# SHEFFIELD CITY COUNCIL

## Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

## Meeting held 10 April 2014

**PRESENT:** Councillors Mick Rooney (Chair), Sue Alston, Janet Bragg, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Diana Stimely, Joyce Wright and Denise Reaney (Substitute Member)

*Non-Council Members (Healthwatch Sheffield):-*

Helen Rowe

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### 1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors John Campbell, Katie Condliffe (Councillor Denise Reaney attended the meeting as the duly appointed substitute), Martin Lawton and Jackie Satur.

### 2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

### 3. DECLARATIONS OF INTEREST

3.1 Councillor Mick Rooney declared a personal interest in Agenda Item 7 (Sheffield Health and Social Care NHS Foundation Trust – Quality Report 2013/14) as a Non-executive Member of the Sheffield Health and Social Care NHS Foundation Trust.

3.2 Councillor Roger Davison declared a personal interest in Agenda Item 7 (Sheffield Health and Social Care NHS Foundation Trust – Quality Report 2013/14) as a Governor of the Sheffield Health and Social Care NHS Foundation Trust.

3.3 Councillor Sue Alston declared a personal interest in Agenda Item 6 (Sheffield Teaching Hospitals NHS Foundation Trust – Quality Report 2013/14) as an employee of the Sheffield Teaching Hospitals NHS Foundation Trust.

### 4. PUBLIC QUESTIONS AND PETITIONS

4.1 There were no questions raised or petitions submitted by members of the public.

### 5. SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - QUALITY REPORT 2013/14

5.1 The Committee received a report of Dr David Throssell, Medical Director,

Sheffield Teaching Hospitals NHS Foundation Trust, which provided information on the quality of services delivered by the Sheffield Teaching Hospitals NHS Foundation Trust during 2013/14 and identified Quality Report Objectives for 2014/15. Appended to the report was a draft of the Quality Report 2013/14.

5.2 The report was supported by a presentation by Sandi Carman, Head of Patient and Healthcare Governance, and also in attendance for this item were Neil Reilly, Assistant Chief Executive, and Kirsten Major, Executive Director of Strategy and Operations, Sheffield Teaching Hospitals NHS Foundation Trust. The Committee noted Dr Throssell's apologies, due to him having to attend a meeting with the Secretary of State at short notice.

5.3 Members of the Committee raised questions and the following responses were provided:-

- The Trust took the issue of cancelled operations very seriously due to both the adverse effect on the patient and the inconvenience caused to friends and relatives. It was accepted that the target figure of 4% represented a significant challenge for the Trust, and a number of actions had been put in place in an attempt to ensure this target was reached. Although the target figure was not reached in 2013/14, the number of cancellations was less than in 2012/13. In terms of the top five reasons for cancellations, 'Operation Not Required' referred to those cases where the patient's clinical position had changed, such as if they had experienced some form of spontaneous improvement or a significant deterioration prior to the operation. 'Lack of Theatre Time' referred to those cases where previous operations or procedures had taken longer than expected, and when the shift of the staff involved had come to an end. The Trust accepted that there was a need to manage availability/theatre time better in order to overcome this.

- The Trust was also aware of the frustration and inconvenience caused by the delays in dispensing medication for patients discharged from hospital. It also presented the Trust with problems in that patients often waited on the wards, thereby preventing admissions. The procedure regarding the dispensing of medication involved a number of stages and there were delays in each stage. One action taken by the Trust had involved having a Pharmacy Technician in the Discharge Lounge, and this had helped to speed the procedure up.

- The objective in terms of the assessment of patients in Accident and Emergency in under four hours means that the patient will have been assessed, and a definitive point of care delivered, be that discharge, admission or in receipt of active treatment.

- Mortality rates in Sheffield were no higher at weekends than during the week, although it was acknowledged that such rates were higher in other parts of the Country.

- The Trust was making a considerable effort to improve its performance in terms of the reporting of, and dealing with, complaints or concerns raised by patients or their families. As part of this work, there were now a number of opportunities for people to provide feedback in terms of their treatment. The Trust also agreed with the issue raised regarding the requirement to log all complaints or concerns raised by patients or their families, however they were reported.

- Whilst communication between Accident and Emergency Units and GPs was still sent in paper form, the Trust had recently introduced a facility whereby feedback could be provided electronically, and it was the plan to move to the electric format only in the near future. The Trust's firewall would stop anyone without authority from accessing such information.

- All patients were coded for data purposes. This information is obtained from medical records and entered onto a database. The standard is 90% correct reporting of the primary diagnosis and procedure and 80% correct recording of secondary diagnosis and procedures. The incorrect items detailed in the Quality Report (8% to 23%) relate to the incorrect interpretation of the notes for coding purposes, and not clinical errors relating to a patient's care.

- Whilst waiting times were a national target, the Trust also wanted to review the impact of waiting times on the patient experience, specifically those patients waiting over 18 weeks for treatment, in order to capture how they were affected. The Trust would have dialogue with those patients who had not received treatment within specified waiting times, and this would be detailed in the next Quality Report.

5.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, the information reported as part of the presentation and the responses to the questions raised;

(b) requests the Policy and Improvement Officer to summarise the comments made, to be shared with the Chair, and then with the Committee, prior to being submitted to the Trust; and

(c) thanks Neil Reily, Sandi Carman and Kirsten Major for the presentation made and for responding to the questions raised.

## 6. SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST - QUALITY REPORT 2013/14

6.1 The Committee considered a report of Jason Rowlands, Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust, containing a draft of the Trust's Quality Report 2013/14. The Committee had been invited to review the draft report and provide comment to the Trust on its assessment of the quality of its services and the proposed priorities 2014/15. The report

was supported by a presentation from Jason Rowlands and also in attendance for this item, was Tanya Baxter, Head of Integrated Governance.

6.2 Members of the Committee raised questions and the following responses were provided:-

- The RESPECT Approach was introduced by the Trust around three years ago, and comprised an ethical approach to managing aggression and violence. Staff had been trained to deal with patients who expressed aggression and violence, in a safe and sensitive manner. The approach had resulted in an improved experience for service users and was recognised as a model of good practice.

- The significant increase in the use of seclusion during the last year was being monitored by the Board's Quality Sub-Committee. The reasons for the increased use were outlined in the report.

- There were plans to construct a new Psychiatric Intensive Care Unit (PICU) on the former Oakwood site at the Northern General Hospital, which would result in a bigger unit, with improved facilities, and a much more therapeutic ward environment. It had been accepted that the present facilities for patients who remained agitated and/or distressed for longer periods of time were limited and the new unit would address this area of concern. The plans in respect of the development of the unit would be shared with Healthwatch Sheffield.

- The Trust was expanding and improving how it understood the experiences of its service users and the Board had invested in a new Service User Experience Monitoring Unit. This would build on the previous Public and Patient Involvement work undertaken in the Trust, and would look to develop, over time, a range of approaches to understand experiences across the Trust's different services.

- Improvements in supporting people with developing memory problems were noted. More people were being seen than before, and services were reaching more people in Sheffield, compared to the rest of the country. Routine information wasn't produced to help understand if the physical health needs of people with dementia were being met within primary care, though there may be ways to understand this from the information collected by GPs. The Trust agreed to raise this, if possible, with the Clinical Commissioning Group (CCG).

- The Trust had been requested by the Board to look at the issue

of waiting times in terms of diagnosing people with dementia. Whilst the above improvements were noted, unfortunately, there had been no progress made in terms of reducing such waiting times, but the Trust would continue to work towards a reduction. The Trust and the CCG had reported on developing plans to the Committee earlier in the year. The Trust was able to update that these plans had now been agreed and implementation would commence during the year.

- There were two acute wards at Nether Edge and two wards on the Northern General Hospital site.

- The Trust recognised that it needed to make further improvements in staff appraisal rates. To support this, new arrangements had been put in place to ensure that staff appraisals were undertaken during April, May and June.

- In terms of the incidents reported within the Trust, the reference to medication errors involved errors in the administering of medication by staff. A serious incident had resulted in a change in the policy in terms of the administering of medication, and which had been rolled out to all areas of the Trust.

- When patients were being considered for residency within a learning disability registered or supported living home, the Trust and the Housing Association would always look at the compatibility in terms of the existing residents. As part of this process, the Trust would attempt to ascertain the views of the tenants already living there. Generally, there were few issues with regard to compatibility, but issues may arise, for example, in those situations where people moved to a Unit as a matter of urgency, at very short notice.

6.3 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, the information reported as part of the presentation and the responses to the questions and comments raised;

(b) requests the Policy and Improvement Officer to summarise the comments made, to be shared with the Chair, and then the Committee, prior to being submitted to the Trust; and

(c) thanks Jason Rowlands and Tanya Baxter for attending the meeting and responding to the questions raised.

## 7. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) WORKING GROUP REPORT

7.1 The Committee received a report of Councillor Mick Rooney, Chair of the Child and Adolescent Mental Health Service (CAMHS) Working Group on the outcome of a review undertaken by the Working Group of CAMHS in Sheffield. The Working Group had been established by the Scrutiny Committee in September 2012, and had used a range of techniques to undertake the review, which had included desktop research, meetings and interviews. The Committee also considered a draft combined response to the report, compiled by the City Council (Children, Young People and Families), the Sheffield Clinical Commissioning Group (CCG) and Sheffield Children's NHS Foundation Trust.

7.2 RESOLVED: That the Committee:-

(a) notes and approves the contents of the Child and Adolescent Mental Health Service (CAMHS) Working Group report now submitted, together with the draft combined response to the report compiled by the City Council (Children, Young People and Families), Sheffield CCGroup and Sheffield Children's NHS Foundation Trust; and

(b) agrees that (i) the subject of transitions within the CAMHS be included as part of the Committee's Work Programme 2014/15 and (ii) in the light of the tight timescales, the CAMHS Working Group approach the parents who had been involved in this piece of work, to invite them to a meeting to discuss the draft response to the report in more detail.

## 8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)

8.1 The Committee received a report of James Henderson, Director of Policy, Performance and Communications, on the present position with regard to the Joint Committee, specifically in relation to the new Congenital Heart Disease Review. The report indicated that following the establishment of the Committee in March 2011, to consider and respond to the proposals arising from the Safe and Sustainable Review of Children's Congenital Cardiac Services in England, a number of concerns had been raised about the proposals, and the Secretary of State for Health had consequently accepted in full, the findings and recommendations of the Independent Reconfiguration Panel, and called a halt to the Safe and Sustainable Review process. NHS England had subsequently submitted proposals for undertaking a new review into the whole lifetime pathway of care for people with congenital heart disease. In the meantime, the Committee had continued to meet to maintain the momentum of its previous work and at its meeting held in December 2013, there was broad support to continue its work, and a revised Terms of Reference for the

Committee, attached at Appendix 2 to the report now submitted, had been agreed.

8.2 On the basis that the Joint Committee would make recommendations to NHS England and other interested parties, which could include the Secretary of State for Health, the Committee felt it advisable that the 15 constituent authorities should reconfirm their commitment to the Committee, and agree the revised Terms of Reference.

8.3 The Policy and Improvement Officer, Diane Owens, referred to the addendum to the report, which had been circulated to Members of the Committee prior to the meeting, and which provided additional detail, following legal advice, in terms of the purpose of the report, together with a revised set of recommendations.

8.4 RESOLVED: That the Committee:-

(a) notes the contents of the report now submitted, together with the addendum to the report, circulated prior to the meeting; and

(b) recommends to Council that it:-

(i) reconfirms its commitment to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation the new Congenital Heart Disease Review;

(ii) approves the Terms of Reference of the Joint Health Overview and Scrutiny Committee for the new Congenital Heart Disease Review as set out in Appendix 2 to the report now submitted;

(iii) requests this Committee to nominate a Member to sit on the Joint Health Overview and Scrutiny Committee in relation to the new Congenital Heart Disease Review and, upon nomination, agrees to appoint that Member to the Joint Scrutiny Committee in accordance with paragraph 7.3 of the Protocol for Yorkshire and the Humber Councils Joint Health Scrutiny Committees, as incorporated in Sheffield City Council's Constitution;

(iv) delegates the functions, set out in Appendix 1 to the report now submitted, that shall be exercisable by the Joint Health Overview and Scrutiny Committee, subject to the terms and conditions detailed in the Appendix; and

(v) approves amendments to the Protocol for Yorkshire and the Humber Councils Joint Health Scrutiny Committees so that the functions referred to in (b)(iv) above are incorporated.

(NOTE: In accordance with Council Procedure Rule 26 of the Council's Constitution and the provisions of Section 100B(4)(b) of the Local Government (Access to Information) Act 1985, the Chair decided that the above item be considered as a matter of urgency as it would need to be considered by Full Council, at its next meeting, in July 2014, although it had not been possible to give five clear days' notice that the matter was to be considered.)