Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 11 July 2016 at 2pm

Membership

Councillors

Colleen Harwood (Chairman)
John Allin
Kate Foale
Bruce Laughton
David Martin
John Ogle

District Members

	Helen Hollis	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

Officers

Paul Davies	Nottinghamshire County Council

Also in attendance

Hayley Allison	Sherwood Forest Hospitals NHS Foundation Trust
Elaine Jeffers	Sherwood Forest Hospitals NHS Foundation Trust
Michelle Livingston	Healthwatch Nottinghamshire
Ben Owens	Sherwood Forest Hospitals NHS Foundation Trust
Mike Pinkerton	Doncaster & Bassetlaw Hospitals NHS Foundation Trust

MINUTES

The minutes of the last meeting held on 9 May 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

MEMBERSHIP

The Chair welcomed Councillor Hollis as the representative from Ashfield District Council and Michelle Livingston, the new Chair of Healthwatch Nottinghamshire.

DECLARATIONS OF INTEREST

None

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

Mike Pinkerton, Chief Executive of the Trust spoke to the committee about changes to the surgical pathway at Bassetlaw Hospital, and about the Trust's financial position. He emphasised that the two issues were not connected.

Surgical Pathway at Bassetlaw Hospital

Mr Pinkerton referred to changes to the surgical pathway at Bassetlaw Hospital, which had been taken to maintain the safety and efficacy of the emergency surgical service at the hospital. All emergency surgical patients presenting at the Emergency Department would be seen by a senior surgical doctor, and GP referrals would continue to be received as normal. The change had been prompted by difficulties in recruiting doctors to fill out-of-hours and in-hours middle grade rotas.

He described the new pathway, under which acutely unwell patients would be transferred to Doncaster Royal Infirmary (DRI) for treatment; patients to be reviewed in the Emergency Department would be seen by the consultant during the week until 6.00 pm, and by the specialist and associate doctors out-of-hours; "hot clinics" would be held twice daily for patients to be reviewed by the consultant; and some patients would be directly discharged with advice. More elective surgery would be taking place at the Bassetlaw Hospital, including bariatric surgery and Crohn's disease. The Trust had recently approved new Advanced Nursing Practitioner posts which would enable more complex surgery to be undertaken at the hospital. He observed that the changes had been well received by patients, and that standard mortality rates had improved to above the national average.

In reply to a question, Mr Pinkerton explained that the pathways for trauma cases remained as set two years previously: Sheffield was the major trauma centre, and DRI, Barnsley and Bassetlaw Hospitals were trauma units. The ambulance services would take patients to the appropriate location. It was possible to seek advice from Sheffield by transmitting scans electronically, and in the rare event that a patient was too ill to transfer, the DRI surgical team would transfer to Bassetlaw Hospital.

In terms of the recruitment difficulties, Mr Pinkerton stated that while the pathway changes were regarded as temporary, there was no immediate prospect of restoring the emergency pathway. He explained that nationally, the number of surgical trainees was not keeping up with demand, and that there were fewer training places at smaller hospitals such as Bassetlaw. Training was overseen by Health Training England. It was pointed out that the Joint Health Scrutiny Committee was currently looking into the recruitment of doctors and nurses.

Asked how capable the ambulance service would be to transfer patients between hospitals, Mr Pinkerton stated that EMAS had assured the Trust that they could provide ambulances as required, as long as some notice was given. He emphasised that the changes did not mean any downgrading of the A&E Department, and indeed A&E staff might feel better supported by the new "hot clinics". He pointed out that last year, Bassetlaw Hospital had been sixth best A&E Department in the country for waiting times.

There was a further question about long term resilience and how it would be measured. Mr Pinkerton relied that currently there was no problem in recruiting to general surgery posts, and proposals being developed under the Sustainability and

Transformation Plan (STP) could enhance the role of DRI, which in turn would attract more surgical recruits. NHS England would be assessing the robustness of the Plan. He added that the Trust would be consulting in September on changes to hyper-acute and children's surgery.

The Chair expressed disappointment that neither the Trust nor Bassetlaw CCG had informed the committee of the changes to the emergency pathway before they appeared in the press. There had been an opportunity to do so in meetings about the Trust's quality account. She assured the Trust that the committee wished to work cooperatively in the best interests of the people of Bassetlaw. Mr Pinkerton apologised, and explained that the changes had been complex and carried out at short notice. He offered to share with the committee the monthly briefing which the Trust provided to partners.

It was agreed that the Chair should write to the Trust to express the committee's disappointment about the lack of notice of the changes, and to ask that in future, any changes be notified to the committee in advance.

Update on Financial Position of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Mike Pinkerton introduced the briefing on the Trust's financial position, following the discovery in October 2015 of significant misreporting to the Board of Directors. The financial year had ended with a deficit of £46.7m (of which £10.3m related to a revaluation of the Trust's land and buildings). KPMG had undertaken an independent investigation, with recommendations for action. The Trust had appointed a director with responsibility for financial turnaround, supported by a dedicated internal delivery team, and overseen by a Financial Oversight Committee. The regulator, NHS Improvement, supported the Trust's response, and the Trust was already delivering savings.

Mr Pinkerton replied to a question about ensuring that financial information was correctly reported in future. He referred to the KPMG investigation, implementation of its recommendations, replacement of the Trust's internal and external auditors, and a full governance review to be undertaken in the autumn. Asked about how the Trust was measuring the impact of the turnaround on finance and quality, Mr Pinkerton said the Trust was taking a business intelligence approach, and progress being made on almost every measure. He indicated that a new finance director would be appointed in late July, and a new Chair of the Trust would be named shortly.

It was agreed to ask the Trust to provide a further update on its financial position in six months.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Quality Improvement Plan

Elaine Jeffers, Medical Director Assistant at Sherwood Forest Hospitals NHS Foundation Trust (SFHT), updated the committee on the Quality Improvement Plan at Sherwood Forest Hospitals. An overview of the various workstreams had been circulated. She stated that a great deal of progress had been made since March. An example of the Trust's robust approach was the Care Quality Commission's willingness to release the Trust from its notice to improve regarding sepsis. She

said there had been a change in culture and outlook in the Trust. In reply to a question, she explained that a victim attitude had been replaced by a can-do attitude and a sense of everyone working together for the benefit of patients. She was confident that any member of staff would be able to articulate the changes which had taken place.

Ms Jeffers was asked whether the Trust was making progress under the safety culture workstream, where two of the actions were off track. She stated that the Trust had now appointed all five clinical governance leads for safety. In relation to the target for providing Extended Critical Care Support to 2.00 am, the target had been changed to midnight. Benchmarking had shown that no other district general hospital had such a team till 2.00 am, and at SFHT there was no problem after midnight. She assured the committee that the decision to configure the service to midnight rather than 2.00 am had not been taken lightly.

Asked about ambulance turnaround times, Ben Owens explained that there was now better recording by the Emergency Department (ED) and EMAS, and the ED was warned when ambulances were on their way.

Questioned about the risks to maintaining improvement, Ms Jeffers stated that the Trust's focus was on the actions which were outstanding. For actions which were already completed, there was an audit and assurance plan. She expected that the CQC would return soon.

The committee congratulated the Trust on improvements in sepsis rates, and work done to improve mortality rates. It was agree that the committee should visit King's Mill Hospital in the New Year to see the improvements.

Emergency Department

Ben Owens, Clinical Director for Urgent and Emergency Care at SFHT gave a presentation on the achievements and challenges in emergency care at the Trust. He outlined recent performance, with the Trust ranking 19th out of 135 acute trusts for meeting the four hour waiting target in 2015/16 and ambulance handover times being the best in the region. Increasing demand for the emergency service and a complex case mix continued to be challenging. Further challenges included difficulties in recruiting doctors and nurses, and changes in the primary care provider following the failure of Central Nottinghamshire Clinical Services (CNCS). He explained the steps taken to improve the flow of patients through the hospital, and the closer working with primary and social care.

In response to a question about why there were more sick people at particular times, Mr Owens explained that this could, for example, be caused by frail elderly people becoming more ill because of extreme weather.

Newark Hospital

Hayley Allison, Assistant Chief Operating Officer, SFHT gave a presentation on SFHT's strategy for Newark Hospital. The Trust had looked at how to use the surplus bed space at Newark Hospital, and concluded that there should be less reliance on an in-patient model. There would be a move towards a single front door for patients, who would then be directed to the most appropriate service. Given the proportion of patients presenting with primary care needs, the skills mix at the hospital required change. There were also plans to increase the range of day case

procedures at Newark Hospital, with for example Nottingham University Hospitals offering satellite clinics at the hospital. She offered to return later in the year with more concrete plans.

She was asked about how the Trust was dealing with the CQC's finding that staff at Newark Hospital felt "out of the loop". She explained that the Trust had recruited to her post and the clinical lead's post, and services at Newark had been aligned with departments at King's Mill Hospital. She believed that the staff felt stronger than a year ago.

In reply to other questions, Ms Allison stated that the Trust was working closely with community providers, and that the hospital's urgent care facilities could cope with future demand from Newark's expanding population.

End of Life Care

This item was deferred as no information had been circulated. Paul Davies apologised for the slides for the two previous presentations not being available at the meeting. They would be published on the committee's web page for this meeting.

WORK PROGRAMME

The work programme was discussed. It was agreed to add to the programme

- promoting best practice on improved services
- six month update on Doncaster and Bassetlaw Hospitals.

The meeting closed at 4.20 pm

CHAIRMAN