Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 9 May 2016 at 2pm

Membership

Councillors

Colleen Harwood (Chairman)
John Allin
Kate Foale
Bruce Laughton
David Martin
John Ogle

District Members

A	Glenys Maxwell	Ashfield District Council
	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

Officers

Pete Barker	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council
Kay Massingham	Nottinghamshire County Council

Also in attendance

David Ainsworth	Mid-Notts CCG
Julie Andrews	Mansfield and Ashfield CCG
Moira Hardy	Doncaster and Bassetlaw NHS Trust
Paul Moore	Director of Governance Sherwood Forest Hospitals Trust
Abid Mumtaz	Mansfield and Ashfield CCG

MINUTES

The minutes of the last meeting held on 14 March 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Kim Darby from Central Nottinghamshire Clinical Services (CNCS) submitted her apologies.

DECLARATIONS OF INTEREST

Councillor Laughton declared a private pecuniary interest as his wife now works for the Nottingham University Hospitals Trust and Councillor Martin declared a non-pecuniary interest in item 6, Underwood Surgery, as it was in his electoral division. Neither declaration precluded the Councillors from speaking or voting on any item.

CENTRAL NOTTINGHAMSHIRE CLINICAL SERVICES

Mrs Kay Darby, Interim Director of Nursing & Operations for Central Nottinghamshire Clinical Services was unable to attend the meeting therefore it was agreed that this item would be moved to the July agenda.

The Chairman requested that a letter be sent to Mrs Darby pointing out that her attendance at Committee was not optional.

SHERWOOD FOREST HOSPITALS – QUALITY IMPROVEMENT PLAN

Paul Moore, the Director of Governance, Sherwood Forest Hospitals Trust, introduced the report and informed Committee that he would verbally provide updates on latest developments where appropriate. Paul explained that there had been problems over many years, especially in the area of improving patient care, but since he had joined in January many actions had been completed, with procedures now becoming embedded. April was the first month ever where no serious incidents had occurred and this represented significant progress.

Paul informed Committee that one action was still rated as red under the Leadership Domain as it had proved problematical recruiting a medical lead for clinical governance, though colleagues from NUH have provided much needed assistance. Some thought was being given to recruiting a non-medical person. Paul explained that the governance work-stream had presented many challenges but that now he was in post and the team had been established significant progress had been made and it had been possible to focus on what was important including the duty of candour.

In terms of recruitment Paul explained that ‘Consultant Job Plans’ was rated as red but each consultant now had a plan in place and was aware of what was required of them. The action of having a nurse with a European Life Support Certificate on every shift was rated as amber. Providing the training had proved a challenge because of the pressure of work with training schedules having to be cancelled.as a result. Training had been rescheduled and was largely complete with a rota system also having been introduced.

Under the Personalised Care Domain Paul explained that 2 measures were red, mainly as a result of outstanding training. For basic End of Life training good progress had been made training nursing staff but compliance for medical staff needed improvement. In terms of End of Life training for practitioners this depended on the completion of the review by Hampshire NHS Trust which had yet to commence.

Paul explained that ‘Safety Culture’ was the biggest workstream with priority given to infant mortality, septis and patient safety. Paul spoke about Critical Care Outreach where patients did not require intensive care but did need to be monitored as sometimes there was a need to provide care urgently. Recruitment problems meant that it was not possible to achieve the aim of providing this service until 2am every day and work was ongoing to identify when peak demand occurred and how the service could be organised accordingly.

The problems with resuscitation trolleys had been caused through confusion with the procurement process and as a result completion of the action had dragged on. Paul stated that there was a need for the equipment to be checked daily and that evidence of this was currently being gathered.

Paul then told the Committee about ‘Timely Access’ that is, the flow of patients, where the action for all clinical staff on RTT and reconciliation to attend a teaching session was classed as red. Paul explained that no other hospital had been asked to train all of its staff on reconciliation stating that doctors are not normally trained as it takes them away from their day job. The CQC have been asked for clarification of who needs to be trained but that at the moment 64% of all staff had been trained.

Paul informed the Committee that good progress was being made under ‘Mandatory Training’ As far as ‘Staff Engagement’ was concerned a partnership with NUH was currently being investigated with the aim of aligning techniques which may result in the plan being adjusted.

Again, good progress was being made under the heading of ‘Maternity’ and Paul confirmed that leaflets in different languages had been produced and access to interpreters was available. Some challenges remain however, and Paul expressed his concern at the level of admin support available. In Newark Paul confirmed there were no significant problems with actions in line with strategy.

Following the introduction the following points were discussed:

- The Committee raised the issue of the relationship with the NUH, in particular the problems of funding the Kingsmill debt and other issues that may delay or even prevent the merger. Paul replied that discussions were continuing and though he did not know the outcome both parties were still at the table and there were no signs that the NUH was going to disengage.

- The problem of training medical staff was raised and the contrast with the ease with which nursing staff seem to be trained. Paul replied that the medical staff do train though it is not mandatory and because there are fewer doctors than nurses, when workloads are high the doctors need to remain on the frontline and this does set training back.

- The Committee expressed surprise that the Trust had initiated its own e-learning scheme given the amount of time and money this would have taken to develop, and queried whether there were not existing resources available at a regional or national level that could be used instead. Paul agreed that the essence of training did not change from organisation to organisation but the decision had been made to provide training in as many ways as possible with the aim of maximising the numbers of those engaging. Paul agreed to ask the network to see what other resources might be available.

- The Committee asked about the action regarding critical care outreach and queried its retention if it was not obtainable. Paul answered that he felt it was a good ambition, the need for it was being examined and if it was concluded the need was there, the action would be retained as red until progress had been made. It was possible that the solution would involve a rebalancing of resources.

- With regards to Patient Safety the Committee asked who checked the equipment and how long did it take. Paul answered that the equipment was usually checked by a nurse and that the time taken varied depending on circumstances. If the seal on a drawer was intact and the oxygen was full, the check could be completely very quickly. However, if the drawer was open all the contents needed checking and this could take an hour, or even longer in paediatrics. Paul explained that in the past this checking was not being undertaken by everyone and that the action would remain red until he was satisfied that everyone was undertaking the required checks. The Committee asked whether there was a culture problem in this area. Paul replied that he thought the culture was changing and he was trying to get the message across to everyone how important it was that such checks were carried out.

- The Committee was pleased to hear that the guidance to maternity services was available in a variety of languages but felt that this example needed to be adopted on a wider scale and asked how the public could find information about other services and procedures. Paul replied that anything could be translated and needs were identified at the first point of contact but stated that the task of harmonising/standardising patient information across 6 hospitals would take months to conclude.

- The Committee thanked Paul for his verbal updates and asked about the progress being made towards improvement. Paul replied that the culture was changing as a result of the many initiatives adopted and felt that things were moving in the right direction. The problem of vacancies in the acute area was a national problem but it was especially bad for the Trust and it is an ongoing problem. The Trust did not want to rely on temporary staff. The Committee stated that Nottingham University only recruited students onto the nursing degrees if they achieved ‘A’ at ‘A’ level, the Committee felt this was not relevant and even counterproductive to the recruitment of more nurses and wondered whether there was anything the Trust could do to influence Nottingham University. The Chair informed Committee that she was aware of work being undertaken into why many were training in Nottingham but moving away once they had qualified. The Committee felt that the recent removal of bursaries would not help the situation.

- The Committee thanked Paul for his report but asked if it could contain less jargon and be more ‘member-friendly’ in future. The Committee asked for a presentation to the next meeting to include the following topics:

    - End of Life Care
    - Newark
    - Emergency Department

UNDERWOOD SURGERY

David Ainsworth(Mid-Notts CCG), Julie Andrews and Abid Mumtaz (both Mansfield and Ashfield CCG) introduced the report. Abid explained that a request in writing had been received from the surgery to close down. The CCGs felt that there had not been enough consultation. Once this had taken place a second request had been received and this had been refused. The CCG's decision was final, though there was an appeals procedure in place. David explained that the main reason for the decision was based on the outcome of the consultation. A public meeting had taken place and the overriding feeling was that users did not want the surgery to close, also, the case for the need for closure had not been made.

Following the introduction the following points were raised and discussed:

- The Committee asked how the surgery was going to continue when the GP had retired. David explained that a replacement GP had been found and had been appointed on 1st May. The GP was local, having worked in Jacksdale, knew the local population and would be full-time.

- The Committee expressed concern at the quality of the accommodation at the surgery thought this may put patients at risk. Abid clarified that the references to unsuitable accommodation were to alternative sites and not the existing site which presented no problems. David informed the Committee that discussions were underway to provide an OT clinic and the accommodation provided the new GP with the room to expand their business. David thought it had been a good example of everyone involved working well together and achieving a positive outcome. The Committee expressed its thanks and felt that this was a good service that had been saved.

DONCASTER & BASSETLAW HOSPITALS TRUST DRAFT QUALITY ACCOUNT

Moira Hardy from the Doncaster and Bassetlaw NHS trust introduced the report. Moira explained that the report was in a standard format and reflected a mixture of experiences. The financial position had changed in 2015/16 due to misrepresentation and as a result the CQC and the NHS had become involved. A turnaround plan was now in place and was being progressed by an internal team with external help. Disciplinary action against internal staff was going ahead. Moira explained that the turnaround plan seemed to be working, against a target of -£38.4m the actual figure achieved was -£36.4m. Improvements in quality had also taken place. The Hospital Standardised Mortality Ratio (HSMR) had been 120 in the past but had improved now to 90. Access and treatment standards had been met and the ED rating of 94% against a target of 95% put the Trust in the top 10% nationally. Moira explained that much work had been undertaken in the fields of pressure sores and falls and that positive results have been achieved. Extra investment had been made available to pump prime certain areas to see where improvements could be made and when the CQC visited in April it concluded that 78% of the work undertaken was deemed good. Moira said that improvement was still needed but that plans were in place to achieve this.

Following the introduction the following points were raised and discussed:

- The Committee welcomed the style of the report and liked the Q&A format, though expressed concern at the lack of clarity of the Chief Executive's statement.

- The Committee queried some of the target s set and the ratings given. Moira replied that she had only been responsible for part of the report and undertook to supply the answers to queries raised via Martin Gately. The Committee thanked Moira but asked that in future could someone more senior attend who had a complete overview.

- The Committee raised the issue of the high academic entry standards for nursing courses. Moira replied that that there were a variety of routes into the profession, though some trained in nursing as they wished to enter the health profession and consequently did not work as nurses once qualified. Moira told the Committee about the agency salary cap which she regarded as a positive development but would only work if everyone adhered to the limit.

- The Committee congratulated Moira on the good performance achieved in the field of pressure sores. Moira replied that the Trust had looked into what needed to be put in place to prevent sores. In the ED Department patients underwent a 2 hour skin integrity assessment so that measures could be put in place at the beginning. Education and training had been implemented for both registered and non-registered staff. There is also a high level of scrutiny undertaken when sores do occur with a response provided to the patient in 24 hours. An examination is completed to ascertain whether the sore has been caused by the hospital in question but that sometimes a sore is the least-worst scenario. Moira informed the Committee that a numerical scoring system was in place to assess which patients are at risk but sometimes the scores were not entered correctly or errors were made in the calculations so a more visual record system would be adopted. A need has been identified for more air mattresses but this presented a challenge financially, also nurses were quick to escalate a problem but slow to de-escalate. Moira informed the Committee that ward based auditing had been introduced in wards where the incidence of sores had been high, stretch targets had also been introduced and the positive result had been that wards had got competitive in attempting to drive occurrences down. The 'skin team' are proactive and travel round wards to train staff. Senior staff have been targeted with the expectation that they will be able to cascade the training downwards. Moira stated that much money could be saved if sores were prevented in the first place, though it does get harder year on year to sustain the level of performance as the quick wins are achieved early in the process. Moira confirmed that learning is shared with new staff when they start.

- The Committee thanked Moira for presenting the report and she confirmed that she would provide answers to the Committee's outstanding questions via Martin Gately.

PUBLIC HEALTH COMMISSIONING

Kay Massingham from Nottinghamshire County Council presented the report which gave details of the directly commissioned Public Health Services as of 1 April 2016 and highlighted the 2 services due to be commissioned during 2016/17:

i) Children's Public Health services – Integrated Healthy Child Programme and Public Health Nursing Service for 0-19 years

ii) NHS Health Checks services

Following the introduction the following points were raised and discussed:

- The Committee observed that for services that had been commissioned for a number of years it was essential that the opportunity to comment was given the Committee before the expiration of the contracts. The Chair agreed and asked Martin to liaise with Barbara Brady in Public Health to arrange the submission of reports regarding the Drugs & Alcohol Services and the Obesity & Weight Management Services.

- The Chair clarified that the role of the Health Scrutiny Committee was not to commission services, which was the role of the Public Health Committee, but to investigate whether the consultation process had been carried out correctly and select which commissioned services to scrutinise.

WORK PROGRAMME

The work programme was discussed and it was agreed to delete the proposed report on Sexual Health and to add the following items to the work programme:

- Sherwood Forest Hospitals update
- Community Pharmacies
- IT Links (when re-procured)
- Doncaster & Bassetlaw Hospital Trust Accounts (to include an explanation of what has happened, why it has happened and what can be put in place to avoid any reoccurrence)
- Dentistry (Martin Gately is to visit Birmingham in June and will report back on shortcomings)

The meeting closed at 3.56pm