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NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 15 March 2016

Time: 10.15 am (pre-meeting for all Committee members at 10am)

Place: LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

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

Corporate Director for Resilience

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA **Pages**

6 JOINT HEALTH WORK PROGRAMME 2015/16 45 - 54

Report of the Head of Democratic Services (Nottingham City Council)

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE SENIOR 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 9 February 2016 from 10.15 - 12.10

Membership

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

Colleagues, partners and others in attendance:

Caroline Baria	-	Nottinghamshire County Council
Jane Garrard	-	Senior Governance Officer
Martin Gately	-	Lead Scrutiny Officer
Pete McGavin	-	Healthwatch Nottingham Chief Executive
Noel McMenamin	-	Governance Officer
Sally Seely	-	Nottingham City Clinical Commissioning Group
Dr John Wallace	-	Nottinghamshire Healthcare NHS Foundation Trust

53 APOLOGIES FOR ABSENCE

Councillor Ginny Klein
Councillor Colleen Harwood
Councillor Kay Cutts MBE

54 DECLARATIONS OF INTEREST

None.

55 MINUTES

The minutes of the meeting held on 12 January 2016 were confirmed and signed by the Chair. The Committee noted that Councillor Jacky Williams did not attend the

January 2016 meeting because she was not a Committee member at the time, but was subsequently reinstated as a member.

56 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/ OR AUTISM SPECTRUM DISORDERS

Sally Seely and Caroline Baria, Senior Responsible Officer and Deputy Responsible Officer for the Programme, gave a presentation on the Transforming Care Programme for People with Learning Disabilities and/or Autism who display challenging behaviours in Nottinghamshire, highlighting the following points:

(a) there is a national focus on building up community capacity and reducing inappropriate hospital admissions following the investigation into abuse at Winterbourne View;

(b) Nottinghamshire was one of 6 'fast track' areas chosen to form Transforming Care Partnerships (TCPs), involving CCGs, local authorities and NHS England specialist commissioners. A Transformation Plan to ensure affected citizens are kept healthy, well and supported in the community was submitted in September 2015, and public consultation on the Plan will commence in February 2016;

(c) those most affected will be citizens currently in in-patient care, for which a resettlement programme will be required. In future, the expectation is that hospital admission will only be when necessary, and will be time-limited;

(d) all 10 commissioning organisations in the area are involved with the programme's Transformation Board, under which a Professionals Reference Group of health and social care specialists sits. An Operational Committee manages 6 workstreams: Admission and Prevention, Strategic Commissioning, Operational Commissioning, Workforce Planning and Development, Integrating Care and Support/Finance, and Communications and Engagement;

(e) a number of key deliverables to June 2016 have been identified, including developing Strategic Commissioning and Workforce Development Plans, establishing multiagency pooled/aligned budgets, establishing emergency and longer term crisis support services, extending Care and treatment reviews to children and those with autism and no learning disability.

The following issues were raised and points made during discussion:

(f) a councillor criticised the lack of specific detail on numbers of children with disabilities in Nottingham City and Nottinghamshire County. In response, Ms Seely explained that commissioners were also frustrated by the lack of clarity on this issue within the Joint Strategic Needs Assessment;

(g) Ms Seely also shared councillors' concerns about challenges involved in securing a trained and dedicated workforce in the time available, and confirmed that the focus was on ensuring that the health and social care sector offered attractive career options. She also assured councillors that workforce concerns have been fed back to NHS England, Local Government Association and Association of Directors of Adult Social Services;

(h) it was very important to consult as widely as possible with both existing and potential service users, as well as through focus groups which reflected the demography of local populations. Ms Seely agreed with the assertion that it would have been preferable to consult current service users sooner, but explained that Nottinghamshire was not originally aware that it would be 'fast-tracked'. There was insufficient time to carry out full consultation within the nationally set timescales for submission of the Plan but some limited consultation did take place with existing inpatients and their families. She also stated that the Plan was open to significant alteration, depending on consultation outcomes;

(i) the Nottingham Healthwatch representative supported the aims of the Plan, but expressed concern about the deliverability of the Plan, especially around IT, service integration and simplified procurement, within the timescales. He also asked whether savings realised from reducing numbers of inpatient beds (approximately 40 beds) were ring-fenced for reinvesting in community services. In response, Ms Seely explained that not all beds are commissioned by the CCG. Some beds are commissioned by NHS England and currently there is no route for money released by decommissioning these beds to automatically flow to the CCG. Funding flows is a national issue that is still being worked out, but that this process should speed up now that the Programme was going live nationally;

(j) several councillors expressed surprise that the Programme was being launched nationally before outcomes from the 6 pilots areas were known;

(k) Ms Seely confirmed various models were being explored with existing providers to deliver crisis accommodation under the Plan, and that the proposed 'Skills Academy' will cover both new and existing skills;

(l) Ms Seely confirmed that currently crisis services are not available across the area but crisis provision needs to be operational quickly and therefore it is intended that interim arrangements are procured by June. There is a crisis house in the City and lessons can be learnt from that service for future procurement.

(m) Councillors and the Healthwatch Nottingham representative commented on the importance of having sufficient services available in the community, including crisis support, before any inpatient beds are closed.

RESOLVED to request that consultation outcomes and information on if/ how the Plan is changing in response to those outcomes; and progress against key deliverables to June for the Transforming Care Programme are presented to the Committee's July 2016 meeting.

57 RAMPTON HOSPITAL VARIATIONS OF SERVICE AND FEEDBACK FROM VISIT

The Committee received a presentation by Dr John Wallace, Clinical Director at Rampton Hospital on the High Secure Men's Personality Disorder Service and the decommissioning of the Dangerous and Severe Personality Disorder Programme (DSPD).

Dr Wallace explained that, following consideration of the decommissioning of the DSPD Programme by the Committee in November 2015 and subsequent visit by Committee members to Rampton Hospital in January 2016, it became apparent that the Committee should receive a further explanatory presentation of the proposals, pitched at a less clinical level.

Dr Wallace covered the following points in his presentation:

(a) the Mental Health Act allows people with a mental disorder to be admitted to hospital, detained and treated without their consent, and has safeguards in place to ensure these powers are not abused.

(b) To be detained, the individual must have a mental disorder, be of a nature or degree warranting detention and treatment because of the risk to self and to others, and there must be available treatment in hospital. This final requirement replaced the 'treatability test', a change triggered by the murders of Lin and Megan Russell by Michael Stone, who had a severe personality disorder but who was not deemed 'treatable';

(c) depending on the degree of risk and security, patients can access low-, medium- and high-secure hospitals. Rampton is one of 3 high-security hospitals in England – the others being Ashworth and Broadmoor – with almost 800 beds commissioned nationally;

(d) the DSPD programme was established in 2007 to deal with those with a severe personality disorder or disorders who had a high risk of harming themselves or others and where there was a link between the personality disorder(s) and the risk of harm. Patients often present with self-harm and violent behaviour, have complex co-existing symptoms of a range of mental disorders, have physical health concerns, are past victims as well as offenders and have committed offences such as murder, sex assaults, hostage taking, arson and sadistic acts;

(e) a consultant psychiatrist had to make a referral for admission and further 'gatekeeper' approval was required to ensure that the referral was appropriate. Assessment reports were then considered by an Admissions Panel, comprising clinicians not involved with the assessment process, and a further independent panel oversaw appeals against rejections by the Admissions Panel;

(f) a ministerial decision was taken in 2011 to decommission DSPD services, to be replaced by a new Offender Personality Disorder (OPD) pathway, delivering a majority of treatment in prisons. In July 2014, the decision was taken to decommission the DSPD service at Rampton Hospital, and a Task Group led by NHS England was established to oversee the process;

(g) a mitigation plan is in place to manage the impact of decommissioning the DSPD service at Rampton. This includes provision to increase the 'standard'

Personality Disorder service while phasing in a decrease in DSPD provision. Overall, around 35 beds will be lost through this process. The expectation is that a new suite of prison-based OPD services will reduce the number of prison referrals, while a High Secure Hospital capacity review will be carried out to inform future Personality Disorder bed capacity requirements at Ashworth, Broadmoor and Rampton hospitals.

The following issues were raised during discussion:

(h) while the provision of specialist services in prison was welcomed, the Prison Service was facing enormous financial and capacity pressures, and there was concern that the quality and care currently provided at Rampton would not be replicated in a prison environment;

(i) the decommissioning plan does not generate public protection issues and is centred on patient need;

(j) Sufficient capacity will be retained at Rampton to admit appropriate personality disorder patients. Dr Wallace assured councillors that if there was insufficient capacity then the Healthcare Trust would request a review with commissioners of capacity/ the pace of decommissioning;

(k) Dr Wallace expressed the view that in the past there was a tendency not to press charges if offences took place in hospital, but this had changed because of the importance of compiling accurate offender profiles;

(l) movement into, through and out of the system was both needs-dependent and needs-appropriate. Dr Wallace also confirmed that the Mental Health Act cannot be used to detain individuals on the basis of perceived risk;

(m) Dr Wallace acknowledged that there was a risk that the highly skilled workforce would be dispersed following full decommissioning of the DSPD unit in October 2017. There is a national shortage of such skills;

(n) Dr Wallace expressed the view that feeling secure, having a job and having sufficient support funding in place were the critical factors needed to ensure that former inpatient offenders establish a life outside hospital/prison. However, investment resources were at crisis point.

RESOLVED to:

1) thank Dr Wallace for his informative presentation and discussion, and to note Dr Wallace's offer to help arrange a further Committee visit to Rampton Hospital;

2) invite NHS England to a future Committee meeting to discuss how the quality of care provided under the Offender Personality Disorder Pathway will be assured;and

3) explore Psychologically Informed Placement Environments (PIPEs) and services for those with personality disorders in prison.

58 JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2015/16. Jane Garrard, Senior Governance Officer, provided the following information:

(a) both the Long Term NUH Strategy and GP Access Fund Pilots will be considered at the Committee's March 2016 meeting;

(b) the Daybrook Dental Service is still a live issue, so commissioners are not in a position to come before the Committee to share information on lessons learnt until the General Dental Council has concluded a current case relating to that practice;

(c) the Committee is to consider the Dermatology Action Plan in April 2016;

(d) the Committee will soon consider the Quality Accounts from the main Nottingham City/Nottinghamshire health service providers, and members were encouraged to volunteer to scrutinise individual Quality Accounts;

(e) the Committee's recommendation at its January 2016 meeting to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work has been well-received. Details of work that takes place in response to this recommendation will be reported to a future meeting.

Discussion focussed on recent criticism of the Joint Committee at Nottinghamshire County Council's full Council meeting. Several councillors identified frustrations with certain elements of the Committee's work, including at times a lack of engagement with issues at the appropriate level by service providers, and a 'mob-handed' approach to attending Committee meetings by others. However, there was consensus that the Committee did good work in holding health service commissioners and service providers to account, and that it was important to circulate 'good news' stories of the Committee's successes as widely as possible.

RESOLVED to note the work programme.

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

15 March 2016

Agenda Item: X

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

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

Purpose of the Report

1. To provide the latest information on developments in Nottingham University Hospitals (NUH) and their future strategy for the next five years and beyond.

Information and Advice

2. Members will be aware that NUH recently announced a long term partnership arrangement with Sherwood Forest Hospitals. The purpose of this partnership is to address the areas of concern identified by the Care Quality Commission (CQC). The issues of concern include: fragile services, leadership and culture, governance & systems and training & education. NUH will make interventions to embed and accelerate the recent improvements made at Sherwood Forest Hospitals.

3. NUH's long-term strategy includes engagement with patients, partners and staff, as well as across a range of clinically led workstreams, including: ambulatory and diagnostics, cancer services, Nottingham Children's Hospital, elective services, emergency and acute services, long-term conditions, obstetrics, gynaecology and neonatology, regional specialties, technology and ICT.

4. Dr Peter Homa, the Chief Executive of NUH will attend Joint Health Committee to present the information and answer questions as necessary. A presentation from Dr Homa is attached as an appendix to this report.

5. Members may wish to focus their questioning on how the long term partnership will work and the impact this new partnership has had on the development of the long-term strategy.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing and ask questions as necessary

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

Peter Homa, Chief Executive

Nottingham University Hospitals NHS Trust

Agenda:

- NUH response to Care Quality Commission Inspection Report & Rating
- Long-term partnership with Sherwood Forest Hospitals NHS Foundation Trust
- Long-term strategy development

NUH response to CQC inspection report & rating

SLIDES TO FOLLOW AS CQC REPORT DUE TO BE PUBLISHED 8 MARCH (AND NOT THEREFORE IN PUBLIC DOMAIN)


Nottingham University Hospitals
NHS
NHS Trust
SFH/NUH
partnership:
Safe, effective &
sustainable care
for patients in
Nottinghamshire
We are here for you

Strategic rationale for union: Better for patients

- Clinical outcomes
- Safety
- Patient experience & access
- Governance & leadership
- Substantive and empowered workforce
- Benefit from enhanced research opportunities

Strategic rationale for union: Better for staff

- Greater career, development & education opportunities
- Strong culture of staff engagement
- Stable, experienced leadership
- Enhanced research opportunities

Strategic rationale: Better for Nottinghamshire System

- Existing joint working & pathways
- Health & social care integration, including single care records
- Planning unit is Nottinghamshire
- Five Year Forward View, ‘Better Together’ & other Vanguards
- Financial efficiency
- Estate optimisation

“I believe it would be the best option for delivering a coherent and integrated health system for patients across Nottinghamshire.”

Lilian Greenwood, MP Nottingham South

Approach to partnership

- Respectful, humble & empathetic
- Best of both organisations
- Supportive leadership & clear vision, values & behaviours
- Unleash staff talent
- A new organisation with proud staff
- Work with all partners in local health & social care economy
- Immediate support (CQC focus)
- Over time; work with staff & patients to develop new vision, values and name for the unified organisation

"We believe this is a unique opportunity now to achieve both clinical and financial sustainability for Nottinghamshire with great potential for population health benefit."

Sam Walters, Chief Officer, Nottingham North & East CCG

Next steps

- Short-term clinical support to SFH to accelerate & embed recent improvements in the areas highlighted by the CQC
- Develop Governance arrangements
- Competition approval
- Ongoing communications & engagement (staff, local community & partners/external stakeholders)
- Agree timeline: key dates for integration, transaction & development of plans

Long-term strategy development

Long-term strategy

- Engagement with patients, partners & staff
- Clinically-led workstreams:

Wider context

- Long-term partnership with Sherwood Forest Hospitals

- Greater Nottingham Health & Care Partners programme/Mid Nottinghamshire 'Better Together' programme (Sustainability & Transformation Plans)

- Five-Year Forward View
- 3 vanguards for Greater Nottingham
(urgent care, Principia Partners in Health & Nottingham City CCG (care homes)

- Lord Carter's efficiency recommendations

- Nottinghamshire's Sustainability Transformation Plan

Nottingham University Hospitals NHS
NHS Trust

Summary of 16/17 priorities

Quality

- Continued focus on providing high quality, consistent patient care (quality priorities)
- Responding to CQC Inspection Report 'must dos'
- Improve and maintain our emergency access & 62 day cancer performance

Finance

- Deliver financial recovery plan milestones
- Deliver financial efficiencies incl. Carter Review
- Compliance with agency staff caps
- Development of contracting model to support system sustainability

Our people

- Addressing key workforce risks (fewer agency/locum staff)
- Embedding new organisational structure
- Focus on leadership development, succession planning, workforce planning, recruitment & retention, talent management

Strategic

- Sherwood Forest partnership
- Finalise long-term strategy
- Estates strategy developed
- Greater Nottinghamshire programme
- Nottinghamshire STP
- Tertiary partnerships
- Progress key business cases e.g. EMPATH

Questions

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

15 March 2016

Agenda Item: X

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

PATIENT TRANSPORT SERVICE PERFORMANCE UPDATE

Purpose of the Report

1. To provide the latest information on Patient Transport Service performance.

Information and Advice

2. Members will recall that on 15 September 2015 Neil Moore, Director of Procurement and Market Development, Mansfield and Ashfield Clinical Commissioning Group and lead for Nottinghamshire Non-Emergency Patient Transport Services attended the Joint Health Scrutiny Committee with Asiya Jelani, Head of Communications and Engagement at Arriva. At that time the four year contract had entered its third year. The committee heard that Arriva had completed 1.3 million patient journeys across the United Kingdom in 2014, and had also invested in a much stronger management team, as well as new technology.

3. The committee also heard from Paul Willetts, the Director of Governance and Quality at Arriva who reported that:

   - 79% satisfaction had been achieved on the whole patient experience on inward journeys
   - 75% satisfaction had been achieved on the whole patient experience on outward journeys
   - Internal improvements had taken place, including the establishment of a Transport Working Group
   - There had been a change in patient demand with an increase in 100 per day in higher acuity patients
   - Improvement plans have been developed, but due to the acuity of patients, Key Performance Indicators (KPIs) had plateaued.
   - The numbers of fully mobile patients had decreased
   - External partnership working had taken place with the wider health economy
   - Commissioners are considering the change in demand for services

4. The committee raised the following points with the commissioners and Arriva; and received the following information:
   - Members were concerned regarding the robustness of Arriva's Business Plans

- The performance of renal transport patients remained a concern for Members, but the committee also noted that a separate improvement plan for renal patients is being developed in association with Healthwatch Nottinghamshire (as previously reported to the Joint Health Committee on 14 July 2015.
- A renal co-ordinator is now in place at the City Hospital and Healthwatch undertook to make a further visit to the hospital in November 2015 (additional details to follow).
- Arriva staff are fully contracted to Arriva, but agency staff are used on occasions and Arriva does contract out to other transport providers
- Arriva now has a Systems Resilience Group in place.
- Road conditions during the winter impact on Arriva's ability to transport patients
- Arriva meet with NHS acute providers in order to achieve greater capacity and provide a better service
- Operations in Bassetlaw are working well with a good working group in place, but it was acknowledged that Bassetlaw is a smaller environment
- Texting to advise patients of their transport arrangements is problematic

5. Last year, some Members of the Joint Health Committee took up the opportunity to visit the Arriva Control Centre. Members who did this may wish to feed back on the experience to the wider committee.

6. Senior representatives from Arriva and the commissioners will again attend the committee to provide the briefing and answer questions as necessary.

7. A written briefing on NHS Non-Emergency Patient Transport Services (NEPTs) performance up to December 2015 is attached as an appendix to this report.

8. Since there has only been a slight improvement in performance, and the required standards for Key Performance Indicators are still not being met, Members may wish to consider what evidence-based recommendations they wish to make regarding the non-compliance with KPIs, with a view to producing definite outcomes for patients.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing and ask questions as necessary

2) Schedule further consideration

3) Consider recommendations regarding non-compliance with KPIs.

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

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Contract Performance Review Report

Nottinghamshire Non-Emergency Patient Transport Services

December 2015

Introduction

Arriva Transport Solutions Ltd (ATSL) is the provider of NHS Non-Emergency Patient Transport Services (NEPTS) in Nottinghamshire having been awarded a contract which commenced in July 2012. The contract is half way through the fourth year of its five year term.

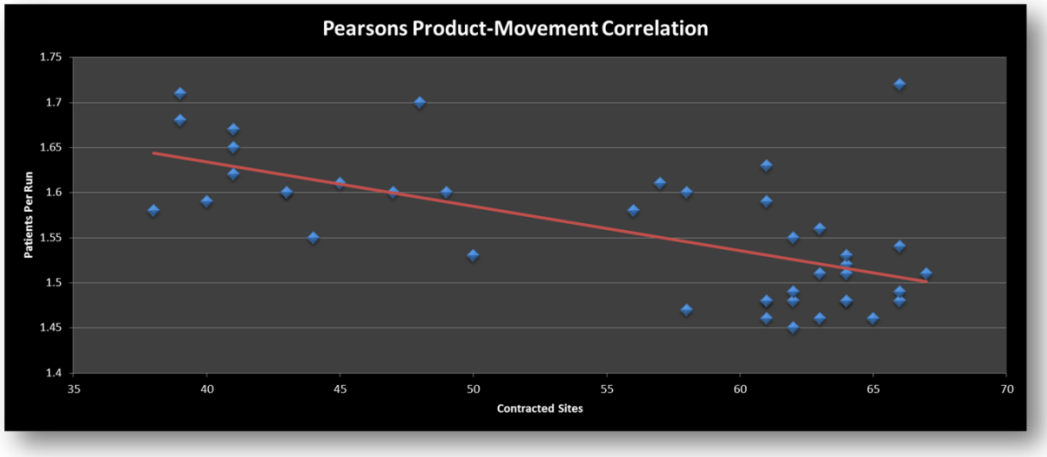
There has been a slight improvement in performance however, current performance continues at a level short of expectations. ATSL is a patient focussed company and is committed to making improvements to the efficiency of its service delivery. Continuing pressure from Contract Managers, Commissioners and Councillors has focussed ATSL's attention on making the required improvements and these initiatives are further supported by the issuing of a formal Performance Notice from Commissioners in 2015.

Performance Improvement

There has been a slight improvement in the achievement of Key Performance Indicators (KPIs) since June 2015 but the required standards are not being achieved and improvement has been modest. This report covers the first half of the winter pressures and it is important to note that ATSL have been able to maintain their performance (albeit not at the Contractual KPI level) despite ever growing demands at the main acute hospitals in Nottinghamshire.

The acuity of patients requiring transport has continued to change with further increases in requests for stretcher, bariatric and two-man ambulance crews. These types of journeys are more complex and therefore require specialist vehicles and more time for crews to provide the level of care needed.

There has also been an increase in the number of points of care ATSL is transporting patients to and from. As illustrated in the graph below, additional points of care place additional demands on ATSL resources.



Using Pearson's Product Moment correlation, results indicate that there is a medium to large negative correlation with r=-0.6. This means that as points of care increases, patients per run decreases.

Arriva have put a number of service improvement initiatives in place to meet the demands of changes in patient acuity, increases in points of care and the winter pressures felt across the health service.

- **New organisational structure and appointment of senior management roles.** This new structure is now embedded in the organisation and is creating capacity for the delivery of key projects such as "Checkpoint" – an initiative which allows managers to support ambulance crews through daily, one-to-one meetings and performance analysis. Managers have also been able to offer additional support within Control and the call centre which has seen a 46.63% increase in calls answered within service level agreement (10 seconds) and a 24.15% reduction in calls abandoned between August and December 2015. As well as creating capacity for managers to invest more time in staff engagement, the new organisational structure has introduced clearer accountability for ATSL's key strategic objectives.

- **Investment in new technologies to create capacity in Control rooms, support for crews while on the road and gathering of information for trend analysis.**
  Assisted-dispatch and assisted-plan software have been introduced within Control to support staff in maximising the efficiency of ambulance crews. The software operates with consideration to KPIs to group and assign patient journeys to the most appropriate crew.
  Following a successful trial period, Samsung devices have been issued to all road staff. The new devices are faster and easier to use for crews and also gather greater amounts of data which is being used for trend analysis, performance management and to identify examples of best practice.

- **Transport Working Groups and hospital engagement.**
  Where established, transport working groups and regular attendance at bed meetings has resulted in greater communication between ATSL and acute hospitals. This structure allows for key messages, such as the benefits of the online booking system, to be communicated as well as providing an early warning system for surges in demand.

- **Winter pressure planning.**
  Arriva prepared for the anticipated increase in demand during winter by allowing resources to be shared across the region, ensuring 4x4 vehicles are available at short notice and putting key assets in place to meet surges in demand. Early warning systems also allowed ATSL to react quickly to escalations in demand for discharges at acute hospitals.

- **Renal transport improvements.**
  A renal co-ordinator has now been appointed and is based at Nottingham City Hospital. The co-ordinator is the main point of contact for patients on the unit and works dynamically to manage patient flow and minimise the need for clinical staff to become involved in transport.
  ATSL has also worked with renal units to review patient journeys and group patients who live in the same area and have similar treatment times. Regular planning of

renal patient journeys also means that, where possible, patients are taken to hospital by the same crew each time.

- **Renal unit roadshows.**
  An extensive patient engagement initiative has been carried out at every renal unit in Nottinghamshire to gain feedback from patients on the transport service. The visits also allowed ATSL staff to talk to patients about the improvements they are making, where they need to do better and distribute information leaflets on the patient transport service. Where specific issues were identified with individual patients ATSL were able to return to the unit the following week with more in-depth information.
  The visits also allowed renal unit staff to provide feedback and make suggestions for further improvements.

- **Patient experience.**
  A new patient feedback survey has been developed to provide greater insight into the transport service from the patients' perspective. The survey gains feedback on aspects of the transport service including the booking process, care and consideration shown by ambulance crews, the extent to which patients felt safe and reassured and timeliness. In the most recent survey 8 out of 10 patients in Nottinghamshire stated they were satisfied with the overall quality of the transport service.
  ATSL also carry out the Government-mandated Friends and Family Test (FFT). The results of this survey also show that 8 out of 10 patients in Nottinghamshire would recommend the service to their friends and family.

- **Review of third-party providers.**
  A full review of third-party providers has taken place to identify new providers in areas of Nottinghamshire where there was historically less resilience in the service. The third-party providers are monitored through a range of measures including patient feedback.

- **Ongoing demand profile mapping.**
  A full review of ATSL's fleet and shift patterns has taken place to match resources to the increases in demand resulting from changes to patient mobility requirements. Shifts have been re-profiled to mirror anticipated peaks in demand.

- **Overview and Scrutiny Committee visit.**
  Councillors visited ATSL's base in Ashville Close, Nottingham, to learn more about the patient transport service. They were given a presentation by Louise Bettany, Head of Control and Planning, Jethro Pickard, Head of Operations, and Philip Hennessey, Communications and Engagement Officer. The group was given a demonstration of the versatility of an ATSL ambulance and a tour of the Control room to witness the coordination of the transport service in real time.

It is expected that in addition to this report ATSL will be represented at the Joint Healthcare Committee meeting to respond to questions.

Quality

A monthly quality report is presented to Commissioners and Contract Managers. This has been developed with the advice of an experienced NHS Clinical Quality Manager and encompasses an analysis of complaints, concerns and incidents, staff sickness, turnover and vacancy rates, the proportion of staff who have received an appraisal, staff training and courses, infection prevention and control reports and the outcome of audits.

Key Performance Indicators

The Key Performance Indicators are set out within the contract and ATSL is expected to adhere to these standards which are subject to service deductions for failure to do so. These include time measured standards for the arrival and collection of patients, journey times, and patient satisfaction and information provisions.

KPI Performance (Excluding Renal)

The following tables provide details of current and historic performance against the KPIs which have the greatest impact upon patient experience.

1. KPI 1 - Time on Vehicle

KPI Target: 95% and 90% for the KPIs

KPI Summary - as reported by ARRIVA			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 1	Time on Vehicle	Patients within a 10 mile radius of the point of care will spend no longer than 60 minutes on the vehicle.	95%	94%	94%	94%	94%	94%	96%
		Patients within a 10 – 35 mile radius of the point of care will spend no longer than 90 minutes on the vehicle.	90%	95%	96%	94%	95%	94%	95%
		Patients within a 35 – 80 mile radius of the point of care will spend no longer than 120 minutes on the vehicle.	90%	97%	97%	94%	93%	99%	92%

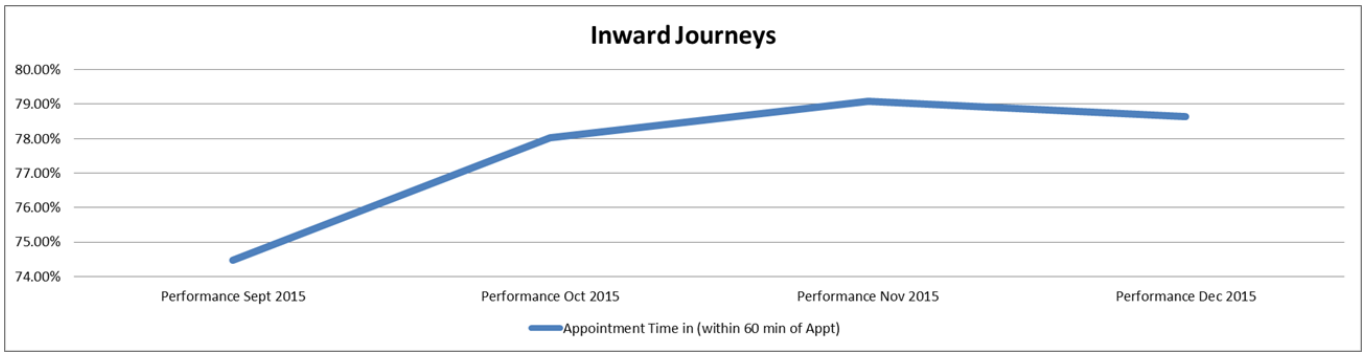
KPI1 standards have been met or failed by 1% since the outset of the contract for all journeys.

2. KPI 2 - Appointment arrival time - within 60 minutes prior to appointment time

KPI Target: 95%

KPI Summary - as reported by ARRIVA			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 2	Arrival Times at Point of Care	Patients shall arrive within 60 minutes prior to their appointment/zone time at the appropriate point of care.	95%	79%	78%	74%	78%	79%	79%

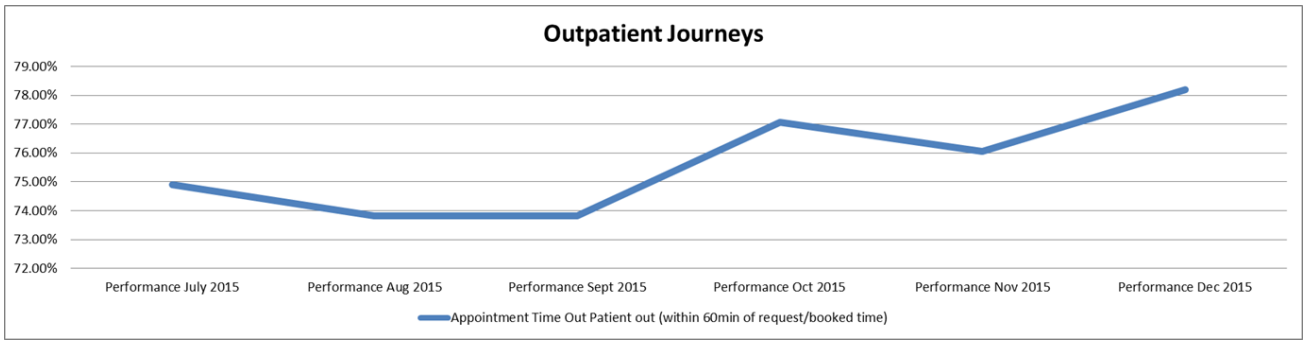
Performance has flat lined at around 79% since June 2015. Whilst this indicates a stable performance it still falls short of the Contractual KPI target.



3. KPI 3 – Departure Times

KPI Target: 90%

KPI Summary - as reported by ARRIVA			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 3	Departure times from Point of Care	Outpatient Return patients shall be collected within 60 minutes of request or agreed transport/or zone time.	90%	75%	74%	77%	77%	76%	78%
		Discharge patients shall be collected within 120 minutes of request or agreed transport/or zone time.	90%	71%	68%	69%	69%	64%	72%



Again, performance has again been stable but has not yet reached the Contractual KPI levels. As noted above the pressures on A&E departments in Nottinghamshire has had a major impact on performance. ATSL constantly works with the hospitals to coordinate patient discharges and release beds for the incoming patients. ATSL has worked hard to try and minimise the longest delays for patients. As the same vehicles are used for inward and outward journeys, high demand on discharges can delay the next group of inward journeys with a consequent impact on the KPI.

As part of the performance improvement plan, ATSL has committed to working with provider Trusts to review, understand and plan for these peaks in demand, whilst all providers are also working to improve their own respective processes to improve the discharge pathway.

Renal KPI's

1. KPI1 - Renal Dialysis Journey Time

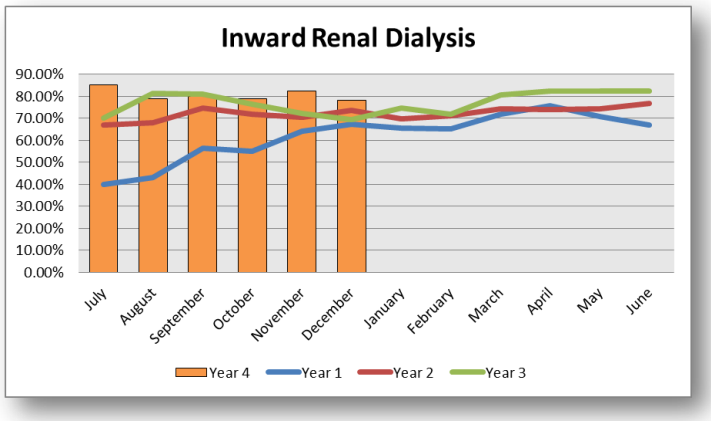
KPI Summary - GEM, Renal only			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 1	Time on Vehicle	The patient's journey both inwards and outwards should take no longer than 30 minutes.	95%	63%	64%	66%	68%	63%	64%
		The patient's journey both inwards and outwards should take no longer than 30 minutes. (Excluding Patient over 21 miles away)	95%	66%	67%	69%	70%	65%	67%

Performance has remained static with only occasional improvements. It is still considerably below the target of 95%. Timeliness and renal transportation is a topic that has generated a number of complaints and prompted a report published by Healthwatch Nottinghamshire in March 2015. It has been determined with PTS providers, as indicated in previous reports, that a patient cannot be safely transported a distance of over 21 miles in 30 minutes. The table above displays from July 2015 to December 2015 the impact upon KPI performance of excluding the journeys of over 21 miles. The differences between 63% to 68% achievement and the restated KPI excluding journeys over 21 miles of 65% to 70% are well within the 5% KPI tolerance. The impact of the distance travelled will be more significant in a more rural county, for example, Lincolnshire.

2. KPI2 - Renal Dialysis inward journeys (by appointment time)

KPI2 targets 95% and 100% respectively

KPI Summary - GEM, Renal only			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 2	Arrival Times at Point of Care	Patients should arrive at the site of their appointment no more than 30 minutes before their appointment time.	95%	86%	79%	80%	79%	83%	78%
		Patients will arrive at the unit before their appointment time	100%	92%	89%	89%	89%	90%	88%



Performance against KPI2 – arrival no more than 30 minutes before appointment time - has stabilised at around 82% in the last 6 months despite the onset of winter pressures. In line with recommendations from Healthwatch and pressure from Commissioners, ATSL has

focused on trying to ensure that more patients arrive at the renal units before their appointments. They have ensured that around 90% of patients meet their appointment but some arrive more than 30 minutes early and thus fail the first part of the KPI. While renal transport would appear to be the easiest to plan and provide, since individuals travel 3 times per week throughout the duration of their time on dialysis, many patients fail to use their pre booked transport without notifying Arriva and the rate of change of patients over the course of a year can be significant.

Arriva's performance improvement plan contains a 'Renal Specific' element in order to focus on this group of patients in recognition of the importance of this service to these regular users and therefore the potential to impact on their quality of life. The plan has delivered a more collaborative and transparent approach between Renal Units and ATSL in planning transport for this cohort of patients.

ATSL has also relocated some of its resources to reduce initial travelling time and reduce the risk of becoming caught in traffic congestion in order to minimise lost time in collecting patients.

3. KPI3 - Renal Dialysis outward time (Collection)

KPI Summary - GEM, Renal only			Std.	July	Aug	Sep	Oct	Nov	Dec
KPI 3	**Departure times from Point of Care**	Patients should leave the dialysis unit no later than 30 minutes after their booked ready time.	95%	85%	82%	83%	80%	84%	81%

Once again performance against this KPI has stabilised at around 82% but is still short of the Contractual KPI target.

Further improvements anticipated in the near future

Arriva was requested to review and update its Service Improvement Plan. Shown below are some elements of the plan which are expected to impact on its performance against KPI standards in coming months:-

- ATSL intends to conduct a comprehensive campaign across all points of care in Nottinghamshire to promote and encourage the use of the online booking system. The online system is faster and more efficient for healthcare professionals booking transport for patients and reduces pressure on ATSL call centres.
  The campaign will involve roadshows where ATSL staff will raise awareness of the online booking system and training is available for all NHS staff.

- The codes used to categorise a patient's mobility are being reviewed to create a clearer and more efficient booking process while ensuring patients are allocated to the appropriate vehicle and crew to meet their needs. Acuity of patients is increasing and the revised codes will make the booking process much easier for NHS staff by grouping mobility codes into clearly defined categories.

- A live monitoring process is being implemented to assess performance at each ATSL site to identify potential issues more quickly and measure quality and productivity. The process will involve six key measurements to identify best practice and also reward top performers.

- ATSL is investigating the possibility of introducing a third-party liaison desk within the Control centre. The desk would provide a single point of contact to coordinate third-party transport, help to provide consistency in the standards of providers and increase ATSL's ability to react to surges in demand.

Conclusion

The relationship between ATSL, Commissioners, Contract Management staff, Provider units and Patients continues to be positive and dynamic. ATSL has addressed the Contract Performance Notice issued by Commissioners and have indicated in the actions noted above how they plan to achieve the Contractual KPI's. Arriva is keen to actively improve its reputation for reliability, collaboration and responsiveness. Over the life of the contract Arriva has increased its understanding of the variable demands within the NHS and has demonstrated a flexible approach to addressing patient and Commissioner needs.

The Contract Management Board continues to meet monthly with ATSL.

SD/NM 10.02.16

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Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

15 March 2016

Agenda Item: X

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

HEALTHWATCH NOTTINGHAMSHIRE RENAL TRANSPORT SUMMARY REPORT

Purpose of the Report

1. To introduce Healthwatch Nottinghamshire's latest report on issues associated with renal transport.

Information and Advice

2. Members will recall that Healthwatch Nottinghamshire previously undertook a detailed review of the transport of renal patients by Arriva. The latest Healthwatch report on this subject is about to be published. Donna Clarke, Healthwatch Nottinghamshire's Evidence and Insight Manager will attend Joint Health Committee to provide a summary of this new report.

3. The key points from the new report are attached as an appendix to this report.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing and ask questions as necessary

2) Schedule further consideration

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

Exploring renal patients' experiences of the patient transport service: Follow up

Summary of key findings: March 2016

healthwatch Nottinghamshire

How we did it

- In November 2015, exactly one year after our first visit, we went back to the unit and spoke with 73 dialysis patients to discuss their experience during August, September and October 2015.
- Some key questions asked in 2014 were replicated to identify any changes, and questions using an improvement scale were asked.
- We also included questions related to the specific actions implemented by Arriva in order to gather direct patient feedback on these.

Summary of key findings

Overall experience

2014

Most frequent rating for overall experience
(25 patients)

2015

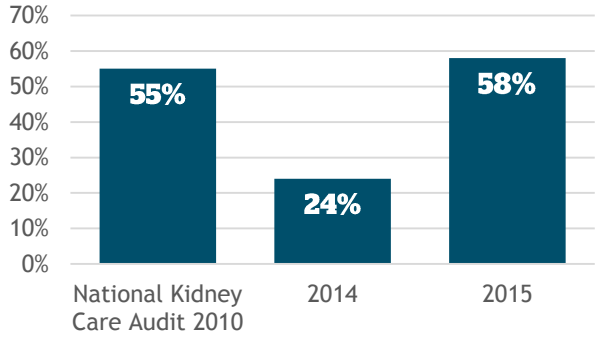
Most frequent rating for overall experience
(66 patients)

Figure 1 Improvement of overall experience

Source: 2015 patient interviews (count = 57 patients using the service longer than three months)

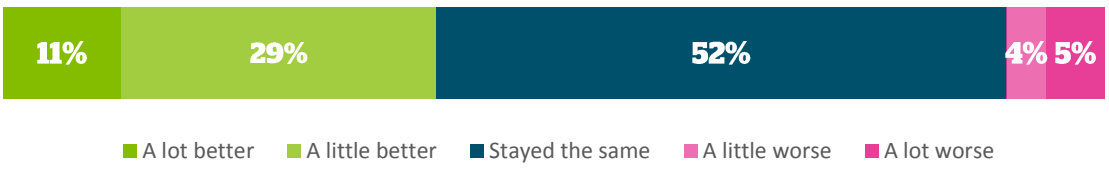
Punctuality of the service

Figure 2 Percentage of dialysis patients happy or very happy with punctuality of patient transport service



Note: When using a five point response scale from very happy through to very unhappy
Source: 2014 patient surveys (count = 25); 2015 patient interviews (count = 64)

Figure 3 Improvement in punctuality of the service



Source: 2015 patient interviews (count = 56 patients using the service longer than three months)

- The majority (78%; n = 43) of patients identified that they normally arrive in the unit within the 30 minutes of their appointment time, although almost two thirds (63%; n = 30) had experienced an earlier drop off.

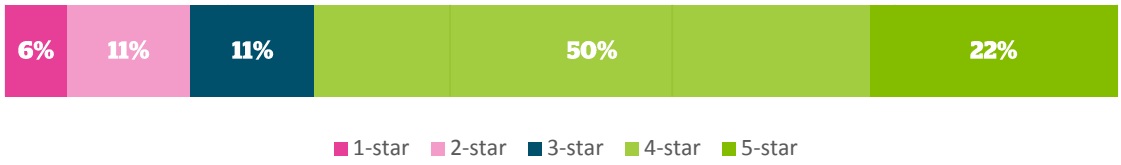
- Over seven out of ten (71%; n = 51) stated that they had arrived in the renal unit after their appointment time. For the majority this was only an occasional occurrence, but there were a significant but small number of patients who talked about this happening more frequently and that it was the norm.
- The most significant impact of a late drop off is patients not receiving their full prescription of dialysis; our follow up visit found that during the three months previous to our visit:

15 patients had lost minutes of dialysis due to arriving late	**615** was the estimated minutes of dialysis lost due to arriving late	This equates to an average of **41** minutes per patient

- Evidence from our return visit indicates there had been some improvement in the times patients are picked up from the renal unit; two thirds (67%; n = 40) provided at least one example of waiting longer than 30 minutes, compared to 90% of patients in our original visit.
- This was more likely to be a frequent (63% of patients) rather than occasional (37% of patients) experience; the majority identified this happens at least once a week or most of the time and others used words such as *'normally'* or *'often'*.

Communication with patients

Figure 4 Five star rating of Arriva Renal Transport Co-ordinator



Source: 2015 patient interviews (Count = 18)

- Patients talked about how the co-ordinator had been able to resolve their transport issues and how this had led to improvements in their experience of the service.
- However, the most talked about aspect of the co-ordinator was negative, relating to their availability in the unit. This was most likely to be talked about by evening patients who identified they were not there during their dialysis sessions, but was also mentioned by morning and afternoon patients.

Planning and co-ordination of journeys

- Almost half of all patients provided examples of poor planning and co-ordination of journeys. Concerns reflected those reported in 2014 and were namely journey length, planning at the control centre and inefficient use of multiple vehicles to transport patients who could be taken together.
- There were still seven references to patients simply being 'forgotten' and having no transport booked.

Carry by scheme:

- A third of patients (35%; n = 21) reported travelling with the same people regularly, whilst another 40% (n = 24) stated that this was inconsistent.
- Opinions about the impact of this were also mixed; some people appreciated this familiarity and didn't mind waiting for others, whilst others resented this waiting.

Use of taxi's:

- The use of taxis for some patients is still high. 70% (n = 42) of patients we spoke to had been transported into or home from the unit in a taxi.
  - 42% (n = 25) stated this was a frequent occurrence travelling by taxi more often than with Arriva or for at least half of their journeys.
- Negative experiences of transport by taxi outnumbered positive experiences, the most frequent five star rating provided was 2-stars. Interviews revealed little progress from 2014 as the main issue focussed on poor quality care in comparison to Arriva transport crews.
- However, it is important to note there is a cohort of patients who do have consistently positive experiences indicating a preference for this mode of transport.

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
15 MARCH 2016
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

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 remainder of the 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 Committee 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 during the 2015/16 municipal year.

7. Wards affected

All.

8. Contact information

Jane Garrard, Senior Governance Officer
Tel: 0115 876 4315
Email: jane.garrard@nottinghamcity.gov.uk

APPENDIX 1

Joint Health Scrutiny Committee 2015/16 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)

	• **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) • **Update on progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16** To receive the latest update on changes (Nottinghamshire Healthcare Trust) • **Work Programme** To consider the 2015/16 Work Programme

12 January 2016	• **Child Immunisation** To consider the uptake of child immunisation programmes in Nottingham and Nottinghamshire (Public Health/ NHS England) • **NHS and Adult Social Care Workforce Challenges** To receive a briefing on Health Education England's assessment of local workforce challenges and how they are being addressed nationally, regionally and locally (Health Education England) • **Work Programme** To consider the 2015/16 work programme
9 February 2016	• **Rampton Secure Hospital Variations of Service** To receive a presentation on the issues for consideration within the Variation of Service on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • **Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire** To receive information at the pre-engagement phase about work to transform care for people with learning disabilities and/or autism. (Nottingham City CCG lead) • **Work Programme** To consider the 2015/16 work programme
15 March 2016	• **Patient Transport Service** **a) Performance update**

	To scrutinise performance of the Patient Transport Service (Arriva/ CCG lead) **b) Healthwatch Renal Patient Transport Review** To receive the latest report from Healthwatch on its review of transport for renal patients (Healthwatch) • **Nottingham University Hospitals Long Term Partnership with Sherwood Forest Hospitals and future strategy** To receive information about the recently announced long term partnership arrangement between Nottingham University Hospitals and Sherwood Forest Hospitals and implications for the future of NUH (NUH) • **Work Programme** To consider the 2015/16 work programme
19 April 2016	• **Urgent Care Resilience Programme 2015/16** To receive an update on the delivery of services during winter 2015/16 and to scrutinise how effectively winter pressures were dealt with (Nottingham City CCG/ NUH) • **Dermatology Action Plan** To receive an update on the Action Plan - developments and redesign (Rushcliffe CCG) • **NHS 111 Update** To receive the latest update on NHS 111 developments and performance; and plans in relation to re-procurement of the service (Nottingham City CCG) • **Work Programme** To consider the 2015/16 work programme

	• **Work Programme 2016/17** Discussion about the Committee's work programme for 2016/17
10 May 2016	• **Nottinghamshire Healthcare Trust Transformation Plans for Children and Young People** To receive an update on the progress in implementation of the transformation plans (Nottinghamshire Healthcare Trust) • **Greater Nottingham Health and Care Partners – development of System Sustainability and Transformation Plan** To scrutinise the proposed System Sustainability and Transformation Plan (to be submitted to Government by end of June 2016) and initial plans for implementation (Greater Nottingham Health and Care Partners) • **Update on service redesign projects within the Adult Mental Health Directorate in 2015/16** To review outcomes of the audit of service changes (Nottinghamshire Healthcare Trust) • **Work Programme** To consider the 2015/16 work programme

To schedule:

- GP Access Fund (formally Prime Ministers Challenge Fund) Pilots – awaiting publication of national evaluation report
- Rampton Secure Hospital Variations of Service – commissioners/ prison environment and PIPEs
- Daybrook Dental Service - findings and lessons learnt (NHS England) – awaiting outcome of General Dental Council case
- NHS Out of Hours Dental Services
- Long Term Neurology Conditions

Study Groups:

- Quality Accounts

Visits:

- Arriva Control Centre – 18 November 2015
- Rampton Secure Hospital – 28 January 2015
- NHS 111
- EMAS Control Centre

Items for 2016/17 Work Programme:

- Update on progression of service redesign projects within the Adult Mental Health Directorate, Nottinghamshire Healthcare Trust
- Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables [June/ July 2016]
- NUH Environment, waste and cleanliness update (to include NUH catering contract savings) [September 2016]
- East Midlands Clinical Senate and Strategic Clinical Networks update (EMCSSCN Annual Report and other recent developments) [October 2016]
- Child Immunisation – latest uptake data [January 2017]
- Progress against JHSC recommendation that "that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work"
- Integrated Community Children and Young People's Healthcare Programme – review of outcomes of service changes

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