

Health Scrutiny Committee

Monday, 04 November 2013 at 14:00

County Hall, County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the alst meeting held on 15th July 2013 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Outcomes of the Keogh Report, including mortality rates at Sherwood Forest Hospitals | 9 - 18 |
| 5 | Sherwood Forest Hospitals Foundation Trust | 19 - 28 |
| 6 | Area of Concern - Misdiagnosis | 29 - 30 |
| 7 | Health Scrutiny Training and Development | 31 - 32 |
| 8 | Work Programme | 33 - 40 |

NOTES:-

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Members or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 9772826) or a colleague in Democratic Services prior to the meeting.

(4) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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Membership

Councillors

- Kate Foale (Chairman)
Colleen Harwood (Vice-Chairman)
A Bruce Laughton
John Ogle
Jacky Williams
John Wilmott

District Members

- Jim Aspinall - Ashfield District Council
A Paul Henshaw - Mansfield District Council
Tony Roberts - Newark and Sherwood District Council
Griff Wynne - Bassetlaw District Council

Officers

- Paul Davies - Nottinghamshire County Council
David Ebbage - Nottinghamshire County Council

Also in attendance

- Keith Mann - NHS England
Phil Mettam - Bassetlaw CCG
Dr Amanda Sullivan - Mansfield/Newark & Sherwood CCG

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 3 June 2013 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

An Apology for absence was received from Councillor Bruce Laughton.

DECLARATIONS OF INTEREST

There were no declarations of interest.

BASSETLAW HEALTH SERVICES

Representatives from the Bassetlaw CCG, gave a presentation to members on the work of Bassetlaw Clinical Commissioning Group.

Their role is to commission local services and to work closely with the Primary Care Trust (PCT) setting specific targets and to make sure the quality of care to patients is improving. This is led by GPs and nurses from district hospitals. For them to be effective, working in a collaborative way is vital.

During the discussion the following points were made:-

- Bassetlaw Hospital is a small district hospital serving its population of 112,000. 172 beds are situated at the hospital.
- The Bassetlaw District has significant amount of elder people living in the area, the hospital takes up to 20 admissions a day.
- The hospital does have a midwifery situated there but women who are high risk are usually referred to Doncaster Hospital.
- Friends and Family tests and patient forums help provide feedback for the service. Governors from the Trust also take visits around the wards communicating with the patients themselves.
- The CCG recognised that the Integrated Care Board needed improvement for the Community Service and Care Homes and an Action plan is in place to help start that.
- Dementia Summit was held to give an opportunity for carers to feedback their views on caring.
- A Community Pilot Programme around Community Paramedics is helping paramedics integrate into local services. Bassetlaw are required to transport into Yorkshire as well as Nottinghamshire.
- Talks are in place to get ambulance hub stations located at Fire Stations as well as Bassetlaw Hospital.

The Chair thanked the representatives from Bassetlaw CCG for their presentation and for answering questions.

MANSFIELD/NEWARK & SHERWOOD HEALTH SERVICES

Dr Amanda Sullivan gave a brief presentation to members on the work of Mansfield/Newark & Sherwood Health Services, highlighting the following key points:-

- The organisation serves its 127,000 population which is broken down into 5 constituencies.

- The vision for the next 3 years is illustrated in the Shift Left model graph, which breaks down the cost per day for the different types of care they offer. Dr Sullivan confirmed that figures for this were accurate and Members commended this and requested a copy.
- £1.5m has been given to the community services to help improve links in Social Care and the Integrated Health Teams.
- A Flo-texting service has been running where carers can monitor patients with long term conditions.
- The Family Nurse Partnership is an important service to help to bring down the numbers in child poverty. Over 4,000 children are in poverty in the Mansfield/Newark & Sherwood area. This service helps single parents feel supported, develop parenting skills and cope with day to day life with a child.
- The Out of Hours service has an increased demand but is now operative at certain hours on weekends. The CCG recognise the need for improvement and are looking at ways to develop this service.
- Performance monitoring of the service takes place through the friends and family test. Every month a patient participation group meet and a survey is handed out around wards to help gain feedback on ways to improve also.
- There seems to be a capacity problem for ambulances within the area. Things are improving but there is a long way to go.

The Chair thanked Dr Sullivan for her attendance and for answering members questions.

MORTALITY RATES AT SHERWOOD FOREST HOSPITALS

The Chair circulated a letter to members which was sent to Sir Bruce Keogh explaining the concerns the Committee have and how Members welcomed the in depth review into Sherwood Forest Hospitals NHS Foundation Trust.

Dr Amanda Sullivan informed the Committee that the CCG are holding an independent review also.

The Committee was happy to wait for both of these reviews to be carried out and then be brought back to a future meeting in November.

KIRKBY COMMUNITY PRIMARY CARE CENTRE: PLANNED PROCUREMENT

Keith Mann from NHS England gave members a briefing on the planned tender process for a replacement contract for primary medical service at Kirkby Community Primary Care Centre and raised the following points:-

- There will be a 90 day consultation period for the public.

- 4 GPs plus practice nurses will be situated at the Centre.
- The bidding process and the timeline for a new contract to be initiated was explained. A bidders day will be held with public involvement. This day will bring in new opportunities for new buyers to come in to the process. From there the bids will be evaluated by a specialist team. At the end of that stage the outcome of the approved supplier will be announced with the service commencing in April 2014. The process cannot be conducted any quicker.
- The contract will be looked at every 5 years. Members were concerned that this was too frequent but Mr Mann explained that this was a legal requirement. This raised further concerns with members about the contract itself and the tendering process.

Members expressed concerns about the consultation and whether this could actually influence the final outcome. Serious concerns were also raised about the tendering process.

Members agreed for an update of the review to be brought back to the committee in 6 months' time.

WORK PROGRAMME

The work programme was discussed and noted.

The meeting closed at 3.05pm.

CHAIRMAN

15 July - Health Scrutiny

4 November 2013**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****OUTCOMES OF THE KEOGH REVIEW AND MORTALITY RATES AT
NEWARK AND SHERWOOD HOSPITAL****Purpose of the Report**

1. To introduce a briefing on the outcomes of the Keogh Review, and further information on mortality rates at Newark and Sherwood Hospital.

Information and Advice

2. Members will recall that at the last meeting of the Health Scrutiny Committee on 15 July, the committee heard that Sir Bruce Keogh would be conducting an in-depth review into Sherwood Forest Hospitals NHS Foundation Trust. In addition, the committee heard from Dr Amanda Sullivan, Chief Operating Officer of the Newark and Sherwood Clinical Commissioning Group (CCG) that the CCG would also be conducting an independent review of Sherwood Forest Hospitals NHS Foundation Trust. Briefings on both the Keogh review and the review conducted by the CCG are attached to this report as appendices.
3. The Keogh Review identified the following issues:
 - A significant backlog of complaints at the time of the review visit, including complaints dating back to 2010.
 - Significant backlog in discharge letters and clinic appointments, and backlogs in reading scans and x-rays.

Other urgent actions

- Significant concerns around staffing levels at both King's Mill Hospital Newark Hospital and around the nursing skill mix, with trained to untrained nurse ratios considered low, at 50:50 on the general wards.
- Concerns about the effectiveness of the governance at Newark Hospital, with no clear way for this group to feed into the overall Trust governance structure.
- Better training, and frequent audits of fluid management processes, is needed to improve fluid management
- Concerns over the number of patient moves and outliers within the Trust, and the quality of handovers for patient care.

- The Trust did not appear to have a patient engagement strategy or systems to engage with and obtain feedback from patients and act upon it.

In addition, during the review process, the panel – an experienced team of doctors, nurses, patients, managers and regulators – observed that Board-level focus on quality and the patient was still developing. There was an absence of a strong strategic direction and trust-level working, as well as a lack of performance information to support quality improvement. This was also seen through the absence of a clear strategy for Newark Hospital, with no clearly articulated future for the hospital or strategy for the best use of the facilities there.

4. Members are requested to receive the briefing and ask questions about both the issues raised by the Keogh report and the response thereto, as well as

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing
- ii) ask questions as necessary
- iii) schedule further consideration

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report – Professor Sir Bruce Keogh

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council
Health and Scrutiny Committee – 4th November 2013

Sherwood Forest Foundation Trust Keogh Update

1. KEOGH Review Identifies Areas for Improvement

In June 2013, as part of a programme of reviews at 14 NHS Trusts with higher than average mortality rates, two announced and one unannounced visits took place at Sherwood Forest Hospitals Foundation Trust by a team consisting of lay members and a range of clinical professionals. The findings were presented at a Risk Summit in July and a resulting action plan was developed by the Trust. Since July the Trust has been working to improve against each of the areas of concern highlighted.

This paper aims to provide the Health Overview Committee with an update against those where the Trust has reported achievement and sets out areas to be addressed in the coming months.

2. Update on actions to be delivered to date.

The action plan identified thirteen overarching areas for improvement by the Trust, this section covers those implemented by the Trust.

- **Complaints backlog** to be cleared and new process to be developed – the Trust has reported that the backlog of complaints has been cleared and a more robust complaints process has been developed
- **Nurse staffing levels and skill mix** – the Trust have reported Intentional Rounding (nurse ward rounds) has been implemented and a nurse has been appointed to ensure all areas are supported in delivering benefits to patient care and experience through this process. The Trust took immediate action in response to nurse staffing levels at night by either increasing the qualified staffing levels from 2 to 3 or when this was not possible due to lack of availability of staff/agency staff then 1 additional qualified nurse worked between two wards. The CCG has undertaken two unannounced out of hours visits since the Keogh review, one to Newark Hospital and one to Kings Mill. On the Kings Mill site improvements in patient care associated with the additional qualified nurse were identified. At Newark Hospital nurse staffing was adequate for the number of patients on the wards at the time of the visit but the team did hear concerns over the number of staff moves to cover staffing on Sconce Ward. The current changes are a temporary measure until a full nursing review is completed.
- **Fluid management** - the Trust have added fluid management and nutrition to induction days and set up specific training on fluid management for staff. A review the protected meal times and red jug policy has also been undertaken. An assurance model has been developed to monitor compliance.

- **Newark Hospital** – in reviewing staffing cover at Newark (including anaesthetist cover) the Trust has suspended intra abdominal surgery at Newark. Patients are being treated at Kings Mill. The Trust has reviewed its procedure for ensuring that Newark hospital always has medical cover at night even during episodes of sickness.
- **Development of focus on quality at Board level** - A patient story at Board meetings has been implemented. A wide ranging quality report was submitted to the Board meeting in August. All Board meetings are now in public.
- **Ward performance information and organisational learning** - All wards now have quality and safety dashboards and a process for discussing results has been agreed with NHS England.
- **Concerns over patient location and high number of patient moves** – Trust reports bed modelling is complete along with the implementation of bed management meetings, including forward planning.
- **Handovers** (at the time of the review nurses only had 20 minutes to handover patients) – handover times have been extended and all nurses get a full handover.
- **NEWS(National Early Warning System)** roll out – policy reviewed, rolled out and sent to all appropriate staff.
- **Supporting structures and services** - backlog in radiology cleared and terms of reference for review agreed with Clinical Commissioning Group. Clinic letters now being sent by 10 working days.

3. Sherwood Forest Hospitals Actions to be delivered in coming months

The action plan also set out a number of areas in which longer timescales were appropriate.

- **Nurse staffing** – a full review will be presented to the Chief Nurse of Midlands and East, NHS England, for review prior to presentation at the Trust Board
- **Strategic direction** – there are a eleven strategies to be delivered:

By end of October:

- Clinical strategy to submitted to Monitor**
- Nursing Strategy to be published**
- Patient Experience to be published**
- Quality Strategy to be agreed by Trust Board**
- Newark Hospital Strategy**

By end of November

- Organisational Development by November**

By end of December

- vii. Communications strategy
- viii. Workforce strategy

By end of January

- ix. Estates strategy
- x. Information Technology

By end of March 2014

- xi. Research Strategy

4. Clinical Commissioning Group (CCG) actions identified through the Keogh review

The actions identified as being led by or requiring CCG input were are follows:

Consider Nottingham University Hospitals (NUH) becoming full partners in the Mid Nottinghamshire Review – **NUH are partners.**

To consider setting up a review of mortality rates for Newark residents – **a review covering Newark, Sherwood, Mansfield and Ashfield residents has been commissioned** (terms of reference are being presented on the agenda)

CCG to be involved in a Newark Strategy review – **Strategic Direction developed**
Programme of unannounced visits to the Trust to assess adequacy of staffing – **completed**

Radiology backlog terms of reference to be agreed with CCG – **completed.**

Finally, a visit from a panel consisting of a selection of the original Keogh team will take place before the end of the year to assess delivery against each action.

Dr Amanda Sullivan
Chief Officer

NHS Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups

Nottinghamshire County Council

Health Scrutiny Committee – 4th November 2013

Independent review of mortality – Overview of Scope, Purpose and Presentation of Findings

A. Background

The Mid Nottinghamshire Clinical Commissioning Groups (Newark and Sherwood and Mansfield and Ashfield) have commissioned an independent review of the factors impacting upon the mortality of their constituent populations. The review is designed to build upon the lessons from the Keogh Review at Sherwood Forest Hospitals NHS Foundation Trust, and also to consider whether changes in patterns of service provision in recent years affecting the locality have impacted upon mortality rates (e.g. Newark Hospital, cardiovascular services).

The Keogh Review focusses specifically upon mortality within the acute hospital setting. This independent review of mortality considers the wider factors that may impact upon mortality rates, acknowledging that there is an inter-play between public health and healthcare performance and between primary care performance/effectiveness and acute hospital performance. Therefore the independent review considers;

- Public health and population demographics
- Primary care access and performance
- Acute hospital access and performance

The review analyses all deaths; initial data analysis suggests that for the population of Mid Nottinghamshire:

- Around 55% deaths occur in hospital
- Around 17% of deaths occur outside hospital but within 30 days of discharge from hospital
- Around 28% of deaths occur outside hospital unrelated to a hospital admission

B. Over-arching aims of the investigation

1. To create a baseline assessment of different measures that provide an indicator of underlying mortality
2. To determine the factors that contribute to increased mortality rates^{1 2} across Mid-Nottinghamshire CCGs.
3. To understand whether there are specific areas for improvement within resource allocation (healthcare commissioning decisions) and / or provider quality.

¹ 2012 Standardised mortality ratio for Mid Notts is approx. 109 compared to 99 for England (100 for England and Wales) and 101 for East Midlands and 102 for Nottinghamshire. This equates to around 280 more deaths per annum than an SMR of 100.

² Two out of three of the local acute providers have higher than expected observed deaths (as measured by SHMI)

C. Methodology:

The review has focused on analysis of datasets, and interpretation of the results. Audit of clinical notes/medical records, specific case reviews, and engagement at GP practice level will take place at the next stage if required.

Wherever possible, datasets have been linked to improve the quality of analysis (e.g. hospital, ambulance and primary care) by generating a pseudo-anonymised key to enable analysis whilst protecting patient-identifiable information.

D. Key Lines of enquiry of the Review and Areas of Focus for Findings:

The review has considered in depth the differential factors that may impact upon mortality across all settings. The terms of reference included:

- Analysis of mortality trends over the last 5 years, by postcode area and by registered general practice.
- The review seeks to determine whether there are correlations between GP practice mortality rates and areas of practice performance that warrant further investigation.
- The review considers whether there is an association between travel times to the nearest Accident and Emergency Department and mortality rates. This includes consideration of the impact of changes in travel times for different GP practice populations and whether there is any correlation with mortality rates over same period.
- The review considers whether any significant service changes have impacted on mortality rates (e.g., re-classification of Newark A&E to an MIU, ambulance performance trends). This includes development of a timeline and comparison of key events with any changes in absolute mortality or mortality rates.
- The review analyses specific in-hospital indicators that are associated with high mortality rates (e.g., numbers of transfers, day of admission, age ranges, patients not on appropriate specialty ward).
- The review considers the extent to which high levels of bed occupancy impact upon measures of poor performance such as levels of hospital acquired infection, errors and excess deaths. This analysis will be restricted to patients admitted to the Sherwood Forest Hospitals NHS Foundation Trust only, and is distinct from the work in relation to ward based performance required by the in accordance with the Keogh Review Action Plan.
- The review seeks to identify areas for improvement in end of life care (including patients dying in hospital, particularly after long length of stay or with palliative care designation). It will also consider whether care home residency has an impact on mortality rates.

- The review considers the impact of socioeconomic status on mortality rates across Mid-Nottinghamshire and potential reasons for variation (e.g. late presentation of diseases, lack of early detection).
- The review considers whether specific demographic groups are more likely to die earlier than expected across Mid-Nottinghamshire and to determine potential underlying reasons for variations (particularly using 2011 census data).

E. Presentation of the Findings

The independent review has been undertaken by a third party, with particular expertise in data analysis and statistical presentation. Triangulation of data is used to allow any uncertainty within the analysis to be bounded. Whilst the emerging findings have been tested with key stakeholders in the acute, primary care and public health sectors serving the localities, an independent clinical advisor from outside the region has assisted with the interpretation and presentation of the results of the analysis. The independent clinical advisor has also worked with the analysts to consider findings in the context of national trends and indicators.

The final report of the independent review is being concluded ready for publication on 4th November 2013 . The report will contain an executive summary, detailed analysis of data, interpretation and findings and supporting appendices. The key findings will be presented to the Health Scrutiny Committee on November 4th 2013.

Dr Amanda Sullivan
Chief Officer
NHS Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups

4 November 2013**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****SHERWOOD FOREST HOSPITALS FOUNDATION TRUST****Purpose of the Report**

1. To provide further briefing on the work of Sherwood Forest Hospitals Foundation Trust.

Information and Advice

2. Further to consideration of the response to the Keogh Review and the independent review of mortality rates conducted by the CCG earlier in the agenda for this meeting, Paul O'Connor, the new Chief Executive of the Trust will attend the meeting to present a briefing and answer questions.
3. A copy of their presentation is attached as an **appendix** to this report.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers the briefing from the Sherwood Forest Hospitals Trust.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected
All

Presentation to Nottinghamshire County Council

Health Scrutiny Panel

4th November 2013

Regulatory Requirements – Update on Progress

Paul O'Connor, Chief Executive,
Sherwood Forest Hospitals NHS
Foundation Trust

Monitor Interventions:

Sept 2012: “In Significant Breach of its Terms of Authorisation”

April 2013: “In Breach of its licence”

Translates as: “Suspends the freedom of a FT to operate as an autonomous body”

- Key Board positions
- Monthly Monitoring
- Explicit Improvement Criteria

- Carrot: FT Autonomy
Progress required defined in Monitor's
“Discretionary Requirements”
- Stick: “Failure to develop a solution may lead
Monitor to consider whether it is
appropriate to enact its failure regime”
If it does –
Monitor needs to consider how best to
“protect and promote the needs of
those who need to access healthcare”

So what are the “Discretionary Requirements”?

1. Board and Quality Governance

Driver	–	2012/13 governance failure
Defined	–	Oct 2012, by PWC
Target	–	Action Plan completed by 31 Oct 2013
Progress	–	Good at May 2013, but updated for new Board

2. Financial Governance

Driver	–	2012/13 FRR failure
Defined	–	Oct 2012, by KPMG
Target	–	Action Plan completed by 31 Oct 2013
Progress	–	Good at May 2013, but delivery to take months/years, E&Y commissioned to establish cause and PFI premium

3. Keogh Rapid Response Review

Driver	–	HSMR Mortality outlier
Defined	–	July 2013, by RRR Risk Summit
		- Immediate
		- Urgent
		- All risks
Target	–	Immediate & Urgent completed by 31 Oct 2013
Progress	–	On target

4. CQC

Driver	–	Keogh (& CQC reputation . . .)
Defined	–	September 2013, by CQC
Target	–	Warning notice and all Keogh immediate & urgent actions to 31 Oct 2013
Progress	–	On target

“Special Measures”

11 of 14 Keogh Trusts, including Sherwood Forest

5 key actions:

- Each Trust partnered with high performer
- Action Plans published & updated on NHS Choices
- Improvement Director appointed by and accountable to Monitor
- Continued suspension of FT freedoms to operate as autonomous body
- Leadership of each Trust to be reviewed

Target:

Special Measures lifted

How:

CQC re-inspection (like Keogh RRR) Jan – July 2013

Probable areas:

Keogh immediate & urgent
“Not Inadequate Care”
Leadership capability

Monitor Key Checklist/actions

31 October 2013

Improvement Plan

- Answer the exam question?
- Deliverable?
- Risks?

Commissioner Engagement and Support

4 Regulatory Action Plans progress

Quality Governance Framework

- < 4 = success
- 13 at October 2012
- 6 at August 2013
- 3.5 Target at Q2 self assessment 31 Oct 2013

4 November 2013**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****AREA OF CONCERN - MISDIAGNOSIS****Purpose of the Report**

1. To introduce a briefing on misdiagnosis and to give the committee the opportunity to determine whether or not this is an appropriate subject for a Scrutiny review.

Information and Advice

2. The Health Scrutiny Committee has previously identified the misdiagnosis of medical conditions as an area on which to receive briefing. When a Health Scrutiny Committee has concerns about a particular subject following a briefing, the committee may decide to instigate a Scrutiny review.
3. Scrutiny reviews may take place: as part of the regular work of the committee, or as either a sub-committee or study group (NB sub-committees meet in public and study groups in private). Scrutiny reviews gather evidence and produce a final report which contains evidence-based recommendations.
4. An NHS representative will provide a detailed presentation on this subject area.
5. Following the presentation and questions, Members should determine if this is an appropriate subject for review; and following that decide on the method of review. If the method of review is to be sub-committee or study group, Members may wish to indicate if they have an interest in the subject – subject to confirmation from group business managers where appropriate.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) Determine whether or not this is a suitable subject for a Scrutiny review
- ii) Indicate the means by which the review should be undertaken (i.e. committee, sub-committee or study group)

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

4 November 2013**Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****HEALTH SCRUTINY TRAINING AND DEVELOPMENT****Purpose of the Report**

1. To invite Members to consider and agree on the provision of a Health Scrutiny training and development opportunity for both Nottingham City Council and Nottinghamshire County Council elected Members.

Information and Advice

2. The Centre for Public Scrutiny (CfPS) is a charity whose principal focus is on scrutiny, accountability and good governance, both in the public sector and amongst those people and organisations who deliver publicly-funded services. The Centre for Public Scrutiny's Expert Advisory Team provides training and development to elected Members in the complex area of Health Scrutiny.
3. Following discussion with the Chair and Vice Chair, the officer supporting this committee invited the CfPS to tender to provide a half day training session covering some of the essentials of Health Scrutiny. The sorts of issues likely to be covered are set out in the bullet points below.
 - The role of health scrutiny and how it interlocks with other things, such as, Healthwatch and the Health and Wellbeing Boards
 - NHS organisations/commissioning
 - Effective questioning/evidence gathering and the development of recommendations
 - How to deal with Substantial Variations and developments of service, and when to make a referral
 - The reputational risk associated with poor health scrutiny and the Francis Inquiry.
4. The cost of a half day training from an expert adviser is £1200 plus VAT and travel costs. This equates to two days of the expert adviser's time. In order to mitigate this cost, the officer supporting this committee has approached Nottingham City Council counterparts, and the City Council has agreed to bear half of the cost if the session is open to their Health Scrutiny Members (which, of course, includes the City membership of the Joint Health Scrutiny Committee for Nottingham and Nottinghamshire).

5. The training and development would take place on a day to be agreed upon – subject to the availability of the expert adviser and agreement with the City Council Health Scrutiny Chair, Councillor Klein.

RECOMMENDATION

- i) That the Health Scrutiny Committee agrees the provision of a half day training and development session to be delivered by an expert adviser from the Centre for Public Scrutiny.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil.

Electoral Division(s) and Member(s) Affected
All

4 November 2013**Agenda Item:****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.
4. The work programme of the Committee is currently under development. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members will recall that at the last meeting, a proposal was made to add 'Dignity and Dying' (End of Life Care) to the work programme as a possible scrutiny review topic. Having sought further information about this subject, the following advice has been given by Helen Scott, Senior Public Health Manager at the County Council:-

Nottinghamshire has had an end of life care pathway for people who may be in the last year of life, and their carers, since 2009. The pathway applies for all diagnoses and in all care settings and is based on national best practice: this includes use of the Liverpool Care Pathway (LCP) in the last days of life.

The Independent Review of the LCP was published last month. It confirmed that when used correctly the LCP is able to offer quality care for those in their dying days. However the review also described a number of cases where the LCP was used incorrectly or inappropriately. The Government has announced that the LCP will be phased out and replaced with an end of life care plan. The review emphasises that dying patients must continue to receive good quality care in the interim.

NHS England has issued guidance for doctors and nurses on what to do, and SCIE has issued similar guidance for social care providers. Key points are:

- The principles of good palliative care, on which the LCP is based, **must** be upheld
- Where the LCP is being properly used, it must not stop abruptly
- Ensure that any decision to put any person on the Liverpool Care Pathway is made only by a senior responsible clinician
- A named senior clinician (e.g. a GP) should be accountable for the care of the person, and written records of the plan and any changes to it should be kept.

Training in end of life care is available to all providers free of charge to support implementation of the Nottinghamshire End of Life Care Pathway, as is round-the-clock advice from Specialist Palliative Care teams in Bassetlaw, Central Notts and Greater Nottingham.

Nottinghamshire Healthcare Trust produced further guidance for staff using the LCP or considering using the LCP, which has been shared across the health and social care community by the Nottinghamshire End of Life Care Strategic Advisory Group. All of the Nottinghamshire Clinical Commissioning Groups, Public Health and Adult Social Care and Health are represented on the Strategic Advisory Group.

An email from the NHS England National Clinical Director for End of Life Care stressed that local development of End of Life Care Plans for the dying person to replace the LCP should be resisted as this is currently being addressed nationally.

6. In light of this advice it is proposed that this item remain on the list of possible future topics but that it should not be progressed in the short term, and that a different topic be focused on as a potential subject for a review (hence the inclusion of the briefing on misdiagnosis).

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
3 June 2013				
Healthwatch Nottinghamshire Presentation	Introduction to the work of the new organisation which replaces LINKs (Local Involvement Networks).	Briefing	Martin Gately	Joe Pidgeon and Claire Grainger, Healthwatch
Diamond Avenue Surgery Changes (TBC)	Members will hear about the recent changes to arrangements at a surgery in Kirkby-in-Ashfield as an example of the sort of issue that will come before the committee	Briefing/Development	Martin Gately	TBC
Areas of Concern	The Committee will identify areas or themes on which to receive an initial briefing – these areas may go on to be the subject of a thematic review undertaken by the committee itself or a sub-committee/study group.	Briefing	Martin Gately	N/A
15 July 2013				
Bassetlaw Health Services	An initial briefing on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam.	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Mansfield/Newark and Sherwood Health Services	An Initial briefing on the work of the Mansfield/Newark and Sherwood CCGs from Chief Operating Officer, Dr Amanda Sullivan.	Briefing	Martin Gately	Dr Amanda Sullivan Mansfield/Newark and Sherwood CCG
Mortality Rates	An initial briefing on a possible area for scrutiny	Scrutiny	Martin Gately	Dr Amanda Sullivan Mansfield/Newark CCG
Ashfield Health Village GP Practice Procurement/Kirkby	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England

Community Primary Care Centre: Planned Procurement				
9 September 2013 – Meeting Cancelled				
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Integrated Care Teams	Implementation Update - Changes in Newark and Sherwood	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
4 November 2013				
Misdiagnosis	Initial briefing on an area of concern identified by the committee (likely topic for review)	Briefing	Martin Gately	Clinician TBC
Outcomes of Keogh Report, including mortality rates at Sherwood Forest Hospitals	Feedback on the recent national report undertaken by Professor Bruce Keogh addressing concerns around mortality rates at various hospitals, including Sherwood Forest Hospitals.	Scrutiny	Martin Gately	Dr Amanda Sullivan
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Health Scrutiny Member Training and Development	Discussion regarding the provision of Health Scrutiny Training and Development	For decision	Martin Gately	-
6 January 2014				
Quality Accounts	Consideration of the priorities for provider trusts' Quality Accounts	Scrutiny		
Mid-Notts	Consideration of the changes proposed within			

Transformation	the Mid-Notts Transformation programme			
24 February 2014				
Clinical Commissioning Groups Complaints Procedures	Initial briefing on updated complaints procedures.	Briefing	Martin Gately	TBC
28 April 2014				
TBC				
23 June 2014				

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Never Events
Misdiagnosis

Liverpool Care Pathway / End of Life Care

Health Inequalities

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG
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