

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

**Meeting held 15 April 2015**

**PRESENT:** Councillors Mick Rooney (Chair), Sue Alston (Deputy Chair), Jenny Armstrong, Olivia Blake, John Campbell, Katie Condliffe, Anne Murphy, Denise Reaney, Jackie Satur, Philip Wood and Sarah Jane Smalley (Substitute Member)

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

Helen Rowe and Alice Riddell

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**1. APOLOGIES FOR ABSENCE**

1.1 An apology for absence was received from Councillor Jillian Creasy, with Councillor Sarah Jane Smalley attending as her substitute.

**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 In relation to Agenda Item 8 (Quality Accounts – Sheffield Teaching Hospitals NHS Foundation Trust), Councillors Sue Alston and John Campbell each declared a Disclosable Pecuniary Interest as they were employees of the Sheffield Teaching Hospitals NHS Foundation Trust, but felt that their interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

3.2 In relation to Agenda Item 10 (Sheffield Health and Social Care NHS Foundation Trust 2014-15 – Quality Report), the Chair, Councillor Mick Rooney, declared a Disclosable Pecuniary Interest as a non-executive member of the Sheffield Health and Social Care NHS Foundation Trust, but felt that his interest was not prejudicial in view of the nature of the report and chose to remain in the meeting during consideration of the item.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on 25<sup>th</sup> February 2015, were approved as a correct record and the contents of the attached Actions Update were noted.

4.2 Further to the consideration of the above minutes and Actions Update, it was noted that:-

- (a) a written response had been provided to the questioner, who had asked a series of questions at the Committee's last meeting, relating to the Council's implementation of the Living Wage for Care Workers and the Unison Ethical Care Charter, and this would be circulated to the Committee;
- (b) the Policy and Improvement Officer would check as to whether Members could access staff complaints regarding Adult Social Care and inform Members of her findings;
- (c) the Homecare Commissioners would be invited to present a report to the Committee in the next Municipal Year on Adult Social Care Performance;
- (d) Domestic Abuse would be included in the Committee's Work Programme as an item for possible consideration at a future meeting;
- (e) the Recovery Plan in relation to Adult Safeguarding had been circulated to Members; and
- (f) the report of the Child and Adolescent Mental Health Service Working Group was to be presented to the Sheffield Health and Wellbeing Board, as part of the evidence base for proposing changes to the way services were provided in Sheffield.

## **5. PUBLIC QUESTIONS AND PETITIONS**

- 5.1 There were no public questions asked or petitions submitted from members of the public.

## **6. QUALITY ACCOUNTS - YORKSHIRE AMBULANCE SERVICE**

- 6.1 Steve Rendi, Head of Emergency Operations (South Yorkshire), Yorkshire Ambulance Service (YAS), and Gareth Flanders, Head of Quality, YAS, gave a joint presentation which updated the Committee on the work of YAS. The presentation focused on the Service's coverage, services provided, the national/regional context, A&E performance in Sheffield and quality. It also set out the priorities for improvement contained in the Quality Account 2013/14 and the priorities for improvement for 2015/16.

- 6.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- One person in each ambulance team was a qualified paramedic and the service target was for 50% from the service being so qualified. It should be noted that approximately 30% of 999 calls were capable of being treated on site.
- A Workforce Plan had been developed whereby paramedics would work with

a more junior colleague, with the aim of upskilling some of the junior operatives.

- A patient story video had been used for training purposes, together with learning from complaints and incidents.
- Staff would stay with a patient for sufficient time to assess the effects of any pain relief which had been administered. This would depend on individual patient needs and patients would not be moved unless given appropriate pain relief.
- Figures showing the trend in Red call demand (for the sickest patients) could be provided in the Quality Account.
- There were presently 25 paramedic vacancies across South Yorkshire. Recruitment was a national problem, with more paramedics being recruited from abroad.
- The National Staff Survey results were contained in an action plan which was included in the Quality Account.
- The introduction of a new Band 4 role would have no immediate impact on the numbers of paramedics. It was part of a career pathway to becoming a qualified paramedic and there was a rolling programme to upskill 70% of Band 3 operatives to Band 4.
- Applications for paramedic vacancies would be welcomed from those working for other NHS providers and consideration would be given to the Committee's suggestion of adopting a more pro-active approach to this.
- The YAS provided clinical staff for the Yorkshire Air Ambulance with four staff from South Yorkshire having completed the training to act in this capacity.
- Each paramedic had a report form to complete in relation to each call, which included information on the pain score. Staff were continually being educated to ensure completion of these forms, from which action plans were developed. The reporting of pain scores had improved and consideration was now being given to the use of electronic recording. Tough electronic boards were presently being used in West Yorkshire and these were to be introduced in South Yorkshire in September 2015.
- In relation to End of Life patients, partnership work was taking place which was looking at the right place-right time theme. Obviously, ambulance staff would not know the individual patient and an assessment would be made at the time of the appropriate pathway. The introduction of a clinical hub in the 999 call centre and the use of the tough book would contribute to improving this process.
- The Quality Account would include details of strategies to reduce patient falls.

- Patient feedback was based on six questions which covered the patient experience from initial call to the attending ambulance crew. The friends and family statement was also included, together with a comments text box. This information was used for training purposes and would be included by means of a chart in the Quality Account.
- In relation to the priorities, a CQUIN (Commissioning for Quality and Innovation) 3 report had been submitted and these had all been achieved, apart from the national response times. This was currently under discussion with the Trust Commissioners. The priorities would be RAG rated in the Quality Account.
- Work was being undertaken with staff to ensure a better balance between work and break time and it was managers' role to support this. These were very challenging times, with demand being very high at the moment, and it was important to ensure that staff had adequate rest and took leave.
- The YAS worked with acute partners in relation to pressures on A&E services on a local and regional level.
- A geographical breakdown of where timing targets were not being achieved would be circulated to Members, as would further information on survival to discharge.
- The movement to electronic recording would assist with patients receiving appropriate treatment.
- Bad, as well as good, patient experiences were included in the patient stories.
- Staff were aware of the need for recognition of both verbal and non-verbal communication, so that they could check for pain with patients where there were language issues.
- The 11.5% increase in Red call demand had been reported to the Clinical Commissioning Group.

6.3 RESOLVED: That the Committee:-

- (a) thanks Steve Rendi and Gareth Flanders for their contribution to the meeting;
- (b) notes the contents of the presentation and responses to questions;
- (c) requests that the Yorkshire Ambulance Service Quality Account 2014/15 be drafted so as to take account of the audience to which it was to be presented, with particular reference to the inclusion of:-

- (i) proof, trends and context to make it more meaningful;
  - (ii) an explanation of how indicators were determined;
  - (iii) actions being taken where targets were not being met; and
  - (iv) further information about the impact of continued underperformance on the eight minute target; and
- (d) notes that the Committee's response to the presentation, based on the Committee's discussions, would be drafted by the Policy and Improvement Officer.

## **7. QUALITY ACCOUNTS - SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**

7.1 The Committee received a report of the Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust, which presented a draft of the Trust's Annual Quality Report 2014/15. The report was presented by Sandi Carman, Head of Patient and Healthcare Governance, Sheffield Teaching Hospitals NHS Foundation Trust, who explained that the draft Quality Report took account of the Committee's comments made at its previous meeting. Also in attendance for this item was Michael Harper, Chief Operating Officer, Sheffield Teaching Hospitals NHS Foundation Trust.

7.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- The discharge of patients took place each day but Saturday and Sunday had the lowest number of discharges. Staff availability was being looked at in an attempt to address this imbalance.
- Consideration was being given to the best way of adapting the friends and family test to cover a number of situations.
- Work was being undertaken with the Commissioners with regard to the incidence of pressure ulcers, but it should be noted that some care was delivered in the community and this could include a multitude of providers.
- Discharge information was available online to supplement the leaflets which patients were already given. This was not, however, promoted widely, but consideration could be given as to how this could be flagged up on the Trust's website.
- All of the 2014/15 quality objectives had been carried forward to 2015/16, with three objectives being added as required.
- Patients were engaged in the process of the introduction of tent boards, which gave the name of the consultant and nurse responsible for the patient's care.

- The Trust's Governors reviewed the Complaints Service and on occasions met with individual complainants. Patients were also represented by having a Healthwatch representative on the Patient Committee.
- All literature was badged and all staff wore badges, so that people were aware that community services were part of the Trust. This contributed to helping people get in touch with the right service if they had any cause for complaint.
- Members' comments regarding the adaptation of tent boards for those who were not ambulant and ways in which the public could be made more aware of the Quality Report would be given due consideration.
- Statistics on patients' length of stay were included in returns to the Clinical Commissioning Group (CCG) and consideration would be given as to how delayed discharge could be included.
- The Trust undertook work with Sheffield Hallam University on dementia care training, with a wide range of training being available for staff and support workers. Details of mandatory training for staff on dementia care would be provided to Councillor Jenny Armstrong.
- The experiences of End of Life Care patients were monitored through the patient's family and the End of Life Care Group and were subsequently reviewed.
- Nursing staff and medical cover operated over a 24 hour period but there was a difference at weekends, particularly in relation to Accident and Emergency services and in relation to the presence of decision makers, although it should be noted that robust support was available to the junior doctors present, at all times.
- It was aimed to ensure that 'Do Not Resuscitate' notes were used discretely, as a matter of good practice.
- In relation to the low morale of nursing staff, it should be noted that their salaries were tied to a national pay scale and the importance of supporting staff was emphasised, with particular reference to monitoring sickness patterns, particularly where stress was a feature. A staff engagement survey also assisted in identifying any particular issues.
- It was expected that the guidance on the timing of the presentation of quality accounts was to be revisited next year, so that all data was available for inclusion. It was accepted that the present timescale was challenging and the Trust would welcome the Committee's offer to raise this with the Department of Health.
- Factors leading to cancelled operations were a lack of beds, equipment and

staff. This was currently being looked at and an action plan had been produced which could be shared with the Committee.

- The safety priority for 2015/16 had been included as part of a national safety campaign and additional funding had been received in this connection. There was therefore a national imperative for this priority and no specific cause for concern locally.

7.3 RESOLVED: That the Committee:-

- (a) thanks Sandi Carman and Michael Harper for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) notes that the Committee's response to the report, based on the Committee's discussions, would be drafted by the Policy and Improvement Officer; and
- (d) requests that an item on Cancelled Operations be included in the Committee's Work Programme.

## **8. QUALITY ACCOUNTS - SHEFFIELD CHILDREN'S HOSPITAL NHS FOUNDATION TRUST**

8.1 The Committee received a report of the Director of Nursing and Clinical Operations, Sheffield Children's Hospital NHS Foundation Trust, which presented a draft of the Trust's Quality Report 2015. The report was introduced by John Reid, Director of Nursing and Clinical Operations, Sheffield Children's Hospital NHS Foundation Trust, who made particular reference to the installation of a new computer system, the Care Quality Commission visit in 2014 and the building work which was taking place at the Children's Hospital.

8.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- In relation to the implementation of the recommendations from the Mid Staffordshire Public Inquiry, meetings were held with ward managers every six months and a tool had been developed to assess the number of interventions per child, so that the number of nurses required could be predicted. In addition, a quality dashboard had been placed on the Trust's website.
- A nutritional strategy was being developed, but this was difficult with children, mainly because of their short stays in hospital. They were given a visual choice and new trolleys had been introduced since the Task and Finish Group had investigated this issue. In addition, breastfeeding facilities had been provided.

- There were some IT issues involved in the electronic discharge process, with the Trust wishing to send this information by email to GPs, whilst they wished to have it put straight into their databases.
- It should be noted that families' satisfaction with the Children's Hospital had not suffered as a result of the building works, which was to be commended given the scale of the works.
- The presented Quality Report was a summary document, with hyperlinks being included to enable access to more detail.
- Current issues related to violence and aggression, which it was thought arose due to the Children's Hospital having a significant Mental Health Unit, and children's medication, which took many different forms, thus increasing the potential for error. With regard to the latter, a prescribing software application was awaiting approval.

8.3 RESOLVED: That the Committee:-

- (a) thanks John Reid for his contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) notes that the Committee's response to the report, based on the Committee's discussions, would be drafted by the Policy and Improvement Officer; and
- (d) requests that the Trust's report on Child and Adolescent Mental Health Services, which was to be presented to the Sheffield Clinical Commissioning Group in May 2015, be circulated to the Committee, and it was hoped that this would generate a collective response across providers and commissioners to improve current services.

**9. SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST 2014-15 - QUALITY REPORT**

9.1 The Committee received a report of the Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust, which presented a draft of the Trust's Quality Account 2014/15. The report was presented by Jason Rowlands, Director of Planning, Performance and Governance, Sheffield Health and Social Care NHS Foundation Trust. Also present for this item was Tania Baxter, Head of Integrated Governance, Sheffield Health and Social Care NHS Foundation Trust.

9.2 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Questions relating to the Intensive Treatment Service, the access to outside space at the Dovedale ward, the use of the outside space at Woodland View,



health and safety training and the carrying forward of the quality objectives from 2014/15 as part of a two year plan, would be addressed in the Trust's next report to the Committee.

- In relation to the Intensive Treatment Service, it was important to get the balance right between individual needs and group activities, with the service being developed in conjunction with the Occupational Health team.
- Work had been undertaken at the Dovedale ward to improve access to the outside space there.
- The Trust was looking to make improvements at Woodland View.
- In relation to the Mental Health Survey 2014, the performance of the planning of care centred on issues around the provision of a copy of the patient's care plan. A significant improvement programme, which focused on ensuring that recovery goals were reached, had been put in place, and the final draft of the Quality Account would provide more information on this.
- The side effects of medication were looked at in terms of recovery goals, recognising that treatment could have an adverse effect on physical health and getting better at communicating with other support organisations.
- In relation to the Memory Service, the Trust's performance with regard to getting seen was one of the best in the country. The improvement plans agreed with the Commissioners were being revisited and the outcome would be reported back to the Committee.

9.3 RESOLVED: That the Committee:-

- (a) thanks Jason Rowlands and Tania Baxter for their contribution to the meeting;
- (b) notes the contents of the report and the responses to questions;
- (c) requests that:-
  - (i) a further report on the outcome of the Care Quality Commission inspection which took place during October/November 2014, be presented to the Committee at an appropriate time; and
  - (ii) a report on the Memory Service be presented to the Committee at a future date, to explain actions being taken to improve waiting times; and
- (d) notes that the Committee's response to the report, based on the Committee's discussions, would be drafted by the Policy and Improvement Officer.

**10. WORK PROGRAMME**

10.1 The Committee noted the Draft Work Programme 2014/15.

**11. DATE OF NEXT MEETING**

11.1 It was noted that the next meeting of the Committee would be held on a date to be arranged.