



meeting HEALTH SELECT COMMITTEE

date 12<sup>TH</sup> APRIL 2005

agenda item number

## **Report of the Chair of the Health Select Committee**

### **SHERWOOD FOREST HOSPITALS TRUST FOUNDATION STATUS APPLICATION**

#### **Purpose of the Report**

1. The purpose of this report is to seek the Committee's views on an invitation to have representation on the Project Board which is overseeing Sherwood Forest Hospitals Trust's application to become an NHS Foundation Trust.

#### **Background**

2. Following the award of Three Star status, Sherwood Forest Hospitals Trust has decided to apply for Foundation status. The aim is to become a Foundation Trust by 2006. There was a presentation to the Committee on this proposal at its last meeting on 1<sup>st</sup> March 2005.

#### **Project Board Representation**

3. A letter has been received (See Appendix A) from the Chairman of Sherwood Forest Hospitals Trust. This invites the Committee to consider appointing a representative on the Foundation Status Project Board and its Sub Groups.

#### **RECOMMENDATION**

4. It is recommended that the Committee considers whether or not to accept the invitation to be represented on the Project Board overseeing Sherwood Forest Hospitals Trust's Foundation application.

**Cllr Jim Napier**  
**Chair of the Health Select Committee**

Background Papers available for Inspection: None.

None.

## **SHERWOOD FOREST HOSPITALS TRUST PRESS RELEASE**

### **Foundation Trust Bid**

Sherwood Forest Hospitals is moving towards becoming an NHS Foundation Trust after we were awarded a Three Star rating for our excellent services.

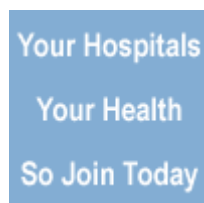
The decision to go forward with submitting an application follows the Department of Health's aim of supporting all Trusts to achieve Foundation status within the next four to five years.

Sherwood Forest Hospitals runs King's Mill and Newark Hospitals and provides services at Mansfield and Ashfield Community Hospitals.

A project board has been created and we plan to make our preliminary application in November 2004. If all goes to plan, we should be a Foundation Trust by 2006.

The benefits of doing this include:

- The likelihood of more money, as we will move more quickly to the "Payment by Results" system, where Trusts are paid according to the work they do (we currently provide our services more cheaply than the national average).
- The ability to raise money for developments rather than bid and wait in a queue for it from the DoH.
- More say for local people about our services: the public (including staff) will be given the chance to become **members**, and in some cases governors, of the Trust.



- Remaining within the NHS, but having more freedom to develop our services in line with local needs.
- A better chance to compete under the "Patient Choice" scheme, where patients will have more choice about where they are to choose where they are treated.

Jeffrey Worrall, Chief Executive of Sherwood Forest Hospitals NHS Trust, said: "We do face a number of challenges to ensure we become a Foundation Trust, including remaining a Three Star Trust and a much bigger workload for managers.

"However, I am confident that with the dedication and support of our staff we can build on our existing successes and continue to prove our hospitals are among the best in the country."

For further information/interviews/photos please contact Rebecca Short, Community Relations Assistant, on 01623 672294.

## **DIAGNOSTIC AND TREATMENT CENTRE**

### **Aim of the Scrutiny Review Exercise**

To review the service implications for patients of the proposed new Diagnostic and Treatment Centre on the Queen's Medical Centre campus.

### **Objectives**

1. To examine the focus of the DTC by considering the proposed range of services to be undertaken.
2. To examine the impact of the transfer of services to the DTC, especially in respect of the accident and emergency service, and the chronically ill, at the Queen's Medical Centre.
3. To consider the governance arrangements for the DTC to provide local accountability.
4. To consider the impact of the DTC on health inequalities.
5. To consider transport and access issues in respect of the DTC.

### **Timescale**

The Joint City/County Health Committee aims to produce its report by mid-May 2004 (to be confirmed).

### **Action Plan**

The review consists of a number of activities designed to achieve the five objectives of the review. Many of these activities will contribute to more than one objective.

#### **Objective 1**

1. To examine the focus of the DTC by considering the proposed range of services to be undertaken.
  - Gather evidence on proposed range of services to be provided by DTC (meet with Martin Hughes)
  - Gather evidence on impact of loss of services on QMC (meet with QMC Chief Executive/rep)
  - Gather information on the impact on staff contracts (meet with Martin Hughes)
  - Gather evidence on range of services being undertaken by DTCs elsewhere in the country (desk research)

## **Objective 2**

2. To examine the impact of the transfer of services to the DTC, especially in respect of the accident and emergency service at the Queen's Medical Centre.
  - Gather evidence on impact on QMC with specific information on the accident and emergency service and the chronically ill (meet with QMC Chief Executive/rep)
  - Consider the impact on after care for DTC patients (meet with PCTs and Social Services)
  - Ask the Patient and Public Involvement Forums in Greater Nottingham to monitor impact and report back
  - Consider changes in staffing levels at the QMC from the patient perspective (meet with QMC Chief Executive/rep)
  - Consider the financial implications of PCTs funding the DTC and any subsequent reduction in the QMC budget (meet with QMC Chief Executive/rep)
  - Consider the impact on Social Services Departments and the patient pathways, including aftercare and the impact on the voluntary sector (Evidence from Martin Hughes, City & County Social Services departments and voluntary sector)

## **Objective 3**

3. To consider the governance arrangements for the DTC to provide local accountability.
  - Gather evidence on proposed Governance arrangements for DTC (meet with Martin Hughes)
  - Gather views of Commission for Patient and Public Involvement in Health (meet with Ann Priddy/Helen Dillistone, CPPIH)
  - Gather views of QMC and Rushcliffe PCT Patient and Public Involvement Forums (meet with Chairs of both PPIFs)
  - Look at what happens to patients after treatment (meet with Martin Hughes)

## **Objective 4**

4. To consider the impact of the DTC on health inequalities.
  - Gather evidence on proposed patient profile for DTC with particular emphasis on the 60+ age groups (desk research)
  - Meet with Richard Madeley
  - Gather evidence on percentage of population in greater Nottingham not registered with GPs (desk research/local PCTs)
  - Monitor that GPs are making use of the DTC
  - To consider how the services at the DTC will be publicised to ensure equality of access

## **Objective 5**

5. To consider transport and access issues in respect of the DTC.

- Inquire whether present transport arrangements will continue to apply in respect of the DTC and who will take responsibility for organising transport? (Meet with Martin Hughes)
- Gather evidence on proposed patient levels at DTC (written evidence from Rushcliffe PCT)
- Establish future projections of patients using the QMC (written evidence from Rushcliffe PCT and QMC)
- Gather evidence on future parking arrangements at QMC (meet with Martin Hughes)
- Gather evidence on bus company plans for QMC (meet with Trent Barton rep, NCT rep, City/County Council public transport rep)
- Gather evidence on tram proposals (meet with NET rep)