MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
12 March 2013 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
A 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)
A Councillor M Aslam
Councillor E Campbell
Councillor A Choudhry
A Councillor E Dewinton
Councillor C Jones
Councillor T Molife
A Councillor T Spencer

Also In Attendance

Aimee Baugh	- Nottingham City CCG
Pete Burnett	- Service Innovation & Improvement Manager, EMAS
David Ebbage	- Nottinghamshire County Council
Jane Garrard	- Nottingham City Council
Martin Gately	- Nottinghamshire County Council
Jenny Leggott	- Director of Nursing and Deputy Chief Executive, NUH
Paul McKay	- Nottinghamshire County Council
Pete Ripley	- Deputy Chief Operating Officer, EMAS
Alan Schofield	- Director of Corporate Affairs, EMAS
Sam Walters	- Nottingham North & East CCG
Tony Marsh	- Clinician
Sheila Rose	- Patient at Lings Bar

MINUTES

The minutes of the meeting held on 12 February 2013 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M Aslam (Illness), V Dobson (Illness), E Dewinton (OCCB) & T Spencer (Medical/Illness)

DECLARATIONS OF INTERESTS

None

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME - RESPONSE

Pete Ripley and Alan Schofield attended the meeting on behalf of EMAS and gave a presentation updating Members on the current position with the East Midlands Ambulance Service (EMAS) Change Programme – Being the Best.

- They gave information and various figures regarding the volume of calls which were received from April 2012 – February 2013. Every year EMAS receive 5% more calls than in previous years.

- There is now an increase in clinical assessments in the Emergency Operations Centre for Hear and Treat/Hear and Refer calls. Most phone calls which are not considered to be life threatening are dealt with over the phone and will not need an ambulance sent out to them.

- A full rota review is now in place to ensure rotas match the demand of calls. Tuesdays, Fridays and Saturdays are generally the busiest times in the control room.

- The use of a police officer and a paramedic in the same vehicle (POLAMB) to help the ambulance crew to attend more difficult incidents (e.g. drugs and alcohol) will be continued.

- Hospital Ambulance Liaison Officers (HALO) are now based at the Queen's Medical Centre (QMC) site of Nottingham University Hospitals and at Kings Mill Hospital.

- For Nottinghamshire the revised change programme proposal is to have 2 Hub Stations (Nottingham City & Kings Mill) 3 additional stations – Newark, Worksop & Eastwood and 22 Community Ambulance Stations across the county.

Members asked questions regarding the information that had been presented and in response the following points were made:-

- Option 3 which involves the creation of 27 hubs with 108 Community Ambulance Posts (CAPs) seemed to be the most popular solution with staff. They can see a balance and that all areas are covered within the County.

- That the East Midlands Ambulance Service is underfunded £45 million a year and with that in mind, underperformance was inevitable. More money would help a great deal.

- The spreading out of rotas in the control room to ensure more staff are present in the busier periods of the week and making sure there are not too many resources available in the quieter periods.

- EMAS receives 700,000 calls per year. Around 30,000 of those calls are diverted and dealt with through different pathways.

- To reduce the cost of fuel, bunkered fuel is provided at stations. To keep the cost down, EMAS are also looking into new vehicles which are greener.

- There is now a facility for ambulance repair and maintenance in Nottingham as well as the central workshop in Alfreton. Additional ambulances are also available when vehicles breakdown.

- Complaints are dealt with within 20 days from receiving them.

- A Rapid Response Pilot in the City is just about to be launched. This is not a 24/7 hour service but with certain set hours.

- To reduce the number of people waiting for ambulances, calls are categorised and prioritised when the control room receives them.

- To reduce infection inside ambulances and response vehicles, specialist teams are deployed to clean them which take up to 4 hours. All vehicles are cleaned every 4 weeks.

The Chairman thanked EMAS for their response and indicated that the Committee was pleased generally to support option 3 (which encompassed the recommendations previously made by the Committee).

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

Jenny Leggott, Director of Nursing and Deputy Chief Executive gave Members the final of three quarterly progress reports on the work which has taken place to improve performance in relation to the cancellation of non-urgent elective operations, including how effective winter planning had been in minimising the impact of winter pressures.

Members asked questions regarding the latest information they had been given and in response the following points were made:-

- A better winter and patient plan is needed to reduce the number of elective operations and re-admissions. Patients attending on the day of their operation that find out it has been cancelled can re-book within 28 days.

- Another ward (A23) is opening in 2013/14 to provide more beds. This will help prepare for next winter and mitigate the associated pressures.

- Continued work to prioritise patients who have operations cancelled will ensure patients have their operations as soon as possible.

- Increased number of patients who readmit within the 28 day national standard compared to earlier in the year.

- Patients are advised to ring on the morning of their scheduled operation to make sure the procedure is still going ahead to avoid them turning up and finding out it has been cancelled.

- NUH are continuing to work with other authorities to see if anything else could be done to help them improve and elevate NUH's position on the performance tables.

- Complaints are received quite regularly, approximately 10 every quarter. They all go through the same procedure; they are taken to the patients association, are looked at and the relevant responses and actions are taken to resolve them.

The Chairman thanked Ms Leggott for the update to Members. The committee were content with the improvement over the last year, but requested a further update in the summer.

DEVELOPMENT OF SERVICES AT LINGS BAR HOSPITAL

Sam Walters gave a presentation to Members informing them of the outcomes and the evaluation of the pilot relating to the early discharge from Lings Bar Hospital, including provider and patient feedback. She also explained how this has informed commissioning decisions about future service delivery at Lings Bar Hospital.

Lings Bar Hospital is a massive success story. 50% of patients are discharged earlier than when the previous report was presented to the Committee 2 years ago. Patients can be cared for in alternative ways and in different settings rather than being cared for in hospital. The length of stay has been reduced from 38 days to 27 days. The turnover of patients is higher at Lings Bar with 3 wards compared to when it had 4 wards. The opening of Haemodialysis facility in April 2012 freed up a ward.

Paul McKay pointed out that the previously the committee had been concerned about the amount of time it took for patients to be assessed. The County Council has worked very hard with Lings Bar to ensure the success of the pilot. Social care is now based there and the main focus is to ensure safe and quick discharges. There have been no delays during the past 2 years and people's length of stay has reduced dramatically. This model for improvement has also been utilised in Mansfield and other acute hospitals.

Sheila Rose attended the meeting as a patient from Lings Bar, speaking of her experience, telling the committee how she jumped at the chance to go there due to

the high quality of care she received, not just at Lings Bar but at home as well. She explained her daily hygiene routine such as the essentials of how to wash along with ways to become more independent at home.

Clinician Tony Marsh attended the meeting and told members that there is no evidence of increased re-admissions. One week in hospital for an older patient is equivalent to 10 years in terms of their ageing, muscle and bone issues. The rehabilitation is much better for patients when at home. It was noted they are not sent home without help. As patients become more independent, it costs less for care as they can do more for themselves.

For patients who live in the City, accessing Lings Bar could be an issue regarding transport, NUH ensured that this wouldn't be an issue, transport can be arranged beforehand.

When deciding to discharge a patient, every step of the process is discussed with them, making sure they are happy with the decision being made and what care they will be receiving after being discharged.

NHS Nottingham City CCG new model 'Community Case Finders' have been working with both community and acute providers who will be part of the community service provision and will be integrated within the Integrated Discharge Team based at NUH.

Patients' feedback and past experiences help to shape the service and have helped to design this Lings Bar success story. Patients are also involved in working groups to help improve areas within the service.

The Chairman congratulated all involved in this success story, but indicated that the City members would wish to have more information about the progress of the City pilot.

Further to this, Mrs Rose described some negative experiences regarding the arrangements for her physical transfer from the QMC to Lings Bar (i.e. getting her feet wet when walking through puddles and the lack of replacement compression stockings upon arrival at Lings Bar).

THE FRANCIS INQUIRY

Councillor Shepherd introduced the report and briefly outlined the observations that had been made about the operation of Health Scrutiny in the Francis Inquiry. Members discussed what concerns they had over it and how they felt about the report.

Members welcomed the report but many concerns were brought up during the discussion:-

- Scrutiny should not be expected to investigate complaints. Services attend our committee meetings with information and statistics so Members must trust

their recorded version of events. Information is brought to us when there are changes, such as substantial variations or developments of service.

- There needs to be a more comprehensive system of communication in place as currently there seems to be little evidence from the Care Quality Commission (CQC).

- The Committee wanted to wait until the government response to the recommendations before making any variations to the Joint Committee's approach to Health Scrutiny.

- Members recognised the value Health Scrutiny minutes containing a full summary of evidence gathering and debate at committee.

The Chairman thought a report could be brought to the Committee in June when the protocols are set out. The committee considered and discussed the briefing which was provided in the report.

WORK PROGRAMME

Members discussed the work programme and agreed that a report on the Quality Accounts, a report on Physiological Therapies and an update from EMAS on the Change Programme be added to the work programme for the next meeting. However, the Chairman indicated that if the EMAS Board selected option 3, it would probably not be necessary for the EMAS change programme to feature on the agenda of the next meeting.

The meeting closed at 12.55pm.

Chairman