

## Health Scrutiny Committee

**Tuesday, 21 November 2017 at 10:30**

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 10 October 2017  | 3 - 10  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Bassetlaw Hospitals Winter Plan  | 11 - 26 |
| 5 | Primary Care 24  | 27 - 32 |
| 6 | Chatsworth Ward Mansfield Community Hospital   | 33 - 34 |
| 7 | Newark Hospital Urgent Treatment Centre  | 35 - 38 |
| 8 | Work Programme   | 39 - 44 |

### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact David Ebbage (Tel. 0115 977 3141) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## Membership

### Councillors

Keith Girling (Chair)  
Richard Butler  
Dr John Doddy  
Kevin Greaves  
David Martin  
Michael Payne  
Liz Plant  
A Kevin Rostance  
Andy Sissons  
Steve Vickers  
Muriel Weisz

### Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Michelle Livingston Healthwatch Nottinghamshire

### **MINUTES**

The minutes of the last meeting held on 25 July 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

### **APOLOGIES**

Apologies were received from Councillor Rostance due to medical reasons.

Councillor Sissons replaced Councillor Wright for this meeting only.

### **DECLARATIONS OF INTEREST**

Councillor Doddy declared a private interest in Item 4 – Sherwood Forest Hospitals – Winter Plan as he is a governor for the hospital.

## **SHERWOOD FOREST HOSPITALS - WINTER PLAN**

Denise Smith, Acting Chief Officer Operating Officer, gave members a brief summary of the proposed plans to manage the increase demand during the forthcoming winter period.

During her briefing, the following points were highlighted:

- In regards to bed modelling, 92% bed occupancy in Sherwood Forest with an extra 55 beds being added from November and will remain up until end of March.
- Increased opening hours with the discharge lounge extending into the weekend, opening from 10am – 4pm and an increase capacity of junior doctor support to provide timely take home medication.
- Working with colleagues in community and social care to minimise delayed transfers of care.
- Flu vaccinations for staff started two weeks earlier than scheduled and 20% of frontline staff have had the vaccination.

During discussions the following points were raised:

- The additions of extra staff can be found from part time staff working more hours or extra shifts. A lot of work has gone into increasing nurse bank instead of using agency staff.
- Discharge planning is usually completed well in advance of a patient leaving the hospital to prevent a delay for their medication to be ready. Additional support has been given to write up medication and then dispense it to prevent such problems from occurring.
- There is a low vacancy rate at Sherwood Forest with a waiting list for nurses, but an ongoing recruitment campaign is in progress, medical staff are very well served within the hospital.
- Patients are never usually discharged late in the evening unless they request it.
- Relationships in the mid notts area are very well established with the community and care providers with good governance and infrastructure to work around collaborative working is in place.

It was agreed that Sherwood Forest would return after the winter period to update the Committee on how it went.

## **NOTTINGHAM UNIVERSITY HOSPITALS – WINTER PLAN**

Caroline Shaw, Chief Operating Officer at NUH and Nikki Pownall, Programme Director, NHS Nottingham CCG attended the meeting for this item and highlighted the following points:

- 6 patients had 12 hr trolley waits in 16/17 (9 in 15/16; 0 17/18 to date)

- Strong patient experience scores (Friends & family Test scores remain among strongest in peer group) and one of the top in the country.
- Strengthened front door streaming (GP-led primary care service, 7 day service, 8am-midnight), supported Transfer of Care Team working at the front door.
- From 1 October - no patients will be assessed for their post-hospital care needs within NUH.
- Patients who are medically fit to be transferred from NUH will be treated & and assessed for continuing health and social care in either their own home or a different less acute health/ social care facility.
- Improved ambulance handover times. Turned around as quickly as possible, 65% are turned around within 15 minutes.
- The ED (Emergency Department) was designed for 350 patients daily, the department now sees 550 up to 600 patients per day. Need an ED & urgent care facilities that are the right size and design to meet demand. A series of business cases are being developed, and will prioritise the case for a new urgent and emergency care centre
- Still ongoing challenges such as system demand vs capacity, environmental constraints and delays with stepping down medically fit patients

During discussions the following points were raised:

- The number of admissions in ED has increased over the last 18 months – 2 years.
- 85 – 86% of patients are seen within 4 hours, the patients who are usually longer are major trauma related patients. Every case in which a patient is waiting up to 8 hours is reviewed
- The STP (Sustainability Transformation Partnership) is in support of the business case and is one of their top priorities. The business case will be presented to the Board in December.
- Patients and staff are involved with the business case and it will be the same people who will manage the future of the Trust.
- Due to most patients being seen within 4 hours, this could be a reason for the admissions into ED have increased, 97% of minor injuries get treated within the time period.

The Chairman thanked Caroline and Nikki for their attendance and requested to come back to the Committee after the winter period to inform us of how it went.

## **BASSETLAW HOSPITAL UPDATE**

Representatives from Bassetlaw Hospital gave an update on the latest information on the performance including paediatric admissions and recruitment.

During the update, the following points were highlighted:

- Following the closure of the beds the staffing levels allowed for the provision of a Children's Assessment Unit, open to 8am to 10pm seven days a week, and the provision of additional nursing support to the Emergency Department available 24/7.
- As part of the changes we enhanced our day services and a paediatric consultant is on site until 6pm, and junior paediatric medical staff are on site 24 hours per day to support the Emergency Department and the Maternity Service.
- Historical data from the Ward A3 indicated that a small number of children would require transfer to Doncaster Royal Infirmary however, this has been higher than expected with an average of 13 children per week transferred in the first three months, reducing to eight per week in more recent months
- It is not clinically safe to re-open the Children's Ward at night without the necessary qualified paediatric staff, and following recruitment drives the position is unimproved.
- A review of paediatric services across South Yorkshire and Bassetlaw is needed to ensure the best response possible to the widespread staffing shortages.

During discussions the following points were raised:

- A number of positions were offered to applicants and ended up not being taken, the reason for this is that students put multiple applications in and secure more than one post so they take their first preference post.
- There is no change in the paediatric cover, can reach residents up to 6pm then on call takes over.
- Overseas recruitment to the Philippines gave opportunity to 67 posts but with visa restrictions and other issues, only 7 applicants gained jobs.
- The review had already commenced at local level, report due to be published at the end of March.
- That Michelle Livingston from Healthwatch is due to be co-opted onto the ACP Group.

The Chair thanked the representatives from Bassetlaw and requested for them to come back to the May meeting.

## **CHATSWORTH WARD NEURO-REHABILITATION (MANSFIELD COMMUNITY HOSPITAL)**

Representatives from Mansfield Community Hospital briefed Members on changes to the delivery of services at the Chatsworth Ward at Mansfield Community Hospital

During their briefing, the following points were raised:

- It is a 16 bedded unit that cares for patients with neuro rehabilitation needs.
- Sherwood Forest Hospitals NHS Foundation Trust confirmed an intention to withdraw from providing the current neuro-rehabilitation services at Chatsworth Ward at the end of July with a date of November originally to cease service provision.
- Decision based on number of factors including ability to recruit specialist staff.
- Both the Trust and the CCG are committed to making sure there is a continuity of service, so no changes will take place until these conversations are completed and new services are put in place.
- There has been patient engagement including a listening event held in August approx. 40 in attendance including patients, families and staff and a further public event was held on 4<sup>th</sup> October with 55 in attendance
- Neuro rehabilitation commissioning lead has met with key stakeholders to gather thoughts and information

During discussions the following points were raised:

- The CCGs will continue to update the HSC on the matters arising from Sherwood Forest Hospitals NHS FT decision to withdraw from providing the services, and also its future plans for commissioning specialised neuro-rehabilitation services for its citizens.
- That a Co-design Event with all relevant stakeholders will be held in November 2017 and then see what the next steps forward from there will be.
- The Committee agree for the item to be brought back to the next Committee meeting to update us further on this matter.

The Chair thanks representatives for their attendance and asked for them to come back to the November meeting.

## **EAST MIDLANDS AMBULANCE SERVICE – PERFORMANCE INFORMATION**

Wendy Hazard and Keith Underwood, both Ambulance Operations Managers attended the meeting up update Members on the latest performance information from the East Midlands Ambulance Service (EMAS), including new performance requirements, with an additional focus on the difficulties the Trust faces when handing over patients at Emergency Departments

During their update, the following points were raised:

- We progressed our Quality Improvement Plan, and the CQC came back to EMAS February 2017. In March the CQC published its follow-up report: Overall CQC rating 'requires improvement, Safe: improved from 'inadequate' to 'requires improvement. Effective: remained 'requires improvement'. Well-led: remained 'requires improvement'. Caring and Responsive: remained 'good'.
- 57 new DCA's (Doubled Crew Ambulances) delivered in 2016/17 (20 in Nottinghamshire)
- The demands on the service is putting extra pressure on resources and staff. The new ARP (Ambulance Response Programme) will hopefully help the situation prioritising the sickest patients to ensure they receive the fastest response. This was introduced in July 2017.
- Work is being done with NUH, SFHT and BDGH to improve handovers in times of pressure.

The Chair thanked them both for their attendance and the Committee considered the information which was provided to them.

### **NOTTINGHAM TREATMENT CENTRE PROCUREMENT**

Maxine Bunn, Director of contracting and Chief Officer NHS Nottingham West, introduced a briefing to Members on the procurement of the Nottingham Treatment Centre.

During the briefing, the following points were raised:-

- The current contract was awarded to Circle following a competitive procurement. It is currently within the last year, of its 5 year contract, and expires 27th July 2018. With the contract expiring there is a legal requirement of CCGs to procure services which meets the required laws, guidance and standards.
- The procurement approach has been chosen for commissioning the service across the 4 CCGs. CCGs will ensure that the relevant gateways are signed off in line with the agreed governance process.
- The Equality and Quality Impact Assessment will be regularly updated and reviewed. It is felt that the re-procurement will have minimal impact to patients in terms of access to the different specialities, and location of services within Greater Nottinghamshire.
- Patients will still have the same access to the same services which will still be located within the same building. Potentially, some services will be provided by a different provider but the quality of care will still remain as high.



## **WORK PROGRAMME**

The work programme was noted

The meeting closed at 2.05pm

## **CHAIRMAN**



21 November 2017

Agenda Item: 4

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **BASSETLAW HOSPITAL'S WINTER PLAN**

#### **Purpose of the Report**

1. To consider initial briefing on Doncaster and Bassetlaw Teaching Hospital's winter plan.

#### **Information and Advice**

2. This year NHS England and NHS Improvement are seeking to be more aligned in order to better support local systems through the winter months. For the first time 2017/18 has seen formal winter planning starting in July, with final local plans to be submitted in early September. In order to ensure local systems have sufficient time for proper planning and discussion with partners assurance dates have been set up for the entire winter period with general resilience plans right up to Easter.
3. In developing their overarching winter plans, Local A&E Delivery Boards have been to prioritise the following:
  - Demand and capacity plans
  - Front door processes and primary care streaming
  - Flow through the urgent and emergency care pathway
  - Effective discharge processes
  - Planning for peaks in demand over weekends and bank holidays
  - Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow
4. Trust representatives David Purdue and Laura Diciacca will attend the Health Scrutiny Committee to provide briefing and answer questions. A written briefing from the Trust is attached as an appendix to this report.
5. Members may wish to schedule further briefing early next year in order to examine the Trust's winter performance.

#### **RECOMMENDATION**

- 1) That the Health Scrutiny Committee considers and comments on the information provided.

- 2) That the Health Scrutiny Committee schedule further consideration of NUH winter planning issues for when performance information is available.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

## **Background Papers**

*Focus on Improving Patient Flow*  
[Best Practice Guide](#)

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

All

# Doncaster and Bassetlaw Teaching Hospitals NHS FT

## Winter Planning 2017



# Context

- Elements of winter plan set by NHS Improvement and NHS England
- Aim to improve patient experience and 4hr access target
- Wider plan incorporates 111, ambulance system and extension of primary care hours
- The Acute Trust requirements are described in this presentation



# Demand and capacity planning

- The Trust-wide bed plan has been reviewed and updated
  - Taking into account reductions in length of stay over the past year (especially in acute medicine)
  - There is a focus on length of stay in rehabilitation and trauma
  - Patient flows for elective care have been mapped to maximise the use of elective beds on the Bassetlaw site
  - Escalation beds will be used during surges in activity
  - Daily predictor tool will be used to ensure correct bed capacity



# Demand and capacity planning

- Each elective speciality has reviewed demand over winter to ensure contracted levels will be achieved
- Elective capacity will be ring fenced to maintain patient pathways
- Elective work will stop for the first 10 days in January with the exception of clinically urgent, cancer and day-case activity



# Demand and capacity planning

- To support staffing of additional beds
  - Education team staff plan developed to be released to work clinically
  - Nurse specialist/ out-patient nurses availability reviewed to allow additional support to wards.
- Jnr Drs (non medicine) to review outliers to ensure early discharge
- Outlier plan for specialities agreed with medicine to support wards.



# ED streaming

- National monies being used to develop a primary care hub on site at Bassetlaw
- Initial model will stream to primary care advanced practitioner and incorporate on site Out of Hours Service
- Additional ambulatory pathways being proposed with on-site support for community services



# Workforce plans

- Acute medicine daily support to ED
- Surgical speciality plans to enable medical/ ACP staffing support to ED in afternoons
- Increased ED consultant cover to 00.00
- Local ED improvement pathway work undertaken to optimise flow and efficiency
- Existing Rapid Response Service to be enhanced
- Ongoing support to the Intermediate Care Rapid Response programme



# Patient flow

- Effective use of EDD and criteria for discharge to be embedded in all wards
- Daily MDT ward rounds in all specialities
- Red and green day implementation to manage internal delays
- A predictor tool has been developed and tested ready for implementation
- Trust dashboard to be used in 3 daily operational management meetings to inform decision making
- #Endpjsparalysis campaign principles to be rolled out to prevent deconditioning
- Dedicated strategic meetings with key stakeholders held on both sites
- Review of transport arrangements undertaken



# Delayed Transfers of Care

- Monitoring of delays in place since August
- Transfer to assess model in place
- Trusted assessor trained
- Trust agreed trajectory to reduce delayed transfers of care
- Utilisation of IBCF to improve “Home First”
- Introduction of 7 day IDT



# System Perfect

System Perfect was held from 5<sup>th</sup> -12<sup>th</sup> September 2017. This initiative successfully brought together teams across the Doncaster and Bassetlaw Health and Social Care community to improve patient flow and experience, and to better understand Urgent and Emergency Care pathways.



# System Perfect Learning

The need to improve the provision and responsiveness of services at the weekend was identified

More effective and timely communication is required both within, and between organisations.

Patient and family empowerment is fundamental to fully support patient discharge and transfer. A review of the use of the discharge passport is recommended

A joint approach to staffing and vacancies



# Ambulance handover

- Dedicated liaison manager now identified to support at times of surge

## Escalation

- Escalation triggers reviewed
- Key triggers on ED dashboard to escalate to the operational lead for the day
- Operational lead for the day available on site until 8pm





# Questions



**21 November 2017****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****PRIMARY CARE 24****Purpose of the Report**

1. To provide initial briefing on the operation and performance of the Primary Care 24 service.

**Information and Advice**

2. Primary Care 24 is a 24 hour walk in service for conditions that could be treated in primary care or by a GP, but where the patient is not able to access a GP. The service is delivered by NEMS Community Benefit Services a 'not-for-profit' company that holds contracts to deliver NHS services on behalf of commissioners. The service is located at King's Mill Hospital alongside the Emergency Department.
3. Lucy Dadge, Chief Commissioning Officer for Mansfield and Ashfield and Newark and Sherwood CCG will attend this meeting to brief the committee and answer questions as necessary. A briefing from the CCG is attached as an appendix to this report.
4. Members may wish to identify issues arising from the briefing which require further scrutiny. Of particular interest may be the measures that are taken to ensure that the national target of 20% of patients being streamed from the Emergency Department is met, as well as the initiative for highly skilled clinicians to ring patients who might traditionally have been directed to the Emergency Department in order to obtain a more in-depth clinical history and potentially divert the patient to other services (see page 2 of the briefing).

**RECOMMENDATION**

That:

- 1) The Health Scrutiny Committee considers and comments on the information provided.
- 2) The Health Scrutiny Committee identifies further requirements for information
- 3) The Health Scrutiny Committee schedules further consideration, if necessary.

**Councillor Keith Girling**

## **Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

## **Background Papers**

Nil

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

All

**Report for the  
Health Scrutiny Committee  
PC24 at King's Mill Hospital  
October 2017**

**Lucy Dadge**  
Chief Commissioning Officer  
Mansfield and Ashfield Clinical Commissioning Group  
Newark and Sherwood Clinical Commissioning Group

## **1. Introduction**

This paper is designed to provide the Health Scrutiny Committee with an up to date overview of the service provision at PC24 (Primary Care 24) which is currently delivered by NEMS.

NEMS Community Benefit Services Limited is a key provider of services across the Mid-Nottinghamshire healthcare system and is part of the Better Together Alliance, attending A&E Delivery Board Meetings and engaging with both day to day service improvements and wider transformation projects. NEMS have also provided Out of Hours (OOH) services in Greater Nottinghamshire since 2008, and before that as Nottingham Emergency Medical Services.

## **2. Core Commissioned Services**

PC24 is co-located with the Emergency Department (ED) at King's Mill Hospital, and as such benefits from access to a variety of on-site diagnostics and wider services, something which is not routinely available to Primary Care services in other healthcare systems. NEMS are commissioned to staff PC24 on a 24/7 basis and the model of delivery in-hours is Nurse led (Advanced Nurse Practitioners and Emergency Nurse Practitioners) while OOH there is a GP presence supported by Nurses. OOH provision also includes home visits when required.

In and out of hours, patients are assessed (triaged by a nurse in ED) and if deemed to have a primary care problem then streamed to NEMS at PC24. This streaming improves the flow of patients through the department and ensures that patients are seen by the right person in the right place at the right time.

During OOH periods, patients are booked into appointment slots at PC24 via 111, where the 111 algorithm provides the relevant disposition (this is a protocol that tells the call handler where the person needs to be seen). If 111 require more clinical advice they contact NEMS who call the patient back and book an appointment.

## **3. Additional Value for Money Provision**

There are currently a number of improvement initiatives taking place at the front door of ED which are resulting in additional activity being provided by NEMS at PC24. The development of Ambulatory Care pathways (ambulatory care is a streamlined way of managing patients, as an outpatient, presenting to hospital who would traditionally be admitted) resulting in more patients being streamed to PC24 as opposed to being treated within another unit in hospital.

The pathways being delivered include a simple DVT (deep vein thrombosis (blood clot)) pathway, Cellulitis (infected skin), Anaemia and some Gynaecology problems. This prevents an admission for the patients; they can have all their tests performed in a more relaxed environment and it ultimately reduces costs. There has also been a recent expansion of PC24 protocols to include additional paediatric activity, which again improves the patient experience, prevents admission and reduced cost. Further work is underway and the simple DVT pathway is currently being expanded into a full DVT pathway. Additional potential Ambulatory Care pathways have been identified and are currently being worked up for addition to streaming protocols.

NEMS are currently also delivering (from the base at PC24) a service to call patients whom 111 may have traditionally sent to ED. This service enables highly skilled clinicians to call patients and obtain a more in-depth clinical history, which has resulted in 1-2 patients per day being given advice over the phone, as opposed to these patients attending ED. This attendance avoidance project was recently assured by an audit which was carried out in August on activity to date.

#### **4. Activity**

There is a national target in relation to streaming people to primary care who attend ED. Currently; approximately 22% of patients are streamed to PC24 at King's Mill Hospital, which is above the national target of 20%. This is a result of close working with primary and secondary care.

#### **5. The Future**

The publication of the Integrated Urgent Care (IUC) service specification in August 2017 builds on the vision set out by the Five Year Forward View and provides guidance to health economies on the development of an integrated service. Within this ambition there is no differentiation between in and out of hours provision, with the majority of non-critical urgent care pathways beginning with 111.

Plans to deliver the IUC specification are underway across the Nottinghamshire STP footprint and this change offers exciting opportunities to the development of current services. Further details can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

#### **6. Recommendation**

The Health Scrutiny Committee has received this paper as an up to date overview of the service provision at PC24 which is currently delivered by NEMS.





**21 November 2017****Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****CHATSWORTH WARD, MANSFIELD COMMUNITY HOSPITAL (NEURO-REHABILITATION)****Purpose of the Report**

1. To consider a further briefing and progress report on changes to the delivery of services at the Chatsworth Ward at Mansfield Community Hospital.

**Information and Advice**

2. Members will be aware from discussion at the previous meeting that Chatsworth Ward provides a specialised neuro-rehabilitation facility for patients recovering from trauma or suffering long-term neurological conditions. The ward has 16 beds, 5-6 of which are used for neuro-rehabilitation, and the rest for general rehabilitation.
3. Sherwood Forest Hospitals Trust (SFHT) has previously identified that the ward does not meet the accreditation criteria for neuro-rehabilitation, being unable to recruit suitable specialist medical, nursing and ancillary staff and is therefore relying on locums. SFHT has informed the commissioners that the service is not sustainable, and initially advised of their intention to withdraw the service from 1<sup>st</sup> November 2017. Further to discussions with Mansfield and Ashfield Clinical Commissioning Group (CCG) the date is flexible and depends on alternative services being put in place.
4. On 14<sup>th</sup> November, the CCG will undertake a large engagement event in relation to Chatsworth Ward. This information will be analysed in detail between 14<sup>th</sup> and 21<sup>st</sup> November and presented to the Health Scrutiny Committee verbally.
5. Mansfield and Ashfield/Newark and Sherwood CCG representatives attending the Health Scrutiny Committee for this item will be Sally Dore, Head of Communications and Engagement, Lucy Dadge, Chief Commissioning Officer and Sian Clark, Project Managing Neuro Rehabilitation. The CCG representatives will verbally update the committee on progress with particular reference to recent engagement that has taken place.
6. The Health Scrutiny Committee is invited to consider and comment on the further information provided.

## **RECOMMENDATION**

- 1) That the Health Scrutiny Committee considers and comments on the information provided.
- 2) That the Health Scrutiny Committee schedules further consideration of this issue, if necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

### **Background Papers**

Nil

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

All

21 November 2017

Agenda Item: 7

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NEWARK HOSPITAL URGENT TREATMENT**

#### **Purpose of the Report**

1. To provide initial briefing on issues associated with Newark Hospital Urgent Treatment Centre.

#### **Information and Advice**

2. The briefing received from commissioners indicates that Newark Hospital Urgent Care Centre will transition to be an Urgent Treatment Centre during the early part of 2018. This progression goes further and is swifter than what is required by the NHS England standards. The vision and strategic direction aspires for Newark Hospital to be a centre of excellence for a broad range of diagnostics, as well as providing an urgent care service.
3. Lucy Dudge, Chief Commissioning Officer for Mansfield and Ashfield and Newark and Sherwood CCG will attend this meeting to brief the committee and answer questions as necessary. A briefing from the CCG is attached as an appendix to this report.
4. Members may wish to identify issues arising from the briefing which require further scrutiny, such as work force planning and consultation.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Identifies further requirements for information
- 3) Schedules further consideration, if necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All

## **Newark Hospital Update - Newark Urgent Treatment Centre**

The “Next Steps on the NHS Five Year Forward View (5YFV)” was published on 31 March 2017. This plan explains how the 5YFV’s goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the NHS’ main national service improvement priorities, with a focus on improving national A&E performance whilst making access to services clearer for patients.

One element of the UEC section of the FYFV is “Roll-out of standardised new ‘Urgent Treatment Centres’”. This aims to simplify and clarify for the public how to access the right care at the right time. It is recognised that the public found the mix of walk-in centres, minor injuries units and urgent care centres, in addition to numerous GP health centres and surgeries offering varied levels of core and extended service hard to navigate. Within and between these services, there is a lot of variation in opening times, in the types of staff present and what diagnostics may be available.

In July 2017 NHS England set out a core set of standards for urgent treatment centres (UTC) to establish as much commonality as possible by December 2019, where patients and the public will:

- Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray
- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained
- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate
- Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers

At Newark, we are proposing to go further and quicker than the NHSE standards. We propose that the Newark Urgent Care Centre will become an Urgent Treatment Centre (UTC) which complies with the national standards from early 2018. The Newark UTC will be open 24 hours a day, staffed by a mix of GPs and other clinicians between 8am and midnight with a GP led service available between midnight and 8am via NHS 111, providing a more consistent presence at Newark.

The Vision and Strategic Direction seeks for Newark Hospital to be a centre of excellence for a broad range of diagnostics and provide an urgent care service, have rapid assessments and diagnosis through the Urgent Care Centre (UCC) and have GPs working alongside clinicians in the UCC during evenings, holidays and weekends. Commissioners are currently working closely with local General Practitioners and current urgent care providers (particularly Sherwood Forest Hospitals NHS Foundation Trusts and NEMS) to develop a model, agree, and plan to mobilise the service in early 2018 to the population of Newark, that directly matches the agreed Vision and Strategic Direction for Newark.



21 November 2017

Agenda Item: 8

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

#### **Information and Advice**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

#### **Quality Accounts**

6. Quality Accounts are annual reports produced by provider trusts, and Health Scrutiny Committees may produce a comment for inclusion in the Quality Account document. For the coming year, the Chair is minded to produce comments for some Quality Accounts as part of a joint exercise with the City Council. It is suggested that there should be a single study group meeting for each provider Trust with representation by both City and County Members. The organisations concerned are: NUH, East Midlands Ambulance Service, The Healthcare Trust and the Circle Treatment Centre. Each Authority will produce its own comment for inclusion in the Quality Account.
7. In past years, the Doncaster and Bassetlaw Hospital Trust Quality Account and the Sherwood Forest Hospitals Trust Quality Account have been dealt with as items on the main committee agenda. Members may wish to indicate a preference regarding how these Quality Accounts should be dealt with as part of the meeting or in a study group.

## **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.
- 3) Agrees process and procedure for commenting on Quality Accounts.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

### **Background Papers**

Nil

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

All



## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2017/18

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>13 June 2017</b>				
Health Inequalities	Update on ongoing work to address health inequalities in the County	Scrutiny	Martin Gately	Barbara Brady, Public Health NCC
Introduction to Health Scrutiny	An introduction to health service issues and the operation of health scrutiny	Scrutiny	Martin Gately	Brenda Cook Health Scrutiny Expert (Centre for Public Scrutiny)
<b>25 July 2017</b>				
Public Health Briefing	Introduction to Public Health issues	Initial Briefing	Martin Gately	Barbara Brady, Public Health NCC
Bassetlaw Hospital Services (Update)	An update on children's services and recruitment issues.	Scrutiny	Martin Gately	TBC
Sherwood Forest Hospitals Performance Update	The latest performance information from Sherwood Forest Hospitals Trust.	Scrutiny	Martin Gately	Dr Andy Haynes, Medical Director, Richard Mitchell, Chief Executive
IVF Substantial Variation	Update on re-consultation/Further action taken by the commissioners	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG/Lucy Dadge
<b>10 October 2017</b>				
Bassetlaw Hospital (Including Children's Services)	Update on the latest position	Scrutiny	Martin Gately	TBC
Chatsworth Ward, Mansfield Community	Initial briefing on changes at Chatsworth Ward which provides specialised neuro-rehabilitation services	Scrutiny	Martin Gately	Lucy Dadge/Sally Dore Mansfield and Ashfield CCG

Hospital variation of service				
East Midlands Ambulance Service	Latest Performance Information (Particularly in relation to ambulances delayed when dropping patients off at A&E).	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager (Nottingham Division)
Nottingham University Hospitals – Winter Planning	Initial briefing on winter pressures and winter plans.	Scrutiny	Martin Gately	TBC
Sherwood Forest Hospitals – Winter Planning	Initial briefing on winter pressures and winter planning	Scrutiny	Martin Gately	TBC
<b>21 November 2017</b>				
Bassetlaw Hospitals – Winter Planning	Initial briefing on winter pressures and winter planning	Scrutiny	Martin Gately	TBC
Primary Care 24	Latest performance information	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield/Newark and Sherwood CCG
Chatsworth Ward Neuro-Rehabilitation Ward	Further consideration of this service change.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Ashfield/Newark and Sherwood CCG
Newark Hospital Urgent Treatment Centre	Briefing on the transition to Urgent Treatment Centre taking place from early 2018, with the intention that Newark Hospital becomes a centre of excellence across a broad range of diagnostics.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Ashfield/Newark and Sherwood CCG

<b>9 January 2018</b>				
Local Pharmaceutical Council	Initial Briefing on the work of the LPC.	Scrutiny	Martin Gately	Nick Hunter, Local Pharmaceutical Council.
Obesity Services	Initial Briefing	Scrutiny	Martin Gately	TBC
Suicide Prevention Plans	A preliminary examination of Suicide Prevention Plans further to a general request from the Parliamentary Health Select Committee.	Scrutiny	Martin Gately	Susan March, Senior Public Health and Commissioning Manager
<b>13 February 2018</b>				
<b>27 March 2018</b>				
Nottingham Treatment Centre Procurement	Progress Report on the results of the procurement	Scrutiny	Martin Gately	Maxine Bunn, Director of Contracting TBC
<b>8 May 2018</b>				
Bassetlaw Children's Ward	Further consideration	Scrutiny	Martin Gately	TBC
<b>24 July 2018</b>				
<b>To be Scheduled</b>				
Community Pharmacy Issues Update				Liz Gundel, Pharmacy Lead, NHS England
Healthcare Trust Mid and North Notts Services				

Never Events				
Substance Misuse				

### **Potential Topics for Scrutiny:**

TBC

Recruitment (especially GPs)

Rushcliffe CCG Pilots Update

### **Former Joint Health Committee Issues**

STP

Implementation and Evaluation of services decommissioned from NUH (TBC)

Community CAMHS

Transforming care for people with learning disabilities/autism

Emergency Care

Winter Pressures

Congenital Heart Disease Services

Progress/Evaluation of implementation changes to mental health services

Defence National Rehabilitation Centre

East Midlands Ambulance Service