CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 29th April, 2010 at West Committee Room - Municipal Buildings, Earle Street, Crewe, CW1 2BJ

PRESENT

Councillor Rachel Bailey (Chairman)
Councillor G Baxendale (Vice-Chairman)

Councillors S Bentley, D Flude, S Furlong, S Jones, A Moran, J Wray, C Andrew, C Beard, A Martin and R Domleo

Apologies

Councillors W Livesley and A Knowles

23 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillors W Livesley and A Knowles.

24 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: That the following Declarations of Interest be noted:

Councillor D Flude, Personal Interest on the grounds that she was a Member of the Alzheimers Society and Cheshire Independent Advocacy;
Councillor A Moran, Personal Interest on the grounds that he was a member of the Mid Cheshire Hospitals NHS Foundation Trust.

25 PUBLIC SPEAKING TIME/OPEN SESSION

None

26 MINUTES OF PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Committee held on 10 March be confirmed as a correct record.

27 MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST - QUALITY ACCOUNT

Tracy Bullock, Deputy Chief Executive/Director of Nursing, Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), briefed the Committee on the draft Quality Account 2009 -2010 produced by MCHFT.

Last year MCHFT had produced a Quality Report that outlined quality areas that would be measured in 2009 – 10 and how it would take forward its aspiration to be a World Class Provider through the implementation of the five year "10 out of Ten" quality strategy. This strategy aimed to identify the top ten quality indicators and establish the measurements that would be used to monitor effectiveness against these.

The Trust had agreed a definition of Quality:

"Effective and efficient delivery, a positive experience by both service users and staff, the best possible clinical and patient outcomes".

The Trust also recognised the reduction of avoidable harm as a key imperative and had outlined a number of values –

- Commitment to quality and safety;
- Respect, dignity and compassion;
- Listening, learning and leading;
- Creating the best outcomes together;
- Every1Matters

The Trust Board had established an Executive Committee as recognition of the priority given to quality and safety. The Committee was known as QuESt (Quality, Effectiveness and Safety) and met bi-monthly, was chaired by the Chief Executive and reported to the Board of Directors.

The Quality Account listed the top ten indicators agreed in the previous year, to be progressed over five years, and outlined how progress would be monitored, measured and reported:

Outcomes

- Cardiovascular – the aim was to reduce mortality rates in patients who suffered an Acute Myocardial Infarction (heart attack) within a 30 day period. The data was not currently routinely collected but work was underway with Dr Foster (a performance benchmarking tool) to measure mortality rates and these would be reported to the QuESt Committee;
- Cancer – the aim was to improve survival rates for patients diagnosed with cancer. Monitoring would be carried out on an annual basis and measured by the Primary Care Trust and North West Cancer Intelligence Service. Survival rates would be reported to the QuESt Committee;
- Infections – the aim was to reduce the rates of healthcare acquired infections – MRSA, Clostridium Difficile and Urinary Tract Infections.

Safety

- Mortality – the aim was to reduce mortality rates by 10% in patient groups where death was not expected. A Hospital Mortality Reduction Group had been established to review health records and develop Action Plans;
- Patient Safety – the aim was to monitor and reduce the number of

consultant episodes (unnecessary patient moves) during each patient admission;
- Harm caused – the aim was to monitor and reduce the number of patients who suffered avoidable harm by 10% annually;

Experience

- Environment – the aim was to monitor and virtually eliminate mixed sex accommodation for all patients admitted to the trust (unless based on clinical need). All wards were mixed sex but bays were single sex because to introduce single sex wards would require joining services which would result in poorer outcomes. The Committee was advised that in cases where there had to be mixed sex accommodation (in bays), mobile screens were available to put around beds and there were no mixed sex toilet facilities. The maternity and gynaecology service had single sex wards;
- Patients and staff – the aim was to monitor and revise the ratio of doctors and nurses to each inpatient bed within the trust, this would be done through the use of a acuity/dependency tool to assess numbers of nursing staff required in adult inpatient wards;

Effectiveness

- The aim was to measure the percentage of the Trust budget that was spent directly on patient care;
- Readmissions – the aim was to monitor and investigate all patients who were readmitted to hospital within 7 days of discharge – the Committee was advised that readmissions were currently above the national average.

The Committee was advised that the Trust Board had read and reviewed the report relating to the Mid Staffordshire Hospital Trust and carried out a gap analysis. It appeared that there were issues at Mid Staffordshire Hospital around awareness of complaints and patient experience and also high mortality rates. At Mid Cheshire Hospital NHS Foundation Trust complaints management was perceived to be very good and the Trust Board were made aware of complaints, a Non Executive Director chaired the Patient Experience Committee, the Board were also aware of mortality rates and had identified the reduction of unexpected deaths as a priority

During the discussion the following issues/questions were raised:

- Access to drugs – in response the Committee was advised that most drugs were guided by National Institute of Health and Clinical Excellence (NICE) guidance. All drugs were funded by the PCT and drugs approved by NICE would be prescribed. If a drug was outside of NICE guidance a Complex Care Panel would sit to consider the individual case;
- Whether CT scans were available at all times particularly when access to a scan was vital in stroke cases? In response, the Committee was advised that a scan was available 24 hours a day and a scan that provided much quicker results had just been purchased;
- Were falls always reported? The Committee was advised that falls must be recorded and sent to the National Patient Safety Agency. The Trust

was a high reporting organisation following awareness raising two years ago;

- It was important to enable carers and relatives to express views, not just patients, and in response the Committee was advised that a roving kiosk was available in hospital to enable comments to be made.
- How to capture views of dementia patients and patients with learning disabilities? The Trust had been undertaking work with The Cheshire and Wirral NHS Foundation Partnership Trust to help address the needs of patients such patients and, in addition, a number of specific initiatives to introduce children and adults with learning disabilities to hospital services were planned;
- Was information sought about inpatients spiritual or religious views/needs? The Committee was advised that an Admission Document was used to ascertain the activities of a patients daily life and this included a section on spirituality and religion;
- It was noted that some targets were difficult for a hospital trust to achieve such as smoking in pregnancy and breastfeeding rates.

RESOLVED: That

1) the draft Quality Account for 2009/10 be received

2) the Committee welcomes the comprehensive information on the quality of care and services included in the report

3) the ten priorities for improvement and performance measures for 2010/11 as the basis for the Trust's five year improvement strategy be endorsed and progress be reviewed as part of the Quality Account for next year

4) attention be drawn to the following issues:

a) concern that the requirements placed upon Acute Trusts to achieve demanding targets can distract from the quality of outcomes for patients, so the focus on outcomes in the ten priorities for improvement is important

b) although the hospital operates a comprehensive patient complaints system, broader feedback about patient experience could be obtained from engaging more with their relatives, carers and visitors. Specific work aimed at helping patients with learning disabilities, in partnership with Cheshire and Wirral Partnership NHS Foundation Trust, was noted and welcomed

c) although mortality rates in patient groups where death is not expected have improved, further effort is required to ensure the Trust continues to do better in this area

d) that the Trust is investing considerable time and effort into patient safety with the aim of eliminating avoidable harm to patients including falls, and that information will be available in future to present a clearer picture of improvements achieved and priority areas for attention

e) the Trust's ongoing efforts to virtually eliminate mixed sex accommodation be supported, recognising this cannot be avoided in a number of clinical settings,

and the appointment of a Privacy and Dignity Matron to oversee improvements be welcomed

f) that despite investment, the Trust continues to have fewer doctors and nurses per bed than the national average, and also continues to rely heavily on bank/agency nurses in order to meet demand. The position with nursing staff is kept under regular review through a formal monitoring process and this is being extended to other groups of clinical staff

g) although the Trust has demonstrated year on year improvements through the National Outpatient Survey, progress over five years for the "overall rating of care" category was only one percent, and the Trust accepted that the priorities for improvement contained in the Quality Account should lead to future improvements to this figure

h) the initiatives taken by the Trust including joint working with the Central and Eastern Cheshire Primary Care Trust (CECPCT) and Cheshire East Council Adult Social Care to reduce the incidence of hospital readmissions be welcomed and it is hoped that this work will result in a reduction in readmissions to enable the Trust to be at or below the national average, rather than above

i) the target relating to reducing the rates of healthcare acquired infections is welcomed as it is noted that this can increase the length of time spent in hospital

j) issues relating to smoking cessation and breast feeding rates were noted as challenging targets that would require addressing through a partnership approach including the PCT and Cheshire East Council

5) these comments be forwarded to the Mid Cheshire Hospitals Trust for inclusion in their Quality Account and to the CECPCT and Cheshire East LINk for information.

The meeting commenced at 10.30 am and concluded at 12.20 pm

Councillor Rachel Bailey (Chairman)