

# Minutes

## Community Focus Scrutiny Committee

<b>Date:</b>	Thursday, 19 March 2015
<b>Venue:</b>	Town Hall, St Annes
<b>Committee members:</b>	Councillor Kiran Mulholland (Chairman) Councillor Christine Akeroyd (Vice-Chairman)  Councillors Tim Armit, Susan Ashton, Fabian Craig Wilson, Tony Ford, Gail Goodman JP, Barbara Nash, Edward Nash, Linda Nulty, Dawn Prestwich, Vivienne Willder
<b>Officers:</b>	Pat Oliver (NHS), Katharine McDonnell
<b>Members of the Public:</b>	There were no members of the public in attendance

### Public Platform

There were no speakers on this occasion.

#### 1. Declarations of interest

Members were reminded that any disclosable pecuniary interests should be declared as required by the Localism Act 2011 and any personal or prejudicial interests should be declared as required by the Council's Code of Conduct for Members.

There were no declarations on this occasion.

#### 2. Confirmation of minutes

RESOLVED: To approve the minutes of the Community Focus Scrutiny Committee meeting held on 22 January 2015 as a correct record for signature by the Chairman.

#### 3. Substitute members

The following substitution was reported under Council procedure rule 23(c):

Councillor Susan Ashton for Councillor Susanne Cunningham

Councillor Fabian Craig Wilson for Councillor Nigel Goodrich

Councillor Edward Nash for Councillor John Singleton

#### **4. Blackpool Teaching Hospitals – Update**

Pat Oliver (Director of Operations, Blackpool Teaching Hospitals) presented the annual update report from Blackpool Teaching Hospitals Trust, with specific regard to the mortality rate.

Mrs Oliver advised the committee that there were four separate measures for mortality rates, but the two main measures were the Hospital Standardised Mortality Rate (HSMR) which measured the numbers of deaths in hospital, whereas the Summary Hospital-level Mortality Indicator (SHMI) measured deaths up to 30 days after hospital discharge. Mrs Oliver explained that the SHMI included all deaths 30 days after discharge, not just deaths related to the reason for admittance to hospital.

She explained that the HSMR could include or exclude different measures which made the measure more sensitive to the local population. The SHMI was a national measure and was always published up to six months in arrears. Mrs Oliver explained that for the Trust to have a more up to date picture of the SHMI, they had mirrored the same measures in-house and maintained a rolling monthly figure. This was reported regularly to the Hospital Board.

Mrs Oliver drew members' attention to the expected mortality range of 110, and explained that following various service improvements, the Trust was near to achieving that expected range. The range reflected the type of hospital and the type of work the hospital undertook.

In regards of service improvements Mrs Oliver spoke about increased recruitment, and supporting new staff in a variety of ways to improve staff retention.

Members sought further information regarding staff recruitment and training. Mrs Oliver explained about the length of training time, and changes to models of care over time. For example there was currently a national strategy for more primary care and therefore more students were training to be GPs rather than hospital doctors, which had not been the case when many students had started their course.

One of the criticisms arising from the Keogh report, was the large number of clinical pathways the Trust was trying to implement. The Trust, therefore took the decision to concentrate on those pathways that formed the bulk of their work. Mrs Oliver explained, using a chest pain pathway as an example, that the pathways were reduced to the 12-15 key areas that needed to be got right to ensure a patient had the best possible outcome, and those measures were measured in minutes rather than weeks. She also explained that they were able to measure the pathway for each patient.

Mrs Oliver spoke about the challenges facing the Trust regarding the stroke pathway. Some of the particular challenges included slow referrals from GPs and the small number of stroke physicians, which meant cover for a 7 day service was a huge challenge.

The Committee discussed challenges regarding data managing and sharing of patient information. The Committee also discussed how timely, consistent sharing of information affected patient care. Mrs Oliver advised the Committee of a new Fylde Coast focussed system called EMIS that would hopefully improve the sharing of information between GPs, community nursing and the hospital.

Mrs Oliver spoke about the impact of winter on hospital services. She explained that it was partially due to seasonal illnesses, but also the lack of outside support services, such as social services and GPs, over weekends and bank holidays had a huge impact. This lack of support impacted on the Trust's ability to discharge patients, and increased the volume of patients attending A&E. These pressures had an impact on staffing, elective procedures and the maintenance of care pathways.

Mrs Oliver discussed the various strategies and processes that the Trust put in place to mitigate the impact of these pressures. Following questions from Committee, Mrs Oliver advised that only 20 elective procedures had been cancelled for the whole of January. To put this figure in context, she advised that the hospital operated on around 120 patients a day.

In regards to mortality reviews Mrs Oliver spoke about the Mortality Committee which offered peer review, Mortality Review meetings where clinical notes were reviewed to learn lessons, and the simulation suite. Mrs Oliver advised that the simulation suite, utilising sophisticated dummies and clinical notes, would re-run near misses and incidents to allow staff to learn in a safe environment.

Following the lengthy and in depth discussion, it was RESOLVED:

- 1) To thank Mrs Oliver for the report and her attendance at Committee; and
- 2) To recognise the work done to improve the mortality rates and the improvements made in the pathways.

The Chairman concluded the meeting by thanking members for their help, support and input to the scrutiny process over the last four years.

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