

minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 1st March 2005 (commencing at 10.30am)

membership

Persons absent are marked with 'A'

COUNCILLORS

J T A Napier (Chair)

Mrs Sue Bennett (Vice-Chair)

A Colin Bromfield
A Kenneth Bullivant
Steve Carroll
Mrs K L Cutts
Yvonne Davidson
V H Dobson

Glynn Gilfoyle
Mrs V C Pepper
Chris Preston
R S Robinson
A R Strauther

CO-OPTED MEMBERS

Gail Maxfield
A Mandy Richardson
Barbara Venes

ALSO IN ATTENDANCE

Councillor M Brandon-Bravo

MINUTES

The Minutes of the last meeting of the Select Committee held on 18th January 2005 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Kenneth Bullivant and R Strauther.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

SHERWOOD FOREST HOSPITALS TRUST FOUNDATION STATUS

Jeffrey Worrall, the Chief Executive of Sherwood Forest Hospitals Trust, gave a presentation to the Select Committee on the Trust's application to become an NHS Foundation Trust. He indicated that a Foundation Trust was a public benefit corporation which was mutually owned by the members like a building society. It was still an NHS organisation and would cover the same services and sites as they did now. He explained that the Foundation Trust would have a membership and a governing body. It was regulated and had to meet standards. Its services were commissioned and paid for by Primary Care Trusts. Being a Foundation Trust would enable them to focus on their community needs. It would provide some financial freedoms and enable them to use the members to improve their response to patients' needs. A Foundation Trust is authorised and licensed by the Monitor – the independent regulator. The licence would be specific and a range of mandatory services would be defined in the authorisation. He explained that the application for Foundation Trust status was one part of a wider reform programme of developing a more responsive NHS.

Brian Meakin, the Chief Executive of Sherwood Forest Hospitals Trust, explained the proposed governance arrangements for the Foundation Trust. He indicated that it would be required to have a growing staff and public membership. It would also be required to establish a Board of Governors. More than half of the Board would be elected from the public and staff constituencies. In addition there would be a range of nominated partnership governors. The Board would be chaired by the Trust Chair and would be responsible for representing and communicating with the local community and holding the Foundation Trust to account. It would also be involved in setting and agreeing the overall Trust's strategic direction. He indicated that there were no firm set of rules for these governance arrangements, although there was a lot of guidance. The Regulator had to approve the arrangements. He indicated that they were working through proposals at the moment. A number of 35 governors had been suggested:- one representative from each Primary Care Trust, possibly Education and the University, staff representatives, District Council and County Council representatives and voluntary sector representatives. He indicated that the Trust would welcome the Select Committee's views. He pointed out that sorting out the public membership was an extended task as there was a need for a register, an election and the means of keeping in touch with members.

Brian Meakin explained that the Board of Directors would be chaired by the Foundation Hospital Trust Chair and would comprise executive and non-executive directors. The non-executive directors would be appointed locally and not through the Appointments Commission. The Board of Directors would be responsible for managing the Trust and would work closely with the Board of Directors. The key was for them to have a good working relationship.

Jeffrey Worrall explained that the vision of the Trust was to use the freedoms and new governance structures to develop services which meet the specific health needs of the local population. He referred to links to further education and pointed out that the majority of the staff came from central Nottinghamshire and there was a need to improve educational attainment. He added that the Trust was the biggest employers in central Nottinghamshire after the County Council. He pointed out that West Notts

College was a key partner for them through NVQ's. An increase was planned in the range of services provided locally through partnerships and networks, for example vascular, renal and neurology.

Brian Meakin explained the process for becoming a Foundation Trust. He indicated that there was a need for them to maintain their three star status. The Department of Health approval process was rigorous and they needed to have a robust and sustainable financial plan. The aim was for the Foundation Trust status to start from 1st April 2006.

In response to a question from Councillor Steve Carroll about a fair representation from Ashfield, Mr Meakin indicated that they would be sensitive to the breakdown on the Board. He pointed out that the hospital was in Ashfield.

In response to a question from Councillor Mrs Cutts, Mr Meakin stated that they had a working group of patient representatives from different patient groups who had a strong voice. They were also involved in the modernisation of acute services project. As a result they had got a very good patient group and it was hoped to try and involve all of them. Jeffrey Worrall indicated that they would be making a big effort to get out into the community. They would be using staff and volunteers to promote the hospital. They were keep for there to be a thorough consultation. He indicated that there would be a kids club membership as under 16's could not be full members.

In response to a question from Councillor Chris Preston, Mr Worrall stated that they had good relationships with the Primary Care Trusts and they had to work with them to see they had sufficient resources. They were not planning to ask the Primary Care Trusts to give funds for the Foundation Trust application. He pointed out that the new rules required charging to be transparent. He indicated that there was one ward they would like to close because they felt there was too much capacity. He stressed that there was no plans to close hospitals or wards to meet financial duties. He added that the Monitor would specify what was mandatory. With regard to pay rates they were committed to agenda for change and consultants contracts.

In response to a question from Councillor Gilfoyle, Jeffrey Worrall explained that with Foundation status they would be able to do things quicker, for example, they had waited 1.1/2 years to put a scanner into Newark Hospital. They would also be able to be clear where the Trust's strengths were, for example, they had one of the best lung cancer teams in the country and this should be developed. He added that the public should expect to see an improvement with Trust status.

In response to a question from Councillor Napier, Mr Meakin stated that the policy was that services were local and the aim was to make the NHS more locally responsible.

MODERNISATION OF ACUTE SERVICES PROJECT PRESENTATION

Jeffrey Worrall, the Chief Executive of Sherwood Forest Hospitals Trust, and John Williams, the Modernisation of Acute Services Project Director, gave a presentation to the Select Committee on the Modernisation of Acute Services Project. They indicated that the aim was to transform the provision of health care services in central Nottinghamshire by improved access for patients, improved care, better hospital environment and improving sustainability. It would also be a boost to the local economy. They currently had some of the poorest hospital stock in the area and the building programme would be a huge inward investment. Kings Mill Hospital was a 45 acre site and, for example, Children's Services were currently situated on four different parts of the site. It was a £266 million private finance initiative project to redevelop Kings Mill Hospital and Mansfield Community Hospital over 5 years. This compared with a £5 million capital budget annually for the Trust at the moment.

Skanska Innisfree Consortium had been chosen in August 2004 as the preferred bidder. Since then detailed designs were being worked up with staff and patient representatives, as well as detailed service delivery methods. The full business case had to be submitted in April 2005. Patient groups have been involved in the selection process of the preferred bidder. They indicated that they were committed to full patient and public involvement in the project. There is a dedicated Patients Reference Group which was part of the formal project structure and led by the Trust Chairman. It covered both hospitals and met monthly and considers all aspects of the clinical service reviews, design and evaluation. Crystal marked copies of the outline business case executive summary had been made available to the public through local libraries. Summaries and up-dates on the project were made available via Primary Care Trusts to all GP surgeries in the community. There have been public displays in local shopping centres. They emphasised that they did react to comments received.

John Williams indicated that the project would give the community:

- over 100 additional beds/day case spaces;
- dedicated women and children's centre;
- new diagnosis and treatment centre, including day case, outpatients, diagnostics and theatres;
- new integrated emergency care centre co-locating Social Services Emergency Duty Team, out-of-hours doctors, and NHS direct;
- new education and training centre;
- new pathology department;
- development of Mansfield Community Hospital site for intensive rehabilitation;
- consumerised facilities.

Bed spaces would be bigger, with no ward larger than 24 and 12 of them single beds en-suite. He pointed out that a new site entrance at Kings Mill Hospital had been completed and that work on site had started in January 2005. Work on site at Mansfield Community Hospital would start in 2007. Construction would be complete by late 2010 at both sites.

Members of the Select Committee viewed a video which gave an outline of the project.

Councillor Yvonne Davidson asked about public transport. Jeffrey Worrall stated that the Trust were working with Trent and Stagecoach Bus Companies to get routes onto the site. They were also working closely with the County Council's transport officers. John Williams pointed out that the internal roadways on the site were designed for buses to come onto the site.

In response to a question from Councillor Carroll, Jeffrey Worrall stated that the planning assumptions were based on what work was done with the current Primary Care Trusts. There would be some marginal changes, for example cancer work was moving to Nottingham. He did not anticipate looking for additional work. Brian Meakin stated that they were talking to Ashfield District Council about making the site more of a civic feature.

Councillor Mrs Cutts was impressed with the project which seemed to have patients in mind. She was also impressed with the rehabilitation unit. In response to a question from her it was explained that they were looking to use coalmine methane for heating. The clinical waste was disposed of off site. Eleri de Gilbert, the Chief Executive of Ashfield and Mansfield Primary Care Trust, stated that Ashfield and Mansfield would see state-of-the-art rehabilitation services.

In response to a question from Barbara Venes, Jeffrey Worrall stated that there would be facilities for individual consultations and day facilities on wards to encourage people to have meals away. A bathroom would be situated nearby the bays of 4 beds on the wards. John Williams explained that the education centre was about recruitment and training staff and providing a career path. He added that they did not have recruitment problems for domestic staff.

Councillor Dobson asked about Newark Hospital. Jeffrey Worrall stated that they were doing more than previously – 8% increase in elective work and 4% in emergencies. He added that they were also improving services at Newark, for example a new CAT scanner. He pointed out that Newark Hospital was an important part of the Trust's facilities and services.

Gail Maxfield asked about MRSA. Jeffrey Worrall indicated that the hospital would be built with infection control in mind. Materials used would reduce risk and be cleanable. They had also changed the way they worked and put a lot of effort on cleanliness and tidiness. He commented that cleanliness and MRSA were not intrinsically linked but that a lot came with it in spreading infection. Gail Maxfield asked about re-educating visitors to be more aware of infection risks and use gels. Jeffrey Worrall commented that visitors did use the gel but that it was about constant vigilance and about the whole environment. It was about the environment looking clean as well. In response to a question from Councillor Mrs Cutts, Jeffrey Worrall stated that the hospital were developing a dress code for staff and expected doctors to be presentable.

Councillor Mrs Pepper thought that the design looked futuristic but wondered whether there was to be any provision for patients to smoke, and felt that

consideration needed to be given to this. Jeffrey Worrall stated that the Trust policy was that it was a no smoking site but they had a shelter for smokers outside. Eleri de Gilbert commented that the Primary Care Trusts want to be smoke free. There were however difficulties in hospices and community hospitals where people were resident longer.

Councillor Napier commented that it was a challenging time but had a concern whether there would be the clinical staff available.

STUDY INTO THE MRSA SUPERBUG

Gail Maxfield commented that as Chair of the City Hospital Patients Forum she had not had any information about the cleanliness studies. Barbara Venes added that they had not received any training. Mr McGrady from the Chief Executive's Department stated that they were waiting for the Commission for Patient and Public Involvement in Health. Councillor Mrs Pepper referred to a vaporiser she had seen in use in South Manor on a rota visit which took germs out of the atmosphere. The machine apparently cost £600 and she thought its use could be investigated for hospitals.

Councillor Mrs Cutts felt strongly that doctors should wear coats. She pointed out that nurses and domestics were in uniform. It was pointed out that nurses received a tax allowance to wash uniforms.

It was agreed to write to Chief Executives and Clinical Directors of Trusts about the need for doctors to be appropriately dressed as part of the findings of the study into MRSA.

FOOD, EXERCISE AND DIET IN SCHOOLS PROJECT (FEDS)

Chris Gilbert from the Scrutiny Team updated members on the progress of the project.

The meeting closed at 12.30 pm.

CHAIR