

Health Scrutiny Committee

Tuesday, 29 September 2020 at 10:30

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 7 July 2020 | 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 | Healthcare Trust - Response to Care Quality Commission Inspection | 9 - 38 |
| 5 | Healthcare Trust - Improving Acute Mental Health Inpatient Environments | 39 - 50 |
| 6 | NHS Bassetlaw CCG - Improving Local Health Services | 51 - 58 |
| 7 | Work Programme | 59 - 64 |

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:-

- (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 Noel McMenamin (Tel. 0115 977 2670) 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

Keith Girling (Chairman)
Martin Wright (Vice-Chairman)

Richard Butler
John Doddy
Kevin Greaves
David Martin
Liz Plant

Kevin Rostance
Stuart Wallace
Muriel Weisz
Yvonne Woodhead

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Hazel Buchanan
Lucy Dadge
Nina Ennis
Lewis Etoria

Nottingham and Nottinghamshire CCG
Nottingham and Nottinghamshire CCG
Nottingham and Nottinghamshire CCG
Nottingham and Nottinghamshire CCG

1. **CHAIRMAN AND VICE-CHAIRMAN**

The appointment by the County Council on 11th June 2020 of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice-Chairman of the Committee for the 2020-2021 municipal year was noted.

2. **COMMITTEE MEMBERSHIP**

The membership of the Committee for the 2020-2021 municipal year as follows: Councillors Butler, Doddy, Greaves, Martin, Kevin Rostance, Wallace, Weisz and Woodhead, was noted.

3. **MINUTES**

The minutes of the meetings held on 25 February 2020, having been circulated to all Members, were taken as read and were signed by the Chair.

4. APOLOGIES

None.

5. DECLARATIONS OF INTEREST

None.

6. NATIONAL REHABILITATION CENTRE – FINAL CONSULTATION DOCUMENT

Hazel Buchanan and Lewis Etoria of Nottingham and Nottinghamshire CCG introduced the item, which provided the opportunity for the Committee to comment and influence its content and approach prior to its launch on 27 July 2020.

Ms Buchanan and Mr Etoria made the following points:

- The Consultation Document focussed on specifically on the NHS facility and not the military element of the complex;
- Unfortunately, because of the Covid-19 pandemic the face-to-face element of the planned consultation had to be withdrawn. Other mitigations had been put in place, including an extension of the consultation period from 6 to 8 weeks, the running of virtual events and provision of extra advertising and postal resources;
- The consultation would run from 127 July to 18 September 2020 and the outcomes would be reported back to Committee before next steps were agreed. This could mean holding an additional meeting in October 2020, as the scheduled meeting in November 2020 was too late to hit NHS/CCG timescales.

During discussion, a number of issues were raised and points made:

- It was recognised that travel to the facility was a challenging area, with some sceptical about the effectiveness of mitigation measures being put in. The consultation exercise would help better understand service users' concerns, and would be ;
- It was explained that the consultation outcomes would be considered at a series of workshops which, in turn, would inform the development of the business case;
- The importance of support of and contact with friends and family in aiding recovery was critical, and having sleep-over facilities, as well as technological solutions to maintaining contact, was front and centre of plans for the NRC going forward;

- It was explained that detailed financial, resource and needs modelling and analysis more belonged in the detailed business case stage of the initiative;
- It was confirmed that Healthwatch consulting with hard to reach groups would form a separate report, so that the specific learning from that work could identify barriers to access;
- The stroke pathway was seen as distinctive from the rehabilitation to be delivered at NRC, and would remain at QMC. Referral criteria would be worked up and delivered by a multi-disciplinary referral team;
- Because the focus of the consultation was solely on the NHS facility there was no reference to the benefits of joint training and research with the military facility, but these initiatives would still be going ahead;
- All post-discharge support would be delivered through clinical case managers who will assist with functional skills to help those in recovery lead independent lives;
- It was reiterated that visiting family and friends would incur no costs to stay overnight at the facility, and that no services were being lost to make the initiative happen.

The Chair thanked Ms Buchanan and Mr Etoria for their attendance, and indicated that the Committee would be flexible in finding an appropriate time to reconvene to consider the consultation findings.

7. COVID 19 RESPONSE BRIEFING

Lucy Dadge and Nina Ennis of Nottingham and Nottinghamshire CCG introduced the item, which provided a briefing on the response to Covid 19 pandemic from the CCG. The briefing focussed on the impact on the management of local services, the national framework for service changes, the local context for some of the service changes and ongoing work to restore services.

Ms Dadge and Ms Ennis highlighted the following points:

- The service changes detailed in the report had resulted both from national mandating and locally made decisions – a great majority of changes had been made to ensure patient safety;
- Productivity was down by necessity to ensure patient safety. For example, a gastroscopy used to take 15 minutes, but because of the need to fully cleanse afterwards the procedure now took 50 minutes;
- Emergency departments had seen a massive tail-off in outpatients with relatively minor ailments and the NHS would welcome maintaining this reduction in future;

- Services were gradually being restored, with additional capacity being put in for example with endoscopy.

The following points were raised during discussion:

- Ms Dadge undertook to provide information on uptake of Test and Trace in Nottinghamshire, but was not qualified to comment on the effectiveness of weekly testing;
- It was estimated that could be 30,000 excess deaths arising from undiagnosed conditions during the pandemic. Nottinghamshire was outperforming other areas of the region in respect of hospital-based treatment of cancer;
- Testing was being rolled out for weekly testing for care home staff, including those who were asymptomatic. Care homes were much more integrated into the NHS family, with each home having identified a clinical lead;
- The target for flu vaccination was 65% but NHS England now want to see an 80% uptake from priority groups which will be very challenging to deliver;
- Ms Dadge expressed the view that very few services that had faced closures on grounds of patient safety would be permanent. The closure of the Chatsworth rehabilitation facility was a direct response to Covid-19 and it will re-open when appropriate and safe to do so;
- The point was made that the increased use of video technology helped boost NHS capacity, since elderly and pregnant GPs who would normally be shielding could see patients remotely;
- Ms Dadge undertook to investigate the reported closure of Blidworth GP surgery, and the difficulties residents experienced in getting to the nearest surgery at Ravenshead;
- It was acknowledged that mental health interventions are expected to rise significantly as a result of Covid-19, and Ms Dadge undertook to report back to the Committee on that issue;
- Ms Ennis and Ms Dadge undertook to provide a response to a question about the capacity to conduct antibody testing, which needed phlebotomy expertise, on how health visitors were maintaining contact with new mothers and babies during lockdown, and on the provision of blister packs for those on regular medication;

The Chair thanked Ms Dadge and Ennis for their attendance at the meeting and undertook to write on behalf of the Committee to thank them and their colleagues for their efforts during the pandemic.

8. WORK PROGRAMME

Subject to agreeing to consider the following:

NRC Consultation outcomes and Covid-19 and mental health, potentially at an additional meeting

the Committee's Work Programme was approved.

It was also agreed to add the following the list of potential topics for scrutiny:

- How Rampton Hospital has coped with the pandemic;

The meeting closed at 1:26pm.

CHAIRMAN

29 September 2020**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST –
RESPONSE TO CARE QUALITY COMMISSION INSPECTION****Purpose of the Report**

1. To allow Members to consider the Healthcare Trust's improvement plan following its inspection by the Care Quality Commission (CQC) in early 2019.

Information

2. Members will recall that the Healthcare Trust was inspected by the CQC between January and March 2019. Subsequent to this, Healthcare Trust representatives attended the Health Scrutiny Committee to present information in relation to their improvement plan in July 2019 and in February 2020. The committee heard that the Trust regarded its overall rating of 'Requires Improvement' as fair and accurate, and that each action within the improvement plan had been assigned an executive and clinical lead.
3. A briefing from the Trust and the latest iteration of its improvement plan are attached as appendices to this report. In addition, a memo regarding expired and unwanted medicines is attached as a further appendix.
4. Anne Maria Newham, Executive Director for Nursing, Healthcare Trust will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration, if necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.

2) Schedules further consideration, if necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

COMMITTEE TITLE:	Nottinghamshire County Council – Health Scrutiny Committee
DATE OF MEETING:	29 September 2020
TITLE:	Responding to the Care Quality Commission (CQC) Core and Well-Led Inspection of 22 January to 7 March 2019
PRESENTING OFFICER:	Dr John Brewin (CEO)

1. PURPOSE OF THE REPORT

- 1.1 This report is to update members of the Health Scrutiny Committee on the progress Nottinghamshire Healthcare NHS Foundation Trust has made in response to the findings of the Care Quality Commission (CQC) inspection which took place between 22 January and 07 March 2019 the report of which was published on 24 May 2019.
- 1.2 It is assumed that the report, which can be accessed via the following link has been read.
[CQC Core and Well Led Inspection Report 2019](#)

2. PROGRESS

- 2.1 Since the inspection and the subsequent publication of the report, the Trust has been working hard to address issues raised by the CQC. Thorough improvement plans were developed, and additional resources were provided to support the delivery of these.
- 2.2 Progress against the plans has been monitored on a monthly basis at meetings chaired by the Executive Director of Local Mental Health Services and by an 'Improvement Board', chaired by Dr John Brewin (Chief Executive). Open invitations to the Improvement Board were extended to Commissioners and to the CQC.
- 2.3 An on-site, short notice follow up inspection by the CQC was made to Adult Mental Health in-patient wards between 19th and 29th July 2020. The trust received the draft inspection report from the CQC on 03rd September 2020 outlining their preliminary findings. The CQC acknowledged the trust had made, 'significant improvement' since they last inspected in March 2019 stating the service, 'provided safe care'. The Trust has until 17 September 2020 to respond to the CQC with any factual accuracy comments. The draft report also included feedback that:
 - patients were very positive about their experience of using services.
 - staff were positive about working for the trust
 - there were the right number of staff on shift to meet patient needs
 - clinic rooms were being monitored.
 - staff were monitoring the physical health of patients following the use of rapid tranquilisation
 - physical health care plans were in place
 - risk assessments had been formulated which considered historic and current risks for patients

- care plans were holistic and were shared with patients.
- Patients reported having regular one-to-one time with staff
- safeguarding systems and processes which staff knew how to use
- a supportive preceptorship programme was provided
- governance processes had improved and there was evidence of lessons being learnt from across the trust

2.4 The CQC also found some areas which required further monitoring and improvement including:

- Although there was clear evidence that high dose antipsychotic physical health monitoring was taking place, staff need to ensure care plans describe this.
- Providing assurance that ward managers follow clear systems to monitor staff fill rates.
- Ensure all patient medication, including their own is appropriately labelled.
- Ensuring bank and agency staff have access to the trusts electronic recording systems
- One personal evacuation plan had not been completed however the CQC were satisfied that the manager of the ward took immediate action to rectify this
- Two staff were not confident about where they would access ligature cutters.

2.5 Actions are already being taken to address the feedback provided.

2.6 This most recent CQC inspection will not change the current rating of the core service or the trust because the purpose of the visit was to focus on the progress made by Adult Mental Health in-patient services since the last inspection.

2.7 Although the trust is encouraged that the CQC recognised the significant improvements which have been made, and that the trust is on the right track, continuation of these improvements as well as ensuring all areas of improvement identified at the 2019 inspection and this most recent inspection remain a priority.

2.8 The trust is engaged in the ongoing monitoring of all improvements to ensure these are embedded and sustained. This includes using improved governance structures and a process of review by the internal Quality First team which provides impartial review of services and their compliance with the CQC fundamental standards and will report their findings through the trust governance structures.

3. RECOMMENDATION

That the Health Scrutiny Committee:

- 3.1 Considers and comments on the information provided
- 3.2 Considers the trust's improvement plan

4. APPENDICES

Appendix A: Quality Improvement Plan.

Number	Improvement needed	Context	Action to be taken to address the cause of the issue/gap	Outcome required	Leads	Planned Start Date	Planned End Date	Completion Date	Progress Rating	Progress Comments / Resources Required	Evidence outcome required has been achieved
9	Every location must comply with guidance on the correct storage of medication. Room temperature monitoring. Fridge temperature monitoring. The safe storage of medication when taken out into the community.	The CQC saw that good medication management including transportation, storage and dispensing at four Local Mental Health Teams (LMHT) however, at one the CQC found some improperly stored medication which was subsequently disposed of, a fault with temperature gauges that monitored fridge temperatures and transportation of medication did not follow best practice guidance with staff taking medication out into the community in their own bags.	<ul style="list-style-type: none">Staff in all clinical areas will work to standard operating procedures.Remote fridge temperature monitoring will be implemented, guidance, materials and training will be provided to clarify expectations, a task and finish group to improve safe storage of medicines in the community will be formed.Undertake an internal Quality First Review to assess if improvements have been sustained.	<ul style="list-style-type: none">To prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.Audits will show compliance with the required standards	General Manager	15/07/19	30/11/19	30/11/19	<div><div></div><div>B</div></div>	<ul style="list-style-type: none">A memo regarding the disposal of expired and unwanted medicines and the transportation of medicines has been sent to all general managers.The installation of room temperature monitoring equipment has been completed in all areas. The implementation of the programme is in progress and is being tested.Standard Operating Procedures for dealing with ambient room temperatures has been agreed.Further meetings planned to review results of pilot for transporting medicines in the community.Quality First Review scheduled in September 2020	<ul style="list-style-type: none">A copy of the memo has been obtained.The use of remote fridge temperature monitoring has been approved and implementedBags for the transportation of medicines provided.

Provider	Nottinghamshire Healthcare NHS Foundation Trust
Core Service	CHILD AND ADOLESCENT MENTAL HEALTH WARDS

G	Positive impact of improvement found. It is embedded into practice and has been signed off by the appropriate forum.
B	Improvement considered complete by action plan lead. Evidence of compliance and embeddedness is available.
Y	Progressing to time, evidence of progress.
A	Delayed, with evidence of improvement and agreed actions to get back on track.
R	Cause for concern. No progress towards improvement completion. Needs evidence of action being taken to improve.

[illegible]

2019 CQC Core and Well Led Quality Improvement Plan - COMPLIANCE ACTIONS

Provider Nottinghamshire Healthcare NHS Foundation Trust
Core Service Community mental health services for people with a learning disability or autism

G Positive impact of improvement found. It is embedded into practice and has been signed off by the appropriate forum.
B Improvement considered complete by action plan lead. Evidence of compliance and embeddedness is available.
Y Progressing to time, evidence of progress.
A Delayed, with evidence of improvement and agreed actions to get back on track.
R Cause for concern. No progress towards improvement completion. Needs evidence of action being taken to improve.



Number	Improvement Needed	Context	Action to be taken to address the cause of the issue/gap	Outcome required and how you will know it has been achieved	Leads	Planned Start Date	Planned Completion Date	Completion Date	Progress Rating	Progress Comments / Resources Required / Evidence	Evidence outcome required has been achieved
11	Staff must routinely provide patients and carers with information about how to raise a concern or complaint.	Except for residential and care home staff, patients and carers we spoke with did not know how to raise a concern or how to complain about the service they received. Staff reported they did not routinely offer this information during community contacts with patients.	Complaint materials will be reviewed with patients. We will access resources from 'Speak-up' who are experts in developing and delivering accessible information and resources that improve the lives of people with learning disabilities and/or autism. Undertake an internal Quality First Review to assess if improvements have been sustained.	We want to encourage people with a learning disability to complain when they experience poor services from the Trust. We must ensure that accessible information is readily available to patients and carers on how to provide feedback and complain about the services they receive.	General Manager	15/07/19	31/10/19	28/11/19	B	03/10/2019: Easy read leaflets for clients/carers have been produced. • This issue will be a standard agenda item on all team meeting minutes • We will explore alternative ways for patients and carers to access the complaints procedure. • Staff in all bases have ordered and received leaflets for staff in their areas and these have been issued to patients. Quality First review to be undertaken during September 2020	Easy lead leaflets amended and distributed

2019 CQC Core and Well Led Quality Improvement Plan - COMPLIANCE ACTIONS

Provider

Core Service

Nottinghamshire Healthcare NHS Foundation Trust

Mental health crisis services and health-based places of safety

G

B

A

X

R

Positive impact of improvement found. It is embedded into practice and has been signed off by the appropriate forum.

Improvement considered complete by action plan lead. Evidence of compliance and embeddedness is available.

Progressing to time, evidence of progress.

Delayed, with evidence of improvement and agreed actions to get back on track.

Cause for concern. No progress towards improvement completion. Needs evidence of action being taken to improve.

Nottinghamshire Healthcare

NHS Foundation Trust

Number	Improvement Needed	Context	Action to be taken to address the cause of the issue/jap	Outcome required and how you will know it has been achieved	Leads	Planned Start Date	Planned End Date	Completion Date	Progress Status	Progress Comments / Resources Required / Evidence	Evidence outcome required has been achieved
12	Staff must follow medicine management policies and procedures	Highbury Hospital: The store room housing the medicines was left unlocked. The medicine key safe code was not periodically changed. The key to access prescription sheets was kept in an unlocked drawer. Medication was not transported securely to patients' homes. Patients did not sign to confirm they had received their medicines or other record of receipt not made. The sharing of learning at front line staff level was not routine. GOOD PRACTICE NOTE: Bassettaw Hospital had good systems in place when staff delivered medication they stored it correctly and patients signed to say they had received their medication.	<ul style="list-style-type: none"> Learn from compliant practice taking place at Bassettaw Hospital Standard Operating Procedure for s136 suite Circulate FP10 procedure Ensure secure storage of FP10s and review policy and procedure Undertake an internal Quality First Review to assess if improvements have been sustained. 	<ul style="list-style-type: none"> Staff will follow safe medicine management policies and procedures Audit of medicine management in clinical areas A pilot to test bags for the transportation of medicines is taking place 	Ann Wright (GM) Supported by Michelle Malone (Clinical Director) Jo Hill (Operational Managers) and Matt Elwood (Chief Pharmacist)	15/07/19	31/10/19 31/01/20	31/12/19	B	<ul style="list-style-type: none"> FP10 procedure circulated to CRHT service managers and Team Leaders for dissemination to all team members. Audit of compliance to be undertaken by Matron before reviewing progress rating. 03/12/19 - Re audit of storage to be completed at Highbury site. Audits show compliance with standards. Quality First reviews scheduled for September 2020 	Investigation into FP10 handling taken to Trust Medicines Oversight Group (TMOG). There is a Trust policy on FP10 which all local procedures must be aligned with.
13	Places of safety must be safe and secure.	In the Cassidy suite the trust had made number of environmental improvements, further work to fit a steel door frame was delayed due to COVID-19 and access to the required materials.	<ul style="list-style-type: none"> A steel door frame and improved soundproofing is required at the Cassidy suite. There are arrangements for staff to follow to mitigate the risk of this. The Jasmine suite should display a clock to meet requirements should the room be used for seclusion Undertake an internal Quality First Review to assess if improvements have been sustained. 	<ul style="list-style-type: none"> The premises where care and treatment are delivered will be suitable for the intended purpose and properly maintained. 	Ann Wright (General Manager) Chris Ashwell (Associate Director) Jo Hill (Operational Managers)	15/07/19	31/10/19 01/04/20		B	<ul style="list-style-type: none"> One of the doors at the Cassidy suite has been improved two are due to be completed at the beginning of November 2019 with all items required on order. The soundproofing is more complex work hence the caution about meeting the timescale for action. 2011/19 Update Capital bid for sound proofing approved 28/11/19. Instruction to be given to Estates for the work to be completed this financial year. 06/01/20 - Works required at late stage design, out to tender by 17 January 2020. Planned completion date estimated end of March 2020 given the lead time on the new door sets and security frames. 10/03/20 - Timescale changed due to delay caused by awaiting structural arrangement drawing for new steel door frames, on receipt of these doors can be ordered and installed in 6-8 weeks. Quality First reviews scheduled for September 2020 	Environmental improvements have been completed by estates and facilities.
14	Staffing levels must be safe when using restraint.	The CQC found that the trust policy says there must be three staff to use physical restraint. In the Cassidy suite this would be hard to follow if staff were either deployed elsewhere or if requests for extra staff were needed from the ward.	<ul style="list-style-type: none"> Whilst acknowledging there were three staff on the Cassidy suite during the inspection, the CQC were not assured that this number of staff would always be quickly available for the purposes of applying physical restraint where needed in line with Trust policy. Actions to address this are linked to improvement 1 (AMH - Inpatient). Undertake an internal Quality First Review to assess if improvements have been sustained. 	<ul style="list-style-type: none"> Staff, patients and carers will feedback that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet patients needs and the requirements of the service. The staffing requirements on the s136 suites will be determined by taking into the presenting needs of the patient and other factors. There will however be three staff quickly available to use restrict safety if needed 	Ann Wright (GM) Jo Hill (Operational Managers)	15/07/19	31/01/20	01/01/20	B	<ul style="list-style-type: none"> Linked to AMHIP - improvement 1 in the AMH in-patient section. A staffing review has been completed Recruitment programme is in place Development of a safe staffing oversight policy Identify any gaps in staff confidence and training Revised Standard Operating procedure for staffing in the services Effective job planning and deployment to ensure right staffing, in right place at the right time. All staff MVA trained. Quality First reviews scheduled for September 2020 	Established staffing is appropriate for need. All staff are MVA trained.

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Chief Pharmacist
Duncan Macmillan House
Porchester Road
Nottingham
NG3 6AA
0115 969 1300

Memo

From: Chief Pharmacist
To: All General Managers
cc: Pharmacy Leadership Team
Date: 1st October 2019
Re: Expired and Unwanted Medicines

During the recent inspection, the Care Quality Commission (CQC) identified that some inpatient wards and community teams had expired medicines in their clinic rooms. This could happen anywhere in the Trust that medicines are used.

In some cases these were appropriately segregated and simply awaiting return to pharmacy or destruction by clinical staff. In some cases it became clear that these were kept deliberately and used as training tools for new staff.

Our advice is that all clinical areas regularly check storage areas for the presence of any expired, obsolete or otherwise unwanted medicines. If any are found, arrangements should be made to return these or dispose of these according to the local procedure for this in a timely manner.

If done regularly this will reduce the likelihood of a patient inadvertently receiving an expired medicine which may be of suboptimal quality. It will also prevent further issues with the CQC and free up space in medicines storage cupboards and trolleys. Overcrowding in medicines storage cupboards and trolleys can be a contributing factor to medication errors.

Where it is clear that training is needed to support staff to be competent and confident to handle and administer a particular medicine please contact the Medicines Safety Team who will collate requests for the Trust Pharmacy Service to consider further.

If you have a query about a medicine, please contact the Medicines Information service or ask a pharmacist or member of the pharmacy team for assistance.

29 September 2020

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – IMPROVING ACUTE MENTAL HEALTH INPATIENT CARE ENVIRONMENTS

Purpose of the Report

1. To provide further information on a substantial variation of service relating to acute mental health inpatient provision.

Information

2. Members will recall that in February 2020 senior representatives of the Healthcare Trust attended the committee to explain a planned improvement of service for patients currently using the Millbrook site which involved purchasing a site from St Andrews Healthcare.
3. A briefing from the Trust setting out the current position is attached as an appendix to this report.
4. Sharon Creber, Deputy Director of Business Development and Marketing will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

**Report to Nottinghamshire Health Scrutiny Committee:
29 September 2020**

Improving Acute Mental Health Inpatient Care Environments in Mid Nottinghamshire

Introduction

1. The Committee received a paper in February 2020 on the Trust's intention to purchase a hospital site in the Mansfield area from St Andrew's Healthcare. The purchase is part of the Trust's plan to improve inpatient care environments for mental health services. The purchase represents a significant investment by the Trust, with the overriding aim of improving the quality of care.
2. This paper provides an update to the Committee and includes our plan for involving local stakeholders in mobilising the new site.
3. The Trust has recently named the site as 'Sherwood Oak', using the naming selection process as an early opportunity for local engagement.
4. At the meeting on 25 February, the Committee requested information about any Nottinghamshire patients currently receiving care at the St Andrew's site and what their transfer plans were. This information is also included in the report.

Update on Hospital Purchase

5. The acquisition of the site is progressing well. The Trust has exchanged contracts with St Andrew's Healthcare and is anticipating completion by November / December 2020, at which point we will take ownership of the vacant site.
6. We are developing plans for configuring the site to ensure it is suitable for acute mental health care (the site is currently a low and medium secure hospital). The site will provide four inpatient wards and a Section 136 Suite.
7. Our plan is to start to transfer adult mental health services to the site in May 2021, however the timing will be dependent on the scale of capital works required at the site.
8. The Committee may recall that mental health services for older people will remain at the Millbrook Unit. We are developing plans to also upgrade that site so that it can provide single sex, ensuite accommodation that meets high quality standards.

Nottinghamshire Patients at the St Andrew's site

9. St Andrew's have been working with patients, carers and commissioners to develop onward care packages to support the transfer of their patients from the Mansfield site. This is in line with the Government's Transforming Care programme, which aims to reduce the number of people with autism and learning disabilities who are living in secure care and increasing the number who are supported within the community, in less restrictive settings.
10. St Andrew's Healthcare have provided the following update to us for the Committee regarding Nottinghamshire patients at their Mansfield site. All care plans have been developed in collaboration with patients, their carers, and commissioners.
 - There were four patients from the Nottinghamshire area at the point when the Trust agreed to purchase the site:
 - One patient has transferred to another secure hospital within area
 - One patient will step down from medium to low secure inpatient care within the area
 - One patient will step down to locked rehab within the area
 - One patient will step down to residential care within the area.

Involving Local Stakeholders

11. The Trust developed an engagement plan earlier in the year to ensure local stakeholders are involved in the mobilisation of the new site. A copy of the plan is attached at Appendix 1. Though there are some constraints due to Covid-19 and social distancing, the Trust is deploying online ways of engaging, including social media.
12. Recent involvement has included the naming of the new site, where we engaged with staff, service users, carers and the local community online, gathering suggestions for the site name. Over 150 suggestions were submitted and a judging panel consisting of service users, carers, front line staff and the Trust's Chief Executive identified Sherwood Oaks as the name.

Next Steps

13. A summary of the key milestones is set out below:

Milestone	Timeframe	Interdependencies
Transfer of existing patients by St Andrew's from the Mansfield site	By October 2020	St Andrew's plan to transfer all patients by the end of September
Contract completion with St Andrew's and handover of vacant site to the Trust	December 2020	Aiming for contract completion by end of November
Trust modifications to the site – to change from secure to acute setting	From December 2020 to May 2021	Subject to scale and scope of works required at the Sherwood Oaks site
Commence transfer of adult mental health services from Millbrook Unit to the new Sherwood Oaks site	From May 2021	

14. Once the adult mental health services have moved from the Millbrook Unit, the second phase of programme can commence, with modifications to that Unit to improve the care environment for older people. The plan for this second phase is currently being developed and will also require significant additional capital investment.

Conclusion

15. The purchase of the St Andrew's site, to be known as 'Sherwood Oaks', is progressing well and according to plan with the aim of transferring services in Spring 2021. This will deliver significant quality improvements for local patients, their carers/visitors and our staff.
16. The Trust has developed an engagement plan to ensure local stakeholders are involved in key decisions regarding the new site and how we adapt it for our patient cohorts. This plan is ensuring we take account of constraints in place due to Covid-19.
17. A second phase of the programme is being developed regarding the improvements required at the Millbrook Unit for mental health services for older people.
18. The Health Scrutiny Committee is asked to:
 - NOTE this update.

Appendix 1

Summary for Health Scrutiny Committee

Communications and Engagement Plan:

Improving Inpatient Care Environments

Purchase of St Andrew's Mansfield Site and Transfer of the Trust's Services

June 2020

(Updated September 2020)

1. Introduction

- 1.1 Nottinghamshire Healthcare has recently agreed to purchase an additional hospital site in Mansfield from St Andrew's Healthcare. The site is a 64-bed hospital. The Trust is expecting to be able to take full ownership of the site during late Autumn this year and to complete any modifications to the site during the early part of 2021 ready for the transfer of services.
- 1.2 The Trust is fully committed to involving patient and carer representatives, and other key stakeholders in the co-design of how we adapt the new site and if there are any concerns, how we might address those.
- 1.3 The site purchase marks a very significant investment by the Trust in improving the quality of care we provide.
- 1.4 The Trust is planning to transfer Adult Mental Health (AMH) Inpatient Services from their existing location at the Trust's Millbrook Unit, to the new site. Purchase of the site will also offer the opportunity for co-location of other AMH teams, which will enhance the ability to manage crisis care pathways.
- 1.5 Mental Health Services for Older People (MHSOP) will remain at the Millbrook site but will benefit from being able to move into the Lucy Wade ward, once vacated by AMH. That ward is on the ground floor of the Millbrook Unit and was recently refurbished to provide 16 single ensuite beds. By remaining at the Millbrook Unit, MHSOP services will continue to be co-located with acute medical services that are provided at the King's Mill Centre, which is a real benefit from a clinical perspective due to the complex needs of many of the MHSOP patients.
- 1.6 In time, we will also look at further developments at the Millbrook Unit to ensure all MHSOP accommodation there meets good practice guidelines.

2. Our Overall Ambition

- Improving quality has been the single most important driver for this acquisition.
- The transfer of AMH services to the St Andrew's site will ensure that essential quality improvements can be made and sustained.
- To ensure meaningful engagement with staff, service users and other key stakeholders during the development of our transfer plans. Through this we can ensure that their opinions directly influence the development of the four key areas: clinical model, the care environments; to truly understand the impact on people; and developing partnerships
- To understand and explore the Trust's role in the community and be responsible stewards of the building and services we provide, working closely with local communities and valuable partners.
- In retaining MHSOP services at the Millbrook site, we can make the necessary quality improvements to care within these services.

3. Key Messages

- 3.1 The key messages the Trust wishes to share as part of the communication and engagement process are:
- The need for change is compelling.
 - The quality improvements achievable through the transfer of AMH inpatient services are significant. The associated co-location of other relevant AMH teams will provide a fantastic opportunity to really make a difference to the quality of care we provide to patients and the everyday experience of our staff. The benefits of this acquisition and the transfer of services will include:
 - single room, ensuite accommodation
 - direct access to dedicated outdoor space
 - development of space and facilities for therapeutic activities
 - improved lines of sight for observations and safer ward environments
 - wards with appropriate numbers of beds
 - improvements in the experience for visitors
 - improved working environment for staff
 - improved seclusion areas
 - improved S136 accommodation
 - ability to meet CQC recommendations and health building standards
 - increased collaboration and integrated working across co-located teams
- 3.2 Noted in national standards and health building guidance, such improvements will significantly enhance patients' safety, privacy, dignity, behaviour and well-being. Improvements in care environments have a direct and positive impact on service delivery and patient outcomes.
- 3.3 MHSOP services will remain at the Millbrook site and thus will retain co-location with acute medical services. MHSOP services will be able to achieve quality improvements by utilising the Lucy Wade ward, and the Trust will look to make further improvements.

4. Aims of this Communication and Engagement Plan

- Identify key stakeholders
- Identify potential areas of concern arising from the transfer of services
- Identify the four key areas for engagement to take place across
- Plan and coordinate a range of engagement activities across an identified framework
- Ensure communication and engagement with stakeholders is timely and effective and meaningful
- Utilisation of virtual means of communication and engagement whilst restrictions are in place during the Covid-19 pandemic, and into the near and mid future.

5. Key Stakeholders

- 5.1 There is a wide range of stakeholders and we have identified the key ones in terms of mobilising the new site and the transfer of services. The key stakeholders include:
- Patients
 - Carers and visitors
 - Staff

- The local community
- Local commissioners
- Partner organisations such as social care

6. Potential Areas of Concern

- 6.1 The developments are likely to receive high levels of support. Though the investment in the new site and the transfer of services is overwhelmingly a positive development and will enable a very significant improvement in the quality of care, we nevertheless recognise there may be some concerns and we are committed to hearing what they are and how we might address them.
- 6.2 Concerns may potentially be raised in relation to:
- Change of location – the possibility that the new site might present difficulties for a small minority of people. The new site is only 4 miles from the Millbrook Unit and is on a public transport route. Nevertheless, the Trust will work closely with stakeholders and those potentially affected.
 - Affordability and related investment decisions.
 - Ability to proceed unhindered due to the restrictions being imposed by the Government during the Covid-19 pandemic.
 - Similarly, the inability to use conventional forms of communication and engagement.

7. Engagement Approach

- 7.1 The approach Nottinghamshire Healthcare wishes to take around communication and engagement builds on the work the Trust has continued to develop around collaborative working since developing a collaborative [model](#) with the Kings Fund in 2017.
- 7.2 This Communications and Engagement Plan will be concerned with four key areas of work which can be influenced:
- The Clinical Model
 - The Environment
 - The Impact on People
 - The Development of Partnerships
- 7.3 The guiding principle is to work as collaboratively as possible throughout the process, however it is acknowledged that a blended approach to communication and engagement will need to take place. There are four identified approaches to these levels of engagement.
- **Informing** – providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities and solutions.

This will be achieved by ensuring a transparent process. Communications in relation to the transfer will be shared in a co-ordinated and contemporaneous manner so stakeholders are aware of conversations as they happen.

- **Consulting** – obtaining community and individual feedback on analysis, alternatives, and/or

decisions e.g. virtual surveys and focus groups

We will gather views and encourage questions from all stakeholders via social media platforms and online surveys.

- **Involving** – working with communities and patients to ensure that concerns and aspirations are consistently understood and considered e.g. service users and carers being involved in project plans

The identification of key organisations, stakeholders and individuals who may like to be part of a collaborative group to be involved in all stages of the transition process.

- **Collaborating** – working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of preferred solutions.

For instance, the development of a service user/carer oversight groups to input into specific pieces of work, such as development of the clinical model and input into environmental aspects of the site.

- 7.4 The plan will ensure that meaningful engagement takes place across the four key areas elements. As much as possible Nottinghamshire Healthcare will work towards the 'collaborating' element, articulating when working in other spaces in order to maintain transparency as well as being clear on the level of influence service users, carers, staff can expect.

8. Planned Communication and Engagement Activities

- 8.1 On the following pages, we set out the range of activities we are planning across the framework of Informing, Consulting, Involving and Collaborating.
- 8.2 Some activities have already commenced, and the plan will be fully activated between June 2020 and the transfer of services in Early / Spring 2021.

INFORMING

- We have set up a dedicated webpage on the Trust website, which explains the reasons for change and informs about the purchase of the site. The page has a link for people interested in contributing to the co-design.
<https://www.nottinghamshirehealthcare.nhs.uk/improvinginpatientcare>
- The Trust website will share the plans to date and the progression of plans, reasons for change and any themes, feedback and conclusions from what we have heard. This will facilitate a transparent process and ensure that all people interested can be directed to the conversation so far.
- We will include on the webpages service user and carer feedback and links to further patient feedback that the Trust gathers.
- Social media channels identified as key communicators - Trust's Twitter and Facebook accounts, Involvement & Experience Twitter, Instagram. We have recently used the social media platforms to announce the site name.
- Stakeholder mapping has occurred and all will be kept informed and up to date with progress, consisting of but not limited to: patients, carers, visitors, staff, local commissioners, Health Scrutiny Committee, Notts Healthwatch County, Local MP, local acute provider – Sherwood Forest Hospitals, relevant 3rd sector providers e.g. Nottinghamshire MIND, Harmless, Framework, ISAS.
- We will send regular newsletters to stakeholders containing all the key information and ways to 'join in' the conversation.
- Press releases - we will engage the local media in the positive story about this development.

CONSULTING

- Focus group of service user and carer volunteers has been established and has begun to identify themes and areas of importance that will require further investigation and engagement. Questions developed by the group to be put out to current inpatients, and through online questionnaires to gather wider views from those that have used inpatient services
- The dedicated webpages on the Trust website will allow for engagement for the Improving Inpatient Care Environments (IICE) conversation, all comments and feedback will be collated and themed throughout.
- Video/YouTube updates created monthly with key questions included so service users/carers, staff and the public can respond and comment.
- Online surveys will be used in order to gain views on specific issues across the four workstreams at multiple points throughout the process.
- The use of social media platforms such as Twitter, Facebook & Instagram will continue to inform about the process but also make

invitations to be involved in the conversation both by directing people to the webpages or by active invitation to be a part of the groups looking at the four key areas of work; clinical model, environment, impact on people, development of partnerships.

- A 'frequently asked questions summary' will be developed to answer key queries and will be shared on the Trust webpages. The summary will be updated contemporaneously as the communication and engagement process develops.

INVOLVING

- Involvement group has been set up with service users and carers, and monthly meetings taking place
- The naming of the new unit went out to the public, with over 150 suggestions received online. The judging panel included service user and carer representation.
- Service user and carer volunteers have already been involved in the developing of the communications message out to the wider public eg press release on the acquisition of the site.
- We will be considering the use of new online tools that will facilitate generating and sharing of ideas. This is outside of the current digital tools we will already be using such as Microsoft Teams, YouTube, Facebook, Twitter, Instagram, Nottinghamshire Healthcare website pages, online questionnaires.
- We will have service user representation at the key decision-making committees in the Trust. Currently identifying service user and carers with lived experience of inpatient settings to join membership of the internal programme board. In addition, workstreams to either have a lived experience representative or to work closely with involvement group as plans develop.

COLLABORATING

- A collaborative group to be formed consisting of service users, carers, Trust staff and other organisation representatives providing oversight of the collaborative process across the four key areas of work; clinical model, environment, impact on people, development of partnerships.

29 September 2020**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NHS BASSETLAW CLINICAL COMMISSIONING GROUP – IMPROVING
LOCAL HEALTH SERVICES****Purpose of the Report**

1. To provide an initial briefing on improvements to local health services in Bassetlaw.

Information

2. The proposed improvements relate to a new model for urgent and emergency care at Bassetlaw Hospital.
3. A briefing from the Trust on the proposals is attached as an appendix to this report.
4. Dr Victoria McGregor-Riley, Deputy Chief Officer and Director of Strategy will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Health Scrutiny Committee Briefing September 2020

Bassetlaw – Improving Local Health Services

Introduction and Context

Health and care partners across Bassetlaw are continuing to work collaboratively to improve health and wellbeing outcomes for local people.

We are committed to building on our shared ambition to improve access to local services, ensuring the right care is provided at the right time by the most appropriate health and care professionals.

Late in 2019 the Government announced £15 million capital funding for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to implement a new model for urgent and emergency care services at Bassetlaw Hospital.

This proposed development presents an opportunity to consider more sustainable transformational change and develop a shared vision for the future of the Bassetlaw Hospital site, with a focus on:

- 24/7 front door urgent and emergency services
- Hospital paediatric urgent care services
- Inpatient and rapid response Mental Health services for adults and older people

These potential changes fit within the context of the growing maturity of our Primary Care Networks and our increased emphasis on truly integrated approaches to supporting patients across health, social care, local authority and voluntary and community sectors.

NHS Bassetlaw CCG is therefore proposing to work with partners to engage widely across the community to develop and shape these potential changes. This work would be undertaken in collaboration with Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Nottinghamshire Healthcare NHS Foundation Trust.

Making a Case for Change

We wish to ensure that Bassetlaw residents are able to access safe and effective services provided in the most appropriate environment possible. Modern health care is far more specialised than it has ever been, staffing levels and the specialist skills needed can be difficult to recruit and retain, and we must ensure we use taxpayers' money wisely. Where we have opportunities for investment we need to ensure this provides improved care and facilities for patients in a sustainable way.

The profile of our population and the way we access health and care services is also changing rapidly. The COVID pandemic has accelerated the use of digital and IT solutions that allow health and care professionals to offer support to patients, as well as the way in which patients find solutions for themselves to meet their own health needs according to their own preferences – whether this be face to face, online advice and guidance or remote monitoring of their condition. We want to be ambitious for the people of Bassetlaw so that they can benefit from the opportunities presented by these new ways of accessing support. This includes consideration of how, where, when and by whom services are provided. This will never be at the expense of, nor compromise in any way, the quality of care or patient safety.

We know how important Bassetlaw Hospital is to our local community and we wish to ensure its future as a site for high quality, safe and effective care.

We also need to recognise that the COVID pandemic has required us to review how we deliver services. The need to manage patient care against a backdrop of an unknown period of reduced physical access to health services due to infection prevention and control measures and patient anxiety will continue to have a toll on local services for some time to come. Any future plans need to recognise this challenge.

The quality of the environment for our patients is also a key driver for change. We believe local people should have access to high quality services delivered in environments that meet all necessary quality standards.

This is why we believe the timing is right to explore how we can work differently in the future.

A shared vision for the development of the Bassetlaw Hospital Site

Why do something different?

- We want to maintain a range of high quality secondary care services on the Bassetlaw Hospital site so we can reduce the need to travel where possible, or unless patients choose to go elsewhere.
- There are challenges with recruitment of staff at the Bassetlaw Hospital site, especially in relation to paediatric nurses.
- Mental health inpatient ward environments do not meet the needs of our patients in terms of full adherence to CQC standards.

Where we think we could improve

- We want Bassetlaw Hospital to attract the best staff and offer the best care for patients by developing our status as a teaching and training hospital.
- We want to create emergency care capacity to meet the increasing demand of the growing Bassetlaw catchment area as it develops and ages, avoiding the need for patients to be transferred out of the area.

- We want to ensure local people can access mental health inpatient care that is provided in high quality and therapeutic environments.

Front Door Urgent and Emergency Services

Why do something different?

- The current design of the Bassetlaw Hospital Emergency Department is no longer fit for purpose. The current numbers of patients who use the service means that we need to change the way the way services are organised in order to continue to keep patients and staff safe.

Where we think we can improve.

- We want to improve the layout and environment of urgent and emergency services so that patients and their families have a better experience.
- We want to improve the working environment and ways of working for the emergency department teams so that patients receive the most appropriate care more rapidly.

Paediatric Urgent Care Services

Why do something different?

- Temporary changes to paediatric services at Bassetlaw Hospital were made three years ago due to shortages of paediatric nurses, meaning that some children have had to be transferred to Doncaster Hospital when they have only needed to stay overnight for observation before being safely discharged home.
- We want to develop a service that meets the needs of local people where transfers to other hospitals only happen in exceptional circumstances and where this is in the best interests of the child.

Where we think we can improve

- By redesigning the front door services of our Emergency Department we can bring children's emergency and short stay services and staff together to enable children to have overnight observations where it is safe to do so.

Inpatient and Rapid Response Mental Health Services

Why do something different?

- Currently the accommodation and visiting facilities in the inpatient wards do not meet quality guidance standards. Of key concern is that the accommodation is 'dormitory' style rather than single gender and ensuite.
- One of the wards has 24 beds, which exceeds the recommended quality guidelines. In addition, the ward for older people provides care to patients

with organic (dementia) and functional illness on the same ward which is inconsistent with good practice guidance.

- The volume of Bassetlaw patients using the mental health unit in Bassetlaw Hospital means the current service is too small to be clinically suitable and sustainable.

Where we think we can improve

- Nottinghamshire Healthcare is committed to making significant improvements to ensure care is provided in facilities that promote patient safety, privacy, dignity and well-being.
- Making more effective use of the resources available to us focussed on the care needs of Bassetlaw patients.
- We want to improve access to a wider range of specialist mental health support services for our service users. The size of the current unit means it is not able to meet all specialist needs that would improve outcomes for patients.

Next Steps

While we have an understanding of where we believe change may be needed, we are keen to ensure any changes to services are developed with our wider community and that we are guided by feedback from the Health Scrutiny Committee, local politicians and community leaders, service users, local people and other stakeholders throughout the process.

We want to engage with our local community at the earliest opportunity, ensuring local people have the opportunity to share their views and that we facilitate appropriate levels of conversation across all our stakeholder groups. As such, we are preparing an engagement plan, outlining our approach to working with key stakeholder groups and informed by existing knowledge and feedback. We will engage in an ongoing process of questioning, informing and reviewing both the content and the method of engagement. This is particularly important within an environment still recovering from the COVID pandemic.

In developing the potential service changes we will also work closely with NHS England and Improvement (NHSE/I), ensuring that any changes meet the requirements of the NHSE/I assurance process.

Our proposed next steps are as follows:

Phase 1

1. The CCG and partners will begin local conversations with stakeholders on the challenges of current service provision and on the potential for redesign of local health services.
2. A review of future needs will include benchmarking and modelling of current and predicted demand for services, especially considering the impact of COVID.
3. Opportunities to enhance community-based models of care will be explored, so that hospital care is reserved for only those who need it. Our basic premise is

that we will improve community based provision where possible, supporting improved patient access to safe and effective services.

4. Engagement with patients and the public will be undertaken to help gather patient experience and views to inform the options appraisal.
5. Options appraisals will look at the best solution(s) for meeting our population needs, supporting our delivery of improved health and wellbeing outcomes and reducing health inequalities.

Phase 2

6. If substantial changes are recommended, the CCG will lead a public conversation supported by partners.

Phase 3

7. The outcome of the engagement with our local community and stakeholders will be disseminated to partners, patients, the public to ensure there is a clear line of sight between the engagement of our community and the actions we will take.

We wish to engage the Health Scrutiny Committee as fully as possible throughout the process and would welcome this being the start of an ongoing conversation. We will be able to bring further detailed plans to the Committee at the next stage and will be advised as to how the Committee wishes to be updated moving forward.

21 September 2020**Agenda Item: 7****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

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

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2020/21

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
29 September 2020				
Health Trust CQC Improvement Plan	Further Scrutiny of Nottinghamshire Healthcare Trust's improvement plan following last year's CQC inspection.	Scrutiny	Martin Gately	Anne Maria Newham Executive Director for Nursing, AHPs and Quality
Millbrook Service Variation	Improvements to inpatient mental health provision			Sharon Creber, Healthcare Trust
Bassetlaw Hospital Service Variation	Initial briefing on a potential substantial variation of service and engagement/consultation	Scrutiny	Martin Gately	Victoria McGregor-Riley, Bassetlaw CCG
14 October 2020				
NRC Consultation Response	[Final] consideration of responses to the National Rehabilitation Centre consultation	Scrutiny	Martin Gately	Lewis Etoria, Nottinghamshire CCG
COVID-19 and Mental Health	Mitigation of COVID-19 on mental health, including mental health support for NHS staff	Scrutiny	Martin Gately	CCG/Healthcare Trust TBC
10 November 2020				
Tomorrow's NUH	Future development of services at NUH	Scrutiny	Martin Gately	Dr Keith Girling, NUH (TBC)
Dentistry and Orthodontic Provision (Bassetlaw)	An initial briefing on dentistry in Bassetlaw	Scrutiny	Martin Gately	TBC
15 December 2020				
Dementia in Hospital (TBC)	An initial briefing from NUH on dementia services in hospital	Scrutiny	Martin Gately	TBC
GP Mental Health Referrals	An initial briefing from NUH on the	Scrutiny	Martin	TBC

	operation of GP mental health referrals.		Gately	
Patient Transport Service Performance Update	Latest performance information on the PTS	Scrutiny	Martin Gately	TBC
26 January 2021				
Children's Strategic Commissioning	TBC			Louise Lester, Consultant in Public Health and Jonathan Gribbin, Director of Public Health
Treatment Centre Update	The latest position in relation to the Treatment Centre	Scrutiny	Martin Gately	TBC
9 March 2021				
20 April 2021				
8 June 2021				
13 July 2021				
To be scheduled				
Public Health Issues				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten year plan.	Scrutiny	Martin Gately	TBC
Parity of GP Service Coverage across Nottinghamshire				
The administration of GP				

referrals				
Access to School Nurses				
Wheelchair repair				
Allergies in Children				
Operation of the MASH				
Frail Elderly at Home				
4 Hour A&E Targets				
Cosmetic Surgery				
EMAS Waiting Times				
Access to GP Appointments				
NHS Property Services				

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

Overview Sessions (To be confirmed)

Nottingham University Hospitals (NUH) – TBC

East Midlands Ambulance Service (EMAS) – TBC

VISITS

Urgent Care Pathway (QMC visit) – TBC

Medium secure mental hospitals – TBC