

Health Scrutiny Committee

Monday, 06 January 2014 at 14:00

County Hall, County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 4th November 2013 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Area of Concern - Misdiagnosis | 9 - 10 |
| 5 | Mortality Rates - Independent Review and Sherwood Forest Hospitals Foundation Trust | 11 - 12 |
| 6 | Sherwood Forest Hospitals Foundation Trust - Update | 13 - 14 |
| 7 | Quality Accounts - Consideration of Priorities | 15 - 16 |
| 8 | Work Programme | 17 - 22 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in

the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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

4 November - Health Scrutiny

6 January 2014**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****AREA OF CONCERN - MISDIAGNOSIS****Purpose of the Report**

1. To introduce a briefing on misdiagnosis and to give the committee the opportunity to determine whether or not this is an appropriate subject for a Scrutiny review.

Information and Advice

2. The Health Scrutiny Committee has previously identified the misdiagnosis of medical conditions as an area on which to receive briefing. When a Health Scrutiny Committee has concerns about a particular subject following a briefing, the committee may decide to instigate a Scrutiny review.
3. Scrutiny reviews may take place: as part of the regular work of the committee, or as either a sub-committee or study group (NB sub-committees meet in public and study groups in private). Scrutiny reviews gather evidence and produce a final report which contains evidence-based recommendations.
4. An NHS representative will provide a detailed presentation on this subject area.
5. Following the presentation and questions, Members should determine if this is an appropriate subject for review; and following that decide on the method of review. If the method of review is to be sub-committee or study group, Members may wish to indicate if they have an interest in the subject – subject to confirmation from group business managers where appropriate.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) Determine whether or not this is a suitable subject for a Scrutiny review
- ii) Indicate the means by which the review should be undertaken (i.e. committee, sub-committee or study group)

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

6 January 2013**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****MORTALITY RATES – INDEPENDENT REVIEW AND NEWARK AND
SHERWOOD FOREST HOSPITALS FOUNDATION TRUST****Purpose of the Report**

1. To introduce further briefing on mortality rates.

Information and Advice

2. Members will recall that at the last meeting of the Health Scrutiny Committee on 4 November 2013, a further update was requested on the independent review of mortality rates undertaken by Newark and Sherwood Clinical Commissioning Group (CCG).
3. The update received from Dr Amanda Sullivan, Chief Executive Officer of the CCG is as follows: Following the publication of the independent mortality review across Mid-Nottinghamshire, a number of steps have been taken. A working group has been established to review the increased deaths in the NG25 area. This group will review the issue in detail, but it is noteworthy that there is a high proportion of residents over the age of 85 who reside in the area. The NHS is also 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. The Clinical Commissioning Groups are also working with their practices to better understand variations in mortality rates in different areas. This is the first time that such detailed analysis of mortality has been undertaken in primary care.
4. Hospital mortality rates continue to improve at Sherwood Forest Hospitals NHS Foundation Trust. Significant progress has been made in deaths from pneumonia, heart attacks and sepsis. Work is still in progress to build on these improvements. The gap between weekday and weekend deaths has decreased over the course of this year. More senior doctors are now on duty out-of-hours and this has had a beneficial effect. We continue to monitor mortality very carefully and will continue to make improvements across the NHS.
5. Dr Sullivan will attend this meeting of the Health Scrutiny Committee to present the briefing and answer questions.
6. Members are requested to receive the briefing, ask questions and schedule further consideration as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing
- ii) ask questions
- iii) schedule further consideration as necessary

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Review into the quality of care and treatment provided by 14 hospital trusts in England:
overview report – Professor Sir Bruce Keogh

Electoral Division(s) and Member(s) Affected

All

6 January 2013**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****SHERWOOD FOREST HOSPITALS FOUNDATION TRUST****Purpose of the Report**

1. To provide further briefing on the work of Sherwood Forest Hospitals Foundation Trust.

Information and Advice

2. Paul O'Connor, the new Chief Executive of Sherwood Forest Hospitals Foundation Trust last attended the Health Scrutiny Committee on 4 November. Mr O'Connor explained how in September 2012 the Trust was found to be significant breach of its terms of authorisation and in April 2013 was found to be in breach of its licence. This meant that its freedom to operate as an autonomous body had effectively been suspended.
3. If the Trust does not make sufficient progress under Monitor (the hospital regulator's) requirements then Monitor may enact its failure regime. Monitor would then consider how best to "protect and promote the needs of those who need to access healthcare" Under the discretionary requirements of Board and Quality Governance and Financial Governance progress was judged to be 'Good' as at May 2013 (but in the case of Financial Governance, delivery may take months or years). The Trust is currently on target, as at October 2013, with regard to actions following the Keogh Rapid Response Review and the Care Quality Commission (CQC) inspection.
4. Members requested Mr O'Connor return to this meeting of the Health Scrutiny Committee to provide briefing on the current position in relation to the regulatory requirements on the Trust.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) Receives the briefing from the Sherwood Forest Hospitals Trust and asks questions as necessary
- ii) Schedules further consideration as necessary

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

6 January 2013**Agenda Item: 7**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES

Purpose of the Report

1. To consider the Quality Account priorities of Sherwood Forest Hospitals Foundation Trust.

Information and Advice

2. Organisations providing healthcare services are required to produce an annual report to the public about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality, patient safety, clinical effectiveness and patient experience. Health Scrutiny Committees have the option to consider the draft Quality Accounts of trusts and comment on them. The comment is placed within text of the published version of the report.
3. Trusts commence to develop the priorities that will inform the content of their Quality Accounts early in each calendar year. Both Sherwood Forest Hospitals Foundation Trust and Doncaster and Bassetlaw Hospitals Foundation Trust were invited to present their priorities at this meeting. However, Doncaster and Bassetlaw's priorities have not yet been considered by their Board and so consideration of these priorities has been deferred until the February meeting of the Health Scrutiny Committee.
4. Members will consider the draft Quality Accounts themselves later in the year and develop their comment for inclusion in the report at that time.
5. Members should be aware that some Quality Accounts for organisations that operate within the geographical county fall within the remit of the Joint Nottingham City and Nottinghamshire County Health Scrutiny Committee. These are East Midlands Ambulance Service (EMAS) and Nottinghamshire Healthcare Trust.
6. A representative of Sherwood Forest Hospitals NHS Foundation Trust will attend the committee to explain the priorities and answer questions.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and comments on the Quality Account priorities.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

6 January 2013**Agenda Item: 8****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members will recall that at the last meeting, the item on misdiagnosis was deferred due to lack of time. Members will therefore have an opportunity to set up a review of issues associated with misdiagnosis early on the agenda of the agenda of this meeting.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
3 June 2013				
Healthwatch Nottinghamshire Presentation	Introduction to the work of the new organisation which replaces LINKs (Local Involvement Networks).	Briefing	Martin Gately	Joe Pidgeon and Claire Grainger, Healthwatch
Diamond Avenue Surgery Changes (TBC)	Members will hear about the recent changes to arrangements at a surgery in Kirkby-in-Ashfield as an example of the sort of issue that will come before the committee	Briefing/Development	Martin Gately	TBC
Areas of Concern	The Committee will identify areas or themes on which to receive an initial briefing – these areas may go on to be the subject of a thematic review undertaken by the committee itself or a sub-committee/study group.	Briefing	Martin Gately	N/A
15 July 2013				
Bassetlaw Health Services	An initial briefing on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam.	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Mansfield/Newark and Sherwood Health Services	An Initial briefing on the work of the Mansfield/Newark and Sherwood CCGs from Chief Operating Officer, Dr Amanda Sullivan.	Briefing	Martin Gately	Dr Amanda Sullivan Mansfield/Newark and Sherwood CCG
Mortality Rates	An initial briefing on a possible area for scrutiny	Scrutiny	Martin Gately	Dr Amanda Sullivan Mansfield/Newark CCG

Ashfield Health Village GP Practice Procurement/Kirkby Community Primary Care Centre: Planned Procurement	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England
9 September 2013 – Meeting Cancelled				
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Integrated Care Teams	Implementation Update - Changes in Newark and Sherwood	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
4 November 2013				
Misdiagnosis	Initial briefing on an area of concern identified by the committee (likely topic for review)	Briefing	Martin Gately	Clinician TBC
Outcomes of Keogh Report, including mortality rates at Sherwood Forest Hospitals	Feedback on the recent national report undertaken by Professor Bruce Keogh addressing concerns around mortality rates at various hospitals, including Sherwood Forest Hospitals.	Scrutiny	Martin Gately	Dr Amanda Sullivan
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Health Scrutiny	Discussion regarding the provision of Health	For decision	Martin	-

Member Training and Development	Scrutiny Training and Development		Gately	
6 January 2014				
Misdiagnosis	Initial briefing on an area of concern identified by the committee (likely topic for review)	Scrutiny	Martin Gately	Clinician TBC
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust - Update	Scrutiny	Martin Gately	Paul O'Connor, Chief Executive of Trust
Mortality Rates at Sherwood Forest Hospital Trust	Update on mortality rates further to the Keogh Review and independent review	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Executive Newark and Sherwood CCG
Quality Accounts	Consideration of the priorities for provider trusts' Quality Accounts	Scrutiny	Martin Gately	Representative of Sherwood Forest Hospitals Foundation Trust
24 February 2014				
Clinical Commissioning Groups Complaints Procedures	Initial briefing on updated complaints procedures.	Briefing	Martin Gately	TBC
Mid-Notts Transformation	Consideration of the changes proposed within the Mid-Notts Transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Executive Newark and Sherwood CCG
Quality Accounts – Doncaster and Bassetlaw Hospitals NHS	Consideration of the priorities for provider trusts' Quality Accounts	Scrutiny	Martin Gately	TBC

Foundation Trust				
Care Quality Commission	Briefing on the role and responsibilities of the Care Quality Commission (CQC)	Briefing	Martin Gately	TBC
Public Health Briefing (TBC)				
28 April 2014				
Consideration of Draft Quality Accounts (TBC)				
23 June 2014				

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Never Events
Misdiagnosis

Liverpool Care Pathway / End of Life Care

Health Inequalities

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG
----------------------	--	--------------	---------------	--