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NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 10 November 2015

Time: 10.15 am

Place: LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

Governance Officer: Clare Routledge **Direct Dial:** 0115 8763514

AGENDA **Pages**

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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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 13 October 2015 from 10.15 - 11.43

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Pauline Allan
Councillor Parry Tsimbiridis (Vice Chair)	Councillor John Clarke
Councillor Ilyas Aziz (joined midway through item 4, left at 11:34)	Councillor Colleen Harwood
Councillor Merlita Bryan	Councillor Chris Tansley
Councillor Richard Butler	
Councillor Eunice Campbell	
Councillor Mrs Kay Cutts MBE (left after item 5)	
Councillor John Handley	
Councillor Corall Jenkins (joined midway through item 4)	
Councillor Carole-Ann Jones	
Councillor Anne Peach	
Councillor John Wilkinson (substitute)	
Councillor Jacky Williams	
Councillor Yvonne Woodhead (substitute)	

Colleagues, partners and others in attendance:

Martin Gately	-	Lead Scrutiny Officer
Sarah Hughes	-	East Midlands Clinical Senate
Nikki Pownall	-	Nottingham University Hospital
Clare Routledge	-	Senior Governance Officer
Caroline Shaw	-	Nottingham University Hospital
James Welbourn	-	Constitutional Services Officer

28 APOLOGIES FOR ABSENCE

Councillor John Clarke (sent substitute)
Councillor Colleen Harwood
Councillor Chris Tansley

29 DECLARATIONS OF INTEREST

None.

30 MINUTES

The minutes of the meeting held on 15 September 2015 were confirmed and signed by the chair.

31 EAST MIDLANDS STRATEGIC CLINICAL NETWORKS AND CLINICAL SENATE

Sarah Hughes, Clinical Senate Manager at East Midlands Clinical Senate delivered a briefing on the role and responsibilities of the Senate and Strategic Clinical Networks (which form part of NHS England).

Both the East Midlands Strategic Networks and Clinical Senate were established in April 2013 and functioning from October 2013. Funding is provided from NHS England improvement funding to provide advice to both Commissioners and Providers and connect organisations and people facing similar challenges. There is a small cohort of paid staff working across the East Midlands.

Following questions from Councillors, the following information was provided:

(a) all panel members are unpaid, apart from the Chair who is currently paid for one day a week. The Senate has access to a database of 250-300 clinical staff;

(b) clinical advice is at the heart of the Senate. The Senate gets involved in larger scale change programmes, and links with national Clinical Directors regarding best practice and independent advice;

(c) patients are recruited to the Clinical Senate through advert or because of their experience of accessing a particular service;

(d) the Senate Chair is accountable to NHS England but NHS England cannot determine the work of the Senate;

(e) the Senate Steering Group meets in the evenings with clinicians volunteering but counting their contribution as part of their planned development time. The Senate will pay for locum cover when an independent contractor is involved in Senate work. There is a selection process for each panel, which looks at who has the particular expertise required;

(f) Health and Wellbeing Boards have been briefed on the work of East Midlands Senate and Clinical Networks;

(g) both the Senate and Clinical Networks utilise National Institute for Health and Care Excellence (NICE) and Royal College Standards and Guidance, and also link into professional organisations including The Royal College of Nursing;

(h) an annual report is produced;

(i) East Midlands Clinical Network guidance has been adopted by The Royal College of Surgeons;

(j) as a result of the Dermatology issues facing Nottingham an East Midlands wide meeting was arranged to discuss the challenges;

(k) the Senate and Clinical Networks are also working with the Transformation Boards including South and Mid Notts;

(l) as the NHS and social care workforce face challenges clinical advice regarding quality and safety can be provided.

RESOLVED to note the report and thank Sarah for the presentation.

32 URGENT CARE RESILIENCE PROGRAMME 2015/16

Nikki Pownall from Nottingham City Clinical Commissioning Group and Caroline Shaw from Nottingham University Hospitals (NUH) presented the report on Improving Urgent and Emergency Care for Patients, Their Families and Carers. The following points were highlighted:

(a) there is now a decant ward at Queen's Medical Centre (QMC), which wasn't achievable last year' enabling a deep clean across every ward on both campuses;

(b) 164 beds are now open, which will be kept open over the winter enabling flexible use;

(c) the NUH Emergency Department (ED), has increased in size with more clinical staff available as the service has been redesigned around patient arrival and flow;

(d) attendance at the ED is higher than this time last year; in conjunction with this, there is an increase in the number of patients that need to be in hospital;

(e) the Urgent Care Centre opened in October on London Road and will be fully functional by December 2015;

(f) GP populations at risk of flu are being offered vaccination alongside care and residential home patients and staff and schools, as flu peaked at Christmas and New Year in 2014/15;

(g) South Nottingham is one of only eight awarded urgent and emergency care vanguard status working to help people who need urgent care to get the right advice in the right place;

(h) there are currently 18 nursing vacancies in ED. Agency staff are being employed but it was acknowledged this is an expensive option in terms of finance and training. NUH have also recruited nurses from Italy;

there is collaborative working between health and social care enabling supported discharges;

Following questions from Councillors, the following topics were discussed:

(j) as part of the Urgent and Emergency Care Vanguard there is ongoing trialling of GPs at the front door of ED. 80% of shifts for GP's at the front door on Christmas Day and Boxing Day have been covered. The ideal would be to mainstream this service but there are cost significant implications associated. There is not a sufficient GP workforce to establish a 365-day service but a modelling exercise to identify key peaks would enable a better service to be implemented;

The front door scheme could potentially see an income drop for NUH, as the GP could be directing patients to other services;

(k) Martin Gawith, from Healthwatch Nottingham congratulated the partnership working for its effectiveness and stated with the introduction of the living wage there was real opportunity to train staff currently providing caring roles enabling them to progress along the professional health and social care route;

(l) there are excellent health and social care facilities and spare capacity around the County; it is important that a Nottinghamshire wide system approach is implemented to utilise capacity. Transformation Boards could drive this forward;

(m) 12- 13% of ED attendances go to the NEMS Urgent Care service on site;

(n) the Urgent and Emergency Care Vanguard would also focus on improving urgent mental health care.

RESOLVED to:

(1) thank NUH and the City CCG for their presentation;

(2) invite NUH and City CCG back to present an update once the winter 2015/16 period is over.

33 JOINT CITY AND COUNTY HEALTH SCRUTINY WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Services regarding the Committee's work programme for 2015/16.

The new Chief Executive of Healthwatch, Pete McGavin was welcomed.

RESOLVED to:

(1) note the work programme;

(2) coordinate transport, and email members to remind them when visits are taking place. This will be carried out by Martin Gately;

(3) ask the East Midlands Clinical Networks and Senate to return in October 2016 to present its annual report;

(4) consider the future of Nottinghamshire Clinical Commissioning Groups;

(5) ask Dr Stephen Fowley from NUH to come back and let members know how any savings from the catering services contract have been used.

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Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

10 November 2015

Agenda Item: 4

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS ENVIRONMENT, WASTE AND CLEANLINESS

Purpose of the Report

1. To introduce an update on environmental and waste issues at Nottingham University Hospitals (NUH).

Information and Advice

2. The issues of environment and waste were first brought to Members' attention during the consideration of NUH Quality Accounts. The Joint Health Committee last received a briefing on these issues in January 2015. At the request of NUH, cleanliness was added to this briefing.

3. NUH has provided the following information in relation to waste:

- *Carillion's handling of waste/waste reduction*
    - Carillion are soon to introduce a food waste system that turns food waste into bio-fuel thereby reducing domestic waste volumes
- *The handling of clinical waste/sharps*
    - NUH and Carillion are exploring a new sharps system with regards to the disposal of sharps and instruments. Currently, the containers are single use only whereas the new system would see the introduction of re-usable containers. The sharps would not be incinerated but disinfected at high temperatures thereby reducing the tonnage of clinical waste.
    - Carillion have expanded the work we do to separate waste streams (clinical from offensive) to improve compliance and reduce costs
    - Daily checks to monitor that bins are secure
- *Reassurance that waste is removed from the building in such a way that it does not contaminate clinical areas during its transport along corridors*
    - Waste is transported through corridors in sealed and secure containers

4. A presentation from NUH entitled "Creating a better environment for patients, visitors and carers" is attached as an appendix to this report. Dr Stephen Fowlie, NUH Medical Director,

will attend the Joint Health Committee to present the information and answer questions, as necessary.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing and ask questions.
2) Schedule further consideration, if required

Councillor Parry Tsimbiridis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Cleanliness briefing note from Nottingham University Hospitals NHS Trust

17 September 2015

Context

- NUH considered very carefully how to achieve best value for money in delivering high quality services when awarding the contract for cleaning services to Carillion (July 2014).
- Quality standards were part of the contract (as stringent, in several instances higher, than those for the prior in-house arrangement).
- Standards of cleanliness are very closely monitored and audited.
- In audits (NUH and jointly NUH& Carillion) in 2014 and early 2015, some areas fall below the required cleanliness standards.
- We took rapid action. An improvement plan is in place, and with Carillion, we are giving considerable focus to address these shortfalls (specific actions detailed below).

Actions

- Strengthened our operation of cleanliness audits, monitoring.
- Added external reviews (other NHS Trusts) to our internal and joint (with Carillion) audits of standards.
- Strengthened the speed and level of escalation to Carillion.
- Prompted an increase in number of cleaning staff and supervisor (Carillion)
- Carillion refreshed cleaning equipment and materials (the latter advised by NUH).
- Re-emphasised cleaning responsibilities to NUH staff (including introduction of a new Cleaning Manual for Nurses).
- NUH Trust Board oversight of improvement and progress.
- Regular updates (public domain) including via NUH Trust Board and public bodies, including the Joint Health Scrutiny Committee (NUH due to attend in November 2015 as part of our regular attendance to update on environment, including cleaning services).

Relation to infection prevention and control

We have seen no general increase in infections over the period when then there was a deterioration in the consistency of our cleanliness. However, C Diff is one infection which can increase when the environment is not kept clean. Our very active Trust-wide infection prevention and control programme had contributed to a substantial reduction in hospital-acquired infections (including C Diff) at our hospitals in recent

years. In 2014/15 our rate of C Diff remained among the highest in our peer group (and we have not seen the reductions many peers have seen reported). Furthermore between Nov 14 and Mar 15 we had our first outbreak of C Diff in almost two years. We had a further outbreak (3 cases) in April/May 2015.

There are more cases of C Diff at QMC than City Hospital, largely because of the difference in case mix (diagnoses).

Through 2014/15 we strengthened our C Diff Action plan, and increased the frequency of cleaning, monitoring and use hydrogen peroxide decontamination on affected wards.

In early 2015 we undertook environmental sampling of our wards looking for C Diff spores (which can cause C Diff infection). We found a level of contamination which was higher than when we undertook the survey 2 years previously, though we did not find spores in most wards and areas. We cannot compare the contamination level with other hospital because very few others undertake such sampling. The contamination was particularly found in communal ward areas (eg nursing stations, utility rooms). These are areas which are not typically decontaminated in our peroxide fogging mini-deep clean programme, which is undertake bay–by–bay (ie the whole ward is not closed).

As a result we identified and opened a decant ward at QMC which allows us to close ward completely and decontaminate all areas. We have prioritised those wards at highest risk for C Diff. Each ward decontamination takes 2 weeks, and we are undertaking minor works (notably to make cleaning easier) during the closure. We aim to have completed 10 wards by Dec 15.

We monitor all case of C diff carefully at weekly meetings with infection control specialists. The vast majority of cases are clinically mild infections, and are not related to poor clinical care or management (including use of antibiotics).

C difficile, MRSA bacteraemias, D&V outbreaks

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16 (to date)
C Diff	225	112	138	90	113	52
MRSA Bacteraemia	5	8	5	2	4	2
D&V & Norovirus	22	44	28	21	51*	2

outbreaks						

In 13/14 the outbreak season commenced later (Dec) and continued longer to June 2014 than is typical. This means that more outbreaks from that 'season' feature in 2014/2015 and fewer in 2013/14 than in previous years.

Media/external interest

There has been some media interest following concerns that were raised by an action group at our August Trust Board. We have offered to meet with patients and other groups to discuss these concerns. A meeting has been arranged w/b 21/9 (with NUH Chair and Chief Executive).

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Creating a better environment for patients, visitors and carers

Dr Stephen Fowlie
Medical Director

November 2015

Agenda

- 15/16 quality priorities
- CQC inspection
- Cleanliness
- Smoking
- Noise at Night

15/16 QUALITY PRIORITIES

Best for patients, their families & carers

15/16 QUALITY PACK

CQC inspection

- 15-18 Sept (planned visit): QMC, City, Ropewalk House
- 28 Sept: Unannounced visit
- No major concerns (incl care and environment)
- Report & Rating (expected December 2015)

2015 PLACE scores: QMC

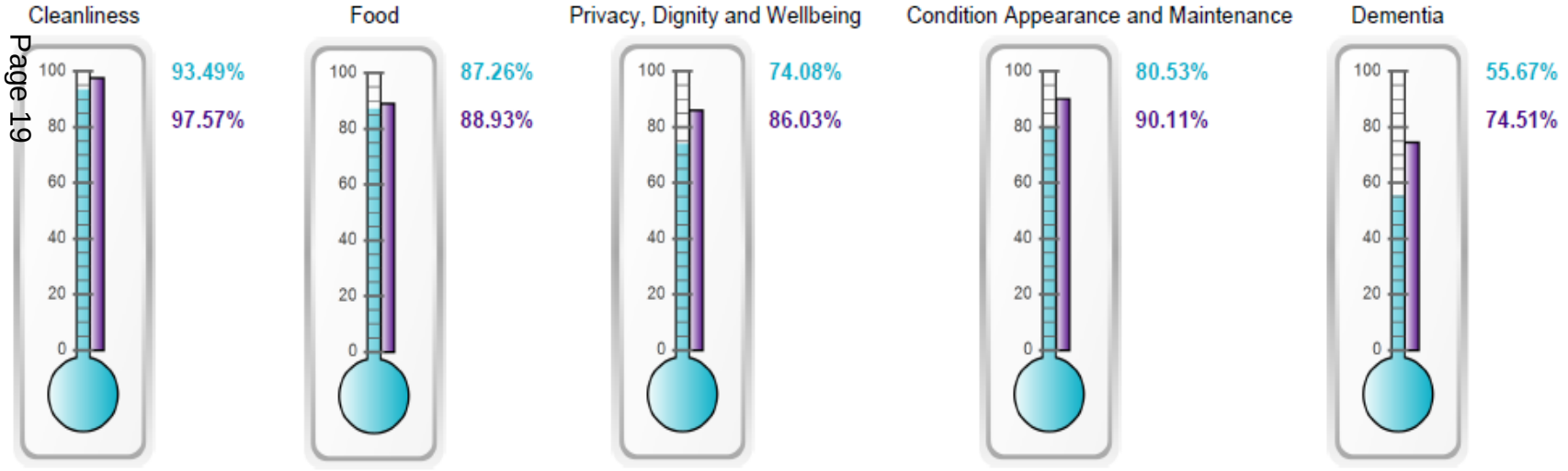
PLACE
Patient-led assessments of the care environment

NHS England

QUEEN'S MEDICAL CENTRE- Collection: 2015

SiteScore

National Average



2015 PLACE scores: City

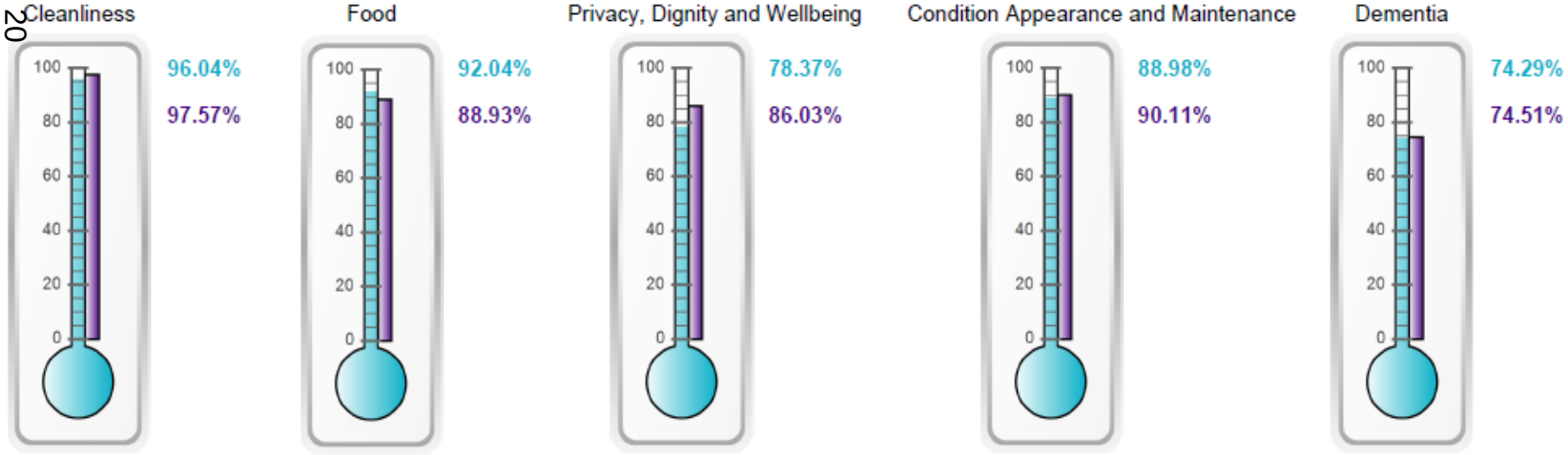
PLACE
Patient-led assessments of the care environment

NHS England

NOTTINGHAM CITY HOSPITAL- Collection: 2015

SiteScore

National Average



Cleaning & decontamination

No general increase in infections over period where there was a deterioration in consistency of cleanliness

- Decant ward at QMC
- Cleanliness audits
- External reviews
- More cleaning staff & supervisors
- Strengthened escalation to Carillion
- NUH Trust Board oversight of improvement

Smoking 1: ONGOING

- Signposting patients and staff to cessation services (20% increase in last year)
- Tougher action: staff caught smoking on site
- On-the-spot fines for littering
- Patient-led social media campaign

Smoking 2: NEW

- Exploring by-law change with Council
- Reviewing NUH smoking policy following recent PHE judgement on e-cigarettes
- New legislation (April 2016) fines for smoking in & around public places (including hospitals)

Noise at Night 1

"Bothered by noise at night from patients?"

April-August 2014: 70.5% "No"

Same period 2015: 70.1%

Target: 75%

Reducing noise (patients)

- Limiting patient movements (evenings)
- Reducing noise from electronic devices (working with families/carers & staff to raise awareness)
- Answering buzzers/call bells more promptly

Noise at Night 2

"Bothered by noise at night from staff?"

April-August 2014: 87.2% "No"

Same period 2015: 87.4%

Target: 88%

Reducing noise (staff)

- Different shoes for ward teams
- Focus on reducing noise from bins, phones and alarms on medical devices
- Quiet-closing doors
- Hourly rounding helping nurses to better anticipate needs of patients (fewer buzzers)

Questions

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

10 November 2015

Agenda Item: 5

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

RAMPTON HOSPITAL VARIATIONS OF SERVICE

Purpose of the Report

1. To introduce an update on the variation to service within Rampton Secure Hospital relating to the treatment of offenders with personality disorders.

Information and Advice

2. Members will recall that on 21 April 2015 representatives from NHS England and Nottinghamshire Healthcare Trust attended the Joint Health Committee to describe a variation of service in relation to the treatment and care of people with personality disorders at Rampton Secure Hospital.

3. This change of service meant that there would be a reduction in the number of offenders being admitted to the hospital since the default position would be that they would be managed within prison.

4. The committee were reassured that both patients and staff had been consulted on a regular basis with patients reassured that they would not be moved from the hospital until it was clinically appropriate. There would also be no significant changes in staffing.

5. The committee raised some concerns that commissioners and the Trust had been aware of this change since June 2014, but had only now brought it before the committee.

6. The committee requested an update on this variation in six months.

7. Ms Ruth Sargent, Head of Specialised Mental Health and Learning Disabilities POC and High Secure Lead, NHS England and Healthcare Trust colleagues other will attend to brief the Committee and answer questions as necessary. A written update from Ms Sargent is attached as an appendix to this report.

8. RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing and ask questions as necessary in relation to this substantial change

2) Schedule further consideration, if necessary.

Councillor Parry Tsimbiridis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Report for the November 2015 Meeting of the HOSC

The Decommissioning of the Dangerous and Severe Personality Disorder Service (DSPD) at Rampton Hospital

Update Report

1. Introduction

Representatives from NHS England and Nottinghamshire Healthcare NHS Foundation Trust attended the Nottinghamshire HOSC in April 2015 to brief HOSC members on the decommissioning of the DSPD unit at Rampton Hospital and the implications for both current and potential future patients.

The original briefing report is attached as a background paper.

NHS England has been asked to provide an update of progress to the committee.

Since the April meeting of the Nottinghamshire HOSC, NHS England has been working with the Trust and partners in National Offender Management Services (NOMS), to further refine the capacity modelling and financial forecasts to establish the capacity requirements for high secure personality disorder services and the financial arrangements to support these requirements in the future.

2. Progress

2.1 In line with the agreement to reuse the more modern accommodation provided in the Peaks Unit, all male patients who meet the criteria for admission to Rampton hospital and require the Personality Disorder (PD) service, are admitted through the admission ward in the Peaks unit. .

2.2 NHS England are currently running a capacity modelling tool developed by Nottingham University to assess the impact that the closure of the DSPD service will have on the demand for high secure PD beds at Rampton Hospital.

2.3 Until such time as the outcome of the modelling is available commissioners are working on an assumption that the requirements are likely to reflect the PD bed capacity levels at both Broadmoor (78 beds) and Ashworth (75 beds) High Secure Hospitals for the relative catchment population size, and an additional 12 beds to reflect the predicted number of residual DSPD patients remaining in the service after 5 years.. The latest capacity modelling undertaken by the Trust indicates a required capacity of 90 beds. The final numbers will have an impact on the timing of the timescale of bed/ward closure.

2.4 The Current overall PD bed capacity at Rampton hospital is 115 beds. There are currently 55 patients in the Peaks unit and 45 patients in PD wards in E block (the current location of the three standard PD wards in the main building at Rampton hospital). Of these, 47 patients are part of the original cohort of 63 DSPD patients. The remainder having appropriately moved to alternative hospital provision or back to prison.

2.5 Financial modelling is currently taking place to establish the likely finances required to support the future model

2.6 The patients and staff in the Peaks have and continue to receive regular updates on these discussions and the OPD pathway. Further work is being undertaken to develop plans for engagement and information sharing with patients and carers regarding the improved services available within the prison estate. This is currently awaiting the outcome of the capacity modelling before being taken forward any further.

2.7 As stated at the April meeting of HOSC, members are welcome to visit Rampton Hospital if they feel this will support their understanding of the services discussed.

3. Next steps

The future occupancy modelling and associated financial forecasts continue to be refined as described above, to resolve the future High Secure PD capacity requirements at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD (Offender Personality Disorder) prison services.

Background paper

Report for the April Meeting of the HOSC

The Decommissioning of the DSPD service at Rampton Hospital

Executive Summary

- The new Offender Personality Disorder (OPD) strategy was approved by Ministers in 2011.

- In terms of services for high risk Personality Disorder Offenders, the OPD Strategy proposed that the default position for the majority of Offenders was that management and treatment should be provided within the Prison Estate. There would continue, however, to be the need for specialist medium and high secure hospital services for those prisoners/patients who required detention under the MHA and treatment in a hospital environment.

- There have been significant developments in the services available for PD Offenders in prisons, including the development of PIPEs (Psychologically Informed Planned Environments) and specialist treatment units. These developments have also been combined with educational programmes to enhance the Prison Officers awareness of the needs of PD Offenders.

- The OPD strategy proposed that the pilot DSPD hospital services (the two High Secure and three Medium secure services) should be decommissioned and the released funds recycled into other parts of the OPD pathway.

- The High Secure DSPD service (in the Paddocks building) at Broadmoor hospital was decommissioned in 2012 and at that time, it was agreed that the Rampton hospital High Secure DSPD service (in the Peaks building) would continue on a transitional basis. The three DSPD Medium secure units (two in London and one in the North East) continue to provide services.

- In July 2014, Nottinghamshire Trust was served with formal notice of the intention to decommission the DSPD service at Rampton hospital. A Task group was established to oversee the process and it had its inaugural meeting on 18th July 2014.

- The Task group has met regularly since this date and has agreed/noted that:

    - The Peaks unit will continue to admit PD patients (who meet the standard criteria for admission to a High Secure Hospital) but that after the 18th July 2014, all subsequent admissions (other than an identified cohort of 'DSPD' patients who were already in the unit, on the waiting list, or on trial leave) would be categorised as standard PD patients.
    - The Peaks unit would be utilised by the standard PD service at Rampton hospital because it already was the sole admission route for all PD patients, was a purpose built unit, and had more appropriately sized wards in comparison to the three standard PD wards at the hospital.
    - An additional Case Manager would be appointed to attend CPA meetings where discussions about individual DSPD patient progress, risk, and care pathway needs would take place.
    - Approximately 50% of the DSPD patients in the unit are on hospital orders and will require a healthcare route as the next stage in their pathway (High secure or Medium secure hospital PD service) and none of the remaining patients on prison transfer orders were not considered by their RCs to meet the MHA criteria for remission to prison.

- The most recent occupancy modelling exercise has indicated that the hospital may be able to close a 17 bed PD ward in 2017/18.
- Nottinghamshire Trust has received legal advice about the consultation process that raises potential issues that may need to be resolved.
- Subject to the outcome of discussions concerning the need to increase the bed capacity of the Men's PD service at Rampton hospital, the decommissioning of the DSPD service could have a significant impact on the standard PD service at Rampton and Medium secure PD services.
- Financial modelling has taken place with regard to the implications of the Occupancy profile modelling forecast.

- The DSPD service at Rampton hospital has 60 beds in the Peaks building and an agreed target occupancy of 52 patients. The Peaks currently has 50 in-patients, with an additional one patient on the waiting list for admission, and ten referrals being processed.

- There is a need to resolve the future High Secure PD capacity at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD prison services.

1. Background

1.1 In 2011 the Department of Health and Ministry of Justice held a public consultation on the future shape of services for offenders with personality disorder. It described an ambition to reshape these services by developing new services mainly in prisons. The consultation at the time included individuals and organisations in the NHS and criminal justice system, the voluntary sector, the independent sector, professional associations, and prisoner/patient groups.

1.2 The proposed new OPD pathway, subsequently endorsed by Ministers, decided that the money invested by the NHS in England in DSPD hospital services (the two high secure services at Broadmoor and Rampton hospitals, and the three Medium secure services) could be used more effectively to improve the management and treatment of offenders with severe personality disorder. The intention of the new OPD strategy was to:

- reduce spending in NHS secure psychiatric hospitals' DSPD units and increase the number of treatment places in prisons as well as improved case management services
- invest in early identification of offenders who present a high risk of serious harm to others and who are likely to have a severe personality disorder
- improve risk assessment and case management of offenders with personality disorder who are in the community
- improve the nationally commissioned treatment services in high security prisons

- provide new intervention and treatment services in secure and community environments
- create specially designed environments within prison and probation trusts for offenders who have completed treatment or been released from prison
- build the wider workforce (NHS, social care, criminal justice and independent and voluntary sector) by developing staff knowledge, understanding and competencies

1.3 Implementation of the new OPD strategy is overseen by a joint programme board that is co-chaired by NHS England and the Ministry of Justice. On the NHS side, the programme board makes recommendations to NHS England's Specialised Commissioning Oversight Group, which has operational oversight of specialised commissioning and has delegated authority to make decisions on behalf of the Board of NHS England.

1.4 The Offender Personality Disorder Pathway is based on a 'whole systems' community-to-community pathway approach. Offenders who enter the pathway are managed by the criminal justice system, either in prisons or in the community via probation services (for individuals who are not held in custody), but with access to secure specialist hospitals for individuals/prisoners assessed as requiring detention under the MHA and treatment in a hospital setting. The pathway enshrines the concept of 'joint operations' whereby responsibility for an offender's pathway is shared between the NHS and the criminal justice system.

1.5 The DSPD service (The Paddocks) at Broadmoor hospital was decommissioned in 2012 and it was agreed that the DSPD service at Rampton would continue as a transitional arrangement to support the development of the new pathway. The three DSPD Medium secure services continue to provide services to the pathway.

1.6 Since 2012, the Offender Personality Disorder pathway has increased the volume and range of offender services considerably. The current portfolio comprises over 100 separate projects, including:

- early identification, case formulation and consultation services via a NHS – probation service partnership
- 2 re-specified personality disorder services for 135 men in high security prisons
- 1 re-specified personality disorder service for 12 women in prison
- 6 new personality disorder treatment services for men providing 248 places in prisons, plus 3 new therapeutic community based treatment services for men with learning difficulties providing 52 places

- 18 prison and approved premises providing 600 Psychologically Informed Placement Environment places for men
- 3 new personality disorder treatment services for women providing 60 places in prisons and 6 new Psychologically Informed Placement Environment places
- A major national workforce development programme
- Plans are underway to develop a specialist 18 bed PD PIPE service at HMP Long Lartin.
- Plus numerous prison and community projects supporting key elements of the pathway

1.7 In July 2014, Nottinghamshire Trust was served with a formal notice to de-commission the DSPD service, and a Task group was established to oversee the process. The Task Group is chaired by David Sharp, Leicestershire and Lincolnshire LAT, and has full members from NOMs, NHSE Finance, Commissioners, and with representatives from Nottinghamshire Trust in an Advisory capacity.

1.8 This paper reports on the developments since the Task Group was established and the current outlook.

2. Progress to date

2.1 Consultation

The Task group has met regularly since July 2014 and initially agreed the terms of reference and process to be followed. An initial issue concerned the need to ensure that the rights of the patients currently in the DSPD service were respected. The Trust obtained legal advice on the process and this raised concerns about the applicability of the OPD Consultation process to the present situation and patients. This issue, however, was managed by ensuring that the pathways for patients currently in the service would continue to be determined by their clinical teams and the respective Responsible Clinician, and at a time that was appropriate to their needs. As all the patients in the unit are detained under the MHA, the Responsible Clinician is in charge of their treatment and identifying, with the clinical team, their pathway needs.

2.2 Communications

The Trust has ensured that Patients have been kept informed of the process and reassured that their needs would be paramount. This has involved meetings directly with patients by the Modern Matron, General Manager, and Clinical Director. In addition, to this regular communiqués/updates have been circulated to patients. Similar processes have been

followed for other stakeholders such as staff and Carers. Initially, patients (and their Carers) were concerned about the implications of the decommissioning of the DSPD service for their personal care/pathway; and this was reflected in complaints, the involvement of advocacy, contact with their lawyers and MP, and threats of the need for a Judicial Review. Fortunately, the Trust has been able to reassure patients that their needs were paramount and that the decommissioning process would not adversely impact on their care pathway.

2.3 Admissions

As the Peaks unit was already being used to process all PD admissions to Rampton hospital (because the three larger standard PD wards were too large to take direct admissions), it was agreed that it would continue to admit patients (who meet the standard criteria for admission to a High Secure Hospital) but that after the 18th July 2014, all subsequent admissions (other than an identified cohort of 'DSPD' patients who were already in the unit, on the waiting list, or on trial leave) would be categorised as standard PD patients.

2.4 Post decommissioning use of the Peaks building

It was also agreed that the Peaks unit would be utilised by the standard PD service at Rampton hospital because it already was the sole admission route for all PD patients, was a purpose built unit, and had more appropriately sized wards in comparison to the three standard PD wards at the hospital.

2.5 Case Manager Reviews

In terms of reviewing the needs of patients, it was agreed that an additional Case Manager would be appointed to attend CPA meetings where discussions about individual DSPD patient's progress, risk, and care pathway needs would take place. The person appointed is an experienced Case Manager and familiar with Rampton hospital and the review process.

2.6 Peaks population profile updates

A number of updates concerning the profile of the patients in the Peaks and these indicated that approximately 50% of the DSPD patients in the unit are on hospital orders and will require a healthcare route as the next stage in their pathway (High secure or Medium secure hospital PD service) and none of the remaining patients on prison transfer orders were not considered by their Responsible Clinicians (RCs) to meet the MHA criteria for remission to prison. The latest update indicated only a small number of the current 'DSPD' patients were from outside the Rampton hospital catchment area, and that the RCs considered that there may be seven patients who could be discharged/transferred out of the Peaks in the next 12 months.

2.7 Workshops on PD Prison services

Colleagues from the specialist PD services in the prison estate have attended the hospital on two occasions to update and inform senior clinicians within the Peaks about the PD services that were now available in specific prisons.

2.8 Future Occupancy Modelling Exercises

The Trust was asked to produce modelling exercises to forecast the future occupancy profile of the service and the associated PD service. These forecasts have been based on historical data about admission and discharge rates, and more recently assumptions about the impact of the developments in the Prison services. The most recent occupancy modelling exercise has indicated that the hospital may be able to close a 17 bed PD ward in 2017/18.

2.9 Financial Modelling

The outcome of the occupancy modelling exercise has been used to generate financial forecasts about the impact of occupancy profile changes in the service. This also includes the financial implications of the PD service using the smaller but more clinically appropriate wards in the Peaks. Work is in progress exploring patient variable costs, and the 'step changes' in occupancy that might release overhead monies.

Commissioners have agreed to the full funding of the Peaks in 2015/16 and future funding will be decided in due course.

2.10 Impact of Decommissioning the DSPD service on other clinical services

It was noted that subject to the outcome of discussions concerning the need to increase the bed capacity of the Men's PD service at Rampton hospital, the decommissioning of the DSPD service could have a significant impact on the standard PD service at Rampton and Medium secure PD services. The current PD service at Rampton is based in three wards of 17, 18 and 20 beds and has significantly less capacity than the other two High Secure PD hospital services.

2.11 Current Occupancy in the Peaks

The DSPD service at Rampton hospital has 60 beds in the Peaks building and an agreed target occupancy of 52 patients. The Peaks currently has 50 in-patients, with an additional one patient on the waiting list for admission, and ten referrals being processed. Of the 50 in patients, 46 are part of the original DSPD cohort.

2.12 Engagement

- NHS England is committed to discharging its legal duties around engagement with - and involvement of - individuals in decisions that are made about them. In this particular case the individuals' status as detainees of the criminal justice system, or requiring detention for the purposes of treatment under the

MHA, raises obvious challenges in terms of engagement, and NHS England and the Trust share responsibility for ensuring that appropriate engagement has and does take place.

- As previously mentioned, the Trust has already engaged in extensive engagement exercises with patients, staff and carers, and has met with colleagues from NHSE and NOMs in March to discuss any further actions that may be required. It was agreed that further work will be undertaken on developing User friendly descriptions of the components of the OPD care pathway.

2.13 Equality Considerations

NHS England is committed to actively meeting its legal duties as described in the Equality Act 2010 and the associated Public Sector Equality Duties (PSED). These specify that through the delivery of their functions, public bodies must evidence that they have paid due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The Trust has provided a breakdown of these characteristics amongst the current DSPD population to the Task group.

3. Next Steps

The future occupancy modelling and associated financial forecasts will continue to be refined. Fundamental to this exercise, however, is the need to resolve the future High Secure PD capacity requirements at Rampton, the additional financial implications of using the Peaks building for standard PD patients, and the future funding needs for the developing OPD prison services.

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Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

10 November 2015

Agenda Item: 6

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

DERMATOLOGY ACTION PLAN MONITORING

Purpose of the Report

1. To introduce an update on the progress of the Dermatology Action Plan.

Information and Advice

2. Members will recall that in April 2015, NHS Rushcliffe Clinical Commissioning Group (CCG) commissioned an independent review of the dermatology service in Nottingham on behalf of all NHS commissioners. The review was conducted by a group of distinguished clinicians led by Dr. Chris Clough, consultant neurologist and Chair of the National Clinical Advisory Team.

3. The final report of the review panel contained a number of recommendations which the Joint Health Committee agreed to monitor the implementation of.

4. Vicky Bailey, Chief Officer of NHS Rushcliffe CCG and other stakeholders will attend the Joint Health Committee to update the committee on the progress with monitoring the implementations. A written update is attached as an appendix to this report.

5. The Joint Health Committee will wish to schedule further timely consideration of the implementation of the Dermatology Action Plan.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Consider and comment on the independent review panel's final report

2) Agree to undertake monitoring of the implementation of the review panel's recommendations.

Councillor Parry Tsimbiridis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Independent Dermatology Review Panel final report

Electoral Division(s) and Member(s) Affected

All

Reference	Dermatology Review Action Plan
Document Purpose	This document describes the actions being undertaken to address those recommendations made in the Dermatology Services Review
Version	6
Status	4th submission 01-10-15.to NHSE and TDA
Title	Dermatology Service Project Action Plan
Sponsor	Vicky Bailey, Accountable Officer, NHS Rushcliffe CCG
Project Owner	Dr Guy Mansford, Accountable Officer and Clinical Lead, NHS Nottingham West CCG
Project Manager	Maxine Bunn, Director of Contracting, NHS Nottingham West CCG
Project Start Date	01 May 2015
Project End Date	31 March 2017
Review Date	n/a
Circulation list	Public domain
Associated documents	Dermatology Services Review
Superseded documents	None

Report Recommendation	Task	Lead	Start date of task	Finish date of task	Status (RAG)	Notes
Short term May 2015 - September 2015						
1. Rushcliffe CCG to initiate meetings with other key stakeholders to formulate a memorandum of understanding. This should be at a high level between chief executives of the organisations involved. We would suggest at a minimum that this involves Rushcliffe CCG, Circle and NUH.	Agree a memorandum of understanding between providers and commissioners	Vicky Bailey	Mon 08 Jun 15	Fri 31 Jul 15 Amended to Fri 25th Sept Amended to 30th November 2015		NUH and Circle agreed to work up principles. First draft principles shared between NUH, Circle and CCGs. To be progressed at next meeting on 8.7.15 **13/08/15** Agreement between NUH and Circle to broaden into MOU about wider relationship across both organisations. This is at final draft stage. The dermatology MOU as a section of this continues to be progressed. Next meeting between the two medical directors due first week in September. **30/09/15** Regular meetings with NUH and Circle in place. Draft principles in place. Draft Memorandum of Understanding in place about broader collaboration. Various recruitment models considered but fundamental issue is agreeing joint recruitment including joint job plans with different terms and conditions of the providers (NUH and Circle). MoU to consider how an in reach service for urgent in hours ward referrals can be progressed
2. Agreement of common objectives, the core of which is the preservation of dermatology services within Nottingham and a commitment to develop those services. This would enable all the organisations involved to organise an event involving all providers, stakeholders and patients and the public. This should be independently facilitated and should be charged with the task of trying to answer key questions regarding the immediate sustainability of the services, what is required, and the long term vision for the dermatology service.	Development of common objectives linked to principles. Organise a stakeholder event to agree the common objectives with the wider which preserve dermatology services in Nottingham.	Peter Homa and Helen Tait	Mon 08 Jun 15	Fri 31.Jul 15 Wed 30 Sept 15 Next date 30 November 2015		Common objectives feature in the principles (see 1 above), and are part of the MOU CCG and NHSE sourcing pathways via Senate and BAD CCG meeting with Leicester on 2.7.15 The East Midlands Senate has agreed to take forward the Stakeholder event. This will be undertaken in September and from that the medium term actions No 5 and 6 described below will be agreed with stakeholders. **13/08/15** Stakeholder event organised for 30/09/15

						30/09/15 Stakeholder meeting agreed to: 1. develop pathways and protocols across the network 2. Consider job plans that increase joint working across the east midlands and meet legal requirements of provider employment law 3. Review data and activity 4. Three pronged approach to recruitment and retention: a. Medical trainees b. Nursing roles c. GP/primary care
3. Investment should be made in supporting and developing consultants and other clinical staff, bringing together key players within the organisation to foster relationships. The consultants should work as a single body/team across both provider organisations. We believe that there are the beginnings of an understanding of how commissioners and the providers can build a relationship of trust and sustain the service. In particular it may be easier to appoint new consultants to NUH contracts who subsequently do a large part of their work within the Circle service. Appropriate job plans would need to be developed, with attention to training and research opportunities. Circle and NUH should continue to recruit, and do this together coordinating the job plans to maximise the chance of recruiting the best possible candidate and ensuring that workload and workforce are matched across the wider service.	Clinical summit to be held with outcomes agreed for future acute and paediatric pathways and agreed ways of working as a single body/team across providers, with consideration to BAD guidance	Jonathan Corne	Mon 08 Jun 15	Mon 15 Jun 15		Meeting held with dermatology consultants and nurses from NUH and Circle on 15th June facilitated by HEEM and East Midlands Senate. Draft notes available subject to accuracy check **13/08/15** Notes circulated and approved by clinicians. Agreement for two pathways in Nottingham: children and young people delivered by NUH, Adult by Circle. Further meeting organised by HEEM 07.09.15 where training and education will be discussed **30/09/15** Stakeholder meeting agreed to: 1. develop pathways and protocols across the network 2. Consider job plans that increase joint working across the east midlands 3. Review data and activity 4. Three pronged approach training: a. Medical trainees b. Nursing roles c. GP/primary care
	Develop and coordinate job plans with training and research incorporated, with joint recruitment	Peter Homa and Helen Tait	Mon 15 Jun 15	Mon 31 Aug 15 Amended to 30 November 2015		On-going discussions between NUH and Circle. HR advice being taken as to nature of job plans for sustainable recruitment. Paediatrician with an interest in dermatology advertised by NUH. Agreement on Job plans to be progressed at meeting on 8.7.15 **13.08.15** Paediatric recruitment positive. Details to be confirmed in due course when start

						dates confirmed. Meeting with Leicester and NUH and Circle on 11.08.15 to discuss supporting the adult in patient service. Actions agreed to be reported second week in September **30/09/15** Senate meeting agreed to consider how job plans can be organised to include urgent ward referrals in hours. See above for approach to workforce
4. The commissioners should invite BAD representatives to planned events and for Circle to show them the good work done within the NTC. The situation has led to unfavourable news coverage and the bringing together and closer cooperation between the parties involved will allow for a much more favourable and positive reporting of the situation in Nottingham in the dermatological and medical media, and a greater chance of future recruitment of dermatologists to the area.	Identify British Dermatology Association lead	Vicky Bailey	Mon 08 Jun 15	Mon 15 Jun 15		Commenced. Meeting with BAD following the June OSC meeting. Will be part of stakeholder events going forward. Agreement by BAD to support Nottingham. **13.08.15** BAD part of stakeholder network going forward. Named dermatologists from BAD identified for event **30/9/15** Stakeholder event agreed to: 1. strengthen governance arrangements with Circle and main acutes (Derby/Leicester) 2. Review job plans to consider including urgent referrals, hot clinics, paediatric sessions for adult dermatologists 3. Five registrars to be recruited for Derby which will have rotation to Circle
Medium term May 2015 - March 2016						
5. Rushcliffe CCG should take the initiative to invite other CCGs to consider the requirements for a strategic clinical network, with the aim of looking at the larger geographical provision of specialist services and how they could be more efficiently provided.	Proposal for a pan CCG dermatology strategic clinical network	Vicky Bailey	Tue 30 Jun 15	Thurs 1 Oct 15		All CCG associates contacted re future possible network, and impact of reduction in dermatology staff in Nottingham. 25% of activity is from out of area CCGs. Senate discussing this nationally via their senate networks. **13.08.15** Agreed by East Midlands CCG and the Senate to have the network. First meeting on 30.09.15 will confirm with providers if they agree for this to be taken forward **30/09/15** Senate stakeholder meeting showed appetite for a network with two or three

						working groups. 1. Workforce – increase non medical workforce, increase trainees, educational programme for GPs 2. Job planning
6. Bring together a dermatology action group with representation from local CCGs, present providers and patients and the public to consider the longer term strategy for dermatology	Establish a dermatology action group	Peter Homa and Helen Tait	Mon 15 Jun 15	Mon 30 Nov 15		Not commenced. See point 2 above **30/09/15** Plan to be produced to follow on from Senate meeting
7. NHS Education England to urgently consider the need for expansion of dermatology training numbers.	Produce workforce plan with particular reference to increasing trainees	Jonathan Corne	Mon 08 Jun 15	Mon 30 Nov 15		Meeting arranged with HEEM July 2015. On-going work for trainees locally. Independent Panel Chair has contacted HEEM regarding the workforce issues. **13.08.15** National meeting have taken place. Details can be provided if required – this action will be on going **30/09/15** Senate meeting confirmed immediate recruitment of five additional trainees which will include rotation to Circle. Workforce will be a key area for developing non medical workforce with more nurses and fast tracking staff grade to consultant role, alongside the national requirement increasing commissioning.
Other actions outside of recommendations - reporting						
Report on implementation to key stakeholders and accountable organisations	NHS England checkpoint assurance meetings	Guy Mansford (NUH) and Vicky Bailey (Circle)	Mon 08 Jun 15	Thu 31 Mar 16		Commenced and on-going next report 1 October 2015
	CCG Governing Bodies	Vicky Bailey	Mon 08 Jun 15	Wed 30 Sept 15		In progress. Reports circulated to all CCG Governing Bodies in Nottinghamshire
	NUH and Circle committees/boards	Peter Homa and Helen Tait	Mon 08 Jun 15	Wed 30 Sept 15		In progress. **13.08.15** Remains as red until MOU completion
	Joint OSC	Vicky Bailey	Mon 08 Jun 15	Thurs 31 Dec 15		In progress. Meeting 16 June 2015. Agreed this plan will be circulated to the OSC. Further request for attendance in six months. OSC is one of the stakeholder organisations and will be involved going forward. **13.08.15**

						Further attendance requested at November meeting
Other actions outside of recommendations - Communication, engagement and stakeholder management						
Ensure robust stakeholder management	Key communication produced for patients and staff through organisation newsletters and patient groups	Peter Homa and Helen Tait	Mon 08 Jun 15	Thu 31 Mar 16		Not commenced. Links to the outcome of the stakeholder event **30/09/15** Senate meeting complete. Healthwatch attended. Plan to be developed.

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JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
10 NOVEMBER 2015
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

Purpose

1.1 To consider the Committee's work programme for 2015/16, based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Committee is asked to note the work that is currently planned for municipal year 2015/16 and make amendments to this plan if considered appropriate.

3. Background information

3.1 The Joint City and County Health Scrutiny Committee is responsible for setting and managing its own work programme to fulfil its role in relation to health services accessed by both City and County residents, including:

- scrutinising the commissioning and delivery of local health services
- holding local decision makers to account
- carrying out the statutory role in relation to proposals for substantial developments or variations in NHS funded services
- responding to consultations from local health service commissioners and providers.

The detailed terms of reference for the Committee can be found in the respective Council Constitutions.

3.2 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities as outlined above. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.3 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.4 The work programme for the coming municipal year is attached at Appendix 1, based on areas of work identified by the Committee at previous meetings and suggestions already put forward by Councillors. Councillors are asked to put forward any other possible suggestions of issues for scrutiny.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Joint Health Scrutiny Com 2015/16 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

None.

6. Published documents referred to in compiling this report

Reports to and Minutes of Joint Health Scrutiny Committee meetings held 21 April 2015, 16 June 2015, 14 JULY 2015, 15 September 2015, and 13 October.

7. Wards affected

All.

8. Contact information

Clare Routledge, Health Scrutiny Project Lead
Tel: 0115 8763514
Email: clare.routledge@nottinghamcity.gov.uk

APPENDIX 1

Joint Health Scrutiny Committee 2015/16 Provisional Work Programme

16 June 2015	• **NUH Pharmacy Information** To receive information as part of an ongoing review (Nottingham University Hospitals) • **South Notts Transformation Partnership** To receive information relating to the establishment, remit and work plan of the Partnership (South Notts Transformation Partnership • **Proposed Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16** (Nottinghamshire Healthcare Trust) • **Independent Review of Nottingham Dermatology Services 2015** To receive the report following the independent review (Nottingham Dermatology Services Independent Review Team) • **Work Programme** To consider the provisional 2015/16 Work Programme
14 July 2015	• **Transformation Plans for Children and Young People** To receive an update on the preferred site (Nottinghamshire Healthcare Trust) • **Public Consultation regarding Gluten free Prescribing** (Rushcliffe CCG) • **Changes in Adult Mental Health Care Provision in Nottingham City and County** To receive the latest update on the changes (Nottinghamshire Healthcare Trust)

	To receive an update on addressing the findings of the Report produced in March 2015 • **Healthwatch – Renal Patient Transport Review** (Healthwatch Nottinghamshire and Arriva Transport Solutions) • **Work Programme** To consider the 2015/16 Work Programme
15 September 2015	• **Nottingham City Council - JHSC Delegation change Regarding Urgent Referrals to the Secretary of State** • **Outcomes of the Primary Care Access Challenge Fund Pilots** Evaluation of Results (South Nottinghamshire CCGs and Area Team) • **Patient Transport Service – Performance Update** (Arriva /CCG lead) • **NHS 111 Performance Update** (Nottingham City CCG) • **East Midlands Ambulance Service – New Strategies Update** Update on the implementation of new Strategies (EMAS) • **Work Programme** To consider the 2015/16 Work Programme
13 October 2015	• **East Midlands Clinical Senate and Strategic Clinical Networks** To receive a briefing on the remit and work undertaken by the Senate and Clinical Networks (EMSNC &Senate) • **Urgent Care Resilience Programme 2015/16** To receive an update on the preparation and planning for Winter 2015/16 (Nottingham City CCG and NUH)

	• **Work Programme** To consider the 2015/16 Work Programme
10 November 2015	• **NUH Environment, Waste and Cleanliness Update** To receive the latest update (NUH) • **Rampton Secure Hospital Variations of Service** To receive an update on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • **Dermatology Action Plan** To receive an update on the Action Plan developments and redesign (Rushcliffe CCG) • **Work Programme** To consider the 2015/16 Work Programme
15 December 2015	• **Royal College of Nursing** Further briefing on the issues faced by nurses (RCN) • **Long Term NUH Strategy (5 years and beyond)** To receive a presentation (NUH) • **Update on Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16** To receive the latest update (Nottinghamshire Healthcare Trust)

12 January 2016	• **Child Immunisation** To receive information relating to performance and impact of Child Immunisation (Public Health) • **Changes in Adult Mental Health Care Provision in Nottingham City and County** To receive the latest update on changes (Nottinghamshire Healthcare Trust) • **NHS and Adult Social Care Workforce Challenges** To receive a briefing on the local workforce challenges
9 February 2016 (	• **Primary Care Access Challenge Fund Pilots** To receive the latest update on the pilots (NHS England/CCGs) • **NHS 111 Update** To receive the latest update on NHS 111 developments and performance (Nottingham City CCG)
15 March 2016	• **Patient Transport Service – Performance Update** (Arriva CCG lead) • **South Notts Transformation Partnership** To receive an update on the SNTP developments (South Notts Transformation Partnership • **Long Term Neurology Conditions** (NUH and Commissioners)

19 April 2016	• **Urgent Care Resilience Programme 2015/16** To receive an update on the delivery of Winter 2015/16 (Nottingham City CCG and NUH) • **Daybrook Dental Service Report of findings and lessons learnt** (NHS England) • **Progress on developing 7 day NHS Services**

To schedule:
East Midlands Clinical Senate and Strategic Clinical Networks Update October 2016
NHS England Area Team and Quality Surveillance Groups (QSC)
End of Life Care
Nottingham University Hospital Maternity and Bereavement Services
NHS Out of Hours Dental Services
The Future of Clinical Commissioning Groups
NUH Catering Contract Savings

Visits:
Urgent and Emergency Care Services
Rampton Secure Hospital
Arriva Control Centre
NHS 111
EMAS Control Centre

Study groups
Quality Accounts

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