Nottinghamshire County Council Minutes

Meeting	JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE
Date	Tuesday, 7th October 2008 (commencing at 10.15 am)

membership

Persons absent are marked with `A'

COUNCILLORS

Nottingham City Councillors:-

Emma Dewinton
Michael Edwards
Penny Griggs
A Eileen Heppell
Ginny Klein (Vice-Chair)
Tony Marshall
A Andrew Price
A Mick Wildgust

Nottinghamshire County Councillors:-

Reg Adair
Mrs K Cutts
A Pat Lally
Ellie Lodziak
A Sue Saddington
A Parry Tsimbiridis
Chris Winterton (Chair)
A Brian Wombwell

Also in Attendance:-

Councillor V Dobson

MINUTES

The minutes of the last meeting held on 9th September 2008 were agreed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Eileen Heppell, Councillor Andrew Price and Councillor Brian Wombwell.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

NOTTINGHAM UNIVERSITY HOSPITALS TRUST FIVE YEAR INTEGRATED BUSINESS PLAN AND FOUNDATION TRUST BID

Rebecca Larder from Nottingham University Hospitals Trust gave a presentation to the Committee on progress made in developing the Trust's Five Year Integrated Business Plan. She explained that the vision was to be the country's best acute teaching healthcare provider by 2016. This would be measured by patient experience, clinical outcomes, staff satisfaction, research, teaching and training and value for money. The business plan to guide the journey would be produced by the end of the year, which was at the end of a 15 month process. There had been partner involvement and there was an external reference group. The aim was to make a Foundation Trust application by the end of 2009. She indicated that the strategic intent document which would be signed of by the Trust Board in January 2009 would be published widely for internal and external stake holders.

In response to a question from Councillor Reg Adair about the closure of the car park at the Queen's Medical Centre, Julia Hickling from the Nottingham University Hospitals Trust explained that they had been monitoring the structural safety of the car park for some time and had already planned to take action. This was why Hooley's car park had been resurfaced. As a result of structural tests over the weekend it had been necessary for the multi-storey car park to be closed immediately and alternative arrangements put in place.

In response to a question from Councillor Ginny Klein, Julia Hickling from the Trust stated that the deep clean was progressing and that a rolling programme of ward refurbishments was being carried out. Hospital infections had been reduced and the number of C. difficile cases had been reduced substantially.

In response to questions from Councillor Mrs K Cutts, Rebecca Larder agreed that there was a need to make it clear in the document so that patients were aware it was one organisation and where they needed to go for care. She stated that the hospital did not have single-sex wards but had single-sex bays. They also had some single bedrooms. Julia Hickling agreed that there was a need to invest in this over the long term. Dr. John Walsh stated that when wards were redesigned they took the opportunity to build some single rooms. Councillor Emma Dewinton thought that it sounded as though this was not a big priority for the Trust but that it was for patients. She felt that this should be a priority and not one that was carried out where possible. She commented that people had mixed experiences of nursing care and that there was a need for staff to engage with patients and she wondered if that was a training issue. She asked about treatment in the community particularly maternity and whether

the hospital was working with the community midwifery service to offer a comprehensive choice. She commented that people found the City Hospital easier to utilise than the Queen's. Julia Hickling responded by saying that single-sex wards was an issue they knew they had to tackle this and it would feature in the estate strategy. She indicated that the nursing staff could come to a future committee. With regard to maternity care, they were engaged with the PCT. She confirmed that they proposed to share the strategic intent document with key stake holders.

Councillor Penny Griggs referred to early discharges and commented that people felt isolated and thought that there needed to be proactive links. She agreed that post-hospital there was a need to make support available which would sometimes be the hospital and sometimes be in the community. Councillor Penny Griggs stated that the hospital should contact the patient and not the other way around.

Barbara Venes asked whether the deep clean included the windows on the mental health wards which she had been told had not been cleaned for a long time. Julia Hickling confirmed that deep cleaning included the windows. She pointed out that the mental health wards were run by the Healthcare Trust and there was a need to find out who was responsible for the windows.

In response to questions from Councillor Michael Edwards, Julia Hickling stated that the public/patients' views differed nationally and locally. The Trust was keen to see that what they had put forward in the strategy document chimed with the public. They had asked every head of service what the public's view was. They were building in the public's responses from the consultation and engagement process of the 'Our NHS, Our Future' Review of the NHS services as part of the Darzi Review. She indicated that they wanted to change the current catering arrangements. At the moment food was brought from Colchester and they wanted to provide it locally so that it was locally sourced. She referred to the Medilink bus as a form of sustainable transport. The estate's people were looking at energy for the future.

Councillor Reg Adair commented that the staff satisfaction level at the hospital was very low and he wondered how it would be turned around so that it was one of the best in 2016. Julia Hickling accepted that morale was low but that it was not as low as it had been. She commented that mergers led to dips in morale. She pointed out that last year they had got a new management structure and were doing leadership development. They were not complacent and going forward knew they had much to do.

In response to a question from Councillor Chris Winterton, Rebecca Larder explained that concentrating Children's Services on the Queen's site was part of the wider children's plan and was using space vacated by the Treatment Centre.

Members of the Committee requested that NUH representatives return with the draft strategic intent document for members' comments. Julia Hickling agreed to explore the issue of whose responsibility it was to clean the windows on psychiatric wards, as part of deep cleaning – NUH or the Healthcare Trust – and to feed this information back to the Committee.

NOTTINGHAM UNIVERSITY HOSPITALS TRUST HEART SERVICES

Dr. John Walsh, Consultant Cardiologist at Nottingham University Hospitals Trust outlined to the Committee how the Trust intended to progress the development of heart services in the next few months. He stated that the background was the merger where there were two moderately-sized units. This led to duplication and replication. In addition the management of cardiac services had become more acute. With heart attacks the new recommended treatment was angioplasty. The previous treatment was clot-busting drugs which were easy to deliver and used by paramedics. The new treatment was highly technical and carried out in centres of excellence. There were two fixed points, A&E at the QMC and Trent Cardiac Ward at the City. The proposal was to locate angiogram services (a diagnostic to see where the blockage in the artery was) on the City campus so that the patients who needed both an angiogram and angioplasty would receive all of the treatment on the one site. There would still remain angiogram services for patients on the Queen's campus and at other hospitals for emergency treatment. He indicated that there were two types of heart attack but that the lengths of stays for both types had been reduced. He added that complications arose when patients were in hospital too long. He explained that the patient pathway would flow through Accident & Emergency on the Queen's site. About 8,000 people per year attended Accident & Emergency with chest pains and that about 500 went to the cardiac ward. Accident & Emergency was used to triage patients. There would therefore still be a two campus experience for some patients and consultants would work over both campuses. He added that they would be looking to see if in time the ambulance service could triage patients out in the community.

In response to a question from Councillor Winterton, Dr. Walsh stated that if a patient was treated within 3 hours, the outcomes were the same but between 3 hours and 12 hours angioplasty was better. He added that by the time most patients presented they were outside the three hour period. With regard to value for money, angioplasty was cost- efficient as 50 % of patients treated with the clotting busting drugs re-presented and then needed angioplasty.

In response to a question from Councillor Ginny Klein, Dr. Walsh stated that the centres emergency treatment had been identified as Leicester and Nottingham. He stressed that delays affected the outcome. They were looking at the business case to extend the hours from 9 – 5 to 24 hour care including weekends. They were discussing with Leicester the overlap of patients and with commissioners and the ambulance service.

Members of the Committee supported the proposed changes to heart services.

THE NHS TREATMENT CENTRE AT THE QUEEN'S MEDICAL CENTRE

Alison Treadgold, the acting Contract Manger at Nottingham City PCT, John Lofthouse, the General Manager of the Treatment Centre, and Dr. Harvey from Nations updated members on progress of the Treatment Centre. They stated that the

centre had opened on the 28th July 2008 with dermatology and day case surgery. On September 22nd digestive diseases, endoscopy and diagnostic imaging had been transferred. They stated that a phased opening was vital as it was the largest transfer of healthcare in the UK. There was a 120 space car park under the building. There were no beds in the Treatment Centre and if a patient needed to stay overnight they were moved to the Queen's Medical Centre. This had happened once since the centre opened. They reported that there had been 2000 first appointments for dermatology, and together with 6,000 follow-up appointments; 1,300 day case surgery procedures; 450 first digestive diseases appointments and 800 follow-ups; 200 endoscopy appointments and 160 diagnostic imaging. Further transfer of services will take place on the 27th October and the first of December. Patient satisfaction surveys had been carried out which indicated a high satisfaction rate but they accepted that there was a need for a more robust survey approach to be used. There were capacity issues in dermatology and they were looking to increase capacity by appointing additional staff. There had been technical issues with the choose and book system and they were working hard to resolve these.

In response to a question from Councillor Adair, John Lofthouse agreed there was a need to refine data collection and stated that they would be carrying out an independent survey of satisfaction levels. He agreed that there had been some difficulty with patient's notes. The notes were supposed to be delivered in the morning but they had not all been arriving. Work was being carried out with the Nottingham University Hospitals and there had been an improvement.

In response to a question from Councillor Ginny Klein, John Lofthouse stated that the answer to the capacity issue with dermatology was to appoint more staff but there was a national shortage. He felt that there was sufficient capacity in other areas. Alison Treadgold commented that the contract at Barlborough ended in 2010. There had been a lower than expected take-up from the City PCT area and this would need to be considered by the commissioners.

Councillor Emma Dewinton commented that the Committee did not have details of the target patient numbers and therefore it was difficult to judge the success of the Treatment Centre. She commented that with regards to patient satisfaction surveys there was a need for confidentiality with the surveys. John Lofthouse stated that with dermatology they were at the contracted level, with day-care they were at 80% due to a slow start, and digestive cases were at 94%. The aim was to get above the contract level. He agreed there was a need to do more with the patient satisfaction surveys. Alison Treadgold explained that the contract allowed the PCT to make adjustments in the first few months. With regard to patient choice there was no fewer options available now than before. John Lofthouse stated that he was happy to come back to a future committee meeting with details of performance. Alison Treadgold stated that the case mix had been set at what was thought to be achievable. The PCT wanted to avoid paying for something which was not received. In response to a question from Councillor Chris Winterton, Alison Treadgold stated that the costs were index linked to the retail price index. The price was set in 2005 at £209 million and was now £8 million higher to date.

John Lofthouse invited members to visit the Treatment Centre and it was agreed that officers would co-ordinate this.

WORK PROGRAMME

Consideration was given to the Work Programme.

There was a discussion about whether the Committee should consider at future meetings, the Human Relations Strategy at NUH, productive wards and nurses, the Strategic Intent document for NUH, renal satellite unit, emergency medical beds, and the Treatment Centre- contract levels and value for money

It was agreed:-

(1) That the Human Relations Strategy and staff morale be considered when the Strategic Intent document is brought to Committee.

(2) That it would be appropriate for NUH to provide a background paper on productive wards for circulation to members, rather than a presentation to the Committee, given the pressures on the current work programme.

(2) That a further report on the Treatment Centre including patient feedback be brought when the Committee consider commissioning together with patient feedback.

The meeting closed at 12.32 pm.

CHAIR