



**NOTTINGHAM CITY COUNCIL**  
**JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE**

**Date:** Tuesday, 19 April 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**

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

**AGENDA**

**Pages**

- |          |  |         |
|----------|--|---------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>   |         |
| <b>2</b> | <b>DECLARATIONS OF INTERESTS</b>   |         |
| <b>3</b> | <b>MINUTES</b><br>To confirm the minutes of the meeting held on 15 March 2016.   | 3 - 10  |
| <b>4</b> | <b>DERMATOLOGY ACTION PLAN MONITORING</b><br>Report of the Vice-Chairman of the Joint City and County Health Scrutiny Committee      | 11 - 26 |
| <b>5</b> | <b>URGENT CARE RESILIENCE PROGRAMME</b><br>Report of the Vice-Chairman of the Joint City and County Health Scrutiny Committee        | 27 - 46 |
| <b>6</b> | <b>JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16</b><br>Report of the Head of Democratic Services (Nottingham City Council) | 47 - 56 |
| <b>7</b> | <b>DEVELOPING WORK PROGRAMME 2016/17</b><br>Report of the Head of Democratic Services (Nottingham City Council)                      | 57 - 62 |

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 15 March 2016 from 10.15am- 12.30pm**

**Membership**

Present

Absent

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

**Colleagues, partners and others in attendance:**

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

**59 APOLOGIES FOR ABSENCE**

None.

**60 DECLARATIONS OF INTEREST**

None.

**61 MINUTES**

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

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

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

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

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

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

**Partnership with Sherwood Forest Hospitals Trust (SFH)**

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

The following issues were raised during discussion:

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

### **NUH Long Term Strategy Development**

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

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

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

### **63 PATIENT TRANSPORT SERVICE**

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

## **Patient Transport Service Performance Update**

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

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

The following points were made during discussion:

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

- (j) ATS representatives confirmed that winter pressures were less to do with transport conditions and more about the impact of wider pressures on health and social care services on the Patient Transport Service.

Paul Fitzgerald, Patient Transport Service Contract Manager at the Greater East Midlands Commissioning Support Unit (GEM CSU), and Neil Moore, Director of Procurement and Market Development, Mansfield and Ashfield Clinical Commissioning Group, provided additional information and responses to Committee questions and comments from the commissioning perspective as follows:

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

### **Healthwatch Renal Transport Summary Report**

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

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

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



**RESOLVED to**

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

**64 JOINT HEALTH WORK PROGRAMME 2015/16**

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

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

**RESOLVED to note the report and update.**

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19<sup>th</sup> April 2016

Agenda Item: X

## **REPORT OF THE VICE-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 Joint Health Scrutiny Committee agreed to monitor the implementation of the recommendations from this review. The committee last received an update on the Dermatology Action Plan in November 2015, when Members were informed that local health partners continue to collaborate, and the processes associated with dermatology continue to be fine-tuned. In addition, only small numbers of patients have been transferred to Leicester.
4. Vicky Bailey, Chief Officer of NHS Rushcliffe CCG, Caroline Shaw, Chief Operating Officer, NUH and Helen Tait 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 implementation of the dermatology action plan

**Councillor Parry Tsimbiridis**

**Vice-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

# **NHS DERMATOLOGY SERVICES IN NOTTINGHAMSHIRE UPDATE TO THE JOINT NOTTINGHAM AND NOTTINGHAMSHIRE OVERVIEW AND SCRUTINY COMMITTEE**

**19 APRIL 2016**

## **1. PURPOSE**

The purpose of this report is to provide an update to the Joint Overview and Scrutiny Committee (OSC) on the dermatology services for Nottingham and Nottinghamshire.

## **2. BACKGROUND**

NHS Rushcliffe Clinical Commissioning Group (CCG) commissioned an independent review of dermatology services which was published in June 2015. A number of recommendations were made and have been progressed.

The report was circulated to all stakeholders and presented to the OSC.

## **3. PROGRESS**

- NHS Rushcliffe CCG, Nottingham University Hospitals (NUH) and Circle continue to meet to ensure delivery of high quality dermatology services for the local population, although the frequency of the meetings have now scaled down proportionate to impact for patients;
- Health Education England in the East Midlands and the Clinical Senate have led meetings with providers, commissioners and the British Association of Dermatologists (BAD) to establish a community of practice and agree the priorities across the area. This has enabled workforce issues such as trainees numbers to be raised at a national level;
- Clinical and non-clinical representatives from Derbyshire, Nottinghamshire, Lincolnshire and Leicestershire have all had opportunity to contribute to the discussions and a Clinical Senate survey will ascertain future meeting requirements;
- NHS Rushcliffe CCG, Circle and NUH have an agreed pathway of care with the University Hospitals of Leicester (UHL) to provide urgent inpatient care for a small number of Nottinghamshire patients. Estimates are that four patients have been transferred from Circle in the last year with the last patient in November 2015. It has not been possible to ascertain this via NUH reporting mechanisms, but the service is not aware of any patients, and neither service has issued raised in quality reporting. University Hospitals of Leicester believe they have seen more patients but as GP referrals as per the pathway;
- NHS Rushcliffe CCG continues to require the providers to monitor this;
- Healthwatch Nottingham and Healthwatch Nottinghamshire wrote out to their groups in January 2016 (Appendix 1). Only two county residents replied to the letter. The letter signposts patients and the public to use the established channels regarding any future concerns or issues they may have;

- Relevant reporting continues through the usual assurance meetings to NHS England and Trust Development Authority; and
- Health Education England fully understands the workforce issues and BAD will continue to raise these for dermatology, not only for the benefit of Nottingham but other areas nationally.

#### **4. RECOMMENDATIONS**

OSC is asked to:

- **NOTE** progress;
- **NOTE** the letter from Healthwatch with signposting for patients and the public (Appendix 1).

## Dermatology Services in Nottingham and Nottinghamshire

Dear Healthwatch Supporter

As you may know, concerns were raised with Healthwatch last year about the dermatology service operated by Circle (on the QMC site in Nottingham). Healthwatch heard these patient and public concerns and raised them with commissioners and also contributed to the Panel Review. In April a public/patient meeting was held with Healthwatch as part of the Dermatology review and in June a report was produced, with recommendations – this can be found here <http://www.healthwatchnottinghamshire.co.uk/wp-content/uploads/2015/06/Final-Report-from-the-Independent-Review-Nottingham-Dermatology-Service.-4-June-2015.pdf>

**We asked for an update from local NHS on these report recommendations, and were sent the following points of information.**

- NHS Rushcliffe CCG continue to hold regular meetings with Nottingham University Hospitals (NUH) and Circle regarding dermatology services, which have enabled positive discussions about ways of working between the two organisations
- The Clinical Senate has held three events - two with clinicians from Nottingham, and one with clinicians and managers from Derby, Leicester, Nottingham and Mansfield and Lincolnshire to consider the future service and networking arrangements, with another event planned in February 2016. The East Midlands wide event involved the British Association of Dermatologists.
- The main outcome from the events was that colleagues do already network and will continue to meet to consider shared and broader issues. This includes promoting dermatology as an attractive career option and securing trainees to the area. The East Midlands event had Health Education England representatives and they addressed the issues regarding trainee numbers. It was agreed that this issue would be elevated for wider discussion, as this is a national as well as a local issue. Clinicians confirmed that they are already have, and continue to develop, new roles and ways for working, including training for GPs and nurses.
- As part of responding to the medium term recommendations the University Hospitals of Leicester is providing an urgent service for patients from NUH. Over the last nine months we understand that there have been two patients who have been transferred from Nottingham for an urgent dermatology inpatient review, and potentially another 4 patients who have gone there directly from their GP.
- NHS Rushcliffe CCG have reported monthly to NHS England and the NHS Trust Development Authority on progress against the recommendations. In addition updates have been provided to the Joint Scrutiny Committee. These updates will now be provided on request.

## Current situation:



Healthwatch is pleased to see the local NHS organisations are working together, and have acted on the report recommendations. We hope this regional work will lead to benefits and improvements.



We want to ensure that service provision and patient experience are at the centre of dermatology provision in Nottingham, and are asking for feedback from local patients who have used the service in the past 9 months, since our last public meeting.



Healthwatch will ask for an update in 12 months' time and if any concerns are raised at that stage Healthwatch will ask Joint Scrutiny Committee to look again at these issues.



Circle and NUH both have PALS / Complaints teams/Patient Involvement Groups, if you are interested in getting involved further.



We are offering to arrange another public event to provide information on any outstanding issues, if there is interest in doing that. We would like to know numbers, and also what topics are important to ensure we have the right people and resources there. If you would be interested in attending, please let us know by Friday February 5<sup>th</sup>. Call us on 0115 963 5179.



Patients can of course contact Healthwatch at any time to share concerns on:

Healthwatch Nottinghamshire - 0115 963 5179  
Healthwatch Nottingham - 0115 859 9510

Yours sincerely

Jez Alcock  
(Nottinghamshire Healthwatch)

Pete McGavin  
(Nottingham Healthwatch)



<b>Reference</b>	Dermatology Review Action Plan
<b>Document Purpose</b>	This document describes the actions being undertaken to address those recommendations made in the Dermatology Services Review
<b>Version</b>	6.3
<b>Status</b>	6 <sup>th</sup> submission for Overview and Scrutiny Committee
<b>Title</b>	Dermatology Service Project Action Plan
<b>Sponsor</b>	Vicky Bailey, Accountable Officer, NHS Rushcliffe CCG
<b>Project Owner</b>	Dr Guy Mansford, Accountable Officer and Clinical Lead, NHS Nottingham West CCG
<b>Project Manager</b>	Maxine Bunn, Director of Contracting, NHS Nottingham West CCG
<b>Project Start Date</b>	01 May 2015
<b>Project End Date</b>	31 March 2017
<b>Review Date</b>	n/a
<b>Circulation list</b>	Public domain
<b>Associated documents</b>	Dermatology Services Review Closed Action Plan V6: 30/10/15
<b>Superseded documents</b>	V6.1

Closed Actions						
Report Recommendation	Task	Lead	Start date of task	Finish date of task	Status (RAG)	Progress
<b>Short term May 2015 - September 2015</b>						
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 25 <sup>th</sup> Sept  Amended to 30 <sup>th</sup> November 2015  CLOSED 1 <sup>st</sup> April 2016	<b>CLOSED</b>	<p>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</p> <p><b>13/08/15</b> Agreement between NUH and Circle to broaden into Memorandum of Understanding (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.</p> <p><b>30/09/15</b> Regular meetings with NUH and Circle in place. Draft principles in place. Draft MoU 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</p> <p><b>30/10/15</b> Meeting scheduled for 04/11/15 with CCG, Circle and NUH to finalise MoU</p> <p><b>01/03/1</b> On the basis that NUH is not providing an adult consultant dermatology service, both parties have agreed an MOU will not go ahead. Discussions are ongoing between NUH and Circle around acutely ill inpatients at NUH, and remain as a residual issue in terms of continuing to review patient impact of the pathway agreed. Circle and University Hospitals of Leicester have signed a MOU to support preliminary</p>

						discussions to explore how services may be provided for adult dermatology patients
2. 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.	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 <sup>th</sup> November 2015  CLOSED 1 April 2015		<p>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</p> <p>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.</p> <p>Agreement on Job plans to be progressed at meeting on 8.7.15</p> <p><b>13/08/15</b> Notes circulated and approved by clinicians. Agreement for two pathways in Nottingham: children and young people delivered by NUH, Adult by Circle.</p> <p>Further meeting organised by HEEM 07.09.15 where training and education will be discussed Paediatric recruitment positive. Details to be confirmed in due course when start dates confirmed.</p> <p>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</p> <p><b>30/09/15</b> Stakeholder meeting agreed to:</p> <ol style="list-style-type: none"> <li>1. develop pathways and protocols across the network</li> <li>2. Consider job plans that increase joint working across the east midlands</li> <li>3. Review data and activity</li> <li>4. Three pronged approach training:             <ol style="list-style-type: none"> <li>a. Medical trainees</li> <li>b. Nursing roles</li> <li>c. GP/primary care</li> </ol> </li> </ol> <p>Senate meeting agreed to consider how job plans can be organised to include urgent ward referrals in hours. See above for approach to workforce</p> <p><b>30/10/15</b></p>

					<p>Meeting scheduled for 04/11/15 with CCG, Circle and NUH to finalise MoU</p> <p><b>01/03/16</b> Senate meeting held in February 2016 with clinical and non-clinical representatives from Nottingham, Derby, Mansfield and Leicester. A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce planning</p>
<p>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.</p>	<p>Development of common objectives linked to principles.</p> <p>Organise a stakeholder event to agree the common objectives with the wider which preserve dermatology services in Nottingham.</p>	<p>Peter Homa and Helen Tait</p>	<p>Mon 08 Jun 15</p>	<p>Fri 31.Jul 15</p> <p>Wed 30 Sept 15</p> <p>Next date 30 November 2015</p>	<p>Common objectives feature in the principles (see 1 above), and are part of the MOU</p> <p>CCG and NHSE sourcing pathways via Senate and BAD CCG meeting with Leicester on 2.7.15</p> <p>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.</p> <p><b>13/08/15</b> Stakeholder event organised for 30/09/15</p> <p><b>30/09/15</b> Stakeholder meeting agreed to:</p> <ol style="list-style-type: none"> <li>1. develop pathways and protocols across the network</li> <li>2. Consider job plans that increase joint working across the east midlands and meet legal requirements of provider employment law</li> <li>3. Review data and activity</li> <li>4. Three pronged approach to recruitment and retention:             <ol style="list-style-type: none"> <li>a. Medical trainees</li> <li>b. Nursing roles</li> <li>c. GP/primary care</li> </ol> </li> </ol> <p><b>30/10/15</b> Independent stakeholder meeting completed. Report published and issued to stakeholders.</p> <p><b>1.3.16</b> Survey will determine future collaboration requirements</p>

<p>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.</p>	<p>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</p>	<p>Jonathan Corne</p>	<p>Mon 08 Jun 15</p>	<p>Mon 15 Jun 15</p>		<p>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</p> <p><b>13/08/15</b> Notes circulated and approved by clinicians. Agreement for two pathways in Nottingham: children and young people delivered by NUH, Adult by Circle.</p> <p>Further meeting organised by HEEM 07.09.15 where training and education will be discussed</p> <p><b>30/09/15</b> Stakeholder meeting agreed to:</p> <ol style="list-style-type: none"> <li>5. develop pathways and protocols across the network</li> <li>6. Consider job plans that increase joint working across the east midlands</li> <li>7. Review data and activity</li> <li>8. Three pronged approach training:             <ol style="list-style-type: none"> <li>a. Medical trainees</li> <li>b. Nursing roles</li> <li>c. GP/primary care</li> </ol> </li> </ol> <p><b>30/10/15</b> East Midlands Senate supporting ongoing engagement to continue developing robust working practices</p> <p><b>01/03/16</b> A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce planning</p>
	<p>Develop and coordinate job plans with training and research incorporated, with joint recruitment</p>	<p>Peter Homa and Helen Tait</p>	<p>Mon 15 Jun 15</p>	<p>Mon 31 Aug 15  Amended to 30 November 2015</p>	<p><b>CLOSED</b></p>	<p>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</p> <p><b>13.08.15</b> Paediatric recruitment positive. Details to be confirmed in due course when start dates confirmed.</p> <p>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</p>

						<p><b>30/09/15</b> Senate meeting agreed to consider how job plans can be organised to include urgent ward referrals in hours. See above for approach to workforce</p> <p><b>30/10/15</b> East Midlands Senate supporting ongoing engagement to continue developing robust working practices</p> <p><b>01/03/16</b> A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce planning</p>
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		<p>Commenced. Meeting with BAD following the June OSC meeting. Will be part of stakeholder events going forward.</p> <p>Agreement by BAD to support Nottingham.</p> <p><b>13.08.15</b> BAD part of stakeholder network going forward. Named dermatologists from BAD identified for event</p> <p><b>30/9/15</b> Stakeholder event agreed to:</p> <ol style="list-style-type: none"> <li>1. strengthen governance arrangements with Circle and main acutes (Derby/Leicester)</li> <li>2. Review job plans to consider including urgent referrals, hot clinics, paediatric sessions for adult dermatologists</li> <li>3. Five registrars to be recruited for Derby which will have rotation to Circle</li> </ol> <p><b>30/10/15</b> BAD have standing invitation to the future Senate engagement events</p> <p><b>01/03/16</b> A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce planning</p>
<b>Medium term May 2015 - March 2016</b>						
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	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

efficiently provided.						<p>discussing this nationally via their senate networks.</p> <p><b>13.08.15</b> 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</p> <p><b>30/09/15</b> Senate stakeholder meeting showed appetite for a network with two or three working groups.</p> <ol style="list-style-type: none"> <li>1. Workforce – increase non medical workforce, increase trainees, educational programme for GPs</li> <li>2. Job planning</li> </ol> <p><b>01/03/16</b> A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce planning</p>
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		<p>Not commenced. See point 2 above</p> <p><b>30/09/15</b> Plan to be produced to follow on from Senate meeting</p> <p><b>30/10/15</b> East Midlands Senate supporting ongoing engagement</p> <p><b>01/03/16</b> A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce Healthwatch (city and county) letter to all known patient and public groups issued in January 2016 with reply by 5 Feb 2016. No responses received to City and only two to County.</p>
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	<b>CLOSED</b>	<p>Meeting arranged with HEEM July 2015. On-going work for trainees locally. Independent Panel Chair has contacted HEEM regarding the workforce issues.</p> <p><b>13.08.15</b> National meeting have taken place. Details can be provided if required – this action will be on going</p> <p><b>30/09/15</b> Senate meeting confirmed immediate recruitment of five additional trainees which</p>



						<p>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. <b>30/10/15</b></p> <p>Health Education England nationally have no plans to increase training numbers. The Senate engagement programme will continue to discuss and review this position <b>01/03/16</b></p> <p>A survey of attendees will agree future meeting arrangements and requirements to meet the needs for future workforce placements</p>
<b>Other actions outside of recommendations - reporting</b>						
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	<b>CLOSED</b>	<p>Commenced and on-going next report 1 October 2015</p> <p><b>30/10/15</b> Monthly updates in place</p> <p><b>01/03/16</b> updates submitted on request</p>
	CCG Governing Bodies	Vicky Bailey	Mon 08 Jun 15	Wed 30 Sept 15	<b>CLOSED</b>	<p>In progress. Reports circulated to all CCG Governing Bodies in Nottinghamshire</p> <p><b>30/10/15</b> Updates as required</p>
	NUH and Circle committees/boards	Peter Homa and Helen Tait	Mon 08 Jun 15	Wed 30 Sept 15	<b>CLOSED</b>	<p>In progress.</p> <p><b>13.08.15</b> <b>30/10/15</b> East Midlands Senate supporting ongoing engagement</p> <p><b>01/03/16</b> Providers continue to meet as appropriate</p>
	Joint OSC	Vicky Bailey	Mon 08 Jun 15	Thurs 31 Dec 15		<p>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.</p> <p><b>13.08.15</b> Further attendance requested at November meeting</p> <p><b>30/10/15</b> Updates as required</p> <p><b>01/03/16</b> Update requested to be presented April 2016</p>



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	<b>CLOSED</b>	<p>Not commenced. Links to the outcome of the stakeholder event</p> <p><b>30/09/15</b> Senate meeting complete. Healthwatch attended. Plan to be developed.</p> <p><b>30/10/15</b> Healthwatch briefed and update to be provided</p> <p>Further updates provided as required from the Senate engagement programme</p> <p><b>01/03/16</b> Healthwatch (city and county) letter to all known patient and public groups issued in January 2016 with reply by 5 Feb 2016. No responses received to City and only two to County.</p>

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19<sup>th</sup> April 2016

Agenda Item: X

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

**URGENT CARE RESILIENCE PROGRAMME**

**Purpose of the Report**

1. To introduce an update on the delivery of services during winter 2015/16 and to scrutinise how effectively winter pressures were dealt with.

**Information and Advice**

2. Members will recall that information on improving urgent and emergency care for patients, families and carers was presented to the Committee in October 2015.
3. The Committee will receive a joint presentation – attached as an appendix to this report from Caroline Shaw, Chief Operating Officer Nottingham University Hospitals (NUH) and Nikki Pownall, Programme Director Nottingham City CCG, providing an update on work and patient performance data from winter 2015/16, as well as current performance, innovations and challenges facing the local health and care community ahead of winter 2016/17.

**RECOMMENDATION**

That the Joint City and County Health Scrutiny Committee:

- 1) Consider and comment on the information provided
- 2) Schedule further consideration, as necessary

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

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

**Background Papers**

None.

**Electoral Division(s) and Member(s) Affected**

All

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# Improving the experience of our emergency patients, their families and carers

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**Caroline Shaw, Chief Operating Officer, NUH**  
**Nikki Pownall, Programme Director – Urgent Care, Nottingham City CCG**

# To cover:

- Performance update
- Quality & safety monitoring
- Preparation for winter
- NUH challenges & response
- System response

# National performance

- W/e 3 April, national performance: 82.75%
- Only 2 Trusts in the country achieved the national standard

# Performance update

- 15/16: 86.8% in less than 4 hours

Q1: 95.6%

Q2: 93.2%

Q3: 82.8%

Q4: 75.7%

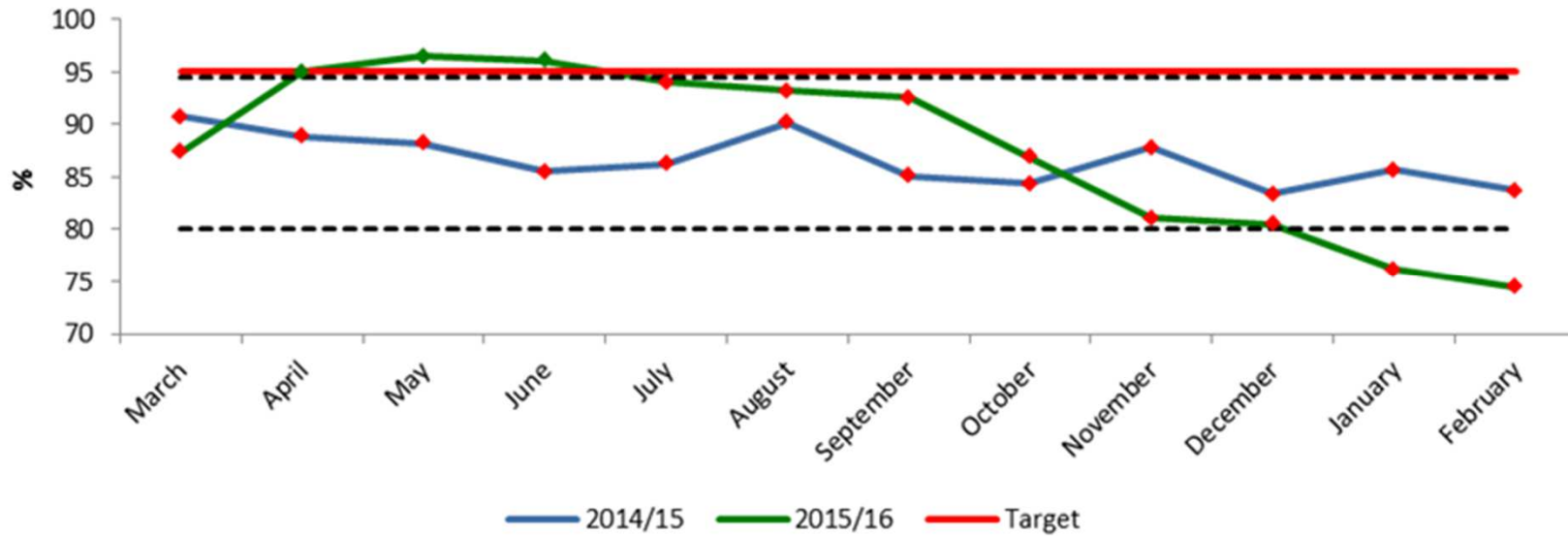
- Vs 95% national standard

- Vs 86.2% in 14/15



# NUH performance

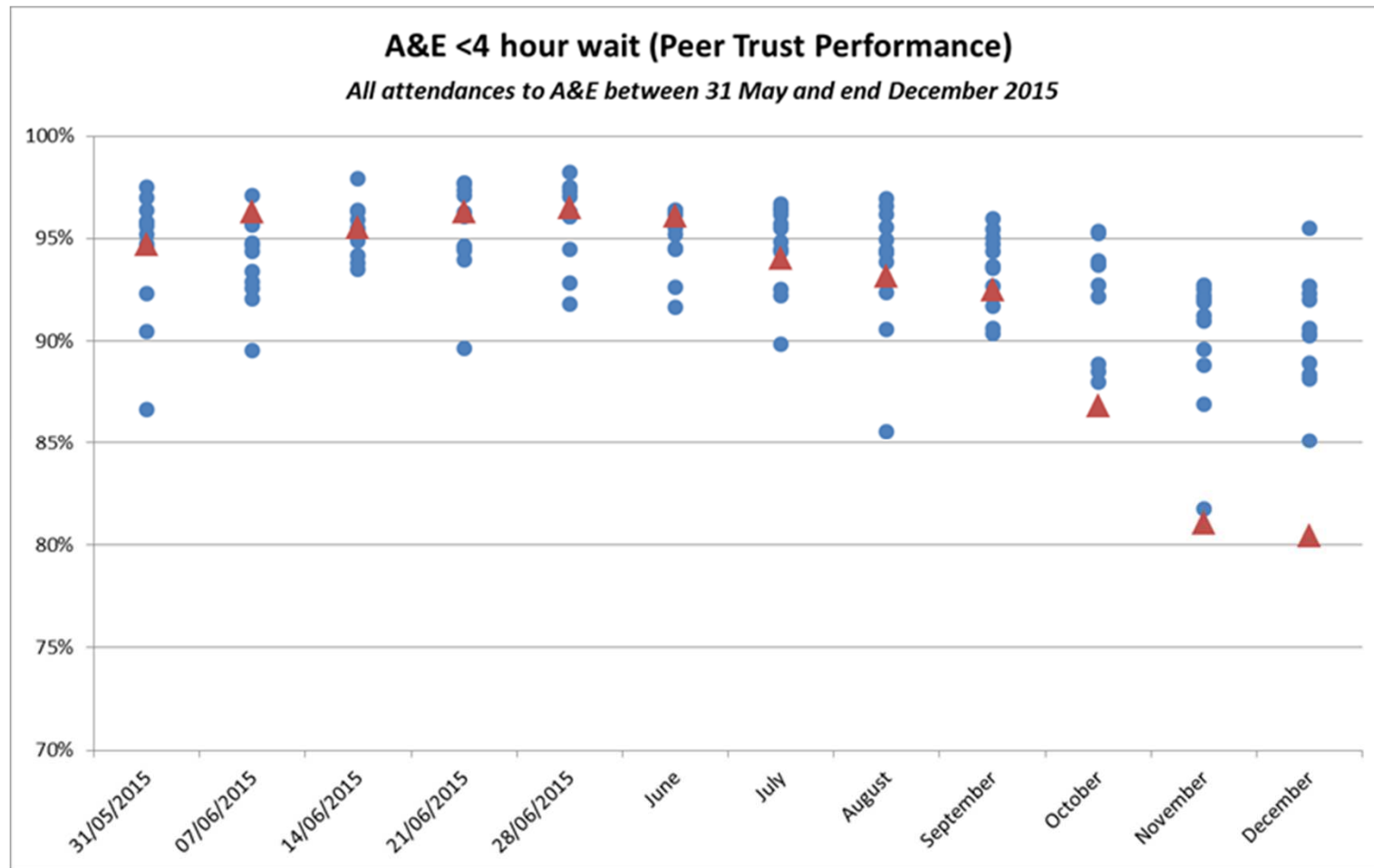
Page 33



Improving the experience of emergency patients

*We are here for you*

# NUH performance Vs peers



# Growth in demand 15/16

- 3.7% increase in attendances (YTD)
- 10% increase in Jan & Feb vs prev yr
- 8.4% increase in ED attends >85 year olds
- 6.1% increase in emergency admissions (via ED)
- Higher conversion rate (attends to admissions)

# Flu & norovirus

- Moderate year for flu
- Flu & Norovirus seasons started mid-December
- Impacted on bed availability at our most pressured time of the year

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Financial year	Number of outbreaks of norovirus/suspected norovirus	Number of Patients Affected	Number of Staff Affected	Bed Days Lost
Totals 2011 - 2012	44	703	161	1395
Totals 2012 - 2013	28	384	85	878
Totals 2013 - 2014	21	294	59	731
Totals 2014 - 2015	51	718	165	1390
Total 2015 – 2016 (end of Feb)	20	264	62	632

# Quality & safety monitoring

- 9 x12 hour trolley breaches 15/16 vs 50+ in 14/15
- RCA – all waits >8hrs
- Urgent & emergency services ‘Good’ for care & ‘Outstanding’ for well-led (NUH 2016 CQC Report)
- Trust Board & QUAC oversight

# Winter preparation

- 38 extra beds at QMC and City (28 community)
- £1.1m investment
- GPs at the front door
- Planned reduction of planned (elective) activity – to get a balance between emergency, cancer and planned operations in busiest winter months
- Discharge Lounge opened at City

# Ongoing challenges

1. Capacity vs demand
2. Consistency of internal processes
3. Staffing (ED)
4. Delayed transfers of care for medically fit patients
5. System fragility

# 1. Internal processes

- Pre-noon discharges
- Weekend discharges
- Discharge Lounge usage
- Early transport bookings
- TTOs (today for tomorrow)
- Rapid escalation of waits/delays



## 2. Staffing

### Nursing

- 34.8WTE registered & 8.7 untrained vacancies vs 18.8WTE vacancies at March 2015

### Medical/ANP

0 substantive consultant vacancies

- 7.7WTE vacancies & 7WTE increase in establishment (middle/junior grades & ANPs)  
vs 18.1 WTE vacancies at March 2015

# 3. Delayed transfers of care

- Enhanced the work of our multi-agency team, led by senior colleagues from across the health and social care
- More closely overseeing the next steps required for all patients who are ready to leave hospital

# 4. System resilience

- Evidence that combination of subtle changes have profound impact on performance
- Acuity, attends, surge in attends in short periods, conversion rate from attends to admissions
- System recovery time

# System response

- Closer working with health and social care system
- External support - Emergency Care Intensive Support Team (ECIST)
- System capacity review
- Focus on increasing (complex) discharges
- Urgent & emergency care Vanguard

# Questions

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<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>19 APRIL 2016</b>
<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)</b>

**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 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)



Joint Health Scrutiny Committee 2015/16 Work Programme

<p>16 June 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 49</p>	<ul style="list-style-type: none"> <li> <p>• <b>NUH Pharmacy Information</b>                      To receive information as part of an ongoing review  <span style="float: right;">(Nottingham University Hospitals)</span></p> </li> <li> <p>• <b>South Notts Transformation Partnership</b>                      To receive information relating to the establishment, remit and work plan of the Partnership  <span style="float: right;">(South Notts Transformation Partnership)</span></p> </li> <li> <p>• <b>Proposed Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16</b>  <span style="float: right;">(Nottinghamshire Healthcare Trust)</span></p> </li> <li> <p>• <b>Independent Review of Nottingham Dermatology Services 2015</b>                      To receive the report following the independent review  <span style="float: right;">(Nottingham Dermatology Services Independent Review Team)</span></p> </li> <li> <p>• <b>Work Programme</b>                      To consider the provisional 2015/16 Work Programme</p> </li> </ul>
<p>14 July 2015</p>	<ul style="list-style-type: none"> <li> <p>• <b>Transformation Plans for Children and Young People</b>                      To receive an update on the preferred site  <span style="float: right;">(Nottinghamshire Healthcare Trust)</span></p> </li> <li> <p>• <b>Public consultation regarding Gluten free Prescribing</b>  <span style="float: right;">(Rushcliffe CCG)</span></p> </li> <li> <p>• <b>Changes in Adult Mental Health Care Provision in Nottingham City and County</b>                      To receive the latest update on the changes  <span style="float: right;">(Nottinghamshire Healthcare Trust)</span></p> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Healthwatch – Renal Patient Transport Review</b> (Healthwatch Nottinghamshire and Arriva Transport Solutions)</li> <li>• <b>Work Programme</b> To consider the 2015/16 Work Programme</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 50</p> <p>15 September 2015</p>	<ul style="list-style-type: none"> <li>• <b>Nottingham City Council - JHSC Delegation change Regarding Urgent Referrals to the Secretary of State</b></li> <li>• <b>Outcomes of the Primary Care Access Challenge Fund Pilots</b> Evaluation of Results (South Nottinghamshire CCGs and Area Team)</li> <li>• <b>Patient Transport Service – Performance Update</b> (Arriva /CCG lead)</li> <li>• <b>NHS 111 Performance Update</b> (Nottingham City CCG)</li> <li>• <b>East Midlands Ambulance Service – New Strategies Update</b> Update on the implementation of new Strategies (EMAS)</li> <li>• <b>Work Programme</b> To consider the 2015/16 Work Programme</li> </ul>
<p>13 October 2015</p>	<ul style="list-style-type: none"> <li>• <b>East Midlands Clinical Senate and Strategic Clinical Networks</b> To receive a briefing on the remit and work undertaken by the Senate and Clinical Networks (EMSNC &amp;Senate)</li> <li>• <b>Urgent Care Resilience Programme 2015/16</b> To receive an update on the preparation and planning for Winter 2015/16</li> </ul>

	<p style="text-align: right;">(Nottingham City CCG and NUH)</p> <ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2015/16 Work Programme</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 51</p> <p><b>10 November 2015</b></p>	<ul style="list-style-type: none"> <li>• <b>NUH Environment, Waste and Cleanliness Update</b> To receive the latest update <span style="float: right;">(NUH)</span></li> <li>• <b>Rampton Secure Hospital Variations of Service</b> To receive an update on treatment and care of people with personality disorders <span style="float: right;">(NHS England and Nottinghamshire Healthcare Trust)</span></li> <li>• <b>Dermatology Action Plan</b> To receive an update on the Action Plan developments and redesign <span style="float: right;">(Rushcliffe CCG)</span></li> <li>• <b>Work Programme</b> To consider the 2015/16 Work Programme</li> </ul>
<p><b>15 December 2015</b></p>	<ul style="list-style-type: none"> <li>• <b>Royal College of Nursing</b> Further briefing on the issues faced by nurses <span style="float: right;">(RCN)</span></li> <li>• <b>Update on progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16</b> To receive the latest update on changes <span style="float: right;">(Nottinghamshire Healthcare Trust)</span></li> <li>• <b>Work Programme</b> To consider the 2015/16 Work Programme</li> </ul>

<p><b>12 January 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Child Immunisation</b> To consider the uptake of child immunisation programmes in Nottingham and Nottinghamshire (Public Health/ NHS England)</li>   <li>• <b>NHS and Adult Social Care Workforce Challenges</b> 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)</li>   <li>• <b>Work Programme</b> To consider the 2015/16 work programme</li> </ul>
<p>Page 52 <b>9 February 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Rampton Secure Hospital Variations of Service</b> 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)</li>   <li>• <b>Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire</b> 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)</li>   <li>• <b>Work Programme</b> To consider the 2015/16 work programme</li> </ul>
<p><b>15 March 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Patient Transport Service</b> <ul style="list-style-type: none"> <li>a) <b>Performance update</b></li> </ul> </li> </ul>

	<p>To scrutinise performance of the Patient Transport Service (Arriva/ CCG lead)</p> <p><b>b) Healthwatch Renal Patient Transport Review</b> To receive the latest report from Healthwatch on its review of transport for renal patients (Healthwatch)</p> <ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals Long Term Partnership with Sherwood Forest Hospitals and future strategy</b> 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)</li> <li>• <b>Work Programme</b> To consider the 2015/16 work programme</li> </ul>
19 April 2016	<ul style="list-style-type: none"> <li>• <b>Urgent Care Resilience Programme 2015/16</b> 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)</li> <li>• <b>Dermatology Action Plan</b> To receive an update on the Action Plan - developments and redesign (Rushcliffe CCG)</li> <li>• <b>Work Programme</b> To consider the 2015/16 work programme</li> <li>• <b>Work Programme 2016/17</b> Discussion about the Committee's work programme for 2016/17</li> </ul>

10 May 2016

- **Nottinghamshire Healthcare Trust Transformation Plans for Children and Young People – CAMHS and Perinatal Services**  
To receive an update on the progress in implementation of the transformation plans  
(Nottinghamshire Healthcare Trust)
- **Development of Nottinghamshire Sustainability and Transformation Plan (tbc or June)**  
To consider development of, and proposals for the Nottinghamshire Sustainability and Transformation Plan; and if, and if so how the Committee wishes to engage with implementation of the Plan.
- **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

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**To schedule:**

- 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
- GP Access Fund (formally Prime Ministers Challenge Fund) Pilots – local implications of the national evaluation report

**Study Groups:**

- Quality Accounts

**Visits:**

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

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<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>19 APRIL 2016</b>
<b>DEVELOPING 2016/17 WORK PROGRAMME</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)</b>

**1. Purpose**

1.1 To give initial consideration to the Committee's work programme for 2016/17 and identify any potential new issues for scrutiny.

**2. Action required**

2.1 The Committee is asked to identify potential issues for scrutiny during 2016/17, for further exploration as to potential focus, key lines of enquiry, timescales and resource requirements.

**3. Background information**

3.1 The Joint Health Scrutiny Committee is responsible for scrutinising health matters which impact on both the areas covered by Nottingham City Council and Nottinghamshire County Council.

3.2 The Committee is responsible for determining its own work programme to fulfil its terms of reference.

3.3 In setting the work programme the Committee should aim for an outcome-focused work programme that has clear priorities and potential to contribute to improvements for local people. The work programme must be matched against the resources available to deliver the programme.

3.4 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.

3.5 The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. Issues may arise from a range of sources including:

- consultation by health service commissioners about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to
- Suggestions/ referrals from Healthwatch Nottingham and Healthwatch Nottinghamshire
- Emerging national, regional and local issues.

3.6 Both local authorities have established their own Health Scrutiny Committees with responsibility for scrutinising health matters that impact only on residents living in their authority area.

- 3.7 The Committee is asked to identify any potential new issues for scrutiny by the Joint Health Scrutiny Committee during 2016/17:
- at monthly Committee meetings; and
  - any study group reviews.

Following the meeting, where appropriate these issues will be explored further to identify a focus, key lines of enquiry, possible timescales and resource requirements. Based on this a proposed work programme for 2016/17 will be developed and brought to the Committee for approval in May.

**4. List of attached information**

- 4.1 None

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

- 5.1 None

**6. Published documents referred to in compiling this report**

- 6.1 Nottingham City Council Constitution
- 6.2 Nottinghamshire County Council Constitution

**7. Wards affected**

- 7.1 All

**8. Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

### Joint Health Scrutiny Committee 2016/17 Work Programme DRAFT

<p><b>14 June 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Update on progression of service redesign projects within the Adult Mental Health Directorate in 2015/16</b> To review implementation of service redesign projects <span style="float: right;">(Nottinghamshire Healthcare Trust)</span></li>   <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>12 July 2016</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 59</p>	<ul style="list-style-type: none"> <li>• <b>Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables</b> To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016 <span style="float: right;">(Nottingham City CCG lead)</span></li>   <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>13 September 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Environment, waste and cleanliness at Nottingham University Hospitals</b> To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites <span style="float: right;">(Nottingham University Hospitals)</span></li>   <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

<p><b>11 October 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>East Midlands Clinical Senate and Strategic Clinical Networks</b> To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>8 November 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>13 December 2016</b></p>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>10 January 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Uptake of child immunisation programmes</b> To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>7 February 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<p><b>14 March 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

18 April 2017	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
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**To schedule:**

- Rampton Secure Hospital Variations of Service – commissioners/ prison environment
- Daybrook Dental Service - findings and lessons learnt (NHS England) – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- 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
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Progress in establishing long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals

**Study Groups:**

- Quality Accounts

**Visits:**

**Other meetings:**

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox)

**Items for 2017/18 Work Programme:**

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