JOINT CITY AND COUNTY
HEALTH SCRUTINY COMMITTEE

M I N U T E S

of meeting held on **15 MAY 2012** at

Loxley House from 10.15 am to 3.00 pm

Nottingham City Councillors

Councillor G Klein	(Chair)
Councillor M Aslam	(for minute 72 to minute 76 inclusive)
Councillor E Campbell	(for minute 72 to minute 75 inclusive)
Councillor A Choudhry	
Councillor E Dewinton	(for minute 72 to minute 76 inclusive)
Councillor C Jones	
Councillor T Molife	
Councillor T Spencer	

Nottinghamshire County Councillors

Councillor M Shepherd	(Vice-Chair)
Councillor G Clarke	
Councillor V Dobson	
Councillor S Garner	
Councillor E Kerry	
Councillor P Tsimbiridis	
Councillor C Winterton	
Councillor B Wombwell	

indicates present at meeting

Also in Attendance

Ms W Hazard	)
Mr P Milligan	) East Midlands
Mr T Slater	) Ambulance Service
Mr R Walker	) NHS Trust

Ms H Pleder	- NHS Nottinghamshire
Ms D Smith	- NHS Nottingham City Clinical Commissioning Group

Ms A Kaufhold)
Mr N McMenamin) Nottingham City Council

Mrs B Venes - Nottingham City LINks

Mr M Gately) Nottinghamshire County Council

Mr G Swanwick - Independent PPI
Mr T Turner - Nottinghamshire County LINks

Dr S Fowlie) Nottingham
Ms J Leggott) University
Ms L Skaife) Hospitals
Mr J Worrall) NHS Trust

Ms J Lacey) Nottingham NHS Treatment Centre
Ms R Magnani)

Dr P Miller) Nottinghamshire
Ms F Illingsworth) Healthcare Trust

Mrs V Greenhall - Nottinghamshire Hospice

72 APOLOGIES FOR ABSENCE

No apologies for absence were received. .

73 DECLARATIONS OF INTERESTS

No declarations were made.

74 MINUTES

RESOLVED that the minutes of the meeting held on 17 April 2012, copies of which had been circulated, be confirmed and signed by the Chair.

75 NOTTINGHAM UNIVERSITY HOSPITALS TRUST – CANCELLATION OF NON- URGENT ELECTIVE OPERATIONS

Consideration was given to a report of the Head of Democratic Services and a response from Mr Homa, Chief Executive Nottingham University Hospitals NHS Trust, copies of which had been circulated. The report and written response related to the recent media coverage and concerns raised about the number of non-urgent elective operations which had been cancelled by the Trust.

Ms Leggott made a presentation which summarised the remedial actions being taken and the multiple factors which had led to the cancellation to the election operations. She confirmed that a new 20 bedded clinical observation unit would be opened by September 2012 as well as increasing the Level One critical care beds by eight as of May 2012 which was part of the Major Trauma Centre.

The response to the issues and questions raised by the Chair of the Joint Health Scrutiny Committee in a letter sent to Mr Homa were summarised as follows (the full response was attached as an appendix to the report):

- regrettably, there had been 555 operations cancelled between 1 January and 27 April 2012 but this was put in the context of over 33,600 operations and surgical procedures undertaken. Initial analysis had shown that there had been approximately a 5% increase in the number of older patients presenting as emergency with complex medical problems, with older patients staying in hospital 10.4% longer, compared to the same period in the previous year;

- a record number of 450 patients presented to the Emergency Department on 23 out of 31 days which was exceptional;

- these challenges were also compounded by a pressure on critical care capacity in late March/early April;

- the Trust had not met the National Standard benchmark for 'on the day' cancelled operations and was determined to improve with performance being discussed at monthly public Trust Board meetings. It was pointed out that the Trust could not have reasonably be expected to anticipate the trends which occurred in January and March 2012;

- detailed information was provided relating the actions undertaken by the Trust to manage the emergency pressures usually occurring in the winter months, as well as, accelerating longer term plans to further separate emergency and elective activity between the Queens Medical Centre (QMC) and Nottingham City Hospital (NCH). This would encompass moving all elective orthopaedic to NCH by September 2012 which would increase inpatient bed capacity at the QMC for emergency patients;

- the annual elective surgery work programme would be reviewed and where appropriate, arranged around the emerging and distinctive emergency requirements for patients. This year's trend would be carefully incorporated into future plans and hopefully avoid significant emergency demands coinciding with substantial planned elective work;

- the proposals to reduce bed capacity by 96 had been made to this Committee in March 2011 and was based on careful modelling and delivered through the 'Better for You' internal change programme. This was based on reduced length of stays and carefully monitored to ensure no adverse impact on patients. With no adverse signals this was successful and delivered £5 million savings for the Trust;

- it was confirmed that the major trauma centre had not contributed to the cancellation of any operations and that only one patient had been admitted during this period. The Trust was receiving additional funding for this and the admittance of seriously ill patients from across the region would occur on a phased basis;.

- in relation to the request for data the following statistics were presented:

    - 39,048 attended the QMC's Emergency Department (ED) between January and March 2011 compared to 39,997 this year. This was an increase of 1.3% for the same period;

    - the total number of Emergency Department attendances treated and discharged on the same day was 37,548 in 2011 and 38,567 in 2012 (an increase of 2.7%). Of these 9,932 (26.5%) were admitted in 2011 and 9,805 (25.4%) were admitted in 2012. However, this included a higher number of older patients with complex medical problems whose average stay was 7.7 days, an increase of 10.4% which inevitably affected capacity;

    - whilst there had been an initial increase in the number of patients presenting from Erewash when Derby's Emergency Department moved to the new Royal Derby Hospital, the cross boundary admissions have actually reduced by 1% this year when compared to 2011. Detailed postcode analysis also shows that other changes such as the closure of the Stapleford Walk-in Centre had a minimal impact on the bed pressures experienced. However, there had been a marked increase in ED admissions from Nottingham City residents, and in particular from NG3 and NG5 postcodes, as well as a 'spike' in post Bank Holiday emergency admissions;

- a comprehensive review was being undertaken and the full details of the Trust's recovery plan would be shared with the Committee once available.

During discussion the following additional information was provided in response to questions:

- it was confirmed that there was a number of reasons why operations were cancelled which included the patient being poorly, staff sickness, patients being given a priority due to becoming more urgent. The number of patients cancelling operations tended to be fairly static and was usually for a variety of different reasons such as illness or bereavement etc;

- decisions were always taken by clinicians to decide patient priority such as those with the most urgent need, as well as the outcome and impact that cancellation would have;

- the decision taken to reduce the number of beds by 96 in 2011 had been based on a programme of work which included reducing the length of stay and included full risk assessments. The Trust was running at 85% bed occupancy which was the same level of other Trusts;

- the Trust had planned for winter but there was no way to predict the number of patients and the level of complexity they presented with at the hospital in March. There had been an increase in admissions of elderly people with complex conditions but these had not appeared to be weather or season

related. A review was taking place which would include the Trust's capacity for emergency and elective work, the results of which would be available by September;

- the private sector was used to support the delivery of patient care especially if patients had been on a waiting list for a long period of time. The Trust used local hospitals but still retained the more complex procedures;

- the Trust was an outlier in comparison to other similar organisations for cancelled operations and it was acknowledged that this had to improve;

- tracking data showed that there was no correlation between patients being discharged early and then being readmitted. Usually the re-admittance was for a different issue or change in the condition;

- the plan was to transfer elective operations to the City Hospital and for these to be effectively managed and scheduled. This would also free up bed space at the Queens Medical Centre;

- it was also important to work more closely with the GPs an NEMS at QMC to direct patients to the right services;

- nursing staff were increased by 33 full time equivalents in the Emergency Department and each ward had a set number of staff. The Trust had a low level of vacancies and covered any staff sickness with agency staff.

The Chair expressed concern that there were spikes in people attending the Emergency Department following Bank Holidays when GP practices were closed and that the issue of the increasing number of older patients with more complex needs would be an ongoing issue for the future.

RESOLVED that

(1) the action plan drawn up by the Trust be noted;

(2) the Committee receive updates from the Trust for consideration at its meetings in September 2012, December 2012 and March 2013, the information provided to include:

(a) levels of last-minute non-clinical cancelled operations;
(b) levels of 'prior to' cancellations;
(c) comparator information from similar major Trusts in the region (noting that comparator information was provided following the meeting);
(d) benchmarking performance against the National Standard, where available, the Committee being conscious that the Trust has been an 'outlier' in this area for some time;
(e) an assessment of the knock-on effect of the upsurge in cancellations on waiting times for non-urgent elective operations, the Committee being concerned that patients suffering

cancellations could potentially face ever-longer waiting times for rescheduled operations;

(3) an update on the progress, and outcomes, when available, of the external review commissioned by the Trust into the upsurge in cancellations, be made available to the Committee;

(4) the Chief Operating Officer of NHS Nottingham City Clinical Commissioning Group be requested to investigate both recent significant increases in numbers of Emergency Department (ED) patients from Nottingham City, and particularly from NG3 and NG5 postcodes, and the possible reasons for a 'spike' in post Bank Holiday ED admissions, and report findings to a future meeting of the Committee.

76 QUALITY ACCOUNTS

Further to minute 50 dated 10 January 2012, consideration was given to a report of the Head of Democratic Services and the Quality Accounts forwarded by Nottingham University Hospitals Trust, Nottinghamshire Healthcare Hospitals Trust, Nottingham NHS Treatment Centre, Nottinghamshire Hospice and East Midlands Ambulance Service, copies of which had been circulated.

The Committee requested that all presenting organisations checked their Quality Accounts so that they avoided overly-technical, unexplained medical language, and provided a range of quotes about the patient experience, where available. The Committee then considered in turn the Quality Account for each organisation.

(a) Nottingham University Hospitals NHS Trust

Some of the achievements for 2011/12 highlighted in the Quality Accounts included:

- a 25% reduction of grade 3 or 4 hospital acquired ulcers;
- over 90% assessments carried out on patients for blood clots;
- the rates of MRSA bloodstream infections were the lowest in the country;

The priorities for 2012/13 included:

- 25% reduction in emergency readmissions;
- zero avoidable pressure ulcers;
- reducing the number of patient falls (at least 5%);
- reducing the level of sepsis and fewer than 5 cases of MRSA bacteraemia and 134 cases of Clostridium difficile;
- reducing the number of cancelled operations.

(b) Nottinghamshire Healthcare NHS Trust

Dr Miller made a presentation, copies of which were circulated, highlighting the main areas of the Quality Accounts (as detailed in the paper) for the Nottinghamshire Healthcare NHS Trust as follows:

- the outcomes for the priorities for 2011/12;
- the priorities for 2012/13 which include safety, patient experience and clinical effectiveness.

(c) Nottingham NHS Treatment Centre

Ms Lacey made a presentation, copies of which were circulated, summarising the main points within the Quality Accounts including the priorities for 2012/13, a review of 2011/12 and local priorities.

(d) Nottinghamshire Hospice

Ms Greenhill presented the first Quality Accounts for Nottinghamshire Hospice, copies of which were circulated, summarising the vision, past quality information and progress, the goals and priorities for 2012/13.

Following the presentations the following additional information was provided in response to questions:

- Nottingham University Hospitals NHS Trust – the targets for blood infections were very low, less than 5 cases per year, so if you had 4 or 5 cases it had a huge impact. However, the good news was that the Trust had been very successful in reducing infection rates and it was acknowledged that more publicity had to be given to this to allay people's concerns about hospital acquired infections.

- The Trust had implemented a values and behaviours programme to establish the culture and mechanisms for staff to raise issues especially around patient safety. 'Safety Conversations' took place four times a month and provided opportunities to speak to non-executive members of the Trust about any issues. Operational Groups also included representatives from different staffing hierarchy. The Trust was about to embark on a programme on patient safety and to develop forums for communications. The forums would provide the opportunity to anonymously raise any issues or concerns.

- The falls target had not been reached so a new falls prevention project has been implemented to educate staff how to prevent patient falls whilst in hospital.

- Nutrition was a priority and a crucial element for many patients and assessments of dietary requirements and support needs were undertaken as well as training volunteers to help patients with drinks and eating.

- The figures for treatment of cancer two months from referral were based on national methodology and the Trust was managing to achieve the standard throughout the year (the same as other similar organisations) although there had been some pressure on target.

Nottinghamshire Healthcare Trust

- It was not as simple as matching staffing to demand but more a range of issues including staff competencies, reducing waiting lists and delivering the best pathways of care.

- It was acknowledged that there were still challenges in the care pathways for the transition children to adult mental health services.

- The levels of reported violence had increased and the reasons for this were being explored and comparative data relating to the location of incidents (ie high security and less secure units) and staff training could be made available to this Committee.

Nottinghamshire Hospice

- It was confirmed that the ratio of staff to patient care was much higher than the national guidelines due to the type of care and support that patients wanted and needed.

Nottingham NHS Treatment Centre

- It was acknowledged that sometimes there were delays in patients receiving test results were in part due to the doctor having to see them before despatch or results being given to patients at the next outpatients visit.

RESOLVED that

(1) the commendable level of research being carried out by the Nottingham University Hospitals NHS Trust be noted;

(2) a written response of the Chair of the Committee be sent in response to the Quality Accounts presented at the meeting, with the wording at the appendix to these minutes being inserted in the final published version of relevant organisations' Quality Accounts;

(3) the appreciation of the Committee for the attendance of all the contributors and Quality Accounts presented be recorded.

The meeting adjourned at 1.10 pm for 30 minutes.

77 EAST MIDLANDS AMBULANCE SERVICE (EMAS)

Consideration was given to the Quality Account for EMAS and a presentation by Mr Milligan, Chief Executive EMAS, copies of which had been circulated, relating to the actions taken and review of 2011/12 and priorities for 2012/13.

During discussion the following additional information was provided and comments were made:

- the Quality Accounts were welcomed and it was commented that there had been an improvement on past performance.

- the organisation had learned from complaints and investigated where improvement was needed such as Sepsis and the treatment of severe infections. Historically the ambulance service was very good at collating data and this can now be drilled down into postcode areas and shared with partners to identify gaps in its own and partners' services.

- currently modelling was taking place for the future locations of ambulance stations based on current needs and expected population growth. Ambulances were also located at strategic places so that they could respond to emergency calls more quickly.

- if a call was received from an address where there had been previous domestic violence issues then the police would be called and the crew would be doubled up. There was a back-up system for staff to call if needed and they would receive support.

- all the 999 call staff had received safeguarding training which included domestic violence and could identify this as a potential issue during the call. This was a growing issue and there was a further stage of concentrated domestic violence staff training scheduled to take place.

- there had been improvements in collecting clinical data such as breathing rates etc and EMAS had compared very well with other similar organisations. In the past two years a system of clinical supervision had been embedded in the supervision process which linked in to developing common training and education themes.

EMAS was working more with social care partners as some of the calls were not for medical needs but needed social care. NEMS had a pathfinder which would forward these referrals to social care.

It was acknowledged that EMAS had work to do to change the public perception in relation to 999 calls and the length of time it took to attend. The reality was now it was more important to take the patient where they would receive the most appropriate care and not just the nearest Emergency Department.

RESOLVED that a written response by the Chair be sent in response to the Quality Accounts presented at the meeting.

78 EAST MIDLANDS AMBULANCE SERVICES – CONSULTATION ON NHS FOUNDATION TRUST STATUS

Consideration was given to a report of the Head of Democratic Services and a presentation by Mr Milligan, Chief Executive of EMAS, copies of which had been circulated.

RESOLVED that the consultation be noted.

79 WORK PROGRAMME 2011/12

Consideration was given to a report of the Head of Democratic Services (Nottingham City Council), copies of which had been circulated, outlining the current schedule of work for 2011/12 municipal year and into 2012/13.

RESOLVED

(1) that the rescheduling of the item on Contraceptive and Sexual Health Services from June to September 2012, pending agreement between commissioners and providers, be agreed;

(2) that, further to minute 75(1)-(4) above, updates from Nottingham University Hospitals Trust on cancelled operations be added to the Work programme for 2012/13.

79 DATE AND VENUE OF NEXT MEETING

RESOLVED that it be noted that the next meeting will take place on 12 June 2012 at 10.15 am at County Hall.

APPENDIX

QUALITY ACCOUNTS – COMMITTEE COMMENTS FOR INCLUSION IN FINAL PUBLISHED VERSION

(a) Nottingham University Hospitals Trust

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by Nottingham University Hospitals NHS Trust, based on the knowledge the Committee has of the Trust. The information contained in the Quality Account is clearly presented and we are pleased to see the use of clear and accessible language.

We welcome the ongoing work of the Trust to reduce NUH-associated avoidable harm and NUH-associated infections and recognise the challenge in achieving the target to reduce cases of Clostridium Difficile and MRSA. .

We commend the Trust's ongoing strong performance in clinical research, and recognise the resulting improvement of clinical outcomes for patients.

We recognise the achievements that NUH continues to make through the 'Better for You' Programme, which was an area previously scrutinised by the Committee. We welcome its roll-out across every area of NUH.

The Trust's commitment to setting patient safety, patient experience and clinical effectiveness at the heart of all priorities is a good, clear message of intent.

The document clearly demonstrates the wide involvement of key stakeholders, particularly patients and the public, in determining priorities and reflecting what quality means to them.

We endorse the inclusion of a priority to reduce the unacceptable number of cancelled operations at the QMC and City Hospitals, and we will regularly monitor the situation, including the possible knock-on effect on operating waiting times, in the coming year.

(b) Nottinghamshire Healthcare Trust

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by Nottinghamshire Healthcare NHS Trust, based on the knowledge the Committee has of the Trust.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language. The layout makes the document easy to read and the use of patient and carer comments also makes the document more accessible to the public.

We welcome the ongoing work of the Trust to deal with violence and untoward incidents and development of a robust framework for the protection of Vulnerable Adults, and that this is to be underpinned by a comprehensive programme of

safeguarding training. We would welcome a specific reference within the Quality Account to the transition arrangements in place between Child and Adult mental health services.

While the Committee notes the withdrawal of both authorities from the integrated management arrangement across adult social services, we welcome the assurances provided that close partnership working between the Trust and both authorities is to continue, to mitigate the risks arising from changes to the health and social care environment at both national and local level.

In the interests of transparency, we would welcome an elaboration of the areas of non-compliance with the Essential Standards of Quality and Safety, as identified by the Care Quality Commission within the final document, along with an elaboration of the actions taken, or being taken, to address Trust's Information Governance Assessment Report 81% score/Red grade

It is heartening to see that the Trust is actively seeking feedback and involvement from patients and carers, using a wide range of methods, and has responded to feedback to improve patient experience.

The Committee looks forward to continuing its work with the Trust over the coming year.

(c) Nottingham NHS Treatment Centre

The Committee welcomes the opportunity to comment on the Nottingham NHS Treatment Centre Quality Account for the first time.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language. The layout makes the document easy to read and the use of patient and staff comments provide welcome additional information and serves to provide a 'people-based' focus.

We welcome the Treatment Centre's ongoing work to empower frontline staff to address issues and solve problems, as well as your commitment to the pursuit of excellence.

We are particularly pleased to see how incident reporting is used to learn from mistakes and improve patient outcomes. It is also gratifying to see the Treatment Centre using the Quality Account to highlight some of the very difficult problems that you face such as the recurring issue of disruption caused by the provision of decontaminated equipment. The aspiration to deliver 'great' practice rather than just good practice (e.g. regarding endoscopy consent) is to be commended.

The Committee welcomes the opportunity to continue to develop its relationship with the Nottingham NHS Treatment centre over the coming year.

(d) Nottinghamshire Hospice

The Committee welcomes the opportunity to comment on the Nottinghamshire Hospice Quality Account for the first time. We have considered the review of specialist palliative care services across Nottinghamshire as part of our work programme, and the Quality Account provides a welcome additional perspective on the delivery of end-of-life services in Nottinghamshire.

The information in the Quality account is clearly set out, and uses clear and accessible language. However, we believe that service users and the public would benefit from additional detail and perspective, specifically in respect of Priority One: 'All new patients referral will be assessed against the Supportive and Palliative Care Indicators Tool', which lacks detail on the Tool itself, and the proposed pilot.

We welcome the development and expansion in the last year of the Hospice at Home service, and how this has led to increased quality of life outcomes for end-of-life patients. We also endorse the Hospice's priority of preventing inappropriate admissions into hospital.

It is reassuring that the Hospice has received almost universally supportive feedback from service users and their families and that actions have been taken in response to feedback, for example, on closures around the Christmas and New Year period, to provide greater continuity of service at that time of year.

The Committee welcomes the opportunity to build its relationship with the Nottinghamshire hospice in the coming year.

(e) East Midlands Ambulance Service

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by East Midlands Ambulance Service NHS Trust, based on the knowledge the Committee has of EMAS.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language and layout. The use of case studies makes the document more accessible to the public, and we commend the inclusion of numerous examples of actions taken in response to service user feedback, both positive and negative. The document clearly demonstrates the involvement of key stakeholders in determining priorities and reflecting what quality means to them.

We are pleased to note that EMAS has achieved all 2011/12 Commission for Quality and Innovation (CQUIN) targets for patient safety and patient experience.

We welcome the inclusion of a priority on training front-line staff to recognise and deal effectively with victims and perpetrators of Domestic Violence in support of the introduction of the organisation's Domestic Violence Policy, and look forward to hearing more about the impact of the Policy in the coming year.

The Committee recognises that the EMAS service covers both major urban centres of population and more isolated rural communities. We therefore welcome the tailoring of performance indicators more closely to the needs of the communities served by EMAS, and the provision of performance information on a County by County basis, from next year.

The Committee looks forward to continuing to develop its relationship with the Trust over the coming year.