

Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 7th June 2011 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Martyn Ashford
“ Penny Bould
“ Les Caborn (Chair)
“ Jose Compton
“ Kate Rolfe
“ Dave Shilton
“ Sid Tooth
“ Angela Warner
“ Claire Watson

District/Borough Councillors Sally Bragg
Derek Pickard

Other County Councillors Councillor Bob Stevens (Portfolio Holder for Health (Deputy Leader)
Councillor Jerry Roodhouse (Representing Warwickshire LINK)
Councillor John Vereker (Part)
Councillor Jim Foster

Officers Paul Williams – Overview and Scrutiny Officer
Alwin McGibbon – Overview and Scrutiny Officer

Also Present:

NHS Warwickshire

Sheila Peacock Head of Quality Development and Patient Experience

University Hospitals Coventry and Warwickshire NHS Trust

Andy Hardy Chief Executive
Ann Marie Cannaby Chief Nurse and Operating Officer

West Midlands Ambulance Service NHS Trust

Adele Pearson Regional Head of Professional Standards and Quality
Mark Farthing Clinical Practice and Governance Manager

George Eliot Hospital NHS Trust

Andrew Arnold Medical Director

Dawn Wardell Director of Nursing and Quality

**South Warwickshire
NHS Foundation Trust**

Helen Walton Director of Nursing
Andy Butters Head of Governance

Coventry and Warwickshire Partnership NHS trust

Paul Masters Assistant Director of Governance
Tracy Wrench Executive Director of Quality, Safety and Service User
Experience

John Copping Warwickshire LINK
David Gee Warwickshire LINK
Jan Humble Warwickshire LINK
M Gerrard Warwickshire LINK
Sharon Johal Warwickshire LINK

1. General

(1) Election of Chair and Vice Chair of the Committee

Councillor Shilton, seconded by Councillor Compton nominated Councillor Caborn to the Chair. It was agreed that Councillor Caborn should be Chair of the committee.

Councillor Compton seconded by Councillor Watson proposed Councillor Shilton to be Vice Chair. This was duly agreed by the committee.

(2) Apologies for absence

Apologies for absence were received from Councillor John Haynes (Nuneaton and Bedworth Borough Council and Council Izzi Seccombe.

(3) Members Declarations of Personal and Prejudicial Interests

Councillor Penny Bould declared a personal interest in relation to the following:

- She receives a Disability Living Allowance and Direct Payments.
- She is a wheelchair user
- She is a member of the South Warwickshire Hospital Trust
- She is a member of the UNITE Union.
- She is a member of the Socialist Health Association.
- She is a part time student with CAMHS in Birmingham.

- She is a Psychotherapist and makes referrals to CAMHS.
- She is a part time student on a training course at CAMHS Birmingham

Councillor Kate Rolfe declared a personal interest as a private carer not paid by Warwickshire County Council.

Councillor Angela Warner is part of a large group looking at CQUIN targets for 2011-12.

2. Quality Accounts

The six draft Quality Accounts were considered by the committee. The following points were agreed by the committee as the commentaries to be sent to the health trusts for inclusion in their final versions of the Quality Accounts.

University Hospitals Coventry and Warwickshire NHS Trust (Andy Hardy and Ann-Marie Cannaby)

- The committee was impressed with the document noting that it read well with information being generally presented in a clear and logical way.
- The Quality account would have benefited from more information on trends in performance over time.
- The document would benefit from a glossary that defined terms as well as abbreviations.
- In addition to trend data the draft quality account would have benefited from benchmarking information. This would allow comparisons between the trust's performance and that of its statistical neighbours.
- The committee is aware of the excellent partnership work that UHCW and appreciates the time and effort given by the trust to work with the County Council and Warwickshire LINK. The Quality account does not, however, reflect the trust's commitment to partnership working and this is to be regretted.
- P12 – The number of complaints at Rugby St. Cross almost doubled from 2009/10 to 2010/11. The committee asked about this in its meeting and was satisfied by the explanation given. However it would help the reader of the Quality Account if some more contextual material was included. This would avoid confusion and present a more accurate picture of the position.
- P12 – Without breaching any confidentiality the committee feels that information on the three complaints referred to the PHSO should be expanded on.

- P22 – The indicator “%patients spending more than 90% of their stay in hospital on a stroke unit” is misleading. Members thought that a lower figure is better than a higher figure. In practice it should be the other way round. It is suggested that statements such as “lower is best” or “higher is best” should be used where appropriate. (This is done for pressure sores on page 21)
- The results of the staff survey are not included in the draft quality account. These are key to our understanding of the relationship between the trust and its staff. It is understood that the results will be included in the final version but it would help if in the future the timing of the staff survey was changed to ensure that earlier drafts include the results.
- The work that the trust has undertaken around dementia is commended. More detailed information on types and levels of training around dementia would be welcomed.
- Pressure sores and ulcers feature several times in the document and it is clear that the trust is working hard and meeting its targets on this. Whilst it would not be possible or appropriate to explain every medical condition mentioned in the Quality Account the committee feels that given the importance of pressure sores some expansion on this condition would be beneficial.
- P21 – Wrong site surgery requires further explanation. The committee has been informed that this occurred in two incidents (with no negative effect on the staff). However the way in which the data is presented fails to tell the entire story.

South Warwickshire NHS Foundation Trust (Helen Walton)

- Noting that the Quality Account is now part of the trust’s annual report the committee is disappointed to see that it does not commence until page 57. This suggests that “quality” for patients is of less important than matters such as finance and governance. The trust may wish to consider reversing the document placing its commitment to quality at the front.
- P78 – Between 85 and 90% of calls going to the call centre are answered. The committee is concerned that 1 in 10 calls is currently being missed and would look to see further improvement in this.
- P78 – Related to the concerns expressed around the call centre the committee wonders whether patient satisfaction with the outpatient booking service would not be enhanced further by greater effectiveness in the call centre.
- P58 – The trust states that one of its priorities is to improve the patient experience of the food service. This is not taken up in the rest of the document whilst other priorities are. A section on improvements to the food service is required.

- There appears to be no information on the incidence of operation cancellation. Such statistics would be of use as such cancellations can have a major impact on patient wellbeing.
- P78 – Complaints and the work of PALS occupy only half a page. The committee considers that much greater emphasis should be placed on the reporting of complaints. Whilst there are issues of confidentiality to be considered it should be possible to report general categories of complaints that would enable users and the committee to easily identify areas for improvement.
- The committee is concerned that despite the increase over recent years of partnership working there is no specific reference to this in the Quality Account. Where partnership working has been used successfully this should be celebrated in the document. An example of this is the document’s failure to acknowledge the role of the LINK and its ongoing engagement with the overview and scrutiny committee.
- P71 – It is acknowledged that the increase in the number of falls reported may well be attributable to the increased profile of this area. The committee understands that most falls are experienced by elderly people. However it feels that the demographic of falls should be included on page 71. By doing so the reader will further appreciate the challenges facing the trust being presented by an aging population.
- Page 79 – The information on standardised mortality is welcomed. However, the peaks in mortality indicated on figure 17 require some explanation. Only by expanding on the statistics can the reader develop a good understanding of the current position. Similarly if statements around seasonality are to be made (...“there has been less seasonality over the last two years than in previous years”) it would be of use to overlay mortality patterns from preceding years on a single chart.
- P75 – Whilst it is noted that same sex accommodation performance was good in September 2010 the committee is concerned that performance tailed off for five months to February. It is suggested that in order to gain a clearer picture of performance against this indicator trend data should be provided covering a longer period along with benchmarking data comparing the trust’s performance with that of its statistical neighbours.

NHS Warwickshire Community Health (Andy Butters)

- That this is the first year in which community health has been required to produce a quality account is appreciated by the committee. However it was difficult to identify the service’s priorities in the document. It would be better to set out from the start “Priority 1, Priority 2 etc”

- Community Health has been involved in extensive partnership working and has regularly worked with the county council, Warwickshire LINK and others. This excellent work is not, however, reflected in the draft Quality Account.
- P40 – Information on complaints is of interest but without breaching any confidence it would benefit from being expanded to provide more detail. For example 3 complaints were received for Bramcote Hospital in 2010/11. These may have been about the same matter or a completely different matter. Knowing the position can help the reader understand the challenges facing patients and staff.
- P26 – Fourth paragraph from bottom. It is expected that all staff working with children will be subject to CRB checks. It is understood that this is the case but it needs to be clarified.
- P29 – The document needs to make it clear that all staff receive a personal development review.
- P31 – The map on this page needs to be enlarged as it is not legible.

West Midlands Ambulance Service NHS Trust (Adele Pearson and Mark Farthing)

(This item was considered ahead of schedule)

- Members commented that the 2010/11 Quality Account was a marked improvement on the previous year's (which was the first year that Quality accounts had been produced).
- Levels of detail are commendable in this year's report although the committee considers that more information is required on how the trust will make improvements where performance is less than satisfactory.
- Members of the committee are particularly interested in infection control. They are aware of the "Make Ready" programme and feel that this should be described in some detail in the Quality Account.
- The committee was disappointed with the poor response rate to the patient survey. It feels that much more needs to be done to increase the usefulness of the survey and will look to see evidence of this in next year's document.
- It was reported in the meeting that complaints handling had not achieved target. The committee is disappointed in this and calls on the trust to redouble its efforts on this target.
- P5 of 33 – As with any target it is useful to have a baseline figure. Priority 2 relates to Prescription only Medicines but the target is unclear without a baseline.

- The trust is asked to consider specialist training for its staff around the needs of self-harmers and victims of sexual abuse.
- P7 – Patient Pain Assessment. The target for assessments should be increased to 100% from 90%.
- P12 of 33 - The committee wishes to be assured about the clinical data presented. It has learned that all data is presented to the relevant board members but this is not clear in the Quality Account.
- P18 of 33 - The sections on incident reporting need to be expanded. They outline current performance but would be improved by the setting out of actions that will be taken in the future to further improve performance.
- P22 of 33 - Performance around frequent callers appears to be less than adequate. Reading the relevant paragraph it is not clear whether this is the case or not. The trust may wish to review this and rewrite the section.
- The Quality Account would benefit from a section on turnaround times at hospitals.
- The committee has been most impressed by the performance of the West Midlands Ambulance Service. It considers that the final version of the Quality Account should include a national performance league table that clearly demonstrates that high level of performance.

Coventry and Warwickshire Partnership NHS Trust (Paul Masters and Tracy Wrench)

- In general it is clear that many of the suggestions made by the overview and scrutiny committee and others last year have been taken on board by the trust. This is welcomed.
- P6 to 8 - The committee appreciates the desire by the trust to make the document as accessible as possible by using blocks of text. However in some instances the absence of figures in these pages leaves the reader wondering precisely what the objectives and their intended outcome are. Perhaps in the future the balance might be shifted slightly back towards the use of numerical information and data.
- The committee welcomes the prospect of a shorter more concise version of the Quality Account being produced for the information of patients and others.
- P33 – Regarding IAPT It would be useful to see a break down of the types of training delivered and the types of staff who have received it.

- P17 – Indicator 7 It is not clear from the way it is worded whether the outcome has met the objectives. The trust may wish to consider rewording this.
- P25 – The committee is concerned that drug misusers are simply “revolving” around in the system receiving treatment but never actually being rehabilitated. It would be useful if the trust were to monitor the long term outcomes of its work. Only by doing this can a clear impression be obtained of the trust’s success.
- Concern has been expressed in the past about the waiting time for child and adolescent mental health services in the north of Warwickshire. It would be of use if information on performance in this area were to be included.
- P32 – The section relating to PEAT assessments would benefit from some expansion that explains how the trust manages ongoing monitoring. For example the committee has learned that the trust takes the PEAT results and reports them internally.
- P32 – The basis of compliments can be almost as important as those for complaints. It would be of help if the document included a breakdown of these.
- In common with other draft Quality Accounts the document does not give sufficient emphasis to the excellent partnership the trust is now engaged with. Given the drive for more collaborative working the committee feels that this should be addressed in this or next year’s quality account.

George Eliot Hospital NHS Trust (Andrew Arnold and Dawn Wardell)

This item was considered later on the agenda than scheduled.

- The committee commends the authors of this year’s Quality Account considering it to be clear and easy to read. It acknowledges that some priorities for this year are the same as last year’s and agrees that it is not always appropriate to abandon priorities merely because a new plan is being prepared.
- Page 26 – The section covering Priority 2 Patient Experience would benefit from being expanded at this point despite the fact that the subject is picked up later on in the document.
- P28 –It is clear to the committee from what the trust has stated that there is much more to HSMR than features in the Quality Account. The committee feels that as it stands the statement on HSMR could be seen as dismissive. It accepts the trust’s assurance that this is not the case but feels that a more detailed explanation of the relationship between the performance reported and Dr Foster would be of help.

- A general comment around performance reporting is that it would benefit from trend data and comparison with statistical neighbours. Specifically the committee has identified the results of the patient survey as an area that would benefit from this.
- “Call for Action” is to be commended as a means of developing a culture of excellence within the trust. Information around targets and actions relating to this initiative would be of assistance.
- There is no reference in the document to the staff survey. Information around staff performance and morale can provide a useful indicator of the general wellbeing of the hospital and for this reason it ought to be included.
- The committee is concerned over the increase in demand for accident and emergency services. It is interesting that this information is included in the section on complaints and there is a view that increasing demand for services will lead to greater dissatisfaction.
- P24 – The errors in clinical coding continue to be a cause for concern. The draft Quality Account states that an action plan around coding is being implemented but provides no indication of what this contains or its timescale.

During the course of the meeting members made observations that the committee agreed should be taken forward for consideration for inclusion on its work programme. Some of these are referred to above. They are,

- Review of the Quality Accounts process.
- Mortality rates at the South Warwickshire NHS Foundation Trust
- Mixed sex accommodation at South Warwickshire NHS Foundation Trust
- Ambulance turnaround rates
- Child and Adolescent Mental Health Services – waiting times
- Out of county placements for Coventry and Warwickshire NHS Partnership Trust
- Formal complaints against Warwickshire Community Health

3. Any Other Items

None.

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Chair of Committee

The Committee rose at 1:15 p.m.