORCE FOR PEOPLE WITH DEMENTIA						
1401	A jointly agreed Local Authority/PCT dementia care workforce development strategy is in place with funding to implement the strategy. This strategy includes the involvement of carers and people living with dementia in delivering training programmes.	Assess	A joint workforce development strategy was presented to the Joint Dementia Commissioning Board in November 2010, this is being implemented with the support of the University of Plymouth and College of Further Education.	A	A	G
1402	All commissioning specifications and contracts for services for people living with dementia specify that staff must have received training in working with people with dementia; and all providers are able to demonstrate the competence of staff working with people with dementia.	Assess	Plymouth City Council and NHS Plymouth are working together to implement the Dementia Quality Mark for care homes in Plymouth.	A	A	G
CHAPTER 15 - A JOINT COMMISSIONING STRATEGY FOR DEMENTIA						
1501	A joint, local strategy to deliver Living well with dementia: A National Dementia Strategy has been agreed and is under implementation.	Assess	Strategy presented and launched at the Regional Dementia Conference in December 2010.	G	G	G
1502	The joint local strategy and its implementation are being routinely reviewed and informed by people living with dementia, their carers, and partners in the voluntary and Third sector.	Assess	Implementation Plan routinely reviewed at the Dementia Programme Board and Joint Commissioning Executive. This process includes representation from the Voluntary / Third Sector and is informed by discussions with providers at the Care Home Forums.	A	A	G
1503	There is evidence that local senior leaders are committed to working jointly to lead the delivery of the local strategy.	Assess	Senior leaders across Health and Adult Social Care are key members of the groups that approve the detailed work programmes.	G	G	G
1504	Senior leadership for dementia is identified, and accountability for delivery of local dementia strategy is established.		Paul O'Sullivan, Director of Joint Commissioning, NHS Plymouth & Pamela Marsden, Assistant Director, Adult Social Care. High level Programme Board with commissioners and providers, carers and service users to be co-opted when appropriate via PIPs (Plymouth Patient Involvement and Participation Forum)		G	G
1505	Joint commissioning arrangements are in place.	Assess	Update to Joint Commissioning Executive	G	G	G
1506	A resourced implementation plan is in place.	Assess	Areas for additional resources presented to Joint Commissioning Executive as indicated via Reablement developing model	G	G	G
1507	The PCT has undertaken work with partners to determine demand and capacity requirements of local dementia service, in line with the economic analysis of Living well with dementia: A National Dementia Strategy.	Assess	Ongoing reviews of demand and capacity are provided from analysis undertaken to inform the Joint Strategic Needs Assessment.	A	A	A
1508	PCT investment for dementia services in 20010/11 has been identified and agreed.	Assess	Investment for Dementia Services inclusive of nursing / residential care significant. However, this requires updating in line with new service / configured provision (i.e. Memory Service) and integrated community teams. Cost of the reablement model needs to be defined	R	A	A
CHAPTER 16 - PRESCRIBING ANTIPSYCHOTIC MEDICATION						
1601	The prescription of antipsychotic medication for people with dementia is in line with NICE guidance	Assess	Audit now complete and pilot programmes being taken forward with secured funding from NHS South West.			

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	and government policy.		- specialist Mental Health services - general hospitals - care homes via Meds Management Team	G	G	G
CHAPTER 17 - PRESCRIBING IN LINE WITH NICE TECHNOLOGY APPRAISAL TIII						
1701	The prescription of anti-cholinesterase inhibitors is in line with NICE Technology Appraisal TIII.	Assess	Now in place and audited by NICE Governance Team	R	A	G
CHAPTER 18 - EXAMPLES OF GOOD PRACTICE						
1801	List any particular areas of good practice which you would be willing to share.	Assess	Karen Grimshaw, Director of Nursing is part of the SW Expert Reference Group for Dementia with a view to driving up quality standards. Dr Andrew Stone also member of the SW Expert Reference Group for Dementia contributing to the medical dementia agenda. Ian Sheriff, Research Team, Plymouth University and Chair of the Alzheimers Society commissioned to undertake baseline research with GPs awareness training requirements to advise local commissioning. Awaiting outcomes of MSNAP Won Gerontology Society Award PCC has won the National Dignity and Care Award for the Dignity and Care Forum National Launch for Dementia and Carers Strategy in December 2010 and also will be advising local population of progress to date with regards to Dementia provision in Plymouth.	G	G	G

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Priority objectives of National and Local Dementia Strategy

- Good quality early diagnosis and intervention for all
- Improve quality of care in general hospital
- Living well with dementia in care homes
- Reduce use of antipsychotic medication
- Improvement of community personal support services

RAG	
Red	Not Started
Amber	In Planning
Green	On Track

Self Assessment Code	Action/Priority	Outcomes/Values	Existing Plans to measure performance	Lead Responsible	Resource (Cost)		RAG
					Health	Social Care	
Chapter 5 Indicator 502	People with dementia receive care that is co-ordinated and integrated across all relevant agencies.	Care is co-ordinated and integrated across all health and social care commissioned services to include robust co-ordination across the whole care pathway i.e. primary care, community services and secondary care	Through performance and contract monitoring process with providers	Health	Within existing budgets		A
Chapter 12 and 16 Indicator 1201	Living well with dementia in care homes	Reduction of use of antipsychotic drugs in care homes, hospital settings, community care. Outcome will be improvement of life for service users.	QIPP SHA return	Health and Social Care	Health pilot project being scoped by medicine management funding secured - £6K for pilot.	Nil	A
		Maximise CQUIN funding to target dementia care	Quality payments in place CQUIN to be agreed with provider at monthly performance meeting	Health CQUIN	Dependant on progress needs confirming	MH Commissioner	A
				Social Care		£100k	
Chaper 9 Indicator 902 B	Improved quality of care in acute and community hospitals	Reduction in delays, reduction in admissions and readmissions, reductions in complaints. Care homes etc supported to prevent unnecessary admissions .	Monthly contract monitoring meetings to include clinical quality review for people with dementia	Health	Within existing resources	Increase in capacity of Social Care staff to Psychiatric Liaison capacity requirements being determined	A
Chaper 10 Indicator 1001	Maximise and increase into community support by reduction of inpatient bed days and shifting of care	More people cared for at home in line with Dementia Strategy and reduction in institutionalisation and associated problems	Programme board QIPP Business Case BU April 2011. Health & Social Care OSP	Health and Social Care	MH Commissioner and PCC Manager & Procurement	Nil	A
Chaper 13 Indicator 1302	Where services have been commissioned, staff working with people with dementia requiring end of life care have the appropriate skills, knowledge and experience. This includes staff working in hospital, community, nursing home and residential care.	Staff are appropriately trained	Through the performance and contract monitoring process with Providers.	Within existing resources	Within existing resources		A
Chapter 15 Indicator 1508	Maximise use of community resources to support early intervention and prevention	Personal budgets for people with dementia	ASC delivery plans Health & Social Care OSP	Social Care in partnership with Health	Nil investment	Within existing budgets	A
		Investment into Community - See Spreadsheet 3	Increase on baseline year on year	ASC	Nil investment	See Spreadsheet 3	A

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Spread Sheet 2 - NHS Plymouth Dementia Spend 2010/11

Service	12 Month Forecast Costs
Inpatient Services	£1,013,165
Community Teams	£1,244,425
Psychiatric Liasion	£151,342
CHC spend estimate based on forecast % of OPMH spend 2010/11	£3,747,722
Community Memory Service	£567,597
TOTAL	£6,724,252

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Spreadsheet 3

2011/12 Dementia Spend Profile Adult Social Care

Suppliers	Contract Values 2011/12	£	Performance Measure
Community and Voluntary Contracts	Alzheimers Society	£30,130	Memory café's in place contract management.
	St Johns Ambulance	£7,493	Advice and training to family carers. Contract management
Dementia Day Care and Respite Care	Amberley	£191,975	Contract Management
	Age Concern	£33,789	Contract Management
	Mayflower	£66,300	Contract Management
Domiciliary Care Services *	Block suppliers	£1,920,000	Suppliers contracted to provide between 9,400 and 10,000 care hours a week available.
Residential/ Nursing Care	Estimated population care homes with dementia approx 40% of total older people spend.	£7,200,000	Total number of beds commissioned 823.
Carers Emergency Response		£24,000	Contract Management
Extra Care Housing	Dementia Unit	£262,000	Contract Management
Plymouth's In House Dom Care		£1,650,000	Contract Management

Approximate Dementia Spend

£11,385,687

* Dementia spend extracted from main budgets

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Developing NHS Plymouth's Provider Quality Account 2010-2011

A briefing for Plymouth Overview and Scrutiny Committee 2 March 2011

1. Purpose of briefing

- To highlight the requirement for NHS Trusts to provide an annual Quality Account;
- To engage with and inform the OSC on NHS Plymouth's Provider progress for developing its Quality Account for 2010-11;
- Seek endorsement of the list of proposed priorities;
- To consult and gain input in to the content of the 2010-11 Quality Account.

2. Introduction to Quality Accounts

Lord Dazi's report High Quality Care for All, published in 2008, proposed that all providers of NHS healthcare should produce annual 'Quality Accounts' just as they publish financial accounts.

Evidence has shown that publishing information about the quality of healthcare within an organisation drives improvement. Once information about the quality of healthcare is put in the public domain, providers pay greater attention to quality and make changes to improve their record.

3. Purpose and principles of Quality Accounts

The purpose of Quality Accounts is primarily a mechanism for public reporting and to enable:

- Service providers to focus on quality improvement as a core function;
- The public to hold service providers to account for the quality of NHS Healthcare services they provide;
- Patients and their carers to make better informed choices.

The development and publication of a Quality Account is designed to engage with key stakeholders and to be publicly accountable of services provided. To ensure that Quality Accounts can achieve these purposes they should contain information that is:

- An honest and fair picture of the quality of services provided;
- Meaningful and relevant;
- Designed to allow for comparisons to be made;
- Published in a way which promotes easy access for users.

4. The content of Quality Accounts

There is a prescribed structure for Quality Accounts that is set out in legislation. Some sections are compulsory, for example performance against Care Quality Commission (CQC) registration standards, while other content can be chosen and determined by the organisation locally.

It is this locally determined content that NHS Plymouth Provider wishes to ensure is selected through engagement with service users, carers, staff, commissioners, partner organisations and members of the public.

The key sections that we are engaging on are:

- Priorities for improvement for the coming year (attached as appendix one, pages 6 to 9);
- Information that we include to describe the quality of our services.

5. The role of Overview and Scrutiny Committees

NHS Trusts are required to send a draft of their Quality Account to their appropriate OSC and invite them to comment on it. NHS Plymouth Provider will be inviting Plymouth OSC to comment on their draft Quality Account and to consider the following areas:

- Whether the Quality Account is representative and gives comprehensive coverage of the provider's services;
- Whether the information provided is accurate and fairly interpreted;
- Whether the report covers areas of importance to the local community.

Any narrative provided (maximum 500 words) will be published verbatim as part of the Quality Account.

5.1 Engagement and consultation

NHS Plymouth Provider met with LINK in early February 2011, and has agreed a process for consultation regarding the development of the Quality Account. This is attached as appendix two. We are also engaging with wider stakeholders groups regarding priority setting. For example Plymouth & Devon Racial Equality Council, Plymouth Disability Action Network, Plymouth Pride Forum and Plymouth Area Disability Action Network through newsletters, websites and various forums. NHS Plymouth Provider staff are also being included in the process.

6. Timeline and process

The Trust is planning to be able to provide the OSC with a near final draft of their 2010-11 Quality Account mid April 2011. This will allow four weeks for the OSC to review the document and NHS Plymouth Provider to consider the feedback and endeavour to respond to any comments. Appropriate alterations and improvements will be made to the document ready for final approval at the Provider Board meeting on 24 May 2011. A delivery timetable for the production of the Quality Account is attached as appendix three.

7. Progress with our Planned Priorities for Improvement 2010-11

The Quality Account submitted by NHS Plymouth Provider in June 2010 took a retrospective look at the quality of Mental Health services for 2009-10. It also identified three priority objectives for Mental Health services to achieve and demonstrate improvements in the quality of their services. These priorities were:

- Improving patient's experience by involving patients and carers and drawing on their experiences to inform every aspect of care;
- Managing and reducing MRSA rates and other Healthcare Associated Infections
- To provide privacy, dignity and same sex environments for people who use the services.

Current progress against these priorities is attached as appendix four.

The 2010-11 submission will provide:

- A retrospective evaluation of **all health services** provided by NHS Plymouth Provider not just for mental health;
- A summary of progress against the three priorities identified within the 2009-10 submission;
- Agreed quality improvement priorities (three to five) for 2011-12.

7.1 Identifying priorities for 2011-12 Quality Account submission

We reviewed the following to help identify a list of potential priorities for the coming year:

- 'Quality Care, Best Value' – How the NHS is changing in Plymouth (Nov 2010);
- Quality, Innovation, Productivity and Prevention (QIPP) and Strategic Improvement Priorities (SIP);
- Transforming Community Services;
- Care Quality Commission (CQC) Core Standards declaration 2009/10;
- Operating Framework 2011/12;
- Commissioning for Quality and Innovation (CQUIN);
- NHS Plymouth Provider Monthly Quality Reports;
- National and local user/patient surveys results;
- National Staff Survey Results;
- The Commissioning evidence bank.

The suggested priorities for the coming year focus attention on achieving a maximum of quality improvement within a one year period. All of these potential priorities are intended to improve clinical effectiveness, patient experience and patient safety.

When finalising the three to five priorities, the Provider Board will assess each initiative by looking at:

- Ease of implementation;
- Measures either in place or in development;
- National priorities;
- Existing initiatives;
- How easy it is to benchmark.

8. Recommendations

- We would be grateful if the OSC could endorse the questions and list of priorities we are using to consult with stakeholders as set out in appendix one;
- Note and comment on the contents of this paper.

Date document prepared: 18 February 2011

Appendix One (forwarded to LINK to use at engagement activities and promote on their website)



**Improving Quality – What Matters To You?
Quality Account 2010/11 Consultation**

Every year NHS Plymouth Provider Services receives comments and suggestions about how we can improve our practice and our services. These comments which come from a range of sources help us focus on the areas that you say would make a difference to you.

We respond to these key areas through our 'Quality Account' which shows how we have been doing in meeting those priorities that matter most. Last year we produced our first ever Quality Account and its top three priorities were:

1. Improving patient's experience by involving patients and carers and drawing on their experiences to inform every aspect of care.
2. Managing and reducing MRSA¹ rates and other Healthcare Associated Infections.
3. Providing privacy, dignity and same sex environments for people who use our services.

How we did in these key areas will be reported on in June 2011.

This year we are asking a wide range of people to tell us what our priorities should be for the coming year. Have they changed? Are there more urgent or important issues?

To assist us we are working closely with our Local Involvement Network (LINK) and they will help us prioritise quality areas through their planned community engagement activities and networks.

A summary of our first Quality Account published in June 2010 is available on our website www.plymouthpct.nhs.uk or you can request a copy by writing to:

BDQSS Team
Room 43
Mount Gould Admin. Block
Mount Gould Hospital
Mount Gould Road
Plymouth PL4 7QD

Email: bdqssteam@plymouth.nhs.uk Telephone: 01752 431702

Thank you for taking the time to look at this.

Liz Cooney
Director of Professional Practice and Patient Safety

¹ Methicillin-resistant *Staphylococcus aureus*

NHS Plymouth Provider Services

Improving Quality – What Matters To You? Quality Account 2010-11 Consultation

Please take a few minutes to think about what is important to you. The information you provide will help us decide three to five key priorities for quality improvement over the next year.

Category (National guidance separates quality into these three key areas)	No.	If we were able to make these improvements how important would they be to you?	How important is this to you? 1. Very important 2. Quite important 3. Less important	How easy do you think it will be to achieve? 1. Straightforward 2. Possible 3. Difficult
1) Improving the experience patients – these include: <ul style="list-style-type: none"> ▪ The response service users can expect when appointments have had to be delayed or cancelled. ▪ Service user involvement in reaching decisions. 	1.1	Improving customer services so that you feel welcomed and are treated fairly and with respect and dignity.		
	1.2	Being able to access a range of services quickly and easily, 7 days a week across communities.		
	1.3	Having a single point of access to health care.		
	1.4	Having support if you care for others and that those needs are taken into consideration.		
	1.5	Avoiding unplanned admission to hospital where possible.		

Category (National guidance separates quality into these three key areas)	No.	If we were able to make these improvements how important would they be to you?	How important is this to you?	How easy do you think it will be to achieve?
<p>2) Improving Patient safety – these include:</p> <ul style="list-style-type: none"> • Reducing risks around hospital acquired infections. • Keeping people informed about their medication and possible side effects. • Feeling safer on our wards when you are an in-patient. 	2.1	Demonstrating that lessons have been learned and implemented in response to complaints and suggestions.		
	2.2	Learning from incidents is considered to be normal practice for all members of staff when caring for patients.		
	2.3	Having services designed around you.		
	2.4	Reducing MRSA rates and other healthcare associated infections.		
	2.5	Reducing the number of slips, trips and falls.		
	2.6	Reducing the number of medication errors that take place.		

Category (National guidance separates quality into these three key areas)	No.	If we were able to make these improvements how important would they be to you?	How important is this to you?	How easy do you think it will be to achieve?
3) Clinical Effectiveness – these include: <ul style="list-style-type: none"> ▪ The quality of the care plans. ▪ Improving in-patient ward rounds. 	3.1	Ensuring that the right level of information is given to you throughout the period of your care to help inform your choices and decisions.	1. Very important 2. Quite important 3. Less important	1. Straightforward 2. Possible 3. Difficult
	3.2	Working with your carer to ensure that care plans are done jointly at all times.		

4) Are there any other priorities that are important to you that have not been mentioned?

Please give details:

5) How would you like to input into the Quality Account? (Please tick boxes that apply).

<input type="checkbox"/>	Feedback to staff when appropriate
<input type="checkbox"/>	Comments Book for each service
<input type="checkbox"/>	Surveys
<input type="checkbox"/>	Focus groups
<input type="checkbox"/>	Other (please give details):

6) What information would you like to see included in the Quality Account?

Examples might be information about specific services, waiting times, and support for carers. Please give details:

7) How would you like to be informed when the Quality Accounts are published? (Please tick boxes that apply).

<input type="checkbox"/>	Website
<input type="checkbox"/>	Local Press
<input type="checkbox"/>	Facebook
<input type="checkbox"/>	Twitter
<input type="checkbox"/>	Via LINK
<input type="checkbox"/>	Other (please give details):

8) What format would you like to view these in? (Please tick boxes that apply).

<input type="checkbox"/>	Electronically
<input type="checkbox"/>	Hard copy
<input type="checkbox"/>	Different formats for those who require them

Appendix Two

Plymouth LINK Support Team
 Unit 15
 HQ Building
 237 Union Street
 Stonehouse
 Plymouth
 PL1 3HQ.
 Tel. 01752 202407
 email vshipway@plymouth-link.co.uk
 web www.plymouth-link.co.uk



Quality Accounts Consultation Response

How can LINKs get involved in the development of Quality Accounts?

As well as the areas raised in the document, LINKs can also be involved, through its community engagement activities, in supporting public involvement in prioritising the targets in the Quality Accounts. The LINK can also support providers advising on how to engage their own service users in this process and creating an accessible document that local people will find useful.

What must providers do to give LINK the opportunity to comment on their Quality Account?

This will depend on how the provider involves the LINK. If the LINK is involved in supporting local involvement in prioritising the quality areas, this needs to be discussed with the LINK early in the year.

Plymouth LINK recommends that levels of involvement could look something like this:

Level of involvement in Quality Accounts	Timescales and communication with LINKs
Involving local people in shaping the Quality Account and identifying priorities for the year	<ul style="list-style-type: none"> ➤ Meeting between LINK and provider in January ➤ LINK uses planned community engagement activities and contact with networks to ask people to prioritise quality areas ➤ LINK feeds the results to providers by 1st April
LINK comments/statements for the Quality Account	<ul style="list-style-type: none"> ➤ Provider sends draft Quality Account to LINK by 30th April ➤ LINK creates statement to be included and sends this to provider within 30 days of receiving draft Quality Account

LINK involvement in accessibility of Quality Account (advice/guidance to provider)	<ul style="list-style-type: none">➤ Link comments on draft Quality Account in terms of accessibility of format, use of jargon/language/layout/information included➤ LINK advises provider on relevant formats for local population (languages spoken, etc.)
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Plymouth LINK has experienced a proactive involvement in the Quality Accounts of NHS Plymouth, which we are happy to share as a case study for guidance if needed.

If you would like to discuss any of these points further, please contact me at the address and phone number above.

Vicky Shipway,
Manager
Plymouth LINK Support Team

Statement by a member of Plymouth LINK Stewardship Group:

My main concern is whether HealthWatches will have the capacity and resilience to handle multiple quality audits in the time frame being proposed. I believe this should be a rolling / constant on-going process, rather than an annual mad scramble to get all the paperwork done. Perhaps a system of quarterly reports combined into an annual report might be more achievable.

Appendix Three

Delivery timetable: Production of Quality Account for 2010-11

Date	Action	Lead	Comment
Nov 10	Agree the action plan and timeframe for 2010/11 Quality Account submission with Liz Cooney and Dan O'Toole.	LN/AS	Complete
Dec 10	Paper to Provider Governance Committee.	LN/AS	Complete
Dec/Jan	Meet with Lyn & Helen to discuss how to progress & read new toolkit.	LN/AS	Complete
Jan	Forward paper that went to Provider Board to Joint Trade Union Forum so they are aware of the QA.	AS	Complete
3 Feb	Initial meeting with LINK.	AS	Complete
10 Feb	Contact Director of MH to provide an update and progress on the 3 priorities identified in last year's QA.	LN	Complete – verbal update
15 Feb to 15 April	Have list of priorities ready for LINK to engage with users, and for NHS Plymouth to include in staff newsletter, website, briefings for managers to raise with staff. Involve commissioners too.	AS/LN/SP	Ongoing
15 Feb to 15 April	Engagement with wider stakeholders regarding priority setting for 2011/12 e.g. Plymouth & Devon Racial Equality Council, Plymouth Pride Forum, Plymouth Area Disability Action Network etc.	AS/LN	
March	Briefing on progress so far to Provider Board (29), Provider Governance Committee (24), Plymouth Overview Scrutiny Committee (2), Commissioning Governance Committee and Joint Trade Union Forum.	LC, AS, LN	
1 April	Consultation ends. LINK to forward user feedback.	LINK	
8 April	Deadline for first draft of QA report with graphics.	AS/LN	
April (dates to be confirmed)	Draft Quality Account to be considered by Provider Board, Provider Governance Committee (29), Overview Scrutiny Committee, Commissioning Governance Committee and Joint Trade Union Forum.	AS/LN	
8 April	Draft Quality Account forwarded to LINK who will create a statement and comment on format, layout, language etc. within 30 days of receiving draft QA.	AS/LN/LINK	
8 April	Provide a link to draft Quality Account in staff newsletter and website and forward to wider stakeholder group for comment on draft document.	AS/LN	
8 May	Deadline for comments on draft QA.		
9 May	Incorporate stakeholder comments into draft report.	AS/LN	
May – date TBA	Final QA presented to LINK and Overview & Scrutiny Committee.	LC	
May – date TBA	Final QA presented to Commissioning Governance Committee	AS/LC	
19 May	Final QA presented to Provider Governance Committee & forwarded to Joint Trade Union Forum.	AS/LN	
24 May	QA presented at Provider Board for formal sign off by Chief Operating Officer.	LC/SW	
26 May	QA goes to print.	AS	
June	Distribution/publicity (notify all those engaged in the process via LINK, staff newsletter, other newsletters etc).		
June	Copy uploaded on the NHS Plymouth website.	AS	
June	Available in Easy Read format.	LN	
June	Forward onto NHS Choices Website and the SWSHA.	AS	
30 June	Deadline for upload to NHS Choices	AS	

Appendix Four

Current progress against priorities set for 2009-10 Quality Account

The Quality Account submitted by Plymouth in June 2010 took a retrospective look at the quality of Mental Health services for 2009-10. It also identified three priority objectives for Mental Health services to achieve and demonstrate improvements in the quality of their services.

The 2010-11 submission for Plymouth will provide:

- A retrospective evaluation of all health services provided by NHS Plymouth Provider, not just for mental health;
- A summary of progress against the three priorities identified within the 2009-10 submission;
- Agreed quality improvement priorities (three to five) for 2011-12.

Progress against objectives identified for 2010-11

Priority 1: Improve our patient's experience by involving patients and carers and drawing on their experiences to inform every aspect of care.

- Plymouth Mental Health services will continue to voluntarily commission 'Quality Health', an independent service user survey organisation, mandated by the Department of Health (DH) to provide service user feedback about their experience of both acute in-patient and community mental health services. 'Quality Health's formal feedback from the surveys undertaken for the period 2009-10 were both very positive and demonstrated Plymouth had improved since last year, and rate well against a number of other MH organisations.
- Internally, a corporate patient survey has been implemented within both 'in-patient' and community Mental Health services, providing a rich source of patient experiences which has enabled core issues to be identified and resolved across both parts of the service.
- There has been a significant increase in the number of carers assessments undertaken across all Mental Health services with the provision of optional one to one support sessions for carers and the 'Carers Information Sharing Guidance' from the Royal College of Psychiatrists (RSCP) in place.

Priority 2: Managing and reducing MRSA rates and other Healthcare Associated Infections.

- Mental Health services continue to embrace Infection Control and other Healthcare Associated Infections with the incidence of MRSA and other Healthcare Associated Infections remains minimal and well below the national average.
- The introduction of Infection control 'Link Workers' is proving to be effective and the service is working towards creating protective time for this role to continue and they are supported by three matrons.
- Patient Environment Action Team (PEAT) assessments have recently been carried out and the early indications point to extremely good results.

Priority 3: To provide privacy, dignity and same sex environments for people who use our services.

- Mental Health services are compliant with guidance. The service is obliged (from December 2010) to report monthly to the South West Strategic Health Authority (SWSHA), identifying any breaches – all returns have shown that there are no breaches.
- Syrenas' structural work is now complete and provides a total male/female split.
- Glenbourne now has a large shower area in both male and female areas. With the planned reduction of beds at Glenbourne over the next two years it is planned to reduce existing four bedded areas to two single en-suit rooms.
- Oakdale has created a female only lounge.

Additional Quality improvements within Mental Health Services

- Accreditation for Inpatient Mental Health Services (AIMS). This has been incremental and all in-patient areas eligible have achieved accreditation (Glenbourne, Oakdale and Pinewood). Accreditation has just become available for recovery services and they will be working toward accreditation by the end of March 2012.
- The repatriation to Plymouth of a number of patients to be closer to their homes and families has also ensured efficiency savings of £620,000.
- Work has commenced and will focus on clearly defining Care pathways as part of the Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) programmes. Care Pathway development work is currently underway in the following services:
 - Personality Disorder;
 - Eating Disorder;
 - Psychosis;
 - Depression & Anxiety;
 - Forensics.

Sarah Mitchell
Director of Mental Health
February 2011

**Plymouth Health and Adult Social Care Overview and Scrutiny Panel
Minute 18 21 June 2010 – NHS Plymouth (Mental Health) Quality
Accounts**

Liz Cooney, Assistant Director of Governance NHS Plymouth introduced the Quality Accounts. It was reported that:-

- a. the trust had experienced a steep learning curve in the preparation of the document;
- b. although all of the information within the report was relevant it was accepted that the authors had lost sight of the fact the document was for public consumption and not limited to health care professionals;
- c. further work would continue into patient experience including how to best introduce systems and processes in order to collect quality data from patients on their experience;
- d. the Quality Accounts show both the positive and negative results the trust had received;
- e. there had been very little notice from the Government and Department of Health that these documents would become statutory which had caused problems in their preparation.

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

- f. it was a possibility that the current economic climate could contribute to the increase in section 136 referrals, although there was no significant evidence to support that. Further information could be provided on psychiatrists waiting times, transitional mental care for young people moving into adult mental health care;
- g. there had been a significant increase in the number of incidents of verbal abuse and physical violence towards staff. It was believed that this increase was due to better reporting from staff as previously they had not reported incidents of verbal abuse. There had been prosecutions and the increase was being addressed;
- h. there were problems with staff being able to access data or patient records out of hours or over the weekend. The issue is being worked on so that staff can have the information they require to assess at hand.

In reference to the format of the Quality Accounts from the NHS Hospitals Trust and NHS Plymouth Mental Health Services members of the panel commented that;

- i. both Quality Accounts were particularly difficult to understand and councillors felt as a document providing information to members of the public this was not acceptable;

- j. the documents made few references to Plymouth and do not mention the Local Area Agreement, Local Strategic Partnership or vision for the City and lack a joined up approach;
- k. by receiving these reports nine days before the publication deadline the panel felt they would have very little impact on its content;
- l. a different title for the reports could allow people to better understand its content;
- m. it was clear from the format of the accounts that there had been little communication between authors at NHS Plymouth and NHS Plymouth Hospitals Trust;
- n. there were a number of strategies and documents which are seen by the Local Strategic Partnership and make up a portfolio of documents relating to the city, the Quality Accounts documents could be added to this.

In response to comments it was reported that:-

- o. Plymouth NHS Hospitals Trust had not been greatly involved in the Local Strategic Partnership but would welcome the opportunity;
- p. LINK had been consulted with, alongside patient forums and patient surveys;
- q. for next years report the NHS bodies in the city would work on a common format for the reports;
- r. scrutiny panels would have more involvement at an earlier stage in the preparation of quality accounts for next year.

Agreed that;

1. a plain English executive summary of reports would be published online by both bodies alongside their Quality Accounts, links from the City Council website would be made;
2. a change of headline title would be considered;
3. there would be communication between NHS bodies to create a common format for future Quality Accounts and there would be earlier consultation with scrutiny committees in order for them to have a greater impact on the Quality Accounts;
4. further information on the waiting times for referrals to mental health professionals and transitional mental health care for young people would be distributed to the panel;

5. the scrutiny lead officer and democratic support officer would investigate a sub regional approach to signing off documents of this type with Devon County Council and Cornwall County Council.

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Plymouth Hospitals NHS Trust**Draft Quality Account 2010-11****Part 1 - Introduction to Our Service****1.1 Welcome and Message from Chief Executive**

Welcome to our Quality Account for 2010-11, another year of real challenge and achievement, characterised by a commitment from our teams to deliver high quality patient care.

The quality and safety of the patient experience is central to all that we do. We do not always get it right, but there are many indications that we continue to improve. These Quality Accounts reflect our achievement against our goals for 2010-11 and show areas where we know we still need to improve.

We are particularly proud that we continue to be one of the best performers nationally on infection control with dramatically falling rates of MRSA and C.Diff. The Trust is among the best hospitals in the country for patient outcomes, according to a report by the independent body, Dr Fosters. We have unconditional registration with the Care Quality Commission which assesses us on over fifty patient related features – including cleanliness with which we have struggled in the past.

Waiting times continue to fall. We achieved the Emergency Department 4 hour target, the 18 week maximum wait for inpatient treatment, the six week diagnostic wait, and the range of cancer targets.

The independent patient survey shows that almost 80% of our patients rate their treatment as excellent or good. Mums-to-be and their families can be confident that maternity care in Plymouth is good and, in parts among the best in the country according to the patients who use them.

A Care Quality Commission report has rated Plymouth stroke services amongst the best in the Country. The Trust has a direct admission for patients to a dedicated stroke unit at Derriford Hospital where they are cared for by a specialist team of staff.

In placing quality patient services at the centre of what we do we have developed four patient promises, drawn up with the help of patients and staff. These provide a driving force behind our efforts to establish our hospital as the first choice for care. The promises focus on what matters most to patients like providing clean and safe environments and providing clear information to patients.

This level of continued progress represents a significant achievement by all staff of the Trust during 2010-11 and provides us with a strong platform from which to address the challenges that we face in the year ahead.

We are proud of all our staff and volunteers for the great contribution they have made to the delivery of high quality patient care over the past year.

1.2 Statement by Chief Executive

The content of this Quality Account was approved by the Board of Directors on 25 March 2011 and to the best of my knowledge the information contained within is accurate.

Signed by Paul Roberts, Chief Executive

DRAFT

Part 2 - Information Required by Regulation

2.1 Priorities for improvement 2011-12

We are committed to continually driving up the quality of our services and have carefully considered where we need to improve this year. These areas have been identified through reviewing our performance in 2010-11 and considering national and local priorities.

The Trust has developed goals based around the three important aspects of quality care which it has defined as:

- Safe Care
- Effective Care
- Personal Care

High level quality ambitions for the Trust based around these three areas have been developed through the Trust's Quality Strategy developed during 2010-11. The Trust will review this strategy annually and achievements and one year priorities will be published within this document annually.

The key priorities for 2011-12 have been developed to support the delivery of our patient promises which are:

- Caring for you compassionately and respectfully
- Giving you clear information and involving you in your care
- Giving you the best treatment we can when you need it
- Making sure you are treated in a clean and safe environment

We have set five key priorities areas for improvement in 2011/12:

Domain	Priority	Rationale
Safe Care	<ul style="list-style-type: none"> • Reduce avoidable harm through improved levels of learning from incidents and complaints 	To continuously improve services to ensure when things go wrong lessons are learnt and changes are made.
	<ul style="list-style-type: none"> • Appropriate handover and escalation during patient management 	To ensure early detection and appropriate escalation of unwell patients.
Effective Care	<ul style="list-style-type: none"> • Ensure effective pathways of patient care across the health community – appropriate follow up, continuity of clinical care, reducing length of stay, reducing delayed discharges 	Every aspect of patient care contributes to a minimum time for recovery and length of stay in hospital
	<ul style="list-style-type: none"> • Ensure optimal outcomes of care through delivery of evidence based best practice 	Adopting best practice provides the maximum opportunity to provide the best outcome for patients.
Personal Care	<ul style="list-style-type: none"> • Improve overall patient satisfaction, based on results of inpatient survey, and aim for the upper quartile for all NHS Hospitals. 	Listening to patients and acting on their concern to make improvements.

The five priorities were developed following discussions with various groups within the Trust, including the Safety & Quality Committee, before agreement at the Trust Board. The Trust's 'governors in waiting', recruited in preparation for our Foundation Trust application, were also consulted.

Priority 1 – Reduce avoidable harm through improved levels of learning from incidents and complaints

It is acknowledged nationwide that despite our best efforts patients suffer harm in hospital and many other patients narrowly avoid a similar experience, a 'near miss'. Our first priority is aimed at reducing overall levels of harm and continuous improvement of services to ensure when things go wrong lessons are learnt and changes are made.

How will we do it?

We will collect information when things go wrong. Through reporting and analysis of adverse events using the root cause analysis tool, which allows us to identify the core issues and to learn lessons we will aim to prevent a recurrence. To support this approach root cause analysis training will be introduced for staff groups to identify true causes of harm.

The Trust would encourage increased reporting of no harm or near miss incidents to enable learning, a large proportion of near miss reflects a strong organisational reporting culture where potential problems are identified and action taken to prevent harm.

The standard approach to reporting of adverse events, relies on voluntary, self reporting of incidents and is known to only identify 10 to 20% of adverse occurrences. In order to supplement this process the Trust has adopted the global trigger tool (GTT) to measure and identify events that cause harm to patients. It is a casenote review tool that enables the Trust to understand and measure adverse events and rates of harm, whereby a severity rating is assigned to each adverse event.

A multi-disciplinary clinical team have been trained in how to conduct the GTT casenote review according to a pre-defined template. Members of this team meet fortnightly to 'double review' 20 sets of randomly selected notes each month.

How will we measure it?

GTT monthly data will be reviewed on a monthly basis alongside regular mortality data through the Clinical Governance Steering Group.

Monitor Trust performance using Dr Foster data and incident reporting trends from the National Reporting and Learning System (NRLS).

- % reduction in the number of grade 3 pressure ulcers
- % reduction in the number of patient falls
- % reduction in surgical site infection
- % reduction of infections secondary to urinary catheters
- % reduction in the incidence of VTE
- % to be confirmed*

How will we report it?

Regular monthly incident and complaints reports will be submitted to the Trust's Safety & Quality Committee. Additional quarterly reports on progress against the global trigger tool will be submitted to the Clinical Governance Steering Group.

Priority 2 - Appropriate handover and escalation during patient management

Identification of the deteriorating patient and ensuring appropriate escalation and response is an essential aspect of patient care. The Trust has developed an action plan to improve the care of deteriorating patients and reduce the number of cardiac arrests, which includes a colour banded observation chart for the early detection and appropriate escalation of unwell patients.

How will we do it?

The Trust has developed an action plan to improve the care of deteriorating patients and reduce the number of cardiac arrests, which includes a colour banded observation chart for the early detection and appropriate escalation of unwell patients. Patients that trigger on the observation chart will be added to the ward whiteboard and discussed at the daily safety briefing which have been introduced to ensure structured handover of key patient information including key principles Situation, Background, Assessment and Recommendation (SBAR).

All cardiac arrests calls will be investigated to identify aspects of care which may have attributed to preventable deterioration.

We will ensure that patient observations are carried out in a timely manner and that all deteriorating patients are appropriately escalated to ensure action is taken.

How will we measure it?

The percentage of patient who trigger on the Early Warning System and receive an appropriate response will be monitored monthly, alongside the number of rapid response calls made per month. These figures will provide assurance that when a patient deteriorates appropriate escalation has taken place.

We will monitor the frequency and percentage of wards using daily safety briefings, to assess the communication methods used to handover patient information.

The number of cardiac arrest calls will be monitored monthly to ascertain how many were avoidable. In addition the Trust subscribes to the Dr Foster mortality database, which predicts the Hospital Standardised Mortality Ratio (HSMR) which is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

% reduction in the number of cardiac arrest calls

% increase in the number of rapid response calls

Increase the % of patients who triggered on the EWS and receive an appropriate response

Increase the frequency and percentage of wards using daily safety briefings

% to be confirmed

How will we report it?

Regular monthly reports will be submitted to the Clinical Governance Steering Group and quarterly reports submitted to the Trust's Safety & Quality Committee. Additional monthly reports on progress will be submitted to the SHA.

Priority 3 - Ensure effective pathways of patient care across the health community, appropriate follow up, continuity of clinical care, reducing length of stay and reducing delayed discharges

As a Health Community there is a requirement to make efficiencies throughout elective care, in order to improve both the patient experience and to reduce costs.

How will we do it?

The Enhanced Recovery Programme is currently being implemented in the four main specialties, Colorectal, Orthopaedics, Urology and Gynaecology, across the Trust. In addition to this the Quality, Innovation, Productivity and Prevention (QIPP) Programme identifies Enhanced Recovery as a key area through which quality improvement and savings can be delivered.

It is important to implement best practice because:

- The patient will be in the best possible condition for surgery i.e. managing pre existing co-morbidities in Primary Care
- The patient has the best possible management during and after the operation i.e. minimally invasive surgery, reduced starvation and fluid management
- The patient has the best post-operative rehabilitation i.e. planned mobilisation, improved pain relief

The Trust has introduced the Outpatient Efficiency Work Programme to improve and streamline the administration process and provide a better experience for patients.

How will we measure it?

- % reduction in patient average length of stay
- % reduction in the number of delayed discharges
- % reduction of the follow up waiting list backlog
- % reduction in the number of patient waiting for repatriation
- % to be confirmed*

How will we report it?

Progress will be reported through the Trust Board performance databook on a monthly basis. In addition monthly progress reports will be submitted for review at the Enhanced Recovery Steering Group (ERSG).

Priority 4 - Ensure optimal outcomes of care through delivery of evidence based practice

The Trust recognises that adopting best practice provides the maximum opportunity to ensure optimal outcomes for patients. There are a number of key healthcare organisations who are responsible for identifying best practice, which is shared through a variety of reports and guidance.

We will ensure that all information is assessed and key recommendations identified for implementation at Plymouth Hospitals NHS Trust.

How will we do it?

The Trust will ensure all national guidance is effectively assessed and implemented throughout the organisation with the full engagement of clinical staff.

National Guidance including:

- NICE Clinical Guidelines, Interventional Procedure Guidance, Technology Appraisal Guidance and Public Health Guidance
- National Confidential Enquiries in Peri-Operative Deaths (NCEPOD) – ‘Age Old Problem’ and ‘Mixed Bag’
- National Patient Safety Agency (NPSA) Alerts and Reports
- Royal College and Professional Society Guidance and Reports

How will we measure it?

Implementation will be measured through clinical audit, focusing on NICE Guidance and new interventional procedures and continuous assessment of key clinical outcomes. The Trust has an approved Annual Clinical Audit Plan to be delivered for the period 2011-12.

Compliance rates will be monitored through the Healthcare Governance Team for all NICE guidance and NPSA reports.

Increased level of compliance for NICE Guidance
% reduction in the incidence of VTE
% to be confirmed

How will we report it?

Regular quarterly reports submitted to the Trust's Safety & Quality Committee. Additional quarterly reports detailing progress against the overall NICE Guidance submitted to the Clinical Governance Steering Group and NHS Plymouth.

Priority 5 - Improve overall patient satisfaction, based on results of inpatient surveys, and aim for the upper quartile for all NHS Hospitals

We believe that patients have the right to be treated in an environment that makes them feel safe and cared for. We will listen to patients and act on their concerns to make improvements, with the aim that patients will leave us having had a positive experience and will recommend us to people they know.

How will we do it?

Every month we will ask patients if they are happy with the care they received through a programme of continuous local inpatient surveys. Survey results will be shared with the relevant teams who will be asked to develop action plans addressing the key issues raised.

The National Inpatient Survey provides an annual view of patient experience and our goal for 2011/12 will be to improve the percentage of patients who rated the care received as excellent in the National Inpatient survey.

We will deliver the Nursing High Impact Actions which consist of the following key elements:

- Staying Safe – preventing falls
- Your Skin Matters
- Keeping Nourished – getting better
- Promoting Normal Birth
- Where to die when the time comes
- Fit and Well to Care
- Ready to Go – no delays
- Protection from Infection

The Trust is working with the Strategic Health Authority to implement the Equality Delivery System, a new Department of Health initiative.

How will we measure it?

Local and national inpatient survey findings are compiled into our patient experience action plan which is monitored to ensure effective changes are being made.

Nursing dashboards are currently being developed and will be used to monitor activity against a number of set criteria during 2011-12.

We will aim to improve our response rate for 'excellent' in the National Inpatient Survey by 10%

	2009	2010
Overall, how would you rate the care you have received	51%	48%
Threshold for highest scoring 20% of NHS Trust	44%	44%

Improved overall % in the national inpatient survey
 Improved provision of single sex accommodation
 Improved engagement with patients in decision about their care
% to be confirmed

How will we report it?

Regular update reports will be submitted to the Trust's Improving Through Listening Steering Group and quarterly reports will be submitted to the Safety & Quality Committee.

2.2 Statements relating to quality of NHS services provided

During 2010-11 Plymouth Hospitals NHS Trust provided and/or sub contracted 64 NHS services.

The Trust has reviewed all data available to us on quality of care in all these NHS services.

The income generated by the NHS services reviewed in 2010-11 represents 100% of the total income generated from the provision of NHS services by Plymouth Hospitals NHS Trust for 2010-11.

2.3 Review of data on quality care

Participation in Clinical Audit and National Confidential Enquiries

During 2010-11 Plymouth Hospitals NHS Trust participated in 106 Trust wide and local clinical audits, this is an increase in coverage from the previous year. The results of all clinical audits were presented to and reviewed by the appropriate staff within the Trust over the course of the year. The table below summarises the high level reporting arrangements for key aspects of Clinical Audit results.

The results of Trust-wide audits are reported and reviewed to the following groups:

- 12 audits were reviewed and discussed at the Trust's Health Records Committee
- 3 audits were reviewed and discussed at the Trust's Medical Devices Steering Group
- 3 audits were reviewed and discussed at the Clinical Governance Steering Group
- ? audits were reviewed and discussed at the Trust's Audit Committee
- All local audits are reviewed and discussed at the relevant directorate meeting

The results of all local audits are reviewed and discussed at the relevant directorate meeting.

The Clinical Audit Support Team is further developing its processes during 2011/12 and has developed, with the support of the Medical Director, a corporate trust wide plan for the coming year. The current Clinical Audit Policy is also in the process of being reviewed to reflect current practice.

In addition the national clinical audits and national confidential enquiries that Plymouth Hospitals NHS Trust participated in, and for which data collection was completed during 2010-11 are listed below.

National Clinical Audits

Plymouth Hospitals NHS Trust participated in and reported on 24 national audits, the reports of which were reviewed by the provider in 2010-11, full details of National Audits can be found at www.nao.org.uk. The Clinical Audit Support Team is developing improved links with clinical directorates and the Healthcare Governance Team to ensure participation in National clinical audits is recorded and resulting learning opportunities disseminated.

National Audit Title	Status
Peri and Neonatal	
Perinatal Mortality (CMACE)	Completed
Neonatal Intensive and Special Care (NNAP)	Completed
Paediatrics	
Paediatric Fever	In Progress
Childhood Epilepsy	In Progress
Paediatric Diabetes	On going
Acute Care	
Adult Non-invasive Ventilation (NIV)	Completed
Pneumonia	In progress
Cardiac Arrest	In progress
Long Term Conditions	
Diabetes – Adult	In progress
Heavy Menstrual Bleeding (HMB)	In progress
Adult Asthma	Completed
Ulcerative Colitis and Crohn's Disease	In progress
COPD	In progress
Inflammatory Bowel Disease (IBD)	In progress
Cystic Fibrosis	In progress
Elective Procedures	
Hip, Knee and Ankle Replacements (National Joint Registry)	Completed
Carotid Interventions	Completed
Elective Surgery (PROMS)	In progress
Abdominal Aortic Aneurysm	In progress
Cardiovascular Disease	
Stroke Care	Completed
Acute Stroke?	In progress
Renal Disease	
Acute Kidney Injury	In progress
Vascular Access	In progress
Renal Transport Survey	In progress
Cancer	
Lung Cancer	In progress
Bowel Cancer	In progress
Mastectomy and Breast Reconstruction	Completed
Trauma	
Falls and Non Hip Fractures – National Audit of falls and bone health in older people	In progress
Hip Fracture	Completed

Severe Trauma (TARN)	In progress
Psychological Conditions	
Dementia	In progress
Blood Transfusions	
O Neg Blood Use	In progress
Platelet Use	In progress

National Confidential Enquiries

During 2010/11, 6 national confidential enquiries covered NHS services that Plymouth Hospitals NHS Trust provides. Full details of national confidential enquiries can be found at www.ncepod.org.uk.

The national confidential enquiries that Plymouth Hospitals Trust participated in and reported during 2010/11 are as follows:

NCEPOD studies – reported in year	
Title of study	Action taken
An Age Old Problem - Emergency Surgery in the Elderly	Report recommendations and implications for the Trust considered by lead clinicians for further action.
A Mixed Bag - Parental Nutrition	Report and recommendations considered by the Trust's Nutritional Team.

The national confidential enquiries that Plymouth Hospitals NHS Trust participated in, and for which data collection was completed or commenced during the 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

NCEPOD studies – data collection (100% participation in relevant studies)		
Title of study	No. of cases submitted	Percentage required by enquiry
Cardiac Arrest Procedures	8	100%
Surgery In Children	18	100%

2.4 Participation in Clinical Research

The number of patients receiving NHS services provided by Plymouth Hospitals NHS Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was 3300.

Participation in clinical research demonstrates Plymouth Hospitals NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

2.5 Goals agreed with commissioners

Plymouth Hospitals NHS Trust income in 2010-11 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.6 Statements from the CQC

Plymouth Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered' and therefore licensed to provide services. Plymouth Hospitals NHS Trust no conditions on its registration.

The Care Quality Commission has however taken enforcement action against Plymouth Hospitals NHS Trust. A Warning Notice was issued on 22 February 2011 for concerns raised about the number of Never Events in our operating department.

Plymouth Hospitals NHS Trusts has not participated in special reviews or investigations by the Care Quality Commission as at 31 March 2011.

2.7 Data Quality

We recognise that good quality information underpins effective delivery of quality patient care. Having robust data enable us to make meaningful decisions to improve care and overall patient safety.

Plymouth Hospitals NHS Trust submitted records during April to December 2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:	%	Which included the patient's valid general medical practice was:	%
Percentage for admitted patient care	98.3%	Percentage for admitted patient care	99.9%
Percentage for outpatient care	98.8%	Percentage for out patient care	100%
Percentage for accident and emergency care	93.3%	Percentage for accident and emergency care	99.5%

2.8 Information Governance

Plymouth Hospitals NHS Trust Information Governance Assessment Report score overall score for 2010-11 was 71% and was graded as green, which equates to satisfactory using the IGT Grading Scheme.

2.9 Clinical Coding

Plymouth Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Criteria Measured	2009/10 %
Primary diagnoses incorrect	12%
Secondary diagnoses incorrect	9.2%
Primary procedures incorrect	11.7%
Secondary procedures incorrect	5.5%

The Trust was not subject to a Payment Results audit in 2010/11 however, Plymouth Hospitals NHS Trust completed an Information Governance Audit completed by D & A Consultancy in June 2010 and error rates had improved as detailed below :

Criteria Measured	2010/11 %
Primary diagnoses incorrect	2.5%
Secondary diagnoses incorrect	1.25%
Primary procedures incorrect	3.19%
Secondary procedures incorrect	1.25%

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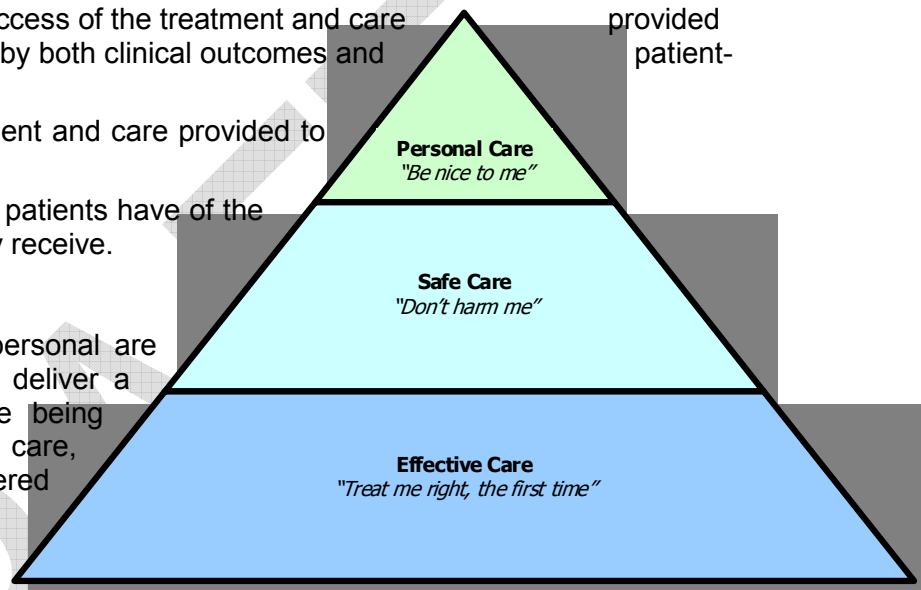
Part 3 Review of Services

3.1 How the Trust identifies local improvement priorities

A Quality Strategy for Patients for the Trust was approved by the Trust Board in December 2010. This provides a renewed focus and momentum on addressing current and future quality improvement challenges and ensures that all staff share the same understanding of what quality care should look like. It reflects the shared ambitions of everyone working for the Trust to provide high quality person-centred, clinically effective and safe healthcare services and to be recognised as a leader in our approach.

Our approach to quality is based upon the three aspects of quality set out within the NHS Next Stage Review¹ led by Lord Darzi, and have been defined as:

- the effectiveness and access of the treatment and care to patients – measured by both clinical outcomes and patient-reported outcomes;
- the safety of the treatment and care provided to patients; and
- the broader experience patients have of the treatment and care they receive.



In short, effective, safe and personal are the three aspects required to deliver a quality service. Effective care being the foundation of high quality care, but it must then be delivered safely and in a personal way.

High-level quality ambitions for the Trust have been set for each of the quality dimensions. Improvement priorities will be identified annually working towards achieving these high level ambitions.

Additionally to inform this process the Trust is committed to understanding and responding to the views of patients, staff and the public in determining priorities for quality.

Consultation with staff, patients and members of the public have taken place during 2010 to determine priority areas. This has led to the development of four patient promises. These promises will shape the business strategy and objectives and are an ongoing commitment to the Trust's patients. These are the promises that every member of staff makes to patients:

- I will..... care for **you** compassionately and respectfully
- I will give **you** clear information and involve you in your care
- I will give **you** the best treatment I can when you need it
- I will make sure **you** are treated in a clean and safe environment

¹ Darzi, Lord A. (2009), High Quality Care for All, DOH, London

3.2 Performance against key national priorities

2010-11 has been a successful year in relation to safety, quality and patient experience. This section describes the Trust's performances against key quality performance targets as well as progress against quality indicators highlighted as priorities for 2010/11.

(To be updated post 31 March 2011)

Target	Standard	Performance	Achieved
Incidence of C-Diff	101 (max)	26	✓
Incidence of MRSA	8 (max)	3	✓
18 week maximum wait for admitted patients from point of referral to treatment	90%	95.9%	✓
18 week maximum wait for non admitted patients from point of referral to treatment	95%	97.0%	✓
Maximum time in ED of four hours from arrival to admission, transfer or discharge	95%	97.8%	✓
All cancer two week wait	93%	95.3%	✓
Two week wait for symptomatic breast patients (cancer not initially suspected)	93%	97.9%	✓
31 day (diagnosis to treatment) wait for first treatment: all cancers	96%	98.1%	✓
31 day wait for second or subsequent treatment: surgery	94%	96.8%	✓
31 day wait for second or subsequent treatment: anti cancer drug treatments	98%	100.0%	✓
31 day wait for second or subsequent treatment: radiotherapy treatments	94%	94.3%	✓
62 day (urgent GP referral to treatment) wait for first treatment: all cancers	85%	86.7%	✓
62 day consultant upgrade wait for first treatment: all cancers	90%	90.1%	✓
62 day wait for first treatment from consultant screening service referral: all cancers	90%	92.1%	✓
Access to genitor-urinary medicine clinics (48 hours)	100%	100.00%	✓
Access to rapid access chest pain clinics within two weeks from referral from GP	>=98%	100.00%	✓
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	<=0.8%	1.6% (779)	
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	<5%	3.5% (27)	✓
Delayed transfers of care	N/A	3.1% (1079)	

3.3 Patient Safety

Keeping patients safe is central to providing high quality care and we have continued our efforts to do all we can to continuously improve patient safety. Plymouth Hospitals NHS Trust has adopted key principles of the SHA Patient Safety Improvement Programme, which commenced in October 2009 and will run for a period of 5 years. The Programme aims to reduce the hospital standardised mortality rate by 15% and adverse events by 30% by 2014. These aims will be achieved through the implementation of evidence based initiatives in five core work streams: Leadership; Critical Care; General Ward; Medicines Management and Peri-Operative. Each work stream has an executive, clinical and nursing lead.

This is a comprehensive improvement programme striving to deliver safe care for every patient every time. Reliability and standardisation are central to this work. Progress within each work stream is continuously measured for improvement purposes and reported to the SHA monthly. Four of the priorities identified in 2009/10 were aligned to the Patient Safety Improvement Programme and have delivered consistent results.

Executive Patient Safety Walkround was introduced in 2010 and provides an opportunity for front line staff to meet and discuss safety issues with directors. Safety briefings and safety bulletins have also been introduced as a means of spreading good practice, providing feedback and learning from adverse events across the Trust as a whole.

Serious Incidents and Never Events

The Trust has a process for managing all incidents and serious incidents, which includes those classified as 'Never Events' by the National Patient Safety Agency. Since 1 April 2010 six Never Events have occurred at Plymouth Hospitals NHS Trust in the following categories:

- Wrong site nerve block performed in April 2010
- Swab retained in August 2010
- Wrong site surgery performed in August 2010
- Swab retained in November 2010
- Swab retained in December 2010
- Throat pack retained in January 2011

In line with Trust policy each incident was investigated to establish the root cause and immediate actions taken in response to the investigation findings. To address the issues raised a comprehensive Theatre Patient Safety Strategy has been introduced which focuses on 10 key domains which are essential to provide permanent improvement in patient safety:

- Leadership
- Safety culture
- Implementing best practice
- Standardising Trust policy
- Implementing standard operating procedures
- Documentation
- Education and training
- Communication with staff
- Communication with patients and families
- External expertise

Target	Performance 09/10	Performance 10/11	Target 11/12
Incidence of C-diff	77	26 tbc	43
Incidence of MRSA	15	3 tbc	5
Hand hygiene completion rates	100%	100%	100%
Hand hygiene compliance rates	98%	tbc	95%
Patient falls resulting in harm or death	89	103	90
Incident reporting rate – per 100 admissions	3.5	3.86 (Sept 10)	4.25
Number of Never events	2	6	0
% of observation charts completed accurately	60%	89%	95%
Deaths from cardiac arrests	474	255	TBC
Ulcer prevalence (% of patients with pressure ulcers) Total Patients: Hospital Acquired:	N/A N/A	5.3% 2.3%	TBC
% patients receiving appropriate VTE risk assessment (started recording from July 2010)	N/A	56%	
% patients receiving appropriate thromboprophylaxis	93%	95%	

Infection Control

The Infection Prevention and Control Team (IPCT) at Plymouth Hospitals NHS Trust has made significant progress towards modernising the service it provides and meeting the challenging new agenda being set at both local and national levels. This has led to improvements in clinical practice, with reductions in healthcare-associated infections.

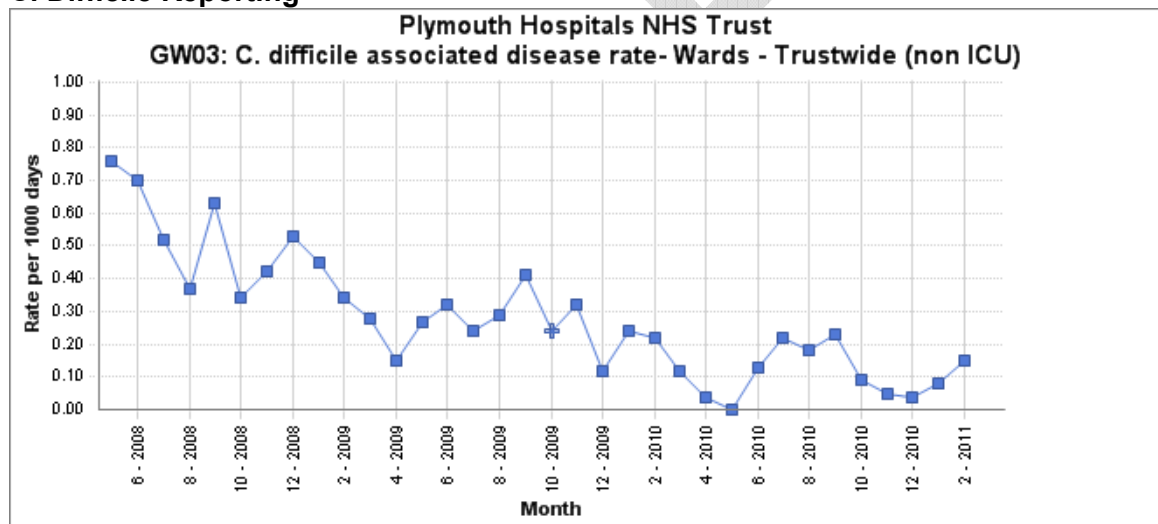
During 2010/11, we reinforced our efforts to control and reduce MRSA and Clostridium difficile infections. How: consistent approach to three important areas: environmental cleanliness, appropriate antibiotic prescribing and strict hygiene at the point of care have all been vigorously pursued.

Key achievements for the year April 2010-March 2011 were as follows:

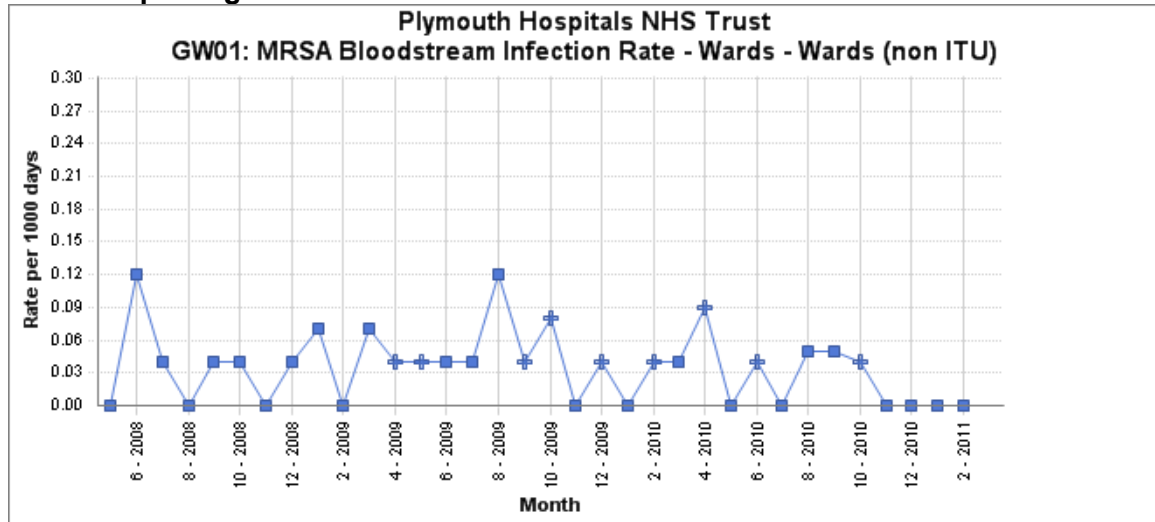
- MRSA bacteraemias – to reduce cases of MRSA bacteraemias in line with the national target of 9 and local target of 6. For the period April to December 2010 there were 3 cases.
- Clostridium difficile – to reduce cases of post 72 hour clostridium difficile in line with the national target of 128 and local target of 117. For the period April to December 2010 there were 24 cases.

- To achieve a 10% reduction in all cases of MRSA. For the period April to December 2010 there were 31 new cases, compared to 53 in the same period last year which equates to 42%
- Epidemic gastroenteritis – to maintain the average ward closure time due to epidemic gastroenteritis below 7 days. For the period April to December 2010 there were 4 ward closures with an average ward closure period of 5.5 days.
- Hand hygiene compliance – for all wards to perform at least 1 monthly hand hygiene audit with a compliance rate of 95%. For the period April to December 2010 overall compliance was 99%.
- Alcohol hand gel - for the availability of alcohol hand gel in clinical areas to be maintained as close to 100% as possible. For the period April to December 2010 availability was 98%.
- Surgical site surveillance – to continue surgical site surveillance on all major procedures. Majority of procedures now covered.
- Delivery of a Postgraduate Certificate in Infection Prevention and Control in collaboration with the Peninsular School of Medicine and Dentistry. Two module PGCert to run in spring and summer 2011.
- Infection Control Website developed and updated.
- Saving Lives High Impact Interventions – all wards to perform at least 1 audit for in use medical devices, compliance monitored through the dashboard.

C. Difficile Reporting



MRSA Reporting



Medicines Management

Patient Information Following Discharge

Pharmacy launched the Patient helpline last year with poster advertising the service put up in the Outpatient Department and Accident & Emergency Department with business cards issued with all outpatient and discharge medication. The service and phone number are also printed on the medication bag labels. In addition all medicines are dispensed with a patient information leaflet.

At the point of discharge nursing staff will explain the discharge medication with the patient. For those patients who collect their outpatient medication from Pharmacy, they will have the opportunity to ask Pharmacists for advice and guidance.

The Trust has developed a Self Administration Policy, will be underpinned by better engagement with patients about their medication, medication reminder cards will be made available for patients to help improve their understanding. To support the new service a patient information leaflet has also been designed.

E-discharge has now been rolled out Trust wide in the last 12 months with patients being given a comprehensive list of their medicines on discharge with a copy of the clinical information. Patients are also given a list of medicines to give to their community Pharmacy to improve the seamless transfer of care on discharge

3.4 Clinical Effectiveness

Stroke Pathway

The Care Quality Commission (CQC) carried out a review of services, ranking health trusts and social care services on a number of areas. These included acute care, discharge from hospital, access to rehabilitation and continuing care and support. Plymouth was ranked as "best performing". Plymouth Hospitals NHS Trust has one of the lowest mortality ratios following stroke within England and performance against direct admission to an Acute Stroke Unit is in the upper quartile within the region.

In addition the SHA commended Plymouth Hospitals NHS Trust and NHS Plymouth on the reconfiguration of services that followed a review in 2008. The impression was that the stroke services are now delivered by a cohesive and joined up team who have clearly worked hard to develop a high quality stroke service.

TIA Service

This is a good example of joint working for the prevention of stroke as the service is provided by neurologists, health care of the elderly consultants, acute GP service with support from other departments providing rapid access diagnostics. This means that patient only have one visit to hospital and reduces the need for repeated follow up.

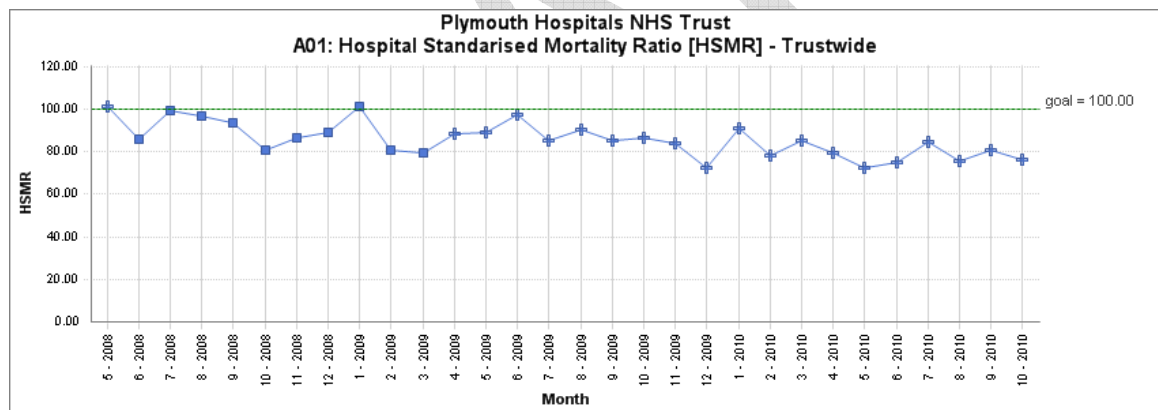
Hospital Standardised Mortality Ratio (HSMR)

The hospital standardised mortality ratio continues to fall, which can be attributed to the attention given to the patient pathway and the introduction of a number of programmes to improve safety including infection control and ward cleanliness.

The ongoing Patient Safety Improvement Programme which consists of a number of various elements which focus on delivering improvements in patient safety. The five key domains of care are:

- Leadership
- General Ward Care
- Perioperative Care
- Critical Care
- Medicines Management

A wide range of Trust initiatives contribute to overall improvement of the Trust’s HSMR in conjunction with external guidance available from a variety of sources including NICE and National Patient Safety Agency.



Target	Performance 09/10	Performance 10/11	Target 11/12 (tba)
Mortality (HMSR)	84.3 Relative Risk*	77.3 Relative Risk*	
Stroke mortality rate	101.9 Relative Risk*	95.9 Relative Risk*	
% stroke patients spending 90% of their stay on ASU	46%	68%	
Fractured NOF – delays to surgery < 48hrs	52%	24%	
Fractured NOF- readmission rates	4.0%	1.4%	
Heart failure readmission rates	13.1%	10.7%	

Cancelled operations by the hospital for non-clinical reasons on the day of or after admission	1.9% (1100)	1.6% (779)	
Cancelled operations by the hospital for non-clinical reasons on the day of or after admission, who were not treated within 28 days	14.1% (155)	3.5% (27)	

* National Average = 100

Patient Experience

Patient experience is the term used to describe those aspects of healthcare that, though they do not relate directly to the treatment of illness or injury, can make all the difference to whether patients feel that they have been looked after properly.

A Patient Experience Strategy for the Trust was approved by the Trust Board in December 2010. This strategy outlined our plans to develop the patient experience.

During 2010-11 we implemented a programme of local patient experience surveys on our wards to gather regular feedback from patients. Patients are asked about cleanliness, quality of food, how they are communicated with and involved, and about how respectful and kind staff are. A total of 26 inpatient adult wards have been surveyed and 760 patients involved between October and March 2011.

As part of this programme real-time feedback is collected at ward level to allow instant reporting of patient satisfaction scores. All feedback is collated and fed back directly to the ward management teams to allow action planning and improvement activity to take place.

In addition to this programme the Trust obtains feedback from patients through a variety of channels: complaints, PALS, local media and websites, national patient and staff surveys. Key themes from all this activity are drawn together to form a more rounded views of the patient experience.

A new steering group, the Improving Through Listening Steering Group, has been set up dedicated to monitoring and driving forward improvement actions, the group meets regularly and includes a patient representative.

(D/N Will need to be updated once new Peat Scores are released, CQC publishes standardised National Inpatient Survey results and March 31st local survey recommended scores)

Target	Performance 09/10	Performance 10/11	Target 11/12
PEAT Scores			
Food & Hydration	Good	Excellent	Excellent
Environment	Good	Good	Excellent
Privacy & Dignity	Good	Good	Good
Recommender scores (would definitely recommend)	Not available	86% *	88%
Overall satisfaction scores (excellent and very good)	84%	79%	84%

Overall Dignity and respect (always)	83%	79%	84%
% patients receiving care in single sex setting	80%	82%	85%
% patients given a choice of admission date	22%	21%	25%
% patient rating cleanliness as very or fairly clean	95%	97%	97%
% involved as much as wanted to be in decision about their care	57%	54%	57%
% experiencing delayed discharge from hospital	53%	56%	57%
Complaints and concerns	529	666*	600
Complaints and concerns responded to within target time	18.9%	39.7%*	100%

* up to February 2011

Satisfied Patients

The majority of our patients feel the care they received is excellent or very good, according to a survey by the Care Quality Commission taken in the summer of 2010. Respondents to the National Inpatient Survey reported improvements in a number of areas when compared with last year's survey, these were:

- The hospital did not change their admission date
- Less patients shared same sex sleeping areas
- Further cleanliness improvements
- Greater confidence and trust in nursing staff
- More patients feeling involved in decisions their discharge from the hospital.

Privacy and dignity

Our Trust is committed to delivering the highest standards of privacy and dignity for its patients. We have been striving to create better same-sex accommodation to ensure that the privacy and dignity of our patients is respected. We are working wherever clinically possible, to provide men and women with separate sleeping areas, bathrooms and toilets. This programme of work has included many upgrades, including to our toilets and washing facilities to give better segregation for men and women.

Patient Promises

During 2010 we have developed four patient promises after consulting with patients and staff. These promises, described earlier, will be the promises that every member of staff makes to each and every patient. During 2011-12 these promises will be developed in detail to ensure that every member of staff is clear about the commitment they are making to delivering excellent patient care.

Complaints and Compliments

The Trust has worked hard on improving its response and learning from feedback from patients, relatives and carers. Where possible the Trust will resolve complaints locally and recognises that further work is required in this area during 2011/12.

Each inquiry and complaint received by the Trust is acknowledged within 48 hours and an investigation with the objective of replying to the complainant undertaken within 25 working days. Each clinical service which was subject to a complaint is required to include the improvements they have made or plan to take within the response. The Patient Services Team collates and monitors trends to identify further opportunities for improvement.

The Trust has established the Improving Through Listening Steering group to consider all patient related comments and concerns, including surveys, complaints, comments and compliments. The primary aim of the group is to develop strategies for the ongoing development of services to patients. One of the priorities for the coming year is to deliver customer care awareness training to all staff, so that staff can respond effectively to patient needs at the earliest opportunity.

The Improving Through Listening Steering Group also has responsibility for assessing how the Trust gathers and uses information so that the patient's voice is heard.

In order to improve existing response rates for complainants, the Trust has commissioned several pieces of work which are expected to deliver results in the first half of 2011. Work includes better utilisation of IT technologies to distribute documentation, flexible approach to methods used to expedite resolutions of issues, simplify the existing arrangements with clinical areas to support the investigation and earliest possible response.

An example of learning outcomes following a number of complaints, has been a review of the management of follow up waiting lists and the reduction in the backlog of neurology clinic letters.

The Trust received 39 compliments during the period 2010-11 which are fed back to staff and used as part of local staff training as examples of good practice and team building. An extract from one of these compliments is shown below:

"I would like to place on record my grateful thanks to all the staff with whom I came in contact during my brief stay. From the reception in Fal Ward, the theatre staff, to the staff in Postbridge Ward during my recovery I was treated throughout with courtesy, kindness and total professionalism"

"I must commend to you the Audiology and ENT departments at Derriford, who after a somewhat delayed start of getting into the system (no fault of theirs) dealt with me most efficiently. My doctor was particularly kind, informative, helpful and reassuring"

3.5 Quality and the Business Strategy

A commitment to quality is at the heart of what we do as an organisation. The Trust's Quality Strategy outlined the many quality improvement projects currently underway in the Trust. In addition each clinical directorate has as part of their business plan for the 2011-12 financial year completed a quality plan. These quality plans describe each services quality programme of work with clear targets and performance monitoring.

3.6 Leadership

During 2011-12 we will launch an Organisational Development Programme for all our staff. The aim of the programme is to help create a culture to ensure that patients are put at the heart of everything and that staff feel valued, supported, involved, engaged and empowered.

3.7 Innovation

The Trust recognises that in order to improve we must be innovative in our solutions to solve quality issues. Below are two examples of work that has taken place and improved the quality of care our patients receive:

Infection Prevention and Control - Surgical Site Infection monitoring

The Trust's infection control team were awarded top prize at the National Patient Safety Awards 2011, in the Infection Control and Hygiene category. The team won the award for their surgical site infection surveillance service, which has driven down the incidence of infections in surgical procedures for which surveillance has been established for some time, notably cardiac and vascular surgery. This is important for patients for whom an infection after surgery can delay a good timely recovery.

The service assesses procedure specific surgical site infections on a quarterly basis and is exceptional because it includes areas outside of the Health Protection Agency range and performs surveillance post-discharge by undertaking patient questionnaires on all major surgical procedures. Reports are fed back to individual surgeons and directorates on a quarterly basis.

Stroke Care

Plymouth health and social care was rated as Best Performing for stroke because, out of 15 indicators measured, the area scored amongst the best in the country by the Care Quality Commission,

Consideration was given to the care experienced by people who have had a stroke and their carers. It starts from the point people prepare to leave hospital, to the long-term care and support that people may need to cope with stroke-related disabilities. It looks at both health and adult social care, as well as links to other relevant services, such as local support groups and services to help people participate in community life.

Health organisations, Plymouth Hospitals NHS Trust and NHS Plymouth, and Plymouth City Council have focused considerable effort on improving care for stroke patients in the last two years and this is demonstrated in the rating given to the area.

Plymouth scored very well in terms of the outcomes for patients one year after their stroke and had one of the lowest mortality ratio of all areas in the country. Measures taken within Derriford Hospital to help achieve this include setting up direct admission for patients to a dedicated stroke unit where they are cared for by a specialist team of doctors, nurses, physiotherapists, speech and language and occupational therapists. Direct access to a TIA clinic – any patient who has had a mini or warning stroke (a TIA) can be referred in and seen within 24 hours if they are high-risk and seven days if not assessed as high risk and access to thrombolysis (clot-busting drugs) for all eligible patients whose stroke is caused by a clot rather than a bleed, is now available 24 hours seven days per week.

3.8 Our Environment

Providing patients with modern, accessible and well designed facilities is important to the Trust. We will continue to refurbish and improve our hospital building where appropriate. During 2010-11 we have installed a series of images and artwork around the building to improve healthcare environments across the Trust.

Zest, based in the Estates Department, work on the design of new and refurbished healthcare buildings as well as projects within the day to day provision of healthcare. The aim with all of their work is to transform the healthcare experience, at key moments in people's lives, into a positive one. Nearly nine out of ten people say that better quality buildings and public spaces improve their quality of life, according to MORI research published by the Commission for Architecture and the Built Environment (CABE) September 2009. Good healthcare environments have been found to lead to:

- faster patient recoveries
- reduced pain
- fewer cases of infection
- greater patient satisfaction
- reduced stress levels among staff
- easier recruitment and retention of quality staff

One example of Zest's work in 2010 was a project where the team worked with designers Neil Tinson and Chris Haughton to create bright and colourful images that are now installed in both the main and pharmacy stairwells at Derriford Hospital, an example is shown below. They were commissioned to help make the stairwells more attractive and encourage, patients, staff and visitors to use the stairs more frequently.



Stairwell between level 3 and 4

3.9 Partner Organisations

The Trust is committed to working with its partner organisations to meet the continuing care needs of patients in an efficient and effective way, across the whole patient pathway. The Plymouth Health Community has a Health and Social Care Improvement Plan (2010/11 to 2013/14) which outlines how Plymouth's Health and Social Care organisations are increasingly working together to plan services and service changes;

deliver them together where this adds value and identify areas where expertise, functions and facilities could be shared or aligned.

There is regular contact between the Trust and its main Health and Adult Social Care Overview and Scrutiny panel at Plymouth City Council. In 2010/11 the Chief Executive of the Trust continued to hold quarterly meetings with the panel Chair and the Trust gave presentations at six of the panel's meetings. This regular contact ensured that information was shared and the panel gave feedback to the Trust on issues such as quality and performance. In the last quarter of 2011, the Trust has strengthened relations with Cornwall Health and Adults Overview and Scrutiny Committee, attending panel meetings and ensuring the free flow of two-way communication.

In addition the Trust works with a huge range of patient and voluntary organisations to ensure we involve and work with them to understand other people's views and how we are doing.

Close working relationships have been forged with Plymouth Local Involvement Network (LINK), established to enable people in Plymouth to have their say on their local health and social care services. The group is run by local people and independently supported with a primary aim of finding out people's views about health and social care and monitoring local services.

Members of Plymouth LINK are members of the newly formed Improving Through Listening Steering Group, which aims to ensure that the views of patients and carers are actively solicited and used by the Trust to make demonstrable improvements to patient experience. In addition a member of the Plymouth LINK sits as a representative on the public part of the Trust Board.

Plymouth Hospitals NHS Trust worked in conjunction with Plymouth LINK to produce a survey aimed at establishing how patients leaving the hospital have found the experience of hospital discharge. Throughout January and February 2011 all inpatients were given a LINK Discharge Survey at the point of discharge with the aim of gathering views on the patients experience to ultimately improve the process.

Annex 1: Statement from Key Stakeholders

We have invited comments from our key stakeholders. These are outlined below

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**Plymouth Health and Adult Social Care Overview and Scrutiny Panel
Minute 17 21 June 2010 – NHS Plymouth Hospitals Trust Quality
Accounts**

Paul Roberts, Chief Executive of the Plymouth Hospitals Trust outlined the work of the Hospitals Trust and the key issues for the future.

- a. Plymouth Hospitals Trust served not only Plymouth but its travel to work area which was in excess of 450,000 users;
- b. the trust also provided specialist services to around two million users;
- c. the trust had a good reputation for its level of care and scored well in national indicators;
- d. the trust was concentrating on three key areas, patient safety, clinical effectiveness and customer experience.

Dr Alex Mayor, Head of Clinical Governance, provided a presentation on the Hospitals Trust Quality Accounts. It was reported that:-

- e. from the point of view of a clinician, the change of direction in strategic policy to a focus on customer experience was welcome;
- f. it was important that the trust demonstrated how it intended to improve quality, but the focus on patient experience was relatively new;
- g. Quality Accounts would enable the public to hold NHS Trusts to account for the quality of the NHS healthcare services and enabled Trust Boards to focus on quality improvement, the accounts would also assist patients and their carers to make fully informed choices about their healthcare;
- h. the Quality Accounts highlighted innovation in three key areas, patient safety, clinical effectiveness and patient experience.

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

- i. the increase in deaths related to Venous Thromboembolism (VTE) could be down to increased reporting. It could also be related to the number of more complex procedures which were being performed on an aging population. There were a number of processes in place to balance the risks involved with a hospital stay. There was no strong evidence to show that VTE has increased in Plymouth in particular and national lead for this area was based in Derriford Hospital;
- j. the global trigger tool highlighted high risk areas for patients. Patient's notes were reviewed by clinicians for triggers and appropriate action would be taken to address them. It was a well validated tool;

- k. waiting times, as referred to in the document, do not relate to the waiting time to see a medical professional it was the target time to get patients through the department either to a further referral or discharge. The needs of many patients who come through the accident and emergency department were complex, patients often needed to be stabilised which meant that the time through the department was greatly increased.

The Chair requested that any further questions from the panel on the general approach to producing Quality Accounts were put to both NHS Plymouth and NHS Hospitals Trust following the next presentation.

Agreed that reference to waiting times is changed to reflect the target of time through department.

South Western Ambulance Service 

NHS Foundation Trust

Trust Headquarters

Abbey Court
Eagle Way
Exeter
Devon
EX2 7HY

8 March 2011

To, Local Involvement Networks (9),
OSCs (9) & Lead Commissioners (2)

Tel: 01392 261500

Fax: 01392 261510

Website: www.swast.nhs.uk

Dear Colleagues

Quality Account 2011/12

There is a statutory requirement for NHS Foundation Trusts to publish a Quality Account by 30 June 2011. However, the draft account must be submitted to our independent regulator, Monitor, by 7 June 2011. Quality Accounts demonstrate the Trust commitment to continuous quality improvements.

The Trust published its first Quality Account in June 2010 which can be viewed on www.swast.nhs.uk.

As part of the Trust annual process for developing the Quality Account, on behalf of our Board, I would like to invite your organisation's comments on our draft Quality Account priorities for 2011/12. An attached '**South Western Ambulance Service NHS Foundation Trust Matrix of Quality Account Options**' provides details for your organisation to comment. These encompass some of the priorities discussed with our Commissioners for our Commissioning for Quality and Innovation payment as part of our contracting arrangements.

I would be very grateful to receive your comments by Friday 13 May 2011 so that the Trust can meet its statutory duty and timetable to publish a Quality Account by 30 June 2011. Thank you very much for your kind support.

Yours sincerely

Lynne Paramor
Director of Corporate Services

ENCs Matrix of Quality Account Options

South Western Ambulance Service



NHS Foundation Trust

Matrix of Quality Account Options 2011/12

Name of organisation commenting.....

Please note that these priorities can be measured to enable reporting for further scrutiny.

Quality Option	Rationale	Quality Domain	Quality Option Evidence Base	Your Comment
Improve patient experience	<p>Background The Trust does not carry out annual patient surveys</p> <p>Quality Account 2010/11 Patient Experience surveys were carried out in 2010/11 for each of the Trust three service lines of:</p> <ul style="list-style-type: none"> • A&E 999 • Urgent Care Services (Dorset and Somerset); • Patient Transport Services. <p>Quality Account 2011/12 Patient Experience Surveys Stage 1 Analyse the patient surveys</p>	Patient Experience	<ul style="list-style-type: none"> • Department of Health NHS Operating Framework 11/12 priority; • Government White Paper Liberating the NHS 2010 patient experience priority; • Commissioning for Quality (CQUIN) 11/12 A&E contract quality goal for the Trust; • NHS Dorset, Bournemouth & Poole and Somerset (lead Commissioner for Urgent Care Service) feedback on 2010/11 Quality Account 	

South Western Ambulance Service



NHS Foundation Trust

	<p>returned in March 2011.</p> <p>Stage 2 Review survey analysis with Commissioners and Council of Governors and agree action plan for implementation in 2011/12.</p> <p>Stage 3 Implementation of action plan and review of outcomes</p> <p>Stage 4 Develop a Trust policy/strategy for the collection of patient experience information</p>		<p>requested focus on all three service lines and patient outcomes;</p> <ul style="list-style-type: none"> • Torbay Care Trust (lead Commissioner for A&E 999 and Patient Transport Service feedback on 2010/11 Quality Account requested include focus on Patient Transport Services patient outcomes; • Devon Overview and Scrutiny Committee and Devon Local Involvement Network feedback on 2010/11 Quality Account requested include focus on Patient Transport Services patient outcomes; • Bournemouth Overview and Scrutiny Committee feedback on 2010/11 Quality Account 	
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South Western Ambulance Service



NHS Foundation Trust

			<p>requested include focus on Patient Transport Services patient outcomes and dignity and respect;</p> <ul style="list-style-type: none">• Somerset Scrutiny Committee feedback on 2010/11 Quality Account requested focus on Trust reporting outcomes for patients;• Cornwall Local Involvement Network feedback on 2010/11 Quality Account requested a focus on hospital discharge which is not in the remit of the ambulance service. However, by capturing patient feedback areas identified across the patient pathway will be shared with the acute sector.	
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<p>Continuously improve patient safety</p>	<p>Background The Trust takes patient safety very seriously and has been reported by the National Patient Safety Agency as an exemplar for reporting of incidents; ranking in the highest 10% of all NHS Trusts for reporting of incidents which is indicative of an organisation with a culture of good patient safety.</p> <p>Quality Account 2010/11 Patient safety focused on infection control measures and the continuing roll out of the Trust award winning 'Cleaner Care' initiative.</p> <p>Quality Account 2011/12 Development of Falls Pathways Across Four Counties</p> <p>Stage 1 Establish equivalent to chief complaint to identify fallers and</p>	<p>Patient Safety</p>	<ul style="list-style-type: none"> • Department of Health NHS Operating Framework 11/12 priority; • Government White Paper Liberating the NHS 2010 patient safety priority; • Commissioning for Quality (CQUIN) 11/12 A&E contract quality goal for the Trust; • NHS Dorset, Bournemouth & Poole and Somerset (lead Commissioner for Urgent Care Service) feedback on 2010/11 Quality Account requested focus on all three service lines and patient outcomes; • Torbay Care Trust (lead Commissioner for A&E 999 and Patient Transport Service feedback on 2010/11 	
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South Western Ambulance Service



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	<p>agree reporting with commissioners. Use a flag in pathways to identify complaints.</p> <p>Stage 2 Falls audit in Cornwall, Devon and Somerset (Dorset completed in 2010/11).</p> <p>Stage 3 Agree with PCTs following review to standardize falls pathways in all four counties.</p>		<p>Quality Account requested include focus on Patient Transport Services patient outcomes;</p> <ul style="list-style-type: none"> • Devon Overview and Scrutiny Committee and Devon Local Involvement Network feedback on 2010/11 <p>Quality Account requested include focus on Patient Transport Services patient outcomes;</p> <ul style="list-style-type: none"> • Bournemouth Overview and Scrutiny Committee feedback on 2010/11 <p>Quality Account requested include focus on Patient Transport Services patient outcomes and dignity and respect;</p> <ul style="list-style-type: none"> • Somerset Scrutiny Committee feedback on 2010/11 <p>Quality</p>	
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South Western Ambulance Service



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			<p>Account requested focus on Trust reporting outcomes for patients;</p> <ul style="list-style-type: none"> • Cornwall Local Involvement Network feedback on 2010/11 Quality Account requested a focus on hospital discharge which is not in the remit of the ambulance service. However, by capturing and analysing incident reporting for the patient pathway evidence on practice will be reported and acted upon if required. 	
<p>Continuously improve clinical effectiveness</p>	<p>Background The Trust will focus more on targets relating to clinical effectiveness</p> <p>Quality Account 2010/11 The Trust priorities included:</p> <ul style="list-style-type: none"> • Implement a pain assessment system 	<p>Clinical Effectiveness</p>	<ul style="list-style-type: none"> • Department of Health NHS Operating Framework 11/12 priority; • Government White Paper Liberating the NHS 2010 clinical outcomes priority; • Commissioning for 	

South Western Ambulance Service



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	<p>for vulnerable patients;</p> <ul style="list-style-type: none"> • Improve care for patients with cardiovascular disease (heart attack and stroke); • Audit of Category C calls (non life threatening) to inform care pathway developments eg fallers; • National study of head injury in children; • Research Facilitator post; • Implementation of a smart mattress to assist with patient assessment and clinical observations <p>Quality Account 2011/12</p> <ul style="list-style-type: none"> • Continue the study on head injury in 		<p>Quality (CQUIN) 11/12 A&E contract clinical outcome goal for the Trust;</p> <ul style="list-style-type: none"> • NHS Dorset, Bournemouth & Poole and Somerset (lead Commissioner for Urgent Care Service) feedback on 2010/11 Quality Account requested focus on the Trust accomplishment of the three targets repeatedly not met for the Out of Hours National Quality Requirements; • Torbay Care Trust (lead Commissioner for A&E 999 and Patient Transport Service feedback on 2010/11 Quality Account requested include focus on Patient Transport Services patient 	
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	<p>children as the principal project with Centre for Maternal and Child Enquiries (CMACE) {2009 to 2012};</p> <p>Analysis of Healthcare Professional Calls (HPC)</p> <p>Stage 1 Understand the impact of the call re-categorisation on the HCP workload. Undertake an analysis of HCP activity, identifying trends, patterns, differential use of the service by locality (GP clusters?)</p> <p>Stage 2 Work with Commissioners and GPs to review and identify work categories and agree standard protocols and the associated impact on A&E service delivery.</p> <p>Stage 3 Agree on-going monitoring and review of this workload to</p>		<p>outcomes;</p> <ul style="list-style-type: none"> • Devon Overview and Scrutiny Committee and Devon Local Involvement Network feedback on 2010/11 Quality Account requested include focus on Patient Transport Services patient outcomes; • Bournemouth Overview and Scrutiny Committee feedback on 2010/11 Quality Account requested include focus on Patient Transport Services patient outcomes and dignity and respect; • Somerset Scrutiny Committee feedback on 2010/11 Quality Account requested focus on Trust reporting outcomes for patients; • Cornwall Local 	
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South Western Ambulance Service



NHS Foundation Trust

	identify changes in access.		Involvement Network feedback on 2010/11 Quality Account requested a focus on hospital discharge which is not in the remit of the ambulance service. However, by capturing patient feedback areas identified across the patient pathway will be shared with the acute sector.	
Please add any comments your organisation may wish to share with the Trust Board – include extra sheets if required				

Thank you for completing this options menu on quality. Please return to lynne.paramor@swast.nhs.uk or Lynne Paramor, Director of Corporate Services, South Western Ambulance Service NHS Foundation Trust, Abbey Way, Eagle Court, Sowton Industrial Estate, Exeter, Devon, EX7 2HY

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Report for:	Plymouth Health and Adults Overview and Scrutiny Panel
Report Topic:	Theatre Safety Strategy following recent 'Never Events' and Care Quality Commission Visit
Report date:	07.03.2011
For presentation by:	Professor Sarah Watson-Fisher, Chief Nurse Plymouth Hospitals NHS Trust

1. Background

Since 1st April 2010, six 'Never Events' have occurred at Plymouth Hospitals NHS Trust in the following categories:

- Wrong site nerve block performed in April 2010
- Swab retained in August 2010
- Wrong site surgery performed in August 2010
- Swab retained in November 2010
- Swab retained in December 2010
- Throat pack retained in January 2011

The above incidents were escalated as 'Never Events' to NHS Plymouth and the South West Strategic Health Authority (SWSHA) at the earliest opportunity. In line with Trust Policy, each incident has been fully investigated using root cause analysis and the completed investigation reports are currently being reviewed by the SWSHA. No patient has suffered any long-term harm although this is not to underestimate the distress caused. All patients and families affected have received a full apology from the Trust.

A number of immediate actions were taken by the Trust in response to the investigation findings and as an interim measure pending development of a Theatre Patient Safety Strategy which is now being implemented. Immediate actions included: amendments made to the content and structure of the WHO Safer Surgery Checklist with regard to nerve blocks and confirmation that consent form and operating list match; the location and number of swabs retained in a body cavity for any length of time during an operation to be recorded on the theatre whiteboard; trial use of swab 'bag-it' system in theatres to provide a robust process for the accurate counting of swabs and mops, and; amendments made to throat pack insertion and removal process.

The occurrence of these events was discussed in front of the public and media at the Board meeting held on 31st January 2011. At that meeting,

the Board agreed that the Trust should discuss these events with the Care Quality Commission (CQC).

2. Care Quality Commission Visit

As a result of the occurrence of six 'Never Events', inspectors from the CQC visited the Trust on 16th February 2011 – during the visit, they observed the practice of checklists being used and had discussions with staff in a number of different theatres.

The inspectors observed that there was not full and proper compliance with the WHO Safer Surgery Checklist and that, despite actions taken following the most recent event, there remains work to do to improve patient safety within the theatre environment.

Following its visit, on 22nd February 2011, the CQC outlined in feedback to the Trust that there was not full and proper compliance with safety checklists in a number of our theatres, in particular the Surgical Safety Checklist recommended by the World Health Organisation and the National Patient Safety Agency.

The Care Quality Commission recognised that action had been taken to move forward with the WHO checklist. But they gave a date of 22nd March to achieve full compliance in respect of their findings.

3. Action Being Taken

Prior to the CQC visit on 16th February 2011, the Trust had developed a comprehensive Theatre Patient Safety Strategy to address variations in practice and to provide the safest possible environment for patients undergoing surgery. This strategy was shared with the CQC and outlines the plans for providing full and comprehensive compliance by 22nd March 2011. The Trust has made arrangements to update the CQC on progress against this strategy on a weekly basis.

The Theatre Patient Safety Strategy is based on ten key domains which the Trust feels are essential to provide permanent improvement in patient safety. The domains are as follows:

- Leadership
- Safety culture
- Implementing best practice
- Standardising Trust policy
- Implementing standard operating procedures
- Documentation
- Education and training
- Communication with staff
- Communication with patients and families

- External expertise

The strategy focuses on standardisation of safe practice across all theatres. This includes the processes for completing swab and instrument counts, the completion of the WHO Safer Surgery Checklist and the processes for insertion and removal of throat packs.

The WHO Safer Surgery Checklist is a key indicator of theatre safety culture and an effective tool in providing a consistently safe environment within theatres. The Trust is currently implementing a single, mandatory checklist supported by observational qualitative audit to ensure that the checklist is being properly performed. An accountability framework has also been implemented with immediate effect and a programme of regular feedback and communication with surgical staff is in place to support effective delivery of compliance.

Latest performance figures from w/c 21 February 2011 indicate that a significant improvement has been made in compliance with the checklist with 97% of patients now receiving the complete checklist. The surgical teams caring for the remaining 3% of patients have all been contacted individually to find out why the checklist was not fully completed. In the majority of cases, this status represents an error in recording as all three parts of the checklist were fully completed but the surgical team did not record a time on the first part of the checklist, which has rendered it incomplete.

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Health and Adult Social Care Overview and Scrutiny Panel (Reviews)

Thursday 17 March 2011

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald Vice Chair.
Councillors Delbridge, Mrs Nicholson and Wildy.

Also in attendance: Steve Waite - NHS Plymouth, Liz Cooney – NHS Plymouth, Dan O’Toole – NHS Plymouth, Clive Turner – Plymouth Community Homes, Giles Perritt – Scrutiny Lead Officer, Plymouth City Council.

The meeting started at 3.00 pm and finished at 5.30 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.

5. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Wildy	7 – Transforming Community Services	Chair of the Children and Young Peoples Overview and Scrutiny Panel	Personal

6. CHAIR'S URGENT BUSINESS

There were no items of Chair’s urgent business.

7. TRANSFORMING COMMUNITY SERVICES

Members of the panel heard from Clive Turner, Chief Executive of Plymouth Community Homes (PCH) who provided the panel with information on the development of PCH Social Enterprise. It was reported that -

- a. the starting point and aim for PCH was to transform services rather than just transferring them. The social enterprise allowed the freedom and flexibility to do so along with increased capital and revenue funding;
- b. PCH board and executive were in place early, allowing for the new arrangements to be fully embedded when the stock transfer took place;

- c. in order to maintain focus a set of promises for the first 100 days were made to tenants. The promises allowed Plymouth community homes to communicate a clear difference between the city council housing department and the new provider;
- d. tenants were included from the very beginning. The involvement of tenants was key to redesigning service areas, tenant involvement groups continued to report to the board and PCH's branding was designed by tenants;
- e. innovative engagement activities allowed the PCH to enter into dialogue with groups they found hard to reach. Such activities included working with the Eden Project in Ham Woods and work with Devonport Music Zone had helped reach young people and families;
- f. the majority of staff who transferred from the council into PCH were happy to transfer. There was a core group who emphasised strong positives about PCH. Management engaged in back to the floor days and continued to provide fortnightly updates to staff;
- g. communication of information to the front line was also key. It was essential that staff felt able to raise concerns;
- h. although the transfer allowed some funding options to be realised there was also a five year efficiency programme. In order to achieve efficiencies there was a large investment in information technology and mobile working;
- i. there was an emphasis on cultural change in PCH, the new social enterprise would not have succeeded if old ways of working had continued. PCH had focused on minimising cynicism of the transformation by focusing on benefits, all staff were given customer service training;
- j. the board had also carried out a training programme which resulted in a knowledgeable board which understood the business and governance that surrounded it. The board continued to attend regular training events.

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

- k. the board consisted of four independent members, three tenant and leaseholder members and four councillors with a traditional executive beneath this;
- l. PCH could have been had a greater focus on customer services earlier and a restructure should have happened earlier;
- m. staff had been reassured around working arrangements and many were now transferring to PCH terms and conditions;

- n. PCH had a “strap-line” which was referred to in all of the organisations dealings “Work for Plymouth, strengthen communities and improve our homes” this made PCH unique.

Having considered the relevant elements of the Plymouth Provider Services (PPS) business plan members of the group questioned NHS Plymouth representatives. It was reported that –

- o. the PPS key asset would be their staff. As the interface with the public PPS staff would be crucial to service delivery;
- p. the vision of PPS would be to deliver high quality care to complex and vulnerable patients. This vision would be achieved through a variety of means included collecting sufficient data on how people felt about services provided, how care services could be better delivered in the community and providing a single point of contact with patients taking ownership of their own comprehensive plan of care;
- q. the contract would run for five years and PPS would agree a pace of change with the commissioners. It was anticipated that year one would focus on improving work in localities and developing care management, year two would focus on the development of the Cumberland Centre and Mount Gould services. There would also be an in patient review in year one where bed cuts could be identified and then implemented over years 2, 3 and 4;
- r. there were gaps in engagement with the public and patients and work was being carried out to address this;
- s. draft memorandum and articles were being worked on and would be provided to trade unions and the NHS Plymouth board in April 2011. There had been a number of staff briefings on finance and transfer of undertakings;
- t. the statement of community involvement was key to the social enterprise and it was confirmed that any surplus would be put back into PPS care services;
- u. key engagement groups had already been established. Further engagement opportunities would be developed for the local community including web pages, use of local media, PACT groups and surveys. Analysis of feedback received would be crucial;
- v. third sector involvement was an area to expand on along with the independent sector. PPS would be able to offer support to small enterprise including resources, skills and training. This was seen as one of the main areas where PPS could add value to the community;
- w. the proposals included good clinical governance but there was work to

be done around partnership arrangements, staff and community involvement which were areas which could be changed.

8. **EVIDENCE REVIEW AND RECOMMENDATIONS**

The Task and Finish group considered the business plan and the evidence provided by witnesses and agreed that –

- (1) the Board membership proposed in the business plan was too large and the role of the individual members unclear. The group requests that clarity is provided when the document is presented to the scrutiny panel in June 2011;
- (2) the draft memorandum and articles are presented to the Health Scrutiny panel as soon as available;
- (3) further details of a clear engagement strategy for staff and users and associated action plan is presented to the health scrutiny panel as soon as available;
- (4) a focus on improved collaboration with the voluntary and community sector is included when the document is presented to the scrutiny panel in June 2011;
- (5) the governance section of the business plan is further clarified with a stronger focus on the social enterprise undertaking;
- (6) the group endorsed the proposals for an external, independent evaluation of the board to be carried out during the first year of operation as a social enterprise.

9. **EXEMPT BUSINESS**

There were no items of exempt business.



**Health and Adult Social Care Overview and Scrutiny Panel
Work Programme 2010/11**

Topics	J	J	A	S	O	N	D	J	F	M	11/ 12
NHS Plymouth Primary Care Trust Services											
Specialised Commissioning – Proposed Service Changes - Gynaecological Cancer Surgery					13						
Gynaecological Cancer Surgery Service Change Timetable and Consultation								7			
Substantive Variation Protocols	9										
GP-Led Health Centre	9							7		2	
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP)					13						
NHS Plymouth – Transforming Community Services Integrated Business Plan					13	10		7			
NHS Plymouth – Mental Health Commission Annual Report 2010						10					
Greenfields Unit Consultation Results						10					
Review of Urgent Care Services										2	
Plymouth NHS Hospitals Trust											
Report on Care Quality Commission Unannounced Inspection										30	
Plymouth Hospitals NHS Trust – Infection Control Update										2	
Plymouth City Council – Adult Social Care											
Winter pressure and reablement fund Update											
Carers Strategy		20				10					

Topics	J	J	A	S	O	N	D	J	F	M	11/12
Modernisation of older peoples services		20									
Fairer charging policy		20									
Short breaks for those with learning disabilities		20									
Monitoring Adaptations Budget and Performance						10					
Adult Social Care delivery plans and performance monitoring report.				1					16		
Dementia Strategy						10					
Tobacco Control Strategy											
Plymouth Local Involvement Network (LINKs)											
LINK update and performance monitoring										2	
Consultations											
Consultation response to White Paper – “Liberating the NHS”				16							
Task and Finish Groups											
Plymouth Provider Services										17	
Modernisation of Adult Social Care			24		4						
Performance Monitoring											
Quality Accounts										30	
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.				1							

Key:

 = New addition to Work Programme