

MINUTES

**JOINT HEALTH SCRUTINY COMMITTEE
11 December 2012 at 10.15am**

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev. T. Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
A Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
A Councillor M Aslam
A Councillor E Campbell
Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
A Councillor T Molife
A Councillor T Spencer

Also In Attendance

District Councillor T Roberts – Member of EMAS Change Programme Sub Committee
County Councillor S Wallace – Member of EMAS Change Programme Sub Committee
Dr Peter Homa – Chief Executive, Nottingham University Hospitals NHS Trust
Laura Skaife – Nottingham University Hospitals NHS Trust
Tom Turner – Nottinghamshire County LINKs
Barbara Venes - Nottingham City LINKs
Sara Allmond – Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council
Noel McMenamin – Nottingham City Council

MINUTES

The minutes of the meeting held on 13 November 2012 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M Aslam (Medical/Illness), E Campbell and B Wombwell (other)

DECLARATIONS OF INTERESTS

None

DEVELOPMENT OF SERVICES AT LINGS BAR HOSPITAL - UPDATE

Following a review of care in community hospitals across the county which resulted in changes to service provision at Lings Bar Hospital, the Committee had received regular updates on the outcomes of the changes. The Joint Committee had requested a further progress report at this meeting.

Members were requested to agree a delay in receiving an update report pending the transfer to the new NHS structure when NHS Nottingham City and Nottinghamshire County would be in a better position to explain options going forward. It was proposed to receive a report at the March meeting.

The Joint Health Committee noted the latest service developments at Lings Bar Hospital and agreed that a further report be brought to the March meeting.

AGENDA ORDER

The Chairman agreed to take item 6 – East Midlands Ambulance Service Change Programme – Response as the next item to allow the two members of the EMAS Change Programme Sub Committee to leave following consideration of the item.

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME - RESPONSE

Councillor Shepherd introduced the report which provided Members with the East Midlands Ambulance Service (EMAS) Change Programme Sub-Committee's proposed response to the consultation.

Members of the Sub-Committee were thanked for their work along with the other organisations who attended including EMAS.

The Sub-Committee were content with the principle of the hub and spoke system but had some concerns about the impact it would have on some areas, rural areas in particular.

Five recommendations were proposed by the Sub-Committee. The Committee felt the five recommendations were appropriate, with an additional recommendation regarding the adequate supply of ambulances and crews to operate in rural areas. This was to ensure that there was appropriate and timely cover in all areas of the City and County.

Members had also raised concerns regarding a lack of information being provided to local members on consultation meetings, and a comment on this was included within the draft response letter to EMAS. Members also felt that it was important to ensure

good working relationships with neighbouring service providers were built into the model, to ensure that there were no service gaps and additional support could be provided and received when needed.

Members discussed the recommendation regarding fines levied against Ambulance Trusts and agreed that the recommendation should be included as it specifically referred to Trusts not commercial operations. It was also felt that Monitor should investigate any performance issues first, before any further sanctions were taken. This would be covered within the letter.

The Joint Health Committee:-

agreed the letter and recommendations as set out in the report, with an addition recommendation:-

“That an adequate supply of ambulances and crews be provided to operate in rural areas.”

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST – CANCELLATION OF NON-ELECTIVE OPERATIONS SINCE JANUARY 2012 – PROGRESS REPORT

Dr P Homa gave Members an update on cancellations of non-elective operations since January 2012. Actions were in place, including addition beds and an observation unit next Accident & Emergency (A&E). In November there had been a cancellation rate of 0.81% with fewer than 3% total cancellations. Nottingham University (NUH) Hospitals NHS Trust publish all cancellation performance figures. Since August there had consistently been cancellation rates of less than 3% and the Trust were continuing to work to reduce this figure further so there were as few cancellations as possible.

The Trust had a detailed Winter Plan including an extra ward of clinical beds. Over 130 nursing staff, other medical staff and support staff were currently being recruited for this ward, which was a permanent addition. It was planned to add a second additional ward. The situation would be assessed on a weekly basis to ensure that it was effectively managed over the winter period.

Dr Homa had a high level of confidence that the Trust would never again have the high level of cancellation rates seen earlier in 2012.

The increase in cancellations in July was due to an international shortage of a chemotherapy agent, which meant that patients had to be switched to alternative treatments so their original operation dates had to be cancelled.

The Trust focussed on re-admissions and outcomes for patients by procedure to assess their success rates. Any issues identified were given detailed scrutiny. The Trust was one of the finest in the Country for outcomes.

There had been no danger to life due to the cancelled operations.

The Trust performed strongly against its peers in relation to mortality rates. The hospitals had a significant range of specialisms with a wide breadth of experience, meaning the patients received the best care possible.

Members were assured that if an operation had been cancelled it would be rearranged as soon as possible at a time to suit the patient.

The external report commissioned by the Trust to investigate the cancellations earlier in 2012 had been published and gave constructive criticism from which the Trust had made changes. The Trust had been too focussed on the day of the operation, and had found that by examining cancellations the day before the operation this gave an earlier warning of any issues. The data was now forensically assessed on a daily basis and systems were being brought together to ensure better correlation of data across the hospitals.

The Joint Health Committee noted the presentation and additional information provided and that a further update would be provided at the March meeting, including how successful the Winter Plan had been.

WORK PROGRAMME

The Committee were advised that the East Midlands Stroke Review item had been deferred from the meeting to a future meeting (most likely March 2013).

The meeting closed at 11.10am.

Chairman