

PUBLIC

**MINUTES** of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 13 September 2021 at County Hall, Matlock, DE4 3AG.

**PRESENT**

Councillor J Wharmby (in the Chair)

Councillors M Foster, E Fordham, P Moss, G Musson, L Ramsey, P Smith and A Sutton.

Apologies for absence were submitted for Councillor D Allen.

Also in attendance were Zara Jones, Executive Director, Commissioning Operations at NHS Derby and Derbyshire CCG, Jo Keogh, Divisional Director Integrated Care, Chesterfield Royal Hospital and Sharon Martin, Executive Chief Operating Officer of University Hospitals of Derby and Burton NHS Foundation Trust.

**20/21 MINUTES**

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 12 July 2021.

**21/21 PUBLIC QUESTIONS**

**Question posed by Councillor Gez Kinsella:**

The closure of Babington Hospital in Belper and the construction of a new health centre on the same site has left residents to ask how their future health needs will be met. There are a range of services that could be provided, but at this stage it is unclear what these are. Can you confirm:

1. What services will the new health centre provide?
2. What additional services the Royal Derby Hospital will provide?
3. What provision will be met through the Primary Care network, freely accessed at the point of need?

The questions were forwarded to the CCG and Derbyshire Health Service for their responses.

**22/21 HYPER ACUTE STROKE UNIT REVIEW**

The report was presented by Zara Jones and Jo Keogh and outlined the reasoning behind the review being undertaken into the Hyper Acute Stroke Unit at Chesterfield Royal Hospital.

The main issue was that the Hospital Trust had experienced significant challenges with the recruitment of Consultant Stroke Physicians; the expert clinical workforce required to deliver the hyper acute element of the Stroke pathway. At the time of the meeting the Trust had appointed a locum consultant stroke physician.

The review had identified four options for consideration:

- Do nothing and continue as it did currently;
- Strengthen the Chesterfield Hyper Acute unit by design;
- Decommission the Chesterfield Royal Hospital Hyper Acute Stroke Unit with patients being directed to either a single Hyper Acute Stroke Unit provider or multiple providers;
- Review the Chesterfield Royal Hospital Hyper Acute Stroke Unit service as part of a wider East Midlands review to rationalise sites and continue to provide the service 'as is' at Chesterfield Royal Hospital in the meantime.

Appendix 2 to the report highlighted current areas of concern:

- The current service at Chesterfield was below the Midlands and national average for patients being seen within 24 hours of "clock start";
- The current service was also below the national and midland average on being seen by a stroke consultant, a stroke nurse and being given a swallow test.

Members raised concerns over the decommissioning of the Chesterfield Royal Hospital Hyper Acute Stroke Unit option. It was felt that the potential additional travelling time could have an adverse effect on the patient's chance of recovery, especially given that the time in accessing treatment was critical when caring for stroke patients. However, it was accepted that patients should be treated where they had the best chance of a good outcome.

**RESOLVED** - that the Committee (1) note the content of the paper and the presentation; and

(2) receive feedback and further detail supplied through the action group at a future meeting before supporting any process.

## **23/21 PLANNED RECOVERY UPDATE**

Sharon Martin provided an update on progress made on the Planned Recovery of services post-COVID. Members were especially interested in the re-opening of operating theatres at Chesterfield Royal Hospital and details of the prioritisation methodology used for waiting lists.

The report gave an update on the theatre situation and set out actions they had taken to address staffing issues.

Details on the inpatient waiting list showed a big increase from an average waiting time of 7 weeks (with 570 patients awaiting surgery and a back log of 242) to a post-COVID average waiting time of 37 weeks (with 1,165 patients on the waiting list and a backlog of 972).

The day case waiting list saw a large increase, from 9 to 29 weeks (an increase of 2665 to 3959 patients waiting and an increased backlog from 742 to 2565 patients).

Members asked a number of questions around the current service, the proposed options and the timescale of the review. The Committee was especially keen to be able to contribute to the review as it progressed and within the timescale.

**RESOLVED** - that further information and updates be sent to the Committee via the Scrutiny Officer and/or briefing meetings to be held with Members

## **24/21 COMMITTEE WORK PROGRAMME**

The Scrutiny Officer updated the Committee on the outcomes of the Work Programme Planning meeting held on 7 September to discuss the Committee's future work programme.

It was noted that the Committee's work was mostly led by NHS service transformations which the Committee must consider as part of consultation process. Members put forward their suggestions for potential reviews and these included:

- Section 75 Agreements between the Council and NHS Commissioners and providers;
- ICS briefing by Dr Chris Clayton and the Executive Director, Health and Social Care at the next committee meeting;
- Changes to how people access GP services (moving towards phone or virtual consultations);
- Accessing dental services during and post pandemic; and
- Revisit the CCG Financial Recovery Plan.

**RESOLVED** - Members who wished to submit an area for review were asked to fill in the proposal form and submit it to the Chairman, with a copy to the Scrutiny Officer. A scoping report would then go to a future committee meeting to start the review process for accepted proposals.