

Health Scrutiny Committee

Monday, 18 May 2015 at 14:00

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

AGENDA

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|---|--|---------|
| 1 | Minutes of the last meeting held on 23 March 2015 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Sherwood Forest Hospitals - Regulatory Undertakings | 9 - 24 |
| 5 | Consideration of draft Quality Accounts SFH and Doncaster & Bassetlaw Trusts | 25 - 38 |
| 6 | Misdiagnosis | 39 - 50 |
| 7 | Protocol for Relations between HWB, Healthwatch & Health Scrutiny | 51 - 58 |
| 8 | Arrangement for scrutiny of Public Health services | 59 - 68 |
| 9 | Work Programme | 69 - 76 |

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**

Colleen Harwood (Chairman)

John Allin

Kate Foale

Bruce Laughton

John Ogle

Jacky Williams

District Members

	Glenys Maxwell	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	Griff Wynne	Bassetlaw District Council

Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Claire Granger	Healthwatch Nottinghamshire
Lindsay Price	Public Health
Simon Parkes	Newark & Sherwood Clinical Commissioning Group
Rick Dickinson	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Lisa Dinsdale	Sherwood Forest Hospitals NHS Foundation Trust
Ben Widdowson	Sherwood Forest Hospitals NHS Foundation Trust
Peter Wozencroft	Sherwood Forest Hospitals NHS Foundation Trust

MINUTES

The minutes of the last meeting held on 26 January 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were no apologies for absence.

DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTTINGHAMSHIRE COUNTY: RECOMMISSIONING TOBACCO CONTROL SERVICES

Lindsay Price, senior Public Health manager, presented a report which informed members regarding the consultation for re-commissioning Tobacco Control Services across Nottinghamshire. The new model would commission prevention services for young people, stop smoking services which would be both universal and targeted at key groups and smoke free services to reduce the harm caused to communities by tobacco use. Consultation events with the public, current service users and Clinical Commissioning Groups had been held and had received a generally positive response.

During discussion the following points were raised:

- Tobacco Control Services would be evidence based and would look to create new models of delivery and ways of working.
- Work with other services e.g. addiction, would continue and training would be provided to signpost to other lifestyle services
- The service would be universal throughout the County but there would be targeting of particular groups rather than geographical areas.

QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES

Lisa Dinsdale, Deputy Director of Nursing, Sherwood Forest Hospitals NHS Foundation Trust presented a briefing on the Quality Account priorities for Sherwood Forest Hospitals NHS Foundation Trust. The report considered progress against the priorities set for 2014-15 and the Trust's priorities for 2015-16.

The report had been circulated to Members prior to the meeting and during discussion the following points were raised:

- The Trust had worked hard to reduce the number of hospital acquired pressure ulcers which included additional resources in tissue viability, revised risk assessments and documentation and training and development to encourage better awareness and appropriate interventions at an early point.
- There had been no avoidable grade 3 pressure ulcers since April 2014 and no grade 4 pressure ulcers for two years. The Trust would now concentrate efforts on eliminating grade 2 ulcers.
- Work on falls reduction had shown some good improvements but was not at target. This would be a focus for 2015-16.

- It was acknowledged that further work was needed to satisfy safeguarding requirements particularly around compliance of staff attending training.
- The target for C Difficile would not be met and work was ongoing to understand the reasons why. The Clinical Commissioning Groups (CCG) had facilitated a community wide task and finish group to identify solutions.
- It was disappointing that Dr Foster had been unable to supply data regarding hospital standardised mortality rates (HSMR) but assurance was given that there had been no lapses in care or avoidable deaths.
- Assurance was also given that Patient Experience would still be a focus for the Trust even though it would not be a Quality Account priority for 2015-16.
- Sepsis would be a Commissioning for Quality and Innovation scheme (CQUiN) target for 2015-16 and that a specialist nurse had been appointed to help drive the management of sepsis.
- There were no reported medicines related 'never events' during quarter 3. It was confirmed that never events were formally reported to the local CCG and Trust executives for investigation. A strategy was being developed around organisational learning to focus on changing behaviours and attitudes and to share learning.
- The Chair requested that Health Scrutiny Committee be added to the list of those to be notified of never events.
- Assurance was given that up to date safeguarding training was mandatory for all staff.

The Chair thanked Ms Dinsdale for her briefing.

CARE FOR PEOPLE AT THE END OF LIFE

Simon Parkes, Head of Engagement and Service Improvement at Newark and Sherwood CCG presented a briefing on Care for people at the end of life. Improving end of life care was a priority for both CCGs in mid Nottinghamshire so that people would be able to choose their preferred place of care and place to die and would receive timely and coordinated care.

The report had been circulated to Members prior to the meeting and during discussion the following points were raised:

- Electronic Palliative Care Coordination System (EPaCCS) is a secure system which was developed to facilitate the sharing of care plans between GPs. Integrated Care Teams and other community based services for example ambulance service, emergency services so that patients wishes were supported.
- Hospitals have moved away from the Liverpool Care Pathway and the End of Life strategy reflected individualised, planned, coordinated care close to home

which was delivered sustainably by a network of local, trusted providers.

- End of Life care will be the focus of a CQUiN scheme next year.
- Fourteen Newark & Sherwood practices had commenced a year-long programme of Gold Standards Framework (GSF) 'Going for Gold' accreditation.
- Community capacity needed to be expanded as provision was too fragmented and small providers were often unable to meet demand. Work was ongoing to share expertise.
- Assurance was given that work was being done to remedy the 'requires improvement' ratings published in the July 2014 CQC inspection report and that progress was monitored through CQC assessment.

The Chair thanked Mr Parkes for his briefing and requested that annual updates be brought to the committee.

KINGS MILL HOSPITAL CAR PARKING CHARGES

Ben Widdowson, Head of Estates and Facilities and Peter Wozencroft, Director of Strategic Planning and Commercial Development, Sherwood Forest Hospitals Foundation Trust gave a briefing on car parking charges at Kings Mill Hospital.

During discussion the following points were raised:

- The Trust worked within the guidance published by the Department for Health 'NHS patient, visitor and staff car parking principles' 2014.
- Charging for car parking was necessary to ensure that the cost of providing the facility did not impact on resources needed by the Trust to provide high quality patient care.
- The Trust was sympathetic to patient/visitor's individual circumstances and offered reduced charges for those who were frequent visitors as well as free parking concessions to particular groups, for example end of life pathway patients, carers and relatives.
- The Committee expressed concern that information about car park concessions was not publicised sufficiently either within the hospital or to patients. Mr Wozencroft agreed to review how accessible information on car parking charges and concessions was and report back.
- The Trust had made concessionary payments of £35,000 through the Healthcare Travel Costs scheme during 2013-14.

The Chair thanked Mr Widdowson and Mr Wozencroft for their briefing and requested that an update be brought to a future meeting.

WORK PROGRAMME

The work programme was discussed and the following items were noted:

- The Chair would approach Cllr J Bosnjak regarding the possibility of working collaboratively on the topic of health inequalities.
- Martin Gatley would try to arrange a visit to Bassetlaw Hospital.
- Tobacco Control be removed from May agenda.

The meeting closed at 3.40pm.

CHAIRMAN

23 Mar 2015 - Health Scrutiny

18 May 2015

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS – REGULATORY UNDERTAKINGS

Purpose of the Report

1. Kerry Rogers, the Director of Corporate Services for the Sherwood Forest Hospitals NHS Foundation Trust, will give a presentation on the financial position of the Trust.

Information and Advice

2. Attached to this report are three appendices providing background to the present position.
3. Appendix 1 details the Trust's agreed undertakings pursuant to section 106 of the Health and Social Care Act 2012 ('The Act').
4. Appendix 2 confirms the Trust's compliance with paragraph 12(1) of Schedule 11 of the Act.
5. Appendix 3 details the additional condition imposed on the Trust under section 111 of the Act.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and comments on the information provided.
- 2) That the Health Scrutiny Committee schedules further reports on the topic for further consideration as required.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

LICENSEE:

Sherwood Forest Hospitals NHS Foundation Trust ("the Licensee")
King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

DECISION

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, Monitor has decided to accept from the Licensee the enforcement undertakings specified below, pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

1. GROUNDS

Licence

- 1.1. The Licensee is the holder of a licence granted under section 87 of the Act.

2. BREACHES

Financial Breaches

- 2.1. Monitor has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: CoS3(1), FT4(5)(a), FT4(5)(d), FT4(5)(g).
- 2.2. In particular:
 - 2.2.1. The Licensee has failed to produce a realistic and sustainable long term financial plan which raises concerns about its financial governance;
 - 2.2.2. The Licensee's forecast 2014/15 deficit deteriorated against its 2014/15 financial plan by £4.5m in December 2014, and a further £1.7m in January 2015. The Licensee now has a forecast 2014/15 deficit of £32.7m. This unforeseen deterioration in the Licensee's financial position raises further concerns about the Licensee's financial governance; and
 - 2.2.3. Based on the information provided by the Licensee to Monitor during February 2015, including draft 2015/16 financial plans submitted on 27 February 2015, Monitor is concerned that the 2015/16 position will significantly worsen from the forecast 2014/15 deficit. This raises further concerns about the Licensee's financial governance.
- 2.3. The matters set out above demonstrate shortcomings in the Licensee's corporate governance arrangements and financial management standards, including a failure by the Licensee to establish and effectively implement systems and/or processes to:
 - 2.3.1. ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

- 2.3.2. implement effective financial decision-making, management and control, (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
- 2.3.3. identify and manage (including through forward plans), material risks to compliance with the Conditions of its Licence.

Target Breaches

- 2.4. Monitor has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: FT4(5)(c) and (f);
- 2.5. In particular:
 - 2.5.1. The Licensee has failed to meet the referral to treatment non admitted target ("RTT non admitted target") in each quarter since Q3 2013/14 and has failed to meet the accident and emergency 4 hour wait target ("A&E target") in each quarter since Q4 2013/14;
- 2.6. The failure to achieve the RTT non admitted target and the A&E target demonstrates a failure of governance arrangements to establish and effectively implement systems or processes to ensure compliance with the health care standards binding on the Licensee, and a failure to identify and manage material risks to compliance with the conditions of its Licence.

Governance Breaches

- 2.7. Monitor has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: FT4(4); FT4(5)(a); FT4(5)(b)-(d);(f) & (g); FT4(6); FT4(7).
- 2.8. In particular:
 - 2.8.1. Following an inspection in April and May 2014 the CQC recommended that the Licensee remain in special measures. Monitor is concerned that insufficient progress has been made by the Licensee to exit special measures on a timely basis;
 - 2.8.2. The Licensee has failed to comply with its s.105 discretionary requirements, in particular, to fully deliver its Governance plans by 31 October 2013, and to submit a five year financial turnaround plan which is deliverable and reduces the Licensee's underlying deficit and cash requirements year on year on a recurrent basis;
 - 2.8.3. An external review (finalised in February 2015) of the Licensee's financial plan highlighted deficiencies in the Licensee's planning process. In particular, there are concerns about the Licensee's ability to operationalise the financial plan;

- 2.8.4. The Licensee's financial deterioration in 2014/15 and expected further financial deterioration in 2015/16 raises concerns about the Licensee's financial governance;
 - 2.8.5. An external review (finalised in December 2014) of the Licensee against Monitor's Well Led Framework for governance reviews highlighted a number of governance concerns; and
 - 2.8.6. The Licensee has failed to meet the RTT non admitted target in each quarter since Q3 2013/14 and has failed to meet the A&E target in each quarter since Q4 2013/14.
- 2.9. The matters set out above demonstrate shortcomings in the Licensee's corporate governance arrangements, including a failure to:
- 2.9.1. ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
 - 2.9.2. implement effective financial decision-making, management and control;
 - 2.9.3. obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; and
 - 2.9.4. identify and manage (including through forward plans), material risks to compliance with the Conditions of its Licence.
3. Need for action
- 3.1. Monitor believes that the action which the Licensee has undertaken to take pursuant to these undertakings is action required to secure that the breaches in question do not continue or recur.
4. Appropriateness of Undertakings
- 4.1. In considering the appropriateness of accepting in this case the undertakings set out below, Monitor has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

Monitor has agreed to accept and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act:

1. Financial Sustainability & Financial Governance

- 1.1. The Licensee will take all reasonable steps to deliver its services on a financially sustainable basis, including but not limited to the actions in paragraphs 1.2 to 1.9 below. As part of this, the Licensee will take all reasonable steps to improve its financial position and minimise its external funding requirement.

- 1.2. The Licensee will develop and deliver a recovery plan for the 2015/16 financial year (the "Short Term Recovery Plan") to be submitted to Monitor by 31 July 2015 or such later date as may be agreed with Monitor.
- 1.3. The Licensee will develop and demonstrate it can deliver a realistic and robust long term financial recovery plan to address the 5 years following the period covered by the Short Term Recovery Plan, or such other period as Monitor may agree (the "Long Term Recovery Plan"). The Licensee will submit the Long Term Recovery Plan to Monitor by 31 October 2015 or such later date as may be agreed with Monitor.
- 1.4. This Licensee will develop and deliver a plan to ensure that appropriate financial governance arrangements, including sufficient cost controls, are in place (the "Financial Governance Action Plan"). The Financial Governance Action Plan will be submitted to Monitor by 31 May 2015 or such later date as may be agreed with Monitor.
- 1.5. The Financial Governance Action Plan will include "SMART" milestones and metrics for each action in order to allow the Licensee to track progress against each action.
- 1.6. Following submission of the Short Term Recovery Plan, Long Term Recovery Plan and Financial Governance Action Plan, if requested by Monitor, the Licensee will commission an external assurance review of the Short Term Recovery Plan, the Long Term Recovery Plan and/or the Financial Governance Action Plan from a source and according to a scope and timing to be agreed with Monitor. If an external assurance review is commissioned the Licensee will provide copies of the draft and final reports to Monitor, if Monitor so requests.
- 1.7. The Licensee will keep the Short Term Recovery Plan, Long Term Recovery Plan and Financial Governance Action Plan under review. Where matters are identified which materially affect the Licensee's ability to meet the requirements of paragraph 1.1, whether identified by the Licensee, Monitor or another party, the Licensee will notify Monitor (if Monitor is not aware of the matter) as soon as practicable and update and resubmit the relevant plan within a timeframe to be agreed with Monitor.
- 1.8. The Licensee will continue to employ a financial turnaround director and will ensure the financial turnaround director is provided with access to such resources and support as the financial turnaround director considers necessary and reasonable for the fulfilment of their role, until such time as the Licensee can demonstrate to Monitor that:
 - 1.8.1. it has the capacity and capability to develop and deliver a credible Short Term Recovery Plan, Long Term Recovery Plan and Financial Governance Action Plan; and
 - 1.8.2. appropriate standards of financial governance (including sufficient cost controls) are in place; or
 - 1.8.3. Monitor agrees that a financial turnaround director is no longer required.
- 1.9. If required by Monitor the Licensee will commission a review to assess whether the requirements of 1.8.1 and 1.8.2 have been met from a source and according to a scope and timing to be agreed with Monitor. If a review is commissioned, the Licensee will provide copies of the reviewer's draft and final reports to Monitor within a week of receiving them.

2. Special Measures

- 2.1. The Licensee will take all reasonable steps to ensure that it meets the requirements to exit special measures following the next CQC inspection, including but not limited to the actions in paragraphs 2.2 to 2.4 below.
- 2.2. The Licensee will deliver the "SMART Action Plan" (submitted to Monitor on 26 March 2015) which addresses the issues preventing the Trust from exiting special measures. The Licensee will provide Monitor with fortnightly reporting on its progress in delivering the SMART Action Plan unless otherwise agreed with Monitor. The fortnightly reporting submission to Monitor will be signed off by the executive director lead for each section of the SMART Action Plan unless agreed by Monitor.
- 2.3. The Licensee will keep the SMART Action Plan under review. Where matters are identified which materially affect the Licensee's ability to meet the requirements of paragraph 2.1, whether identified by the Licensee, Monitor or another party, the Licensee will notify Monitor (if Monitor is not aware of the matter) as soon as practicable and update and resubmit the SMART Action Plan in conjunction with Monitor's Improvement Director appointed to the Licensee ("Improvement Director") within a timeframe to be agreed with Monitor.
- 2.4. The Licensee will ensure the Improvement Director is provided with access to such resources and support as the Improvement Director considers necessary and reasonable for the fulfilment of their role.

3. Target breaches

- 3.1. The Licensee will take all reasonable steps to deliver the A&E target and RTT non admitted target on a sustainable basis, including but not limited to the actions in paragraphs 3.2 to 3.7 below.
- 3.2. The Licensee will develop an A&E target action plan and an RTT non admitted target action plan ("the Target Action Plans") to be submitted to Monitor by 8 May 2015 or a later date to be agreed with Monitor.
- 3.3. Prior to submission to Monitor, the Target Action Plans will be agreed with the Licensee's commissioners and NHS Interim Management and Support ("IMAS") unless otherwise agreed with Monitor.
- 3.4. The Target Action Plans will include such metrics and Key Performance Indicators (KPIs) as are necessary to monitor implementation of the plans.
- 3.5. The Licensee will provide a monthly report on its progress against the actions and performance against the KPIs in the Target Action Plans. The form, content and timing of the report are to be agreed with Monitor.
- 3.6. The Licensee will implement the Target Action Plans and will, if required by Monitor, obtain external assurance from a source and according to a scope and timing to be agreed with Monitor, that the target action plans have been implemented in full.
- 3.7. The Licensee will keep the Target Action Plans under review. Where matters are identified which materially affect the Licensee's ability to meet the requirements of paragraph 3.1, whether identified by the Licensee, Monitor or another party, the

Licensee will notify Monitor (if Monitor is not aware of the matter) as soon as practicable and update and resubmit the Target Action Plans.

4. Governance

- 4.1. The Licensee will take all reasonable steps to ensure that breaches of the Licence due to governance concerns are addressed sustainably, including but not limited to the actions in paragraphs 4.2 to 4.6 below.
- 4.2. The Licensee will develop a plan to address the concerns identified in the 'Well Led' review which concluded in December 2014 ("the Governance Action Plan"). The Governance Action Plan is to be submitted to Monitor by 29 May 2015 or a later date to be agreed with Monitor.
- 4.3. The Governance Action Plan will include "SMART" milestones and metrics for each action in order to allow the Licensee to track progress against each action.
- 4.4. The Licensee will implement the Governance Action Plan.
- 4.5. The Licensee will keep the Governance Action Plan under review. Where matters are identified which materially affect the Licensee's ability to meet the requirements of paragraph 4.1, whether identified by the Licensee, Monitor or another party, the Licensee will notify Monitor (if Monitor is not aware of the matter) as soon as practicable and update and resubmit the Governance Action Plan within a timeframe to be agreed with Monitor.
- 4.6. On completion of the Governance Action Plan, if required by Monitor the Licensee will commission a comprehensive review of governance from a source and according to a scope and timing to be agreed with Monitor. If a review is commissioned, the Licensee will provide copies of the reviewer's draft and final reports to Monitor within a week of receiving them.

5. Distressed funding

- 5.1. Where financing is provided by the Secretary of State for Health to the Licensee pursuant to section 40 of the NHS Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.
- 5.2. The Licensee will comply with any reporting requests made by Monitor in relation to any financing provided or to be provided to the Licensee by the Secretary of State for Health pursuant to section 40 of the NHS Act 2006.

6. General

- 6.1. The Licensee will implement sufficient programme management and governance arrangements to enable delivery of:
 - 6.1.1. The Short Term Recovery Plan;
 - 6.1.2. The Long Term Recovery Plan;
 - 6.1.3. The Financial Governance Action Plan;

- 6.1.4. The SMART Action Plan;
 - 6.1.5. The Target Action Plans; and
 - 6.1.6. The Governance Action Plan.
- 6.2. Such programme management and governance arrangements will enable to the Board to:
- 6.2.1. Obtain a clear oversight over the progress in delivery the plans;
 - 6.2.2. Obtain an understanding of any risks to the successful achievement of the plans and ensure appropriate mitigation of any such risks; and
 - 6.2.3. Hold individuals to account for the delivery of the relevant plans.

7. Reporting

- 7.1. The Licensee will provide regular reports to Monitor on its progress in meeting the undertakings set out above and will attend meetings or, if Monitor stipulates, conference calls, to discuss its progress in meeting those undertakings. These meetings shall take place once a month unless Monitor otherwise stipulates, at a time and place to be specified by Monitor and with attendees specified by Monitor.

THE UNDERTAKINGS SET OUT ABOVE ARE WITHOUT PREJUDICE TO THE REQUIREMENT ON THE LICENSEE TO ENSURE THAT IT IS COMPLIANT WITH ALL THE CONDITIONS OF ITS LICENCE, INCLUDING ANY ADDITIONAL LICENCE CONDITION IMPOSED UNDER SECTION 111 OF THE ACT AND THOSE CONDITIONS RELATING TO:

- **COMPLIANCE WITH THE HEALTH CARE STANDARDS BINDING ON THE LICENSEE; AND**
- **COMPLIANCE WITH ALL REQUIREMENTS CONCERNING QUALITY OF CARE.**

ANY FAILURE TO COMPLY WITH THE ABOVE UNDERTAKINGS WILL RENDER THE LICENSEE LIABLE TO FURTHER FORMAL ACTION BY MONITOR. THIS COULD INCLUDE THE IMPOSITION OF DISCRETIONARY REQUIREMENTS UNDER SECTION 105 OF THE ACT IN RESPECT OF THE BREACH IN RESPECT OF WHICH THE UNDERTAKING WERE GIVEN AND/OR REVOCATION OF THE LICENCE PURSUANT TO SECTION 89 OF THE ACT.

WHERE MONITOR IS SATISFIED THAT THE LICENSEE HAS GIVEN INACCURATE, MISLEADING OR INCOMPLETE INFORMATION IN RELATION TO AN UNDERTAKING: (i) MONITOR MAY TREAT THE LICENSEE AS HAVING FAILED TO COMPLY WITH THE UNDERTAKING; AND (ii) IF MONITOR DECIDES SO TO TREAT THE LICENSEE, MONITOR MUST BY NOTICE REVOKE ANY COMPLIANCE CERTIFICATE GIVEN TO THE LICENSEE IN RESPECT OF COMPLIANCE WITH THE RELEVANT UNDERTAKING.

LICENSEE

Signed (Chair of Licensee)

Dated

Scalyans
21 April 2015

MONITOR

Signed

A handwritten signature in black ink, appearing to be 'MB' followed by a stylized flourish.

Dated

24 April 2015

CERTIFICATE OF COMPLIANCE

LICENSEE:

Sherwood Forest Hospitals NHS Foundation Trust ("**the Licensee**")
King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

In accordance with paragraph 12(1) of Schedule 11 to the Health and Social Care Act 2012, Monitor hereby certifies that in respect of all of the Licensee's Enforcement Undertakings accepted by Monitor on 6 August 2013 the Trust has been fully compliant.

Signed:



Chair of the Provider Regulation Executive

Date: 24 April 2015

NOTICE OF ADDITIONAL LICENCE CONDITION

LICENSEE:

Sherwood Forest Hospitals NHS Foundation Trust ("**the Licensee**")
King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

DECISION

On the basis of the grounds set out below, taking into account representations by the Licensee and having regard to its Enforcement Guidance, Monitor has decided to impose the additional licence condition specified below on the Licensee pursuant to its powers under section 111 of the Health and Social Care Act 2012 ("the Act").

THE LICENCE IS AMENDED AS FOLLOWS:

After Condition FT4, insert:

"Additional Licence Condition 1 – Additional governance requirements:

1. The Licensee must ensure that it has in place sufficient and effective Board, management and clinical leadership capacity and capability, as well as appropriate governance systems and processes, to enable it to—
 - a. address the issues specified in paragraph 2 effectively; and
 - b. comply with any discretionary requirement imposed or enforcement undertaking accepted under the 2012 Act in connection with those issues.
2. The issues referred to in paragraph 1 are issues relating to the Licensee's governance, financial governance or operations, including those issues identified in any external reviews, which have caused or contributed to, or are causing or contributing to, or which may cause or contribute to breaches, or the risk of breach of conditions of the Licence.
3. For the purposes of paragraph 1, an issue is addressed effectively only if it is addressed within a reasonable timescale, including any applicable timescale proposed in any external reviews, any discretionary requirement or any enforcement undertaking, or reasonably specified by Monitor."

ANTICIPATED EFFECT OF THE ADDITIONAL CONDITION:

Monitor anticipates that the effect of imposing the additional condition would be as set out below under the heading(s) 'Need for Action' in the section below headed 'Grounds'.

INCIDENTAL OR CONSEQUENTIAL MODIFICATIONS REQUIRED AS A RESULT OF THE IMPOSITION OF THE ADDITIONAL CONDITION:

No incidental or consequential modifications are required to the Licensee's licence.

GROUND(S)

1. Licence

The Licensee is the holder of a licence granted under section 87 of the Act.

2. Power to impose additional licence condition(s)

2.1. Monitor is satisfied that the governance of the Licensee is such that the Licensee will fail to comply with the one or more of the following conditions of the Licensee's licence: CoS3(1)); FT4(4)(a); FT4(4)(b); FT4(4)(c); FT4(5)(a); FT4(5)(b); FT4(5)(c); FT4(5)(d); FT4(5)(f); FT4(5)(g); FT4(6); FT4(7).

2.2. Need for action

Monitor believes the additional licence condition described above is required to secure that the breaches in question do not continue or recur.

a) Leadership & governance

i) Monitor has concerns in respect of leadership and governance, evidenced by the following:

- (1) Following an inspection in April and May 2014 the CQC recommended that the Licensee remain in special measures. Monitor is concerned that insufficient progress has been made by the Licensee to exit special measures on a timely basis;
- (2) The Licensee has failed to comply with its s.105 discretionary requirements, in particular, to fully deliver its Governance plans by 31 October 2013, and to submit a five year financial turnaround plan which is deliverable and reduces the Licensee's underlying deficit and cash requirements year on year on a recurrent basis;
- (3) An external review (finalised in February 2015) of the Licensee's financial plan highlighted deficiencies in the Licensee's planning process. In particular, there are concerns about the Licensee's ability to operationalise the financial plan;
- (4) The Licensee's forecast 2014/15 deficit deteriorated against its 2014/15 financial plan by £4.5m in December 2014, and a further £1.7m in January 2015. The Licensee now has a current forecast outturn 2014/15 deficit of £32.7m. This unforeseen deterioration in the Licensee's financial position raises further concerns about the Licensee's financial governance;

- (5) Based on the information provided by the Licensee to Monitor during February 2015, including draft 2015/16 financial plans submitted on 27 February 2015, Monitor is concerned that the 2015/16 position will significantly worsen from the projected 2014/15 deficit. This raises further concerns about the Licensee's financial governance;
- (6) An external review (finalised in December 2014) of the Licensee against Monitor's Well Led Framework for governance reviews highlighted a number of governance concerns;
- (7) The Licensee has failed to meet the referral to treatment non admitted target in each quarter since Q3 2013/14 and has failed to meet the accident and emergency target in each quarter since Q4 2013/14.

In the light of these matters, and the other available evidence, Monitor is satisfied that the Board is failing to secure compliance with the Licensee's licence conditions and failing properly to take steps to reduce the risk of breaches of those conditions. In these circumstances, Monitor is satisfied that the governance of the Licensee is such that the Licensee is failing and will fail to comply with the conditions of its licence.

Monitor considers that the imposition of the condition specified above is appropriate for reducing the risk of non-compliance identified above.

3. Appropriateness of Imposition of Additional Licence Condition

In considering the appropriateness of imposing this additional licence condition, Monitor has taken into account the matters set out in its Enforcement Guidance.

THE REQUIREMENTS OF THE ADDITIONAL LICENCE CONDITION ARE WITHOUT PREJUDICE TO (i) ANY DISCRETIONARY REQUIREMENTS IMPOSED UNDER SECTION 105 OF THE ACT, (ii) THE REQUIREMENTS OF ANY ENFORCEMENT UNDERTAKING GIVEN BY THE LICENSEE AND (ii) THE REQUIREMENT ON THE LICENSEE TO ENSURE THAT IT IS COMPLIANT WITH ALL THE CONDITIONS OF ITS LICENCE INCLUDING THOSE RELATING TO:

- **COMPLIANCE WITH THE HEALTH CARE STANDARDS BINDING ON THE LICENSEE; AND**
- **COMPLIANCE WITH ALL REQUIREMENTS CONCERNING QUALITY OF CARE.**

ANY FAILURE TO COMPLY WITH THE ADDITIONAL LICENCE CONDITION WOULD RENDER THE LICENSEE LIABLE TO FURTHER FORMAL ACTION BY MONITOR. THIS COULD INCLUDE REQUIRING THE LICENSEE TO REMOVE ONE OR MORE OF THE DIRECTORS OR MEMBERS OF THE COUNCIL OF GOVERNORS AND APPOINT INTERIM DIRECTORS OR MEMBERS, SUSPEND ONE OR MORE DIRECTORS OR MEMBERS OF THE COUNCIL OF GOVERNORS FOR A SPECIFIED PERIOD AND/OR DISQUALIFY ONE OR MORE DIRECTORS OR MEMBERS OF THE COUNCIL OF GOVERNORS FOR A SPECIFIED PERIOD. THIS COULD INCLUDE ALSO OR INSTEAD ACTION UNDER SECTIONS 105 OR 106 OF THE ACT TO IMPOSE DISCRETIONARY REQUIREMENTS OR ACCEPT

UNDERTAKINGS. MONITOR WOULD ALSO BE ABLE TO TAKE ACTION UNDER SECTION 89 TO REVOKE THE LICENSEE'S LICENCE.

MONITOR

Dated 24 April 2015
2015

Signed

A handwritten signature in black ink, appearing to be 'N. B. Smith', written over a horizontal line.

Chair of the Provider Regulation Executive
Monitor

18 May 2015**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****CONSIDERATION OF DRAFT QUALITY ACCOUNTS: SHERWOOD FOREST
HOSPITALS NHS FOUNDATION TRUST AND DONCASTER & BASSETLAW
HOSPITALS NHS FOUNDATION TRUST****Purpose of the Report**

1. To introduce the draft Quality Accounts of Sherwood Forest Hospitals NHS Foundation Trust and Doncaster & Bassetlaw Hospitals NHS Foundation Trust for consideration and comment.

Information and Advice

2. Providers of NHS healthcare services in England, including the independent sector, are required to publish an annual Quality Account.
3. The purpose of the Quality Account report is for the healthcare service provider to assess quality across all of the healthcare services it offers by reporting information on performance across the year and identifying priorities for improvement during the forthcoming year, and how they will be achieved and measured.
4. Under the National Health Service (Quality Accounts) Regulations 2010 (amended by The National Health Service (Quality Accounts) Amendment Regulations 2012) healthcare providers publishing Quality Accounts are required to send a draft of the Quality Account to the Overview and Scrutiny Committee of the local authority in whose area the provider has its registered or principal office is located, and invite comments on the document.
5. The Overview and Scrutiny Committee may, if it wishes, provide a written statement outlining its views on the document. Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account. The Department of Health's guidance '*Quality Accounts: A guide for Overview and Scrutiny Committee*' is attached at Appendix A.
6. Providers must send their Quality Account to the relevant OSC by 30 April each year. The Department of Health requires that providers submit their final Quality Account by 30 June each year.
7. Rick Dickinson, Deputy Director of Quality and Governance Doncaster & Bassetlaw CCG and Susan Bowler, Executive Director Nursing and Quality Sherwood Forest Hospitals Foundation Trust will attend Health Scrutiny to present the draft Quality Account and answer questions.

8. The draft Quality Accounts of the Sherwood Forest Hospitals Trusts is attached as appendix B to this report. The draft Quality Account of Doncaster & Bassetlaw Hospitals NHS Foundation Trust will be forwarded as soon as possible.
9. It is requested that Members indicate to the officers supporting health scrutiny the points to be included within the comment, should they wish to make one. The comment can then be drafted, subject to any correction or amendment by Chair and Vice-Chair before being circulated to the whole committee for agreement, and finally onward transmission to

RECOMMENDATION

That the Health Scrutiny Committee:

- i) Consider the draft Quality Accounts
- ii) ask questions about the information received
- iii) Indicate points for the comment to be included within the published version of the Quality Accounts (or decline to make a comment)

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Quality Accounts: a guide for Overview and Scrutiny Committees

DH INFORMATION READER BOX	
Policy	<div> <div>HR / Workforce Management Planning / Clinical</div> <div>Estates Commissioning IM & T Finance Social Care / Partnership Working</div> </div>
Document Purpose	Best Practice Guidance
Gateway Reference	15794
Title	Quality Accounts: a guide for Overview and Scrutiny committees
Author	DH
Publication Date	16 Mar 2011
Target Audience	Local Authority CEs
Circulation List	Local Authority CEs
Description	Healthcare providers publishing Quality Accounts in June 2011 have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication.
Cross Ref	Quality Accounts Toolkit 2010/11
Superseded Docs	
Action Required	N/A
Timing	
Contact Details	Richard Owen NHS Medical Directorate Skipton House 80 London Road London SE1 6LH
For Recipient's Use	

Quality Accounts: a guide for Overview and Scrutiny Committees (OSCs).

Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication.

This gives OSCs the opportunity to review the information contained in the report and provide a statement on their view of what is reported.

Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

Providers must send their Quality Account to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

This mini-guide has been produced specifically for OSCs and draws on relevant information already published in the Quality Accounts toolkit :

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

Who has to provide one?

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality Account. Providers are exempt from reporting on any primary care or NHS Continuing Health care services.

What is the purpose of a Quality Account?

The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements, which focus on essential standards.

If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

How will they be used?

Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:

- display a notice at their premises with information on how to obtain the latest Quality Account; and
- provide hard copies of the latest Quality Account to those who request one.

The public, patients and others with an interest in their local provider will use a Quality Account to understand:

- where an organisation is doing well and where improvements in service quality are required;
- what an organisation's priorities for improvement are for the coming year; and
- how an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

Quality Accounts will be public-facing documents, published on NHS Choices

How will the process of producing a Quality Account benefit the provider?

The process of producing a Quality Account is an opportunity for organisations and clinicians to collect, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation.

It can also help with benchmarking against other organisations.

The process of producing a Quality Account also provides an opportunity for providers to engage their stakeholders, including PCTs, LINKs and the public, in the review of information relating to quality and decisions about priorities for improvement.

This sort of quality monitoring and improvement activity can have many purposes for the provider. For example it will help them to assess their risks and monitor the effectiveness of the services they provide; the information could also inform their internal monitoring of compliance with CQC registration requirements.

Why are OSCs being asked to get involved with Quality Accounts?

The Department of Health engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts.

A key message from our stakeholder engagement activity was that confidence in the accuracy of data and conclusions drawn on the quality of healthcare provided from these figures is key to maximising confidence in those reading Quality Accounts. Without some form of scrutiny, service users and members of the public may have no trust in what they are reading.

OSCs, along with LINKs and commissioning PCTs, have been given the opportunity to comment on a provider's Quality Account before it is published as it is recognised that they have an existing role in the scrutiny of local health services, including the ongoing operation of and planning of services.

The powers of overview and scrutiny of the NHS enable committees to review any matter relating to the planning, provision and operation of health services in the area of its local authority. Each local NHS body has a duty to consult the local overview and scrutiny committee(s) on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

How can OSCs get involved in the development of Quality Accounts?

OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

If an important local healthcare issue is missing from a provider's Quality Account then the OSC can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission. Some of these issues might not directly relate to healthcare quality, so their omission by the provider might be unavoidable (given their legal obligation to report on healthcare only) and your commentary should acknowledge that.

Quality Accounts aim to encourage local quality improvements, OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally.

OSCs may also wish to comment on how well providers have engaged patients and the public, and how well they have promoted the Quality Account.

OSCs should not feel that they have to comment on areas of the Quality Account where they do not have relevant knowledge. However, conversations between providers and OSCs should start at the beginning of the planning process for the production of a Quality Account so both the provider and the OSC are aware of each other's expectations in the process.

OSCs could therefore comment on the following:

- does a provider's priorities match those of the public;
- whether the provider has omitted any major issues;
- has the provider demonstrated they have involved patients and the public in the production of the Quality Account; and
- any comment on issues the OSC is involved in locally.

What must providers do to give OSCs the opportunity to comment on their Quality Account?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located.

They must send it to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

The OSC then has the opportunity to provide a statement of no more than 1000 words indicating whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided.

The OSC should return the statement to the provider within 30 days of receipt of the Quality Account to allow time for the provider to prepare the report, which will include the statement, for publication.

If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

How does the review of Quality Accounts in April fit in with the other activities carried out by OSCs?

Quality Accounts do not replace any of the information sent to CQC by OSCs as part of CQC's regulatory activities.

Quality Accounts and statements made by commissioners, LINKs and OSCs will be an additional source of information for CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

It is recommended that discussions around the proposed content of a Quality Account and review of early drafts of the report is conducted during the reporting year in question so that by April each year OSCs will already have a good idea of what they expect to see in a provider's Quality Account and may have commented on earlier versions.

Where local elections are being held in April and OSCs will not have the opportunity to review Quality Accounts, it is advised that where possible, OSCs discuss plans and suggest content for Quality Accounts with providers when they reconvene in the summer.

Stakeholder engagement in the development of a Quality Account should be a year-long process – ideally starting at the beginning of the reporting year.

Which OSC should a provider send its Quality Account to?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located. This may be different from the geographical area of the lead commissioner. In these cases, liaison and co-operation will be the key to achieving a rounded view on the organisation for whose Quality Account you are providing feedback.

Does an OSC have to supply a statement for every Quality Account it is sent?

No. The role of OSCs in providing assurance over a provider's Quality Account is a voluntary one. Depending on the capacity and health scrutiny interests of the OSC, the committee may decide to prioritise and comment on those providers where members and the constituents they represent have a particular interest.

It would be helpful to let the provider know that you do not intend to supply a statement so that this does not hold up their publication.

Does the statement have to be 1000 words long?

No, this is a maximum set in the Regulations. We have increased the maximum limit for situations where LINKs and OSC wish to produce joint comments.

Working with commissioning PCTs, LINKs and other stakeholders

Existing DH guidance recommends that scrutiny of services provided, commissioned or planned by a single NHS body covering more than one local authority area, is undertaken by a joint committee.

Joint committees may therefore wish to work together when considering Quality Accounts for organisations that provide services across multiple authority areas such as ambulance trusts. For instance, joint arrangements may already be in place for providing third party comments on providers to the CQC (for instance, to provide comments to CQC about a provider's compliance with registration requirements) and it would be appropriate to use these existing arrangements to discuss provider's Quality Accounts.

It should be noted however that the legal requirement is for a provider to send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located and to publish within their final Quality Account any statement that they have provided. It is important therefore that, when OSCs jointly consider a provider's Quality Account, it is the OSCs residing in the local authority area that sends the statement back to the provider. If the statement has been jointly written, it would be appropriate to state who has contributed to it.

How OSCs and other stakeholders work together is left for local discretion as there is variation across authority areas.

When OSCs jointly consider a provider's Quality Account, the OSC residing in the local authority area for the provider should send the statement back to the provider.

What should OSCs do if they receive a Quality Account from a provider with a national presence?

Some OSCs may receive Quality Accounts from multi-site providers. We do not expect an OSC to assure the quality of a national provider. Instead, we ask that the provider demonstrates how they nationally engage stakeholders day-to-day and in the production of the Quality Account.

How does Quality Accounts fit with the wider quality improvement agenda?

The objectives for Quality Accounts are to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services

they offer, and encourage them to engage in the wider processes of continuous quality improvement, holding them accountable to stakeholders.

How do Quality Accounts relate to the work of regulators such as CQC and Monitor?

Quality Accounts do not replace any of the information sent to CQC as part of their regulatory activities. Quality Accounts and statements made by commissioners, LINKs and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

When providing comments on a Quality Account, OSCs should consider whether their reflections on the quality of healthcare provided should also be submitted to CQC.

Monitor's annual reporting guidance requires NHS foundation trusts to include a report on the quality of care they provide within their annual report. NHS foundation trusts also have to publish a separate Quality Account each year, as required by the NHS Act 2009, and in the terms set out in the Regulations. This Quality Account will then be uploaded onto NHS Choices.

Monitor's annual reporting guidance for the Quality Report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations, as well as additional reporting requirements set by Monitor. This is available from Monitor's website.

Quality Accounts for OSCs - Getting started

Before you receive a draft Quality Account:

- Identify which providers will be sending their Quality Account to you and start discussions on proposed content early on in the reporting year.
- Providers have been encouraged in guidance to share early drafts of their Quality Account and useful background information on the content with stakeholders.
- Discuss the provider's proposed content of their Quality Account at an early stage to ensure that it includes areas that have been identified as being local priorities.

Once you have received a draft Quality Account (between 1 – 30 April):

- Before providing a statement on a provider's Quality Account, OSCs may wish to consult with other OSCs where substantial activity (for instance specialised services) is provided to patients outside their area.
- Write a statement (no more than 1000 words in length) for publication in a provider's Quality Account on whether or not they consider, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The statement could include comment on for instance, whether it is a representative account of the full range of services provided.

Sending the written statement back to the provider:

- Send the statement back to the provider within 30 days of the draft Quality Account being received. Your statement will be published in the provider's Quality Account.
- If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

18 May 2015**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****CONSIDERATION OF DRAFT QUALITY ACCOUNTS: SHERWOOD FOREST
HOSPITALS NHS FOUNDATION TRUST AND DONCASTER & BASSETLAW
HOSPITALS NHS FOUNDATION TRUST****Purpose of the Report**

1. To introduce the draft Quality Accounts of Sherwood Forest Hospitals NHS Foundation Trust and Doncaster & Bassetlaw Hospitals NHS Foundation Trust for consideration and comment.

Information and Advice

2. Providers of NHS healthcare services in England, including the independent sector, are required to publish an annual Quality Account.
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7. Rick Dickinson, Deputy Director of Quality and Governance Doncaster & Bassetlaw CCG and Susan Bowler, Executive Director Nursing and Quality Sherwood Forest Hospitals Foundation Trust will attend Health Scrutiny to present the draft Quality Account and answer questions.

8. The draft Quality Accounts of the Sherwood Forest Hospitals Trusts is attached as appendix B to this report. The draft Quality Account of Doncaster & Bassetlaw Hospitals NHS Foundation Trust will be forwarded as soon as possible.
9. It is requested that Members indicate to the officers supporting health scrutiny the points to be included within the comment, should they wish to make one. The comment can then be drafted, subject to any correction or amendment by Chair and Vice-Chair before being circulated to the whole committee for agreement, and finally onward transmission to

RECOMMENDATION

That the Health Scrutiny Committee:

- i) Consider the draft Quality Accounts
- ii) ask questions about the information received
- iii) Indicate points for the comment to be included within the published version of the Quality Accounts (or decline to make a comment)

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

18 May 2015**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****MISDIAGNOSIS****Purpose of the Report**

1. To consider information on the prevalence of misdiagnosis.

Information and Advice

2. The Health Scrutiny Committee previously considered information from Newark and Sherwood Clinical Commissioning Group (CCG) and Mansfield and Ashfield CCG at the meeting on 6th January 2014.
3. The committee heard about the ramifications of wrong diagnosis; including undercall and overcall – which have the potential to cause different forms of harm. There was also an effect on the use of resources with overcall resulting in the doubling of the number of CT scans done in the Emergency Department over the last three years.
4. Between April and November 2013 only 3 serious incidents were reported at Sherwood Forest Hospitals. The committee also heard that serious consequences from misdiagnosis are thankfully small. Nevertheless, each case must be thoroughly investigated in order to make improvements.
5. At that time Members decided not to initiate a study group to review misdiagnosis issues, but preferred to wait until further data and information was available. In particular, data which would allow comparison between Sherwood Forest Hospital and Nottingham University Hospital.
6. Elaine Moss, Chief Nurse and Director of Quality and Amanda Callow, Deputy Chief Nurse will attend the Health Scrutiny Committee meeting to brief Members on misdiagnosis and answer questions as necessary.
7. Members will wish to determine if they would like to proceed with a review of misdiagnosis issues or schedule further briefing for the future.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the briefing on misdiagnosis
- 2) Determine if the topic of misdiagnosis is suitable for a Scrutiny review.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Delayed or Missed Diagnosis - Scope, Scale and System



What is meant by delayed or missed diagnosis?

- Missed opportunities to identify a condition e.g. a patient not being sent for appropriate tests or investigations
- Failure to recognise a diagnosis or misinterpretation of results
- Delays in undertaking appropriate assessment of a patient
- Delays in reviewing tests or investigation results

The NHS defines a serious incident as: "adverse *events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified*"(NHS England 2015)

What information is available to Clinical Commissioning Groups?

- Serious incidents are reported on a national system – the CCG's can see those that relate to the providers they commission
- Organisations have their own reporting systems for all types of incidents – for this presentation Sherwood Forest Hospitals Foundation Trust (SFHFT) shared information about these

What we told you last time

- There had been 3 Serious incidents reported
- Main reports from diagnostics (endoscopies, radiology)
- Communication was often a problem

The current picture

- 4 serious incidents reported in Nottinghamshire April 2014 –March 2015
- Main reports from diagnostics (endoscopies, radiology) especially for emergency patients
- Main areas of concern are the Emergency Department (ED) and Emergency Assessment Units (EAU)
- The CCG's received 34 complaints and PALS enquiries relating to missed or delayed diagnosis

What does this tell us?

- The numbers of serious incidents remains stable across the county
- There has been a significant increase in the numbers of less serious incidents reported within SFHFT
- This could be due to an improved reporting culture throughout the trust
- We do not know the scope of the issue within primary care
- The national picture is not well understood

Themes identified

- Failures in the communication of test results
- Delays in the interpreting of test or investigations
- Mistakes in the interpretation of tests or investigations
- Resilience of services especially out of hours

Contributory Factors could be..

- Knowledge gaps
- Rare / unlikely events dismissed from diagnosis
- Appearances can be deceiving – not all text book presentations
- Lack of competency / experience
- Misinterpretation that is understood with the benefit of hindsight

Conclusion

We are doing further work to understand the broader picture across the whole health economy. New co-commissioning arrangements with primary care will help with this.

The rise in incidents at Sherwood Forest Hospitals Foundation Trust (that do not meet criteria for reporting as 'serious') is being investigated to understand if this is a result of better reporting or reflective of deeper problems.

18 May 2015

Agenda Item: 7

JOINT REPORT OF THE CHAIR OF THE HEALTH SCRUTINY COMMITTEE AND CHAIR OF HEALTHWATCH NOTTINGHAMSHIRE

PROTOCOL FOR RELATIONS BETWEEN HEALTH AND WELLBEING BOARD, HEALTHWATCH AND HEALTH SCRUTINY

Purpose of the Report

1. To approve a protocol which sets out the relationships between the Health and Wellbeing Board, Healthwatch Nottinghamshire and the health scrutiny committees.

Information and Advice

2. Health and Wellbeing Board, Healthwatch and health scrutiny committees have complementary but distinct roles in securing better health and wellbeing. With the intention of avoiding overlap and duplication, a protocol has been drawn up to describe their respective roles and responsibilities (Appendix 1).
3. There are two health scrutiny committees, the County Council's Health Scrutiny Committee, which scrutinises health matters in the County Council's area, and the Joint City/County Health Scrutiny Committee, which scrutinises health matters which impact on both City and County residents.
4. Department of Health guidance (see background papers below) has clarified that the Health and Wellbeing Boards are subject to scrutiny by health scrutiny committees.
5. The protocol sets out the respective roles of the Board, Healthwatch and health scrutiny and the scope for referring issues and information between the organisations. Details of the relationship between the Public Health Committee and Health Scrutiny will be set out separately.

Other Options Considered

6. None.

Reason/s for Recommendation/s

7. To clarify relations between the Board, Healthwatch and health scrutiny.

Statutory and Policy Implications

8. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That approval be given to the protocol between the Health and Wellbeing Board, Healthwatch Nottinghamshire and health scrutiny.

Councillor Colleen Harwood
Chair of Health Scrutiny Committee

Joe Pidgeon
Chair of Healthwatch Nottinghamshire

For any enquiries about this report please contact:
Paul Davies, Democratic Services

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972

Department of Health Guidance, June 2014: Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny

Electoral Division(s) and Member(s) Affected

All

Protocol between Healthwatch Nottinghamshire, the Health Scrutiny Committee (Nottinghamshire and Joint City and County) and the Health and Wellbeing Board

This protocol describes the working arrangements and memorandum of understanding between Nottinghamshire County Health and Wellbeing Board, Healthwatch Nottinghamshire and Health Scrutiny Committee (Nottinghamshire and Joint Nottingham City and Nottinghamshire County).

1. Introduction

Nottinghamshire County Council, the NHS and local community organisations have a history of working together to improve outcomes for local people. The Health and Social Care Act has introduced some new structures and processes, and working out how best to bring these together with continuing existing arrangements can be complex. But what remains constant throughout the transition is a shared goal: to improve health, social care and wellbeing outcomes for communities. This protocol aims to help local leaders and others to understand the independent, but complementary, roles and responsibilities of council health scrutiny, local Healthwatch and the Health and Wellbeing Board.

2. Working Principles

The three bodies endorsing this agreement will:

- engage in a free exchange of information, particularly around the content of their work programmes
- be committed to ensuring the quality of services provided
- meet informally on a regular basis to discuss their work with a view to eliminating any potential areas of duplication
- promote and foster an open relationship where issues of common concern are shared and challenged in a constructive and mutually supportive way or where there are potential conflicts of interest in respective roles and relationships,
- where appropriate, two or more of the bodies will work on a project or piece of work either jointly or independently. Any published material arising from the work will acknowledge the contribution of all participating bodies.
- acknowledge that each body has its own particular role and responsibilities and does not exist in a hierarchy, and that this protocol does not preclude any of the bodies from working with any other organisation to deliver their aims
- communicate in plain English in a manner likely to be understood by partners and the public

- operate in a sufficiently transparent way that an interested member of the public would be able to quickly grasp the nature and core business of the body.

3. Legal Responsibilities between the three bodies

All three bodies are legally constituted and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to offer membership to representatives of Healthwatch Nottinghamshire in the preparation of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Nottinghamshire.
- Healthwatch Nottinghamshire must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Nottinghamshire must provide a copy of its Annual Report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Nottinghamshire and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Nottinghamshire.

4. Health and Wellbeing Board

Functions:

Health and Wellbeing Boards are committees of councils with social care responsibilities and made up of councillors, directors of public health, adult social services and children's services; clinical commissioning groups, NHS England and local Healthwatch. They will collectively lead to improving health and wellbeing outcomes and reducing health inequalities for their local communities. Health and Wellbeing Boards are an executive function of the council and are responsible for identifying current and future health and social care needs.

The Health and Wellbeing Board is subject to scrutiny from the Health Scrutiny Committee. The Chair of the Health and Wellbeing Board (or other suitable representative) will attend the Health Scrutiny Committee to provide information, answer questions and explain the work of the board.

The Health and Wellbeing Board can request that an item is placed on the agenda of the Health Scrutiny Committee. The Health Scrutiny Committee will arrange to receive a full briefing on the issue and then consider whether the matter should proceed to a full Scrutiny review.

Specifically in relation to the work of the two other bodies the Health and Wellbeing board will:

- Produce a Joint Strategic Needs Assessment (JSNA)
- Produce a Health and Wellbeing Strategy (HWS)
- Will seek to ensure the effective integration of health and wellbeing services

- The Health and Wellbeing Board will engage with Healthwatch Nottinghamshire and the Scrutiny Committee in setting out draft proposals and reviewing the final draft of the JSNA and HWS.
- Will receive reports from Healthwatch Nottinghamshire
- The Health and Wellbeing Implementation Group (HWIG) will receive a quarterly update from Healthwatch Nottinghamshire

5. Healthwatch Nottinghamshire

Functions:

Healthwatch is the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build a local picture of community needs, aspirations and assets and the experience of people who use services, including those who are vulnerable or often unheard.

It will report any concerns about services to commissioners, providers and Health Scrutiny. It may also report those concerns directly to the CQC or to Healthwatch England for those bodies to take action. Through its seat on the Health and Wellbeing Board, Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members of the board a Health and Wellbeing Strategy. It will also present information to Healthwatch England to help form a broader national picture of health and social care.

Healthwatch Nottinghamshire, as with the Health Scrutiny Committee, receives Quality Accounts from NHS Trust provider organisations

Specifically in relation to the work of the two other two bodies, Healthwatch will:

- Share its work programme with the Health and Wellbeing Board and Health Scrutiny.
- Use evidence and intelligence from the Health & Wellbeing Board to identify potential areas to add to Healthwatch work programme
- Provide relevant public opinions/experiences about services to support the development of JSNA chapters.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Share its Quality Account feedback with Scrutiny Committee – also responsible for commenting on the same NHS provider trusts

6. Health Scrutiny (Nottinghamshire and Joint Nottingham City and Nottingham County)

Functions:

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective. Health Scrutiny also has a strategic role in taking an overview of how well Health and Wellbeing Boards are carrying out their duty to promote integration – and in making recommendations about how it could be improved.

Health Scrutiny is therefore the vehicle for the delivery of accountability for local health services (both commissioning and delivery), with particular responsibility for the consideration of substantial variations of service, local resolution of issues regarding substantial variations with the Health Services, and, where necessary referral to the Secretary of State for Health (where it is impossible to reach local resolution). In addition, the Health Scrutiny Committees receive for comment the Quality Accounts of various provider trust organisations. The Quality Accounts are commented on by the two Health Scrutiny Committees as follows:

Joint Health: - East Midland Ambulance Service (EMAS), Nottingham University Hospitals NHS Trust (NUH), Nottinghamshire Healthcare NHS Trust, The Treatment Centre (Circle)

Health Scrutiny Committee – Sherwood Forest Hospitals NHS Foundation Trust, Doncaster & Bassetlaw NHS Foundation Trust

All commissioners and providers of publicly funded healthcare and social care are covered by Health Scrutiny powers – this includes the Public Health functions undertaken by Nottinghamshire County Council.

In the light of the Francis Report, Health Scrutiny needs to be satisfied that they are keeping open effective channels by which the public can communicate concerns about the quality of NHS and public health services.

Specifically in relation to the work of the two other bodies Scrutiny Committee will:

- Receive referrals from either Health and Wellbeing Board or Healthwatch Nottinghamshire
- Report back to the Health & Wellbeing Board on the findings of any such referrals.
- Either body may make a referral of an issue to Health Scrutiny for examination. Referrals should be made in writing to the Chairman of the relevant Health Scrutiny Committee via the lead officer for Health Scrutiny.
- Health Scrutiny does not anticipate referring matters for investigation to Healthwatch Nottinghamshire except in situations where the organisation's 'enter and view' powers may be essential in addressing the issue. This would be a matter of judgement for the committee, since instances of poor care that are discovered by the committee should be referred to the CQC (Care Quality Commission) rather than Healthwatch. It is therefore likely that referrals

to Healthwatch will be in relation to service or policy development rather than to investigate concerns about care.

- Health Scrutiny encourages Healthwatch to refer instances where its recommendations to NHS bodies have been rejected with insufficient thought or reasoning or not taken seriously.
- Joint Health Scrutiny will be attended by Healthwatch Nottingham and Healthwatch Nottinghamshire. Both local Healthwatch may work jointly on pieces of work.

7. Extending the Protocol

This protocol is a living document and may be subject to change if it is agreed by the signatories.

18 May 2015**Agenda Item: 8****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****ARRANGEMENT FOR SCRUTINY OF PUBLIC HEALTH SERVICES****Purpose of the Report**

1. This report provides information on the proposed programme of recommissioning for Public Health services during 2015/16. It includes background information on the rationale and methodology behind the commissioning cycle and proposes reporting arrangements to Health Scrutiny to meet the Local Authorities responsibility for scrutinising Public Health services.

Background

2. The Public Health (PH) department in Nottinghamshire County Council was set up in 2013 as part of implementing the Health and Social Care Act 2012, which transferred responsibility for Public Health from the NHS to local authorities.
3. The Council was given responsibility for five mandated functions, along with the responsibility to produce a Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and Health and Wellbeing Strategy, led through a local Health and Wellbeing Board.
4. The five mandated functions are NHS Health Check assessments, open access to sexual health services, the National Child Measurement Programme (NCMP); provision of Public Health advice to NHS Clinical Commissioning Groups (CCGs), and leadership and management of health protection, including outbreaks and emergencies (which could include infectious disease, environmental hazards and extreme weather events).
5. As well as these five functions, the Department delivers a range of Public Health services through direct commissioning and is also responsible for a number of other policy areas that require wider influence across the health and social care community. The full range of services directly commissioned by the Public Health department is described in **Table One**. From October 2015, the Council will also become responsible for the Health Visiting services and the Family Nurse Partnership programme.
6. The County Council is allocated a ring-fenced Public Health grant, worth £36.1m for 2015/16, to meet the costs of Public Health services. 87% of this grant is spent on commissioned services. The ring-fenced PH grant may only be spent on activities which deliver Public Health outcomes. Therefore, the approach to financial challenge has been to drive out efficiency savings in the re-commissioning of services, and to

move the released Public Health grant to fund other activities within the County Council that deliver Public Health outcomes. This process is called realignment. It has brought the responsibility for Domestic & Sexual Abuse services within the scope of PH, whilst other investment has supported services within the Children's and Adult Social Care field.

Information and Advice

Directly Commissioned Public Health Services	Current Provider	Contract Expiry	Proposed Re-tender Timeline
Children's Public Health services	Nottinghamshire Healthcare Trust – County Health Partnerships & Bassetlaw Health Partnerships	Contract extended until Sept 2016	New services by 1 October 2016
Domestic & Sexual Abuse services	Multiple Providers	Contracts expire September 2015	New services by 1 October 2015
Drugs & Alcohol services	Crime Reduction Initiatives	Contract awarded October 2014	Contract expires Sept 2018 with option to extend
NHS Health Checks service	NHS General Practice TCR (IT provider)	Contracts expire March 2016	New services by 1 April 2016
Obesity & Weight Management Services	Everyone Health (part of Sport and Leisure Management Limited)	Contract awarded April 2015	Contract expires March 2019 with option to extend
Oral Health Promotion services	Nottinghamshire Healthcare Trust – County Health Partnerships	Contract expires March 2016	New services by 1 April 2016
Sexual Health services	Multiple Providers	Contracts expire March 2016	New services by 1 April 2016
Smoking & Tobacco Control services	Nottinghamshire Healthcare Trust- New Leaf, NHS General Practice & Pharmacies	Contracts expire March 2016	New services by 1 April 2016
Social Exclusion	The Friary	Recurrent	
Water Fluoridation	Severn Trent Water	Recurrent	

NB: There are also a number of services where Public Health is a co-commissioner, but the lead commissioner is outside the department.

Table One: Directly Commissioned Services and Contract expiries

Procurement Plan

- In order to fulfil its responsibilities, the department is required to review and re-procure services to ensure that quality, cost-effective services are in place. A number of current service contracts are due to expire in 2016, which is also driving the procurement activity for the department over the coming year. The procurement projects that are

planned for the coming year are highlighted in bold in **Table One** and form the Public Health Procurement Plan for 2015/16.

Commissioning Process

8. Public Health advocate full and proper commissioning to ensure that new services reflect the accurate picture of health needs, are designed to achieve effective outcomes and ultimately deliver maximum health gain within the available funds, i.e. best value for money. Although simple re-procurement projects can be adopted to bring in new providers quickly to deliver essentially the same services, this does not allow a proper review of whether the right outcomes are being delivered.
9. Commissioning is the complex process of ensuring that services continue to be provided as effectively and efficiently as possible to meet the needs of the population. Responsibilities range from assessing local population needs, prioritising outcomes, procuring services to achieve those outcomes and supporting service providers to enable them to deliver outcomes for the whole community. Commissioning is a continual cycle rather than a timeline with an end date.



Figure One: The Commissioning Cycle

10. Public Health places a strong emphasis on a variety of science and social science research and evaluation methods to build an informed, explicit and judicious body of current evidence. The basis for establishing need looks beyond simple demand, to PH intelligence and epidemiological data and to scientific evidence about effectiveness and cost effectiveness. This is used to inform an understanding of need and how best to address this within available resources.
11. **Figure One** summarises the commissioning cycle and the PH role at each stage. Each of these stages is described in more detail in the report.

Needs assessment and intelligence gathering to support evidence based commissioning

12. Evidence is gathered as part of the planning process before any soft market testing is started. This information is used to determine the level of need and the most effective approaches to service delivery, which set the scene for all recommissioning exercises. This stage also involves analysis of data, such as predicting anticipated growth in disease and uptake of services using various limiting factors, for example, differences in level of disease and alternative treatment pathways.
13. Public Health concentrates on improving outcomes and value for money from the services that it buys and avoids a focus on 'outputs' or activity. This approach requires strategic commissioning, where the provider has control over the delivery process, and Public Health (PH) receives assurance through interim performance measures, quality indicators and long term health and wellbeing outcomes.
14. Commissioning intentions, procurement activity and service models are therefore not based on perceived short-term opportunities, but on a review of the best evidence regarding effective approaches to service provision.

Soft market testing and consultation

15. Soft market testing is a method of gathering market intelligence by engaging with the providers and users of the services in question. The process also looks for innovation and/or alternative delivery models, alongside looking for efficiencies and best value. As most PH services have not been subject to re-tender previously, this is critical for finding out how ready the market is for providing these services to deliver identified PH outcomes.
16. Engagement with current and potential service users takes place throughout the intelligence gathering and soft market testing phases through equity audit, evaluation and needs assessment. This prolonged period of activity takes place prior to formal consultation.
17. Consultation follows the soft market testing to formalise the recommissioning process. PH works to the required standards set out by the Council on all consultations to ensure that service changes are properly consulted, fair and transparent. PH carries out consultation with relevant stakeholders (which includes providers) to ensure that the preferred models defined by the gathered evidence are the right ones for the community. PH will consider all the responses to consultation in finalising their plans for procurement.
18. The standards referred to have been drawn up by Nottinghamshire County Council from best practice, and include:
 - Seeking approval to consult before starting the consultation and logging the consultation on the NCC consultation database
 - Considering equalities issues, such as specific communication needs of particular groups and individuals who might otherwise be excluded. Public

Health consultations are available online, and through paper questionnaire in identified venues and on request. The consultations are typically advertised through a coordinated communication plan utilising posts, press releases, local and social media.

- Providing contact details for the person responsible for the consultation.
- Undertaking consultation when the proposal is still at a formative stage i.e. before a decision is taken.
- Providing sufficient background information in the consultation documentation to enable intelligent consideration and response
- Giving adequate time for consideration and response. Public Health consultations typically take place over 3-4 months.
- Include a face-to-face element where consultees can meet, question and put forward their views. Public Health consultations usually involve a number of events, some of which are focus groups with service users.
- Utilising venues which meet the Council's accessibility code.
- Taking the product of consultation into account and being prepared to change course depending on the consultation results.
- Noting any complaints about the consultation in the final consultation report.

19. The period of consultation requires commissioners to give adequate time for interested parties to respond to the proposed changes. The general recommendation for consulting on major decisions is 12 weeks. However given the extended nature of the commissioning cycle and the inclusion of interested parties at the formative stage through engagement exercises and soft market testing, the Council legal team and consultation lead officer have advised on the appropriate length of consultation for each procurement project.

20. Elected Members, as local representatives, may be involved as individual consultees by attending events or workshops organised with relevant stakeholders; by filling out online or paper consultation forms or by providing written views. Their views will be one of a range of stakeholders whose views will be taken into account as part of the consultation process. Health Scrutiny Committee Members will also be included as consultees for projects they have identified as "substantial".

Defining Service Specification and Outcomes

21. The evidence previously gathered and the necessary practical and social considerations are combined to make a robust recommendation on the model of service delivery. This detailed service specification underpins the contract and provides a framework for contract monitoring.

22. Outcomes are the real-life health and wellbeing improvements required by the service. The nationally agreed Public Health Outcomes Framework describes the overall outcomes expected from PH services. The two main outcomes are further broken down into outcomes to be achieved for specific policy areas.:

Outcome 1: Increased healthy life expectancy *Taking account of the health quality as well as the length of life*

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities *Through greater improvements in more disadvantaged communities.*

23. Most services concentrate on delivering 'outputs', as changes to outcomes are influenced over many years. These 'outputs' must be effective interim performance measures to keep track of progress and allow service changes to be made. It is important that any interim performance measures clearly relate to the ultimate goal or health outcome. These are included in the service specification or contract monitoring schedule.
24. The Public Health Committee may set or influence commissioning intentions for a service. If the consultation findings, including the soft market testing, identify a set of potential options, with pros and cons of each, it is the role of the Committee to agree which option is preferred, taking into account the available evidence and the results of the consultations and soft market testing overall. Officers will provide the background information and the reasons for any recommendations to inform decision-making.

Purchasing Services

25. This is the stage that Members will be most familiar with as this is the stage at which services are procured through a legally compliant tender process.
26. The service that is procured is in effect the Public Health intervention that aims to bring about the required outcomes. The service specification will have been informed by the soft market testing, consultation and available budget to deliver the greatest benefit from the available resource.
27. As part of the procurement process, an indicative budget is required to progress the tender for the new services. In many cases the budget is difficult to predict until the consultation process is complete and the service model defined. Also, it is important to recognise the impact that delivering efficiencies might have on effectiveness. In particular, it may lead to fewer outcomes or outcomes that have less impact.
28. No contract for services is awarded unless the expenditure has been approved by, or on behalf of, the Council. The PH Committee performs this task for PH services. Background evidence, soft market testing and results of consultations are described in a covering report and approval sought to proceed with the recommended specification. Once Member approval is given, further decisions of Members would be sought should there be any developments during the procurement process that would significantly change matters, such as tenders coming in above the agreed financial envelope.

Managing Service Providers and Measuring Impact

29. Managing service providers includes monitoring, evaluating and managing the providers' performance. The information requested from providers through regular reporting will inform whether or not they meet the required outcomes of the contract and these in turn will reflect whether the Public Health intervention is working.
30. Data is collated by various means, including local and national sources. The latter often has the benefit that it is reproducible and has been verified as being associated with

real health outcomes. Quality measures are also collected to ensure the quality and safety of services.

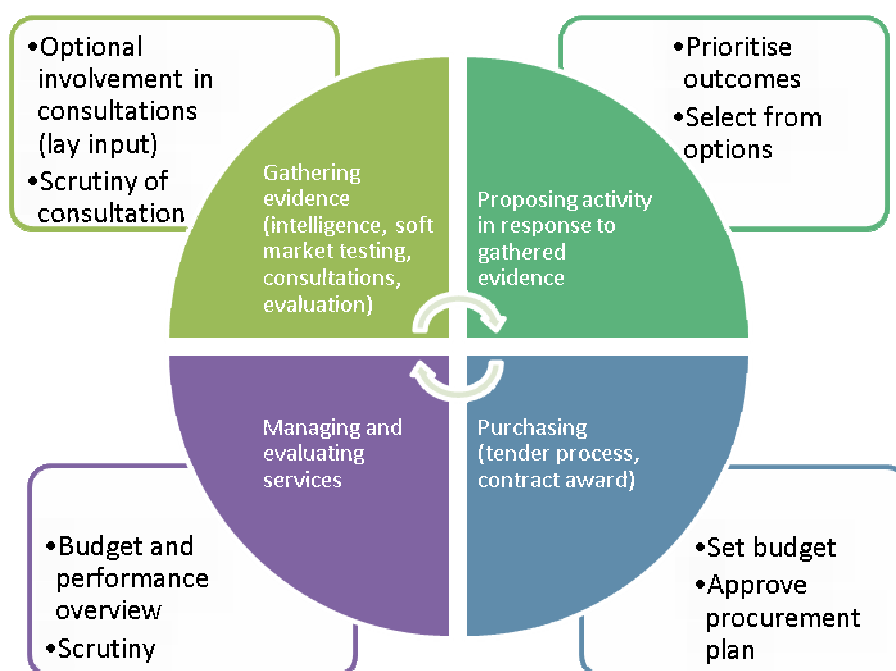


Figure Two: Division of responsibilities

31. In this part of the process, the PH Committee will receive performance reports on the effectiveness of the contracts and examine the budget as part of its overall responsibility to provide overview of the Public Health Grant. The Health Scrutiny Committee may also choose to examine whether the contracts are delivering as expected in light of the previous evidence, soft market testing and consultation results.

Public Health and Member Responsibilities

32. **Figure Two** illustrates the division of responsibilities throughout the commissioning process. The central circle identifies the activities and tasks being undertaken by PH staff and the external squares show the typical role of Members during each stage of the process, as included in the detailed explanation of each of stages above.

33. **Table Two** describes the timelines for the commissioning of PH services during 2015/16.

	Needs Assessment & intelligence gathering	Soft market testing & service specification developed	Formal Consultation	Procurement of services	Award of contract	Mobilisation (& Start Date)
Domestic and Sexual Abuse	Jan-Sept 14	Oct-Dec 14	Dec14-Jan15	Jan-May 15	June 15	Jul-Sep 15 (1 Oct 15)
Health checks	Nov13–Jan14	Dec 14-Feb 15	Feb-Mar 15	April-Sep 15	Oct 15	Nov15–Mar16 (1 Apr 16)
Oral Health Promotion	Dec 13-Mar14	May-Jun 15	Jun-Jul 15	Aug-Nov 15	Dec 15	Jan-Mar 16 (1 April 16)

Smoking & Tobacco	Sep-Dec14	Sep-Dec 14	Jan-Mar 15	May-Aug 15	Sep 15	Sep15–Mar16 (1 Apr 16)
Sexual Health services	Sep14-Jan15	Feb-May 15	Mar-Apr 15	Jul-Oct 15	Nov 15	Dec15-Mar16 (1 Apr 16)
Children's PH services (inc. NCMP)	Feb-Jul 15	Oct-Dec 15*	Dec15-Jan16*	Jan-May 16*	Jun 16*	Jul-Sep 16* (1 Oct 16)

* The timelines for Children's PH services is provisional pending transfer of responsibility for Health Visiting.

Table Two: Procurement Timetable

Public Health and Scrutiny

34. Apart from where there is an express legal duty to consult in legislation or statutory guidance, the general duty to consult is governed by a duty of public authorities to act fairly in the exercise of their functions. The Local Authority Public Health Regulations 2013 require local authorities (through scrutiny) to review and scrutinise matters relating to the planning, provision and operation of the health service (including finances) in the area.

35. Given that the current PH responsibilities were previously held within the NHS, it is arguable that the areas which the former Nottinghamshire County and Bassetlaw Primary Care Trusts would have consulted upon should be consulted in the same manner now that the PH function is located in the Local Authority. Therefore as a 'health' function, it is proposed that the Council reports to Health Scrutiny Committee for their Public Health commissioning role.

36. It is interesting to note that the PH Committee is responsible for decisions and approval of actions in delivering PH services, including the re-commissioning of services. As such, the PH department already reports and is held to account by a Council Committee. Therefore there is a potential for one Council Committee be put in the position of scrutinising and challenging another Committees decisions.

37. To take account of the potential duplication but also be mindful of the Council's responsibility to consult, it is proposed that the following arrangements be instigated for all future PH re-commissioning projects from April 2015:

- a. An annual procurement plan will be presented to Health Scrutiny, detailing the re-procurement activity for the year, including the associated timelines, and process to be followed. This will give the Committee an opportunity to gain an understanding of the procurements planned in Public Health, identify those projects which it considers are "substantial" and flag any particular topics they want to follow more closely.
- b. Health Scrutiny will be included as a consultee for all projects.
- c. Reports will be provided through the year to update the Health Scrutiny Committee on progress on procurement projects, and their associated consultations.

- d. Health Scrutiny will have the option to request ad-hoc reports to be presented on individual projects as required.

38. The Committee is asked to support the proposal to allow the necessary transparency but avoid delays in the re-commissioning of PH services.

Other Options Considered

39. The PH department could report to Health Scrutiny Committee on all projects individually. However this would cause significant duplication in Councils decision making processes and has the potential to delay the re-procurement process.

Reason for Recommendation

40. As a 'health' function, it is advised that the Council reports to Health Scrutiny Committee for their Public Health commissioning role, in order to fulfil its health scrutiny function.

Statutory and Policy Implications

41. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implication for the NHS Constitution

42. The NHS constitution includes a commitment to make decisions in a clear and transparent manner.

RECOMMENDATIONS

The Health Scrutiny Committee is asked to:

- 1) Consider and comment on the information on Public Health procurement activity and the commissioning cycle used to undertake this work.
- 2) Agree the arrangements to involve Health Scrutiny in Public Health service redesign whilst progressing re-procurement projects in a timely manner.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact Cathy Quinn, Associate Director of Public Health. Email: cathy.quinn@nottsccl.gov.uk

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Public Health Department plan 2014/15

Electoral Divisions and Members Affected

- All

18 May 2015**Agenda Item: 9**

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 which impact 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.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.
- 2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Colleen Harwood
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 2014/15

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
23 June 2014				
Proposed Merger of Clipstone Health Centre and Farnsfield Surgery	Consideration of GP surgery merger	Scrutiny	Martin Gately	Matt Doig, Dr Smith & Partners and Keith Mann NHS England
Mid-Nottinghamshire Better + Together Integrated Care Transformation	Consideration of transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
Healthwatch Information Sharing	A new regular item focussing on the work of Healthwatch	Briefing	Martin Gately	Joe Pidgeon of Healthwatch
29 September 2014				
NG25 Mortality Rates Group – Final Report	A verbal update from Councillor Bruce Laughton on the work of this group	Briefing	Martin Gately	Councillor Bruce Laughton
Healthwatch Nottinghamshire – Annual report	To examine the Annual Report of Healthwatch Nottinghamshire	Scrutiny	Martin Gately	Joe Pidgeon, Chairman of Healthwatch
24 November 2014				
Sherwood Forest Hospitals Foundation Trust	Update on the work of the Sherwood Forest Hospitals Foundation Trust TBC	Briefing	Martin Gately	Paul O'Connor, Chief Executive [or other relevant senior officer] TBC

Bassetlaw Health Services	An update on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam. TBC	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Care of Diabetic Elderly People in Hospital (Bassetlaw)	An initial briefing on diabetic care of the elderly in hospital	Briefing	Martin Gately	Heather Woods Bassetlaw CCG
Obesity Service	An initial briefing on the service design for new obesity services, with a focus on how the service design was consulted on	Briefing	Martin Gately	Anne Pridgeon, Barbara Brady Public Health
26 January 2015				
CQC Hospital Inspections & GP Surgeries	Briefing on outcomes from recent inspections	Briefing	Martin Gately	Ros Johnson, CQC Inspection Manager, Hospitals Directorate and Linda Hirst Inspection Manager Primary Medical Services and Integrated Care Directorate
Child and Adolescent Mental Health Services (CAMHS) contracts operating with the County	Initial briefing on the operation of Child and Adolescent Mental	Briefing	Martin Gately	Dr Kate Allen Children's Commissioner and Consultant in Public Health, Gary Eves Senior Public Health and Commissioning Manager and CCG colleagues
Stroke Pathway Briefing TBC	Update on the current position with stroke services	Briefing	Martin Gately	Elaine Moss, Director of Quality and Governance,

				Newark and Sherwood CCG
23 March 2015				
End of Life Care	Initial briefing with a view to undertaking a review	Briefing	Martin Gately	Simon Parkes, Head of Engagement and Service Improvement Newark and Sherwood CCG
Quality Account Priorities	Consideration of draft Quality Accounts for Sherwood Forest Hospitals Trust and Doncaster & Bassetlaw Hospitals Trust	Scrutiny	Martin Gately	Rick Dickinson, Deputy Director of Quality and Governance, Doncaster & Bassetlaw, Susan Bowler, Executive Director Nursing and Quality Sherwood Forest Hospitals Foundation Trust
Kings Mill Hospital Car Parking Charges	An initial briefing with a view to undertaking a review	Briefing	Martin Gately	Ben Widdowson Head of Estates and Facilities and Peter Wozencroft, Director of Strategic Planning and Commercial Development Sherwood Forest Hospitals Foundation Trust
Tobacco Control Services	Re-commissioning of Tobacco Control Services across Nottinghamshire	Scrutiny	Martin Gately	Jo Marshall, Public Health Manager, Nottinghamshire

				County Council
18 May 2015				
Quality Accounts	Consideration of draft Quality Accounts (Sherwood Forest and Doncaster & Bassetlaw Trusts)	Scrutiny	Martin Gately	TBC
Misdiagnosis	Further briefing with a view to undertaking a review	Briefing	Martin Gately	Elaine Moss, Newark and Sherwood CCG
Health Protocol	Consideration of Health Protocol which defines working relations between Healthwatch Nottinghamshire, Health and Wellbeing Board and Health Scrutiny	Scrutiny	Martin Gately	Joe Pidgeon, Healthwatch & Martin Gately, Lead Officer Health Scrutiny
Arrangement for Scrutiny of Public Health Services [Public Health Annual Programme]	Consideration of forthcoming work by Nottinghamshire County Council's Public Health Department.	Scrutiny	Martin Gately	Cathy Quinn, Associate Director of Public Health, Public Health Nottinghamshire County.
20 July 2015				
GP Services Issues	Scrutiny of issues submitted to the Chairman of the Health Scrutiny Committee by elected Members	Scrutiny	Martin Gately	NHS England (TBC)
End of Life Care Review TBC	TBC – if selected as a topic for review by committee	Scrutiny	Martin Gately	TBC
Mental Health Issues in Bassetlaw	Examination of information from Healthwatch	Scrutiny	Martin Gately	Joe Pidgeon, Healthwatch and (TBC) Phil Mettam
Bassetlaw Working Together Programme (TBC)	TBC	Scrutiny	Martin Gately	Phil Mettam

Future Dates for Health Scrutiny Committees:

Monday 21 September 2015 at 2:00 pm

Monday 23 November 2015 at 2:00 pm

Monday 18 January 2015 at 2:00 pm

Monday 14 March 2015 at 2:00 pm

Monday 9 May 2015 at 2:00 pm

Monday 11 July 2016 at 2:00 pm

Potential Topics for Scrutiny:

Never Events

Health Inequalities

Substance Misuse

