

Health and Adult Social Care Overview and Scrutiny Panel

Thursday 11 April 2013

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Monahan, Vice Chair.
Councillors Mrs Bowyer, Casey (substitute for Councillor Parker), Fox, Gordon, James, Dr Mahony, Mrs Nicholson and Tuffin.

Co-opted Representatives: Sue Kelley, Local Involvement Network.

Apologies for absence: Councillors Parker

Also in attendance: Councillor Sue McDonald (Cabinet member for Public Health and Adult Social Care), Pam Marsden - Assistant Director for Joint Commissioning & Adult Social Care, Debbie Butcher - Head of Service, Kevin Elliston - Acting Director of Public Health, Deb Laphorne - Public Health England, Hein Scheffer - Director of Human Resources and Organisational Development, (Plymouth Hospitals NHS Trust (PHNT)) Alex Mayor - Medical Director (PHNT), Candice Sainsbury – Senior Policy Performance and Partnerships Advisor and Ross Jago, Democratic Support Officer.

The meeting started at 2.00 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.

68. DECLARATIONS OF INTEREST

The following declarations of interest were made in accordance with the code of conduct -

| Name | Minute Number and Issue | Reason | Interest |
|----------------------|-------------------------|---|----------|
| Councillor Dr Mahony | Minute No. 74 and 75. | Member of the Governing Body Western Locality NEW Devon | Personal |
| Councillor J Taylor | Minute No. 74 and 75. | Clinical Commissioning Group Employee | Personal |

69. CHAIR'S URGENT BUSINESS

There were no items of Chair's urgent business.

70. **MINUTES**

Agreed to approve the minutes of the 28 February 2013.

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

Agreed -

- (1) that regarding tracking resolution 28 (2) of the 13 September 2013, the panel will receive a further update on Bed Occupancy at the Glenbourne Acute Psychiatric Unit;
- (2) to note the tracking resolutions.

72. **MODERNISATION OF ADULT SOCIAL CARE - CONSULTATION**

Councillor Sue McDonald, Pam Marsden and Debbie Butcher introduced a report regarding the consultation process for the modernisation of Adult Social Care Service Provision.

It was reported that –

- (a) in November 2005 the Cabinet approved plans to modernise older people's services over a ten year period;
- (b) two of the strategic projects, "Improving the quality in dementia care" and "Improving the choice and control in day opportunities", required the Council to undertake inclusive and meaningful consultation with service users, families and carers;
- (c) the consultation process started on the 27 January 2013 and in line with best practice would run for three months closing on the 30 April 2013;
- (d) with regard to "improving the quality in dementia care" the consultation method identified dedicated resources to ensure all those effected were contacted. Consultation with users and carers was undertaken and supported by a dedicated social worker and support staff;
- (e) the process was in line with Plymouth City Council's Service Review Policy for Older People and a key aim was to minimise disruption to service users wherever possible. Every effort was made to ensure fairness, consistency and equality of opportunity for all service users who were directly affected;
- (f) service user consultation and engagement included information on the city council's website, written questionnaires, consultation sessions, visits to families and people using the services and visits to services in the independent sector;

- (g) consultation for “Improving the choice and control in day opportunities” focussed on the future of the buildings which Plymouth owned and managed. Consultation included individual sessions with individuals and families using the services, engagement events and questionnaires;
- (h) to ensure that views were carefully captured, advocacy services were available and an advocate had been present at all events;
- (i) consultation had taken place with service user and stakeholder members of the Learning Disability Partnership Board and Plymouth People First.

Councillor McDonald commented that the range of methods that were used were valid and received valuable feedback from users.

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

- (j) if there was a decision to close the Lakeside provision, there were enough vacancies within the independent sector to cope;
- (k) service users and their families would retain the choice of where to be placed and social workers would be provided to support the family in selecting an independent provision;
- (l) the role of the independent advocate was to oversee the process and provide a report. The Adult Social Care department had no editorial rights over the report. The report would always be made available to families.

Agreed that an informal sub-group of the panel would review the outcomes of the consultation before final decisions are taken.

73. **PUBLIC HEALTH**

Professor Deb Laphorne former Director for Public Health outlined the content of the Annual Report 2012-13. It was reported that –

- (a) key themes in the report focused on health improvement and included; starting and developing well, living and working well and ageing well;
- (b) parents and carers needed to be further supported, but interventions in families needed to be made in a holistic manner;
- (c) significant resources needed to be moved to early intervention and prevention;
- (d) there were great opportunities for Public Health in Plymouth to deal with issues such as obesity and ensuring that older people live well for longer.

In answers to questions from the panel Professor Laphorne suggested that her legacy as the Director of Public Health was closing the gap on some issues in the city

such as coronary heart disease, she reminded the panel that generational change was required to see improvement in public health.

Kevin Elliston, Acting Director of Public Health reported on the recent transition of public health into the local authority, it was reported that –

- (e) there had been excellent leadership from officers in the local authority for the transition. The approach taken by the city council had aided the move from the NHS and all officers in the council had been very welcoming;
- (f) former NHS contracts had moved to the local authority smoothly;
- (g) the office of the Director for Public Health would produce a business plan to include challenges highlighted in the annual report. The plan would focus on intervening early to reduce the burden of ill health;
- (h) the Public Health team hoped to initially work closely with public transport and housing;
- (i) poverty was a pre-requisite for poor health outcomes and would be high on the agenda for the new Public Health Team.

Agreed that the scrutiny training in the new municipal year would consider how scrutiny could assist with the challenges in the Public Health Annual Report.

74. **UPDATE ON REGIONAL PAY**

Hein Scheffer, Director of Human Resources and Organisational Development provided a verbal update on the pay terms and conditions for Plymouth Hospitals NHS Trust. It was reported that –

- (a) following the report of the South West Pay, Terms and Conditions Consortium (SWPTCC) there had been extensive engagement with staff and the responses from the engagement sessions would be shared with the board;
- (b) number of changes to ‘Agenda for Change’ terms and conditions were agreed and became effective on the 1st April 2013. These included-
 - Incremental progression and a clearer link to performance
 - Preceptorship and pay arrangements for new Band 5 staff
 - Changes to sickness absence pay arrangements for some staff
 - Flexibilities for pay arrangements with senior posts
 - Guidance on band re-profiling and protecting staff during organisational change
- (c) the SWPTCC report listed a number of ‘optimisers’, organised into nine themes, to help trusts make the most of the existing system of pay, terms and conditions. The Trust would review each optimiser but have ruled out

considering those themed around new staffing arrangements, local freedoms and employment law changes;

- (d) as the work of the SWPTCC had been completed the group had ceased to exist and PHNT did not belong to any similar organisation.

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

- (e) bands 1-3 were excluded from changes. Enhancements for lower bands would not be reduced;
- (f) whilst any trust could now access the report, membership of the consortium had benefited PHNT by putting the Trust into a position to influence national negotiations and fully review and utilise the potential in 'Agenda for Change'.

The panel thanked Mr Scheffer for his attendance and update to the panel.

75. **NEVER EVENTS - PLYMOUTH HOSPITALS NHS TRUST (TO FOLLOW)**

Dr Alex Mayor introduced a report on 'Never Events' at Plymouth Hospitals NHS Trust. It was reported that –

- (a) the issue of 'Never Events' was taken very seriously. The Trust would be investing resource to deal with the number of events and the Trust were aware of the critically important duty of candour;
- (b) there were seven 'Never Events' in the previous 12 month period, two of which occurred despite national guidance being followed;
- (c) the Trust continued to work with the National Patient Safety Authority to share learning and recommend changes to national guidance;
- (d) the Trust thresholds for reporting serious incidents as 'Never Events' were very low. The low threshold applied for both external and internal reporting;
- (e) the Trust were taking steps to ensure that patients, families and staff involved in 'Never Events' were fully supported;
- (f) the report which had been provided to the committee outlined immediate actions taken by the Trust to safeguard patients;
- (g) the Trust was committed to the continued open and transparent reporting of all incidents affecting patient safety;
- (h) the recent 'Never Events' differed in type and context from those reported previously and the Trust had robust oversight mechanisms in place to ensure that the implementation of learning was effectively enacted and monitored;
- (i) the Trust would continue to promote an open culture with regards to

adverse incidents and actively encouraged all staff and patients to report areas of concern.

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

- (j) bench-marking was fraught with difficulty, no two organisations measured incidents in the same way. Thresholds in the Trust were very low but there was not enough information available across the Country to allow for valid comparisons to be made;
- (k) one “Never Event” was too many and the treatment in Derriford Hospital was safe;
- (l) following the “Never Events” there had been changes to practice, for example, there was a surgical team that did not mark the patient in preparation for radiological procedures and that practice had been changed;
- (m) behaviour change and team working had been a key consideration for the Trust. In highly complex procedures the human factor had to be right to reduce errors and work had taken place to reduce distractions and fatigue. Staff received adequate breaks and fatigue of staff was being reduced;
- (n) each event was considered in great detail and it was found that operational pressure increased the risk of incidents, as a result there had been increased control over shift lengths and scheduling;
- (o) external scrutiny was undertaken by the NHS Trust Development Authority and healthcare commissioners in addition to external clinical opinion;
- (p) recent ‘Never Events’ experienced at the Trust happened with very different procedures than previously reported ‘Never Events’. The learning following the events had uncovered cultural and leadership issues;
- (q) if surgeons used music to aid concentration any member of staff could ask for the music to be switched off. If music became a barrier to communication it needed to be switched off;
- (r) external scrutineers had advised the Trust that incidents could be downgraded if found not to be ‘Never Events’. The Trust would rather over report than under report and the Trust was now above the national average for reporting;
- (s) it was extremely rare that people were wilfully negligent. Regarding disciplinary action for failure to follow procedure, the Trust would initially look to see what had gone wrong, identify contributing factors and make a decision on that basis. If there were a staff failure to respond to support mechanisms in place to ensure protocols were followed, appropriate disciplinary action would be taken. Staff had been disciplined where clear guidelines had been violated.

Agreed –

1. that the Democratic Support Officer would investigate on whether an Independent Review of Never Events was appropriate;
2. that the Democratic Support Officer would work with Plymouth Hospitals NHS Trust to develop a Health Accountability Forum, similar to those being held at Staffordshire County Council.

76. **WORK PROGRAMME**

The panel noted the work programme.

77. **EXEMPT BUSINESS**

There were no items of exempt business.