

Membership**Councillors**

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

District Members

A	Jim Aspinall	-	Ashfield District Council
	Brian Lohan	-	Mansfield District Council
	David Staples	-	Newark and Sherwood District Council
A	Griff Wynne	-	Bassetlaw District Council

Officers

Martin Gately	-	Nottinghamshire County Council
David Ebbage	-	Nottinghamshire County Council

Also in attendance

Joe Pidgeon	-	Healthwatch
Dr Amanda Sullivan	-	Mansfield/Newark & Sherwood CCG
Susan Bowler	-	Sherwood Forest Hospitals Foundation Trust

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 4 November 2013 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Griff Wynne and Councillor Jim Aspinall.

DECLARATIONS OF INTEREST

There were no declarations of interest.

AREAS OF CONCERN - MISDIAGNOSIS

Dr Amanda Sullivan, Chief Operating Officer of the Newark and Sherwood Clinical Commissioning Group (CCG) gave a presentation to Members on Misdiagnosis and by the end of Dr Sullivan's briefing, Members had to decide whether to not this was a suitable subject for a Scrutiny review and following that, decide on the method of review.

Within the presentation the following points were made:-

- If diagnosis is classed as serious and will affect health, this is classified as a serious incident.
- Wrong diagnosis – overcall or undercall, both have different types of harm or impact. An example for undercall being a 20 year old had seen a GP 6-7 times with swollen glands in the neck but also had an itchy rash on the legs, these were typical symptoms for Hodgkin's disease but the patient was not referred for over 6 months. Overcall example being number of CT scans done in ED has doubled over the last 3 years. They quite often do detect small nodes in the abdomen. These are reported by non-lymphoma radiologists. Patients are receiving more scans but GP's or internal consultants are excluding a diagnosis which has only been raised by scan findings.
- Between April – November 2013, 3 serious incidents were recorded in Nottingham. 6 initially reported at Sherwood Forest Hospitals.
- Nottingham University will be releasing their data in the near future so we can analyse their figures when they have been released and compare.
- Delayed/misdiagnosis may occur over a few visits. The Trust and CCG focuses on the way in which results are tracked from the first initial appointment with the GP up until the diagnosis.

Contributory factors to a misdiagnosis may be any of the following:-

1. Lack of knowledge
 2. Rare/unlikely events dismissed from diagnosis.
 3. Lack of competence / experience.
 4. Occasionally negligence, more usually misinterpretation that is only properly understood with the benefit of hindsight.
- Serious incidents are reported on STEIS (Strategic Executive Information System). These incidents are rated from 0-2 (2 being the most serious type of incident or an incident in which a large number of people have been affected).
 - Serious consequences are thankfully small in number, but each case must be thoroughly investigated in order to make improvements.

Members raised concern over patients receiving treatment, being told there is not a problem with the results and then a few days down the line receiving a phone call telling them to come back to hospital to be told there is a break/fracture. Dr Sullivan explained that there is an extra control in the system; all x-rays get looked at again by senior clinical professionals and on some occasions there are recalls.

Dr Sullivan was confident that incidents with serious consequences are receiving attention and being investigated thoroughly. The complaints procedure makes it unlikely that incidents can be conceded

Overcall and Undercall are generally more frequent at GP level where the first stage of diagnosis is more complex.

The suggestion of a Study Group was put forward to Members. Members declined to set up a study group at this time and wanted to wait until data from Nottingham University Hospital became available and then look at bringing it back to the committee to update members before making a final decision.

MORTALITY RATES – INDEPENDENT REVIEW AND SHERWOOD FOREST HOSPITALS FOUNDATION TRUST

Dr Sullivan had a few areas to update Members on from the last meeting. Regarding the concerns in the rising death rates in the NG25 area, NG25 have a higher number of deaths for over 85 age of adults in Nottinghamshire, a working group has been established to look into this which Councillor Laughton is involved with. Their first meeting had already been arranged.

The NHS is holding a summit for end of life care in January, in order to review existing services and to develop commissioning plans for future services. A wide range of stakeholders from health, social care and the voluntary sector will be involved.

Hospital mortality rates continue to improve at Sherwood Forest Hospitals NHS Foundation Trust. Progress has been made in deaths from pneumonia and heart attacks. The gaps between weekday and weekend deaths have decreased also. More senior doctors are now on duty out-of-hours and this has had a beneficial effect.

Members wondered if more information was available in the more deprived areas of Nottinghamshire regarding a healthy lifestyle to help improve these figures even more. Dr Sullivan informed members that Public Health consultants hand out a lot of information and local GPs also hold information to help. Smoking comes out as the biggest killer.

Members thanked Dr Sullivan for her update and hard work with the investigation into the NG25 deaths. A verbal report from Councillor Laughton will be brought back to the next meeting informing Members with what came out of the first working group meeting.

SHERWOOD FOREST HOSPITALS FOUNDATION TRUST – UPDATE

Susan Bowler, Executive Director for Nursing at Sherwood Forest Hospitals Foundation Trust attended the meeting on behalf of Paul O'Connor who attended the last meeting in November to update members on the current position of the Trust in relation to the regulatory requirements.

The Trust was in special measures last year. There were inspections from Keogh Rapid Response Review and the Care Quality Commission within a week of each other. The Trust is currently on target as at October 2013, with regard to actions following the reviews. Monitor wants assurance that changes are being made and improvements are starting to begin. Two reports were published in the week of this meeting, one from each (Keogh & CQC). These reports lifted the improvement notice.

The Trust has now been reduced to minor improvements that need to be made. They were totally assured on some actions. There were no actions which they didn't see any assurance. The Trust thought that a future inspection would take place in the Spring. Gives them time to develop and implement those actions.

Members were disappointed that Mr O'Connor could not attend the meeting.

Councillor Laughton wanted to express his sympathy to one of his constituents, Mr Mallelieu whose story has been in the media recently. Mr Mallelieu lost his life to a stroke and an investigation is under way looking at different aspects of his care. Councillor Laughton told the committee that a stroke victim having to wait for 3 hours for an ambulance, then being turned away from Kings Mill to be taken to Nottingham City Hospital is just not good enough. Heart attack and stroke victims need immediate attention.

Dr Sullivan told members that the CQC is co-ordinating investigation with the East Midlands Ambulance Service (EMAS) and the Clinical Commissioning Group (CCG). There are looking at Newark Hospital Category 1 response times for ambulances. The panel have already met and it is being dealt with as a serious incident. An interim report would be published by the end of January.

The Chair wanted to know how many ambulances are being diverted, and this should be looked at as part of the investigation. Dr Sullivan would check if this had been part of the investigation and report back to the committee. The Chair also explained that the committee's role was not to scrutinize the cases of individual patients. We have to look at what improvements can be made from this incident to help then service improve in the future and we can then scrutinize those areas.

Members wanted to know if there were any plans to be extending the hours of the stroke unit. There are 2 sites in Nottinghamshire, which contain a stroke unit, Kings Mill and Nottingham City Hospital. Discussions are still ongoing to provide around the clock stroke care. Commissioner are concerned about the timeline for this, the sooner this is introduced the better it will be for patients.

Members raised concern over patients who are due to go home, not wanting to leave hospital in case of future problems when at home. Knowing the time it takes for ambulances to respond does not give patients any confidence in the service.

Joe Pidgeon from Healthwatch explained to Members that two directors from EMAS and the Chief Officer of Healthwatch look at public performance; the issue with the time it takes for ambulances to arrive at incidents is a regional issue as well, not just in Nottingham. It's much more of a wider level.

In April a further update will be brought to the committee. With regards to Mr Mallelieu case, the Chair sympathies went out to the family. The Committee hoped lessons could be learnt from this tragic case.

QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES

Due to the length of the meeting, the Chair and members agreed to put this item in the next meeting's agenda in February. This would allow Sherwood Forest Hospitals draft priorities to be considered at the same time as there of Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

WORK PROGRAMME

The work programme was discussed and noted.

The Chair also reminded members about the Health Scrutiny Training which is taking place on Thursday 23rd January 2014 at 2pm in the Council Chamber here at County Hall.

The meeting closed at 3.30pm.

CHAIRMAN

6 January 2014 - Health Scrutiny