

HEALTH AND PUBLIC SERVICES SCRUTINY SUB-COMMITTEE

Minutes of the Meeting held on Monday, 15th July 2013 at Retford Town Hall

- Present: Councillor D G Pidwell (Chair)
Councillors B Barker, H M Brand, S J Fielding, M Gregory, A Mumby, C Palmer, J Potts, J C Shephard, A Simpson, K Sutton and T Taylor.
- Officers: G Blenkinsop, V Cookson, C Crossland and R Theakstone.
- Witnesses: Dr T Jordan – Clinical Director, Bassetlaw Health Partnerships
H Keane – Assistant Director of Nursing, Patient Experience & Quality
Dr S Kell – Chairman Bassetlaw Clinical Commissioning Group
P Mettam – Chief Officer, Bassetlaw Clinical Commissioning Group
A Mumby – Doncaster & Bassetlaw Hospitals NHS Foundation Board of Governors
D Perdue – Acting Chief Operating Officer, NHS Bassetlaw and NHS Doncaster
M Pinkerton – Chief Executive, NHS Bassetlaw and NHS Doncaster
P Smeeton – Chief Operating Executive, Nottinghamshire Healthcare NHS Trust
J Walker – Service Manager, Bassetlaw Health Partnership

(Meeting opened at 6.30pm.)

(The Chair welcomed all to the meeting and read out the Fire Alarm/Evacuation Procedure.)

5. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor D R Pressley.

6. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

(a) Members

Councillors H M Brand and A Mumby declared a non-pecuniary interest in Agenda Item No. 6(a), Bassetlaw Hospital – Review of Current Performance and Challenges, as Governors on the Doncaster and Bassetlaw Hospitals NHS Foundation Trust. They remained in the meeting.

(b) Officers

There were no declarations of interest by officers.

7. MINUTES OF THE MEETING HELD ON 3RD JUNE 2013

RESOLVED that the Minutes of the meeting held on 3rd June 2013 be approved.

8. MINUTES FOR ACTION AND IMPLEMENTATION

RESOLVED that the Minutes for Action be received.

9. OUTSTANDING MINUTES

RESOLVED that the Outstanding Minutes be received.

Key Decisions

None.

Other Decisions

10. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

(a) Bassetlaw Hospital – Review of Current Performance and Challenges

Members received progress reports on key issues raised at the time of the review of 'The Future of Services at Bassetlaw Hospital' and received feedback on service developments. Members were given the opportunity to assess the progress that has been made since the review into the future of services at Bassetlaw Hospital and given the opportunity to ask questions.

Members raised the following questions:

- **If the Hospital has managed to achieve its efficiency targets without impacting on front line services, how has this been achieved and how would you hope to continue to make efficiency savings without impacting on services?**

M Pinkerton advised that:

- The Trust sets an efficiency saving target of 6%
- The number of locums used is being reduced
- Reorganising of rotas to reduce costs and improve services e.g. Pathology
- Providing new services e.g. Paediatric cardiology
- Robotics were introduced in the pharmacy last year
- Procurement collaborative
- Working together with providers and other trusts

- **The previous scrutiny review placed a lot of emphasis on the way in which information regarding changes is put out to the community and recommendations were made, are you mindful of these?**

M Pinkerton advised that open communication and communication within the Trust to engage staff is important.

S Kell advised that it is important to be transparent and the commissioning group is increasingly transparent. Briefings are now being produced for the public.

- **Discharge from hospital is often a point when the integration of services can fall down, what efforts have been made to help seamless transfer from hospital to home or intermediary care?**

D Perdue advised that Bassetlaw Hospital has had an integrated discharge team for a number of years and have looked at the different elements that need changing or improving. The Hospital makes sure that discharge planning starts when a patient is admitted and issues are identified and addressed. Monthly operational meetings take place which feed into the Integrated Care Board looking at how to move forward and integrate services effectively.

- **What is the situation in relation to the discharge of mentally ill patients?**

D Perdue advised that the Hospital has a team of mental health nurses and therapists who educate staff and make sure needs are addressed early on.

- **More issues surrounding mental health are coming to our attention and we fear that the services will not grow with the needs of the community?**

Members were advised that:

- A focus on mental health is welcomed
 - Patients who frequently attend A&E may have mental health issues
 - Mental health is high on the list of priority for investment
 - There is an increase in demand at the moment and responses are not as quick as they would like
 - Services need to be tailored to patients
 - A review of mental health services has commenced and it is hoped that a new pathway will offer a range of services to vulnerable patients
 - Help and information from Members would be helpful
- **How do you hope to address difficulties in recruitment within A&E and care for the elderly?**

M Pinkerton advised that they are trying to make sure services and support offered are attractive and that the Hospital is an attractive place to develop a career. If services are high performing and effective the Hospital's reputation will grow. Employees need to be well trained and engaged. It is also important to retain existing staff and ensure they are satisfied and develop their careers. Maintaining links with other organisations and offering internal rotations within the Trust is a way of attracting employees.

- **Does emergency surgery take place at Bassetlaw? If not what is the reason for this?**

M Pinkerton advised that a full range of orthopaedic surgery, general surgery and minor emergency surgery takes place at the hospital. Patients requiring specialist treatment are transferred to other hospitals. The Hospital does not meet all the minimum requirements for trauma surgery.

M Pinkerton presented Members with a slide show presentation. They were briefed on the Hospital's strategic direction, corporate direction and the costs of healthcare. He advised that:

- The number of beds on three wards are being increased
- Cancer services are being enhanced with the introduction of an additional breast clinic
- An Abdominal Aortic Aneurysm (AAA) Screening Programme has commenced
- Investment into the early pregnancy assessment services
- Investment in A&E equipment and function
- Introduction of a seven day A&E consultant rota
- On site paediatric integration to create a child friendly zone
- An endoscopy unit will be built on the Bassetlaw site

- **In the wake of the recent reports of patient neglect at Stafford Hospital and Winterbourne View, what is your view of the new Ofsted style ratings for each department of every hospital due to be brought in by October 2013?**

M Pinkerton advised that in some way they can be seen as a good thing but can be bad if people are just focusing on meeting those certain targets. He advised that he is a fan of minimum standards to work to as they improve services and make them safer.

P Metam gave a slide show presentation it briefed Members on the commissioning perspective, philosophy, supporting performance improvement, what the public have said and what they plan to do. He advised that there are opportunities for the future to work together to benefit patients.

- **What is the progress on technology improvements and sharing records?**

Members were advised that the sharing of data has started; clinicians have access to patients summary care records. In terms of the wider IT situation, a replacement for the current administration system is currently being negotiated.

P Smeeton gave a slide show presentation; he briefed Members on Bassetlaw Health Partnership; working together; successes; primary care; community diabetes specialist nurse services; and children and family services.

- **What support is going to be in place for carers, who we know save the NHS thousands of pounds in professional care costs?**

P Mettam advised Members that they have talked to carers and received feedback about things that they would like to see change. The different condition groups need to be looked at and what would make the most difference for a patient and their family. More work needs to be done with the voluntary sector.

P Smeeton advised whilst some of the support groups were no longer available work was being done on a number of groups for carers such as stroke and palliative care. The stroke team are doing a lot of work focusing on carers. The school team are doing work in schools to identify young carers.

H Keane shared her views from Patient Advice and Liaison (PALS). She advised that PALS officers are nurses who deal with day to day concerns. Recently the PALS service has been centralised at Doncaster, they are currently in the process of advertising for a member of staff to ensure the Bassetlaw Hospital PALS office will be manned every weekday. Serious concerns are passed onto ward nurses and they can help people make a formal complaint. The office is located in the main entrance; there are posters in each ward and leaflets around the hospital advertising the service.

She advised that there are more concerns raised now than in the past; however patients and families are now encouraged to make comments and give feedback to help improve services. If any patterns emerge they would expect an action plan to be addressed and this will be monitored.

A Mumby shared her views with Members as a Governor. She advised that since M Pinkerton has taken over a lot of work has been done. There was previously a problem with the miscarriage pathway and the work to rectify this is now nearly complete. Since the previous review communication has improved, there is more clarity and a lot of positive outcomes. The biggest contributor to mortality rates is sepsis, Bassetlaw has a good procedure in place to check for and deal with this. Residents are very happy with the improvements to the diabetes service.

Following questions raised in relation to emergency surgery Members were advised that there is a theatre list every afternoon. More patients are being transferred for emergency surgery, and this will be done if it is safe to do so to improve the outcome for the patient. Due to advances in other procedures only a third of patients require operations. If patients are transferred to another hospital they are transferred back as soon as possible. Members were advised that emergency surgery cannot be commissioned at Bassetlaw Hospital as outcomes for patients would be reduced.

Members discussed the future of the Hospital and the role of the Council. P Mettam suggested the Council could be involved with the review of the crisis pathway and public perception, gaining the view of patients and the public.

Members commented that the hospital has come a long way since the last scrutiny review and that they were impressed with the hospital's performance. He said that Kazia Foster was leading on this work and he would ask her to liaise with G Blenkinsop.

The Chairman commented that there is obviously a determination and passion to get things right and things have improved. He thanked the guests for their attendance and added that their time is appreciated and he hoped they could work together with the Council. He also thanked the officers for their input.

RESOLVED that:

1. A feedback report containing any relevant action points following on from the meeting be circulated to Members.
2. The District Council and its key health partners hold an annual health event.
3. The Committee receive a six monthly update on Bassetlaw Hospital from Bassetlaw District Council's representative on the Board of Governors.

SECTION B – ITEMS FOR DISCUSSION IN PRIVATE

Key Decisions

None.

Other Decisions

None.

11. ANY OTHER BUSINESS WHICH THE CHAIRMAN CONSIDERS TO BE URGENT

As there was no other urgent business to consider the Chairman closed the meeting.

(Meeting closed at 8.30 pm.)