

Health and Adult Social Care Overview and Scrutiny Panel

Monday 21 June 2010

PRESENT:

Councillor Ricketts, in the Chair.
Councillor Coker, Vice Chair.
Councillors Berrow, Bowie and Delbridge.

Officers present: Paul Roberts, Dr Alex Mayor, Liz Cooney, Giles Perritt, Lisa Woodman, Ross Jago

Apologies for absence: Councillors Gordon, Dr. Mahony, Mrs Nicholson and Dr. Salter and Chris Boote and Margaret Schwarz.

The meeting started at 11.30 am and finished at 12.50 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.

15. **CHAIR'S URGENT BUSINESS**

There were no items of chairs urgent business.

16. **DECLARATIONS OF INTEREST**

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

17. **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.

18. **NHS PLYMOUTH MENTAL HEALTH SERVICES - 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.