

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**
held on Thursday, 11th May, 2017 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Chairman)
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, E Brooks, L Jeuda, M Warren, G Merry, A Moran, J Rhodes and L Smetham

28 APOLOGIES FOR ABSENCE

Councillors C Chapman, S Edgar and S Pochin.

29 MINUTES OF PREVIOUS MEETING

RESOLVED- That the minutes of the meeting held on the 6 April 2017 be confirmed as a correct record and signed by the Chairman.

30 DECLARATIONS OF INTEREST

There were no declarations of interest.

31 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a party whip.

32 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak.

33 QUALITY ACCOUNTS PRESENTATION: CHESHIRE AND WIRRAL PARTNERSHIP

The Quality Account 2016/17, was presented by Dr. Anushta Sivananthan, Medical Director at Cheshire and Wirral Partnership (CWP).

Dr. Sivananthan advised the Committee that for the context of the Account, the definition of Quality was that used by the Department of Health (DH), the Institute for Healthcare Improvement (IHI), and the World Health Organisation (WHO).

CWP had three areas of Quality to assess, (Patient Safety, Clinical Effectiveness and Patient Experience) and within that there were goals and outcomes.

In the area of Patient Safety, the completion and quality of handovers had improved from 55% to 75%. For Clinical Effectiveness, teams had been able to see their outcomes every quarter as part of their team information packs which

helped to identify and further improve effectiveness. The Patient Experience data showed that 70% of patients responded that they would be likely or extremely likely to recommend CWP's services.

CWP had received 3500 compliments across the Trust, CWP had increased their Patient Advice and Liaison Service (PALS) by 300% from 20-80.

CWP have scored above the required threshold in line with the national key performance indicators. Notably early intervention in psychosis showed a new and big improvement at 85.7% on a required threshold of 50%.

Other areas of positive performance showed that a Care Quality Commission (CQC) re-inspection rated all services as 'Good', an achievement of 97% for Care Quality Innovation Schemes (CQUINS) and the successful recruitment of 1530 people to participate in mental health research.

Areas for improvement were to increase the overall incident reporting numbers including near misses, Dr. Sivananthan advised that currently the Trust was aware that there were more incidents than were reported. The Trust also needed to increase patient feedback, particularly compliments and the Friends and Family Test (FFT).

Quality Improvement reports were completed every trimester.

Examples of Quality Improvement included a partnership initiative by CWP Forensics department and the National Autistic Society (NAS) to improve screening for Autism at Cheshire's custody suites to prevent those with learning difficulties from re-offending.

The Committee was then invited to ask any questions relating to the Quality Account. Dr. Sivananthan was asked how feedback was given to complainants to ensure similar issues and problems did not happen again. The Committee was advised that CWP staff were encouraged to report all incidents. Incident reporting across CWP was seen as a positive thing to help build the culture to try to minimise misses and mistakes. When things did go wrong CWP learned from the experience.

The Committee thought that the initiative to improve screening for Autism at Cheshire's custody suites was excellent. Members requested that an outcomes based review be presented to Scrutiny in the future to report on the progress of this.

RESOLVED:

- (a) That the report on Cheshire and Wirral Partnership Quality Account for 2016/17 be noted.
- (b) That CWP be invited back to the Committee to present an outcomes based review on the improved screening for Autism at Cheshire's custody suites.

34 QUALITY ACCOUNTS PRESENTATION: MID CHESHIRE HOSPITAL FOUNDATION TRUST

The Quality Account 2016/17, was presented by Kate Daly-Brown, Deputy Director of Nursing and Quality at Mid Cheshire Hospital.

Kate began by talking through some of the achievements and challenges of the previous year. Challenges included the performance in the Emergency Department, Finances and Staffing. Achievements included 8% reduction in falls, 60% reduction in pressure ulcers, the opening of a Surgical Ambulatory Care Unit and Medical Ambulatory Care Unit and sustainability and continuous 'Good' rating by the Care Quality Commission (CQC).

Priorities for 2017/18 were split into three categories:

- Experience;
- Effectiveness; and
- Safety.

Under these heading, priorities included supporting patients with dementia and their carers, a zero tolerance to never events (serious incidents that are entirely preventable), and a reduction in pressure ulcers, inpatient falls and mortality figures.

The Committee heard about feedback gathered from 1250 adult inpatients (discharged in July 2015), compiled following a national inpatient survey between August 2016-January 2017. 57% of inpatients responded and noted improvements in the communication style of doctors and nurses and patients having enough help from staff to eat their meals.

The Friends and Family Test (FFT) showed that out of 22,000 patients 93% were likely to recommend services or treatment to their friends and family.

MCHFT received 1,872 formal compliments and 263 formal complaints. Kate explained that patients and families were offered meetings rather than a formal written reply.

MCHFT dealt with 250,000 patients per year, 85,000 of them via the Emergency Department.

Part 2 of the Quality Account was mandated information and Part 3 looked at performance against quality indicators and targets, the choice of the Governors and the review of Quality performance.

The Committee heard examples of performance, notably a zero tolerance to 'never events' through ensuring all staff were briefed to raise awareness; the development of a local safety standard and improvements with checks relating to implants in theatres and standardisation of orthopaedic markings.

Kate then talked about safety reducing in-patient falls, mortality rates and pressure ulcers. Notable points were that local leadership had the biggest impact on reducing in-patient falls and that pressure ulcers had reduced due to ongoing work photographing and monitoring wounds.

The Committee commented that the patient choice seemed to impact the NHS more unnecessarily so. For example in phlebotomy cases where patients were attending the hospital site to give blood when this was a function that could be carried out at the GP surgery.

It was noted that delays to discharge were not specifically restricted to one ward or area of the hospital, it happened across all wards and this issue required registered nurses to support this.

There was no baseline data for pressure ulcers at this present time, however it was known that the 2015/16 figures were lower than 2016/17, this could be because more reporting had happened but following the piece of work around photographing and monitoring, there had been a big drop from Nov 2016- March 2017.

RESOLVED: That the 2016/17 Quality Account be noted.

35 QUALITY ACCOUNTS PRESENTATION: EAST CHESHIRE NHS TRUST

Carol Seddon, Deputy Director of Nursing and Quality, East Cheshire NHS Trust presented the Quality Account 2016/17.

Carol briefly covered the month-by-month successes and achievements over the past year including respiratory medicine being ranked number one in the country by the General Medical Council (GMC) and the launch of Cheshire Care Record- an IT system that allowed hospitals, GP's and community staff to have access to a single record of patient information.

The Committee then heard a number of achievements against priorities for the Trust with evidence of significant improvement. Achievements included a reduction in stage 2 pressure ulcers from 754 to 589, a reduction in unplanned admissions to the Intensive Care Unit (ICU) and the development of new pathways to support joint assessment in patients homes.

The Commissioning for Quality and Innovation (CQUIN) last year had national and local goals, this year the goals were local only. Most of the goals had been achieved however there were some areas still achieving these were:

- Sepsis Screening: Timely identification and treatment for sepsis in the Emergency Department (ED)
- Sepsis- Timely identification and treatment for sepsis in inpatient setting
- National Antimicrobial Resistance (AMR): Empiric review of prescriptions
- Pressure Ulcer prevention.

The Committee heard about some of the initiatives ongoing at the Trust to improve patient care including the national React to Red campaign, a drive to offer information, resources and training to work to promote best practice and prevent pressure ulcers wherever possible.

Moving into 2017/18, priorities for the Trust included Harm Free Care, Integrated Care (soon to be called Joined Up Care), Improved Outcomes and Listening and

Responding. Implementation of WiFi across Macclesfield District General Hospital.

Following the presentation, the Committee asked for further explanation about the AMR review. Carol advised this related to a certain type of antibiotic that was being monitored.

There was a question asked about the cost of providing patients with iPads. Carol advised this was significant and where possible patients were able to take their own iPads into hospital, there were iPad covers that were in line with infection controls.

There was some work to be done integrating the Cheshire Care Record, but it was noted by Carol that interdisciplinary working had worked better than multidisciplinary working.

RESOLVED: That the 2016/17 Quality Account be noted.

36 WORK PROGRAMME

The Committee Reviewed its Work Programme.

RESOLVED-

- (a) That the item for Mental Health Reablement be brought to Committee on the 12 October 2017;
- (b) That the item for the South Cheshire Mental Health Gateway be brought to Committee on the 6 July 2017;
- (c) That the item on the Bed Based Review (now called the Home First Model) be brought to Committee on the 9 November 2017;
- (d) That the CWP draft redesign consultation proposal be brought to Committee on the 15 June 2017;
- (e) That Healthwatch be invited to attend the Committee meeting to provide an update in May 2018;
- (f) That the 'People Live Well and For Longer' report be added to the Work Programme to be brought to Committee on the 15 June 2017; and
- (g) That Private Enforcement be brought to Committee on the 6 July 2017.

37 FORWARD PLAN

The Committee reviewed the Forward Plan.

RESOLVED- That the Forward Plan be received and noted.

The meeting commenced at 10.00 am and concluded at 12.41 pm

Councillor J Saunders (Chairman)