BEST ACHIEVING
COUNCIL OF THE YEAR

Barry Keel
Chief Executive

Plymouth City Council
Civic Centre
Plymouth PL1 2AA

www.plymouth.gov.uk/democracy

Date:11 July 2011

Please ask for: Ross Jago, Democratic Support Officer
T: 01752 304469 E: ross.jago@plymouth.gov.uk

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Wednesday 20 July 2011
Time: 10.00 am
Venue: Warspite Room, Council House

Members:
Councillor Mrs Bowyer, Chair
Councillor McDonald, Vice Chair
Councillors Mrs Aspinall, Mrs Beer, Mrs Bragg, Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

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 of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

Barry Keel
Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any 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 - 6)

The panel will consider the minutes of the meeting of the 8 June 2011.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 7 - 12)

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

6. HEALTH AND WELLBEING BOARD UPDATE (Pages 13 - 16)

The panel will receive an update on the development of Health and Wellbeing Board from the lead officer.

7. NHS PLYMOUTH QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME (Pages 17 - 26)

The panel will receive an update on the Quality, Innovation, Productivity and Prevention (QIPP) programme.

8. PLYMOUTH HOSPITALS NHS TRUST - NEVER EVENTS POST INSPECTION UPDATE (Pages 27 - 30)

The panel will receive an update following the Care Quality Commission's most recent inspection.

9. SAFEGUARDING VULNERABLE ADULTS (Pages 31 - 34)

The panel will consider the report on the safeguarding of vulnerable adults from the Assistant Director for Adult Health and Social Care.

10. WORK PROGRAMME (Pages 35 - 36)

The panel's lead officer will submit the amended work programme.

11. 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 MEETING)

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.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 8 June 2011

PRESENT:

Councillor Mrs Bowyer, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Mrs Aspinall, Mrs Beer, Mrs Bragg, Coker, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Co-opted Representatives: Chris Boote

Apologies for absence: Councillors Casey, Mrs Bragg and Margaret Schwarz.

Also in attendance: Councillor Monahan, Cabinet Member for Adult Social Care, Nick Thomas, Director of Strategic Planning and Information (Plymouth Hospitals NHS Trust), Amanda Nash, Head of Communications (Plymouth Hospitals NHS Trust), Carole Burgoyne, Director of Community Services (Plymouth City Council), Pam Marsden, Assistant Director for Adult Health and Social Care (Plymouth City Council), Debbie Butcher, Commissioning Manager (Plymouth City Council), Paul O'Sullivan, Director of Joint Commissioning (NHS Plymouth), Giles Perritt, Lead Officer (Plymouth City Council), Ross Jago Democratic Support Officer (Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.20 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.

1. TO NOTE THE APPOINTMENT OF THE CHAIR AND VICE CHAIR

The panel noted the appointment of Councillor Mrs Bowyer as Chair and Councillor Mcdonald as Vice Chair for the municipal year 2011 – 2012.

2. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Mrs Bowyer	8. Overview of adult Social Care and Priorities	Manager of residential care home. Daughter owns two care homes.	Personal
Councillor Dr Salter	10. NHS Plymouth Hospitals Trust	NHS Plymouth Hospitals Trust Appointed Governor.	Personal

Councillor Dr Mahony	9. The National Health Service in Plymouth and proposed changes. 10 NHS Plymouth Hospitals Trust.	General Practitioner.	Personal

3. **MINUTES**

Agreed that the minutes of the meeting of the 30 March 2011 were approved as a correct record.

CHAIR'S URGENT BUSINESS

4. **Change of start time**

The Chair proposed that the start time for panel meetings was changed to 2pm. Following a short debate a new start time of 10 am was proposed by Councillor Gordon and seconded by Councillor Mrs Nicholson.

Agreed that the panel start time would be 10 am effective from the 20 July 2011.

5. **NHS Plymouth Quality Accounts**

The Chair highlighted that members of the panel had been provided with an electronic version of the NHS Plymouth quality accounts.

It was commented that the creation of the Plymouth Provider Services social enterprise was not referred to in the document and the panel believed that such a change to the way in which services were delivered in Plymouth should have featured prominently.

The Chair requested that any comments on the final draft were provided to the Democratic Support Officer by Friday 10 June 2011 so they could be forwarded to NHS Plymouth.

Agreed that a plain english guide to the changes regarding Plymouth Provider Service is published as an addendum to the NHS Plymouth Quality Accounts.

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

With regards to tracking resolution 79c (3) from the 7 January 2011 meeting, concerning a plain english guide to changes regarding NHS Plymouth Provider Services, please refer to the recommendation in minute 5 above.

7. **TERMS OF REFERENCE**

Agreed to -

1. recommend to management board that the words "Adult Social Care" are added to the terms of reference at bullet point one;

2. note the terms of reference.

8. APPOINTMENT OF CO-OPTED REPRESENTATIVES

The panel were informed that Cornwall Council Health and Adults Overview and Scrutiny Committee had nominated one of their members to attend this panel's meeting as an observer. Following a short debate it was agreed to welcome the councillor as an observer to the panel's meetings but that an invite to become a co-opted member would not be extended due to possible conflicts of interest.

Agreed that Chris Boote and Margaret Schwarz were confirmed as co-opted representatives for the municipal year 2011 – 2012.

9. NHS PLYMOUTH HOSPITALS TRUST

The Director for Strategic Planning and Information and the Head of Communications representing NHS Plymouth Hospitals Trust gave a presentation on the trust's Annual Operating Plan 2011 – 12 and approach to safeguarding. It was reported that–

(a) there were two specialist liaison nurses and a learning disability link who provided specialist safeguarding advice day and night;

(b) it was the lead/link nurse's role to up-skill colleagues and it was felt there were enough nurses to carry out this function;

(c) there was a well publicised whistle-blowing procedure for staff;

(d) the trust were developing their medium term financial plan which would require further input from the panel at a later date;

(e) the savings target for the trust was £31.2m which equated to non-pay savings of £14m and pay savings of £17m equal to around 7% of the total pay budget;

(f) there had been £27m of savings identified to date, these would be achieved through a reduction of 130 beds, two theatres, less outpatients, better procurement, a lower pay bill and fewer staff.

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

(g) the £12m received last year was financial support from the South West Strategic Health Authority;

(h) there would be changes to the model for provision of care as a result of the efficiency savings plan. The reduction in the number of beds in the hospital

was based on patients being cared for in the community;

(i) the number of readmissions was closely monitored and there were financial penalties for the Hospital if readmissions occurred soon after discharge. Discharge was not considered by clinical staff until the patient was fully fit and work was being carried out to improve the discharge process;

(j) beds could be made available at short notice and the Trust has a good understanding of trends to plan for the availability of beds. Bed closures were linked to pathways of care and there was flexibility in the system to allow beds to open during the winter;

(k) the threshold for discharge would not be lowered, patients would only be discharged when medically fit;

(l) areas of the hospital are often 'mothballed' but the trust was able to activate beds and wards quickly;

(m) in order to tackle staff dissatisfaction the trust was focusing on the ward sisters' and charge nurses' role as leaders. The trust recognised that staff morale was integral to the success of the hospital and was working hard to address a difficult task however this could not be addressed directly from board level but providing support to ward sisters and charge nurses;

(n) the requirement to make efficiency savings would continue year on year but would not be to the same scale as reported in the Annual Plan 2011 - 12.

Agreed –

(1) to write to Plymouth Hospital NHS Trust requesting details of the status of the financial support provided by the South West Strategic Health Authority delegated to the lead officer, in consultation with the Chair and Councillor Dr Mahony;

(2) to add Plymouth Hospital NHS Trust medium term financial plan to the panel's work programme for the coming year.

(In order to facilitate good management of the meeting this item was moved up the agenda)

10. OVERVIEW OF ADULT SOCIAL CARE AND PRIORITIES

The Cabinet member for Health and Adult Social Care highlighted the priorities for the Adult Social Care department for the coming year including the promotion of personalised services. The Assistant Director for Adult Health and Social Care and the Commissioning Manager provided a presentation detailing the department's plans for the coming year. It was reported that –

(a) a number of services would be reviewed under budget delivery plans, these

included domiciliary care services, supported living, care management services, day care, enabling and floating support and residential care for people under 65 years old. There would also be workforce re-modelling supported by the introduction of care management software;

(b) a transformation of services was required as the current system was under pressure with escalating costs and no evidence of improvement in satisfaction for people. The current system was unclear, unfair, unsustainable and provided insufficient value for money;

(c) transformation of service would mean that more people would have control over their care through the use of personalised budgets and access to high quality information and advice;

(d) there would be a greater focus on early intervention and prevention and increased access to reablement;

(e) there would be a focus on quality assurance and outcomes with personal budgets, direct payment and self directed support becoming mainstream.

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

(f) there was one Southern Cross managed residential home in the City, care had not been compromised and there was a review team monitoring the levels of care at the home;

(g) there was a Safeguarding Adults Board in operation though the current configuration was under review. Where there were specific concerns review teams are able to enter homes. There had been cases where unannounced inspections had taken place;

(h) personal budgets allowed people to make real choices about their own care. The council offered a limited menu of institutional care. Personal budgets would allow people experiencing health difficulties to realise the opportunities that many people can take for granted;

(i) the Dementia Programme Board membership would be reviewed over the next month.

Agreed to consider priorities highlighted in the presentation for inclusion in the panel's work programme.

11. **THE NATIONAL HEALTH SERVICE IN PLYMOUTH AND PROPOSED CHANGES**

The Director for Community Services and Director for Joint Commissioning gave a presentation on health changes proposed by central government and the impact on health services in Plymouth. It was reported that -

(a) main components of the Bill were designed to put patients and the public first, improve health outcomes, increase local democratic legitimacy and the effective commissioning and regulation of health care providers;

(b) clinical consortia would commission services for local people with the NHS commissioning board taking control of primary and specialist care commissioning;

(c) statutory Health and Wellbeing Boards would be required in every upper tier local authority. The Health and Wellbeing Board would bring together commissioners and providers along with the local authority to develop a Joint Health and Wellbeing Strategy and oversee the development of the Joint Strategic Needs Assessment on which the commissioning plans would be based;

(d) scrutiny processes would remain with the local authority to discharge as required locally;

(e) LINks would be developed into Local Healthwatch and the Plymouth LINk had requested to be a pathfinder in this area;

(f) implementation and transition would be supported by the Quality Innovation, Productivity and Prevention programme, transforming community services and by establishing systems and structures;

(g) the transition would take place over four years with the new system being tested by early implementers and path finders;

(h) commissioners in Plymouth had created a Clinical Commissioning Executive as a sub committee of the NHS Plymouth Primary Care Trust Board and would develop as the commissioning consortium for the city.

12. **DRAFT WORK PROGRAMME**

Agreed that members of the panel would forward suggestions for the work programme to the Democratic Support Officer.

13. **EXEMPT BUSINESS**

There were no items of exempt business.

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 NHS Plymouth	** Please see NHS Plymouth's response attached as appendix A to this agenda item.	As soon as available
30/03/11 108	that the Plymouth Hospitals NHS Trust would provide the panel with an update at a future meeting following the publication of the Care Quality Commission report. The Chair of the Cornwall Health and Social Care Overview and Scrutiny Committee would be invited to the meeting.		Add to work programme		20 July 2011
08/06/11 5	that a plain english guide to the changes regarding Plymouth Provider Service is published as an addendum to the NHS Plymouth Quality Accounts	This recommendation reflects the panel's discussion regarding the NHS Plymouth quality accounts.	Recommendation forwarded to NHS Plymouth	** Please see NHS Plymouth's response attached as appendix A to this agenda item.	As soon as available
08/06/11 7	recommend to management board that the words "Adult Social Care" are added to the terms of reference at bullet point one;	This recommendation reflects the panel's discussion terms of reference.	Recommendation forwarded to Overview and Scrutiny Management Board	To be considered at the meeting of the 29 June 2011	29 June 2011

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
08/06/11 9 (1)	to write to Plymouth Hospital NHS Trust requesting details of the status of the financial support provided by the South West Strategic Health Authority delegated to the lead officer, in consultation with the Chair and Councillor Dr Mahony;	This recommendation refers to £12m of financial support provided to Plymouth Hospitals NHS Trust in 2011.	Lead officer to write letter in consultation with Chair.	Complete	20 July 2011
08/06/11 9 (2)	Add Plymouth Hospital NHS Trust medium term financial plan to the panel's work programme for the coming year.			Added to work programme.	Ongoing review.

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

Appendix A – Tracking Resolutions

NHS Plymouth's response to PCC Health and Adult Social Care Overview and Scrutiny Panel

We completely acknowledge and support these comments to the final version of our Quality Account, and have included an addendum (see attached) explaining the strategy and vision for the Social Enterprise: Transforming Community Services (TCS) Programme. Over the coming months we will be developing information regarding the changes to service delivery in Plymouth as a result of the TCS programme. It has also been acknowledged that further work is required to establish a format that is accessible for all members of the population. Other comments made will form part of our evaluation process and help inform the content for next year's Quality Account (2011/12).

This page is intentionally left blank

Addendum 1: Strategy and vision for the Social Enterprise: Transforming Community Services

Strategy

The new organisation has developed a clear vision for the social enterprise, along with a definite message about its values. These statements reflect the fact that the new organisation will provide services across the age range.

Vision

To work together with others to help the local population to stay physically and mentally well, to get better when they are ill, and to remain as independent as they can until the end of their lives.

Values

	We:	This means:
Involvement	Always involve the adults, children, and young people we care for in deciding how we can provide our services to best meet their needs.	We want the people we care for to actively participate by helping us to develop our services and telling us when we don't get things right for them.

Values

	We:	This means:
Involvement	Are committed to working collaboratively with other organisations to achieve improved health outcomes for the local population.	We will work to make sure that everyone in the community has the same chance of staying healthy, independent, and safe.
Delivery	Make sure that the people we care for are able to access the right help, at a time that they need it and in a place that is close to their home.	We will organise our services so that they make sense for the people who use them and not in a way that best suits us.
Empowerment	Recognise the contribution our staff make and believe in making sure that our staff receive the right	We will empower our workforce and invite them to help the organisation to find creative and
	training and support to help them do their job to the best of their ability every day that they come to work.	innovative solutions to any challenges we may face in the future.
Think Family	Understand that offering services across the age range offers opportunities to develop a 'Think Family' approach to the care that we deliver.	We will arrange ourselves around the family and not according to perceived boundaries between services for adults, children, and young people.

The vision and values of the new organisation have been integral to defining the approach that the social enterprise will take towards engaging staff and service users in the transformation of services to ensure their needs are met.

This page is intentionally left blank

Plymouth City Council Health and Adult Social Care Overview and Scrutiny Panel
Health and Wellbeing Board Update
July 2011

1 **Purpose**

This paper provides further context for the establishment of Plymouth's Shadow Health and Wellbeing Board (HWB), and suggests draft terms of reference for development and discussion with key stakeholders prior to the facilitated stakeholder event on 26 July.

2 A recap of the statutory purpose of the HWB:

- To assess the needs of the local population and lead the statutory joint strategic needs assessment
- To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
- To support joint commissioning and pooled arrangements, where all parties agree this makes sense
- *Revised 'formal role in authorising clinical commissioning groups', with input into their assessment by NHS Commissioning Board*

3 In addition, there is an expectation that the HWB will be responsible for the development and delivery of the statutory Health and Wellbeing Strategy

4
- The HWB will need to help facilitate effective engagement between local government and NHS commissioners within the new system of NHS commissioning with the GP Consortium at its heart.
- The role outlined for local government in leading this board is significant and the opportunity to influence and steer the effective use of local health and social care resources is an important one for the Council to grasp.
- Account needs to be taken of existing joint health infrastructure arrangements, and of existing strategic partnership arrangements across the city's agreed priorities.
- *Right to 'refer back' commissioning plans that the HWB feels are not in line with the Health and Wellbeing Strategy*

5 Aims

The Shadow Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the population of Plymouth. It will commit to reducing health inequalities through the development of improved and integrated health and social care services and collaboration with other key partnerships in the city.

It is suggested that the following are developed into the work programme for the Board:

5.1 Identifying needs and priorities:

- JSNA coordinated with other key needs assessments
- Shared understanding of health needs and how improvements in outcomes will be monitored and measured
- Ensure that commissioners demonstrate how JSNA and other appropriate evidence has been used in commissioning decisions

5.2 Strategy:

- Develop and publish joint Health and Wellbeing Strategy
- Take account of Director of Public Health's Annual Report
- Ensure all strategic approaches across the partnership are focused on agreed health and wellbeing outcomes
- Ensure commissioners take account of strategic aims
- Be accountable for the delivery of agreed outcomes and targets

5.3 Achieving outcomes:

- Provide strategic oversight of all commissioning expenditure relevant to achieving priorities
- Encourage partners to share or integrate services where there are realisable efficiencies
- Make recommendations on the allocation of resources to providers in order to achieve agreed objectives
- Have an overview of service reconfiguration of relevant public sector

services and make recommendations to those providers to enable improved and integrated delivery of services

5.4 **Communication and Engagement:**

- Demonstrate how the HWB will be influenced by stakeholders and the public, and how specific duties with respect to consultation and service change will be discharged
- Represent the city in relation to health and wellbeing issues at a sub-regional, regional and national level
- Engage with other partnerships over the delivery of city priorities

6 **Membership** (for discussion)
'Free to insist upon having a majority of Councillors'

City Council Cabinet Member for Health and Social Care
Director for Community Services
City Council Cabinet Member for Children and Young People
Director for Children and Young People
Joint Director for Public Health
GP Consortia Lead
PCT Cluster Chief Executive
PCT Board representative
LINK representative (pending Healthwatch)

7 Consideration should also be given to representation from the following:

Third Sector provider and community/voluntary organisations
Acute Trust and Plymouth Provider Services
Housing organisations

This page is intentionally left blank

Plymouth Hospitals NHS
NHS Trust

NHS Plymouth

Improving Quality, Innovation, Productivity and Prevention in the NHS

'Quality Care, Best Value'

13 October 2010

John Richards
Chief Executive
NHS Plymouth

Sharon Palser
Director of Development
NHS Plymouth

What's the Issue?

1. Health care services in the NHS change and develop every year
2. The way in which many services are currently delivered could be improved to provide a better quality service to public and patients, and at lower cost to the taxpayer i.e. better value for money
3. Some services could be improved to reduce the risk of ill-health

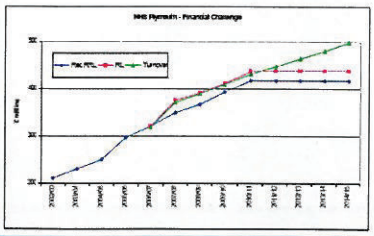
What's the Issue?

4. In general, people expect more from health services year on year
5. The cost of drugs, operations and medical equipment rises fast than the cost of household goods year on year
6. People are living longer and this costs more, but also have more illnesses because of their lifestyle such as drinking more, being overweight and taking less exercise – this also costs more

What's the Issue?

7. The growth in NHS funding is expected to almost stop in April 2011

Figure 4: NHS Plymouth Historic Recurrent Baseline and Growth



In summary, this means that we need to improve the way in which we deliver services to be more efficient to release funding to reinvest back into NHS care

What are we doing to address this?

- By changing some aspects of how services are delivered for patients
- By being better at how we organise what we already do
- By making sure that we spend money on treatments that are the most effective and that we do not spend money on those that are less effective

What does this mean for people who use the NHS?

What happens now	What will happen in the future
Helping people to be fit for surgery **Situation:** People having surgery need to be as well prepared as possible in terms of their fitness and health to get the best possible outcome. Sometimes the advice and information given is not very clear, is not promoted, or may be inconsistent	**Plan:** To provide clear and consistent guidance to patients and ensure GPs and Sentinel are able to support this approach. This will include much clearer information on the benefits and risks of the surgery. The advice may also include stopping smoking, losing weight, or providing medication to reduce blood pressure.

Impact and Benefit
There is strong evidence that better informed patients make different choices than those who are less informed, and that those who have better health have better outcomes

What does this mean for people who use the NHS?

What happens now	What will happen in the future
Mental health care **Situation:** Many of our mental health services are based on care as an inpatient in a hospital setting. Time spent in hospital is longer than in other areas and in Plymouth patients also spend longer in 'recovery' beds. This is no longer accepted as best practice for modern mental health care.	**Plan:** To increase access to the range of community-based services, providing earlier support before a crisis, treatment and therapy closer to home, and reducing the need for time spent as an inpatient in a hospital setting

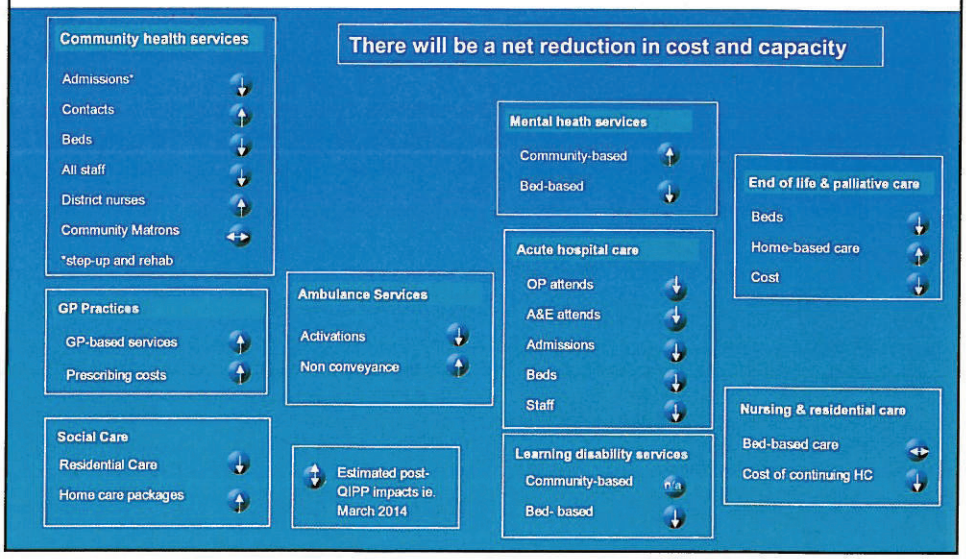
Impact and Benefit
This is a less stigmatising model of service for people, helps to reduce the risk of crisis, is a more 'social model' and is also much more cost effective, which allows funding to be released back into health care.

What does this mean for people who use the NHS?

What happens now	What will happen in the future
Hospital-based follow-up care **Situation:** Following time spent in hospital receiving medical treatment or having surgery, many people are given an appointment or a series of appointments to be seen in the hospital out-patient clinic for 'routine review'. They may be seen by a consultant, junior medical staff or a nurse.	**Plan:** In most instances, recovery following surgery is very predictable and uneventful. People will be provided with information setting out the normal recovery process and only be followed up by their GP or through patient-initiated access to a hospital service if this does not happen.

Impact and Benefit
This releases time and expertise for patients who do need follow-up care in a hospital to receive it in a more timely fashion. Most patients will not need to spend time in a hospital outpatient department or take time off from work and pay for travel, parking and arranging child care.

Plymouth's Future Care Delivery System



When should we see these changes happen?

- This is nothing new i.e. the NHS changes the way it delivers services all the time
- But the rate of change is different, because we need to improve services more quickly and to release funding to reinvest back into the NHS more quickly
  - Recent changes include stroke care and the use of key workers for those who have frequent hospital admissions
  - Some changes happening now for example, treatments of relatively low clinical value
  - Some will be put into place by 1 January 2011 for example, some follow-up care in hospital settings
  - Some will be put into place on 1 April 2011

Who's leading this in Plymouth?

Chief Executives

- John Richards, CEO NHS Plymouth
- Paul Roberts, CEO Plymouth Hospitals

Medical staff e.g.

- Dr Peter Rudge, GP and PEC Chair
- Dr Helen Thomas, Chair of Sentinel CIC
- Dr Alex Mayor, Medical Director, Plymouth Hospitals
- Dr Simon Payne, Medical Director, PCT Provider Services

Senior Directors e.g.

- Sharon Palser, Director of development, NHS Plymouth
- Helen O'Shea, Chief Operating Officer, Plymouth Hospitals

What happens next?

- A public summary of the programme will be published by NHS Plymouth by the end of October. We will be asking for comments and letting public and patients know how to get more involved
- We will keep working with people who already use health services to help us to plan these improvements and put them in place
- More information will be shared with the overview and scrutiny committee (date tbc)

Questions

Plymouth Hospitals NHS
NHS Trust

NHS Plymouth

Improving Quality, Innovation, Productivity and Prevention in the NHS

'Quality Care, Best Value'

Update 20 July 2011

Karen Kay
Assistant Director of Corporate Planning & Performance
NHS Plymouth

Progress update - engagement.

- Production of public document.
- Health & social care staff events
- Public engagement event
- LiNKs
- 4 tests of service re-design
- Project specific engagement & involvement

Progress update – delivery. Comparing 2010/11 with 2009/10

	Plymouth PCT	All PHNT commissioners
GP referrals	- 3.73%	-0.92%
OPD attends	0.38%	1.24%
Electives	-0.34%	1.34%
Non-electives	2.78%	2.54%

Financial Position

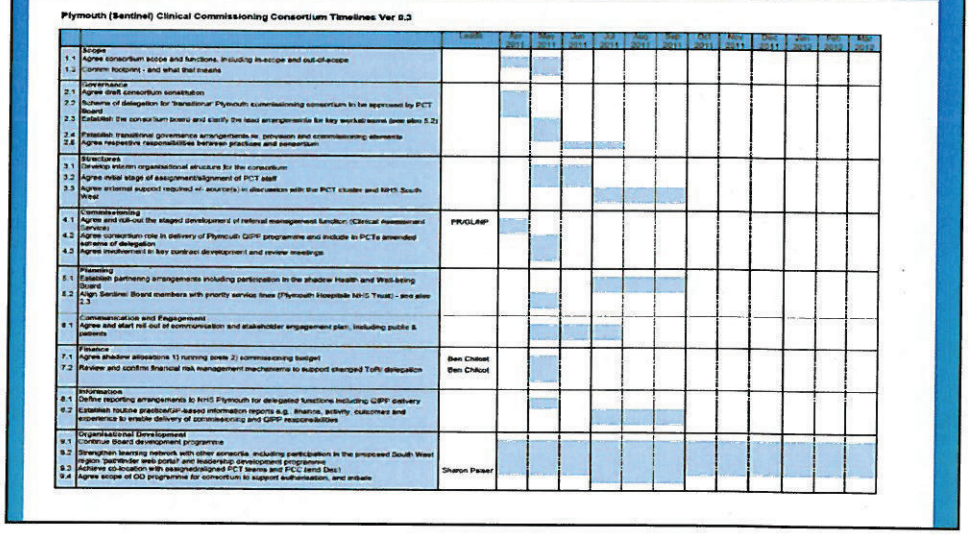
- **2010/11** - Achieved planned surplus of £4million (with a QIPP programme of £18million)
- **2011/12 plan**
  - £2m surplus
  - £27m QIPP
  - £36m investment

Month 3 - initial indications on target to deliver plan

10 Priorities for Achieving a Healthy System

Priority	
1.	Delivery of the current 2011/12 QIPP service redesign programmes
2.	Agree the high level strategy for the major local providers of NHS care
3.	Develop the referral management, triage and advice function, and the system management/ system integrator function; establish a joint 'settings of care' project using MCAP or similar
4.	Develop ICT strategy and deliver initial products
5.	Refresh workforce and skills development plan
6.	Deliver 2011/12 changes in staffing and estates in acute, primary and community capacity
7.	Strengthen collaborative working with partners, in particular social care and third sector
8.	Strengthen assurance systems for quality and safety
9.	Develop Plymouth clinical commissioning consortium
10.	Communication, public and patient engagement, and empowering individuals

Plymouth (Sentinel) Clinical Commissioning. Timelines ver 3



Plymouth (Sentinel) Clinical Commissioning Consortium Timelines Ver 0.3

		Leads	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012
1.1 1.2	Scope Agree consortium scope and functions, including in-scope and out-of-scope Confirm footprint - and what that means													
2.1 2.2 2.3 2.4 2.5	Governance Agree draft consortium constitution Scheme of delegation for 'transitional' Plymouth commissioning consortium to be approved by PCT Board Establish the consortium board and clarify the lead arrangements for key workstreams (see also 5.2) Establish transitional governance arrangements re. provision and commissioning elements Agree respective responsibilities between practices and consortium													
3.1 3.2 3.3	Structures Develop interim organisational structure for the consortium Agree initial stage of assignment/alignment of PCT staff Agree external support required +/- source(s) in discussion with the PCT cluster and NHS South West													
4.1 4.2 4.3	Commissioning Agree and roll-out the staged development of referral management function (Clinical Assessment Service) Agree consortium role in delivery of Plymouth QIPP programme and include in PCTs amended scheme of delegation Agree involvement in key contract development and review meetings	PR/GL/NP												
5.1 5.2	Planning Establish partnering arrangements including participation in the shadow Health and Well-being Board Align Sentinel Board members with priority service lines (Plymouth Hospitals NHS Trust) - and also 2.3													
6.1	Communication and Engagement Agree and start roll out of communication and stakeholder engagement plan, including public & patients													
7.1 7.2	Finance Agree shadow allocations 1) running costs 2) commissioning budget Review and confirm financial risk management mechanisms to support changed ToR/ delegation	Ben Chilcot Ben Chilcot												
8.1 8.2	Information Define reporting arrangements to NHS Plymouth for delegated functions including QIPP delivery Establish routine practice/GP-based information reports e.g. finance, activity, outcomes and experience to enable delivery of commissioning and QIPP responsibilities													
9.1 9.2 9.3 9.4	Organisational Development Continue Board development programme Strengthen learning network with other consortia, including participation in the proposed South West region 'pathfinder web portal' and leadership development programme Achieve co-location with assigned/aligned PCT teams and PCC (and Dacc) Agree scope of OD programme for consortium to support authorisation, and initiate	Sharon Passer												

Questions
&
Future Updates?

Plymouth Hospitals NHS
NHS Trust

Report for:	Plymouth Health and Adults Overview and Scrutiny Panel
Report Topic:	Theatre Safety following recent 'Never Events' and Care Quality Commission Visit
Report date:	20.07.2011

---

1. Background

Between 1st April 2010 and January 2011, six 'Never Events' 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 was fully investigated using root cause analysis and the completed investigation reports were reviewed by the SWSHA. No patient suffered any long-term harm although this is not to underestimate the distress caused. All patients and families affected received a full apology from the Trust.

A number of immediate actions were taken by the Trust in response to the investigation findings including the 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. First Care Quality Commission Visit

As a result of the occurrence of the '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.

Following its visit, on 22nd February 2011, the CQC outlined in feedback to the Trust that 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. Second Care Quality Commission Visit

Inspectors from the Care Quality Commission revisited Derriford Hospital on Monday 28 March 2011 to carry out an unannounced inspection to check that the improvements had been made. They found that since their first visit, the patient safety checklist, as recommended by the World Health Organisation (WHO) and the National Patient Safety Agency (NPSA) was now being used effectively in all operating theatres in Derriford Hospital.

In informal feedback, the inspectors told the Trust that it was "like visiting a different hospital."

The Care Quality Commission formally reported on 1st April 2011 that it was "satisfied that surgical teams at Plymouth Hospitals NHS Trust have made safety improvements which were required in its operating theatres. Inspectors who made an unannounced visit to Derriford Hospital this week found that important check-lists recommended by the World Health Organisation (WHO) and the National Patient Safety Agency (NPSA) were now being effectively used in all operating theatres."

4. Continued Monitoring

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 has implemented 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 and a programme of regular feedback and communication with surgical staff is in place to support effective delivery of compliance.

There is strong governance throughout the organisation around safety within theatres: a monthly Theatre Safety group meets to discuss all aspects of safety. This group reports into the Theatre Safety Strategy

group which in turn reports to the Trust's Safety and Quality Committee, which feeds into the Trust Board. This ensures that the Trust Board is kept fully informed of latest performance in this area.

Latest performance figures reported to the Trust Board on 24 June 2011 showed that compliance with the WHO checklist in theatres is now running at 98%. Where the checklist is not fully completed, an explanation is always sought and this often relates to emergency cases.

5. Sharing Best Practice

Plymouth Hospitals NHS Trust is now seen as demonstrating best practice in the implementation of the WHO Safer Surgery Checklist and our staff have been asked to share their learning and expertise with a number of other hospitals around the country where a similar problem has subsequently been identified.

This page is intentionally left blank

A summary of actions we are taking to both assess and mitigate the risks in the residential care sector, and also assure ourselves about standards of care.

2010 / 11

Care Home Review Team

- We have responded to the reorganisation and reduction in capacity of CQC by ensuring we retain a Residential and Nursing Care Home Review Team whose role it is to regularly review individual residential service users' care plans.

- We also have a Care Home Practitioner based within the team, whose role it is to support improvements in the care offered by the homes and to promote best practice. The team works with care homes to ensure they improve the quality of care following a safeguarding alert. This advice and support is offered, and a risk assessment undertaken before any final decisions are made to decommission the home.

- The Care Home Review Team is made up of social workers and nursing staff and will visit care homes who require more intensive support. This can be on a daily basis if necessary including unannounced spot checks, which can be in the evenings, early mornings or at weekends.

- We have undertaken **22** unannounced visits in the last 12 months.

Training

- We have a formal safeguarding training programme in place which ensures that care staff are made aware of their role in alerting poor practice.

  In 2010/ 11 the following number of people were trained:

  Independent Sector - **842**
  P.C.T. staff - **176**
  PCC staff - **129**
  Police staff - **10**

- We have recently introduced a second level of training for Registered Managers of Care Homes and Domiciliary Care agencies called 'Registered Managers Training'. So far we have trained **14** managers. This course is ongoing and was developed to support managers around safeguarding as the CQC role has reduced.

- In terms of service user involvement in safeguarding training, we have a group that meets quarterly and links into the safeguarding board. They work together to help us with our annual service users' conference.

- Self-protection training for service users is also in place and since April 2010 we have trained 205 service users in keeping safe. It is designed for people living in care homes, and also in the community. It raises awareness of what abuse is and how to report it. It has been independently evaluated.

- In addition, during October, November and December 2010, the PCC and PCT safeguarding managers visited all the district nursing teams to explain about the changing role of CQC and how they needed to be more vigilant. They were reminded of their role as alerters while in all Care Homes, and in addition to report any minor concerns on an incident form to the PCT Safeguarding Adult lead so this can monitored, shared appropriately with the Review Team and further investigated if necessary.

- The same message about being aware is regularly repeated to PCC and Police staff through team meetings and Best Practice meetings.

- Plymouth has a dedicated police safeguarding investigation team of skilled and experienced detectives in abuse led by a Detective Sergeant. They also work proactively to promote adult safeguarding, and not only investigate adult safeguarding within the Plymouth City area but provide expert advice to fellow officers and will make joint visits where appropriate to support the review team.

- All of the above provides a network of people who are able to raise issues around care home quality so that the review team can respond accordingly.

- Other initiatives include the Dignity in Care Homes Forum which has won a national award and has established quarterly meetings to offer opportunities to care home managers and owners to access support from colleagues in the sector and from health and social care in improving quality and standards.

Adult Safeguarding Board – Please note that not all areas currently have such a board

- All safeguarding activity is reported through to the Safeguarding Board we have had this in place for **8** years. The Safeguarding Team have been recognised nationally as providing a good safeguarding model. The Safeguarding Board is a multi agency board from across health, the council, police, private and independent sector.

The annual report is attached.

2011/ 12

- All safeguarding alerts are now being co-ordinated through a central point of access so that we can monitor patterns of poor practice. All calls from the public are directed from the contact centre to this central point. This has led to improved access and better screening.

- This year we have co-ordinated the regional development of the Dementia Quality Mark which is an accreditation system for care homes specialising in dementia care. This is being rolled out across the care homes in Plymouth.

- We have also offered training to care staff in person centred dementia care as part of the Dementia Strategy.

- We are currently reviewing of all out of area placements of service users so that we can be assured of the quality of service provision and return people back to Plymouth where possible.

- In relation to issues relating to the financial viability of the care home sector we have planned meeting with Southern Cross and have reviewed all the people living in the Plymouth Southern Cross establishment. We are jointly monitoring the quality of care within this home with health colleagues.

Despite all of the above we recognise that some care homes are not financially sustainable as they are reliant on income from high levels of occupation. Councils cannot guarantee business to the care home sector and over the last 5-10 years the development of alternative choices for older people such as extra care housing and increased investment in domiciliary care has adversely affected both the national and local care home sector. We would of course respond on an individual basis to any care home operator whose business was at risk if asked to do so.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2010/11

Topics	J	J	A	S	O	N	D	J	F	M	
Health and Social Care Bill											
Health and Wellbeing Boards (early implementer)*				**14**							
Healthwatch (pathfinder)*				**14**							
Public Health											
Alcohol Harm Reduction*											
Tobacco Control Strategy											
NHS Plymouth Primary Care Trust Services											
Gynaecological Cancer Surgery Service Change Update		**20**									
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP) Update		**20**									
Review of Urgent Care Services						**9**					
Plymouth NHS Hospitals Trust											
Plymouth Hospitals NHS Trust – Infection Control Update										**7**	
Never events post inspection update*		**20**									
Medium Term Financial Strategy*											
Plymouth City Council – Adult Social Care											
Winter pressure and reablement fund Update											
Safeguarding Adults*											
Dementia Strategy*											

Topics	J	J	A	S	O	N	D	J	F	M	
Plymouth Local Involvement Network (LINks)											
LINk update and performance monitoring				**14**							
Consultations											
Task and Finish Groups											
Performance Monitoring											
Quality Accounts										**7**	
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.						**9**		**25**			

Key:

* = New addition to Work Programme