Nottinghamshire County Council

Health Scrutiny Committee

Monday, 23 November 2015 at 14:00

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

AGENDA

Notes

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

(2) Members of the public wishing to inspect "Background Papers" referred to in

the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

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

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 21 September 2015 at 2pm

Membership

Councillors

Colleen Harwood (Chairman)
John Allin
Mike Pringle
Bruce Laughton
John Ogle
Jacky Williams

District Members

A	Glenys Maxwell	Ashfield District Council
	Brian Lohan	Mansfield District Council
A	David Staples	Newark and Sherwood District Council
A	John Shephard	Bassetlaw District Council

Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Cllr D Pidwell	Bassetlaw District Council
Dr R A Hook	Healdswood Surgery
Dr W K Liew	Woodside Surgery
D Ainsworth	Ashfield Clinical Commissioning Group
Carolyn Ogle	NHS England (Yorkshire & Humberside)
Andrew Beardsall	Bassetlaw CCG
Vicky Bailey	Rushcliffe CCG
Dr Sarah Hull	CNCS
Joe Pidgeon	Healthwatch Nottinghamshire
Claire Grainger	Healthwatch Nottinghamshire
Jez Alcock	Healthwatch Nottinghamshire

MEMBERSHIP OF THE COMMITTEE

Councillor Mike Pringle had been appointed to the Committee in place of Councillor Kate Foale for this meeting only.

MINUTES

The minutes of the last meeting held on 20 July 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor John Shephard.

DECLARATIONS OF INTEREST

There were no declarations of interest.

HEALDSWOOD SURGERY AND WOODSIDE SURGERY – PRACTICE MERGER

David Ainsworth, Dr R Hook and Dr W Liew presented a briefing on the proposed merger of Healdswood Surgery and Woodside Surgery, both located in Skegby, Sutton in Ashfield. It was proposed that patients, staff and services at Woodside Surgery would be relocated to Healdswood Surgery site which was only a few hundred yards away. If approved the merger would be effective from 1 December 2015 and would be renamed Skegby Family Medical Centre. The briefing outlined the proposal in detail and gave details of the proposed plan which was in line with NHS England processes. A comprehensive stakeholder and communication plan were also discussed.

During discussion the following points were raised:

- Patients at both practices had been kept well informed through an extensive communication programme. It was planned to keep both telephone numbers to avoid confusion and clear notices would be put up at the vacated premises.
- It was said that ninety nine percent of patients were positive about the merger but a few negative comments had been received from people who did not want change.
- Reassurance was given that there would not be any redundancies as a result of merging the two practices.
- It was confirmed that Woodside Surgery did not own their premises and that the landlord had already served notice to the tenants.

The Chair thanked Mr Ainsworth, Dr Hook and Dr Liew for their briefing.

CONTRACT EXPIRY AT WESTWOOD 8-8 PRIMARY CARE CENTRE, BASSETLAW

Carolyn Ogle and Andrew Beardsall presented a report to inform members of the actions taken to ensure high quality future provision of GP services at the Westwood Centre in Manton, Worksop.

The current contract with Danum Medical Services was due to expire on 31 March 2016 and NHS England and Bassetlaw CCG were working jointly to re-procure the new service under the co-commissioning arrangements between the two organisations. The new provider would manage and deliver services Monday to Friday from 8.00am – 6.30pm. Outside of these hours patients would be directed to the out of hours service based in Bassetlaw Hospital in line with all other Bassetlaw practices. An outline description of Westwood Primary Care Centre future service was provided.

During discussion the following points were made:

- Members were concerned at the reduction in service hours at Westwood Surgery particularly as it was located in Manton which is an area of extreme deprivation.
- Westwood Surgery is approximately 1 mile from Bassetlaw Hospital and was considered to give excellent service although concerns were noted about the possible negative effects on A & E service.
- An engagement and communication plan was in place to ensure patients were kept informed.

The Chair thanked Ms Ogle and Mr Beardsall for their report.

GP COMMISSIONING – RUSHCLIFFE CLINICAL COMMISSIONING GROUP (CCG)

Vicky Bailey presented a briefing regarding current issues in relation to GP practices in Rushcliffe.

Ms Bailey informed members about the work being undertaken in Rushcliffe to transform primary care and general practice. A comprehensive patient survey was undertaken in 2014 with focus groups being used to gather more in depth intelligence from different patient perspectives. The feedback was used in developing an enhanced general practice specification in November 2014 which would improve the quality and consistency of general practice in Rushcliffe.

In January 2015 all Nottinghamshire and Derbyshire CCGs submitted an application for full delegated responsibility for commissioning general practice services which was approved to take effect from 1 April 2015.

During discussion the following points were raised:

- Healthwatch would be represented on the board of each CCG although its role had not yet been defined.
- There was clear definition on which services had to be provided by CCGs and it was noted that one of the biggest challenges was that GPs were not all funded in a consistent way.
- CCGs would be more able to influence additions to contracts which would reflect the need of the local area.
- The CCG had supported a successful application to be a vanguard site and would be one of 14 multi-speciality community provider sites across the country.
- The new care model would be defined by integrated working and an ethos of mutual accountability for patient experience and outcomes.

The Chair thanked Ms Bailey for her briefing.

CENTRAL NOTTINGHAMSHIRE CLINICAL SERVICES (CNCS)

Dr Sarah Hull presented a briefing on the work of Central Nottinghamshire Clinical Services (CNCS) and the Kirkby Community Primary Care Centre (KCPCC) contract.

Dr Hull informed Members about the history of CNCS and gave details of the services they were involved with in Nottinghamshire.

Details of the timeline regarding the KCPCC contract were discussed and particular reference was made to the difficulties around recruitment. Dr Hull also discussed the arrangements that had been put in place to bring stability to KCPCC and the role that Ashwood Federation would have in the day to day running of the practice.

Dr Hull also discussed the inspection by the Care Quality Commission in May 2015 which placed KCPCC in special measures for a six month period. A detailed plan to address the issues had been produced and progress against it was closely monitored.

During discussions the following points were raised:

- Fifteen percent of the actions from the CQC inspection had been completed. The remainder were not due until 21 September and were being progressed.
- The current contract was due for renewal on 1 October 2016 and would be put out to tender.
- The recent inspection of the PC24/Newark OOH service had received an overall rating of good.
- The Chair reminded Dr Hull that the Quality Account for 2015-16 should be sent to Committee in April 2016 for comment.

The Chair thanked Dr Hull for her briefing.

HEALTHWATCH ANNUAL REPORT 2014-15

Jez Allcock, the new Chief Executive Officer for Healthwatch Nottinghamshire, was introduced to Members.

Joe Pidgeon and Claire Grainger gave a presentation which highlighted the key points from Healthwatch's annual report for 2014-15. A copy of the full report had been circulated to Members prior to the meeting.

During discussions the following points were raised:

- Approximately £200,000 was held in reserves.
- It was policy to hold the value of three months running costs in reserves and the remainder would be used to fund Healthwatch programmes.
- It was clarified that the accumulated reserves were due to savings made during year one when Healthwatch was not fully operational.

The Chair thanked Mr Pidgeon and Ms Grainger for their presentation. The Chair also thanked Ms Grainger for her contribution to Healthwatch and Health Scrutiny Committee and wished her well in her new role.

WORK PROGRAMME

The work programme was discusses and it was agreed to add the following items to the work programme:

- Contract Expiry at Westwood 8-8 Centre Bassetlaw

- CNCS – Return for update following presentation in September 2015
- Discharge system

The meeting closed at 4.10pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

23 November 2015

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS CQC INSPECTION

Purpose of the Report

1. To introduce the inspection report by the Care Quality Commission (CQC) on Sherwood Forest Hospitals.

Information and Advice

2. Carolyn Jenkinson, Head of Hospital Inspection East Midlands at the Care Quality Commission will attend the Health Scrutiny Committee to brief Members on the outcomes of the inspection and answer questions.

3. The CQC reports on Sherwood Forest Hospitals NHS Foundation Trust are attached as links in the background papers section of this report. The overall rating for the Trust is inadequate.

4. Members will wish to schedule ongoing consideration of this issue at future meetings of the Health Scrutiny Committee to take place until the issues are satisfactorily resolved.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions, as necessary

2) Schedules further consideration of issues of concern in relation to Sherwood Forest Hospitals, as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Sherwood Forest Hospitals NHS Foundation Trust Quality Report

Kings Mill Hospital Quality Report

Mansfield Community Hospital Quality Report

Newark Hospital Quality Report

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

23 November 2015

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS MORTALITY RATES

Purpose of the Report

1. To introduce a briefing from Newark and Sherwood CCG and Sherwood Forest Hospitals Trust on current mortality rates in Sherwood Forest Hospitals.

Information and Advice

2. Dr Andy Haynes, Medical Director Sherwood Forest Hospitals Trust and Elaine Moss, Director of Quality and Governance, Newark and Sherwood CCG will attend the Health Scrutiny Committee to brief Members and answer questions.

3. A presentation from Dr Haynes and Ms Moss is attached as an appendix to this report.

4. Members may wish to schedule further consideration of this issue.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions, as necessary

2) Schedules further consideration of mortality rates at Sherwood Forest Hospitals, as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

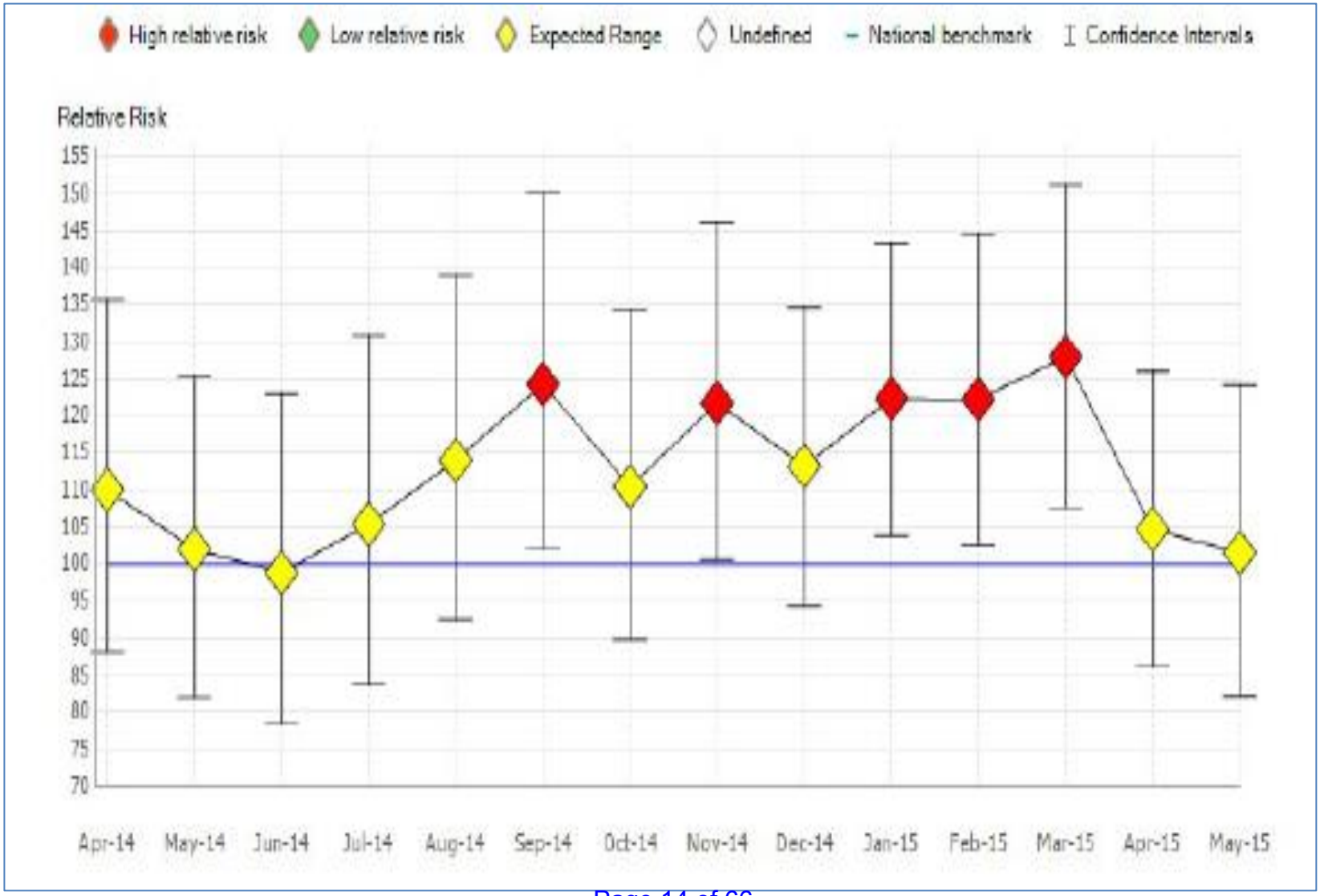
Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

DEATH RATES
WHERE ARE WE CURRENTLY ?


High relative risk
Low relative risk
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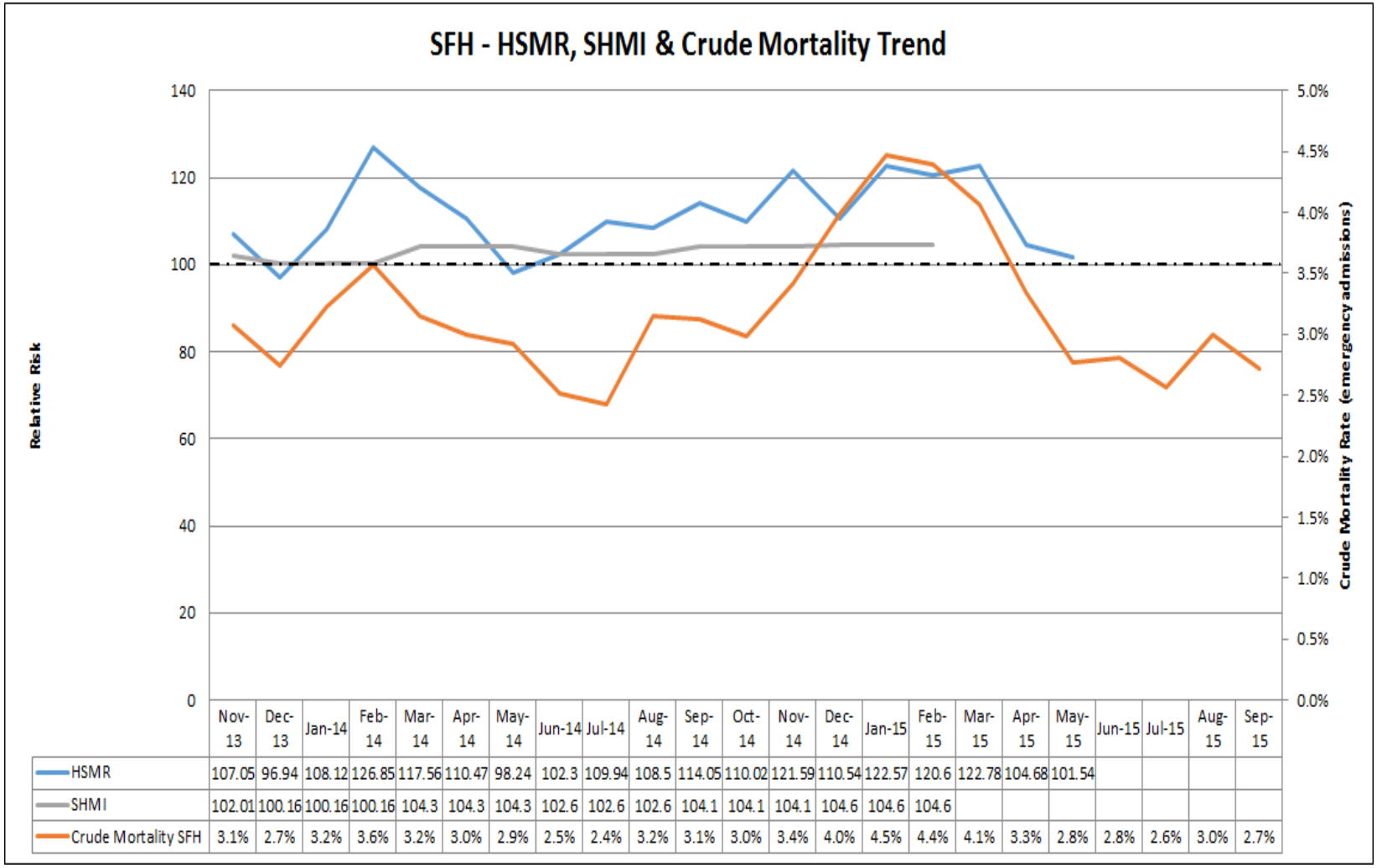

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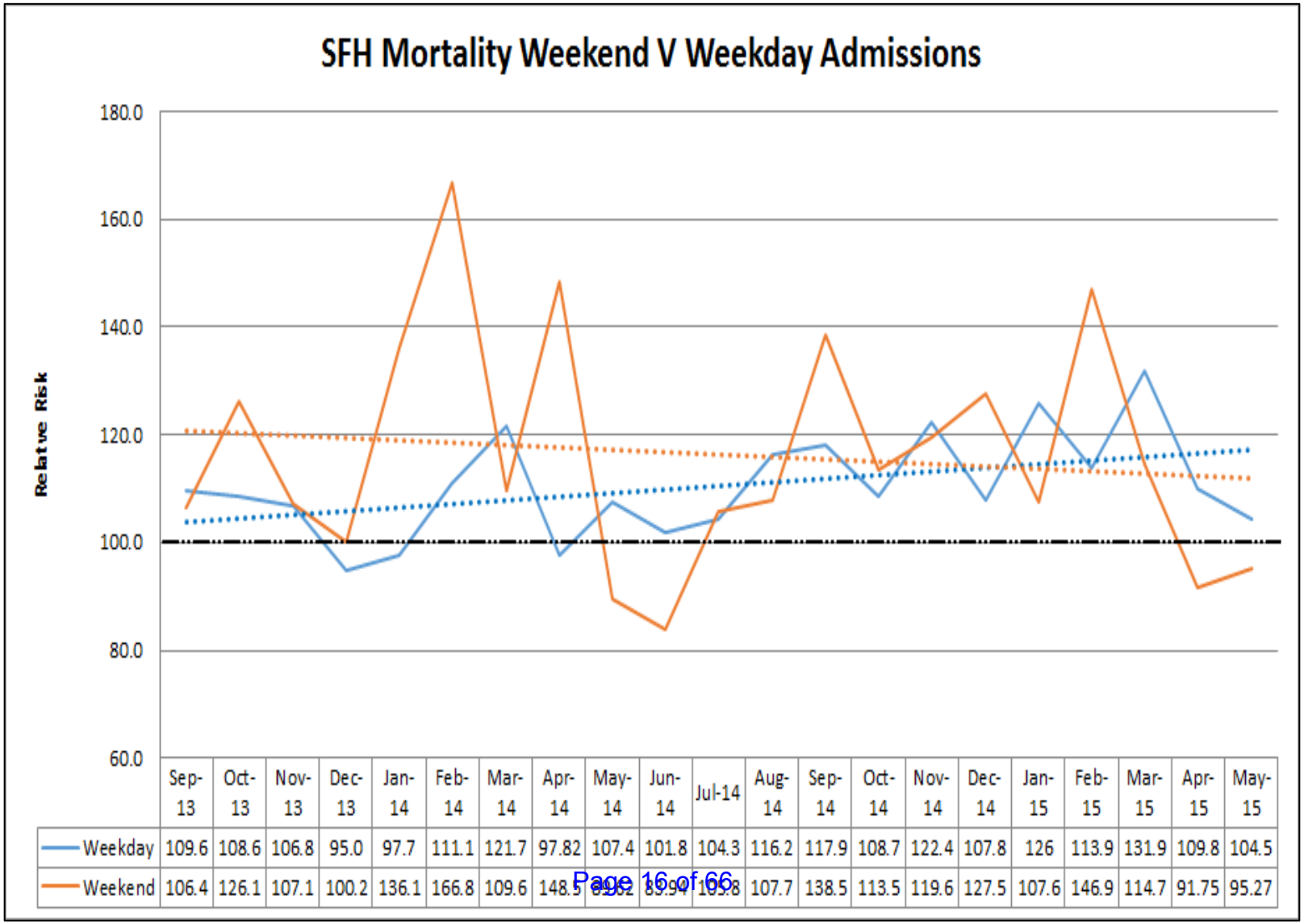
HSMR	107.05	96.94	108.12	126.85	117.56	110.47	98.24	102.3	109.94	108.5	114.05	110.02	121.59	110.54	122.57	120.6	122.78	104.68	101.54				
SHMI	102.01	100.16	100.16	100.16	104.3	104.3	104.3	102.6	102.6	102.6	104.1	104.1	104.1	104.6	104.6	104.6							
Crude Mortality SFH	3.1%	2.7%	3.2%	3.6%	3.2%	3.0%	2.9%	2.5%	2.4%	3.2%	3.1%	3.0%	3.4%	4.0%	4.5%	4.4%	4.1%	3.3%	2.8%	2.8%	2.6%	3.0%	2.7%



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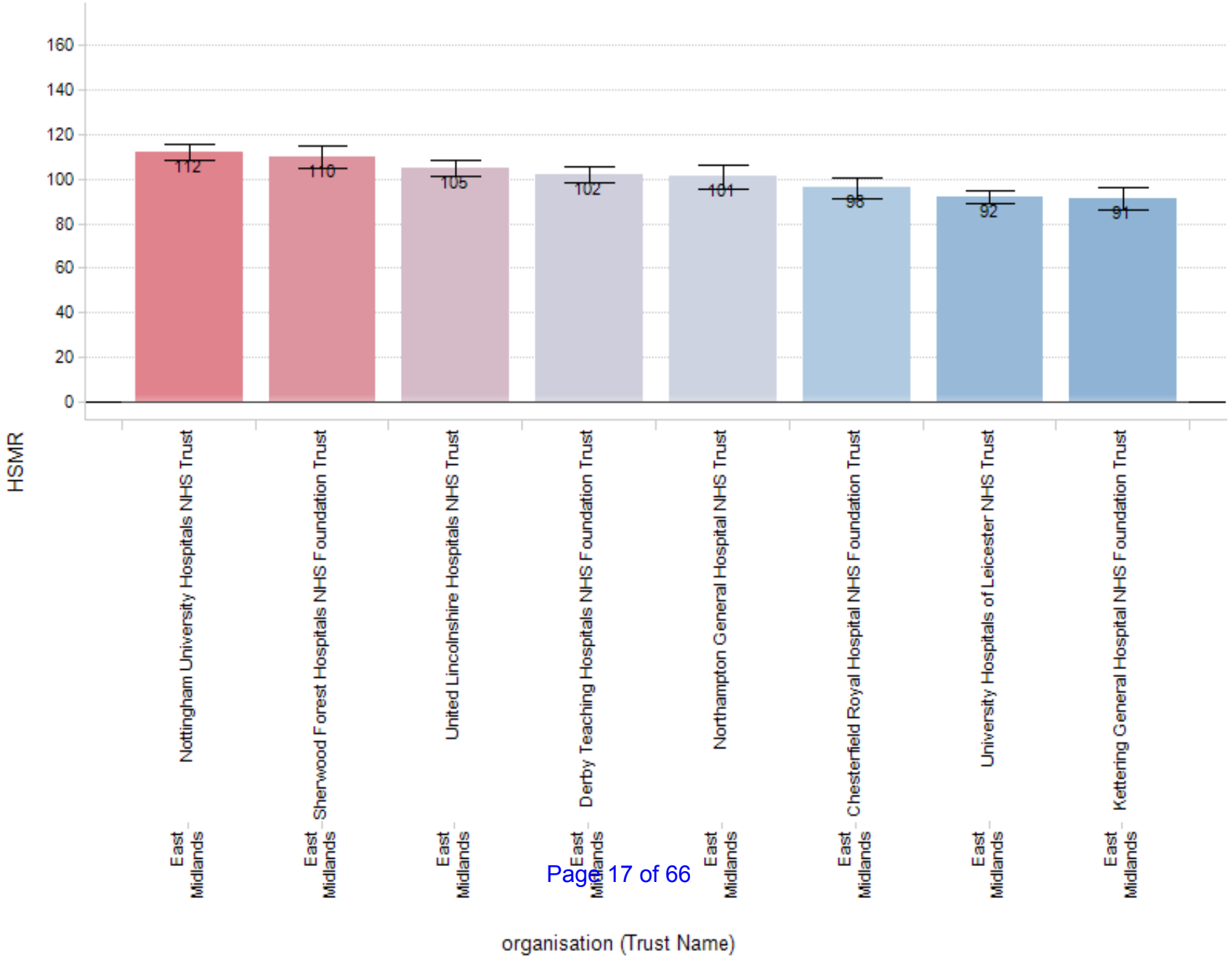
Weekday	109.6	108.6	106.8	95.0	97.7	111.1	121.7	97.82	107.4	101.8	104.3	116.2	117.9	108.7	122.4	107.8	126	113.9	131.9	109.8	104.5
Weekend	106.4	126.1	107.1	100.2	136.1	166.8	109.6	148.5	89.92	85.94	105.8	107.7	138.5	113.5	119.6	127.5	107.6	146.9	114.7	91.75	95.27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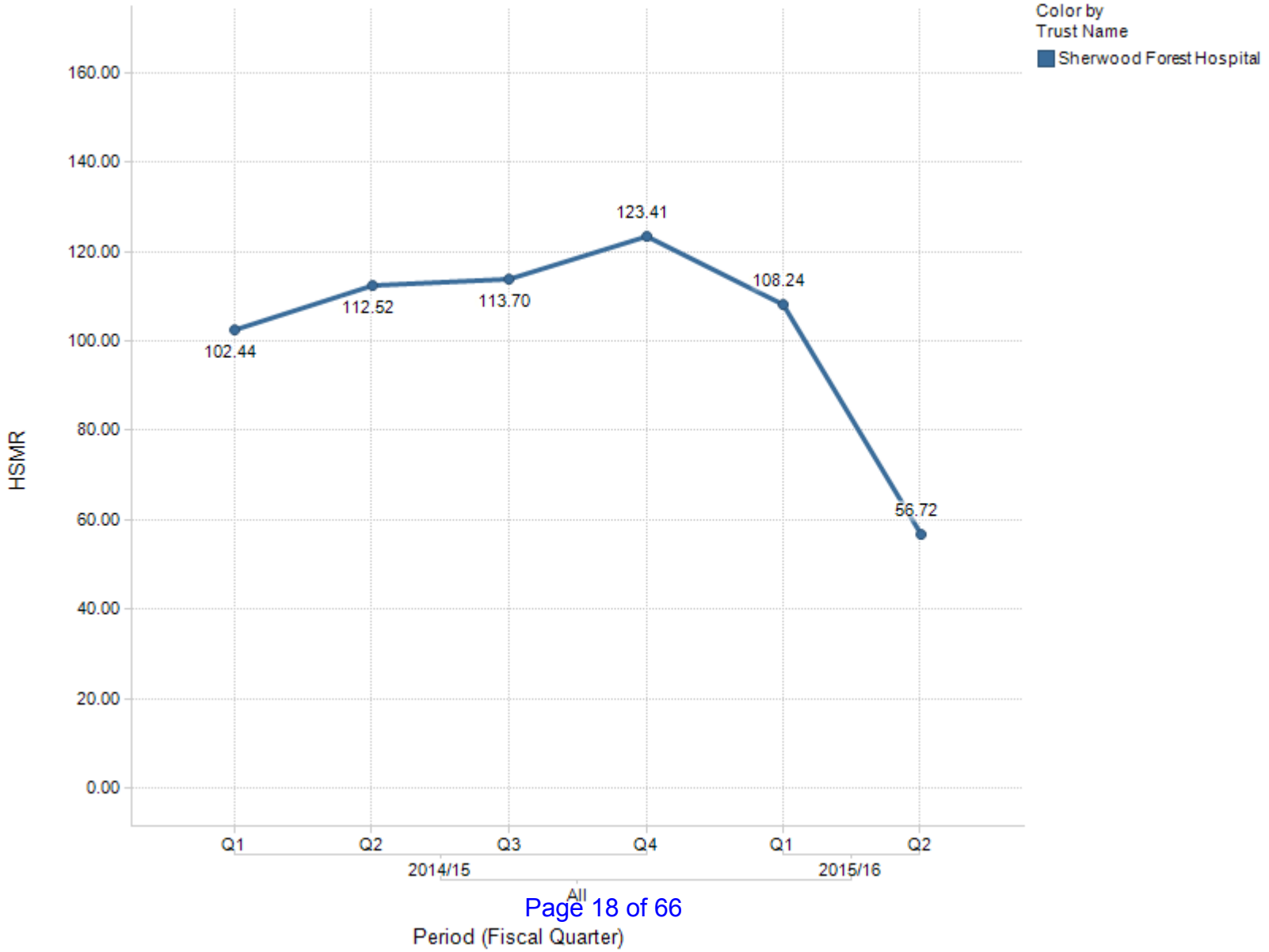
Nottingham University Hospitals NHS Trust
Sherwood Forest Hospitals NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
Derby Teaching Hospitals NHS Foundation Trust
Northampton General Hospital NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust
University Hospitals of Leicester NHS Trust
Kettering General Hospital NHS Foundation Trust
East Midlands
organisation (Trust Name)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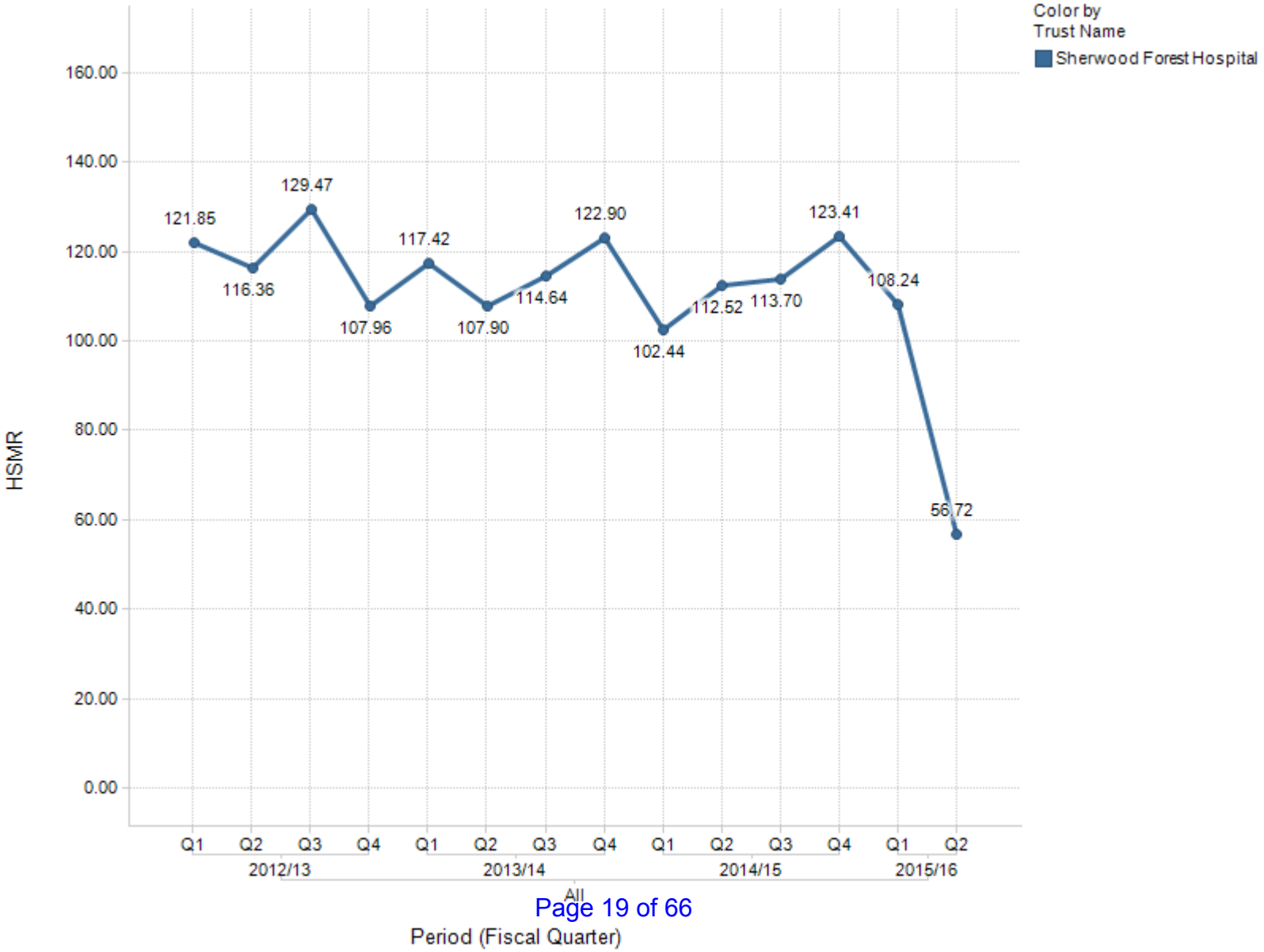
2015/16
All
Period (Fiscal Quarter)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2012/13
2013/14
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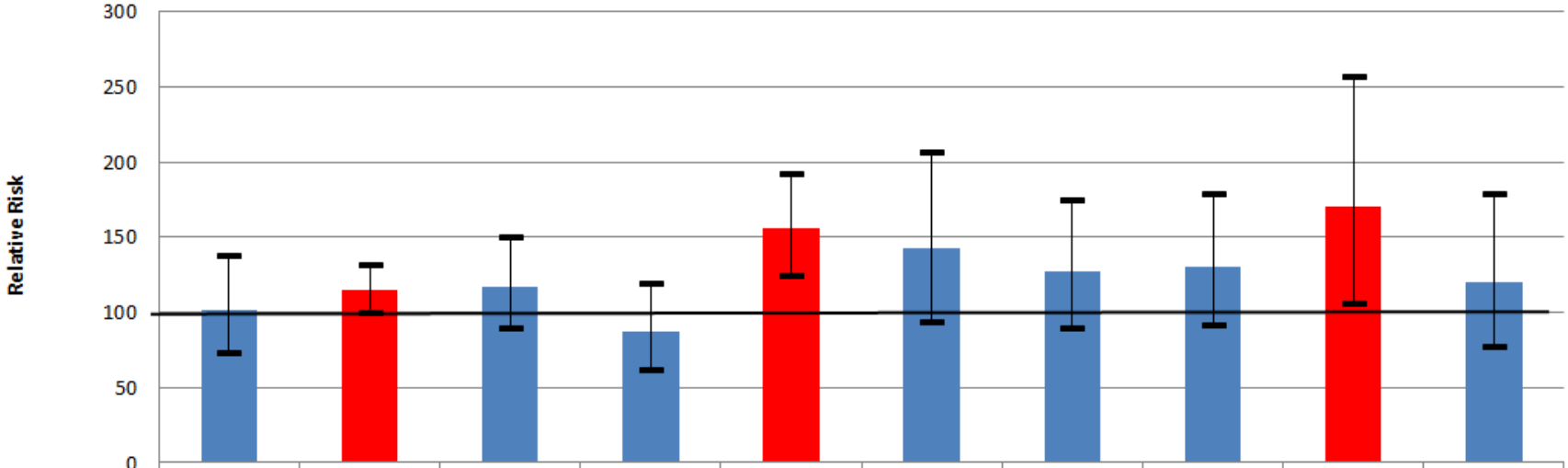
2015/16
All
Period (Fiscal Quarter)

DEATH RATES
WHERE HAVE WE BEEN ?

Safety Alert Top 10 Diagnosis Groups



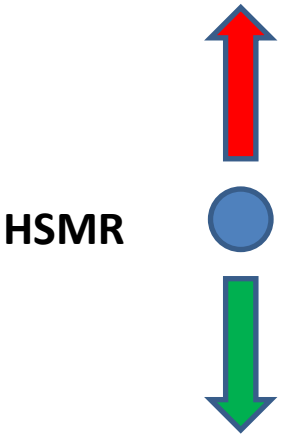
	Urinary tract infections	Pneumonia	Acute cerebrovascular disease	Congestive heart failure, nonhypertensive	Septicemia (except in labour)	Acute myocardial infarction	Acute and unspecified renal failure	Cancer of bronchus, lung	Secondary malignancies	Aspiration pneumonitis, food/vomitus
Relative Risk	101.5	115.28	116.77	87.61	156.21	142.09	127.23	130.1	170.08	120.08
Low CI	72.83	100.32	89.32	62.29	125.11	93.61	89.57	91.59	106.55	76.92
High CI	137.7	131.85	150	119.77	192.68	206.74	175.38	179.34	257.51	178.68

Data from Dr Foster Quality Investigator

Increased Observed Deaths (may be avoidable)

Reduced Expected Deaths

- **Comorbidity coding**
- **Palliative Care coding**
- **Inaccurate primary diagnosis**
- **Excess uncoded episodes**

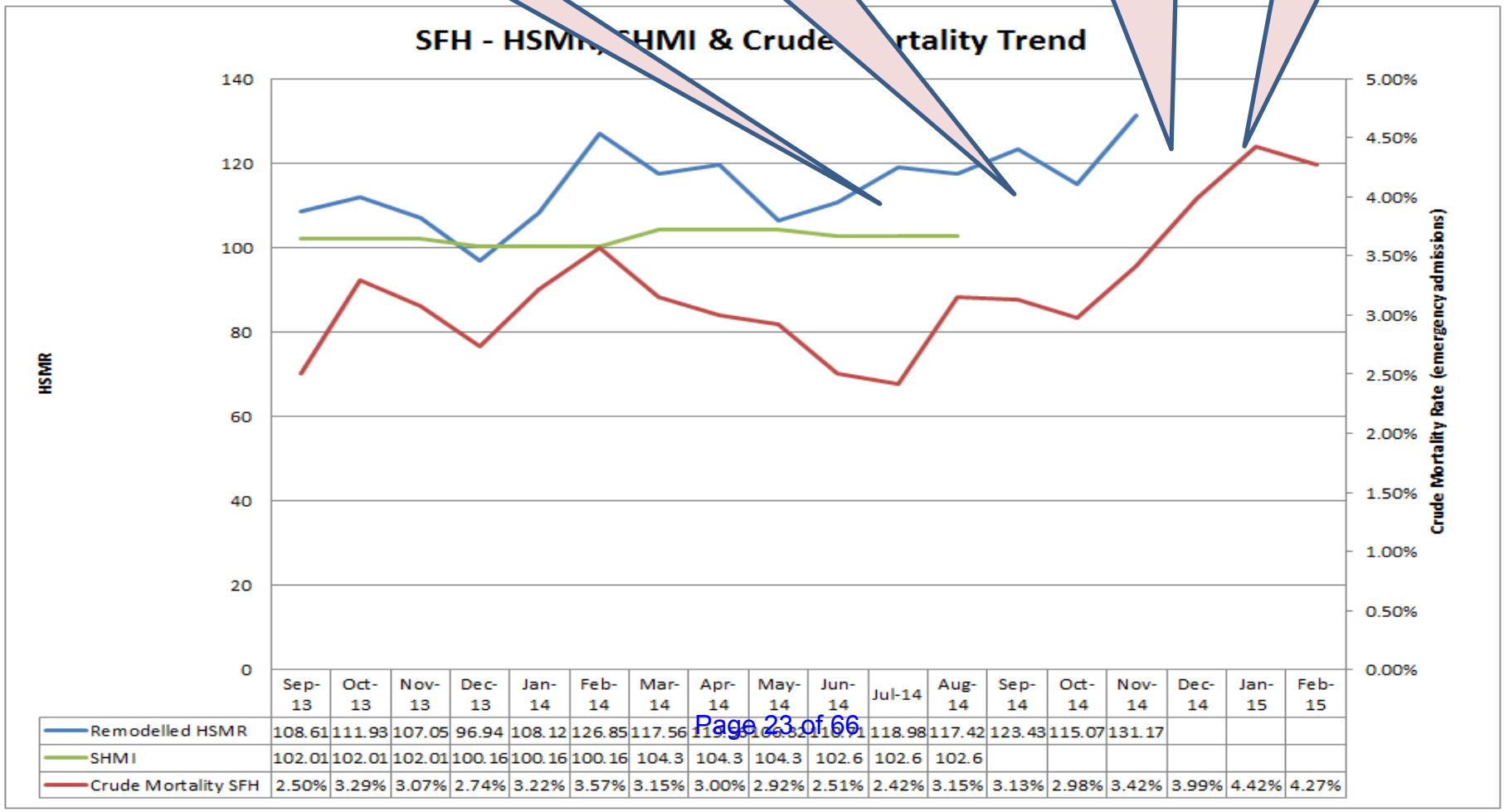


July: Mortality Review (n=88)
No unexpected deaths
No clinical concerns
All received daily review Mon-Fri and minimum Consultant review x2 weekly

Sepsis Dr Foster Alert Jul-Dec 2014 (n=65)
Mortality reviews (n=40)
2 not sepsis, 4 already investigated as SI's
14 moribund on admission
Good sepsis care in 28
2 cases no O2 and 6 delayed Abs (>1 but < 3hrs)
15 EoL at admission, 15 admitted from care and 13 end stage cancer

GI Endoscopy Dr Foster Alert
18 patients Sep13-Aug14
11 for GI Bleeding, 5 of which were catastrophic
2 to bypass obstructing cancer
3 to insert feeding tubes in frail patients
No deaths related to the procedures and no avoidable deaths

Dec-Jan: Mortality Review (n=87)
No unexpected deaths
No clinical concerns
All received appropriate clinical review



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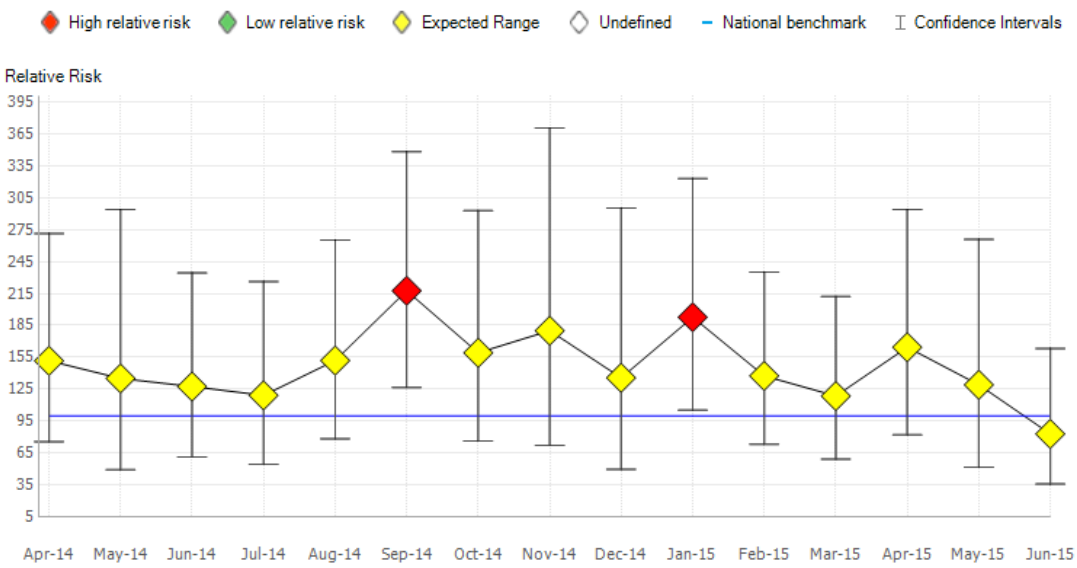
Remodelled HSMR	108.61	111.93	107.05	96.94	108.12	126.85	117.56	119.99	106.52	110.71	118.98	117.42	123.43	115.07	131.17			
SHMI	102.01	102.01	102.01	100.16	100.16	100.16	104.3	104.3	104.3	102.6	102.6	102.6						
Crude Mortality SFH	2.50%	3.29%	3.07%	2.74%	3.22%	3.57%	3.15%	3.00%	2.92%	2.51%	2.42%	3.15%	3.13%	2.98%	3.42%	3.99%	4.42%	4.27%

SEPSIS

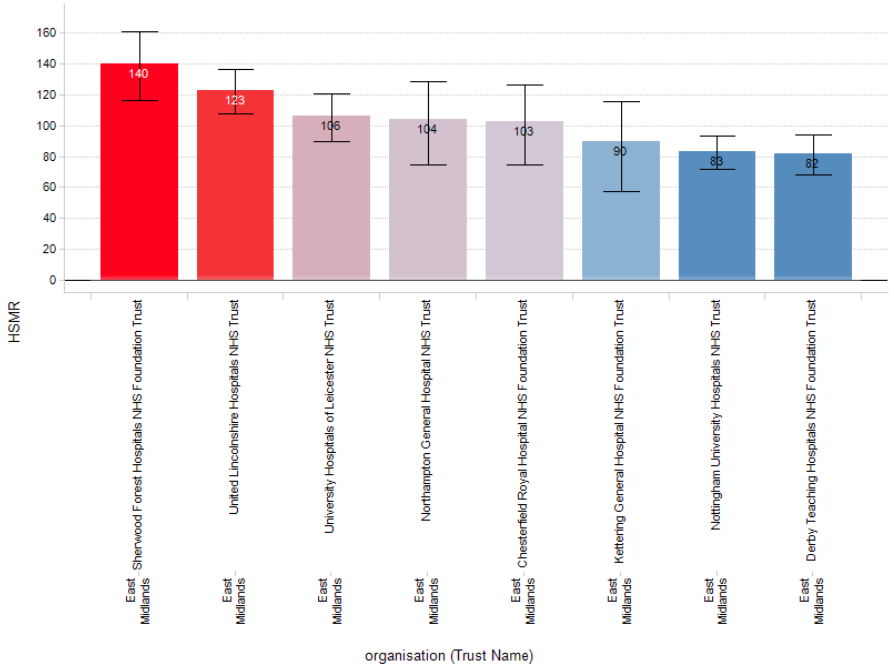


Over 2014, there were 96 sepsis deaths against an expected of 63 and in the first quarter of 2015, 38 against 28 expected. The number of deaths per month is therefore less than 10 which makes for wide statistical variation. However, the number of deaths increased in the Autumn of 2014 and was significantly elevated in September. We have performed case note reviews from April 2014 to March 2015 (the latest Dr Foster data available).

Findings:

- The average age of patients was 80yrs with 23% 90+, 60% 80+ and only 6% less than 60
- In these patients 72% received the Sepsis Six bundle which means just under a third of cases did not
- There were 3 cases where suboptimal care contributed to a potentially avoidable death. These were all between April and September 2014 and since that date there has only been 1 case. These cases had already been investigated as Serious Incidents
- Some 60% of cases were considered at the end of life due to additional problems such as dementia, cancer or multiple medical problems

SEPSIS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East Midlands University Hospitals of Leicester NHS Trust
East Midlands Northampton General Hospital NHS Trust
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East Midlands Kettering General Hospital NHS Foundation Trust
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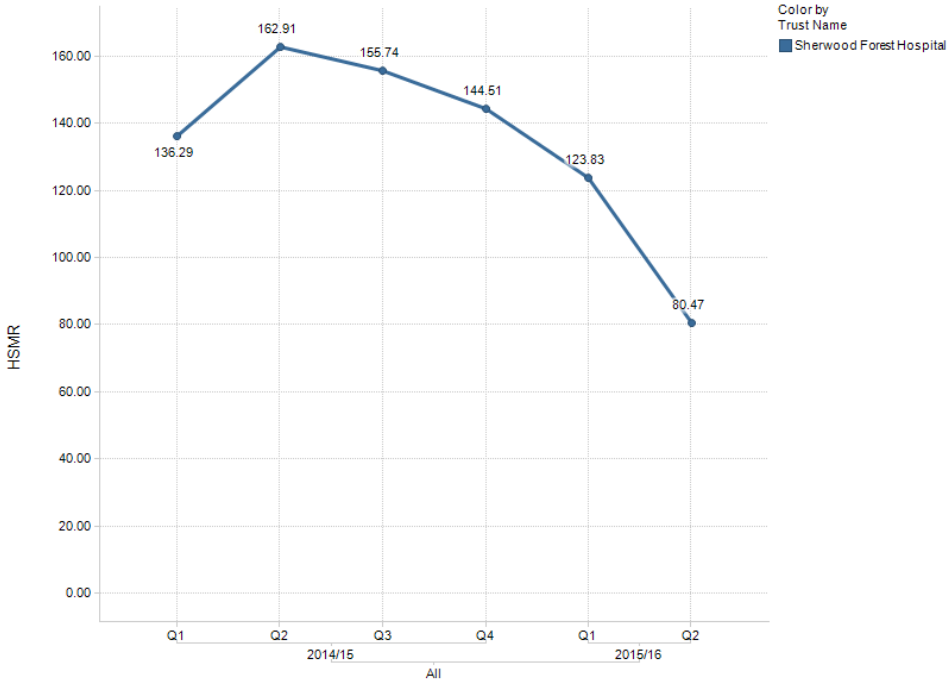
East Midlands Derby Teaching Hospitals NHS Foundation Trust
organisation (Trust Name)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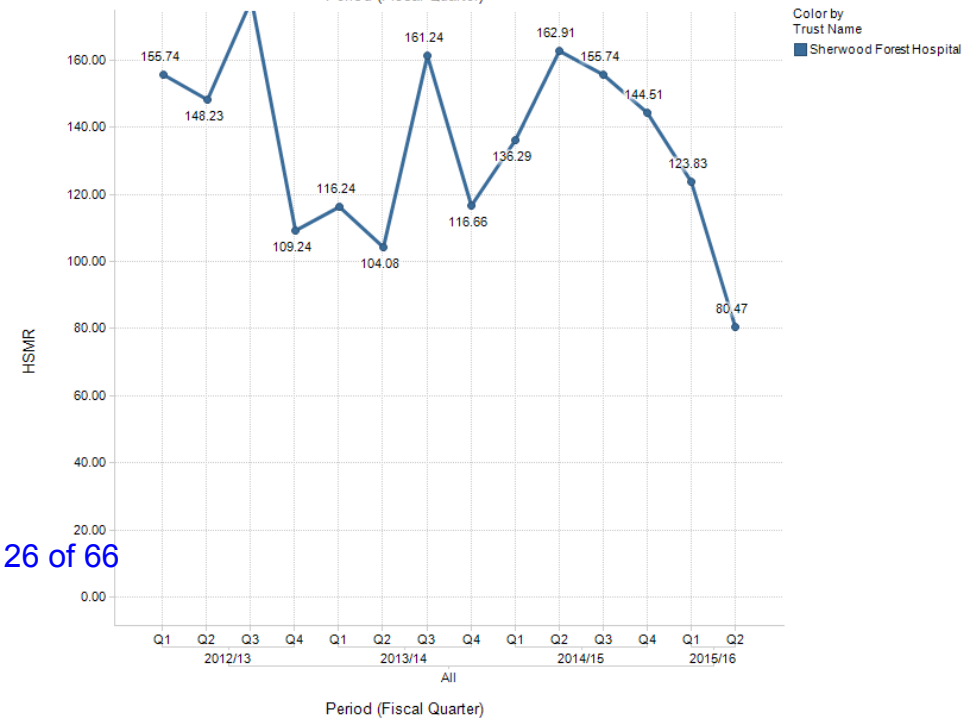
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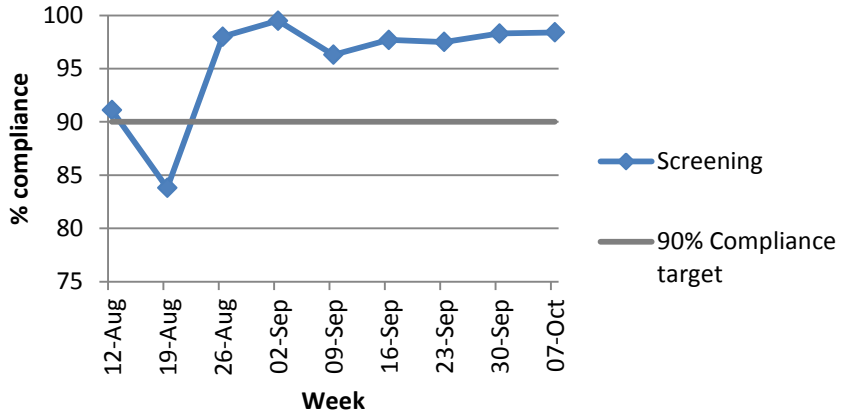
Period (Fiscal Quarter)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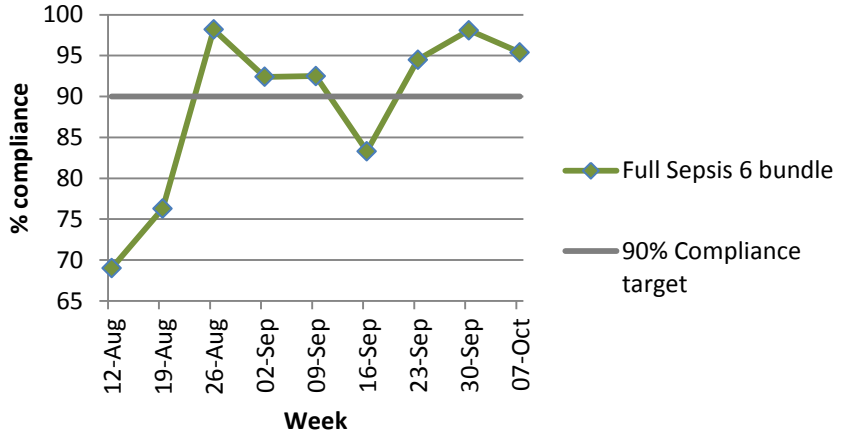
Screening
90% Compliance target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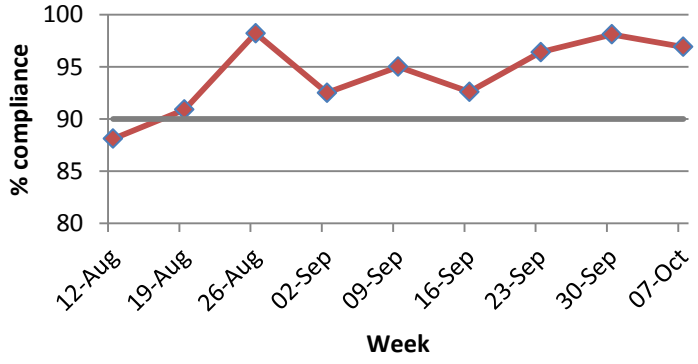
Week
Full Sepsis 6 bundle
90% Compliance target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% compliance
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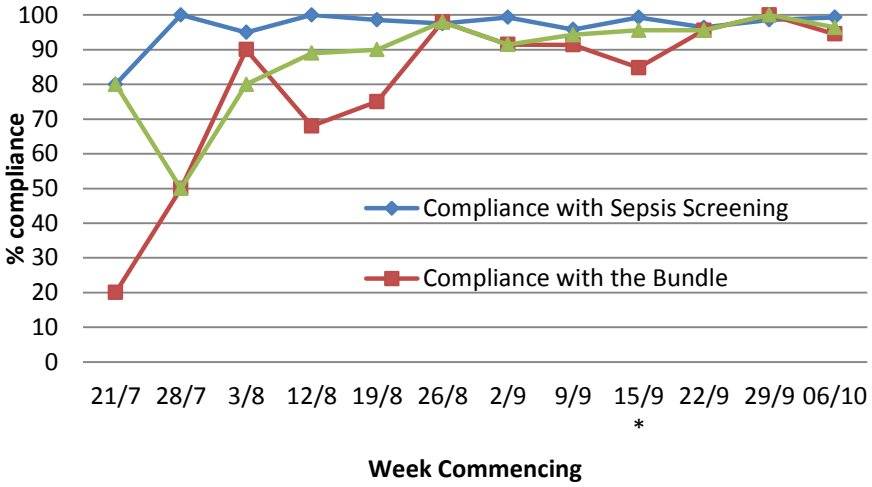
07-Oct
Week
IV Antibiotics within 1 hour
90% Compliance target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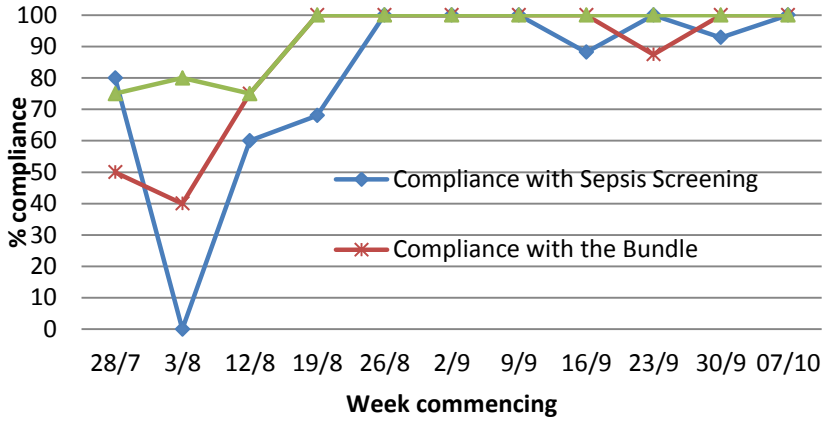
*
Week Commencing
Compliance with Sepsis Screening
Compliance with the Bundle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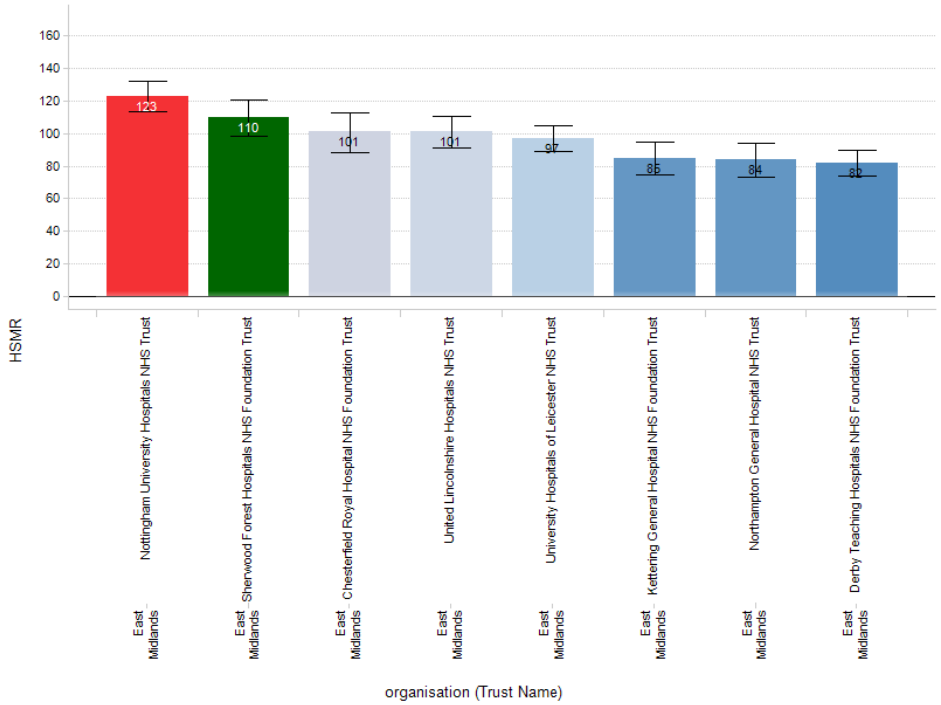
Week commencing
Compliance with Sepsis Screening
Compliance with the Bundle

PATHWAYS

PNEUMONIA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Sherwood Forest Hospitals NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
University Hospitals of Leicester NHS Trust
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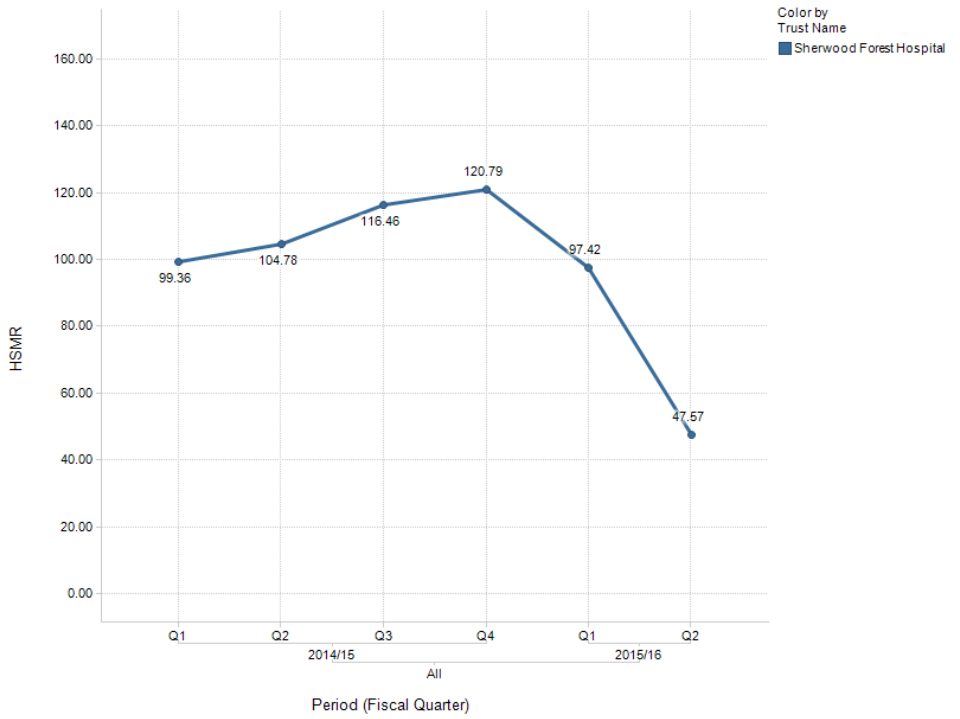
Northampton General Hospital NHS Trust
Derby Teaching Hospitals NHS Foundation Trust
East Midlands
organisation (Trust Name)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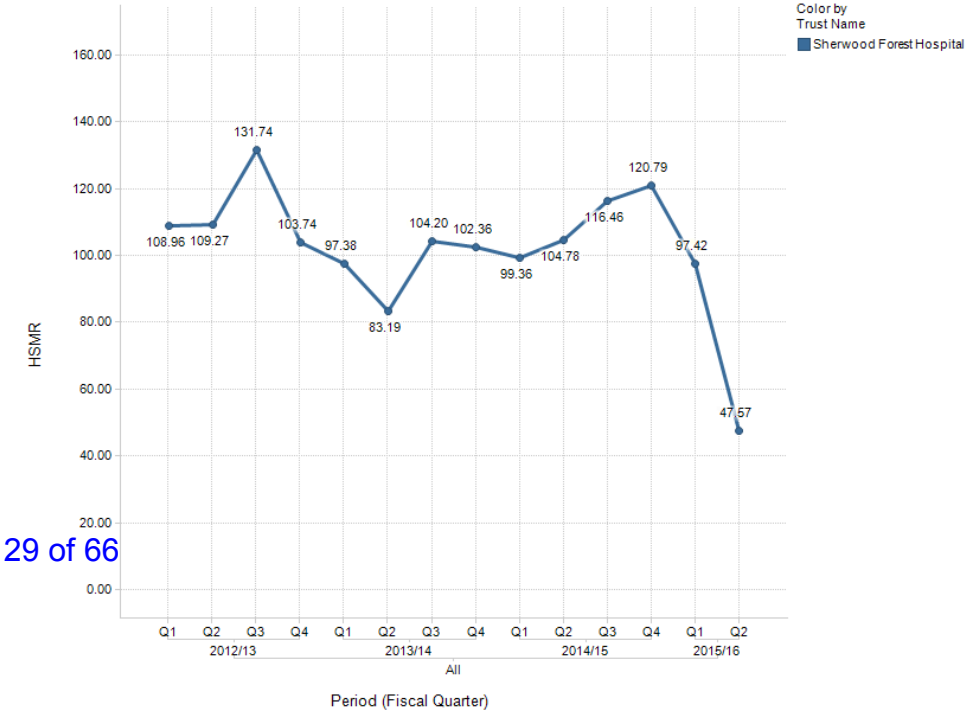
2014/15
2015/16
All
Period (Fiscal Quarter)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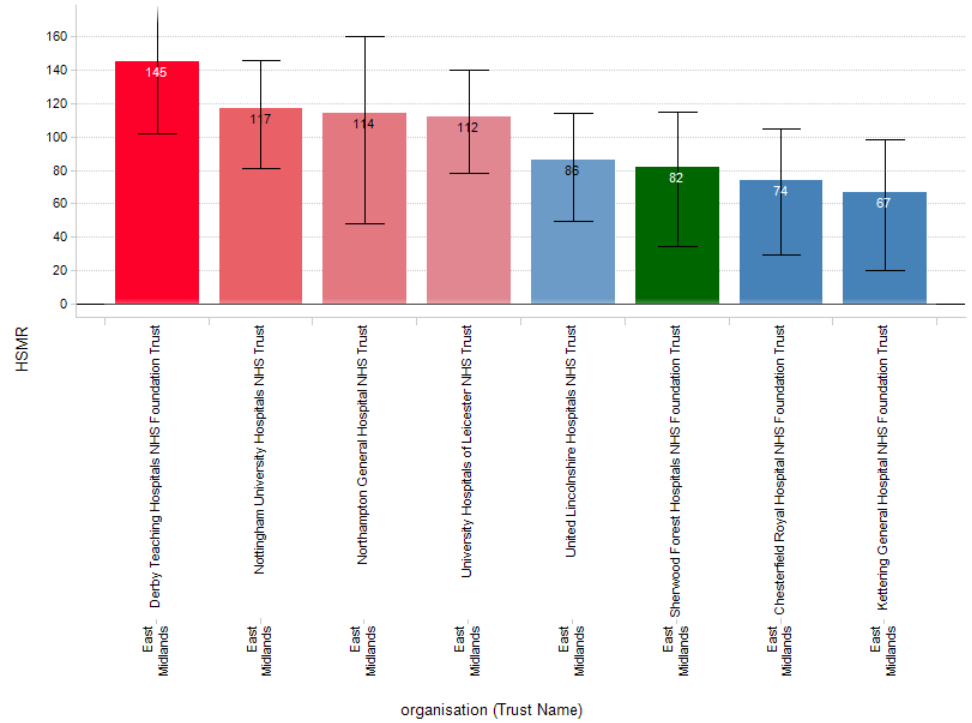
All
Period (Fiscal Quarter)

GI BLEED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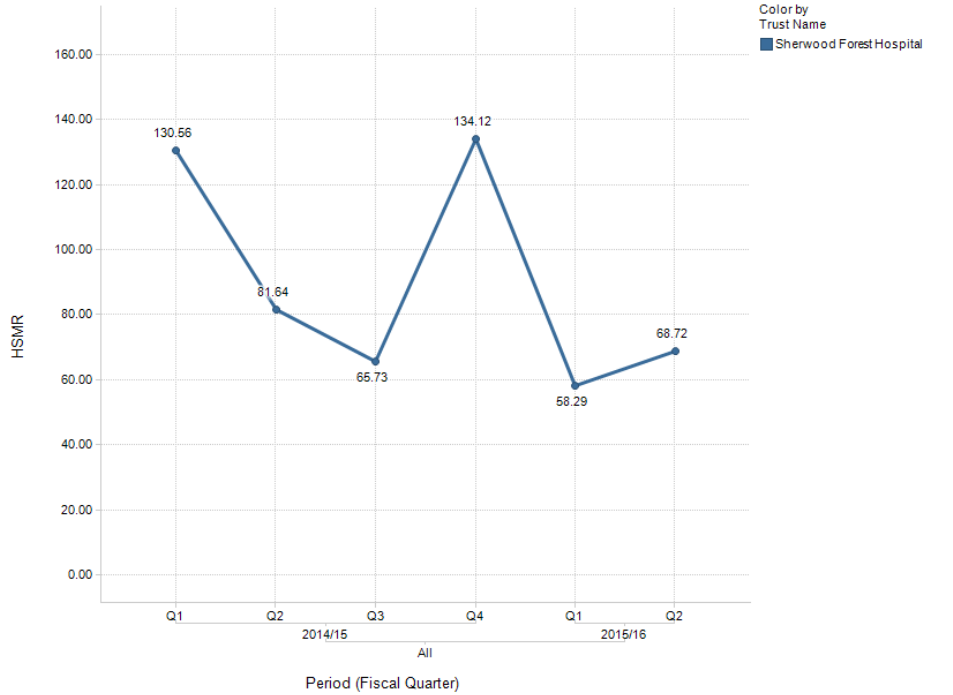
East Midlands
organisation (Trust Name)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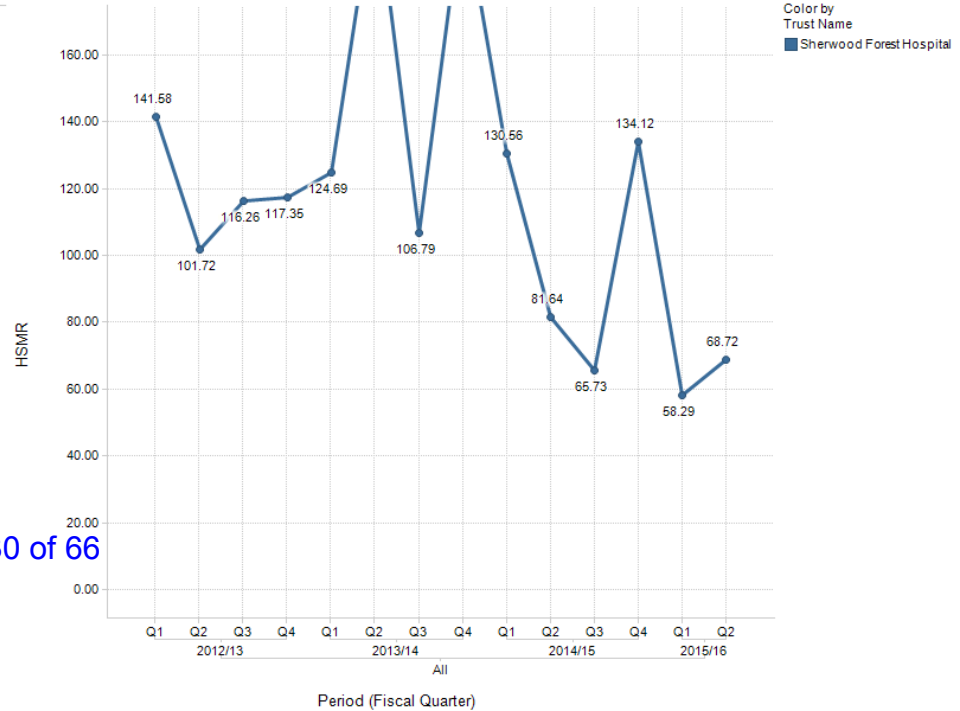
All
Period (Fiscal Quarter)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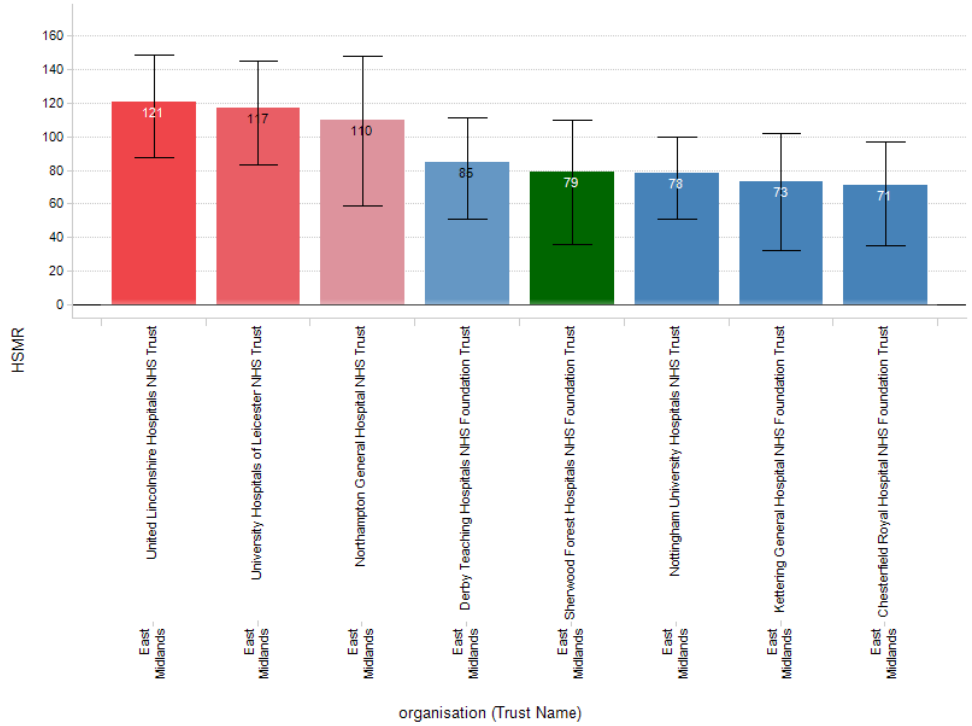
2015/16
All
Period (Fiscal Quarter)

BROKEN HIPS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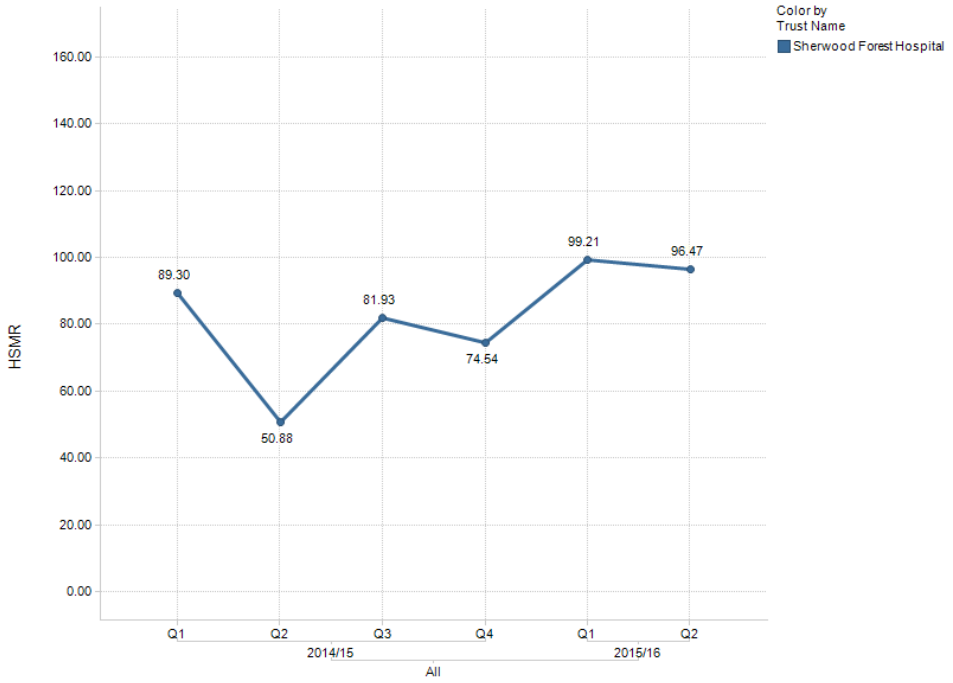
organisation (Trust Name)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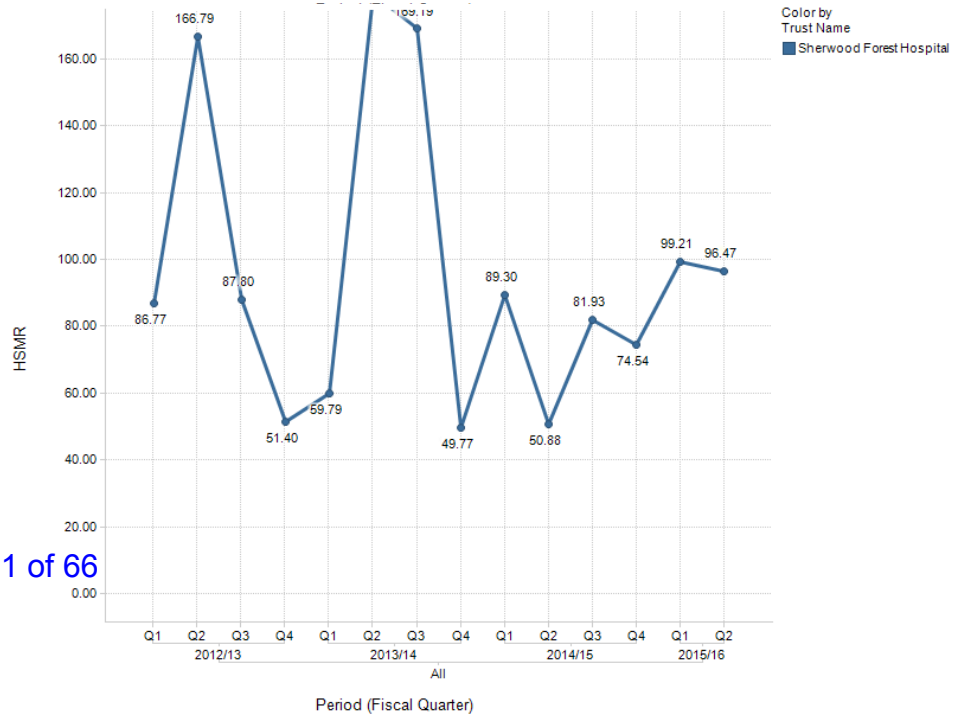
Q1
Q2
Q3
Q4
Q1
Q2
2014/15
2015/16
All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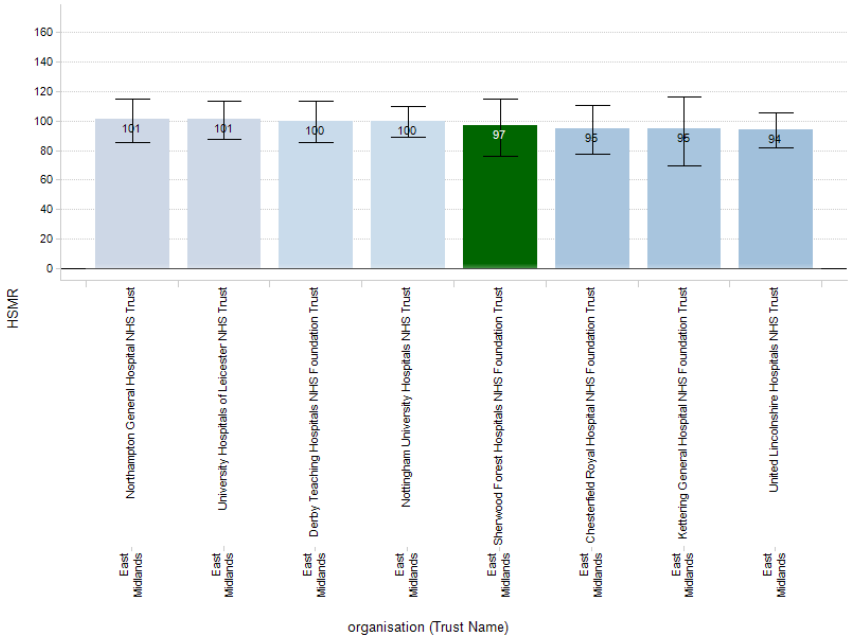
Q1
Q2
Q3
Q4
2012/13
2013/14
2014/15
2015/16
All
Period (Fiscal Quarter)

STROKE


HSMR
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University Hospitals of Leicester NHS Trust
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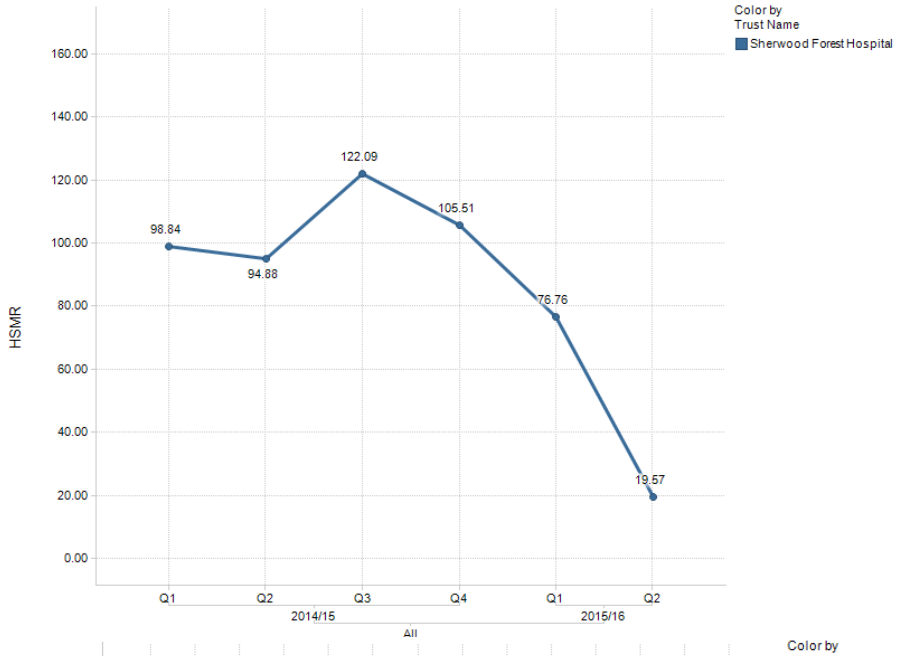
East Midlands
organisation (Trust Name)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Q1
Q2
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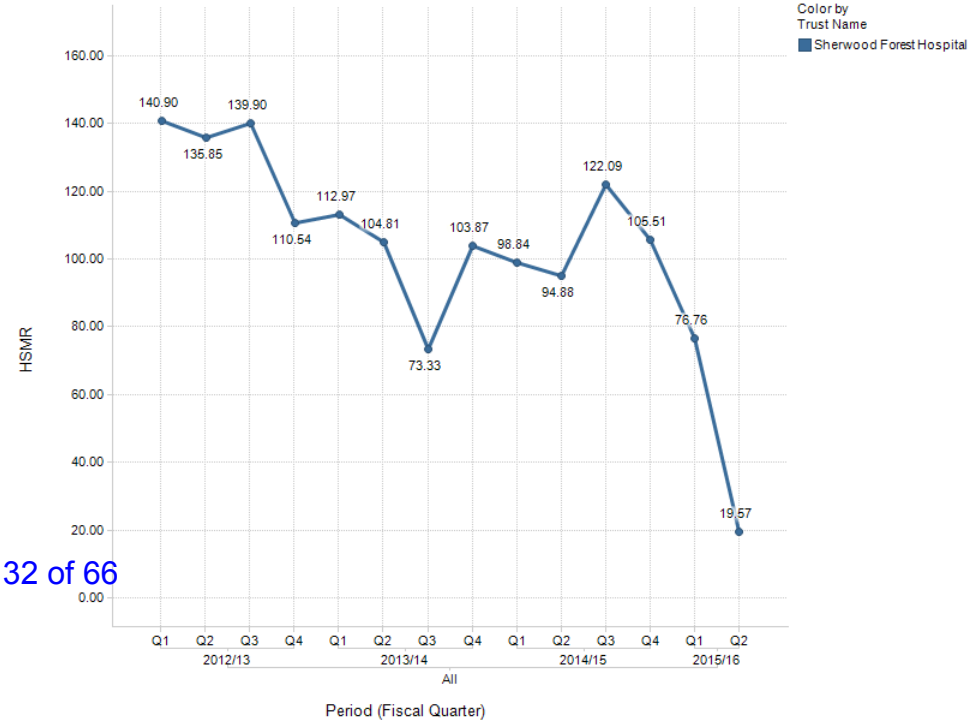
Q1
Q2
2014/15
2015/16
All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105.51
76.76
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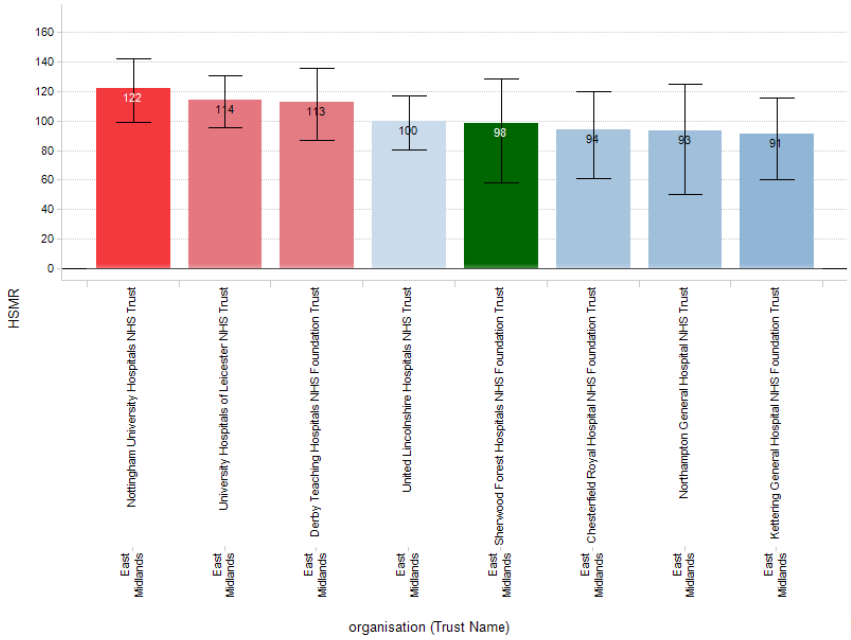
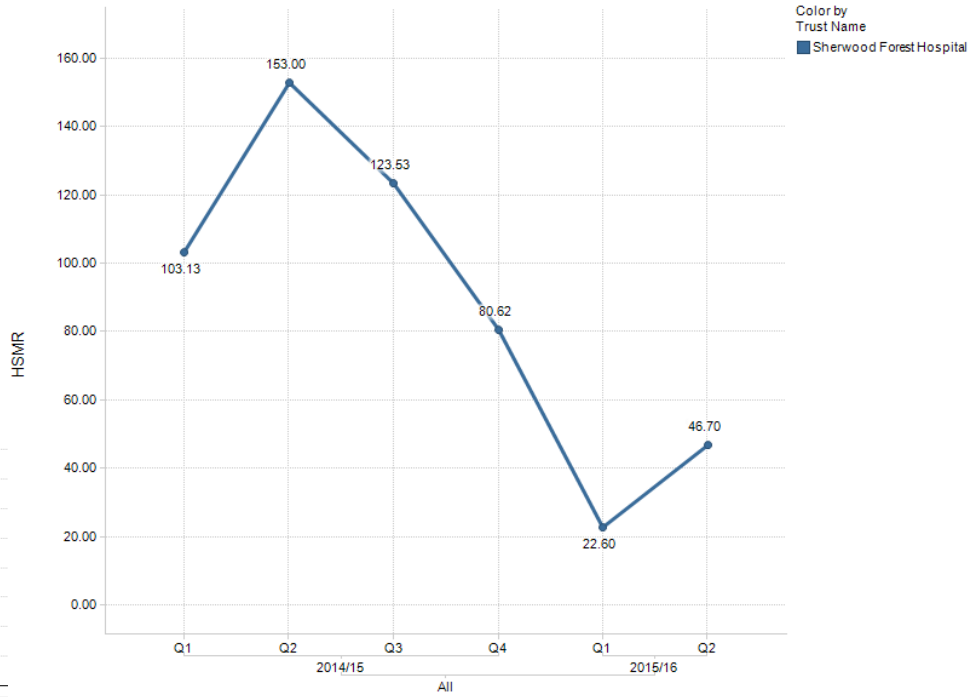
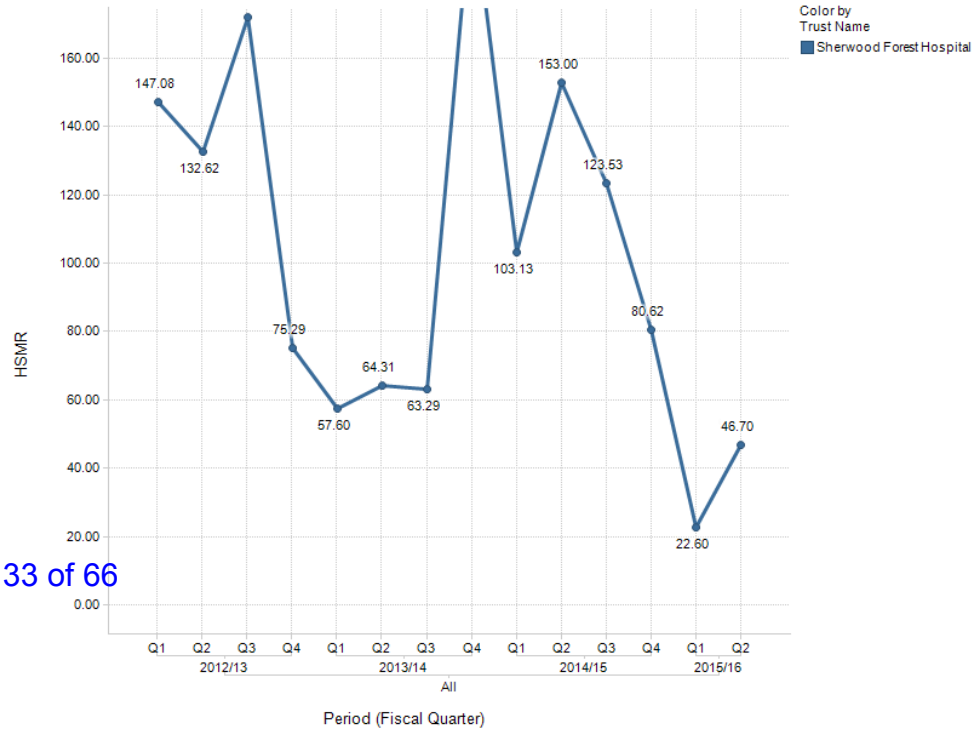
Q1
Q2
Q3
Q4
2012/13
2013/14
2014/15
2015/16
All
Period (Fiscal Quarter)

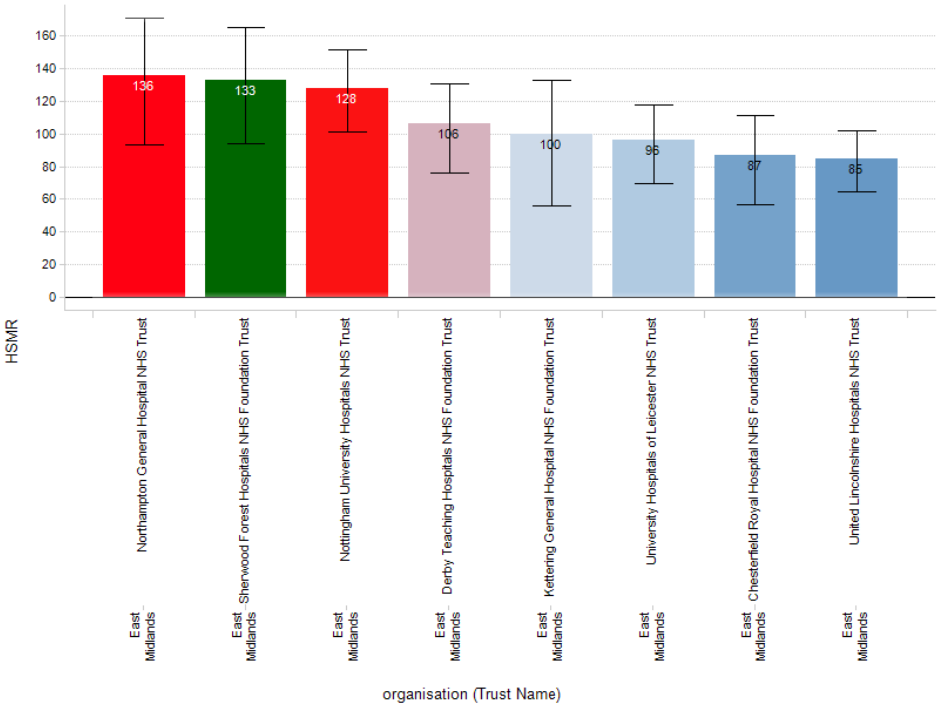
HEART ATTACK

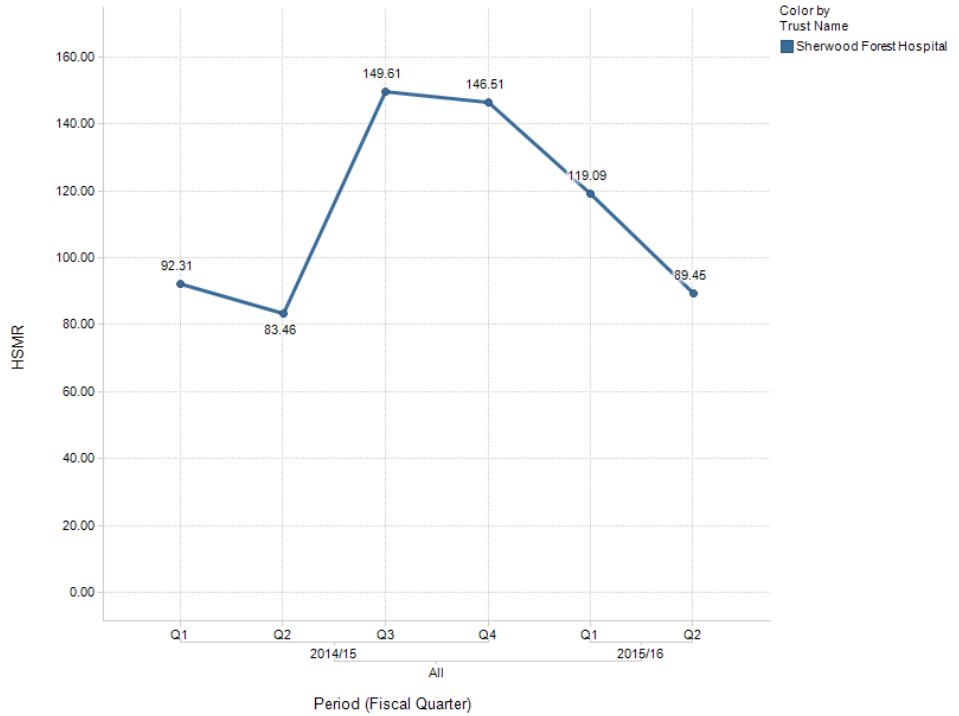


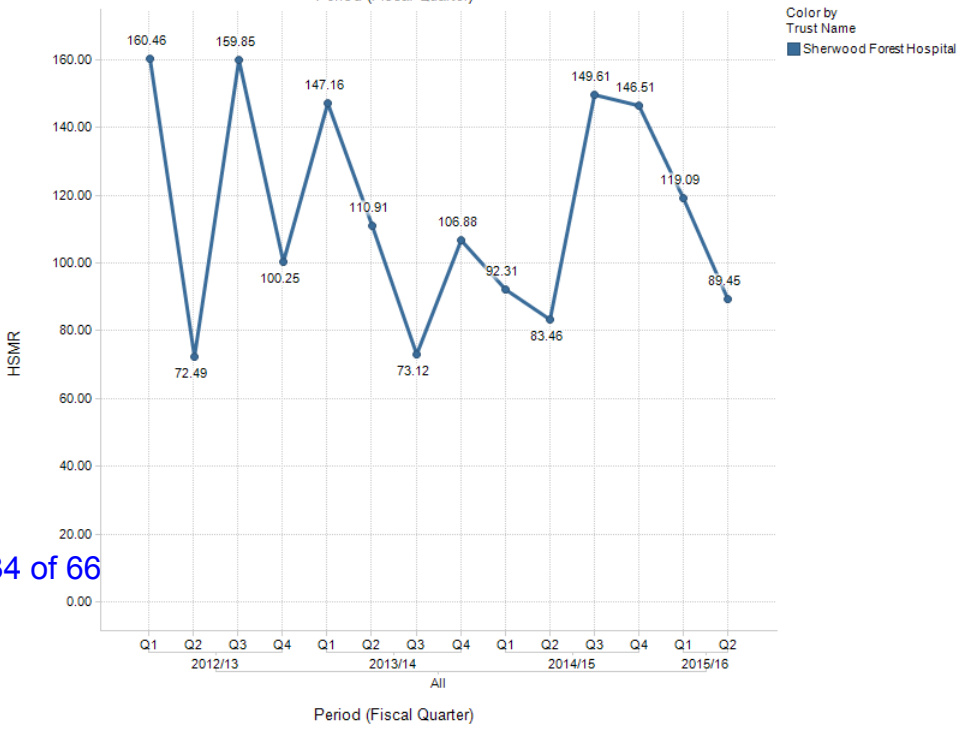




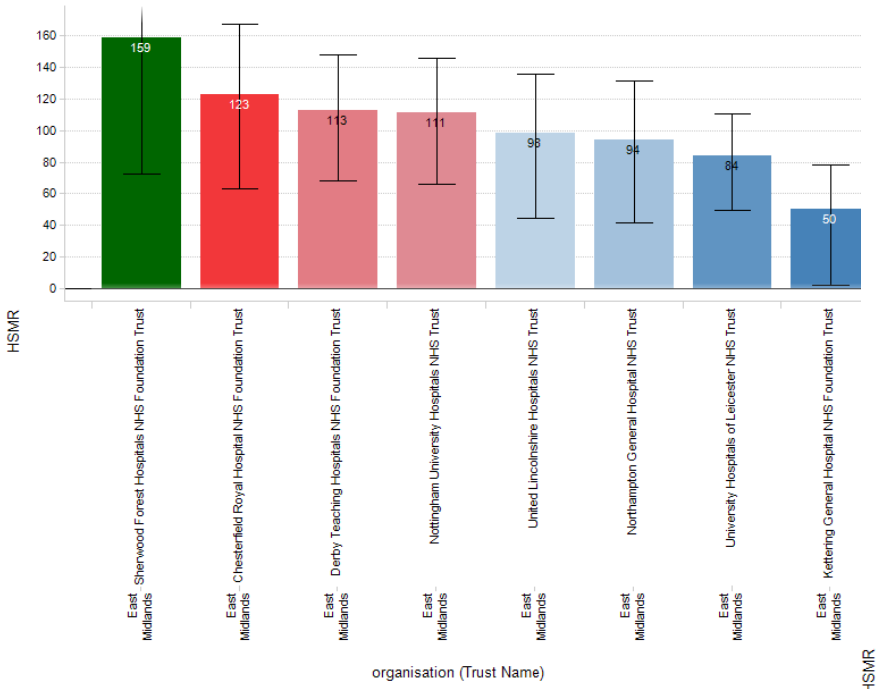
ACUTE KIDNEY INJURY

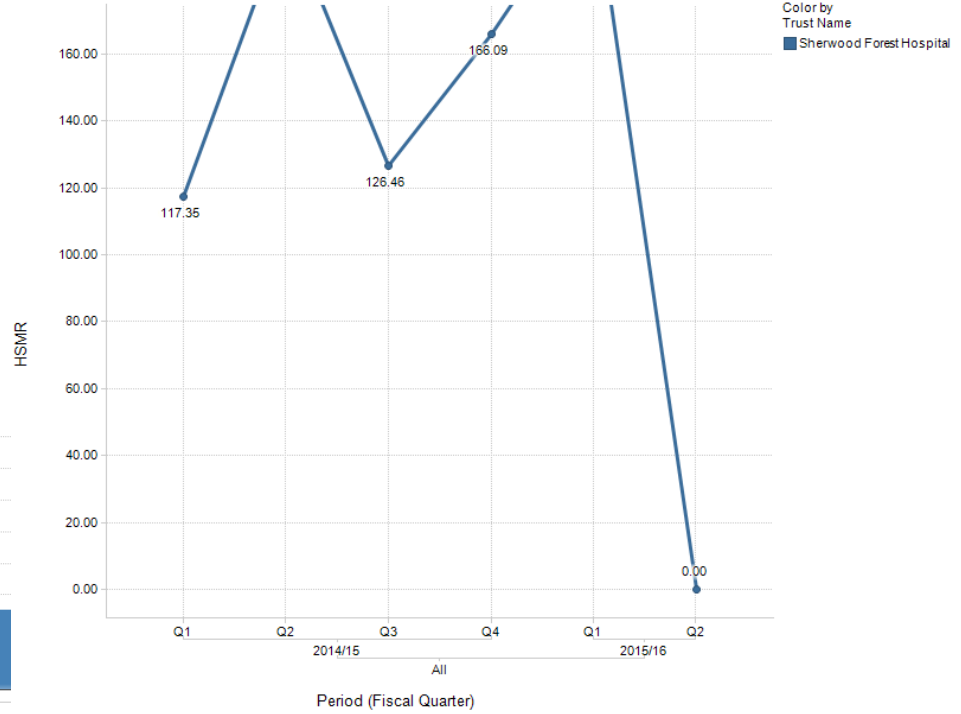


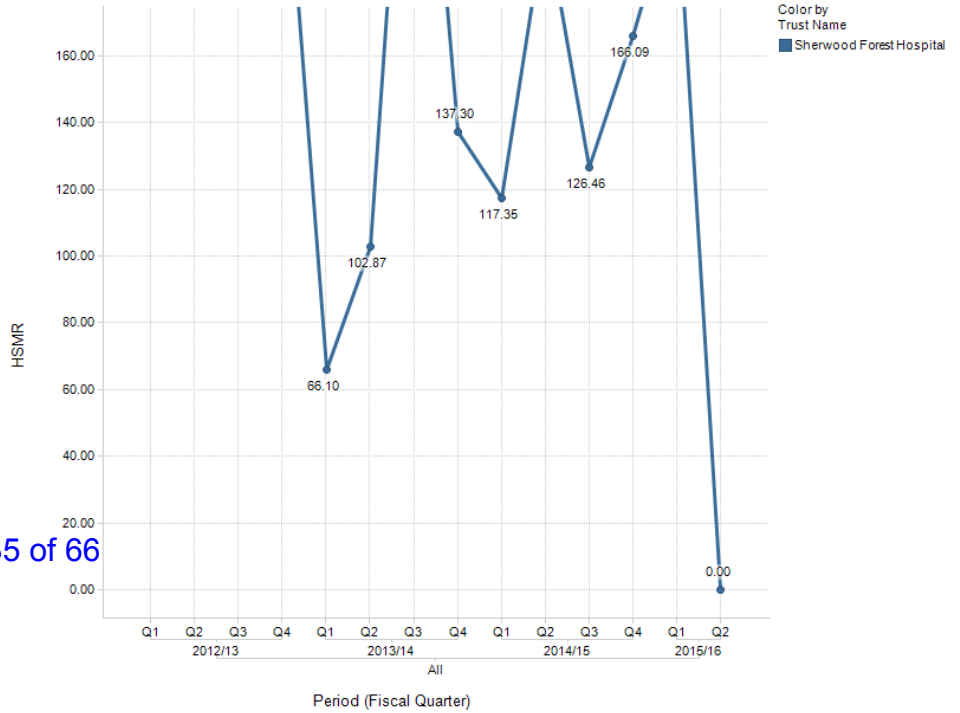




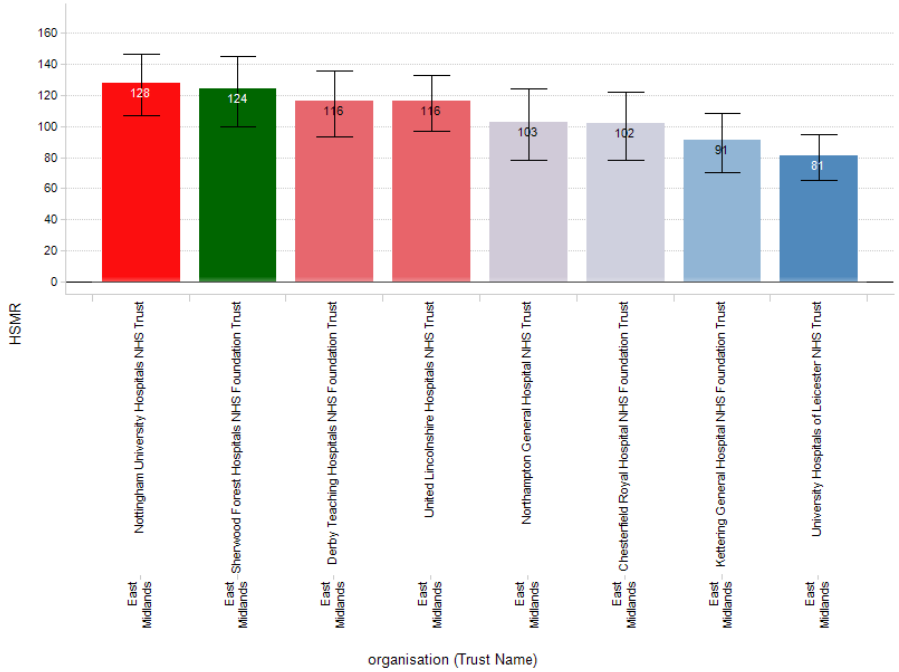
FLUID AND ELECTROLYTE

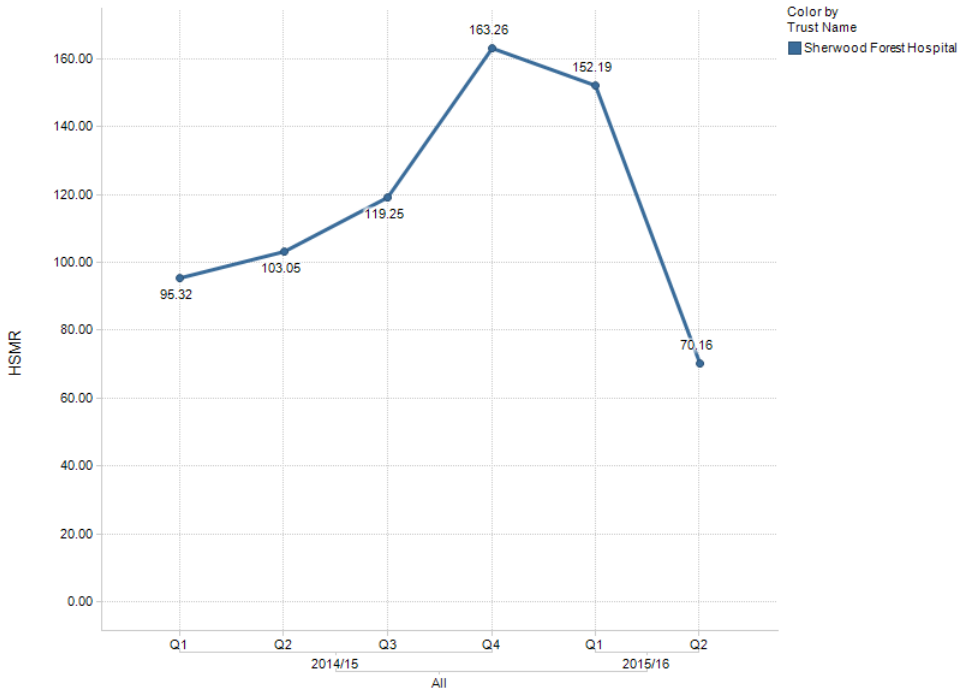


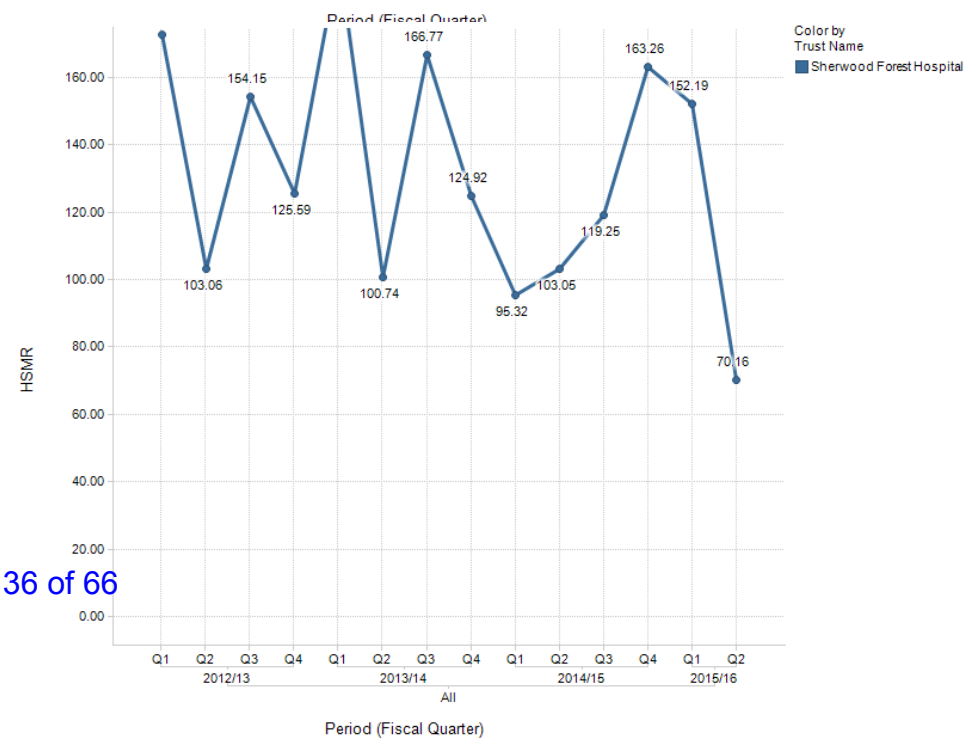




URINARY TRACT INFECTION



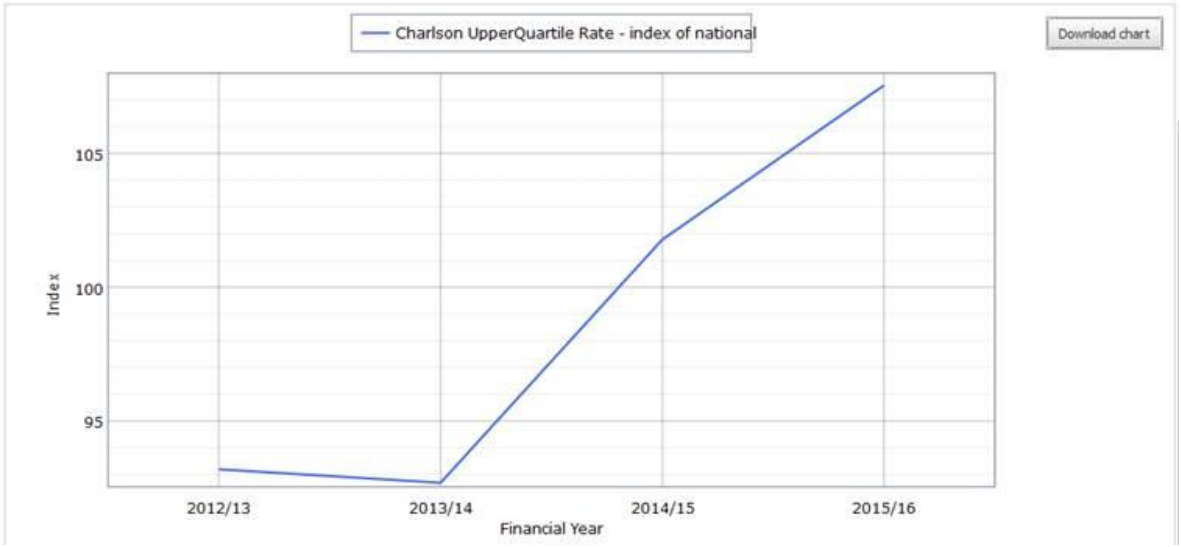




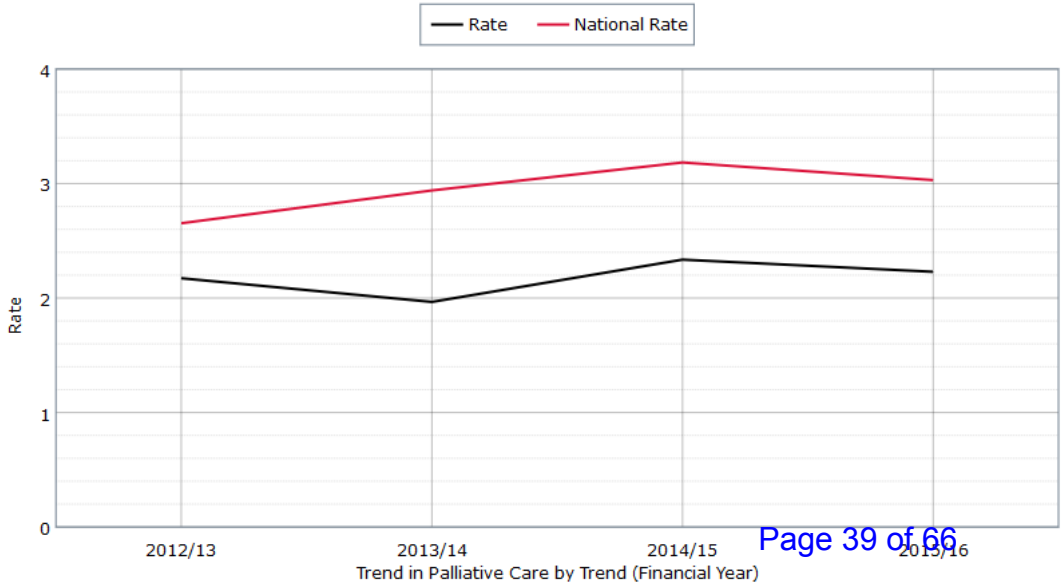
CODING

	SFH	Top 10%	Top 25%	Bottom 25%	Bottom 10%
HSMR	118	111	106	93	88
Crude Mortality	4.7	4.56	4.04	3.43	2.63
Expected Mortality	4.27	4.73	4.26	3.43	3.03
% Spells >10 comorbidity	18.3%	19.6%	17.9%	14%	12.30%
% Emergency spells >10 comorbidity	28.90%	34.20%	31.90%	28%	26.30%
% Emergency spells >75 yrs	41.20%	46.20%	44.50%	38%	35.30%
% Emergency HSMR in signs & Symptoms	14.80%	15.40%	13.10%	11%	9.20%
% Emergency spells Palliative	2.60%	4.90%	4.40%	3%	2.10%

	2012/13	2013/14	2014/15	2015/16
Charlson comorbidity upper-quartile rate	23.3%	23.2%	25.4%	26.9%
Charlson rate as index of national	93	93	102	108



HIGH CO MORBIDITY SCORE

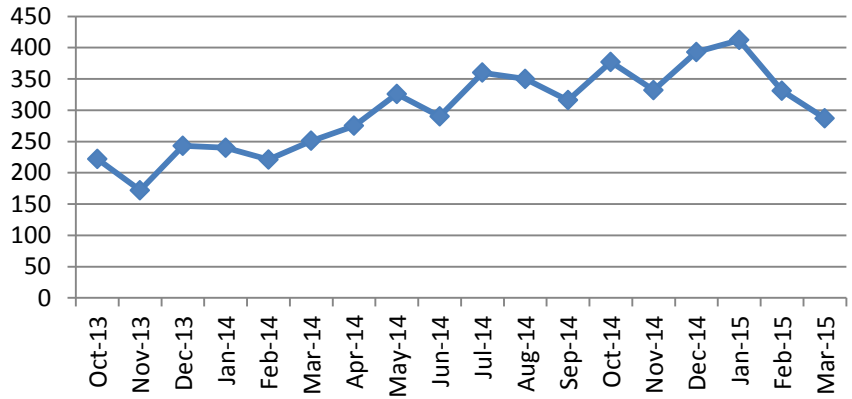


PALLIATIVE CARE CODING

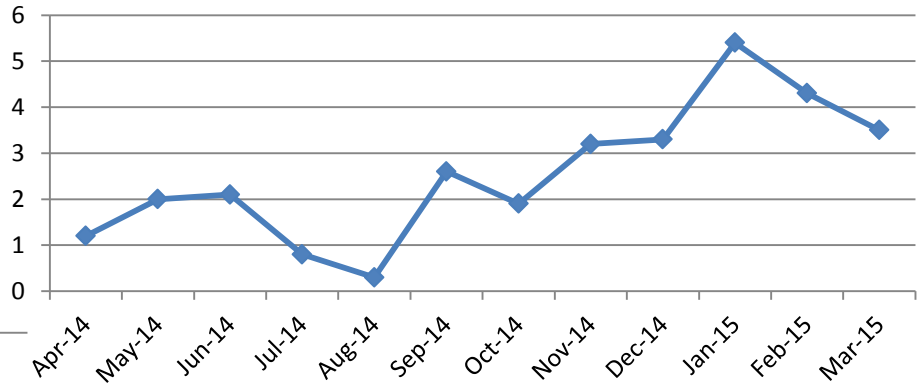
SO WHAT ELSE DO WE LOOK AT?

Segment Name	Indicator	Period	Trust	Peer	Score	Performance	Trend	Summary
Clinical Quality	Hospital Standardised Mortality Ratio (HSMR)	July 2014 - June 2015	112.46	99.75	0.93			Summary
Clinical Quality	Mortality Cumulative Summary (HSMR)	June 2015	0	0.48	0			Summary
Clinical Quality	Mortality Relative Risk (HRG4)	July 2014 - June 2015	111.29	99.73	0.77			Summary
Clinical Quality	Summary Hospital-Level Mortality Indicator (Quarterly SHMI)	October 2013 - September 2014	104.09	100.15	0.36			Summary
Clinical Quality	PE 90 day post discharge mortality per 1,000 spells	April 2014 - March 2015	0.24	0.21	0.2			Summary
Clinical Quality	Mortality Relative Risk for Diabetes Ketoacidosis (DKA)	April 2008 - March 2013	128.35	100.88	0.43			Summary
Clinical Quality	Mortality Relative Risk for Colorectal Cancer	April 2007 - March 2012	59.95	100.71	-0.98			Summary
Clinical Quality	Mortality Relative Risk for Fracture Neck of Femur	July 2014 - June 2015	74.01	99.14	-0.95			Summary
Clinical Quality	Mortality Relative Risk for Stroke	July 2014 - June 2015	100.28	99.14	0.02			Summary
Clinical Quality	Summary Hospital-Level Mortality Indicator (Monthly SHMI)	June 2014 - May 2015	103.14	102.04	0.31			Summary
Clinical Quality	Weekend Mortality (Monthly SHMI)	June 2014 - May 2015	102.54	107.48	0.29			Summary
Clinical Quality	Weekend Mortality (HSMR)	July 2014 - June 2015	113.4	104.23	1.01			Summary
Patient Safety	Mortality Relative Risk for surgical inpatients	2014/15	43.67	99.92	-2.26			Summary
Patient Safety	Death in low-mortality CCS groups	2014/15	0.03	0.06	-1.51			Summary

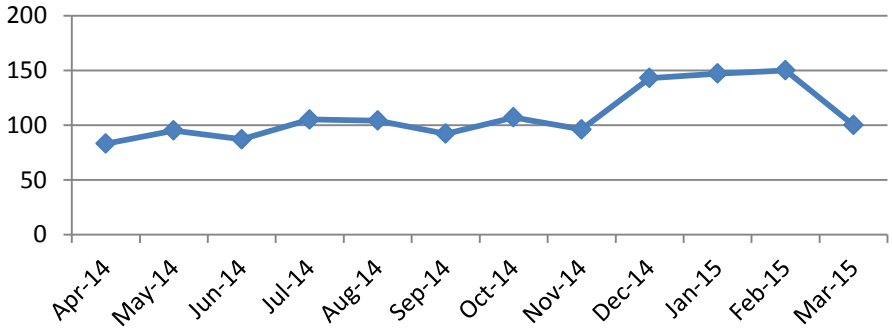
Calls to CCOT per month



CRITICAL CARE OUTREACH DOSE RATE



CARDIAC ARREST RATE/1000 ADMISSIONS



ESCALATION TO CRITICAL CARE OUTREACH

Q1. April-June '14	Q2. July-Sept '14	Q3. Oct –Dec '14	Q4. Jan-Mar '15
86%	78%	90%	88%

WE ARE ABSOLUTELY COMMITTED TO REDUCING AND SUSTAINING OUR MORTALITY RATES BELOW 100

1. Concerning picture for sustained period
2. Joint Mortality Review Group
3. Analysing – right actions
4. Implementations – clear commitment from Medical Director
5. Improving picture
6. Sustainability

Nottinghamshire County Council

Report to Health Scrutiny Committee

23 November 2015

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CARE QUALITY COMMISSION – GP SURGERIES AND DENTISTS

Purpose of the Report

1. To introduce a briefing from the Care Quality Commission (CQC) on General Practice inspections in Nottinghamshire, and also dental surgeries.

Information and Advice

2. The CQC makes sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high quality care, and encourage these services to make improvements.

3. The CQC does this by inspecting services and publishing the results on its website to help service users make better decisions about the care they receive.

4. The stated principles of the CQC are as follows:

    - puts people who use services at the heart of its work
    - has an open and accessible culture
    - is independent, rigorous, fair and consistent
    - works in partnership across the health and social care system
    - is committed to being a high-performing organisation
    - promotes equality, diversity and human rights

5. The CQC does its job by:

    - Setting national standards of quality and safety that people can expect whenever they receive care.
    - Registering care services that meet national standards.
    - Monitoring, inspecting and regulating care services to make sure they continue to meet the standards.
    - Protecting the rights of vulnerable people, including those whose rights are restricted under the Mental Health Act.
    - Listening to and acting on your experiences.
    - Involving people who use services.
    - Working in partnership with other organisations and local groups.
    - Challenging all providers, with the worst performers getting the most attention.

- Making fair and authoritative judgements supported by the best information and evidence.
- Taking appropriate action if care services are failing to meet the standards.
- Carrying out in-depth investigations to look at care across the system.
- Reporting on the quality of care services, publishing clear and comprehensive information, including performance ratings to help people choose care.

6. Linda Hirst, Inspection Manager, Primary Medical Services and Integrated care Directorate will attend the Health Scrutiny Committee to brief the committee on recent inspections in Nottinghamshire and answer questions.

7. A written briefing from Ms Hirst is attached as an appendix to this report.

8. Members may wish to consider how the information that comes to light during the routine operation of Health Scrutiny can best be conveyed to the CQC in order to inform future inspections.

9. Members may also wish to schedule further consideration of the results of CQC inspections in Nottinghamshire.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing and asks questions as necessary
2) Schedules further consideration of CQC inspections.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Open Report by Linda Hirst, Inspection Manager Primary Medical Services and Integrated Care, Care Quality Commission - Central Region

Report to	**Health Scrutiny Committee for Nottinghamshire County Council**
Date:	**4 November 2015**
Subject:	**Care Quality Commission General Practice and dentistry Inspection update.**

Summary:

This is a short report to provide the Health Scrutiny Committee for Nottinghamshire County Council with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of General Practice and dentistry in Nottinghamshire. Our dentistry inspections cover both NHS and wholly private dental providers.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve health care services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of NHS-funded services.

Actions Required:

(1) To consider the information presented on the themes arising from CQC's inspections of GP and dental practices in Nottinghamshire County Council to date.

1. Background

The Care Quality Commission (CQC) began inspecting with the new approach General Practices in October 2014.

Inspection Arrangements

Inspections are carried in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which have replaced earlier regulations (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). For each inspection, five main questions are asked about a service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Safe, *Effective*, *Caring*, *Response* and *Well-led* are referred to as the five domains.

General practice inspections also inspect and rate how well each practice serves specific population groups. These are;

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Dental practices are also inspected, we inspect both NHS and wholly private providers and in respect of each inspection, five main questions are asked about a service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

It should be noted we do not give dental services a rating as we only inspect 10% of practices per year, we do not consider how they serve particular population groups.

All CQC inspection teams gather and use information and feedback from people using services, their carers and families, and their representatives. This includes national data such as patient surveys, as well as people's stories sent to CQC. Local Authority Scrutiny and Local Healthwatch are invited to contribute evidence about people's experiences of care, as are other patient and public representatives and voluntary groups.

CQC also asks local partners, including Local Authorities, Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) and Local Medical Committees (LMCs), the General Dental Council and the General Medical Council to share information about the quality and safety of services before our inspections. We are not responsible for monitoring commissioners of services but we work closely with them to share information about risks and the quality of local services.

During the inspections, our teams check on different aspects of care, the environment, the staff and how the service is run. They observe care, talk to people using the services and their carers, and to staff, and check policies, records and care plans to decide on the quality of the care.

As well as an overall rating for each service the following ratings are made in respect of each domain and population group:

- Outstanding
- Good
- Requires improvement
- Inadequate

Inspection Findings – General Practice

Since October 2014, the CQC has inspected 37 General Practices in Nottinghamshire. These inspections have identified some breaches of the Regulations. Some of the reports are published and others are awaiting publication.

4 are rated overall as outstanding; two in Rushcliffe CCG; one in Mansfield and Ashfield CCG and one in Nottingham North and East CCG

15 are rated overall as Good.

8 are rated overall as Requires Improvement

2 are rated overall as inadequate, both practices are in Mansfield and Ashfield CCG. Both practices have been placed in special measures for a period of six months and are receiving support from both the CCG and area team as well as the LMC.

We have a further 2 practices with an inadequate rating in one domain but not overall. These practices will have a full re-inspection within six months of the date of the publication of the report.

We have 7 reports left to publish of the inspections we have completed.

The most commonly breaches of Regulations are in relation to Regulation 17 (Good Governance), Regulation 19 (Fit and Proper Persons Employed and Regulation 12 (Safe Care and Treatment). The most common domains rated as inadequate are safe and well led, though we now have some rated as inadequate in respect of providing effective and responsive services.

Inspection Findings – Dentistry

Since July 2015 we have published reports on 2 dentists and have inspected two others but not published those reports yet. These are attached as links below. There are insufficient inspections carried out yet to pull out themes.

Display of CQC Rating

Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires service providers to display at their premises the most recent overall rating from the CQC, including ratings for each of the services provided. There are also requirements on each service provider to include a link on their website to the CQC's website where the most recent CQC report may be found. We have started to check that practices are complying with this requirement and are writing to those who are not doing this, pointing out this is a legal requirement and asking them to take action. We will pursue those who do not.

2. Conclusion

The Committee may wish to note that the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were introduced in November 2014, with amendment regulations effective from 1 April 2015. These regulations address the specific recommendations for the CQC in the Francis Report. Details can be found on CQC web site.

CQC is continuing with the inspection schedules for General Practice and expects to complete all the GP inspections and have applied ratings by September 2016.

3. Consultation

This is not a consultation item.

4. Background Papers

The following background papers were used in the preparation of this report:

Links to CQC inspection reports of General Practice in Nottinghamshire.

The Calverton Practice

Newthorpe Medical Centre

East Leake Medical Group

St Georges Medical Practice

Rainworth Health Centre

Southwell Medical Centre

Roundwood Surgery

Woodside Surgery

Sandy Lane Surgery

Dr Shibopriyo Mukhopadhyay

The Linden Medical Group

West End Surgery

Jacksdale Medical Centre

Dr P Oza and Dr R Nam

Family Medical Centre - Kirkby

Selston Surgery

Lombard Medical Centre

Dr Lisa Terrill and Partners

Dentistry Reports

Park Dental Care

The Dental Suite

This report was written by Linda Hirst Inspection Manager Derbyshire and Nottinghamshire Team who can be contacted by email at linda.hirst@cqc.org.uk or by phone: 03000 616161.

Nottinghamshire County Council

Report to Health Scrutiny Committee

23 November 2015

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW WORKING TOGETHER PROGRAMME

Purpose of the Report

1. To introduce a briefing on the establishment of a collaborative partnership between NHS commissioners to lead a Transformational Change Programme across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield with a focus on hospital services.

Information and Advice

2. The purpose of the Working Together programme is to share best practice and improve patient care. It is hoped that working together on a number of common issues will allow all the Trusts to deliver benefits that they would not achieve by working on their own. The aims of the partnership are to strengthen each organisation's ability to:

    - Deliver safe, sustainable and local services to people in the most appropriate care setting.
    - Meet commissioner intentions to improve the health and wellbeing of the people being served in the most efficient and effective way.
    - Make collective efficiencies where the potential exists

3. The work builds on earlier successes where partnering with other Trusts has already helped to improve care, such as for patients who have suffered a heart attack, stroke, patients with cancer and very sick children. Initially, the programme was constructed around four interdependent themes: Sharing and Adopting Good Practice, Developing a Sustainable Service Configuration, Assuring Sustainable Service Quality and creating a cross Trust care environment through the development of Informatics.

4. A briefing from Bassetlaw Clinical Commissioning Group is attached as an appendix to this report.

5. Members may wish to explore what the outcomes of the programme have been so far and what they are likely to be in the future.

Request for New Joint Health Arrangements

The Working Together Programme intends to make a formal request to the Chief Executives of authorities with responsibility for Health Scrutiny within its working area to form a new body to undertake Joint Health Scrutiny across the relevant parts of South Yorkshire, Derbyshire and

Bassetlaw. The decision on whether or not to participate in this new joint body will need to be taken at a meeting of Full Council. If the new body is formed, it is anticipated that one of the first issues to be examined will be Hyper-acute Stroke Services.

RECOMMENDATION

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

2) That further consideration of these issues be scheduled, as necessary.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Working Together – a partnership to deliver high quality, efficient patient care for South Yorkshire, Mid Yorkshire and North Derbyshire

Electoral Division(s) and Member(s) Affected

All

The "Working Together" Programme

1. Purpose

The purpose of this paper is to:

- Brief the Committee on the establishment of the Collaborative Partnership between NHS commissioners to lead a Transformational Change Programme across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield with a focus on hospital services.

2. Key messages

- Both health and care services face unprecedented challenges as a result of, aging population, rising demand, increasing expectations, clinical workforce challenges and budget constraints
- NHS organisations across the region have agreed to work together to make sure that hospital services continue to provide high quality services to our residents within the funding available
- Eight Clinical commissioning Groups and NHS England have established a collaborative partnership of commissioners under the auspices of *Working Together* to collectively plan and manage change to improve services
- A similar partnership has also been established comprising the seven acute hospital providers across the same geographical area.
- Both mechanisms for clinical engagement and engaging with patients and the public have been established via the Working Together Programme Clinical Reference Group and Patient and the Public Advisory Forum
- The programme is underpinned by strong clinical engagement and programme management approach
- The programme is also working with a range of stakeholders including the strategic clinical Networks and Clinical Senate
- The outcome of this work will lead to improvements in quality and sustainability of services and may result in changes to access to services

3. Background

The NHS is facing unprecedented challenges as a result of rising demand, due to an ageing population and the increasing burden of chronic diseases. At the same time there is an increasing expectation and need to improve the quality of our services in line with national standards. In addition, providers are approaching the fifth year of a seven-year austerity programme. Many of the straightforward savings have already been made, yet this challenge is unlikely to disappear after 2014/15 with cost pressures projected to grow

at around 4% a year up to 2021/22 and the predicted funding gap facing the NHS nationally is predicted to be in the region £30 billion. The current estimate for South Yorkshire alone is a £750 million gap over the next 5 years if services continue to be provided as they are currently which is not sustainable.

The NHS in England must therefore make sustained increases in productivity to avoid significant impact on services and a decline in the quality of care to patients. It is, however, unlikely that achieving significant levels of productivity gains and improvements will be possible unless there is a fundamental shift in the way NHS responds to these challenges. The scale and pace of this response will need to support and deliver fundamental changes to the way services are currently commissioned and delivered. The recently published NHS Five Year Forward View[1] sets out the case for change across the NHS with a radical rethink. There is also an acceptance that to achieve this scale of change will not be possible by organisations working in isolation at an individual level.

To start the debate on how this can be achieved, NHS England launched "A Call To Action" in July 2013; a sustained programme of engagement with NHS users, staff and the public to debate the big issues and give everyone who works in or uses the NHS an opportunity for a say in its future.

Locally the Eight CCGs, NHS England and the seven Acute Trusts across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield agree they need to work together and take collective action on these challenges.

They have initiated a strategic programme of work to respond to significant challenges facing the delivery of services across a wide geographical area.

In February 2014 clinical priorities were recommended to CCG Governing Bodies to be taken forward as part of the Commissioner Working Together Programme and in April 2014 a partnership between the CCGs and NHSE was established – Commissioners Working Together.

The purpose of the Working Together Programme is to enable the participating commissioning organisations to commission transformational and sustainable changes to their services which would not have been possible on an individual commissioner basis.

The overarching aim of the Programme is to make demonstrable improvements to care which drive net benefits (either in quality and or financial terms) to the individual CCG areas and the region as a whole. Commissioners will work together and learn from each other to achieve the following benefits:

- Coherent and consistent service planning and commissioning across the patch, including alignment on quality and safety, ensuring that quality standards are met
- Provision of 'local' services in CCG communities

[1]NHS Five Year Forward View, October 2014

- Ensuring specialised services locally meet nationally specified critical mass and detailed service specifications, while understanding and proactively planning for wider-reaching impact
- Sharing limited resources and effort

A number of clinical services have been identified to be considered in the first phase of work though a process of prioritisation. These services were identified on the basis of there being challenges to the quality of provision on the basis of significant variation against commissioner standards, challenges in the current and future workforce and where there was evidence of realisable efficiency benefits taking a coordinated and collaborative approach.

The four key clinical priorities being taken forward by commissioners as part of the Commissioner Working Together programme are outlined below:

Summary of Phase One Work-streams

Work-stream	Focus	Problem	Desired Outcome
Children's Services	Paediatric Surgery and Anaesthesia	• Variation in compliance with National standards • Shrinking workforce • Unsustainable services	Compliant safe and sustainable services
	Urgent care	• Sustainability • Variability of services • Lack of coordination	
Cardiovascular Disease	Acute Cardiology	• Variation in compliance with National/locally agreed standards	
	Stroke	• Workforce sustainability issues • Variation in outcomes and standards	
Smaller specialties	Ophthalmology	• Unsustainable services • Small patient numbers across multiple sites • Heavy reliance on locum cover	
	OMFS		
	ENT		
Out of Hospital (Urgent care)	Urgent care response A+E Scoping exercise against national Urgent Care Review	• Variation in Compliance with standards • Workforce challenges • Unsustainable services	

4 Approach

A programme approach together with programme office has been established with an agreed governance framework within the established joint commissioning arrangements. It supports central engagement of CCG clinical commissioners and Area Team

commissioners, clinical communities and Patients and the Public across a patient population of approximately 2.2 million.

The programme has established a Clinical Reference Group which draws membership from across all partner commissioning organisation. It is led by a GP Clinical Commissioner and its main purpose is clinical assurance and ensuring that the work remains connected to supporting clinical objectives within each of the CCGs.

To ensure that patients and the public are supported and engaged in this work as early as possible, a Patient and Public Advisory Forum has been established. Its membership is drawn from each partner locality Healthwatch organisations. This enables the programme to start to share its work at a very early stage with patients and the public and offers an opportunity for advice on how to engage further at locality level.

The programme provided a regional stakeholder event in December 2014 to share more information about the work. The event was attended by a wide group of stakeholders and useful feedback was received which will help shape further stages of the programme.

Each clinical work-stream is being taken forward by a core leadership groups led by a Clinical Chair and CCG Accountable Officer and supported by clinical working groups. The clinical working groups have been establishing a consensus of understanding of the drivers for change and have established a programme of clinically focused events to confirm and challenge assumptions and start to develop clinical options for new way of delivering services which meeting standards set by commissioners and which are sustainable for the future.

Outline Summary of activities of Phase 1 – developing the case for change

Phase 1 – 2014/15			
Dates	**Activities**		**Outputs**
March – June	Scoping / Clinical Standards / Baselines	• Refining scope and case for change	Agreed Scope Agreed Clinical Standards Agreed Baselines
June – October	Issues Consensus	• Resilience meetings with Trusts • Confirm and Challenge Events	Shared understanding of Issues
October – December	Developing new clinical models	• Clinical Design Events	Development of Clinical Options
January - March	Consolidating outputs from Phase One		Strategic Case for Change

5. Potential impact 2015/16 and beyond

The work is at an early stage and the focus to date has concentrated on:

- Gaining clarity and developing an understanding of the of the problem by reviewing each service including assessing providers against core service standards
- Gaining consensus amongst clinical colleagues of the issues
- Identifying clinical models which could respond to key challenges facing the services
- Early engagement with key stakeholders on any potential change

The impact of any changes on patients is currently being worked through across the 4 clinical areas. The likely consideration for 2015/16 will be a result of the work from the Specialty Collaborative work-stream with a focus on Ophthalmology, Ear Nose and Throat out of hours and Oral Maxillofacial Services.

To achieve the improvement in quality and sustainability for patients in the above services patients may have to travel to a central clinic for out-of-hours services. This will enable the number of locum staff used to be replaced with specialist consultants, thereby increasing the quality of the service. Proposals are currently being developed for consideration. The numbers of patients affected are very low; less than one Bassetlaw patient per week in the case of Opthalmology, for example. It is anticipated that the impact on Bassetlaw residents will be minimal; however when business cases have been finalized, further discussions will be held with the relevant Council Committee.

6. Next steps

The next phase will focus on sharing the outputs of the work from the first phase and building on the high level clinical options to develop new service models. Engaging further with patients and the public and wider groups will be a key part of this next phase.

In addition to continuing the work started in the areas outlined in this paper Phase Two of Working Together will be underpinned by a wider strategic review of health and care across the Working Together Partnership. The outcome of that review will inform the development of commissioner's strategic plans and the response of providers to those plans.

6. Recommendation

The committee is asked to:

- Provide comments and receive further updates as the work progresses.

Nottinghamshire County Council

Report to Health Scrutiny Committee

23 November 2015

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

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

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents.

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

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

Site Visits and Rota Visits

6. A programme of rota visits and site visits for Health Scrutiny Members – with an emphasis on Sherwood Forest Hospital sites is currently being prepared. Members will be contacted shortly regarding their availability.

RECOMMENDATION

1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2015/16

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
20 July 2015				
GP Commissioning	Scrutiny of the new arrangements for commissioning GP Services by CCGs.	Scrutiny	Martin Gately	Mansfield and Ashfield and Newark and Sherwood CCG
Sherwood Forest Hospitals Trust – Winter Pressures	Examination of winter pressures and planning issues at Sherwood Forest Hospitals	Scrutiny	Martin Gately	Sue Barnett, Interim Chief Operating Officer, SFH
Mental Health Issues in Nottinghamshire	Examination of information from Healthwatch	Scrutiny	Martin Gately	Joe Pidgeon, Chairman, Healthwatch Nottinghamshire
21 September 2015				
Healdswood Surgery and Woodside Surgery – Practice Merger	Consideration of Practice Merger	Scrutiny	Martin Gately	DR RA Hook, DR WK Liew and David Ainsworth, Director of Engagement and Service Redesign, Mansfield and Ashfield CCG
Contract Expiry at Westwood 8-8 Centre Bassetlaw	Consideration of Procurement	Scrutiny	Martin	NHS England and Bassetlaw CCG representatives (TBC)
CNCS/Kirkby Community Primary	Consideration of provision of service from CNCS	Scrutiny	Martin Gately	Dr Sarah Hull, Medical Director,

Care Centre				CNCS
Healthwatch Annual Report 2014/15	Presentation of Healthwatch Nottinghamshire annual report	Scrutiny	Martin Gately	Joe Pidgeon, Chairman, Healthwatch Nottinghamshire
GP Commissioning (Rushcliffe CCG)	Scrutiny of GP Commissioning arrangements in the rural south of the County	Scrutiny	Martin Gately	Vicky Bailey, Chief Officer, Rushcliffe CCG
23 November 2015				
Sherwood Forest Hospitals Trust – CQC Inspection	Briefing by the CQC on the outcomes of the recent inspection of Sherwood Forest Hospitals	Briefing	Martin Gately	Carolyn Jenkinson, Head of Hospital Inspection – East Midlands, CQC
CQC GP Inspection reports (TBC)	Presentation by the CQC on results of the inspection of GP practices earlier in the year [may also contain details of dental practice inspections].	Briefing	Martin Gately	Linda Hirst, Inspection Manager, CQC
Sherwood Forest Hospitals Trust – Mortality Rates	Consideration of Hospital Standardised Mortality Rate (HSMR) figures at Sherwood Forest Hospitals – delays in transfer of patients from ambulances to Emergency Departments.	Scrutiny	Martin Gately	Dr Andy Haynes SFHT and Newark and Sherwood CCG
Bassetlaw Working Together Programme	Briefing on the establishment and operation of a collaborative partnership between NHS commissioners to lead a transformational change programme	Briefing	Martin Gately	Phil Mettam, Chief Officer, Bassetlaw CCG
18 January 2016				
Consideration of Quality Account Priorities TBC	Doncaster & Bassetlaw Hospitals NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust	Scrutiny	Martin Gately	DBH, SFHFT and CNCS
Health & Wellbeing	A presentation on the work of	Scrutiny	Martin	Cllr Joyce Bosnjak

Board and Health Inequalities	Nottinghamshire's Health and Wellbeing Board with a particular focus on Health Inequalities		Gately	
Contract Expiry at Westwood 8-8 Centre Bassetlaw	Deferred consideration of whether re-procurement is in the interests of the local health service with additional information on patient engagement/consultation.	Scrutiny	Martin Gately	Carolyn Ogle, NHS England and Andrew Beardsall, Bassetlaw CCG representatives
14 March 2016	CNCS – Return for update following presentation in September 2015	Scrutiny	Martin Gately	Dr Sarah Hull, Medical Director, CNCS
9 May 2016				
11 July 2016				

Potential Topics for Scrutiny:
Never Events
Health Inequalities
Substance Misuse

Suggested Topics

Improving IT links between GP services and Hospitals (CCGs) – Cllr Lohan
Unsafe Discharge/Assess Team/Discharge Team – Cllr Harwood & Cllr Lohan
Recruitment (especially GPs)
Rushcliffe CCG Pilots Update