

# Health and Adult Social Care Overview and Scrutiny Panel

Thursday 22 November 2012

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bowyer, Fox, Fry (substitute Councillor Monahan), Gordon, Dr. Mahony, Parker, Jon Taylor and Tuffin.

Co-opted Representatives: Lois Lloyd (substitute Sue Kelley) LINK.

Apologies for absence: Councillors Mrs Nicholson, Monahan and Sue Kelley (LINK).

Also in attendance: Ann James (Chief Executive, Plymouth Hospitals NHS Trust (PHNT)), Dr Alex Mayor (Medical Director, PHNT), Nick Thomas (Director of Planning and Site Services, PHNT), Amanda Nash (Head of Communications, PHNT), Andrew Davies ( Site Services, PHNT), Hein Scheffer (Director of Human Resources and Organisational Development, PHNT), Ann Pointon (Chair, Plymouth Area Disability Action Network), Councillor Sue McDonald (Cabinet Member for Public Health and Adult Social Care, Plymouth City Council (PCC)) Candice Sainsbury (Senior Policy, Performance and Partnership Advisor, PCC) and Ross Jago (Democratic Support Officer, PCC)

The meeting started at 2pm and finished at 4.05 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.*

## 39. 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	All agenda items.	Locum General Practitioner and member of the Western Locality Clinical Commissioning Group	Personal
Councillor Mrs Aspinall	43. Plymouth Hospitals NHS Trust – Car	Member of the Plymouth Area Disability Action	Personal

	Parking.	Network.	
Councillor J Taylor	44. Plymouth Hospitals NHS Trust - Regional Pay Update.	NHS Employee	Personal
Councillor James	45. Plymouth Hospitals NHS - Trust Never Events.	Family member subject to previous Never Event at the Trust	Personal

## **CHAIRS URGENT BUSINESS**

### **40. MATERNITY ACUPUNCTURE SERVICE**

The Chair advised the panel of the recent decision made by Plymouth Hospitals NHS Trust to close an Acupuncture Service based at the maternity unit at Derriford Hospital.

Both the Chair and Councillor James had received a number of representations objecting to the closure of the service. The issue would be further discussed under the work programme item.

### **41. MINUTES**

Agreed to approve the minutes of meetings held on the 13 September 2012 and the 26 September 2012.

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

The panel noted the tracking resolutions.

### **43. PLYMOUTH NHS HOSPITALS TRUST - CAR PARKING**

The Chair invited Ann Pointon of the Plymouth Area Disability Action Network (PADAN) to comment on the disabled car parking provision at Derriford Hospital. Ann reported that the main concern was the location of disabled car parking bays in car park A. Practical experience had shown that the situation was difficult for a range of people. New proposals that had been shared with PADAN confirmed that there were attempts being made to address the problems.

Nick Thomas, representing Plymouth Hospitals NHS Trust (PHNT), introduced a report regarding parking provision at Derriford Hospital. It was accepted that there had been difficulties with parking for disabled visitors to the site, however the Trust had outlined changes to facilitate improved parking provision, which would include –

- (a) a new 42 space car park with level access on the bare land adjacent to car park F;

- (b) a Disability Discrimination Act compliant path from the new spaces to main entrance of the outpatients department;
- (c) new spaces as 'Patients Only' disabled spaces;
- (d) a wheelchair store in the new car park with 10 coin operated wheelchairs;
- (e) the removal of the 16 disabled spaces in car park A and replacement with 32 pay and display spaces;
- (f) free access to any parking space in a non-barrier controlled area by disabled badge holders.

Mr Thomas confirmed that user groups would be consulted and given the opportunity to visit the site.

Agreed –

1. to recommend to PHNT that user groups are given adequate notification of consultation and site visits to allow full engagement;
2. that the Local Involvement Network distribute surveys to the Panel and the Trust;
3. to recommend to the Cabinet Member for Transport that Plymouth City Council increase marketing activity with regard to the George Park and Ride for access to the Hospital;
4. congestion surrounding the Derriford hospital site and sustainable transport links to all health care sites across the city are reviewed by the Cabinet Member for Transport and a written report provided to the panel;
5. that PHNT return to the panel in April to provide an update regarding changes to car parking provision.

44. **PLYMOUTH HOSPITALS NHS TRUST - REGIONAL PAY UPDATE**

The Chair welcomed Ann James, Chief Executive Plymouth NHS Hospitals Trust to the panel. Ann reported that the Trust had been focusing efforts toward collaboration with the work force and that there had been several meetings with Trade Union colleagues. Since the meeting held on the 26 September 2012 the Trust had been working with Dr Sue Kinsey from Plymouth University to monitor and evaluate staff engagement.

In response to questions from the panel, Hein Scheffer Director of Human Resources and Organisational Development (PHNT) reported that -

- (a) no proposals regarding pay and conditions would be published until January 2013 at the earliest;

- (b) the Pay Consortium would build into proposals the results of national negotiations;
- (c) there had been a number of open meetings for discussions with staff to address the myths and anxiety caused by the membership of the Consortium;
- (d) a Staff Health and Wellbeing Steering Group had been formed, consisting of representatives from staff-side and management, including both the nursing and clinical bodies in the Trust. The group would work towards the development of an effective Employee Health Strategy. Sickness absence management would form part of that work;
- (e) the trust continued to review its contracts in an effort to find efficiency savings.

Agreed -

- 1. to welcome the Trust's response to the recommendations of the 26 September 2012, in particular the engagement with Plymouth University and the establishment of the Staff Health and Wellbeing Steering Group;
- 2. that the Trust provide a written report in January on days lost through sickness absence. The report would include details of targets, indicators and possible savings;
- 3. that the Trust provide the panel with any developments regarding the South West Pay Consortium at the earliest opportunity.

45. **PLYMOUTH HOSPITALS NHS TRUST - NEVER EVENTS**

Dr. Alex Mayor, Medical Director (Plymouth NHS Hospitals Trust), introduced a report on recent "Never Events". It was reported that -

- (a) the Trust had an excellent safety culture and had worked hard to promote it throughout the Trust. The Trust had seen an increase in the reporting of incidents and the level of harm had decreased due to the climate of openness and reporting;
- (b) all actions taken following the report of a "Never Event" were to ensure the wellbeing of the patients, family, carers and members of staff. Investigations were undertaken using root cause analysis by the Trust which was standard national practice;
- (c) extensive pieces of work were being undertaken in general operative care and diabetes support. Two specialist diabetes nurses had been employed and experts deployed across the organisation;
- (d) the Trust took the events extremely seriously and were focusing attention on all aspects of patient safety with a view to improve them. The events had been reported to the Care Quality Commission and the trust continued to

work closely with them to improve patient safety.

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

- (e) the World Health Organisation checklist was adhered to, the retained foreign object was not on the checklist and as such was not counted in and out. This object would now be included on the checklist and the learning from the event shared nationally;
- (f) data from other organisations regarding never events was not available and would not be an appropriate comparison due to the different work that Trusts undertook;
- (g) the Trust was working hard to make sure that issues of underperformance were always raised. There was a good working relationship with the Care Quality Commission and the Trust would be looking to deliver beyond nationally accepted best practice;
- (h) the accountability for “Never Events” remained with the Chief Executive and the Medical Director. There had been no disciplinary actions against staff involved in these events as there had been no evidence of intent to harm;
- (i) error rates could increase if staff were fatigued, the Trust had built physical and mental barriers within processes to help prevent incidents from occurring. However, hospital procedures relied on humans and there was always the possibility of human error;
- (j) Trust performance reports indicated that the incident reporting rate was well above the national rate of reporting;
- (k) non-executive board members scrutinised all serious adverse events in private session.

Agreed –

1. that the trust provide a briefing note on the safety and quality governance structure within the trust;
2. that performance reports and advanced scorecards, including incident reporting rates and level of harm, are distributed to the panel;
3. that the panel notes the report and the trusts ongoing commitment to open and transparent reporting of adverse events to drive service improvement.

#### 46. **WORK PROGRAMME**

The panel agreed its work programme subject to the addition of the closure of the Maternity Acupuncture Service at Derriford Hospital.

#### 47. **EXEMPT BUSINESS**

There were no items of exempt business.