

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 March 2016 from 10.15am- 12.30pm

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Eunice Campbell
Councillor Carole-Ann Jones
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Richard Butler
Councillor John Clarke
Councillor John Handley
Councillor Colleen Harwood
Councillor Jacky Williams
Councillor Anne Peach
Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Mrs Kay Cutts MBE
Councillor Ilyas Aziz

Absent

Colleagues, partners and others in attendance:

Jane Garrard	- Senior Governance Officer
Noel McMenamin	- Governance Officer
Martin Gately	- Lead Scrutiny Officer
Peter Homa	- Nottingham University Hospitals Trust
Owen O'Sullivan	- Nottingham University Hospitals Trust
Andrew Cullen	- Arriva Transport Solutions
Philip Hennessey	- Arriva Transport Solutions
Paul Willetts	- Arriva Transport Solutions
Paul Fitzgerald	- GEM CSU
Neil Moore	- Mansfield and Ashfield CCG
Pete McGavin	- Healthwatch Nottinghamshire
	- Governance Officer

59 APOLOGIES FOR ABSENCE

None.

60 DECLARATIONS OF INTEREST

None.

61 MINUTES

The minutes of the meeting held on 9 February 2016 were agreed as a true record and they were signed by the Chair.

62 NOTTINGHAM UNIVERSITY HOSPITALS LONG TERM PARTNERSHIP WITH SHERWOOD FOREST HOSPITALS AND FUTURE STRATEGY

The Committee considered a wide-ranging report and presentation from Peter Homa, Chief Executive of Nottingham University Hospitals (NUH) NHS Trust, covering the following issues:

NUH response to the Care Quality Commission (CQC) report and rating

- (a) the CQC involved a team of over 60 inspectors on both planned and unannounced visits in September 2015. 8 pathways were inspected:
 - urgent and emergency care;
 - medical care;
 - surgery;
 - critical care;
 - children and young people;
 - maternity and gynaecology;
 - outpatients and diagnostic imaging, and
 - end of life care.Inspectors engaged staff and patient focus groups, as well as Executive and Directorate management teams and specialist leads;
- (b) NUH was rated overall 'good' by the CQC, with a 'good' rating for being 'effective', 'caring' and 'responsive'. No major concerns were identified, the Trust received an 'outstanding' rating for being 'well-led' and a 'requires improvement' rating was awarded for being 'safe';
- (c) the report highlighted a number of examples of outstanding practice, including in the strong ethos of learning and training, strong partnership working with local schools and public health, elements of dementia care, governance and innovative use of technology, such as the 'Pocket Midwife' initiative;
- (d) areas identified for improvement included improving End of Life care, specific staffing issues around children's provision, specialist training issues around midwifery, critical care, neonates and eye casualty and greater consistency in the application of the Mental Capacity Act, and in documenting emergency equipment checks and do Not Attempt Resuscitation decisions.

The Committee congratulated Mr Homa on the report's positive outcomes, and noted actions identified to address the issues needing improvement. Mr Homa explained that improving the 'Safe' rating was less about safety of patients and more to do with consistency of recording and embedding actions already taken across the Trust. He also confirmed that parts of NUH already operated on a 7-day basis, and that the Trust's plans to meet 7-day requirements were progressing well.

Partnership with Sherwood Forest Hospitals Trust (SFH)

- (e) NUH had been successful in securing a partnership with SFH following a competitive tendering process, also involving Sheffield and Derby Hospital Trusts. The NUH approach to partnership was respectful, humble and supportive, with an immediate focus on addressing CQC issues and longer term focus on developing a new vision and values for the unified organisation;
- (f) the union between NUH and SFH benefitted both patients and staff. Patients would experience improved clinical outcomes, safety and access to services, while staff would experience greater career, development and education opportunities, stable experienced leadership and enhanced research opportunities;
- (g) union also brought benefits to the wider health infrastructure of Nottinghamshire. Existing joint working would be enhanced, health and social care would be more easily integrated and financial and estate efficiencies could be made;
- (h) work was ongoing to develop governance arrangements, agree timelines for integration, ensure strong and consistent communications and engagement and develop plans.

The following issues were raised during discussion:

- (i) Mr Homa confirmed that the SFH structural debt arising from historic Private Finance Initiative (PFI) investment is an entirely separate issue to the union of NUH and SFH. The mechanisms to deal with the PFI issue have not yet been agreed, but will involve additional central Department of Health (DH) resourcing;
- (j) Mr Homa confirmed that NUH would not have proceeded with union with SFH if PFI had not been disaggregated from the process, and agreed to provide further information to a future meeting;
- (k) Mr Homa was confident that there was sufficient leadership, management and staffing capacity within both NUH and SFH to deliver union. Clinical colleagues in particular were positive about meeting the challenges and taking up the opportunities offered by the organisations coming together;
- (l) possibilities were being explored to extend the Medilink bus service across Nottinghamshire. Mr Homa recognised the difficulties with services between Mansfield and Newark and Newark to Nottingham, and work was ongoing to overcome these issues;
- (m) It is expected that Bassetlaw and Doncaster Hospital Trust will more likely align services with South Yorkshire;
- (n) Mr Homa explained that the process of NUH/SFH union was both informed and driven by very high levels of staff engagement, and he expressed the view that positive culture and performance shifts should be evident within 12 months.

NUH Long Term Strategy Development

- (o) NUH is developing a Strategy for the period 2016-2020, engaging with patients, partners and staff to take forward 9 clinically-led workstreams:
 - ambulatory and diagnostics;
 - cancer services;
 - Nottingham Children's Hospital;
 - Elective services;
 - Emergency and acute services;
 - Long-term conditions;
 - Obstetrics, gynaecology and neonatology;
 - Regional specialities and
 - Technology and IT;
- (p) The Strategy will be developed in the wider context of union with SFH, the Sustainability and Transformation Plans for Nottinghamshire and Lord Carter's national NHS efficiency recommendations;
- (q) NUH priorities for 2016/17 were arranged under 4 headings – 'Quality', 'Finance', 'Our people' and 'Strategic', and included:
 - Responding to CQC inspection report 'must do's'
 - Improving and maintaining emergency access and 62 day cancer performance;
 - Delivering financial recovery plan milestones and financial efficiencies;
 - Addressing key workforce risks (fewer agency/locum staff);
 - Embedding new organisational structure/SFH partnership;
 - Developing an Estates Strategy;
- (r) The Strategy is being delivered in the context of the tightest financial constraints under which the NHS has ever operated.

Mr Homa confirmed that patients will have the opportunity to inform both the development of the Long Term Strategy and Improvement Plan in response to the CQC Inspection Report. NUH continues to run the '15 Step Challenge' programme, and hundreds of patients' and partners' views will be taken into account.

RESOLVED to thank Mr Homa for his report and presentation, and to request a further update, incorporating information on future arrangements to address Sherwood Forest Hospital Trust's PFI issues, to a future meeting of the Committee.

63 PATIENT TRANSPORT SERVICE

The Committee considered a report and presentation updating it on Patient Transport Service performance. The Committee also considered an updated report and presentation from Healthwatch Nottinghamshire on the experience of renal patients using the Patient Transport Service. Representatives from Arriva Transport Solutions (ATS) and commissioners attended the meeting.

Patient Transport Service Performance Update

Arriva Transport Solutions (ATS) representatives Paul Willetts, Director of Governance and Quality, Andrew Cullen, National Head of Patient Transport Services and Philip Hennessey, Communications and Engagement Manager gave a presentation, providing the following information:

- (a) ATS undertook to introduce significant changes to the Patient Transport Service, and in the past 6 months have:
 - o Established an Operational Improvement Plan, with a particular focus on 3rd party provider performance and flexible rostering to match demand;
 - o Developed a range of winter pressure readiness measures;
 - o Continued to champion Transport Working Groups;
 - o Implemented a Renal Improvement Plan, including appointing a Renal Co-ordinator and implementing a missed treatment escalation process;
- (b) councillors went on a visit to the ATS Ashville base to gain a better understanding of the service and the conditions under which it operates;
- (c) there has been significant communications and engagement activity, with renal roadshows delivered across Nottinghamshire, a new patient survey launched, and patient reminder cards and a quarterly stakeholder newsletter published;
- (d) 9 out of 10 patients would recommend the service to friends and family, and patient satisfaction with most elements of the service had improved;
- (e) ATS acknowledged that renal dialysis performance required further significant improvement;
- (f) ATS will look to build on recent performance improvements, will continue to work with Healthwatch to inform service improvements and to liaise with NHS staff to explain how the service operates and to minimise disruption to patients.

The following points were made during discussion:

- (g) all 3rd party providers go through a compliance check and sign up to the Service Level Agreement (SLA). The SLA has been revised in the light of feedback to incorporate consequences of not complying with SLA requirements;
- (h) all performance information used by ATS was channelled through the organisation's Business Intelligence Unit and was independently collated and verified;
- (i) the Operational Improvement Plan addressed basic elements within the control of ATS. However, there were a number of issues outside the organisation's control that impacted on its ability to deliver its services. For example, if a health and social care package was not in place for a patient then the resulting delays impacted on ATS' performance. Similarly, if a care home had closing 'cut off' time then affected patients could be prioritised at the expense of other patients;
- (j) ATS representatives confirmed that winter pressures were less to do with transport conditions and more about the impact of wider pressures on health and social care services on the Patient Transport Service.

Paul Fitzgerald, Patient Transport Service Contract Manager at the Greater East Midlands Commissioning Support Unit (GEM CSU), and Neil Moore, Director of Procurement and Market Development, Mansfield and Ashfield Clinical

Commissioning Group, provided additional information and responses to Committee questions and comments from the commissioning perspective as follows:

- (k) key performance targets for the current contract had been set on the basis of partial historic information inherited from the previous provider, and delivering to contract had proved very challenging from the outset;
- (l) commissioners will re-tender for the service in the next 12-18 months, and the process to determine the future service specification will be based on much better quality information than previously;
- (m) depending on financial and other resource constraints, it may be necessary to redefine the service to be delivered in future. In any event, commissioners will need to incorporate sufficient flexibility in the specification and tendering process to cope with potentially high levels of change over the length of the contract. The Committee asked to be involved in the development of the service specification.

Healthwatch Renal Transport Summary Report

Donna Clarke, Evidence and Insight Manager, Healthwatch Nottinghamshire, provided information on its recent update to its original report on renal patients' experience of the Patient Transport Service. Key points were:

- (n) the update survey engaged 73 renal patient users of the service, but not necessarily those originally engaged;
- (o) punctuality and consistency of service has improved, and the appointment of the Renal Co-ordinator was welcomed. However, problems persisted with the quality of care from taxi providers, and with consistency of evening service provision. The lack of availability of the Co-ordinator for evening patients was also criticised;
- (p) several respondents reported having been 'forgotten', with no transport booked.

In the discussion which followed, ATS confirmed that the operation of the post of Renal Co-ordinator was under review and would be revisited in the light of patients' comments, and that ATS and Healthwatch will continue to work together to deliver improvements, particularly on 3rd party service provision.

RESOLVED to

- (1) request that the full Healthwatch report will be circulated to the Committee, when available;**
- (2) request that commissioners come back to the Committee to discuss development of the service specification for the Patient Transport Service when the re-procurement process commences.**

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for the remainder of 2015/16 and into 2016/17. Jane Garrard, Senior Governance Officer, gave the following update:

- (a) an evaluation report on GP Access Fund Pilots was expected by early March 2016 but has not yet been published, so consideration of this issue is currently on hold;
- (b) Quality Account study group meetings are taking place, with a further round of meetings planned in May/June 2016 to consider final draft Quality Account documentation;
- (c) further to consideration at the Committee's February 2016 meeting, Transforming Care for People with learning disabilities and/or autism spectrum disorders proposals are currently out for public consultation, and will be considered again at the Committee's July 2016 meeting;
- (d) the Chair and Vice-Chair held a useful and informative meeting with the Nottinghamshire Regional Manager of EMAS.

RESOLVED to note the report and update.