Nottinghamshire County Council

Health Scrutiny Committee

Date: Monday, 17 September 2012
Time: 10:30
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
25 June 2012 at 10.30am

Membership

Councillors
Sue Saddington (Chairman)
Wendy Quigley (Vice-Chair)
Stuart Wallace
June Stendall
Chris Winterton
A Brian Wombwell

District Members
Trevor Locke – Ashfield District Council
A Paul Henshaw – Mansfield District Council
Tony Roberts – Newark and Sherwood District Council
Vacancy – Bassetlaw District Council

Officers
Martin Gately - Scrutiny Co-ordinator
Ruth Rimmington - Governance Officer

Also in attendance
Councillor Mel Shepherd
Nina Ennis – Project Manager Mansfield and Ashfield Clinical Commissioning Group
Phil Milligan – Chief Executive EMAS
David Winter – Assistant Director of Operations EMAS
Rhiannon Pepper - NHS Nottinghamshire County
Simon Smith - Nottinghamshire Healthcare NHS Trust

CHAIRMAN AND VICE-CHAIRMAN

The appointment by the County Council of Councillor Sue Saddington as Chairman and Wendy Quigley as Vice-Chairman was noted.

MEMBERSHIP

The membership of the committee as set out above was noted.

It was reported that Councillor June Stendall had been appointed to the Committee in place of Councillor Les Ward for this meeting only.

APOLOGIES FOR ABSENCE

No apologies submitted.

DECLARATIONS OF INTEREST

Councillor Sue Saddington declared a personal interest in agenda item 6 – East Midlands Ambulance Service Change Programme and 7 – Proposed Changes – Ashfield Health Village; due to her husband being a volunteer ambulance driver and daughter being employed by the NHS.

TERMS OF REFERENCE

The report was noted.

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME

The Chair welcomed the Chief Executive of EMAS Mr Phil Milligan to the committee and introduced the report before members on the change programme - Being the Best being undertaken by the East Midlands Ambulance Service. The service was currently developing models for change that would go out to consultation in late July. Being the Best was intended to ensure the right patient services, within the funds available for the long term.

Mr Milligan explained how the service had made public its ideas in March this year to gain what anxieties, strengths and support was out there. It was intended to present its ideas and findings to the Trust Board in July. The formal public consultation elements of the review would be reported back to this committee and include detail about specific plans for each ambulance station. He assured members that there was a good knowledge of the pressures within the system and opportunities to address anxieties and improve its work with community hospitals.

Mr Milligan said that the changes were clinically focussed to allow better use of clinician skills, to deliver on performance targets and quality standards, improve patient outcomes and offer more care closer to their home. If the proposals were approved by the Trust Board at its meeting in July it planned to launch a full consultation in September to allow staff and local communities to share their views. The findings would feed into the final plan to be presented to the EMAS Trust Board in January 2013.

EMAS currently operated 65 ambulance stations across the East Midlands, North and North East Lincolnshire regions. The service was a busy one and one of the largest geographically. In recent years there had been a significant increase in the number of emergency calls it received which had resulted in most 999 calls being responded to by ambulance crews already out on the road. For the majority of the day the stations were empty. In light of this it was looking at having fewer ambulance stations but better facilities to ensure that ambulances were clean, well maintained and fully equipped at the start of each shift.

The change would see more investment in the Emergency Care Practioner (ECP) role allowing them to treat and refer patients to the most appropriate

service, or treat them in their own home and avoid unnecessary journeys to A&E departments leaving the ambulance crews to concentrate on patients with most life threatening conditions.

He also spoke about the improvements made to the Board structure and responsibilities with a proposal to move from the current 5 divisions to three business units.

In terms of its performance across Nottinghamshire, he reported that the ambulance service had been the only division to have exceeded national standards. In terms of investment, the service was recruiting Emergency Care Assistants (ECAs) on a fixed contract for the Newark Urgent Care Pilot as well as permanent relief ECAs. The ring back service was proving to be successful. Further investment was needed in Newark with its urgent care tier.

Mr Milligan explained that all provider organisations were expected to become Foundation Trust by 2014. Services would still remain part of the NHS and free at the point of care but there would be more local accountability. Local people would be able to influence the design of a service. It was anticipated that over the next three to five years all NHS trusts would become foundation trusts.

During discussion the following additional information was provided in response to questions:-

Ring back was usually within 10 minutes, where the doctor knew a patient there was dialogue with community services who also knew the patient to try and avoid hospital and being taken from their home. Just over 60% were taken to the hospital and 40% were treated at home.

A location map showing the hub locations would be provided for the committee. Maps would be published and include information on standby points to demonstrate how there would be no reduction in the service.

It was disappointing to note that the consultation was being done at a time when people would be on holiday. How did it plan to convince people that closure of their ambulance station was the right thing to do? A lot of money was tied up in its buildings. People were treated in ambulances; hubs would act as standby points. The proposals had been driven by the quality of services to patients.

How would the service operate in Nottinghamshire? It was intended to provide the committee with half yearly information based on postcode response times.

How would complaints be managed? There would be a quarterly review of complaints. Where the service was once failing in this area it was now able to deal with 99% of its complaints within 20 days.

What were the plans to have vehicles ready for the start of a shift? It was the duty of the staff going off a shift to ensure that the ambulance was fit for purpose for its new shift. The proposals looked to have teams in place to deal with this since this was not felt to be a good use of a clinician's skills.

Why were there patient delays in being seen after being taken to A&E by ambulance? The problem had been acknowledged and was being addressed between all parties involved. There were occasions when

there had been delays of over 2 hours. Key to this was the development of good community services which were important on discharge from hospital as well as avoiding hospital in the first place.

Clinical Commissioning Groups (CCGs) local clinicians were able to contribute in detail to the design of the urgent care model. Local urgent care networks got together to design local services.

The service did not use the scoot system that allowed for emergency services to change traffic light signals. It was able to make contact with traffic centres and access the "green wave" a system where all lights were put on green. It intended to invest more on technology in the future to work together to add benefit all round.

Members were mindful that communities often had a strong connection to their local ambulance station and felt strongly that EMAS explained its proposals fully as part of their consultation process. It was also important that people had the facts and that those hard to reach groups were made aware of the changes that could affect them. Mr Milligan confirmed that he would be happy to attend public meetings.

The Chair also expressed concern over past miscommunication with other health related proposals for change that had caused panic and hoped that this would be avoided.

Following discussion it was agreed that:-

1. EMAS would contact those towns affected by the closure of ambulance stations to offer a public meeting in order to be able to ensure that the public are aware of the facts behind the closure and understand the benefits arising from this.

2. Mr Milligan would update the committee on the consultation process in September and provide further detailed information on its plans.

PROPOSED CHANGES TO THE ASHFIELD HEALTH VILLAGE

Nina Ennis Project Manager, Rhiannon Pepper NHS Nottinghamshire County and Simon Smith, Nottinghamshire Healthcare NHS Trust, came to talk to the committee about its plans to shape a healthier vision for Ashfield that included the bringing together of a wider range of services to Ashfield Health Village to meet the changing health needs of local people.

It was acknowledged that the services faced a real challenge over the coming years due to an ageing population, a growing bill for drugs and increase in diseases such as diabetes, heart failure alongside high levels of obesity, smoking and alcohol use. NHS Nottinghamshire County (the Primary Care Trust) was operating in difficult times and needed to save £90 million by 2015.

The document that provided information on the plans to improve was attached as an appendix to the report.

The PCT was co-ordinating the consultation on behalf of the NHS partners that commenced on 6 June and would run until 9 September with information being provided in a variety of formats. Work was also being undertaken with the voluntary sector and health interest groups.

The proposals included:-

- Existing services for older people and develop a “one stop service” approach to care
- Services for people with dementia
- Services for people with long term conditions – especially diabetes
- Health and wellbeing including primary care services (family doctors, nurses etc).

The committee heard that the Ashfield Health Village had not been well utilised and having ruled out its sale, now had a vision to use it as a 12 hour site. In order to use it more productively to secure its future the public’s views were being sought. There were strong clinical reasons for moving 3 of the 4 wards to other sites; that included the stroke rehabilitation ward to the Kings Mill Hospital right next to the acute ward, the service for people with dementia who demonstrated challenging behaviours to Highbury, Bulwell. These were difficult to look after and tended to stay in care a long time and required highly specialist staff to look after them.

Plans also included:-

- A modern vision of what keeps people out of hospital
- How to address increasing health problems such as dementia, diabetes and obesity by reviewing local primary care services and
- The development of a centre for health and well being.

It was hoped to improve co-ordination and provide a more holistic approach so that patients had a care plan following an assessment provided by third tier care.
Evidence gathered had shown that fewer than 30% of patients using the Ashfield Community Hospital beds lived in Ashfield and that during 2011-2012 there had been 157 patients.

Officers responded to members’ questions and comments.

- Concerns regarding the additional travel time for Newark residents and why wasn’t its service being utilised ?
  All wards in Ashfield were specialist and available to the whole of Nottinghamshire. There had been joint work carried out as part of the national dementia strategy to look at clinical support and locations. It was found that high quality assessments and better longer term care at home. This had been followed as a pilot in Newark ¾ years ago. It had proved too costly to equip a building of that nature with specialist skills for community support.

- Was the move one to make money?
  The national dementia strategy recommends that wards caring for people with dementia are located wherever possible with other mental health wards in specialist units. Stand-alone mental health wards in a community hospital are at risk of becoming isolated. In principle the Shelley Ward dealt with assessment needs and the patient was sent home afterwards. The Bronte ward was for people with more challenging needs and a longer period of admission. Whilst it acknowledged that the move to Bulwell was quite considerable it would bring benefits to the

service as a whole including the recruitment of highly skilled staff within the field of challenging behaviour.

- Members were concerned that local people could see this as a money saving exercise and were keen for the message that this was not the case was got across to patients and the public.

- Councillor Quigley was pleased to note the support for families with dementia that enable them to stay in their own home.

The local member for Ashfield asked that he had an input into the consultation.

The Chair informed the Committee of impending visits set up to visit the Ashfield Health Village and Kings Mill Hospital on either 9th or 11th July and asked members to let her know their availability.

Following discussion it was agreed:-

1. That the visit to the Ashfield Health Village would take place on Monday, 9 July at 11am, followed by a visit to the King's Mill Hospital that afternoon.

2. That the committee would receive an update on the ongoing consultation on the proposed changes at its next meeting in September.

WORK PROGRAMME

The Scrutiny Co-ordinator indicated that the focus of the draft work programme was on examining new health service changes rather than revisiting reviews previously undertaken by the Social Care and Health Scrutiny Committee. Addressing new changes was likely to take up a substantial amount of the new Health Scrutiny Committee's time.

Consideration was given to the draft work programme. Following discussion, it was agreed that the committee would receive a briefing on the Sherwood Hospitals Trust.

It was further decided to arrange a visit for members of both Health Committees to the EMAS Headquarters. As the Chair of the Joint Health Committee was in attendance it was suggested that the invite be extended to the Joint Health Committee members.

The revisions to the work programme were noted.

The meeting concluded at 13:03pm.

CHAIR

Nottinghamshire County Council

Report to Health Scrutiny Committee

17 September 2012

Agenda Item:5

REPORT OF COUNCILLOR SUE SADDINGTON

ASHFIELD HEALTH VILLAGE – PROPOSED CHANGES

Purpose of the Report

1. This report provides Members with an update on work being undertaken by NHS Nottinghamshire County which will result in changes to ward-based services at Ashfield Health Village as well as expansions to diabetes clinics.

Information

2. The County Council's Overview and Scrutiny function has a statutory duty to receive consultations from NHS Trusts for proposals for substantial variations or developments of local health services. It provides Members the opportunity to respond to the consultation and to consider:

   - whether as a statutory body the OSC has been properly consulted within the consultation period

   - whether in developing the proposals for service change, the Trust has taken into account the public interest through appropriate patient and public involvement and consultation

   - whether the proposals for change are in the interests of the local health service

3. This report provides Members the opportunity to give consideration to work by NHS Nottinghamshire County that could lead the variation/development of acute health and other services in North Nottinghamshire, at the commencement of public consultation (which concluded on 9th September 2012).

4. Guidance on the duty to involve and consult recommends:

a) discussing with patients and the public how services could be improved and resources used more effectively, to produce plans for change – this constitutes involvement in planning;

b) discussing ideas, experiences, and the reasons why the NHS body has Identified the need for change with patients and the public, and with key partner organisations – this constitutes involvement in the development of health services;

c) consultation on proposals for change, using evidence from the Involvement activities as well as clinical evidence for improvement of treatment and care – this constitutes consultation

5. Representatives of NHS Nottinghamshire County and the Clinical Commissioning Group will attend the meeting to provide Members with an update on the progress of the consultation.

6. An update supplied by NHS Nottinghamshire County is attached as an appendix to this report.

7. Members may wish to schedule further consideration of this matter at future meetings of the Health Scrutiny Committee as necessary.

Recommendation:

It is recommended that:

1. The Health Scrutiny Committee comment on the information provided and ask questions of the NHS Nottinghamshire County representatives, as necessary

2. Consider whether:
   (a) the Health Scrutiny Committee has been properly consulted
   (b) the public interest has been taken into account through appropriate consultation

3. Schedule further consideration of proposed changes at Ashfield Health Village as necessary

Councillor Sue Saddington
Chair of the Health Scrutiny Committee

For any enquiries about this report please contact:

Scrutiny Co-ordinator: martin.gately@nottscc.gov.uk

Background Papers

Nil.

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

NHS
Nottinghamshire County

Ashfield Health Village Consultation Briefing
Health Scrutiny Committee, 17 September

1. Introduction

In June 2012 NHS Nottinghamshire County launched a public consultation looking at how best to utilise Ashfield Health Village (AHV) in Kirkby-in-Ashfield. The proposals were developed by Mansfield and Ashfield Clinical Commissioning Group (CCG), and include proposals to ensure a local response to the national strategies for Stroke and Dementia care. In line with this clinical imperative, there are plans to relocate four wards and develop community focused services. For more information on the proposals, please see the full consultation document.

2. Consultation Overview

From the outset of the consultation process a robust communications and engagement plan has been in place to deliver an accessible and targeted approach to consultation, in line with HM Government's Code of Practice on Consultation and in compliance with statutory duties.

A period of pre-engagement was undertaken during May. This started with staff engagement followed by discussions with Mansfield and Ashfield CCG's Citizens' Reference Panel. A series of meetings have taken place with key stakeholders, including: the local MP, Labour Group, Friends of Ashfield and the Kirkby Primary Care Community Centre Patient Reference Group – altogether around 60 people. In addition, information was shared with patients, visitors and staff through an information stand at Ashfield Health Village throughout the duration of the consultation. This provided an opportunity to raise awareness with key stakeholders of the forthcoming formal consultation and respond to many questions. A PCT representative staffed the stand every Wednesday afternoon throughout August, discussing the proposals with approximately 75 patients, visitors and staff.

Throughout the 90 day consultation period nine thousand copies of the consultation document were distributed and online versions of the document were made available on the NHS Nottinghamshire County and Mansfield and Ashfield CCG websites. For the NHS Nottinghamshire County website, over the period 6 June to 30 August, the homepage had over 8 thousand 'page views', with nearly 1 thousand views of the bespoke AHV consultation page. The Mansfield and Ashfield CCG website had nearly 1 thousand page views of the homepage over the same period. Other communications work has included media coverage (e.g. on BBC radio, Mansfield 103 and five separate articles in the local Chad newspaper, spread over the period 6 June to 30 August), social media work, poster distribution and raising awareness internally, for example through articles in Team Talk, the weekly staff e-bulletin.

A full equality impact assessment was carried out on the communications and engagement plan for the consultation. Key actions relating to the plan were to ensure consultation documents were in accessible formats, and for clinical staff to identify any patients who may need to access advocacy services to put forward their views.

Three public meetings have been held, two in Ashfield and one in Mansfield, with over 200 people attending. Further engagement has been undertaken through GP based Patient Reference Groups, relevant health interest groups and via stands at shopping centres. Engagement activities are ongoing, and will culminate with a

discussion forum in early September focusing on the proposed service developments.

3. Responses to the Consultation

Independent evaluation and analysis of the consultation feedback will be undertaken by an independent project team based at the University of Lincoln. All responses gathered throughout the consultation will be analysed and reflected in the final report.

The following preliminary feedback is correct at the time of submitting this paper, 30 August 2012. We have received 228 responses to the consultation, as at 30 August. In addition a petition has been received from the Socialist Party containing 452 signatures which, although not directly comparable to the consultation, suggests that the service users are keen that any changes do not lead to a diminution of services. This is evident through the petition statements that people put their signatures to, most notably the statements 'don't close Kirkby Hospital', and 'say no to cuts and privatisation'.

The majority of responses come from those aged 55-64. The majority of the respondents consider themselves to be white British (92.8%).

In regards to the proposed improvements responses indicate that:

- 70% agree with the Vision;
- 73% agree with the plans for looking after patients with long term conditions;
- 58% are supportive of the proposal to the transfer of the stroke unit;
- 67% agree with the improvements to dementia services;
- 35% believe that Chatsworth ward should move to Mansfield Community Hospital with 29% wishing to see it remain at Ashfield and the remainder having no strong opinion or not responding to this question.

In regards to the qualitative analysis, it is typical protocol to await all of the qualitative data to begin analysis as to avoid any new themes being disregarded at the later stages of data collection. However for the purposes of this preliminary report there some themes which appear to be recurring throughout the responses, for example;

- Whilst there is much support for the new Vision, the importance of communication must be a focus.
- The focus on long term conditions is supported however transport is also an issue for this group.
- Other care priorities should include addiction services, and the transfer of the stroke unit seems broadly supported for clinical reasons and access to specialists.
- Dementia services must not forget the role and impact of carers and the change to the location of Chatsworth is broadly agreed but not as overwhelmingly as other proposals.

4. Next Steps

The public consultation will close on 9 September. A full analysis of the consultation feedback will take place after the closing date. The CCG will lead this work and submit a first report to the PCT Board at the end of September detailing the responses received, with a further report to the Board with recommendations once there has been opportunity to take full account of the outcomes of the public consultation.

The Health Scrutiny Committee is asked to note that the consultation process outlined above has been thorough, extensive and inclusive.

Nottinghamshire County Council

Report to Health Scrutiny Committee

17 September 2012

Agenda Item:6

REPORT OF COUNCILLOR SUE SADDINGTON

EAST MIDLANDS AMBULANCE SERVICE – CHANGE PROGRAMME (UPDATE)

Purpose of the Report

1. This report provides Members with a briefing on the change programme being undertaken by the East Midlands Ambulance Service (EMAS). EMAS is currently developing models for change and commenced consultation in September.

Information

2. The County Council's Overview and Scrutiny function has a statutory duty to receive consultations from NHS Trusts for proposals for substantial variations or developments of local health services. It provides Members the opportunity to respond to the consultation and to consider:

   - whether as a statutory body the OSC has been properly consulted within the consultation period

   - whether in developing the proposals for service change, the Trust has taken into account the public interest through appropriate patient and public involvement and consultation

   - whether the proposals for change are in the interests of the local health service

3. Guidance on the duty to involve and consult recommends:

a) discussing with patients and the public how services could be improved and resources used more effectively, to produce plans for change – this constitutes involvement in planning;

b) discussing ideas, experiences, and the reasons why the NHS body has Identified the need for change with patients and the public, and with key partner organisations – this constitutes involvement in the development of health services;

c) consultation on proposals for change, using evidence from the Involvement activities as well as clinical evidence for improvement of treatment and care – this constitutes consultation

4. The Chief Executive of EMAS, Mr Phil Milligan attended the 25 June meeting of the Health Scrutiny Committee to provide Members with a full briefing on the change programme.

5. Mr Milligan emphasised that in terms of estate management, the majority of ambulance stations were often empty all day – the changes would not mean a reduction in service

6. Representatives of EMAS have been invited to attend this meeting of the Health Scrutiny Committee to provide an update on progress with the consultation.

Recommendation:

It is recommended that:

1. The Health Scrutiny Committee comment on the information provided and ask questions of the EMAS representatives
2. Consider whether:
   (a) the Health Scrutiny Committee has been properly consulted
   (b) the public interest has been taken into account through appropriate consultation
   (c) the proposals for change are in the interests of the local health service
3. Schedule further consideration of the EMAS change programme as necessary

Councillor Sue Saddington
Chair of the Health Scrutiny Committee

For any enquiries about this report please contact:

Scrutiny Co-ordinator: martin.gately@nottscc.gov.uk

Background Papers

Nil.

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

Nottinghamshire County Council

Report to Health Scrutiny Committee

17 September 2012

Agenda Item:7

REPORT OF COUNCILLOR SUE SADDINGTON

EAST MIDLANDS AMBULANCE SERVICE – RURAL RESPONSE TIMES

Purpose of the Report

1. This report provides Members with a briefing on the performance of the East Midlands Ambulance Service (EMAS) in relation to response times in rural Nottinghamshire.

Information

2. EMAS states that constantly monitoring performance is essential since it is a vital indicator of how well they respond to patient need and how they can ensure standards of care are not only maintained but continuously improved upon.

3. All NHS ambulance services must respond to 75% of **Red** emergency calls (the most serious and life threatening) within 8 minutes. Red calls can include patients having a heart attack or experiencing severe breathing difficulties. The quicker a patient receives treatment the better the chance of survival.

4. For all other calls, ambulance services are not measured simply on time alone, but on how they treat patients and the outcomes of the treatment.

5. A set of Clinical Quality Indicators allows EMAS to identify areas of good practice and areas which need improvement. Using information given to them by the caller the most appropriate response is allocated. If the patient's condition is life-threatening or serious they will receive an ambulance response and a face-to-face assessment

will be made. If the condition is non-life threatening a telephone assessment will be made by a skilled clinician who will help direct the patient to the right care (this could be to visit their GP, a minor injury unit, call NHS Direct, or a non-emergency ambulance will be sent to assess the patient face-to-face).

6. Representatives of EMAS have been invited to attend this meeting of the Health Scrutiny Committee to provide briefing on current levels of performance and answer questions.

7. A presentation from EMAS is attached as an appendix to this report.

8. If sufficient issues and concerns are raised by this briefing, Members may wish to consider undertaking a review of ambulance response times in rural areas.

Recommendation:

It is recommended that:

1. The Health Scrutiny Committee comment on the information provided and ask questions of the EMAS representatives
2. Consider whether the Health Scrutiny Committee Members should undertake a review of this issue
3. Schedule further consideration of EMAS rural response times as necessary

Councillor Sue Saddington
Chair of the Health Scrutiny Committee

For any enquiries about this report please contact:

Scrutiny Co-ordinator: martin.gately@nottscc.gov.uk

Background Papers

Nil.

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

EMAS Performance

David Farrelly – Deputy Chief Executive

Dave Winter – Acting Assistant Director of Operations

17th September 2012

Setting the Scene:

We acknowledge that we have improvements to make

We have efficiencies to address

Currently an Independent Review of resourcing is in process

Aims:

Build Trust

Develop Constructive Relationships

Improve Confidence

Improve Performance

Our future

Our vision

A leading provider of high quality and best value clinical assessment and mobile healthcare

We know why we want to go there

It is in the best interests of our patients

It allows us to play our role as a key partner in health and aspects of social care

It makes the most of our skills, experience and potential

Key Areas of Change:

Service Model

Development of 3 Tier model, fully operational April 2014

Estates

Consultation commences on the 17th September 2012 for 90 days

Management

Development of a new management structure embedding clinical leadership throughout

How does the new model help to improve response times?

- It puts ambulances closer to patients.
- It releases clinician time
- Vehicle checking and stocking (through Make Ready approach)
- Improved provision for staff breaks
- It will help more staff to be at work through a supportive management approach

Performance targets:

A8	A19	G 1&2	G 3&4	EOC
8 minute response to a minimum of 75% of 999 calls	19 minute response to a minimum of 95% of 999 calls – patient carrying capability	Attendance by ambulance in: - 20mins for G1 & 30mins for G2	Telephone assessment by CAT in: - 20mins for G3 & 60mins for G4	Call pick up 95% in 5secs Resource dispatch in 40secs

The EMAS frontline & EOC workforce are highly qualified, skilled clinicians acting in the best interests of the patient

Areas where we are Performing:

ACQI	ECS	CPI	A8	EOC
Internally designed "Dashboard" is now ambulance community service standard	ECS Roll out is significantly developed with all divisions now operational.	5 ambulance Clinical Performance Indicators. EMAS currently performing on par with other trusts.	A8 Target 75% currently on track for year end achievement	Call taking compliance above national average. CAT quality indicators
ROSC rates within variance	76% Regional coverage	Considerable improvement	Trajectory to exceed A8 & A19 Performance	Above National average

The EMAS frontline & EOC workforce are highly qualified, skilled clinicians acting in the best interests of the patient

How are we performing as a Trust?

A8 Performance 75.08% Year to date (75% target)

A19 Performance 94.57% Year to date (95% target)

How is Nottinghamshire performing?

Last year Nottinghamshire achieved both A8 and A19 performance standards.

A8 75.37%

A19 95.65%

2012/13, Nottinghamshire current Year to date

A8 73.86%

A19 96.74%

Nottinghamshire 2011/12

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS	Cat A8 MINS
Bassetlaw Performance	70.64%	76.67%	75.36%	75.25%	66.06%	69.76%	74.94%	69.75%	68.28%	71.56%	68.86%	70.41%
Nottinghamshire County Teaching Performance	68.29%	73.61%	70.04%	73.39%	71.47%	71.63%	68.30%	72.20%	65.68%	69.26%	62.69%	69.43%
Nottingham City Performance	83.24%	87.75%	83.92%	86.22%	86.11%	84.84%	84.00%	83.68%	83.05%	83.00%	80.44%	84.27%
NOTTINGHAMSHIRE TOTAL	**74.33%**	**78.82%**	**75.57%**	**78.28%**	**76.32%**	**76.51%**	**75.16%**	**76.47%**	**72.33%**	**74.81%**	**69.88%**	**75.37%**
EMAS PERFORMANCE	**75.14%**	**77.25%**	**75.30%**	**75.97%**	**74.43%**	**74.35%**	**74.34%**	**76.50%**	**72.84%**	**76.03%**	**72.64%**	**77.28%**

	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS	Cat A19 MINS
Bassetlaw Performance	94.27%	95.38%	94.48%	94.50%	91.43%	93.05%	93.14%	91.75%	89.87%	91.61%	87.06%	91.15%
Nottinghamshire County Teaching Performance	95.05%	96.86%	96.22%	97.03%	95.26%	95.94%	95.90%	95.22%	94.22%	94.45%	91.23%	94.97%
Nottingham City Performance	97.12%	98.51%	97.24%	98.63%	98.23%	97.65%	97.42%	97.31%	96.67%	97.41%	94.78%	97.54%
NOTTINGHAMSHIRE TOTAL	**95.77%**	**97.28%**	**96.41%**	**97.38%**	**95.99%**	**96.33%**	**96.24%**	**95.70%**	**94.72%**	**95.34%**	**92.12%**	**95.65%**
EMAS PERFORMANCE	**93.92%**	**94.38%**	**92.86%**	**93.01%**	**92.26%**	**91.38%**	**91.00%**	**92.41%**	**90.88%**	**92.57%**	**90.35%**	**92.95%**

Improvement activities:

A8	A19	G 1&2	G 3&4	EOC
Improved use of TDP's Extended CFR mobilisation & programme. ABM mobilising Increase See & Treat	More resource. Utilisation of non A&E resources Dedicated transfer crews Increase See & Treat	Evaluating resource ringfencing More resource Additional Clinical Assessment Team (CAT)	Wider use of EDOS Additional CAT More Hear & Treat (HAT)	Quicker call answering Customer Service focus Dedicated helimed dispatch Faster Dispatch
Sustainable improvement	Sustainable improvement	Sustainable improvement	Fewer upgrades less admissions	Improved performance & service

Issues & Challenges

Increasing demand circa 5%pa.

Public sector cost pressures

Efficiency gains

Seasonal demand pressures

Increasing performance targets (Red 1 80%)

Can we achieve?

A8 and A19 targets – Yes, plans in place and deployed already.

Green targets – Performance continually improving. Trajectory to achieve, but not in 2012/13 – not a commissioned target yet.

Call pick up – By March 2013 on current improvement trajectory.

Call quality standard – already achieved (August 2012)

Clinical CAT performance – already above national quality standard

Questions ?

Nottinghamshire County Council

Report to Health Scrutiny Committee

17 September 2012

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Health Scrutiny Committee work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.

3. The draft work programme is attached at Appendix 1 for the Committee to consider, amend and agree.

4. An addition to the work programme this month is the inclusion of the update on the East Midlands Ambulance Service Change Programme.

5. Further to the agreement of the Health Scrutiny Committee on 25 June, Carolyn White, Deputy Chief Executive of Sherwood Forest Hospitals NHS Trust Foundation Trust will attend the meeting on 12 November to brief the committee on the work of the Trust. A further addition to the agenda for 12 November is a briefing on Integrated Care Teams in Newark and Sherwood.

6. In order to balance the work programme, the briefing on Principles of Health Scrutiny has been provisionally allocated to 21 January 2013; although Members may prefer for this briefing to take place sooner in a separate session outside of the Health Scrutiny Committee.

RECOMMENDATION

1) That the Health Scrutiny Committee consider and agree the content of the draft work programme.

Councillor Sue Saddington
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

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
25 June 2012				
Terms of Reference		For Noting	Martin Gately	
Proposed changes – Ashfield Health Village	The Committee will be consulted on the movement of a ward from Ashfield Health Village to Mansfield Hospital	Scrutiny	Martin Gately	Rhiannon Pepper Notts PCT
East Midlands Ambulance Service Change Programme – Being the Best	The Committee will receive an initial briefing on this change programme (which is also directly relevant to estates management).	Briefing	Martin Gately	Phil Milligan and Rob Walker, EMAS
17 September 2012				
Proposed changes - Ashfield Health Village	Further consideration of Ashfield Hospital changes	Scrutiny	Martin Gately	Iain Fletcher and Deborah Jaines
EMAS – Rural response times	Initial briefing on this issue. Possible topic for future Scrutiny.	Briefing	Martin Gately	Rob Walker, EMAS
East Midlands Ambulance Service Change Programme – Being the Best	An update on consultation in relation to the change programme	Scrutiny	Martin Gately	Rob Walker, EMAS

12 November 2012				
Bassetlaw Clinical Services Review	Progress Report on gynaecology/fractured neck of femur changes	Update	Martin Gately	Phil Mettam, Bassetlaw PCT
Integrated Care Teams	Changes in Newark and Sherwood – possible topic for Scrutiny	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Trust	Briefing	Martin Gately	Carolyn White, Deputy Chief Exec, SFHT
21 January 2013				
Public Health	Progress Report on the development of NCC's public health responsibilities	Update	Martin Gately	Dr Chris Kenny
Principles of Health Scrutiny (provisional)	Briefing from a Centre for Public Scrutiny	Briefing	Martin Gately	Centre for Public Scrutiny
18 March 2013				
Operation of Health and Wellbeing Board	Briefing on the operation of the Health and Wellbeing Board	Briefing	Martin Gately	TBC

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Local Immunisation Services
End of life Care
Arrangements for Local Healthwatch