MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
15 January 2013 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev. T. Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
Councillor E Campbell
A Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
A Councillor T Molife
A Councillor T Spencer

Also In Attendance

Dr Kate Allen – Public Health, NHS Nottinghamshire County
Beverley Brooks – Nottinghamshire Hospice
Brian Drury – Arriva Transport Solutions
Martin Flanagan – EMPACT
Dr Stephen Fowlie – Nottinghamshire University Hospitals (NUH) NHS Trust
John Gibbon – Nottinghamshire Hospice
Wendy Hazard – East Midlands Ambulance Service (EMAS)
Dean Howells – Nottinghamshire Healthcare NHS Trust
Jonathan May – Arriva Transport Solutions
Neil Moore – Mansfield & Ashfield NHS Clinical Commissioning Group and Newark & Sherwood NHS Clinical Commissioning Group
Holly Scothern – NUH NHS Trust
Roger Watson - EMAS
Paul Willetts – Ambuline/Arriva
Tom Turner – Nottinghamshire County LINKs
Barbara Venes - Nottingham City LINks
Sara Allmond – Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council

Noel McMenamin – Nottingham City Council
Manasee Tripathy – Nottingham City Council

MINUTES

The minutes of the meeting held on 11 December 2012 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Choudhry (other), T Molife (Medical/Illness) and T Spencer (Medical/Illness)

DECLARATIONS OF INTERESTS

None

AGENDA ORDER

The Chairman agreed to take item 7 – Eating Disorders – feedback on review recommendations as the first item to enable Dr Allen to leave early to attend another meeting.

EATING DISORDERS – FEEDBACK ON REVIEW RECOMMENDATIONS

The Committee undertook a review of issues associated with health messages and eating disorders and the recommendations were passed to the Department of Health and the Department of Education for comment. The report contained the responses provided by these departments as appendices 1 and 2. Dr Kate Allen provided responses to the recommendations from the local prospective and attended the meeting to provide an update and answer questions.

Dr Allen provided the following information in response to questions:-

- The suggestion of working with youth services was important and was an area that would be looked at.
- Some families struggled to afford healthy food. The environment was of consideration in dealing with an eating disorder as well as the individual.
- The number of schools taking up of the services of the nutrition teams could be collated and would be provided to Members.
- The high cost and calorie levels in many snacks and fizzy drinks could be part of the message to children, to encourage healthy snacking.

The Joint Committee noted the update on responses to the recommendations from the eating disorders review.

PATIENT TRANSPORT SERVICE (PTS)

Councillor Shepherd introduced the report and revised appendix circulated at the meeting, which provided a contract performance review for Nottinghamshire Patient Transport Services from 1st July 2012 to 1st December 2012. Jonathan May, Neil

Moore, Martin Flanagan, Paul Willetts and Brian Drury attended the meeting and briefed members on the performance report and answered questions.

The following information was provided during the presentation and in response to questions:-

- Arriva/Ambuline took over the contract for providing patient transport services on 1st July 2012 and there were initial problems with staff shortages due to not all staff transferring over from EMAS. The service had recruited and further recruitment was ongoing to get to full establishment.
- Performance was monitored monthly and there were penalties for not achieving the targets set. Targets included waiting time on vehicle, appointment time within 60 minutes, appointment time out (within 60 minutes of booked ready) and specific targets relating to Renal dialysis patients. Targets relating to time on the vehicle were all being achieved. No other targets were currently being met but generally improvements were being made bringing performance nearer to the targets.
- In relation to renal patients, the target was for patients to arrive within 30 minutes of their appointment time. Currently 90% of the patients not arriving with within the 30 minute window were arriving earlier than 30 minutes before the appointment, rather than arriving late. The service was working with the renal unit regarding managing getting patients to the unit on time and the performance had improved in December. Members raised concerns that targets relating to renal patients were not being met and felt that there should be assessment on why patients weren't arriving within the 30 minute window and steps taken to quickly improve performance in this area.
- There were dedicated drivers for renal patients, enabling the drivers to get to know the routes and any issues on the journey and the patients to get to know their drivers.
- In relation to complaints, the service used the standard NHS process and new procedures had just been brought in, which would improve the logging of complaints and provided a robust complaints procedure. There was a need to promote how to make complaints and comments, which could be made via telephone, email and a freepost address.
- There were action plans in place to improve performance, progress was being made and improvements would be seen over the coming months. The priority for the service was the make sure the patient survey was the best possible.
- There had not been any drop off in take up of the service and the service was currently providing approximately 5,500 journeys per week in Nottinghamshire. Information on the service was provided in outpatient letters and during discharge procedures. The service had regular contact with discharge teams and there were communications to all GP surgeries.
- There was an eligibility criteria for receiving the service based on medical need. It was not a means tested service.
- Every vehicle had a tracker meaning the control room were able to see where all vehicles were at all times. This helped in allocating work when I new job was received. Tracking the vehicles also helped in identifying any delays. The recent snow had not caused any issues, but the flooding had posed some challenges. Weather forecasting was used to plan and additional staff and resources could be deployed during bad weather.
- Arriva received regular information on any roadworks taking place or due, which enabled contingency planning to take place and alternative routes to be sought where required.

- The use of text messaging and other technology to improve the patient service was being investigated. If there was a problem getting to a patient, they would be contacted and kept up to date.
- The dedicated renal resource in Ilkeston, Kings Mill and Lings Bar had been recent addition and the city resource would be available soon. Having dedicated drivers should improve performance.
- Concern was raised regarding the control room and changes to patient journeys to allow annual leave to be taken, which would be investigated.
- Patient surveys would be carried out which provide information on where improvements could be made.

The Joint Health Scrutiny Committee noted the report, requested a further update to the Committee in 6 months with a written report to Members in 3 months.

QUALITY ACCOUNTS

The Chairman informed Members that healthcare provider organisations were required to involve their stakeholders in identifying priorities for its Quality Account in regard to patient safety, clinical effectiveness and patient experience. The Committee were asked to comment on the draft Quality Accounts of provider organisations, enabling them to respond or action accordingly prior to the final document being presented to Committee for comment before its publication in June 2013.

Nottinghamshire Healthcare NHS Trust

Dean Howells provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

The nine priority areas proposed by Nottinghamshire Healthcare NHS Trust were:-

1. Reduce the level of harm and the number of assaults on service users and staff
2. Ensure organisational learning is embedded and sustained
3. Improve record keeping to ensure compliance with required standards and demonstrate compliance with CQC Essential Standards
4. Eliminate acquired, avoidable stage 4 pressure ulcers, and reduce the number of acquired, avoidable stage 1,2 and 3 pressure ulcers
5. Improve medicine management to reduce medication errors
6. Improve the overall experience of patients, carers and service users
7. Ensure physical and mental health care needs of all users of Trust services are met and given equal priority
8. Ensure any costs improvement programmes (CIPs) do not impinge on the quality of services
9. Improve the quality and uptake of workforce measures e.g. supervision and appraisal which act as a proxy measure for quality

In response to questions, Members were advised that the Trust had a well established carers policy and a great reputation with BME communities. This would be reflected within the Account.

The Trust were looking at how things could be done differently so were not creating more pressure for staff. Analysis was being carried out based on patient need and the service was driven by quality, not cost.

The Trust had established relationships with local communities to become a meaningful partner to those communities.

Members were advised that the performance of waiting list for talking services had greatly improved in the last six months.

The Trust was investing in better services and facilities within a specialist hospital and was trying to break down the stigma associated with mental health issues.

Nottingham University Hospitals NHS Trust

Dr Stephen Fowlie provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

Following a consultation process with patients the following priorities had been identified which would be used to prepare appropriate priorities for the Trust for 2013/14:-

- Better communication (with patients, between staff and to other organisations)
- Continued focus on staff attitude (values)
- Improved patient environment
- Fewer cancelled operations
- Reducing harm from falls and infection

In response to questions Members were advised that the Trust had a number of carers groups and a care strategy. This would be highlighted within the document.

Members were advised that there would be emphasis in the Account regarding falls and dementia as there was a lot of overlap. There was a dementia champion in each area of the hospital.

The Essence of Care Group looked at issues with ward standards and there were some wards that were not up to standard and were being monitored. The issue was not to do with the number of staff but the quality of leadership and training.

Nottinghamshire Hospice

Beverley Brooks and John Gibbon provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

The four priorities for Nottinghamshire Hospice were:-

1. Inclusivity of our diverse community
2. Improving communication channels
3. Establish increased service parity

4. Registration of professional staff

In response to questions Members were advised that the Hospice engaged with a wide range of services. The Hospice had its own GP who would liaise with the patients own GP to ensure continuity of care and appropriate medication management. The Hospice also provided GP training.

The Hospice were building relationships with a number of BME communities, focussing on the Pakistani community first, then the Indian community, with the Afro-Caribbean community next. These relationships helped the Hospice to ensure that the service provided met the needs of people within different communities. Relationships with local communities took time to build.

Members were advised that patients seemed to be coming into the Hospice at a later stage of their illness meaning they had more complex needs and there was a greater demand of the nursing teams and required high skill levels. The Hospice was also becoming known for its care provision for people suffering from conditions such as Motor Neurone Disease meaning younger patients accessing services who required more nursing time than other patients. Nurses with patient palliative care experience were recruited and the nurses employed had a wide range of experience.

East Midlands Ambulance Service NHS Trust

Wendy Hazard and Roger Watson provided Members with a presentation on the outcomes of the 2012/13 Quality Accounts and the consultation being carried out to establish the 2013/14 priorities. Due to the reorganisation of the service currently being undertaken the priorities were still being formulated and would be provided to Members as soon as available. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

In response to questions Members were advised that EMAS did a lot of work to link with carers and information leaflets were now available for carers and families where for example the patient had suffered a stroke, explaining where and why the patient was being taken to a specific hospital. This would be highlighted within the Quality Account.

In relation to the priority from 2012/13 regarding Domestic Violence, Members welcomed the focus and were advised that staff took the matter very serious and it was unfortunately a large part of the job. EMAS worked with the Council, the Police and Fire Service and the priority for EMAS was to ensure the patient received the right care at the time and that the correct pathways were in place.

Members were advised that response times were being looked at in detail to determine what was causing any hold ups. Once any hold ups had been identified processes would be put in place to make improvements.

EMAS staff had use of Language Line via a mobile or handheld radio to help with an language barriers when speaking to patients.

Identifying and access appropriate pathways could be very difficult as that required clinical knowledge. Paramedics needed additional assessment skills. GP led training had been offered which was giving paramedics better skills to get patients on the

correct pathway. There were particular difficulties accessing the Stroke pathway currently and some issues regarding the length of time the call was taking between the paramedic at the scene and the Stroke Nurse, which had been raised as an issue and was being investigated.

It was commented that on all the Accounts where a target had not been met in 2012./13, it should become of particular focus for 2013/14.

The Joint Health Scrutiny Committee noted the presentations and additional information provided and the Quality Accounts would be brought to the April meeting.

WORK PROGRAMME

The Joint Health Scrutiny Committee were advised that whilst there were delays in the EMAS Change Programme it was hoped that EMAS would still attend the next meeting to provide an update on progress.

The meeting closed at 1.00pm.

Chairman