Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Monday 4 November at 2.00 pm

Membership

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

District Members

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

Officers

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

Also in attendance

Paul O'Connor	-	Sherwood Forest Hospitals NHS Trust
Dr Amanda Sullivan	-	Mansfield/Newark & Sherwood CCG

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 15 July 2013 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were no apologies for absence.

DECLARATIONS OF INTEREST

There were no declarations of interest.

OUTCOMES OF THE KEOGH REPORT, INCLUDING MORTALITY RATES AT SHERWOOD FOREST HOSPITALS

Dr Amanda Sullivan, Chief Operating Officer of the Newark and Sherwood Clinical Commissioning Group (CCG) gave a presentation to Members on the findings of the Independent Mortality Review for Mid-Nottinghamshire which had been published at 2pm on the date of the meeting.
There were 4 areas which were reviewed, overall trends of death across Nottinghamshire, variations by postcode, some aspects of in-hospital care and Newark – impact on changes.

Within these areas the following points were made:-

- The number of deaths per year across Nottinghamshire has virtually stayed the same which is just under 3,000.

- Half of those deaths are due to cancer or circulatory diseases. Cancer and respiratory disease deaths have both risen by 2%

- The number of deaths around the Newark area has decreased whereas in Mansfield & Ashfield districts some postcodes have increased. The reason for this is unclear but could be to do with the ageing population.

- There has been a reduction in home care deaths in Newark & Sherwood, with more people dying in hospital.

- Patients receiving palliative end of life care when they died has increased over the period of the review.

- An increase in patients dying in hospital with a length of stay greater than 28 days across all causes of death.

- Analysis of Category A ambulance journey times shows no correlation between average travel time for a GP practice catchment area and the Standardised Mortality Ratio for its population.

The following actions need to be taken further to help improve the service:-

- To help develop better alternatives for people at end of life.

- Investigate cancer care across the whole chain of care from screening and early detection to end of life care.

- Work with local GP practices to understand variations in mortality patterns in different areas.

Before Members asked questions regarding the presentation, they congratulated Dr Sullivan and her team on the remarkable work they are doing and how they have dealt with the complaints backlog which was a major issue for the committee previously.

Members wanted to know if the communication regarding treatment between the nursing staff and the patients had improved at all.

The hospitals are working better on the communication aspect, making sure that they are being clear to patients with what treatment they are receiving, investing in more nursing staff. Care & Comfort rounds are being introduced which is a regular way of keeping in contact with patients. Every patient will be addressed by a nurse on an hourly basis.

Members were concerned about ambulance response times, with some ambulances taking up to 3 hours from the initial call to arrive at the scene. Dr Sullivan agreed to look at this issue more and to work with Councillors on this.

Members asked regarding the investigation in diseases regarding the digestive system. Was an unhealthy diet a factor for this or that families in deprived areas just cannot afford a healthy diet. Dr Sullivan explained that diet does impact on stomach cancer; alcohol can also be an influence.

Members wanted to see if the rise in figures to do with weekend deaths was to do with a staffing issue at all? Dr Sullivan wasn't sure as yet whether that was a factor; there are seasonal variations, more pressure in the winter with the change in weather, lengths of stay are longer, more respiratory problems in those months.

Members wanted to know the criteria used for the 20/20 delivery which carried out the review. Dr Sullivan explained that they had to be totally independent, somebody who wasn't involved with the hospital or the Clinical Commissioning Group and who were familiar with the complexities of mortality data.

The Chair thanked Dr Sullivan for her attendance and update. The committee agreed for this item to come back with an update in January.

SHERWOOD FOREST HOSPITALS FOUNDATION TRUST

Paul O'Connor, the new Chief Executive of the Trust presented a briefing to Members. He explained about Monitor and how in September 2012 it was in significant breach of its term of authorisation. From April onwards it needed to demonstrate that it is not in breach of its license, in light of this a Deputy Chairman was brought into the trust and a new Chief Executive was appointed.

11 of 14 trusts examined by the Keogh review have, including Sherwood Forest 5 key actions for special measures:

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

The Trust is partnered with the Boundary Foundation Trust. The target was for these special measures to be lifted by a CQC re-inspection Jan – July 2013

which will hopefully be lifted by 31st October. These are likely to be reviewed in Spring 2014.
The Trust has answered the questions which Monitor requested to happen before the next review, these were:-

Do we understand our own risks?
Have we reviewed what have been required to deliver?
Does the Trust have governance?
What strategies are in place?

The progress is required which was defined in Monitor's 'discretionary requirements'. The financial governance was failing, KPMG were sent in to come up with a big analysis. Monitor found the environment in all 3 hospitals very good but some areas in Kings Mill needed work but overall good.

These improvements won't happen overnight, everybody needs confidence in the new board. Need to have a close partnership with the CCG. Governance is in place now which we did not have a year ago. Likewise with strategies, they are also in place such as the Clinical Service Strategy and the Network Strategy.

Since March 2012 there has been an improvement in mortality scores. Dr Foster's death rates report which was published in April 2012 – March 2013 is now 7 months out of date. Since then, there has been an improvement; the Trust is now within the normal range of mortality rates.

Following the discussion, members asked Paul O'Connor questions and the following points were made:

- The bill for the cost of the PFI has not been picked up locally, that problem has been taken away from the Trust. No other hospital has had this happen.

- There is an aging population in the area, and despite this we are delivering high quality care to all patients.

- Past runners of hospitals were very defensive, the Trust is very open, do involve governors and they have been given the time to get it right.

- The funding won't affect frontline staff; a quality impact assessment will be carried out. NHS inflation runs higher than the normal inflation rate.

The Chairman thanked Dr Paul O'Connor for his input, Members thought it was very helpful and asked if he could attend the next meeting.

AREAS OF CONCERN - MISDIAGNOSIS

Due to the length of the meeting, the Chair and members agreed to put this item in the next meeting's agenda in January.

HEALTH SCRUTINY TRAINING AND DEVELOPMENT

Martin Gately explained to members that this training would be essential to help develop this committee. It's been a long time since members have had any and the cost can be shared with the City Council. He also explained that quality of the training will be worth the amount it is costing.

Members did mention if the district representatives could have any input to help with the cost at all.

Members agreed to go ahead with the training.

WORK PROGRAMME

The work programme was discussed and noted.

The meeting closed at 4.10pm.

CHAIRMAN

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