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NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 17 October 2019

Time: 10.00 am (pre-meeting for all Committee members at 9:30am)

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 Strategy and Resources

Senior Governance Officer: Laura Wilson **Direct Dial:** 0115 876 4305

1	**MEMBERSHIP CHANGE** To note that Councillor Merlita Bryan has resigned as a member of the Committee.	
2	**APOLOGIES FOR ABSENCE**	
3	**DECLARATIONS OF INTEREST**	
4	**MINUTES** To confirm the minutes of the meeting held on 12 September 2019	3 - 12
5	**PLANNING FOR WINTER PRESSURES AND EMERGENCY PATHWAYS TRANSFORMATION**	13 - 32
6	**DISCUSSION WITH THE PORTFOLIO HOLDER FOR HEALTH, HR AND EQUALITIES**	33 - 34
7	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**	35 - 38

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES

BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 12 September 2019 from 10.07 am - 12.46 pm

Membership

Present	Absent
Councillor Georgia Power (Chair)	Councillor Merlita Bryan
Councillor Cate Woodward (Vice Chair)	Councillor Samuel Gardiner
Councillor Phil Jackson	
Councillor Maria Joannou	
Councillor Kirsty Jones	
Councillor Angela Kandola	
Councillor Dave Liversidge	
Councillor Lauren O`Grady	
Councillor Anne Peach	

Colleagues, partners and others in attendance:

Nancy Barnard	-	Governance and Electoral Services Manager
Hazel Buchanan	-	Director of Operations, NHS Nottingham North & East CCG
Sarah Collis	-	Self Help Nottingham
Lucy Dadge	-	Director of Commissioning, Nottingham City Clinical Commissioning Group
Helene Denness	-	Public Health Consultant
Marie Cann-Livingstone	-	Teenage Pregnancy and Early Intervention Specialist
Kate Morris	-	Governance Officer

17 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan
Councillor Sam Gardiner

18 DECLARATIONS OF INTEREST

None

19 MINUTES

The minutes of the meeting held on 11 July 2019 were confirmed as a true record and signed by the Chair.

20 LOCAL IMPLICATIONS OF THE LONG TERM PLAN

Lewis Etoria, Head of Communications and Engagement for Nottingham and Nottinghamshire Integrated Care System (ICS) presented a report to the Committee

on the Local Implications of the NHS Long Term Plan. He highlighted the following points:

(a) The NHS Long Term Plan sets out the NHS priorities in England over the next 10 years. Local areas must develop their own plan establishing how they will implement the national strategy;

(b) Nottingham and Nottinghamshire ICS in partnership with Healthwatch Nottingham and Nottinghamshire designed and delivered a programme of engagement to establish what is important about health care to local people. Information gathered will go towards informing the Local Plan;

(c) There were three main methods of engagement:
- Public engagement by the ICS through face to face consultation and online surveys;
- Public engagement by Healthwatch through face to face interaction; and
- Focus groups with staff and members of the public facilitated by Attitudes and Understanding Research.

(d) The different approaches and focuses of the three methods ensured a wide spectrum of society was engaged, including, through Healthwatch, some of the harder to reach groups;

(e) Throughout the engagement there were over 1000 reponses to the survey, 50 community events, over 50 in-depth interviews/focus group participants, 3,200 visitors to the website and social media reach of over 70,000 people;

(f) Overwhelmingly the consultation established that the most valued aspect of the NHS is that it is free at the point of need. Frontline staff and accessibility of services were also valued highly by respondents;

(g) There was widespread public support for urgent and emergency care along with mental health care, both of which are priorities within the National Long-Term plan.

(h) Prevention was also an important priority with some public reservations, as were finances and efficiency, but these were not as significantly supported as other areas;

(i) There were mixed views on personalisation and choice of care as there was with digital innovation in healthcare. It is possible that these less supportive views are a result of a lack of understanding around how these aspects work within the NHS. This learning point is to be taken forward to raise awareness of how digital innovation is already working within the NHS and how it can benefit patients going forward;

(j) The final key insight from the engagement is that staff are concerned about reduction in resources and an increase in demand for services;

(k) Following this engagement, the next step for the ICS is to draft a plan outlining priorities for the next 5 years. This plan is currently being written. Close work

with Healthwatch continues to ensure learning points form the engagement work are integrated into the local system plan;

Following questions and comments from the Committee the following points were made:

(l) Although the response rate, just over 1000 responses, was not large, these were in depth and represented a wide range of communities. The demographics of respondents was increased by the partnership working with Healthwatch;

(m) Further work to promote the use of digital innovation needs to take place. It is clear that the public as a whole are not as aware of the established use of digital technology within the NHS as they could be and this has led to limited enthusiasm for focus on this area;

(n) Healthwatch tailored the questions used throughout the engagement process to Nottingham and Nottinghamshire citizens. This enabled the engagement process to be far more focused and relevant to the local area;

(o) It is not thought that the key points highlighted from the engagement in Nottingham differed significantly to those points across raised at a local level across the country, although it is still early in the process and headlines are only recently beginning to be shared;

(p) Health inequalities continue to be a focus for the ICS and the engagement highlighted that accessibility of NHS services was one of the most important aspects of the service;

(q) Funding for priorities is set out in the NHS Long Term Plan. Local results of engagement closely mirror the priorities of the Long Term Plan including a focus on Urgent and emergency care and Mental Health;

(r) Investments in preventative care are carefully balanced against ensuring later stage care receives sufficient funding. A great deal of prevention work and care is being carried out by organisations within the Voluntary and Community Sector. It will be essential that the way this work feeds into the Local Plan is mapped carefully;

In conclusion, the Committee noted the content of the report and presentation and thanked Lewis Etoria for his attendance. They requested a written update to a future meeting on the Local Plan once it has been published.

21 UPDATE ON PROGRESS OF GP FORWARD VIEW

Lynette Dawes, Head of Primary Care – Nottingham Clinical Commissioning Group and Dr Manik Arora introduced the report updating the committee on the progress of the delivery of the GP Forward View (GPFV) focusing on improvement of access and quality of services within Nottingham City. They highlighted the following points:

(a) Following the publication of the GPFV in 2016 there has been a commitment to improve general practice services across Nottingham. There have been a

number of projects implemented in partnership with the CCG's across Nottinghamshire to achieve this aim;

(b) Since it was first commissioned in March 2018 a service known as GP+ has provided an additional 182 hours of primary care services per week including evening and weekends. This service is across the primary care services including appointments with GP's, Nurse Practitioners and Clinical pharmacists and is currently offered from a city centre location;

(c) The workflow optimisation initiative was launched in 2017/18 and works to train administrators to deal with clinical correspondence in a safe and confidential way. 45 out of the 50 GP practices in Nottingham participate in this programme and it is estimated that 40 minutes of GP time, per GP per day have been released. In late 2018 an evaluation took place that found that over 1,000 GP hours were released in a year;

(d) Active signposting training was delivered to GP reception staff, which allows them to signpost patients to the right service first time. This works alongside a web based directory of services and self-care information that was developed by the Nottingham City GP Alliance;

(e) Funding was made available to practices specifically for schemes that developed sustainability and resilience. This scheme also allowed practice managers to develop further providing training and change management. This led to the establishment of the Practice Managers' Forum;

(f) Recruitment and retention of international staff has been a challenge that is being addressed at a national level. Coordination of recruitment of clinical staff sits with the ICS;

(g) The 8 Primary Care networks (PCN's) have now been configured across the ICS which aim to deliver localised care. Each PCN has a Clinical Director in place and all but one has a Deputy Clinical Director appointed;

Members of the committee asked a number of questions and raised various points. The following information was highlighted during discussion:

(h) There is still work to do to raise awareness of the GP+ scheme. The GP Alliance continue to provide training and education with receptionists as part of the signposting work programme to ensure that where appropriate the public is referred to the GP+ scheme;

(i) There are a number of pockets of good practice around referral to GP+. Now that PCNs are established and being embedded there is the opportunity to more easily share good practice and standardise the referrals;

(j) There are a number of work streams looking at making GP practices resilient and with the newly formed PCN in place there will be the opportunity to look at a model which can provide increased support where needed;

(k) Practices are increasingly using telephone triage to signpost patients to the correct care. This does however require training for the reception staff and more awareness from the public along with strict clinical governance.

(l) The introduction of the PCN's will allow the groups of practices within the same area a degree of autonomy to commission services that are suitable for their specific population and allow more choice to patients;

The committee thanked Lynette and Dr Arora for the updated and noted the information provided.

22 THE NATIONAL REHABILITATION CENTRE

Amanda Sullivan, Accountable Officer for Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) together with a number of colleagues, gave a presentation informing the Committee about plans for the National Rehabilitation Centre. She highlighted the following information:

(a) Planning permission has been granted on land donated to the NHS for a regional rehabilitation clinical facility and national research and innovation hub. It is proposed that the facility consist of 63 single and multi-bed rooms to act as a regional clinical service;

(b) NHS patients would have access to the state of the art Ministry of Defence facilities which is located next to the site of the proposed regional centre;

(c) The 6 CCG's within Nottingham have been working alongside Nottingham University Hospitals Trust in the review to develop plans, working towards establishing services and considering how they will link with local services and fit with local populations;

(d) This development will give the opportunity to deliver more capacity to services and strengthen the overarching national strategy for rehabilitation;

(e) The facility will link with the regional trauma unit at Queens Medical Centre and provide services where there is currently a gap. It will provide targeted and intensive rehabilitation which will not only improve patient outcomes but will reduce the amount of time patients are in hospital;

(f) The current rehabilitation service is based at Linden Lodge at Nottingham City Hospital and consists of 24 rehabilitation beds. There are additional secondary facilities that provide other aspects of rehabilitation but these are based across a number of different sites. The rehabilitation centre will ensure that services are based at one site;

(g) Referral criteria are yet to be confirmed but will rely on the need for patients to be able to cope with, and benefit from, the intensive rehabilitation that will be offered at the centre;

(h) Referral will take place through a single point and will be reviewed by experts through the East Midlands Trauma Network. Programmes of rehabilitation will be tailored to suit each individual patient;

(i) The centre will aim to deliver a net increase of 39 specialist beds across the East Midlands Region, and it is estimated that the centre will treat up to 800 patients a year. Individual stays at the centre will not be time limited;

(j) The aim is for the centre to be cost neutral for commissioning and to provide services within the current budgets, achieved by system wide reviews of currently commissioned services and transfer of current services/activities. It is projected that this will lead to a reduction in the cost of ongoing care, release acute trauma beds more quickly, and will attract central funding;

(k) Following a review by the Clinical Senate there have been a number of recommendations. The referral criteria will need to ensure equality across patient groups and conditions, there needs to be consideration of workforce planning, discharge planning process must be considered and interface with the community ensured. There needs to be more consideration of the cost/benefit relative to potential capacity gap in the system;

(l) Following engagement with patient groups the following points were raised:
- Quality of care is important, as is access to care all in one place
- Concerns were raised about losing access to personal connections
- Most people were willing to increase travel time to reach better services;

(m) There will also be a focus on mental health rehabilitation for patients built into the physical rehabilitation programmes. This supports the NHS Long Term Plan;

(n) An impact analysis has been conducted. It found that travel would be impacted significantly. On average, patients would need to travel further and travel time would increase from 20 minutes to 39 minutes. Those using public transport would be greatest impacted with an average regional travel time of 2 hours;

(o) Key benefits would include improved patient outcomes, minimised waiting times, access to state of the art equipment, vocational rehabilitation, longer term savings in community and social care and research opportunities including integration with military education and training;

The Committee asked a number of questions and the following discussion points were made:

(p) Concerns were raised about the significant impact on travel time for Nottingham City patients. Travel time to the new facility will impact everyone, but especially those using public transport. This will impact out-patients as well as families visiting in-patients, both in terms of travel time and cost. Consideration is being given to whether it is possible to subsidise travel in any way;

(q) There are early stage discussions with local transport companies looking the possibility of adding new routes to the infrastructure to help with transport times and accessibility of the site. The number one bus already serves the site from Nottingham city centre;

(r) The site of the facility has been predetermined by the donation of land to the NHS. It is beneficial to be sited close to the MoD rehabilitation centre as it allows access to the state of the art facilities not currently available to NHS patients. It also allows better education, training and research;

(s) The commissioning of the services will be subject to all of the proper processes and will be open competition. Nottingham University Hospitals Trusts will have to bid alongside other trusts if they wish to deliver the service;

(t) A centralised, regional facility combined with a National Research centre will allow for the opportunity to increase bed count, offer the opportunity for efficiency savings, as well as help to shape the national strategy for rehabilitation which are not things that could occur if the local services were retained;

(u) There is a need for further engagement with patient groups, service users and the public. Healthwatch can facilitate with this engagement to feed into the business case;

The committee thanked everyone for their attendance, noted the content of the presentation, and indicated that they would be interested in hearing future developments on this project. Colleagues agreed to take back the Committee's comments on the accessibility of the site, links with local services and the impact of transition from current services to new services.

23 REDUCING TEENAGE PREGNANCY

Helene Denness, Public Health Consultant and Marie Cann-Livingstone, Teenage Pregnancy Specialist gave a presentation on work taking place to reduce unplanned teenage pregnancies. They highlighted the following points:

(a) Teenage pregnancies are considered to be those pregnancies in under 18's that result in a live birth;

(b) Since the baseline figure was taken there has been a significant reduction in teenage pregnancies in Nottingham;

(c) Since 2012 however there has been no significant statistical reduction and numbers have fluctuated year on year;

(d) 20% of teenage pregnancies in Nottingham are in young women aged under 16 years old;

(e) Nottingham City currently has the third highest teenage pregnancy rate within the Core Cities cohort, with Manchester and Liverpool having higher rates. Bristol has the lowest teenage pregnancy rate out of the Core Cities and Teenage Pregnancy workers have been liaising with Bristol colleagues to establish what, if anything, different is happening in Bristol;

(f) Early intervention and primary prevention are the main points to the approach for reducing Nottingham's teenage pregnancy rates along with sex and

relationship education in and out of school, contraception and sexual health services that are young person friendly and targeted support for those most at risk of teenage pregnancy;

(g) Following analysis of the most recently available data two areas of Nottingham, Berridge and Hyson Green, have a higher than average teenage pregnancy rate and so resources are being targeted in those areas;

(h) There has been sustained targeted work in the last 12 months following a review of services by this Scrutiny Committee. Work has taken place to target resources at reducing conceptions in the high-rate wards, and to reduce conceptions in the under 16 age group;

(i) Youth workers in high rate wards have all received specific C-Card training and workers within schools in high rate wards have also received this training;

The Committee discussed the presentation and asked a number of questions. The following further information was given:

(j) There is more work to be done around raising aspirations of young people to encourage them to think beyond teenage parenthood. There are a number of programmes within schools targeting at risk young people;

(k) Teenage pregnancy rates across the city have been mapped against sexual health care services and access to contraception. This mapping has allowed resources to be targeted in areas of greatest need and demand;

(l) Nottingham City Council has a good relationship with faith schools. There is a multi-faith committee that meets including Councillors and discussion around sex education has been productive;

(m) A significant proportion of teenage mothers go on to have a second teenage pregnancy. Targeted work and education is ongoing to review this.

In summary, the Committee thanked both Helene and Marie for their attendance and their work on reducing teenage pregnancy in Nottingham. They noted the information contained within the presentation and invited them to return in a year's time to provide a further update.

24 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Nancy Barnard, Governance and Electoral Services Manager, introduced the Health Scrutiny Committee Work Programme report, detailing the proposed work programme. There was discussion around the proposed agenda timetables and reports, and the committee agreed that the timetable should be altered to balance out workload in the upcoming months.

The following amendments to the work programme were agreed:

- Emergency Pathways Transformation and Planning for Winter Pressures will come to the October meeting as one item;
- Gluten Free Prescribing and Over the Counter Medicines to be deferred from October to December;

- The Portfolio Holder for Health, HR and Equalities will be attending in October to discuss her Portfolio;
- Suicide Prevention Plan to be scheduled for the January meeting alongside the item on Young People's Mental Health and Wellbeing.

The remainder of the work programme to be discussed by the Chair and the Senior Governance Officer and brought back to the Committee for approval.

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HEALTH SCRUTINY COMMITTEE
17 OCTOBER 2019
PLANNING FOR WINTER PRESSURES AND EMERGENCY PATHWAYS TRANSFORMATION
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To review plans and preparations for managing winter pressures, including the implementation of the Emergency Pathways transformation.

2 Action required

2.1 To review Nottingham University Hospital NHS Trust's plans for managing winter pressures during winter 2019/20, and how the implantation of the Emergency Pathways transformation will contribute to the plans.

3 Background information

3.1 In 2017/18 the Committee spoke to representatives of Nottingham University Hospitals NHS Trust and East Midlands Ambulance Service NHS Trust, who had both issued alerts regarding their services in the post-Christmas period, about the reasons and context for those pressures; how pressures were dealt with, including the effectiveness of the implementation of winter pressures planning and business continuity planning; and lessons to be learnt for the future to minimise the impact on patients and patient outcomes. The Committee heard about the initial areas of learning from this period and areas of focus for the future including admission and discharge pathways, supporting the needs of an ageing population and community bed provision. Following this, the Committee decided to review system plans for winter 2018/19.

3.2 At its meeting on 18 October 2018, the Committee spoke to representatives from Nottingham University Hospitals and the A&E Delivery Board about winter pressures for 2018/19 and was provided with the following information:

- safety and quality remained top priorities regardless of the level of pressure. Although there was a national requirement for at least 95% of Emergency Department patients to pass through the department within 4 hours, the flow of patients through all services was important so good discharge co-ordination was vital;
- not only did services have to cope with the primary condition for which patients were admitted to hospital last winter, but 25-30% of mental health issues were unknown prior to presenting at the Emergency Department, and the hospital was the patient's first point of contact with a medical professional;

- the A&E Board met weekly to prepare all providers for winter. The Board membership includes NUH Executive Leaders, NEMS, ARIVA, CityCare and other partners;
- a new process had been established of ‘discharge to assess’ where patients were well enough to be discharged, they were discharged home and then assessed for further care. This proved very successful in releasing hospital beds at times of extreme pressure;
- for winter 2018 an additional 116 acute beds were planned which equated to an extra ward, additional community based (care home) beds and 48 community run beds were prepared;
- the QMC ‘front door’ would be redesigned with regard to emergency and urgent care pathways;
- flu prevention and staying well would be promoted across the NHS and focus on ‘home first’ and ‘help us help you’ campaigns;
- the workforce was being asked how the hospital could help them to prepare for the demands of winter, including a staff flu immunisation programme (with incentives) for which take-up had been 50% in the first 2 weeks;
- further physical space and capacity was required at QMC for the demand on services. A national grant of £4.5m was enabling Floor A of the hospital to be modernised and expanded, including 30 additional cubicles, from 2020. Further development would be considered as part of the system wide clinical services strategy within the Sustainability and Transformation Plan;
- there had been some issues with the availability of the flu vaccine, but this was only a temporary issue and vulnerable groups were prioritised to receive the jab;
- with regard to recruitment and retention of the workforce, more regular recruitment was taking place across the system. There were approximately 40,000 nursing vacancies across the country, but NUH was doing everything possible to mitigate the impact on its services;
- as a training hospital, NUH tried to ensure that when nursing students undertook placements, the experience was as positive as possible and a good relationship was established to encourage them to apply to the hospital on qualification;
- an exit interview was held for staff leaving and asked the reason for leaving NUH. The most common reason was to join another organisation as there was so much choice available. Younger members of staff tended to move around quite a lot, seemingly to gather experience;
- there was a lot of promotion of the ‘111’ phone number (as a pre-front door facility to NUH) for citizens to seek medical advice (from NEMS) prior to considering presenting at hospital. NEMS acted as care organiser and, in addition to offering appointments with a doctor, could refer to pharmacists, dentists and mental health services, including for emergency treatments;
- back-door services supported patients post-treatment and discharge and could be based in community hubs, but further work needed to be done in this area;

- NUH was taking part in the ‘Building Better Health’ scheme with officers enthusiastic to attend steering group meetings, as it provided an exciting opportunity to better understand the possibilities and work more closely with the voluntary sector.

3.3 At its meeting on 22 November 2018, the Committee considered the proposals for the Emergency Pathways transformation, and was provided with the following information:

- the transformation schedule had been developed as a multi-faceted change programme in response to the increasing demands on the Emergency Department (ED);
- NUH regularly did not meet the national requirement for 95% of patients to pass through the ED within 4 hours and attainment against this target had been declining. This was a result of multiple and often unique factors, including the City’s rapidly growing population of 1.2million being served by only one ED (when most other similar sized cities have more than one), having a Major Trauma Unit and Neurosurgery Section which attracted patients from further afield, and the national factor of an ageing population;
- winter 17/18 proved an exceptional challenge nationally with a significant increase in complex presentations. NUH reached 99.8% capacity which proved a serious strain on services and staff, so increased and more in-depth planning with partners for winter 18/19 started during the spring;
- challenges continued to increase and since April 2018, there had been 7.6% more emergency admissions and 3.9% more citizens presenting at ED than planned for;
- the Queens Medical Centre main building was 48 years old. In 2000 the ED was designed to facilitate 350-400 patients per day, but in 2018 regularly saw 600-650 patients per day. The construction methods used for the building had made it difficult to expand, but further physical ED capacity was required;
- having consulted staff, patients and other citizens, NUH compiled a business case to expand the ED by 50% by reconfiguring the existing space allocation within the building. Funding of £4.5m was approved from Central Government to undertake this work but, in addition to the physical changes, cultural and process changes, including improved ICT, were required to enable patients to move more quickly through ED, either to discharge or to move to the appropriate onward support. The improvement programme was scheduled to take 18 months and was at the 6 month point and was on schedule with the new ED anticipated to be opened on 19 December 2018;
- the whole ‘front door’ to ‘back door’ patient pathway and experience was closely examined and largely reconfigured to include integrated discharge and discharge to assess, to remove and prevent unnecessary delays, reduce the length of time patients spend in hospital (to a maximum of 3 weeks) and release bed space wherever appropriate. This included enabling appropriate nurses to discharge patients;

- NUH achieved the best ambulance handover times in the region and maintained a good relationship with East Midlands Ambulance Service (EMAS). However, in addition to the specialist units within the hospital, it is believed that this efficiency resulted in a further increase in ambulance admissions;
- several areas of individual interventions had been introduced such as the 'EDFit2Sit', 'EndPJParalysis', 'Red2Green', and 'SAFER', some of which were devised within NUH and have since been adopted by hospitals nationally;
- clinical staff recruitment and retention was an issue nationally but NUH was actively encouraging culture change which would benefit patients, resources and also staff by improving the working environment. NUH was considered a fairly attractive employer within the region due to the additional specialist units and the prestige that this offered. Approximately 150 existing staff had been involved in a working group to help identify what changes NUH could make to provide an environment in which people wanted to work. One of the highest priorities identified was a 'calm and controlled environment', which was what NUH was aspiring to;
- the longer-term plan was for QMC to only have a single 'front door' for rapid access to urgent care through the Urgent Care Centre, to replace the 7 different admission units on site. This would include the ED, but the ED would not necessarily be the initial contact;
- a full review of the services and use of the City Hospital site was also being undertaken to examine how underutilisation and duplication of services could be prevented and ensure that the greatest efficiency across both sites was achieved;
- for the extension of the ED, neighbouring physical space was released by services, including the fracture clinic, being moved elsewhere so that work was not taking place around patients; although there were hoardings up in some areas. Some members of the Committee had accepted the offer to tour the ED development work and were pleased with progress;
- delays in discharge had consistently been blamed on the slow issuing of medication by the Pharmacy Section, but this had been scrutinised and it was found that once the information was received by the pharmacy, the turn-around for issuing medications was reasonable. The delay could be attributed to the time taken in registering the medication request and the IT systems processing that information before it appeared at the pharmacy. There was significant investment in NUH's ICT, but not all upgrades and system replacements could take place at the same time and so had to be carefully plotted and co-ordinated;
- front door mental health specialist services were the subject of complex commissioning arrangements and whilst changes to the way of working had been requested, with a lack of funding and capacity, the changes were not likely to be achieved in the immediate future. There had been 10 'treatment within 12 hours' breaches since January 2018 and 9 of these were due to primary or additional mental health issues which required assessment by mental health

professionals who, due to capacity, were not able to respond promptly.

3.5 Representatives of Nottingham University Hospitals will be attending the meeting to give a presentation and answer questions.

4 List of attached information

4.1 Presentation from Nottingham University NHS Trust.

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 Reports and minutes of the Health Scrutiny Committee meetings held on 22 March 2018, 18 October 2018 and 22 November 2018.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
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NHS
Nottingham University Hospitals
NHS Trust

Winter 19/20 - our shared commitment to improving urgent and emergency care for patients & their families and the experience of our staff

Caroline Nolan, System Delivery Director - Urgent Care - Greater Nottingham CCGs and providers
Lisa Kelly – Chief Operating Officer NUH

October 2019

We Listen
We Care

To cover:

- System developments
- New national standards
- Further growth in demand
- Quality & safety monitoring
- Patient feedback/experience
- System winter plan 19/20 – a summary
- Looking after our staff
- Ongoing challenges
- Our response
- New national standards pilot - update
- Questions

We Listen
We Care

System developments 18/19: a recap

Included:

- QMC front door – redesigning emergency and urgent care pathways and modernising and expanding A Floor (£4.5m national funding for capital works)
- Expanding NUH's nationally-renowned Surgical Triage Unit model to wider specialties
- Improving assessment for patients – 19% patients who present at ED front door are now directed to the GP and primary care-led Urgent Treatment Centre (up from 10%)
- Excellence in Discharge (NUH focus)
- Intensive support at home team
- Call for care
- Community capacity & specification review

We Listen We Care

New national standards focus on improving the timeliness of care

Includes:

1. Time to initial clinical assessment in EDs & Urgent Treatment Centres
2. Treatment within the first hour for critically ill & injured patients
3. Mean total time in ED
4. Increased utilisation of Same Day Emergency Care

We Listen
We Care

NUH is one of 14 pilot sites for the revised access standards

- Field testing started May 2019
- Phases 1 and 2 of testing completed
- National analysis underway

Trusts have been chosen for size and to ensure a good geographic spread, and to ensure a range of performance levels against the current standard are represented

Other Trusts:

Poole, Imperial, North Tees, Chelsea and Westminster, Frimley, Rotherham, Cambridge, Mid Yorks, Kettering, Luton, Plymouth, Portsmouth

We Listen
We Care

Further growth in demand

- At times this summer we have been busier than winter (& much busier than previous summer)

- August 2019; 8.9% increase in ED attends (versus 2018) and 9.7% increase in ambulance attends

We Listen
We Care

Safety & quality monitoring

- 12-hour trolley waits: 7 year-to-date in 19/20, including 5 due to mental health waits (compared to 7 12-hour trolley waits in 18/19)
- Board & Quality Assurance Committee oversight
- Patient satisfaction scores relatively strong re: quality of care
- A&E Delivery Board – oversees system's urgent & emergency care performance

We Listen
We Care

Patient feedback

- Friends & Family Test scores for ED have declined a little. Themes include: long waits, poor communication and staff attitudes
- 92% in 18/19
- 89.3% year-to-date in 19/20

We Listen
We Care

Patient experience

We Listen We Care
NHS Nottingham University Hospitals NHS Trust

The treatment, care and service we received was outstanding... please pass on our most grateful thanks to all staff involved.

Relative, QMC

Share **your** experiences:
QMCPET@nuh.nhs.uk

Care Opinion

CityCare

NHS Urgent Care Centre

Brilliant service. Extremely polite receptionist, quick triage with the nurse after 35 minutes, followed by review with the advanced nurse practitioner within the hour.

Nicola Bland RN
@NicB288

Big thanks @teamEDnuh for care given to my Mum on weds night. Really impressed with the triage & nursing process but long wait for medical review. I was particularly impressed with HCA Carmen who was really caring, reassuring patients & families & explaining processes @TeamNUH

22:36 · 20/09/2019 from East Leake, England · Twitter for Android

CityCare

THANK YOU FOR THE CARE AND UNDERSTANDING WITH MY HUSBAND'S HEARING AND MEMORY PROBLEMS, THEIR PATIENCE, CHEERFULNESS AND THE PROGRESS FROM DAY ONE WAS QUITE AMAZING. A BIG THANK YOU FOR SUCH A SUPER SERVICE.

alison ball
@alisonball1907

Just checking out of QMC today after a short mini break! Thanks to all the staff on A&E , radiology and especially D56 for putting up with me! Care has been EXCEPTIONAL from everyone cleaners to consultants but especially the nurses who have been so kind Thank you all😀

10:59 · 21/09/2019 · Twitter for iPhone

We Listen We Care
NHS Nottingham University Hospitals NHS Trust

We had, by then, been sitting in the waiting areas for almost 9 hours.

Relative, QMC

Share **your** experiences:
QMCPET@nuh.nhs.uk

Care Opinion

We Listen We Care
NHS Nottingham University Hospitals NHS Trust

I got to see a member of staff who dealt with my problem thoroughly. She put me at ease and listened to me.

Patient, QMC

Share **your** experiences:
QMCPET@nuh.nhs.uk

Care Opinion

CityCare

EVERY MEMBER OF STAFF I HAD CONTACT WITH WAS POLITE AND FRIENDLY. I REALLY CAN'T FAULT THE TREATMENT I RECEIVED OR THE ENVIRONMENT IT WAS DELIVERED IN".

We Listen We Care
NHS Nottingham University Hospitals NHS Trust

The care I received was second to none and I am hugely indebted to all the staff involved.

Patient, QMC

Share **your** experiences:
QMCPET@nuh.nhs.uk

Care Opinion

We Listen We Care
NHS Nottingham University Hospitals NHS Trust

The department was very busy and there was a bit of a wait but at no time did I feel ignored or forgotten.

Patient, QMC

Share **your** experiences:
QMCPET@nuh.nhs.uk

Care Opinion

We Listen We Care

System winter plan 19/20 (1)

- NUH has a plan to right-size capacity to meet demand, which includes:

✓ 70 escalation beds (that previously opened and closed based on demand) being converted into extra core beds that will be open and appropriately staffed throughout winter

✓ Using St Francis for acute beds to create extra medical capacity at QMC

✓ Opening more healthcare of older people and respiratory capacity at QMC & City Hospital

✓ As per plan, opening 30 extra assessment beds at QMC to address the current shortfall in Acute Medicine, which we hope will reduce the waits for beds our patients too often experience in our Emergency Department

✓ Opening three extra Critical Care beds in 19/20 for emergency cases as required to close some of the gap

- Alongside this physical capacity expansion, we are also continuing to improve our efficiency and discharge planning across our wards to improve flow through and out of our hospitals

We Listen
We Care

System winter plan (2)

- Wider system developments to right-size capacity to meet demand, which includes:

- ✓ Improved use of community bed capacity for patients transferring from NUH meaning more patients will benefit from the services provided
- ✓ High intensity service users - 4 mental health nurses to support frequent attendees to A&E to access alternative support
- ✓ Intense Support at Home Service - avoiding admission through significant short term support at home (City only)
- ✓ Intense Support at Home Service - supporting earlier discharge more intense home-based care for complex needs
- ✓ Call for care extended available across all of Nottingham- rapid 2 hour response for access to community support
- ✓ Community respiratory service hospital to home in-reach on wards and admission avoidance support once at home
- ✓ Working with frailty service in A&E, supporting more patients to return home with discharge wraparound support
- ✓ Significant 7-work with care homes to recognise deterioration and respond quickly to access health support to prevent admission where possible
- ✓ Joined-up, system & NHS-wide public-facing communications campaign about choosing the right service (including 'Help us help you')

We Listen
We Care

Looking after our staff

- Focus on staff health and wellbeing
- Staff flu jabs (aiming to vaccinate over 80% of NUH staff by the end of November 2019 or before)
- Staff morale

We Listen
We Care

Ongoing challenges

1. System Demand vs Capacity
2. Workforce
3. Flow through and out of NUH
4. Discharges managing to keep pace with admissions and patient acuity/ complex needs
5. Having the right type & number of community beds and packages of care

We Listen
We Care

Questions?

We Listen
We Care

HEALTH SCRUTINY COMMITTEE
17 OCTOBER 2019
DISCUSSION WITH THE PORTFOLIO HOLDER FOR HEALTH, HR AND EQUALITIES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To hear from the Portfolio Holder for Health, HR and Equalities on her main priorities and challenges for the 2019/20 municipal year in relation to Health.

2 Action required

2.1 To use the information received at the meeting from Councillor Eunice Campbell-Clark, Portfolio Holder for Health, HR and Equalities to inform questioning and identify potential areas for future scrutiny in relation to Health.

3 Background information

3.1 The key responsibilities for the Portfolio for Health, HR and Equalities are:

Health
Public Health and Wellbeing
Health inequalities
Smoking and avoidable injuries
Chair of the Health and Well Being Board
Mental Health and Well-being
Teenage Conception
Oral/Dental health
Wider Health Links
Health and Social Care Integration (shared)
Equalities
HR and Transformation

3.2 The HR and Equalities elements of the Portfolio will be discussed at the Overview and Scrutiny Committee.

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 None.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

HEALTH SCRUTINY COMMITTEE
17 OCTOBER 2019
WORK PROGRAMME
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To consider the Committee's work programme for 2019/20.

2 Action required

2.1 To discuss the work programme for the remainder of the municipal year and make any necessary amendments.

3 Background information

3.1 The Committee is responsible for setting and managing its own work programme.

3.2 In setting the work programme, the Committee should aim for an outcome-focussed work programme that has clear priorities and a clear link to its roles and responsibilities.

3.3 The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

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.

3.5 Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

4 List of attached information

4.1 Health Scrutiny Committee 2019/20 Work Programme.

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 Health Scrutiny Committee reports and minutes.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

Health Scrutiny Committee Work Programme 2019-20

DATE	ITEMS
14 November 2019	**Progress of Targeted Intervention Services** To update the Committee on the effects of the implementation of the changes **Treatment Centre Mobilisation** A written update on the effects of the implementation of the changes **Inpatient Detoxification Services** A written update on the effects of the implementation of the new contract **Work Programme** To agree the work programme for the remainder of the municipal year
12 December 2019	**Homecare Services Model** To update the Committee on the implementation of the Homecare Services Model **Gluten Free Food Prescriptions** To update the Committee on the effects of the implementation of the changes **Over the Counter Medication Prescriptions** To update the Committee on the effects of the implementation of the changes **Work Programme** To agree the work programme for the remainder of the municipal year
16 January 2020	**Young People's Mental Health and Wellbeing Services** To update the Committee on the progress of the services **Suicide Prevention Plan** To review proposals for the refreshed Suicide Prevention Plan for Nottingham **Work Programme** To agree the work programme for the remainder of the municipal year

DATE	ITEMS
13 February 2020	**Discussion with the Portfolio Holder for Adult Care and Local Transport (with a focus on the Adult Care remit) – Councillor Adele Williams** To discuss the priorities and focus for the Portfolio, Council Plan priorities, budget pressures and challenges **CityCare Provision of Out of Hospital Community Services Contract** To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract **Healthwatch Annual Report** To consider the annual report **Work Programme** To agree the work programme for the remainder of the municipal year
12 March 2020	**Work Programme 2020/21 Development** To discuss the work programme for 2019/20
16 April 2020	

Items to consider:

Item
Addiction to prescription medications
Care Quality Commission Issues and priorities in Nottingham
Role of Local Pharmacies
East Midlands Ambulance Service – Nottinghamshire Division
Extension of HPV immunisation programme
Future configuration of head and neck cancer services
Green Paper on Social Care
Green Paper on Prevention
Mental Health Plan