

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 20 July 2011

PRESENT:

Councillor McDonald, in the Chair.

Councillor Dr. Salter, Vice Chair.

Councillors Mrs Aspinall, Mrs Bragg, Browne (substituting Councillor Mrs Bowyer), Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote (LINK)

Apologies for absence: Councillors Mrs Beer and Mrs Bowyer.

Also in attendance: Paul McArdle, Assistant Medical Director (Plymouth Hospitals NHS Trust), Amanda Nash, Head of Communications (Plymouth Hospitals NHS Trust), Karen Kay Assistant Director of Corporate Planning and Performance, (NHS Plymouth), Carole Burgoyne, Director of Community Services (Plymouth City Council), Giles Perritt, Lead Officer (Plymouth City Council) Ross Jago, Democratic Support Officer (Plymouth City Council).

The meeting started at 10.05 am and finished at 12.20 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.

14. APPOINTMENT OF VICE CHAIR

In the absence of Councillor Mrs Bowyer, Councillor Drean proposed Councillor Dr. Salter to act as vice-chair for this meeting. The proposal was seconded by Councillor Mrs Aspinall and following a vote was agreed.

15. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Casey	21. Safeguarding vulnerable adults.	Mencap employee.	Personal
Councillor Dr Salter	20. NHS Plymouth Hospitals Trust – Never Events Post Inspection Update.	NHS Plymouth Hospitals Trust Appointed Governor.	Personal
Councillor Dr Mahony	19. NHS Plymouth Quality, Innovation, Productivity and Prevention Programme.	General Practitioner.	Personal

	20. NHS Plymouth Hospitals Trust – Never Events Post Inspection Update.		
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CHAIR'S URGENT BUSINESS

16. CHANGE OF AGENDA ITEMS

In order to facilitate good management of the meeting the Chair informed the panel that item 8 would be considered before item 7.

17. MINUTES

Agreed that the minutes of the meeting of the 8 June 2011 were approved as a correct record.

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

Agreed that -

1. the panel's tracking resolutions were noted;
2. if tracking resolutions appeared from the previous municipal year more details would be provided to new members of the panel.

19. HEALTH AND WELLBEING BOARD UPDATE

The panel's lead officer introduced his report on the development of the Health and Wellbeing board. It was reported that –

- (a) the paper provided the panel with an update on the development of the Health and Wellbeing Board following the pause in the legislative process and the report of the Future Forum's consultation;
- (b) the impact of the pause had been substantial and provided a more formal role for Health and Wellbeing Boards;
- (c) the Health and Wellbeing Board would not have a power of veto over commissioning plans. The Board would be able to refer commissioner's plans to the National Commissioning Board for England should the plans not reflect evidence in the Joint Strategic Needs Assessment or the aspirations of the Joint Health and Wellbeing Strategy;
- (d) the local authority would be free to insist upon having a majority of councillors on the Health and Wellbeing Board;
- (e) officers would consider statutory instruments carefully once the Bill had completed the parliamentary process, particularly as the Department of Health were suggesting that officers sitting on the board would have voting rights, contrary to the council's constitution;
- (f) Chris Boote, LINK representative on the panel, had been elected to the National Advisory Panel on Healthwatch and would provide updates on the development of Healthwatch at future meetings.

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

- (g) within the Bill the Health and Wellbeing Board was referred to as a committee of the local authority as appointed under the Local Government Act 1972;
- (h) 92 per cent of local authorities had registered as early implementers, local authorities in the peninsula would be working together to share learning.

Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to plan the scrutiny of the Health and Wellbeing Board's development.

20. **PLYMOUTH HOSPITALS NHS TRUST - NEVER EVENTS POST INSPECTION UPDATE**

Consultant Maxillofacial Surgeon and Assistant Medical Director Mr Paul McArdle introduced a report on the work that had taken place across Plymouth Hospitals NHS Trust (PHNT) since the visit of the Care Quality Commission (CQC) following a number of 'never events' that had taken place at the hospital.

It was reported that –

- (a) following an initial visit the CQC had commented that theatre safety checklists had not been carried out correctly and the compliance rates had varied from 20 per cent to 80 per cent;
- (b) the CQC had since visited Derriford Hospital and were happy with the work that had taken place. The trust had changed working practices and as a result had greatly improved the checklist compliance rates;
- (c) the CQC had recognised the shift in practice and had recommended the work PHNT had undertaken to other hospitals around the country who have experienced similar problems.

It was further reported that –

- (d) on Sunday the 17 July 2011 a further preventable event had taken place. A guide wire used during a procedure to insert a fluid line had been retained within a patient. This event was not covered by the theatre checklist and the event had taken place outside of the theatre environment. The event had no material effect on the longevity of the patient. The patient later died of unrelated causes and the death certificate had been issued, both the coroner and patients family agreed it was not a matter for inquest;
- (e) PHNT had been in contact with the family to offer an apology and provided an explanation to what had taken place;
- (f) the event was the result of a human non-technical error, the highly experienced clinician was distraught that such an error had taken place;
- (g) the hospital had immediately implemented a policy to prevent such an error occurring again. There had been no policy to prevent such an error before the event and the hospital had reported it immediately to the CQC so the nature of what occurred could be disseminated to the wider NHS;
- (h) the National Patient Safety Agency had increased the definition of 'never events' to include 25 scenarios. It is unclear whether the recent event was classified as a never event under the new criteria as it occurred outside of the theatre setting;

- (i) PHNT had implemented a number of policies and processes to prevent such events from occurring. Although the risk of such events would reduce as a result of policy changes, there was always the possibility of human error. PHNT had encouraged an open culture at the hospital and mistakes reported by staff were shared with other agencies.

The Chair commended the honesty and openness of PHNT and thanked them for providing the information in a meeting which was open to the public.

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

- (j) the event followed the insertion of a fluid line which was an extremely common procedure;
- (k) PHNT were not aware of alternative equipment on the market to prevent similar events. The event had been reported to The Royal College of Anaesthetists who had been asked to identify any alternative equipment available;
- (l) an investigation would need to take place before details of never events were released to the public;
- (m) the theatre structure has been reorganised and PHNT had formed a Patient Safety Group which reported to the PHNT board which was a public meeting.

21. **NHS PLYMOUTH QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME**

The panel received a presentation on the Quality, Innovation, Productivity and Prevention (QIPP) programme from the Assistant Director of Corporate Planning and Performance, NHS Plymouth.

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

- (a) since January a number QIPP work streams had been implemented including work to improve follow up appointments in outpatients services. This had resulted in shorter waiting times for patients and improved use of specialists and patients time;
- (b) patients with mental health difficulties could be treated to a high standard in the community. Services were being redesigned in Plymouth to support people to stay at home for care, it was not a new strategy;
- (c) there was effective joint working between health services and the city council. There was an integration board in place where application of resources were discussed and challenged. The partnership was building a sustainable health and social care system in the city, in order to be successful the use of resources could not be to the detriment to any partnership agency;
- (d) as part of the sentinel referral management system referrals were monitored at all stages. Sentinel was also reviewing referral outcomes to ensure the system was working correctly;
- (e) there were interventions in health pathways with regard to preventing illness but help was also provided to those who were required to lose weight or stop smoking before complex procedures were undertaken. Work on health promotion continued and was being undertaken to try and stem the growth in long term conditions.

Agreed that a future update on the QIPP programme would include,

- I. NHS Plymouth's collaboration with partners;

2. NHS Plymouth's use of and the capacity of the voluntary and community health sector;
3. the staffing levels within mental health services across NHS Plymouth.

22. **SAFEGUARDING VULNERABLE ADULTS**

The Director for Community Services introduced a report on the safeguarding of vulnerable adults. In response to questions from members of the panel, it was reported that –

- (a) the number of unannounced visits completed by the council was in addition to those carried out by the care quality commission;
- (b) there were no elected members on the safeguarding adults board;
- (c) all safeguarding alerts were coordinated and followed up, members who received reports on safeguarding issues should alert the department ;
- (d) LINK had a statutory right to enter a care home but would only do so on information received, the LINK had not made any such entries. It was proposed in the Health and Social Care Bill that Healthwatch would retain the right.

Agreed that the Democratic Support Officer would arrange an informal meeting of the panel to consider a task and finish group on the viability of reporting processes for whistle-blowers and other safeguarding alerts.

23. **WORK PROGRAMME**

Agreed the panels work programme subject to the following changes –

1. the alcohol harm reduction and the tobacco control strategy be considered as a single item;
2. the addition of an update on winter service planning;
3. the LINK update to be included in the work programme item on Healthwatch.

24. **EXEMPT BUSINESS**

There were no items of exempt business.