Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 27 March 2017 at 2pm

Membership

Councillors

	Collen Harwood	
	John Allin	
	Kate Foale	
A	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
Alison Fawley	Nottinghamshire County Council

Also in attendance

Roz Howie	Chief Operating Officer, Sherwood Forest Hospitals Trust
Ben Owens	Clinical Director, Sherwood Forest Hospitals Trust
Michelle Livingston	Healthwatch, Nottinghamshire
Dawn Atkinson	Mansfield & Ashfield CCG

MINUTES

The minutes of the last meeting held on 16 March 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

Apologies were received from Councillor Bruce Laughton and Councillor Bruce Laughton.

DECLARATIONS OF INTEREST

None.

The Committee agreed to take Item 6 on the Agenda – Sherwood Forest Hospitals Performance Update (including pharmacy delay) - earlier in the agenda

SHERWOOD FOREST HOSPITALS PERFORMANCE UPDATE (INCLUDING PHARMACY DELAY)

Ben Owens and Roz Howie presented a briefing to update Members of the significant improvements that had been made further to the Care Quality Commission (CQC) inspection. Particular focus was given to emergency care transformation and pharmacy delay.

During the presentation, the following points were highlighted:

- Significant progress with the 4hour emergency standard had been made and in 2016/17 the Trust continued to be the best performer in the region and in the top 10 in the country.
- Length of stay had reduced from 8.3 days to 6.5 days and had been static at this level for over 8 months. However January had seen an increase but this was felt to be expected in winter.
- Mr Owens explained the risks that poor flow could bring which included higher mortality, more bed moves, higher cost and failure to meet targets.
- Steps taken to improve flow included maximising the co-located Primary Care facility, agreeing Emergency Care Standards, hot clinics, short stay ward, Frailty Intervention Team.
- Very few elective procedures had been cancelled.
- Savings of circa £6m by reducing the bed base by 60.
- The CQC rating for the Emergency Department was now good.

During discussions the following points were raised:

- Readmission rates were monitored to ensure that patients had not been discharged too early and deaths in the community were reported via the Coroner's Court. Care was taken that the wishes of people at the end of life were considered as hospital was not always the appropriate place to die.
- Treatment in the community was a more cost effective option and by working with community alliances it would free up funding to be spent more effectively. This would be measured by the Commissioners through joint working. However hospital would always be an option if it was in the patient's best interests.
- The Better Together Alliance were looking at a number of streams of work which would help with the efficiency of the Emergency Department.
- Procedures were in place for patients presenting with mental health problems. Issues regarding availability of beds across the country would be referred to the Joint City/County Health Scrutiny Committee although Members requested data for north Nottinghamshire be made available.

Pharmacy delay

Roz Howie briefed members regarding the ongoing work to expedite discharge from hospital.

She highlighted the following points:

- A stock of pre packed medicines are held on the ward to allow dispensing at the patient's bedside
- There is a 9am - 5.30pm ward based service and a dedicated service via Vocera (bleep system) between 11am-1pm and 2pm-5pm.
- The Trust worked closely with community pharmacies to ensure continuation of medication after discharge.

During discussions the following points were raised:

- Recruitment and retention of Pharmacists was an issue for the Trust as more attractive conditions could be found in the Community, for example, no weekend working.
- Investment is required in technology.
- Work was ongoing with the Better Together Alliance to address some of the issues.

The Chair thanked Mr Owens and Ms Howie for their reports**.**

DISCHARGE ISSUES

Dawn Atkinson gave a presentation which informed Members about the work being undertaken to prevent unsafe discharge.

During her presentation Ms Atkinson highlighted the following points:

- The overall impact of implementing a fully integrated discharge system would support a reduction in the following areas: non elective admissions and readmissions, length of stay, excess bed days and demand for long term residential care.
- There was no short term solution to addressing the issues but there was shared commitment to developing a whole system plan which included redesign of the service to establish appropriate pathways which would inform future commissioning plans.
- Progress to date included preliminary mapping of services, stakeholder workshops and development of pathways for complex discharges.
- A transformational integrated model had been developed by the Project Team as a result of engagement events and the next steps would be to translate this in to an operational delivery model.
- Aspects of good practice had been identified and built into the model.

During discussions the following points were raised:

- Traditional measures to determine outcomes did not completely reflect patient/carer feedback and it was hoped to include both quantitative and qualitative measures in future.
- Workforce issues were a challenge and this was reflected in the workforce stream of the STP.
- A robust information sharing protocol was in place.
- Cultural change was thought to be the greatest challenge and was about different services accepting that they can manage patient care.
- Strategic commissioning would ensure the best use of funds.

IMPROVING IT LINKS BETWEEN GP SERVICES AND HOSPITALS

Dawn Atkinson introduced a presentation which informed Members about the work being undertaken to improve information technology (IT) links.

The presentation described the infrastructure and developments implemented which provided a more reliable and faster system and the preparations for allowing public access in GP sites.

The following developments were highlighted:

- Electronic Prescribing software
- Electronic transfer of patient records between practices
- Patient online access
- Availability of GP records to support direct care
- Tools to alert GPs and multidisciplinary teams to gaps in care and care planning
- Best practice templates

During discussions the following points were raised:

- Engagement with patient representative groups would be needed to encourage use of online systems and to understand the challenges and barriers to using such a system. The option to telephone or call in to a surgery would not be removed.
- Timeliness of data being entered on to the system was key for information sharing and that the workforce needed to be confident regarding the protocols for sharing information.
- New ways of working were a cultural shift and would be a challenge to be embraced by some staff for example, use of Skype.

The Chair thanked Ms Atkinson for her presentation and requested that an update be brought to the November meeting.

WORK PROGRAMME

The work programme was discussed and it was agreed to add the following items to the work programme:

- NHS England trajectory
- Notts HCT – mental health provision
- Winter pressures

The meeting closed at 4.05pm

CHAIRMAN