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**Nottingham  
City Council**

## **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday, 15 December 2022

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

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

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

**Director for Legal and Governance**

**Senior Governance Officer:** Jane Garrard

**Direct Dial:** 0115 876 4315

- |          |  |         |
|----------|--|---------|
| <b>1</b> | <b>Apologies for absence</b>                                   |         |
| <b>2</b> | <b>Declarations of interest</b>                                |         |
| <b>3</b> | <b>Minutes</b>   | 3 - 12  |
|          | To confirm the minutes of the meeting held on 17 November 2022 |         |
| <b>4</b> | <b>Nottingham University Hospitals NHS Trust - Well Led</b>    | 13 - 26 |
| <b>5</b> | <b>Work Programme</b>  | 27 - 34 |

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

### Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 17 November 2022 from 10.00 am - 11.55 am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Cate Woodward  
Councillor Michael Edwards  
Councillor Maria Joannou (Vice Chair)  
Councillor Kirsty Jones  
Councillor Anne Peach  
Councillor Dave Trimble  
Councillor Sam Webster  
Councillor Eunice Campbell-Clark

##### Absent

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

Caroline Goulding	- Interim Deputy Director Primary Care and Public Health Commissioning, NHS England
Rami Khatib	- Derbyshire Local Dental Network Chair
Pavni Lakhani	- Nottinghamshire Local Dental Network Chair
Liz Pierce	- Acting Consultant in Public Health, Nottingham City Council
Carole Pitcher	- Senior Commissioning Manager, NHS England
Dr Stephen Shortt	- GP, representing Nottingham and Nottinghamshire Integrated Care Board
Diane Wells	- Senior Commissioning Manager, NHS England
Jane Garrard	- Senior Governance Officer

#### 39 Apologies for absence

None

#### 40 Declarations of interest

None

#### 41 Minutes

The Committee confirmed the minutes of the meeting held on 13 October 2022 as an accurate record and they were signed by the Chair.

#### 42 NHS and Community Dental Health Services

Pavni Lakhani, Nottinghamshire Local Dental Network Chair, Rami Khatib, Derbyshire Local Dental Network Chair, Caroline Goulding, Interim Deputy Director of Primary Care and Public Health Commissioning NHS England, Diane Wells, Senior Commissioning Manager NHS England, Carole Pitcher, Senior Commissioning Manager NHS England and Liz Pierce, Acting Consultant in Public Health Nottingham City Council attended the meeting to discuss NHS and Community Dental Services. They gave a presentation highlighting the following information:

- a) Across the East Midlands NHS dental services were challenged before the Covid pandemic. In 2006 a new dental contract was introduced, which was a significant change from the previous contract. It sets targets for practices and payment does not reflect the work that takes place. This has created disincentives for practices to treat new patients.
- b) There is no longer a formal patient registration system. While there is generally loyalty between practices and patients, practices are only responsible for a patient for two months since their last appointment, with treatment guaranteed for one year. There are common misconceptions about this amongst the public, which creates significant issues for those who are not regular attendees.
- c) The Covid pandemic exacerbated the issues with access that already existed. Dental practices were initially required to close completely during the first lockdown and there was a period of three months when no patients were seen at all. Practices were then required to work out how to gradually re-open services. However, the enhanced precautions meant that each patient consultation took longer and therefore less patients could be seen and there was much reduced activity with routine check-ups not being carried out. Due to a lack of preventative activity and early intervention, some patients ended up requiring more treatment which compounded demands on the service.
- d) In the City there are 38 general dental practices, some of which are now rolling out extended hours surgeries; three community dental services providing treatment for the most vulnerable; a secondary care service provided by Nottingham University Hospitals NHS Trust; one domiciliary provider; and three Intermediate Minor Oral Surgery sites providing a level 2 service that supports those needing secondary care.
- e) Recruitment is a significant challenge. There are sufficient dentists in the country but many choose not to do NHS work due to contract difficulties. A lot of work has taken place to try and reform the dental contract. While some small changes are being made, and these are welcome, there is still a long way to go with reform. A lot of dental nurses left during the Covid pandemic.
- f) Access issues were highlighted by the report from Healthwatch Nottingham and Nottinghamshire and in the City there are issues with access across all groups, especially the most vulnerable such as looked after children and those with severe multiple disadvantage (SMD). Work is taking place on a pilot for dental care for SMD groups who find it difficult to attend a dental surgery. The

Community Dental Service is looking at the possibility of a mobile dental surgery to help address these issues.

- g) Last year, NHS England commissioned a scheme to improve access and support recovery from the pandemic. Unfortunately, there has been limited uptake from the 38 general dental practices operating in the City. It is understood that the main reason for this is workforce capacity issues. However, the scheme includes:
- i. a practice in Bulwell providing weekend appointments enabling approximately eight patients to be seen on a Saturday or Sunday
  - ii. dedicated urgent slots which NHS111 can signpost directly to and there are two practices in the City keeping slots available for this
  - iii. Additional 8-8 scheme which has an interim provider until the new provider starts in January 2023
  - iv. Funding for oral health promotion and prevention
  - v. Support practices working with the Community Dental Service and special care patients.
- h) Nationally, dental decay is the main reason for children being admitted to hospital for an anaesthetic.
- i) There is currently no fluoridation of water in the City. Research has been carried out over many years in areas where fluoridation occurs naturally and areas where fluoride is added to water showing unequivocal evidence that fluoridation reduces the risk of children developing dental disease and up to 63% less likely to be admitted to hospital to have teeth extracted. While the largest benefit is for children, there are also benefits for adults. Changes have been made to the decision making process, giving the Secretary of State responsibility for approving fluoridation of water. This should make it easier for approval to be granted and it is hoped that this will happen in the future.
- j) Since 1 July 2022 there have been joint commissioning arrangements and there will be full delegation for local commissioning to the Integrated Care Board from 1 April 2023. Stakeholder briefings about these changes will be issued.
- k) Going forward there are two main areas to look at in work plans. These are:
- i. Improving access – contract reform is moving in the right direction but progress has been small so far. Consideration is being given to clarifying NICE Guidance about recall to say that people who are very stable can be seen less frequently than every six months to enable more appointments to be available for those who need them, with the maximum period before recall recommended to be 24 months. There will also be a focus on maximising the skill mix within dental teams so that more complex treatments can be available. This will require a change in mindset about roles.
  - ii. Vulnerable groups – the Nottingham and Nottinghamshire Oral Health Steering Group will be looking at ways to improve access for those with SMD, including piloting a mobile dental practice.

Sarah Collis, Healthwatch Nottingham and Nottinghamshire, spoke about the report that Healthwatch published in June 2022 about access to dental care in Nottingham and Nottinghamshire. The report highlighted that there is a disparity for those on low incomes, there are particular challenges in access for those with SMD and it can be very difficult for those with disabilities to get an accessible appointment. It is a health inequalities issue that there are particular problems in access for those who already experience barriers in accessing healthcare. Local Healthwatch has worked alongside Healthwatch England as this is a national issue.

During subsequent discussion and in response to questions from the Committee the following points were made:

- l) There has been a lot of investment in trying to increase access in the City, and across the East Midlands, but there have been issues with the workforce and dental practices taking up those opportunities. This indicates deeper and more long-standing issues with capacity and it hasn't been possible to persuade the workforce to do more. When responsibility for local commissioning is fully delegated to the ICB, the aim will be to use opportunities to work at a place-level, making links with pharmacies, GPs, optometrists etc in local areas. However, some of the barriers can only be addressed at a national level and it is hoped that will happen with contract reform.
- m) Despite the challenges, the City has not had the level of contract terminations that have happened in other areas of the East Midlands. There have been no contracts handed back so the architecture is in place but professionals need to be persuaded to stay.
- n) One of the challenges in improving access to oral surgery is a lack of access to surgical theatres and anaesthetic. This is a general NHS issue as all providers are focused on restoration of services, but NHS England is looking at commissioning more sessions for oral surgery and working with Nottingham University Hospitals NHS Trust to maximise capacity and access.
- o) Consideration is being to the scope for improving pathways. For example, the practice support service is unique to this area and provides additional support by seeing those who might otherwise have to access the community dental service.
- p) Some Committee members noted the discussions that have taken place in previous years about adding fluoride to water and encouraged NHS England to work with MPs and local authorities to progress this as soon as possible.
- q) There has been recruitment of overseas dentists and the General Dental Council has tried to make the process as smooth as possible. One of the biggest issues is a lack of dental nurses and consideration is being given to using apprenticeships. Work is also taking place with Health Education England to go into schools to talk about careers in a dental team. There also needs to be a platform to enable dentists to return from private practice. In Nottinghamshire a Dental Care Professional Network has been established

and it will be looking at ways of addressing workforce issues and the Local Dental Network Chair will be working with others to improve the local position.

- r) All 38 general dental practices in the City are currently open. However, NHS England knows that some practices say they are not accepting new patients. When NHS England is aware of this happening, it will investigate and make sure that practices are aware of their contractual obligations. Feedback is also useful evidence for developing commissioning intentions.
- s) A Committee member commented that according to the 'Find My Dentist' website, there were no dentists currently accepting patients in their area and the nearest dentist is 3.8 miles away. NHS England agreed to look at this and said that work was ongoing to improve the NHS website and the information about individual dental practices.
- t) Concern was raised that increasing the length of time before recall could result in patients losing contact with the surgery that they normally attend because they are not formally registered and a practice only has a responsibility for two months after a course of treatment has finished. NHS England responded that practices will still demonstrate loyalty to patients but the benefit will be in freeing up appointments for those who need it.
- u) NHS England agreed to look into concerns of reports that patients attending the Community Dental Service are being deregistered from that service once their course of treatment has finished. This would have implications for prevention work and also increase the workload of GPs in re-referring people. Concerns were also raised that there is no Community Dental Service centre in the city centre despite it having the worst health outcomes.
- v) The main issues relating to access to dental care by looked after children are maintaining contact and ensuring attendance by those who move frequently and communication with previous dentists about past care and treatment. There is a proposal to have a paper record of dental treatment that stays with the child to try and overcome the later problem.

The Committee welcomed the intentions to improve access to dental care in the City, especially for vulnerable populations and those who already experience barriers in accessing healthcare, but raised concerns about the scale of what it has been possible to achieve so far.

**Resolved to:**

**(1) request that NHS England provide:**

- i. up-to-date maps of services in the City; and
- ii. contact information for councillors to report dental practices that say they are unable to accept NHS patients;

**(2) recommend that NHS England:**

- i. ensure that its website contains up-to-date information on dental practices;

- ii. **review pathways for the Community Dental Service to ensure that patients aren't 'off-rolled' after a course of treatment has finished; and**
  - iii. **make a concerted effort to increase recruitment of dental practitioners in the City**
- (3) recommend that NHS England and the Council work together to identify what be done to progress fluoridation of Nottingham's water;**
- (4) recommend that the Corporate Parenting Board explore the issues looked after children are facing in accessing dental treatment; and**
- (5) request that once responsibility for local commissioning has transferred to the Integrated Care Board, the Board attend a meeting of the Committee to discuss how local commissioning can better meet local need.**

#### **43 Primary Care Strategy**

Dr Stephen Shortt, Nottingham and Nottinghamshire Integrated Care Board, gave an overview of the emerging Primary Care Strategy for the Nottingham and Nottinghamshire Integrated Care System. He highlighted the following information:

- a) The health and care system needs strong and effective primary care, aligned with other integrated care system models. When primary care performs well it saves lives, improves health outcomes, reduces health inequalities and reduces costs within the system as a whole. The Primary Care Strategy seeks to recognise this and identify what further improvements are needed over the next few years to support primary care.
- b) The outgoing chair of the Royal College of General Practitioners has stated that current arrangements are not working for either patients or professionals and that, while primary care performs well, it is under duress and not meeting everyone's needs.
- c) The Strategy needs to establish strategic intent, create motivation for significant system transformation, ensure a fairer distribution of resources that equitably reflects difference, outline a plan for recruitment and retention and support networking with other professionals. It must be realistic and optimistic.
- d) The three themes are: laying the foundations to recover primary care; improving primary care quality; and making the system sustainable.
- e) In terms of work to lay the foundations to recover primary care there is a need to establish a clear culture, narrative and purpose which sets out what primary care needs to do, reflecting patient complexity and expectation and the voice of GPs; the person-GP 'compact', which came under pressure during the Covid pandemic, needs to be restored; and ways of improving access, which lots of patients are dissatisfied with and data shows is hugely variable, in terms of days and times of access, methods of access and continuity of clinical professional need to be identified.

- f) In terms of improving primary care quality enabling technology needs to be better utilised and buildings fit for purpose; there needs to be good access to records including by patients; clinicians need to be more easily able to talk to each other to analyse problems and effect solutions; and a population health management approach that supports prevention and wellbeing needs to be implemented. Good progress has been made by Primary Care Networks (PCNs) but things now need to move to the next phase under Integrated Care Teams. There is insufficient measurement, especially on outcomes, to ensure that patient need is being met.
- g) The Strategy will also focus on making sure the system is sustainable in terms of workforce and leadership by identifying ways of retaining health care professionals, improving the workplace experience, extending roles and introducing new roles which has started through PCNs and offering career development. The system also needs to be financially sustainable with a re-profiling of resources between different sectors and different groups of patients. It is acknowledged that current resource allocation does not adequately address health need. In addition, most GP practices are small with fragile business models so need support to grow their resilience and increase their scope and scale without losing connection to their patients.
- h) There has been a lot of engagement with GPs to inform the Strategy, which is not yet complete and more engagement will be taking place with stakeholders, including hospital trusts, local authorities and Healthwatch.

During subsequent discussion and in response to questions from the Committee the following points were made:

- i) Noting that the existence of Patient Participation Groups is patchy and diversity of need is not always represented within them, the Healthwatch representative asked how patient voice will be heard in the Strategy. It was stated that there has been a deliberate approach of engaging with GP workers initially on professional issues, to activate and motivate them. Over 200 workers have been involved. This was important because effectiveness of the Strategy will rely on their engagement. Now that the content of the Strategy is broadly acceptable, wider and deeper engagement will take place. Healthwatch input on doing this will be sought.
- j) The intention is to create panels for each of the ten objectives to validate observations, operationalise them and consider how to measure impact. The panels will involve both professionals and lay people, including significant patient representation.
- k) The national funding formula favours headcount rather than need and opportunities to better reflect need will be looked at. The approach taken in Leicester linking resources to deprivation has been looked at and a local model for Nottingham and Nottinghamshire is being considered to rebalance between primary care and other sectors. As a consequence, there will need to be a redistribution of resources and preferential investment made. This is a

work progress but a commitment within the Strategy is that every investment will have an equity dimension.

- l) It is recognised that continuity of care is important. There needs to be continuity of clinical records that everyone has access to and an evidence-based clinical model. Continuity will probably be through teams rather than individuals, which is not always possible, and the PCN will be responsible for understanding the needs of its whole population and not just those who receive care. The Committee's preference for continuity of individual care is the 'gold standard' and the initial aim will be to try and achieve this for high intensity-use populations.
- m) Issues with primary care in Nottingham and Nottinghamshire are common to other areas but there are variations. Nottingham and Nottinghamshire have some strong building blocks in place and the Strategy is starting from a relatively good position. The aim is to replicate and mainstream the things that are working well.
- n) A committee member commented on the importance of engaging with other sectors, such as public health on preventative approaches and secondary care to ensure that those people who need more specialist care than primary care can provide, yet do not meet the threshold for a specialist service do not fall through the gap. It was acknowledged that transitions between one area of the system and another are not always managed well.
- o) The Integrated Care Board has given indicative approval for development of an implementation and delivery plan, which will take into account local specificity. It has requested that a costed delivery plan is prepared for the new year.
- p) Implementation of the Strategy is not mandatory and there are no contractual levers that can be used, but the intention is to motivate and incentivise engagement with it.
- q) As a five year and beyond programme, the Strategy will be constantly refined to reflect what works.

**Resolved to recommend that the Primary Care Strategy for Nottingham and Nottinghamshire Integrated Care System:**

- (1) develops a model of resource allocation that reflects need, population diversity and deprivation;**
- (2) focuses on effectively integrating primary and secondary care and those people who need more specialist care than can be provided in a primary care setting but who do not meet the criteria for a specialist service;**
- (3) focuses on reducing health inequalities and prevention; and**

- (4) encourages citizen participation in development and delivery, including by having panels that are representative of the diverse nature of the City population.**

#### **44 Work Programme**

The Committee considered its work programme for the remainder of municipal year 2022/2023, and noted that at its meeting in December the Committee will be looking at the progress by Nottingham University Hospitals NHS Trust in addressing the issues raised in the Care Quality Commission inspection of Well Led.

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**Health and Adult Social Care Scrutiny Committee  
15 December 2022**

**Nottingham University Hospitals NHS Trust – Well Led**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To review progress in addressing issues raised in the Care Quality Commission inspection of Nottingham University Hospital NHS Trust - Well Led domain.

**2 Action required**

- 2.1 The Committee is asked whether:
- a) it wishes to make any comments or recommendations; and
  - b) any further scrutiny is required, and if so the focus and timescales.

**3 Background information**

- 3.1 In September 2021, the Care Quality Commission (CQC) published a report of its Well Led inspection, which took place in July 2021. Following the inspection the Trust was issued with a Section 29a warning notice under the Health and Social Act 2008, and was rated as Requires Improvement, with an Inadequate rating in relation to whether services are well-led.
- 3.2 The Trust attended the Committee's meeting on 11 November 2021 to outline action that it had taken and intended to take in response to the CQC's findings. The Committee also heard from the Nottingham and Nottinghamshire Clinical Commissioning Group's Chief Nurse as local commissioners. Separately, the Committee gathered additional evidence from NHS England and trade unions representing employees of the trust.
- 3.3 The Trust has submitted a written paper providing an update on progress and the Trust's Chief Executive and Acting Assistant Director of Programmes will be attending the meeting to answer questions from the Committee. The Nottingham and Nottinghamshire Integrated Care System Chief Executive will also be attending the meeting to discuss the system perspective.
- 3.4 In preparation for the meeting, members of the Committee met informally with representatives of some of the trade unions who represent employees of the trust to seek their perspective on progress.

#### **4 List of attached information**

- 4.1 'A Well Led Update from Nottingham University Hospitals NHS Trust'

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

- 5.1 Notes of informal meeting with trade unions held on 2 December 2022

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

- 6.1 Report to, and minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 11 November 2021
- 6.2 Care Quality Commission (15 September 2021) 'Nottingham University Hospitals NHS Trust Inspection Report'

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

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

## A well-led update from Nottingham University Hospitals NHS Trust

Update for Nottingham City Council Health and Adult Social Care  
Scrutiny Committee

15 December 2022

### 1. Executive summary

- It is anticipated that the 'Phase 1' response plan to the Care Quality Commission 'must do' actions will be largely complete by 31 March 2023. A phase 2 continuous improvement plan will then be taken forward to address any additional actions or longer-term initiatives to support further embedding of improvement. This will align with our strategic objectives.
- In September 2022, the Executive and Management Board agreed to review and strengthen the programme management approach to well-led, including the appointment of a dedicated PMO team, a revised governance structure, a delivery risk log and objectives for the programme. These have been implemented, with the strengthened programme management team within a central office, which continues to align all aspects of our 'Back to Good' improvement programme, including maternity and core services.
- Good progress is being made with the delivery of the well-led response action plan. As of December 2022, 88% of actions are either embedded, complete and having evidence reviewed, or are nearing completion.
- The remaining 12% are being reviewed to ascertain if they are more suitable to form part of the longer-term 'phase 2' work.
- Notable areas of progress include board leadership and visibility, culture, leadership and engagement, the 'Big Conversation' staff priority areas and Urgent and Emergency Care.
- There are currently 10 off-track actions; four are nearing completion and should be finalised before March 2023. The other six are being assessed for remedial work, to bring them back on track or are having evidence reviewed for completion.
- The key risks have been mapped and include the potential impact of winter pressures, which may make it difficult for operational and clinical colleagues to maintain the same degree of focus on delivering and embedding the actions over the next few months.
- The 'Alignment between Corporate and Clinical Governance' work stream is undergoing a review of its remaining actions, to re-align them to the current governance needs of NUH.
- As an organisation within the National Recovery Support Programme, (due to our Single Oversight Framework Level 4 rating), a scheduled checkpoint with the NHS England national and regional team will take place in Quarter 4, to evaluate progress against agreed criteria. Preparatory work is underway. A

monthly 'Improvement, Assurance and Oversight' meeting with regulators and wider stakeholders takes place, to oversee our progress.

## **2. Introduction**

In September 2021 Nottingham University Hospitals NHS Trust (NUH) was rated Requires Improvement by the Care Quality Commission (CQC), with an inadequate rating for Well-Led. As a result, fourteen 'must do' improvement recommendations were given (nine related to well-led and five related to our core services – urgent and emergency care, surgery, etc).

During the same period, NUH entered the NHS Recovery Support Programme (RSP) under Level 4 of the Single Oversight Framework (formerly known as special measures). The programme offers additional improvement support from NHS England.

In March 2022, maternity services were re-inspected and rated Inadequate by the CQC. A Section 29A\* enforcement notice was issued in relation to triage and observations, following the Section 31\*\* regulatory notice.

In order to satisfy conditions for exiting the RSP programme, NUH needs to evidence substantial delivery of a Leadership, Governance and Culture Improvement Plan, specifically:

- Demonstrate substantial progress against the conditions imposed by CQC, specifically the Section 29A warning notice
- Evidence of strengthened governance arrangements
- Evidence of progress on culture change, including staff engagement and equality, diversity and inclusion (EDI) indicators
- Evidence of Board oversight of risks and actions
- The appointment of a substantive Chief Executive and a stable Board

Currently, action plans are in place to drive the necessary improvements within the areas identified above (well-led, maternity and core services). This paper provides an update on the well-led and core service elements.

\* A warning notice when concerns have been identified across either the whole or part of an NHS trust and there is a need for significant improvements in the quality of healthcare.

\*\* Allowing the CQC to serve a notice of decision on a provider if it has reasonable cause to believe that, unless it acts, any person will or may be exposed to the risk of harm. This can result in a decision to impose, remove or vary conditions of registration, with immediate effect.

## **3. Programme structure**

There are three distinct programmes of work within NUH connected to well-led:

- **The maternity improvement programme:** designed to address maternity recommendations from a variety of sources and make the necessary improvements
- **The well-led response programme:** designed to complete improvement actions across nine 'must do' categories
- **The core services recommendations response programme:** a sub-programme of the well-led response, designed to complete improvement actions connected to five core service 'must do' recommendations.

NUH is integrating these three programmes into one '**Back to Good**' improvement programme. This will ensure better co-ordination between all aspects of work that are underway and builds on the progress already made.

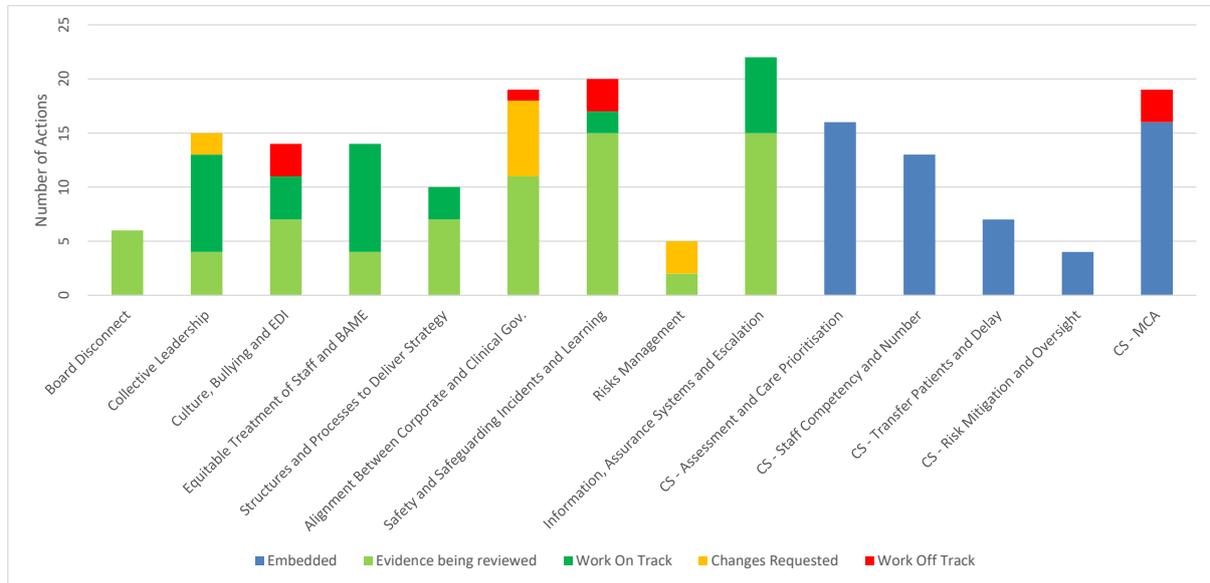
In the context of well-led, this will allow the Trust to bring its first phase response to the CQC 'must do' actions to a close and move into a second phase of continuous improvement. This will ensure improvements are embedded and maintained.

In September 2022, NUH made the decision to review and strengthen the programme management function of the well-led response programme through the following actions:

- Appointment of a dedicated programme team based within a new 'Compliance Hub' structure. This team includes a Programme Manager and Programme Co-ordination support, a senior PMO governance and framework advisor and a Head of Quality Assurance and Compliance. Additionally, the Chief Executive remains the overall senior (Executive) sponsor and is assisted by the Chief Nurse, who leads on some sponsorship duties, allowing the well-led work to be better aligned with ongoing maternity improvement work.
- The implementation of a refreshed governance and assurance structure (see Appendix 1).
- Agreeing a review of all remaining actions to ensure their continued relevance and identifying any longer-term actions that should move to phase two.
- An ongoing log of risks that could affect programme delivery and the mitigation plans to these risks.
- A refresh of the phase 1 CQC response programme objectives to the following:
  - To proactively respond to 'must do' well-led recommendations as identified by the CQC.
  - To be able to demonstrate that NUH is a well-led organisation, through alignment against the CQC's key lines of enquiry / quality statements (as used when assessing an organisation as well-led).
  - To act on what is important to our staff by progressing the 12 priorities identified through the 'Big Conversation' process.
  - To identify when the Trust can evidence a significantly high enough level of improvement to prove that it no longer requires additional support through the Recovery Support Programme.

#### 4. Overview of well-led ‘must do’ response actions

The well-led response actions have been categorised across 14 different work streams – each relating to the 14 ‘must do’ recommendations identified by the CQC. The below chart and table show progress against the actions in each of these work streams.



Must Do Action Themes	No. of Actions	Embedded	Evidence being reviewed	Work On Track	Changes Requested	Work Off Track
Board Disconnect	6	0	6	0	0	0
Collective Leadership	15	0	4	9	2	0
Culture, Bullying and EDI	14	0	7	4	0	3
Equitable Treatment of Staff and BAME	14	0	4	10	0	0
Structures and Processes to Deliver Strategy	10	0	7	3	0	0
Alignment Between Corporate and Clinical Gov.	19	0	11	0	7	1
Safety and Safeguarding Incidents and Learning	20	0	15	2	0	3
Risks Management	5	0	2	0	3	0
Information, Assurance Systems and Escalation	22	0	15	7	0	0
CS - Assessment and Care Prioritisation	16	16	0	0	0	0
CS - Staff Competency and Number	13	13	0	0	0	0
CS - Transfer Patients and Delay	7	7	0	0	0	0
CS - Risk Mitigation and Oversight	4	4	0	0	0	0
CS - MCA	19	16	0	0	0	3
	<b>184</b>	<b>56</b>	<b>71</b>	<b>35</b>	<b>12</b>	<b>10</b>

In summary, of the 184 actions:

- 56 have improvements evidenced as embedded into business as usual
- 71 are complete and undergoing evidence gathering
- 35 are on track to complete as planned
- 12 are being re-evaluated by the programme board for changes
- 10 actions are off-track; all of these actions have been escalated and are being reviewed for remedial work to get them back to on-track. No changes are made to actions without approval from the well-led programme board.

Of the 10 actions that are now off-track:

- Three are required to supply evidence that they are completed (this is expected by the end of December 2022)
- Six are being reviewed for evidence and to identify what remedial action is needed (this will be completed by 16 December 2022).
- One will be completed as soon as an ongoing recruitment process is finalised.

Further details of these 10 off-track actions can be seen in Appendix 2.

Several remaining actions in the 'Alignment between Corporate and Clinical Governance' theme (and related actions in 'Collective Leadership' and 'Risk Management') themes have been recognised as insufficient to reach required improvements. These are being reviewed with an aim to refresh them against the current needs of the Trust (see Risks in section 6).

A process is in place to hold evidence panels to scrutinise and evidence delivery as part of the sign off / change management framework.

## **5. Examples of recent developments**

### **5.1 Board leadership and visibility**

- Anthony May, Chief Executive Officer continues to conduct visits and Q&A sessions across the organisation, as part of his '100 Day Plan'.
- Weekly visits to clinical and non-clinical areas of NUH carried out by the executive team
- Monthly 'Ask the Executive' sessions continue; with additional sessions focusing on specific topics – e.g. car parking, plans for winter, etc
- Further development of materials (e.g. Our NUH Magazine) to communicate improvements across the organisation and the progress we are making against the 12 'Big Conversation' priorities.
- Re-launch of our NHS Long Service Awards.

### **5.2 Culture, leadership and engagement**

- Chief Executive Anthony May has written to all staff apologising to anyone who has experienced bullying, harassment, racism and discrimination at NUH and making it clear that he and the Board will not tolerate bullying, harassment, racism and discrimination
- A range of materials for staff, including a leaflet has been produced providing information about what NUH are doing to help address these issues, and the support available to individuals and teams to raise concerns and access help
- An anonymous reporting mechanism has been set up for those staff who do not feel confident enough to raise their concerns through a formal process
- An Anti-Bullying, Harassment, Racism and Discrimination Staff Charter is being finalised that all members of the Board will sign up to in the first instance
- Earlier this month, the first formal Equality, Diversity and Inclusion Committee was held. This Committee is chaired by Serbjit Kaur (Non-Executive Lead for inclusion) and will work to develop a Trust-wide approach to inclusion.
- Focus on increasing transparency and promotion of Freedom to Speak Up Month (including re-launch of materials to encourage staff to speak up).
- A draft Culture Dashboard has been produced. This shows a comparison in cultural and performance metrics and will give us a clearer understanding of how we are doing.

- 420 staff have completed the LEO (Leading an Empowered Organisation) course since April 2021.
- Re-launch of Schwartz Rounds (facilitated forum for healthcare staff to reflect on emotional aspects of their work) - from the 28 September 2022.
- Four projects from NUH were named winners and runners-up at The Patient Experience Network National Awards (PENNA) ceremony, held on the 28 September 2022.

### **5.3 Big Conversation priorities**

#### **Car parking**

- New car parking permit application system has now been launched for staff.
- Applications are being rolled out across all areas, giving the opportunity for all staff to apply.
- New technology, systems and software in place to make parking easier, such as automatic number plate recognition (ANPR) and card / contactless payments (for visitors).
- Projects being scoped to identify additional parking spaces and re-order current car parks to maximise spaces available.

#### **Minor new works (MNW):**

- New process embedded that simplifies requests and gives visibility to the requester on the progress of their job.
- A new MNW project team and management dashboard supports operational oversight of the process.
- Backlog of MNW requests expected to be completed by the end of December 2022.
- User satisfaction surveys are in place (overachieving the 75% satisfaction targets set so far).
- The 12-week target turnaround time for MNW is being achieved, with the majority of smaller jobs being completed within five weeks.

### **5.4 Urgent and Emergency Care (UEC):**

- Revised Standard Operating Procedure brought in to help staff support patients as efficiently as possible.
- A rolling recruitment programme is in place to maximise our urgent and emergency care staff establishment.
- 'Reverse bed chain' process in use that allows greater flexibility to move patients within the hospital, therefore minimising the amount of time spent waiting within the Emergency Department.
- The Integrated Transfer of Care Hub co-locates a multi-agency partnership that speeds up decision making and discharge out of the hospital through a better understanding of community care capacity.

- We are now talking to patients and their families about discharge at their point of entry into the hospital rather than waiting until the point they are ready to go home. This gives time to help us support families with any arrangements that could get patients home safely and as quickly as possible.
- The CQC response phase of UEC work is now coming to a close and is evolving into a continuous improvement approach with work ongoing through our internal UEC Pathways Board and in partnership with other agencies through the Nottinghamshire Integrated Care Board (ICB) UEC Board.

## 6. Risks, issues and mitigations

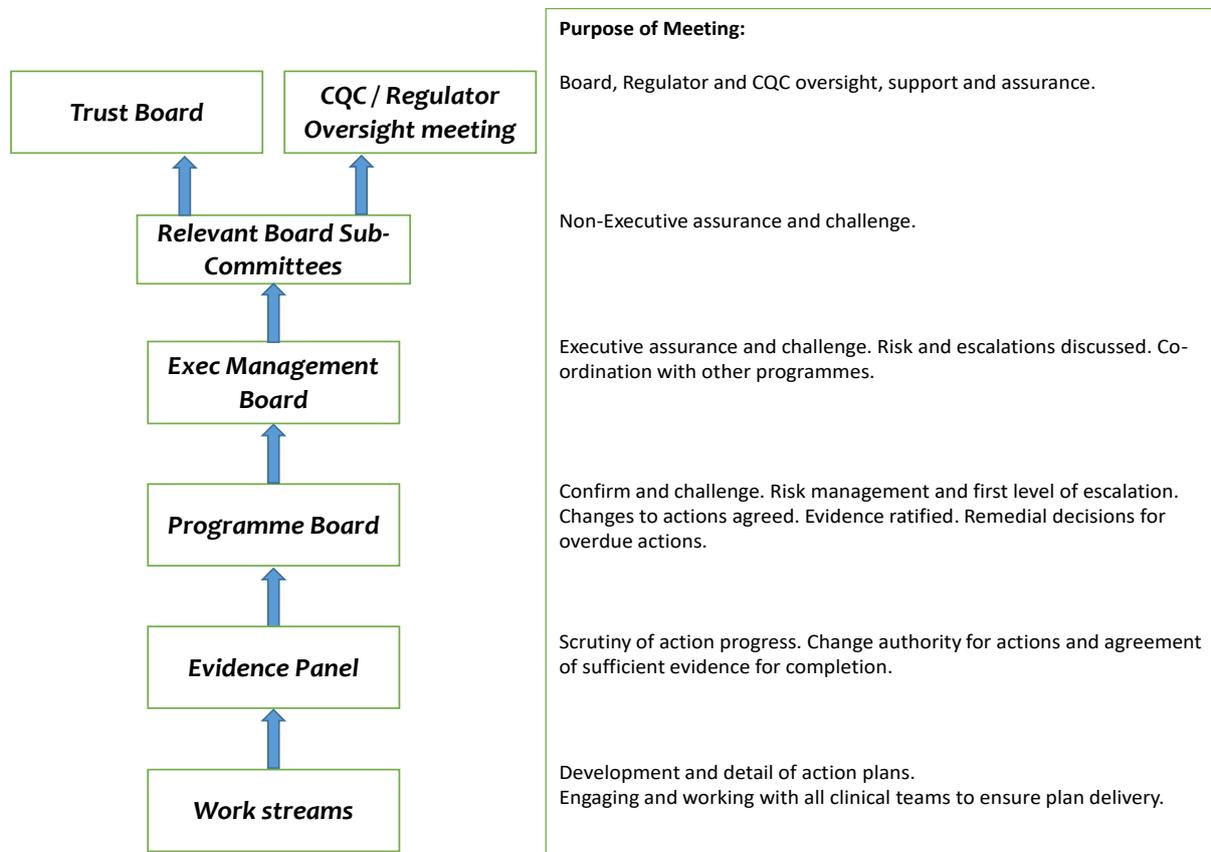
- **Risk: winter pressures.** Progress against the well-led response programme may be affected if operational and clinical colleagues are required to prioritise work around winter pressures. **Mitigation:** The well-led team have targeted actions that require operational and clinical input where possible so that corporate actions can be the focus over the winter period.
- **Risk: action completion dates.** While good progress has been made, as the plan has evolved, actions have been added that are unlikely to be completed by March 2023 (a date originally indicated as a possible point where NUH would no longer need to be part of the Recovery Support Programme). **Mitigation:** Many of these ongoing actions relate to longer-term aspects of improvement, such as cultural change, that take time to embed and ensure that improvement has been achieved. An exercise is underway to identify which of these actions would be better placed in the phase two programme of continuous improvement, rather than the phase one programme of the CQC 'must do' response. A revised end date for phase one can then be discussed, if needed. A monthly 'Improvement, Assurance and Oversight' meeting with regulators and wider stakeholders takes place to oversee our progress.
- **Issue: Work stream - alignment between corporate and clinical governance.** Over half of the actions in this work stream are completed. However, as the Trust's understanding of its governance needs has evolved, the remaining actions have been identified as insufficient to achieve the improvements required. **Mitigation:** A revised set of actions have been developed by the governance team that build upon those completed so far and supersede the insufficient ones. Therefore, the action plan for this work stream is being reviewed and realigned to a modified set of actions.

## 7. Next steps and upcoming milestones

- We will conduct a review of how NUH is performing against the RSP exit criteria. This is in anticipation of a NHS England review in Quarter 4 of 2022/23.

- Plans will be developed during Quarter 4 to undertake a self-assessment of how well-led the organisation is. This will be done following the appointment of the new Director of Governance. This will provide helpful insight into our strengths and weaknesses, so we can make further improvements.
- Finalise a process to complete our phase one well-led response programme and finalise the development of our phase two well-led continuous improvement programme.

## Appendix 1: Governance and assurance meeting structure for well-led response programme



## Appendix 2: Details of well-led response “off-track” actions

Must-do Theme	Task Number	Agreed Action	Lead Director	Work Stage	Target Completion Date	Progress / Remedial Action
Culture, Bullying and EDI	3.3	Review values and behaviours materials, guidance and key ways of working	Chief People Officer	Mid-term stage	30/09/2022	Reviews have taken place with a number of policies developed or updated, including resolution of employment concerns policy and health and well being policy.  However, Action cannot be closed as reviews have highlighted that embedding "just culture" will be a longer initiative and additional actions will need to be developed in the Phase 2 Well-led plan before this action can be satisfactorily completed.
	3.6	Establish a plan to roll out a programme of Kindness, civility and respect (KCR) and Develop KCR resources.	Chief People Officer	Nearing Completion	30/11/2022	Majority of work now completed including: starters & leavers surveys launched (focussing on staff experience), a toolkit for embedding KCR developed, a new workshop for leaders launched and pilots for KCR projects are currently being recruited to. This work is in conjunction with KCR work at the ICB level.  Action should be ready to close once final updates received - PMO to procure these.
	3.7.1	Train 44 conversation facilitators to support teams and individuals	Chief People Officer	Mid-term stage	30/11/2022	A Conversation Facilitator is a NUH member of staff who is skilled in techniques to enable productive conversations and resolve conflicts between individuals and within teams.  NUH now has a bank of 30 Conversation Facilitators who have been deployed as a service via HR requests. 12 more have been trained during September. Action will be reviewed for closing once understanding around last 2 places confirmed.
Alignment Between Corporate and Clinical Governance	6.1.1	CEO to agree and appoint to Director of Corporate Governance role and agree portfolio	Chief Executive	Nearing Completion	31/10/2022	This recruitment has not run to the original provisional date but the process is nearing completion now with interviews set for 19th December.  This action will complete as soon as an offer for the post is accepted by a successful candidate.
Safety and Safeguarding Incidents and Learning	7.2.3	Launch of Human Factors network	Medical Director	Nearing Completion	30/11/2022	HF Strategy is nearing completion, Terms of Reference for network written. Awaiting information for launch date of network.  This action will be reviewed at December's Programme Board in order to understand the nature of this delay and what the next steps to completion are.
	7.11	Raise profile, visibility and values of Patient Safety Team through walkabouts, events, communications, use of social media etc.	Medical Director/Chief Nurse	Nearing Completion	30/09/2022	All aspects of action now in place. Evidence will be reviewed in December's Evidence Panel with an expectation to close action as complete.
	7.11.1	Patient Safety Team: capture themes raised to the team and evaluate visit outcomes	Medical Director/Chief Nurse	Nearing Completion	31/10/2022	Themes are feeding into the learning academy and other forums, however the work this leads to is likely to be more in scope for the phase 2 Well-led longer-term work.  This will be reviewed in December's Evidence Panel with an expectation to close as complete, but with a note that any longer-term themes be implemented within the phase 2 programme.
Core Services: Mental Capacity Assessment	14.14	NUH safeguarding team to review documentation from other organisations to improve the reporting process at NUH	Chief Nurse	Nearing Completion	30/09/2022	When last reviewed, the evidence for each of these three actions was not complete enough to allow closure. All three actions are to be requested to return to December's Evidence Panel to review additional evidence to see if this will allow the actions to be classified as completed.
	14.15	NUH Safeguarding team to work with the digital teams to develop an electronic documentation process for Nervecentre	Chief Nurse	Nearing Completion	30/09/2022	
	14.19	The NUH Safeguarding team to work with appropriate teams to ensure training figures are robust and accurate across the organisation	Chief Nurse	Nearing Completion	30/09/2022	

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**Health and Adult Social Care Scrutiny Committee  
15 December 2022**

**Work Programme**

**Report of the Head of Legal and Governance**

**1. Purpose**

1.1 To consider the Committee's work programme for 2022/23 based on areas of work identified by the Committee at previous committee meetings and any further suggestions raised at this meeting.

**2. Action required**

1.1 The Committee is asked to note the work that is currently planned for the municipal year 2022/23 and make amendments to this programme as appropriate.

**3. Background information**

3.1 The purpose of the Health and Adult Social Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies<sup>1</sup> about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies<sup>1</sup>;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

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<sup>1</sup> This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

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

3.6 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.

3.7 The current work programme for the municipal year 2022/23 is attached at Appendix 1.

#### **4. List of attached information**

4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

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

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## Health and Adult Social Care Scrutiny Committee 2022/23 Work Programme

Date	Items
12 May 2022	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust Maternity Services</b> To review progress in improvements to maternity services.</li> <li>• <b>'Tomorrow's NUH'</b> To consider the findings of pre-consultation engagement.</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
23 June 2022	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Transformation Programme</b> To consider an overview of the programme and review progress of the first six projects</li> <li>• <b>Services for individuals with co-existing mental health conditions and addictions</b> Progress since most recent Prevention of Future Death Notices to seek assurance that what is needed is in place</li> <li>• <b>Quality Account comments</b> To note the comments submitted to Quality Accounts 2021/22</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
14 July 2022	<ul style="list-style-type: none"> <li>• <b>Integrated Care System Equalities Approach</b> To review Equalities Approach of the ICS</li> <li>• <b>Neurology Services</b> To consider access to neurology services provided by Nottingham University Hospitals Trust</li> <li>• <b>Changes to Colorectal and Hepatobiliary Services</b> To review proposals to transfer colorectal and hepatobiliary service to City Campus</li> <li>• <b>Work Programme 2022/23</b></li> </ul>

Date	Items
15 September 2022	<ul style="list-style-type: none"> <li>• <b>Step 4 Psychological Therapies</b> To review progress in reducing waiting times for assessment and treatment for Step 4 Psychological Therapies</li> <li>• <b>Maternity Services</b> To look at how the local system and region is doing to address the issues with maternity services provided by Nottingham University Hospitals.</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
13 October 2022	<ul style="list-style-type: none"> <li>• <b>Adult Eating Disorder Service</b> To hear about how the Service has developed to improve accessibility and reduce waiting times for treatment</li> <li>• <b>Integrated Care Strategy and Integrated Care Board Forward Plan</b> To consider engagement and consultation on development of the Integrated Care Strategy and Integrated Care Board's Forward Plan.</li> <li>• <b>Adult Social Care Outcomes Framework</b></li> <li>• <b>Changes to Neonatal Services</b> To consider proposals for changes to neonatal services</li> <li>• <b>Reconfiguration of Acute Stroke Services</b> To consider to make reconfiguration of acute stroke services permanent</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
17 November 2022	<ul style="list-style-type: none"> <li>• <b>Access to NHS and Community Dental Services</b> To explore issues relating to access to NHS and Community Dental Health Services</li> <li>• <b>Primary Care Strategy</b> To comment on proposals for the ICB's Primary Care Strategy</li> <li>• <b>Work Programme 2022/23</b></li> </ul>

Date	Items
15 December 2022	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust – Well Led</b> To review progress in addressing issues raised in the CQC inspection of Well Led.</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
12 January 2023	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Winter Review</b> To review delivery of the winter plan for adult social care and current position, in the context of the wider health and social care system</li> <li>• <b>Medium Term Financial Plan</b> <ul style="list-style-type: none"> <li>a) <b>Adult Social Care</b> To review in-year position; delivery of savings during 2021/22; and proposals for MTFP as part of wider consultation</li> <li>b) <b>Public Health</b> To look at use of Public Health Grant</li> </ul> </li> <li>• <b>Work Programme 2022/23</b></li> </ul>
16 February 2023	<ul style="list-style-type: none"> <li>• <b>Nottingham City Safeguarding Adults Board Annual Report 2021/22</b> (tbc) To receive evidence from the Safeguarding Adults Partnership Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2020/21 Annual Report; and identify any issues or evidence relevant to the Committee's work programme.</li> <li>• <b>Adult Social Care Organisational Development and Workforce Strategy</b> To review progress in implementation of Organisational Development and Workforce Strategy</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
16 March 2023	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Reforms</b> To review progress in preparation for adult social care reforms</li> </ul>

Date	Items
	<ul style="list-style-type: none"> <li data-bbox="568 204 976 236">• <b>Work Programme 2023/24</b></li> </ul>

To be scheduled:

- Tomorrow's NUH – Proposals for Family Care and Outpatients; findings of public consultation and final proposals.
- Improving immunisation rates. Potential areas of focus: lessons learnt from Covid vaccination programme: accessibility of consent for school-age vaccination: effectiveness of new City and County Health Protection Board in providing assurance rates
- Support for people with co-existing substance misuse and mental health issues
- ICS Equalities Plan
- Trans healthcare/ Gender Identity Clinics

**2023/24**

- Implementation of Mental Health Transformation in the City (year 3 of programmes)
- Eating Disorders Update