

Caring Plymouth

Thursday 2 July 2015

PRESENT:

Councillor Mrs Bowyer, in the Chair.

Councillor Mrs Aspinall, Vice Chair.

Councillors Mrs Bridgeman, Downie (for Councillor Mrs Foster), Fox, Jarvis (for Councillor Sam Davey), Dr.Salter, Stevens and Kate Taylor (for Councillor Parker-Delaz-Ajete).

Apologies for absence: Councillors Sam Davey, Mrs Foster, Mrs Nicholson and Parker-Delaz-Ajete.

Also in attendance: Kevin Baber and Lee Budge – Plymouth Hospital NHS Trust, Kelechi Nnoaham – Director for Public Health, Jerry Clough – NEW Devon CCG, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.10 pm.

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

1. DECLARATIONS OF INTEREST

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

Name	Minute Number	Reason	Interest
Councillor James	Minute 5 – Plymouth Hospital NHS Trust Performance Report (for the period April 2015)	Daughter has a medical incident.	Personal
Councillor Dr Salter	Minute 5 – Plymouth Hospital NHS Trust Performance Report (for the period April 2015)	Governor of an advisory panel at Derriford Hospital.	Personal

2. CHAIR'S URGENT BUSINESS

There were no items of Chair's Urgent Business.

3. MINUTES

Agreed that the minutes of the meeting of 5 March 2015 were confirmed.

4. **CARING PLYMOUTH TERMS OF REFERENCE**

The Panel noted the Caring Terms of Reference. Ross Jago, Lead Officer highlighted the importance of new Panel members having an understanding of the Francis Report. A summary of the Francis Report to be circulated to the Panel and if required a session would be organised for the Panel to attend.

Agreed that a summary of the Francis Report is circulated to Panel members.

5. **PLYMOUTH HOSPITALS NHS TRUST PERFORMANCE REPORT (FOR THE PERIOD APRIL 2015)**

The Chair welcomed Kevin Baber, Chief Operating Officer and Lee Budge, Director of Corporate Business from Plymouth Hospitals NHS Trust. The Chair highlighted to the Panel that the Plymouth Hospitals NHS Trust Performance Report (for the period April 2015) has been in the public domain since May 2015 and was also presented at the Trust Board meeting on 29 May 2015.

A discussion took place around staff retention and it was reported that –

- (a) the hospital were on black alert over the winter period which put immense pressure on staff. The hospital have undertaken measures to support staff by talking and listening to ideas to help improve the working environment;
- (b) there was a national shortage of nurses and to address this in Plymouth, the hospital have visited other counties and will shortly be sending a team to the Philippines as part of a recruitment campaign. Immigration rules would affect recruitment of staff from overseas;
- (c) the hospital were at the forefront with regard to apprenticeships and were also undertaking a piece of work supporting people with learning disabilities to help them gain employment;
- (d) agency staff were used to backfill posts and if agency staff were not performing this would be managed. It was not uncommon for specialist permanent staff to become agency staff because they can command a higher salary;
- (e) exit interviews were held when staff left and the main reasons for leaving were career progression, early retirement and lifestyle choices. Information from exit interviews were reported to the Human Resources Committee;
- (f) the hospital were addressing the number of doctors providing healthcare for the elderly. Over the years Plymouth had not invested in this area and have recognised this and made funding available. It was reported that they were unable to recruit and were having discussion with the Royal College of Physicians.

In response to other questions raised, it was reported that –

- (g) historically there had been issues with waiting times. It was highlighted that there were too many people on the waiting list and were looking to address this by treating people earlier in the pathway;
- (h) CT scanner provision was being addressed alongside recruitment, with some success. Staff have also worked weekends to address the backlog but still not entirely resilient;
- (i) a large number of people were presenting at A & E in the early part of this financial year and with the introduction of NHS 111 impacting on the front door of the hospital. This was put down to being a difficult winter and the ageing population;
- (j) the hospital were not at present collecting data on the number of people presenting at A & E because they were unable to see a GP. It was reported that 15% of people that attend A & E don't need to;
- (k) the major trauma centre has a specific budget but operationally from time to time would impact on targets because those patients had to be treated ;
- (l) vulnerable patients and patients with dementia were identifiable and the policy was not to move them between wards overnight, however there would be some occasions when patients are moved and this was regrettable;
- (m) the mortality rate was rising and the panel were advised that this indicator was best looked at over a period of time. This has been raised as a concern and to understand what this means have looked at other hospitals and the Plymouth profile is replicated both locally and nationally. They introduced 6 months ago a Mortality Review Group to look at all deaths and at present were reviewing 80% of deaths to ascertain whether the death could have been prevented.

Agreed that -

1. to continue to monitor mortality rates, diagnostic services and referral to treatment times to provide assurance to the panel that progress is being made against these key indicators and that recovery plans are improving performance;
2. that a report on the new immigration rules for lower-earning non-EU workers to be provided to the panel as soon as impact on the trust is assessed;

3. that a joint performance review involving commissioners and lead providers from Health and Social Care should take place at the next meeting. Decisions on format and key performance indicators delegated to the lead officer in consultation with Chair and Vice Chair.

6. **SUCCESS REGIME**

Jerry Clough, NEW Devon CCG and Kelechi Nnoaham, Director for Public Health attended the meeting for this item. NHS England were invited and have sent their apologies.

NHS England Chief Executive Simon Stevens announced that Devon would be one of three areas in England where local health and care organisations work together to make improvements for patients as part of the new Success Regime. Jerry reported the CCG is a participant organisation sitting alongside colleagues at the acute trusts and Devon was an area of long standing financial and operational challenges which remain despite support.

In response to questions raised, it was reported that the funding for the Success Regime would come from NHS England and a Programme Director would be appointed to oversee this until the problem was resolved. This type of intervention would provide support and come into this in strong position.

Agreed that -

1. The Chair and Vice chair will write to NHS England and the Secretary of State for health expressing disappointment at NHS England's failure to appear at the panel in response to significant changes in the health care system as statutorily required;
2. The panel, whilst welcoming the additional support to the Devon health and social care system, remains concerned the regime will be overseen by regional directors of National Bodies involving partner organisations "as required". With specific interventions, support and day-to-day oversight of the regime sitting at regional level the panel is alarmed at prospect of a further top down intervention into the healthcare system.

7. **TRACKING RESOLUTIONS**

The Panel noted the progress made with tracking resolutions.

8. **WORK PROGRAMME**

The Panel noted the Work Programme. It was reported that the Co-operative Scrutiny Board would be monitoring performance and could send us items to look at in more detail.

9. **EXEMPT BUSINESS**

There were no items of exempt business.