Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 10 October 2017 at 10:30

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

Tuesday 25 July 2017 at 10.30am

Membership

Councillors

Martin Wright (Chair)
Reg Adair
Richard Butler
Jim Creamer
Dr John Doddy
Kevin Greaves
David Martin
Michael Payne
Liz Plant
Francis Purdue-Horan
Keith Walker

Officers

Pete Barker	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Barbara Brady	Public Health, Nottinghamshire County Council
Michelle Livingston	Healthwatch Nottinghamshire

CHAIR

In the absence of Councillor Girling, Councillor Wright took the Chair.

MINUTES

The minutes of the last meeting held on 13 June 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

No apologies.

Councillor Adair replaced Councillor Vickers for this meeting only.
Councillor Creamer replaced Councillor Weisz for this meeting only.
Councillor Purdue-Horan replaced Cllr Kevin Rostance for this meeting only.
Councillor Walker replaced Councillor Girling for this meeting only.

DECLARATIONS OF INTEREST

None.

IN-VITRO FERTILISATION – VARIATION OF SERVICE

Dr Amanda Sullivan, Chief Officer, Newark & Sherwood CCG and Mansfield & Ashfield CCG, gave a presentation aimed particularly at new members of the Committee which provided an overview of the work of the CCG.

During the presentation, the following points were highlighted:

- The CCG's remit was wider than just IVF
- The aim was to achieve a more joined up way of working, avoiding duplication and streamlining services at a time of significant financial challenges
- IN terms of the IVF service, the aim initially was to arrive at a compromise, with the decision taken to provide the service to those in the age range which was most likely to result in a pregnancy. It was acknowledged that Committee was not in favour of the proposal and no changes to the IVF service would now be made without further consultation

During discussions the following points were raised:

- The presentation provided a useful overview but the agenda item was concerned specifically with the IVF service and Dr Sullivan was asked when Committee could expect to receive the results of the consultation. Dr Sullivan replied that the details were still being looked at and discussions were ongoing with colleagues in neighbouring CCGs with the possibility that the proposed changes may apply to a wider geographical area than originally envisaged. Dr Sullivan informed Committee that the conclusions from the consultation should be available by late October / early November with implementation at the end of the year.
- There was a lack of confidence in the previous consultation process and concern was expressed at the lack of clarity on what was being consulted upon this time. A request was made that Committee receives the developed options prior to the consultation proceeding to avoid calling in the decision as happened before.

Following debate, an amendment to the motion was moved by Councillor Payne and seconded by Councillor Plant :-

''That Committee receives and scrutinises the proposed options prior to consultation on those options proceeding''

Following a show of hands the motion was declared to be lost, the requisite number of Members requested that the vote was recorded and it was ascertained that the following 5 Members voted **'For'** the motion:-

Councillor Jim Creamer
Councillor Kevin Greaves
Councillor David Martin
Councillor Michael Payne
Councillor Liz Plant

and the following 6 Members voted **'Against'** the motion:-

Councillor Reg Adair
Councillor Richard Butler
Councillor Dr John Doddy
Councillor Francis Purdue-Horan
Councillor Keith Walker
Councillor Martin Wright

The Chairman declared that the amendment was lost.

It was agreed that Dr Sullivan would send the results of the consultation to the Chair of the Committee well in advance of the meeting scheduled for 10 October 2017.

PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL - UPDATE

Richard Parker, Chief Executive; David Purdue, Chief Operating Officer; Anuja Natarajan, children's consultant and Idris Griffiths, Bassetlaw CCG attended the meeting for this item and highlighted the following points:

- The Paediatric Ward, A3, was closed at night from January 2017 on safety grounds due to the problems with securing adequate staffing resources. The situation regarding recruitment will be clearer in October once the latest round of Children's Nurses qualify in September.

During discussions the following points were raised:

- There are adequate numbers of supervisory staff available

- A number of initiatives are being used to attract staff including recruitment campaigns in the Philippines, India and Ireland

- There are 12 posts in the Ward, which has not changed its name, with 6 vacancies at present

- The closure is temporary and is not a cost saving exercise - the funding for posts is available, the cost of the staff being employed via an agency is even higher than employing own staff, overnight admissions are being paid for and there is the cost of the dedicated ambulance service

- Offering incentives was not seen as a solution to the recruitment problem, which is nationwide, and would just create challenges elsewhere

- Potential recruits are less willing to work nights and / or relocate than in the past and specific paediatric training is now required. Also, many prefer to

work in a larger unit to give them greater experience and enhance their career prospects

- Critically ill children have never been cared for in the Ward, they are transferred to units with the capability, usually directly

The Chairman thanked Richard and colleagues for their attendance at the meeting and an update report would be brought back to Committee on 10 October.

SHERWOOD FOREST HOSPITALS PERFORMANCE UPDATE

Paul Moore and Peter Wozencroft attended the meeting for this item and Paul gave a presentation on the progress and continuing improvements made following the CQC inspection.

During the presentation, the following points were highlighted:

- The Trust was formerly in special measures and had lost the trust of stakeholders which lead to the partnership with Nottingham University

- Mortality rates were the greatest problem but with the employment of the new Chief Executive, Richard Mitchell, the rates started to come down, especially for septis

- Stroke care was also poor but is now one of the best in the country

During discussions the following points were raised:

- There is no complacency and there is still more to do

- Initiatives have been used to engage the workforce and change the culture

- Work is ongoing to increase the number of responses from patients

- The new Chief Executive, Richard, promotes the method of engagement and has challenged the leadership team to continue to improve

- The improvements made have happened at a time of no new funding for employees and cuts to expenditure so there is hope that improvements can be made in other areas without increasing expenditure

The Chair thanked Paul and Peter for their attendance and a further report would be brought to Committee In January.

HEALTH SCRUTINY ON PUBLIC HEALTH COMMISSIONED SERVICES

Barbara Brady from Public Health introduced the report which detailed the work of Public Health and sought guidance form Committee as to the relationship between Public Health and the Committee going forward.

During discussions the following points were raised:

- Work on a map showing the services provided throughout the County is underway and will be shared with Committee Members via Democratic Services when complete

- Adult Social Care and Health Committee receive quarterly reports containing end user results

- Barbara invited any interested Members to take part in visits

- Health Scrutiny Committee will receive three monthly reports on the work of the Public Health Department.

WORK PROGRAMME

The work programme was discussed and the following was agreed:

- A report on the East Midlands Ambulance Service (EMAS) be brought to Committee in October

- A report be brought to a future meeting of the Committee on the problems caused in Carlton by the closure of the Willows Medical Centre

- A report be brought to a future meeting of the Committee on the performance of pharmacies

- Members requested that they see the IVF consultation questionnaire at the earliest opportunity

The meeting closed at 1.10pm

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS WINTER PLAN

Purpose of the Report

1. To consider initial briefing on Sherwood Forest Hospital's winter plan.

Information and Advice

2. This year NHS England and NHS Improvement are seeking to be more aligned in order to better support local systems through the winter months. For the first time 2017/18 has seen formal winter planning starting in July, with final local plans to be submitted in early September. In order to ensure local systems have sufficient time for proper planning and discussion with partners assurance dates have been set up for the entire winter period with general resilience plans right up to Easter.

3. In developing their overarching winter plans, Local A&E Delivery Boards have been asked to prioritise the following:

    - Demand and capacity plans
    - Front door processes and primary care streaming
    - Flow through the urgent and emergency care pathway
    - Effective discharge processes
    - Planning for peaks in demand over weekends and bank holidays
    - Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow

4. Denise Smith, Acting Chief Operating Officer and Peter Wozencroft, Director of Strategic Planning will attend the Health Scrutiny Committee to provide briefing and answer questions.

5. Members may wish to schedule further briefing early next year in order to examine the Trust's winter performance.

RECOMMENDATION

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

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

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Focus on Improving Patient Flow
Best Practice Guide

Electoral Division(s) and Member(s) Affected

All

Overview and Scrutiny Committee
Winter Plan Briefing

1. Introduction

This paper sets out the proposed plans to manage the increase in demand during the winter period, for planning purposes this will be from 1 November 2017 to 6 April 2018.

2. Aim

The overarching aim of the winter plan is to ensure there is sufficient capacity to meet predicted demand, maintain patient safety and patient flow.

3. Objectives

The key objectives of the winter plan will be to:

- Work with local primary, community and ambulance service providers to ensure alternatives to attendance and admission are available
- Increase ED and assessment capacity to meet peaks in demand
- Maximise ambulatory emergency care to maintain optimal admission conversion rates
- Increase medical inpatient bed base to minimise / eliminate medical outliers
- Maintain effective discharge processes and minimise delayed transfers of care
- Minimise the impact on elective activity

4. Actions

Emergency Department
Additional medical staff from early evening to the early hours of the morning
Additional health care staff to support transfers from the department to inpatient areas

Assessment areas
Increase capacity within the emergency assessment unit

Alternatives to admission
Increase capacity within the ambulatory emergency care unit

Inpatient bed base
Increase the medical inpatient bed base by a minimum of 24 beds
Maintain the sub-acute inpatient bed base at Mansfield Community Hospital and Newark Hospital

Discharge
Open the discharge lounge at the weekend
Work with colleagues in community and social care to minimise delayed transfers of care
Increase patient transport services
Increase junior doctor support to provide timely take home medication

General
Additional duty nurse manager from late afternoon to midnight, 7 days a week

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS WINTER PLAN

Purpose of the Report

1. To consider initial briefing on Nottingham University Hospital's winter plan.

Information and Advice

2. This year NHS England and NHS Improvement are seeking to be more aligned in order to better support local systems through the winter months. For the first time 2017/18 has seen formal winter planning starting in July, with final local plans to be submitted in early September. In order to ensure local systems have sufficient time for proper planning and discussion with partners assurance dates have been set up for the entire winter period with general resilience plans right up to Easter.

3. In developing their overarching winter plans, Local A&E Delivery Boards have been to prioritise the following:

    - Demand and capacity plans
    - Front door processes and primary care streaming
    - Flow through the urgent and emergency care pathway
    - Effective discharge processes
    - Planning for peaks in demand over weekends and bank holidays
    - Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow

4. Senior representatives of the Trust will attend the Health Scrutiny Committee to provide briefing and answer questions. A written briefing from the Trust is attached as an appendix to this report.

5. Members may wish to schedule further briefing early next year in order to examine the Trust's winter performance.

RECOMMENDATION

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

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

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Focus on Improving Patient Flow
Best Practice Guide

Electoral Division(s) and Member(s) Affected

All

System plans for Winter & our shared commitment to improving emergency patient care

Caroline Shaw, Chief Operating Officer, NUH

Nikki Pownall, Programme Director, Urgent Care, NHS Nottingham City CCG

September 2017

- Performance
- Quality & safety monitoring
- System plan for Winter
- Ongoing challenges
- Emergency Care Improvement Programme (ECIP) progress
- Discharge to Assess
- Looking ahead

- Questions

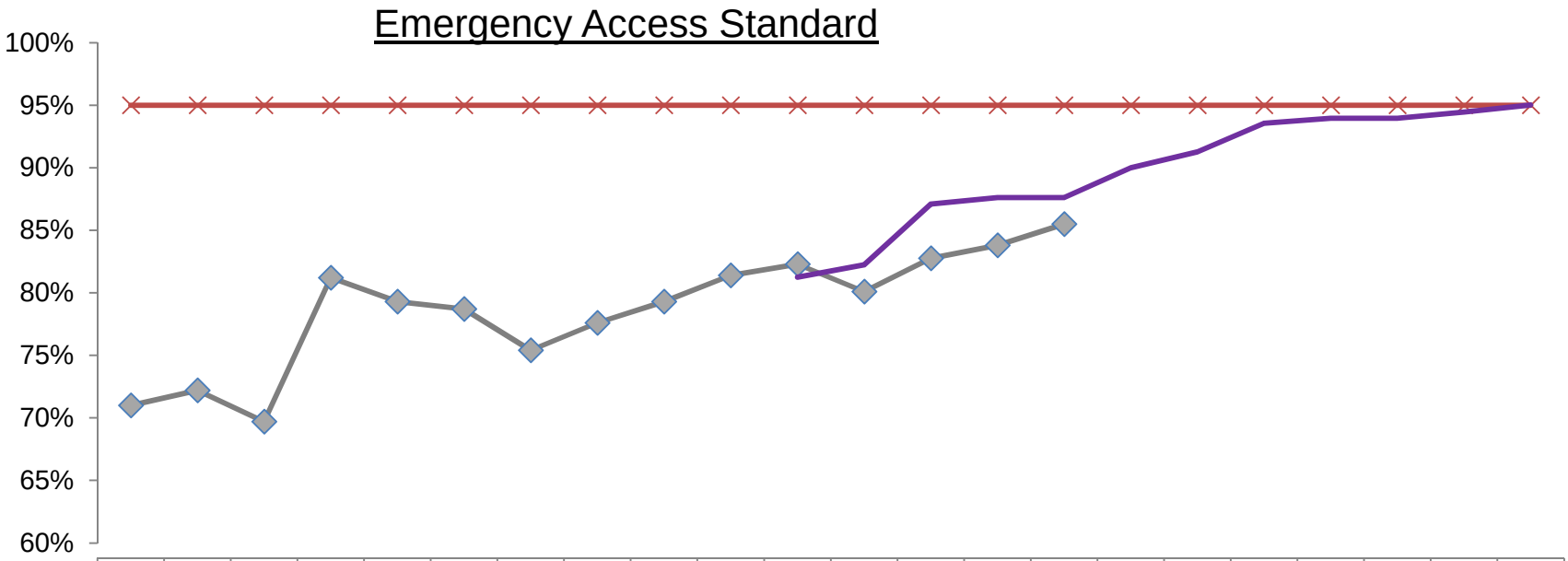
System performance

- Standard: at least 95% through ED in <4hrs

- 16/17: 76.6%

  2017/18 Q1: 81.69%
  July 2017: 83.8%
  August 2017: 85.5%

Patients through NUH ED in <4 hrs



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Performance	71.0	72.2	69.7	81.2	79.3	78.7	75.4	77.6	79.3	81.4	82.3	80.1	82.8	83.8	85.5							
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
STF Trajec.											81.2	82.2	87.1	87.6	87.6	90.0	91.2	93.5	93.9	93.9	94.4	95.0

SFT trajectory: NUH is entitled to national funding (called Sustainability & Transformation Funds) each quarter if the agreed STF trajectory is achieved. The Trust lost £500,000 in Quarter 1 for falling below the agreed trajectory. This money cannot be recovered. The Trust is required to achieve 90% performance in Quarter 2 to receive the STF monies.

Quality, safety & performance monitoring

- 6 patients had 12 hr trolley waits in 16/17 (9 in 15/16; 0 17/18 to date)
- RCA on all waits >8hrs

- Board & Quality Assurance Committee oversight (incl. Mortality rates)
- Strong patient experience scores (Friends & family Test scores remain among strongest in peer group)

- A&E Delivery Board – oversees system's urgent & emergency care performance

External viewpoint

- CQC urgent & emergency care inspection (2016) – ‘requires improvement’

‘Good’ for Caring

Described improvements were required notably:

- Streaming at front door
- Named nurses for patients in middle of Blue Area
- Tackling overcrowding in ED

- Emergency Care Improvement Programme (ECIP)

System progress (1)

Improving assessment & access for patients

- Strengthened front door streaming (GP-led primary care service, 7 day service, 8am-midnight
- Supported Transfer of Care Team working at the front door
- Older People's Assessment Unit (preventing circa 10 admissions a week)

System progress (2)

More consistent internal processes (NUH)

- Using technology to manage beds in real-time
- Improved ambulance handover times
- Updated Management of Patient Flow Policy
- End PJ Paralysis/ED Fit2sit
- Red & green days

System progress (3)

Discharge to Assess

- From 1 October - no patients will be assessed for their post-hospital care needs within NUH
- Patients who are medically fit to be transferred from NUH will be treated & and assessed for continuing health and social care in either their own home or a different less acute health/ social care facility

System winter plan (1)

Anticipate and assess

- Modelling winter demand
- Discharge to Assess (from Oct)
- Additional care packages, increased community assessment capacity and additional community beds (same commissioning specification)

Prevent

- Resilience actions (investment in out of hospital care)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing

System winter plan (2)

Prepare

- Hospital capacity (30 additional respiratory beds; balancing pressurised elective pathways);
- Christmas and New Year (perfect week)

Respond and recover

- Escalation triggers and implementing actions; business continuity; governance

Ongoing challenges

1. System Demand vs Capacity
2. Staffing (ED) - particularly medical staff
3. Environmental constraints (overcrowding)
4. Consistency of internal processes
5. Delays stepping down medically fit patients

Tomorrow's NUH: the future

- Emergency Department at QMC that was designed for 350 patients daily, now sees 550 daily (sometimes 600+)
- Need an ED & urgent care facilities that are the right size and design to meet demand now and that we anticipate in the future
- We are developing a series of business cases, and will prioritise the case for a new urgent and emergency care centre

Questions

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW HOSPITAL UPDATE

Purpose of the Report

1. To consider the latest information on the performance of Bassetlaw Hospital including paediatric admissions and recruitment.

Information and Advice

2. The Health Scrutiny Committee last received information from Doncaster and Bassetlaw NHS Foundation Trust on 25 July, when Richard Parker, Chief Executive, David Purdue, Chief Operating Officer and Idris Griffiths, Chief Officer, Bassetlaw CCG explained that the Paediatric Ward had been closed to admissions at night from January 2017 on safety grounds due to staffing resources. The committee also heard that the Trust experienced some difficulty recruiting, but did not feel that offering incentives was the solution to the recruitment problem.

3. Senior representatives of the Trust and the commissioners will attend this meeting of the Health Scrutiny Committee to provide information and answer questions. A written briefing from the Trust is attached as an appendix to this report. In addition to detailing the current staffing position, the briefing also covers the national workforce picture and highlights that there are approximately 40,000 registered nursing vacancies – with, significantly, 22% of all reported hard-to-fill vacancies (vacant for over three months) in the fields of learning disabilities, mental health and children's nursing.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.
2) Identify requirements for further information.
3) Schedule further consideration, as 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

NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Briefing

September 2017

Paediatric Admissions at Bassetlaw Hospital (A3)

Background

As a result of significant gaps in the rotas required to support safe and sustainable medical and nursing cover for paediatrics at Bassetlaw Hospital, a challenge for trusts both locally and nationally, a decision was taken early in 2017, in conjunction with NHS Bassetlaw Clinical Commissioning Group, to close to overnight admissions on Ward A3 until appropriate cover could be provided.

Following the closure of the beds the staffing levels allowed for the provision of a Children's Assessment Unit, open to 8am to 10pm seven days a week, and the provision of additional nursing support to the Emergency Department available 24/7.

As part of the changes we enhanced our day services and a paediatric consultant is on site until 6pm, and junior paediatric medical staff are on site 24 hours per day to support the Emergency Department and the Maternity Service. This means that any children presenting at the Emergency Department continue to be seen and offered the necessary treatment at Bassetlaw Hospital or transferred for admission to Doncaster Royal Infirmary if required.

Historical data from the Ward A3 indicated that a small number of children would require transfer to Doncaster Royal Infirmary however, this has been higher than expected with an average of 13 children per week transferred in the first three months, reducing to eight per week in more recent months*. All transfers are undertaken by private ambulance.

All acutely unwell children continue to be transferred direct to Sheffield Children's hospital by EMBRACE (as has always been the case in both Bassetlaw and Doncaster).

The National Workforce Picture

Nursing

The challenges we are facing in recruiting and retaining staff is not unique to the local area. In December 2016 The Royal College of Nursing published the report 'RCN Safe and Effective Staffing: The Real Picture' which highlights that there are approximately 40,000 registered nursing vacancies in England. As part of that report nearly a quarter of all NHS Trusts reported a registered nurse vacancy rate of over 15%, and over a third of trusts reported a Band 5 vacancy rate of over 20%.

Significantly 22% of all reported hard-to-fill vacancies (hard to fill is defined as vacant for over three months) are in the fields of learning disabilities, mental health and children's nursing.

Medical workforce

The national staffing challenge is not exclusive to nursing; there are also significant challenges for the paediatric medical workforce. There are currently an estimated 241 whole time equivalent (WTE) career grade vacancies (133.4 WTE consultant, 57.5 WTE Speciality and Associate Specialist, and 50.5 WTE other non-training grades).

The Royal College of Paediatrics and Child Health (RCPCH), *Facing the Future* identifies that at least 752 WTE extra consultants are required to meet the specialist services standards 2,3,4 and 5 (see appendix A for a link to the full report and details on the standards).

Applicants for Specialist Training (ST) 1 training in paediatrics fell from 800 in 2015 to 580 in 2017 (an overall fall of 27.5%). The paediatric training fill rate at ST1 and ST2 levels in 2016 was 92% in England and 100% in Scotland, Wales and Northern Ireland. In 2017 recruitment into ST1 posts following the first interview round resulted in an overall fill rate of 83%; this poor fill rate necessitated the RCPCH re-advertising ST1 posts and running a second round of interviews for the first time ever. There was a marked regional variation in initial fill rates, with the worst affected regions being Yorkshire & Humber (49%), East Midlands (56%), East of England (56%) and West Midlands (60%).

We are not the only service to have felt the impact of the national staffing pressures. In the year to September 2015, shortages of nurses and/or doctors led to periods of closure to new admissions by 31% of paediatric inpatient units and 41% of neonatal units**

Bassetlaw nurse staffing position

In summer 2016 the service experienced significant issues with nursing sickness on Ward A3 and the Special Care Baby Unit (SCBU) at Bassetlaw Hospital, and in the Neo natal unit (NNU) and Children's Ward (CHW) at Doncaster.

This was addressed by closing the CHW at Doncaster, caring for all patients on the Children's Observation Unit (CHOU). On occasions to ensure children's services were not closed to admissions a small number of beds with reduced staffing were opened on CHW.

Ward A3 was fully established with registered nurses throughout August, September and October 2016 and the first gap in nursing establishment on the ward was in November 2016 (0.44)

A full time Band 5 Staff Nurse based at Doncaster transferred to Bassetlaw initially on a temporary basis to support sickness in January 2016 and then moved to A3 on a permanent basis in May 2016 due to another member of staff leaving.

In 2016 as part of 'Our Nurses are Fab' recruitment drive we advertised for trained and newly qualified Children's Nurses. From our initial advertisement we offered interviews to five applicants, all declined to attend the interview.

That year our staffing position continued to deteriorate as one member of staff from A3 (0.8wte) commenced maternity leave in October, two members of staff (1.8wte) retired and 1 member of staff (1wte) left the organisation following maternity leave due to a change in personal circumstances. The impact of these changes to staffing meant that the off duty for A3 could no longer be covered by the Doncaster site.

We followed this with another advert specific for paediatric nursing positions in Bassetlaw. One applicant was successful but unfortunately withdrew before commencing in post.

In January 2017 to support staffing levels at Bassetlaw a staff nurse based at Doncaster transferred to A3, initially on a six month rotation and subsequently decided to stay permanently on A3. However in the same month a 0.8wte staff nurse commenced maternity leave.

Following a host of recruitment drives in the year through NHS jobs, national adverts placed in the Nursing Times journal (at the cost of £2,400 per advert) and using a specialist nursing recruitment agency, we interviewed and offered the following posts:

- A3 (CAU): 4 posts offered (4wte) – one nurse withdrew and one nurse did not complete the training and will receive a new completion date
- CHOU: 2 posts offered (2wte) – one nurse withdrew
- Children's Ward: 2 posts offered (2wte) – one nurse withdrew
- SCBU: 3 posts offered (3wte) – two nurses withdrew and one did not complete training and will receive a new completion date

Of the four nurses recruited, two are based at Bassetlaw Hospital. They began in their positions on 18.09.2017 as newly qualified nurses, and will be live on the professional register in mid-October, requiring support until then.

Unfortunately, despite the positive recruitment drives our overall position on A3 is unimproved as we have received formal notice of resignation from two members of nursing staff on ward A3.

From the most recent advert in the Nursing Times and using the targeted agency we have received an additional 16 applicants, however given the dropout rates we have experienced we anticipate the overall position against the winter bed plan is unlikely to improve.

Overall Bassetlaw paediatric staffing

Medical rotas		
	2016/17	**2017/18**
Consultant shared rota	4 gaps	Three consultants appointed due to commence in the next six months
Middle grade	No vacancies	From February 2018 3 gaps in the trainee rota
Junior rota	40% vacancy (two out of five posts)	One GP trainee
Nursing rotas		
Band 7	0.1 wte	0.1 wte
Band 6	0 wte	0.8 wte
Band 5	4.05 wte	4.14 wte
Total vacancies	**4.15 wte**	**5.04 wte**

Conclusions and next steps

It is not clinically safe to re-open the Children's Ward at night without the necessary qualified paediatric staff, and following recruitment drives the position is unimproved.
After nine months it is evident that there is no short term solution to resolve the staffing position and the closure to admissions overnight is no longer temporary. We need to ensure that stable arrangements are in place ahead of the winter period to ensure a quality, safe and consistent service.

A review of paediatric services across South Yorkshire and Bassetlaw is needed to ensure the best response possible to the widespread staffing shortages. Work at this larger scale will provide the best opportunity to secure the best paediatric services for Bassetlaw residents.

NHS Bassetlaw CCG, with support from DBTH, propose to have wide engagement with the public, Health Scrutiny Committee, Bassetlaw District Councillors and other stakeholders,

regarding the challenges faced and potential options for the paediatric service at Bassetlaw in the context of the services across South Yorkshire and Bassetlaw.

Independent specialist advice on the current model will be sought to ensure it is the optimum model pending the outcome of the South Yorkshire and Bassetlaw review.

Notes/ references

* Position at the time of reporting for the last four weeks in August

** Reference State of Child Health: The Paediatric Workforce (p3)
http://www.rcpch.ac.uk/sites/default/files/user31401/2015%20RCPCH%20Workforce%20short%20report%20%28State%20of%20Child%20Health_The%20Paediatric%20Workforce%29.pdf

Appendix A

The Royal College of Paediatrics and Child Health (RCPCH), *Facing the Future* can be found on the following link:
http://www.rcpch.ac.uk/sites/default/files/page/Facing%20the%20Future%20Together%20for%20Child%20Health%20final%20web%20version.pdf

The standards are:

Standard two: Each acute general children's service provides a consultant paediatrician-led rapid-access service so that any child referred for this service can be seen within 24 hours of the referral being made.

Standard three: There is a link consultant paediatrician for each local GP practice or group of GP practices.

Standard four: Each acute general children's service provides, as a minimum, six-monthly education and knowledge exchange sessions with GPs and other healthcare professionals who work with children with unscheduled care needs.

Standard five: Each acute general children's service is supported by a community children's nursing service which operates 24 hours a day, seven days a week for advice and support, with visits as required depending on the needs of the children using the service.

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CHATSWORTH WARD, MANSFIELD COMMUNITY HOSPITAL (NEURO-REHABILITATION)

Purpose of the Report

1. To consider an initial briefing on changes to the delivery of services at the Chatsworth Ward at Mansfield Community Hospital.

Information and Advice

2. Chatsworth Ward provides a specialised neuro-rehabilitation facility for patients recovering from trauma or suffering long-term neurological conditions. The ward has 16 beds, 5-6 of which are used for neuro-rehabilitation, and the rest for general rehabilitation.

3. Sherwood Forest Hospitals Trust (SFHT) has identified that the ward does not meet the accreditation criteria for neuro-rehabilitation, being unable to recruit suitable specialist medical, nursing and ancillary staff and is therefore relying on locums. SFHT has informed the commissioners that the service is not sustainable, and initially advised of their intention to withdraw the service from 1st November 2017. Further to discussions with Mansfield and Ashfield Clinical Commissioning Group (CCG) the date is now flexible and depends on alternative services being put in place.

4. At a meeting with patients, carers and staff in August concerns were expressed, especially since at this early stage the CCG was unable to confirm the likely nature of the alternative provision. There will be a period of engagement with patients and carers, rather than a wider public engagement.

5. Mansfield and Ashfield/Newark and Sherwood CCG representatives attending the Health Scrutiny Committee for this item will be Sally Dore, Head of Communications and Engagement, Lucy Dadge, Chief Commissioning Officer and Sian Clark, Project Managing Neuro Rehabilitation.

6. A briefing from the CCG is attached as an appendix to this report.

7. The Health Scrutiny Committee is invited to consider and comment on the information provided, as well as determining what further information is required. If the Health Scrutiny Committee believes that this change amounts to a substantial variation of service, then ultimately the committee will need to determine if the change is in the interests of the local health service.

RECOMMENDATION

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

2) That the Health Scrutiny Committee schedules further consideration of this issue.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Report for the

Health Scrutiny Committee

Chatsworth Ward

Specialised Neuro-rehabilitation services

October 2017

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

1. Introduction

As part of the Better Together Transformation Programme, since 2014 our communities have increasingly been able to access more care closer to home. Patients have also been able to return home from a period of hospital care more quickly and with personalised support to help them back to independence. This has arisen as result of significant investment in integration of local services in recent years and is a direction of travel that is welcomed by service users. There is a significant body of national and international evidence to suggest that supporting citizens and their carers to receive care out of hospital, wherever feasible, has the best social and clinical outcomes.

As a local health and social care economy, we now need to ensure that this approach continues to provide the best care, first time for our local population and within available resources. The Mid Nottinghamshire Alliance of health and social care commissioners and providers is committed to meeting this challenge by working together, offering greater integration of services and looking at new different ways of doing things to continue to best meet the needs of our communities.

2. Current Position

This paper aims to outline the position in relation to specialised neuro-rehabilitation services currently provided on Chatsworth Ward at Mansfield Community Hospital.

Sherwood Forest Hospitals NHS Foundation Trust has declared an intention to withdraw from the provision of specialised neuro-rehabilitation services at Chatsworth Ward. This is due to a number of factors related to clinical sustainability and is not a financially driven decision. The Trust has had difficulties in recruiting the clinical staff needed to secure the future of the service and deliver a comprehensive neuro-rehabilitation service. These factors, combined with a reducing need for these services within a hospital setting has led the Trust to conclude that it is not viable in the medium and longer term to offer the range of services currently available on Chatsworth ward. However, we have agreed that the Trust will maintain the services until an alternative range of services can be procured. This is not a commissioning decision, although Mansfield and Ashfield Clinical Commissioning group (CCG) supports the decision.

The CCG will now undertake a comprehensive review and include all stakeholders, in order to inform our future commissioning intentions.

3. Chatsworth Ward

Chatsworth Ward is situated in Mansfield Community Hospital; it is a 16 bedded unit that cares for patients with neuro-rehabilitation needs.

Specialised rehabilitation is defined on three main levels (see appendix 1 for more detail)

Level 1Tertiary 'Specialised' Rehabilitation Services:
Are high cost / low volume services, which provide for patients with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1-5 million through specialised commissioning arrangements. These services are sub-divided into:

- Level 1a for patients with high physical dependency
- Level 1b mixed dependency
- Level 1c mainly walking wounded patients with cognitive/behavioural disabilities

Level 2Local (district) Specialist Rehabilitation Services:
Are led or supported by a Consultant trained and accredited in Rehabilitation medicine (RM), working both in hospital and the community setting. The specialist multidisciplinary rehabilitation team provides advice and support for local general rehabilitation teams.

Level 3Within Each Locality:
Local non-specialist rehabilitation teams provide general multi-professional rehabilitation and therapy support for a range of conditions within the context of acute services (including stroke units), intermediate care or community services.

There is now an opportunity to engage with those affected by this decision so that this can inform exactly the type of service that will meet the needs of people today and in the future.

The commissioners are working closely with the Trust to develop the care model. Those patients and families who currently use the ward can be assured that any change in service will be phased so that their current treatment and care will not be disrupted. Those on the ward who do not need specialised neuro-rehabilitation will continue to be cared for on other wards within the Trust.

Sherwood Forest Hospitals has confirmed that there will not be any staff redundancies, and is working closely with members of staff to give them as much choice as possible about where they work in the future.

4. Engagement

The CCG and Trust have met with patients, carers, staff and members of the 'We Are All Chatsworth' campaign group to listen to their concerns. We are planning further meetings over the coming weeks and months, to listen to patients and carers, to inform future commissioning decisions regarding neuro-rehabilitation. The CCG is committed to working with the Trust to understand the case mix and patient need. Working together, we will ensure individual patients are fully engaged in planning their future care, particularly where this may include an in-patient stay. A draft timeline can be found in appendix 2

5. Conclusions

The Health Scrutiny Committee (HSC) is asked to note the joint working underway between the Mid-Nottinghamshire CCGs and the Sherwood Forest Hospitals NHS FT to ensure the continued provision of the highest quality of care possible in the most appropriate setting for those patients who have historically received care on Chatsworth Ward at Mansfield Community Hospital. The CCGs will continue to update the HSC on the matters arising from Sherwood Forest Hospitals NHS FT decision to withdraw from providing the services, and also its future plans for commissioning specialised neuro-rehabilitation services for its citizens.

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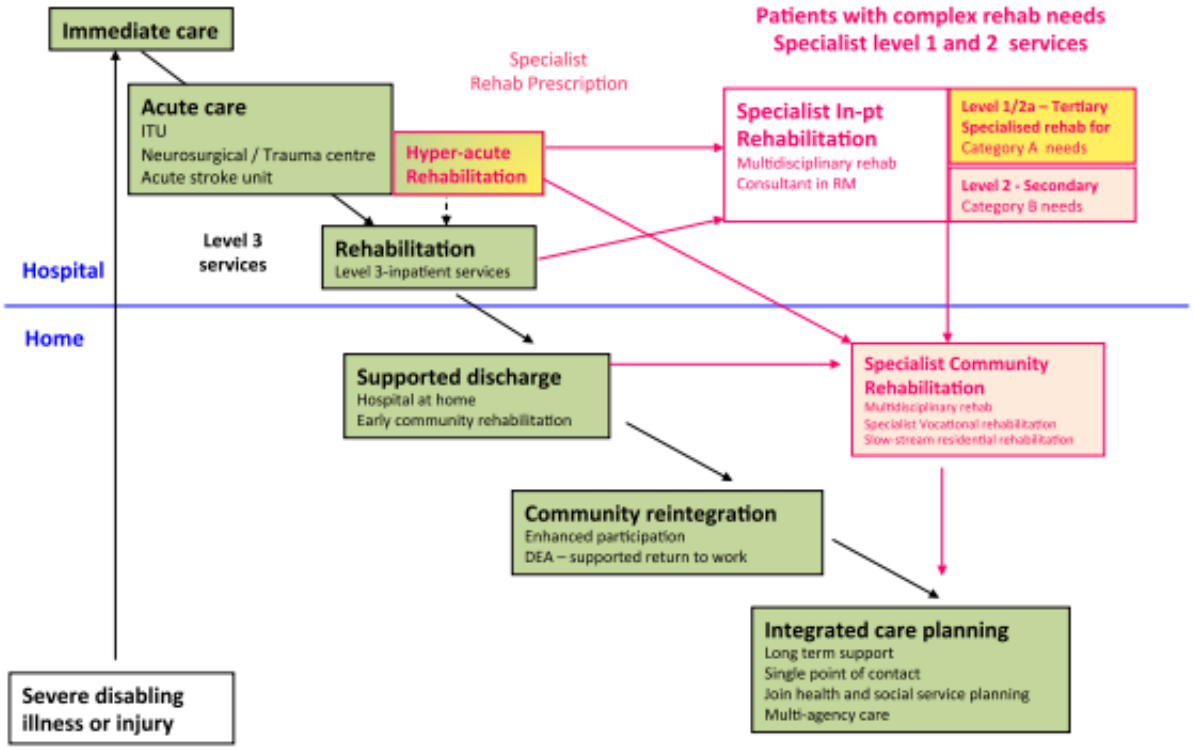
Appendix 1

Specialist neuro rehabilitation service standards

TERTIARY SPECIALISED REHABILITATION SERVICES- provided at regional / national level		
Level 1:	**Specialised rehabilitation services** Provided by specialised rehab teams led by consultants trained and accredited in the specialty of rehabilitation medicine (RM) (and/or neuropsychiatry):	
	Serving a regional or supra-regional population and taking patients with Category A needs – ie severe physical, cognitive communicative disabilities or challenging behaviours, with highly complex rehabilitation needs* that are beyond the scope of their local specialist rehabilitation services, and have higher level facilities and skilled staff to support these. Collect and report full National Specialist Rehabilitation Dataset	Catchment: 1-3 million Predominantly highly complex caseload: At least 85% pts have Category A needs on admission At least 70% pts with RCS-E score ≥11 cross-sectionally
LOCAL REHABILITATION SERVICES - provided at district level		
Level 2:	**Local (district) specialist rehabilitation services** Provided by inter-disciplinary teams led/supported by a consultant in RM, and meeting the BSRM standards for specialist rehabilitation services	
Level 2a	Led by consultant in RM. Serving an extended local population in areas which have poor access to level 1 services. Take patients with a range of complexity, including Category B and some Category A with highly complex rehabilitation needs* Collect and report full National Specialist Rehabilitation Dataset	Catchment: 600K-1 million Mixed caseload 50-80% Category A needs on admission 50-70% RCS-E score ≥11 cross-sectionally
Level 2b	Led/supported by a consultant in RM. Serving a local population, predominantly patients with Category B needs. Collect and report at least the minimum national dataset	Catchment: 250-500K Less complex caseload eg 30-50 % Category A needs on admission 30-50% RCS-E score ≥11 cross-sectionally
Level 3:	**Local non-specialist services.** Includes generic rehabilitation for a wide range of conditions, provided in the context acute, intermediate care and community facilities, or other specialist services (eg stroke units)	
Level 3a	Other specialist services led or supported by consultants in specialties other than RM - eg services catering for patient in specific diagnostic groups (eg stroke) with Category C needs. Therapy / nursing teams have specialist expertise in the target condition	
Level 3b	Generic rehabilitation for a wide range of conditions, often led by non-medical staff, provided in the context acute, intermediate care and community facilities, for patients with Category D needs	

*Defined by Rehabilitation Complexity / Northwick Park nursing and Therapy Dependency Scores – see below for more detail

Figure 1: Pathways for rehabilitation following illness or injury



Appendix 2

Draft Timeline

July

- 21st July – CCG informed of Sherwood Forest Hospital Foundation Trust (SFHFT) intentions

August

- 1st August – CCG receive Sherwood Forest Hospital Foundation Trust (SFHFT) Business case
- 15th August – CCG receive Equality and Impact Assessment from SFH
- 17th August – Patient and Representation Campaign Group meeting

Sept

- 1st September – Activity data analysis report and weekly monitoring in place in daily assessment of levels of Care assessed against peers
- 5th September – Starting Service analysis (current pathways) and review of best practice guidelines and accreditation standards
- September – Clinical interviews to inform decisions and pathway options
- 12th September – HSC report

Oct/Nov

- 1st October – Commissioning Intentions report options Draft with continued input from stakeholders
- October – full Equality impact Assessment undertaken by the CCG
- 4th October – Patient and Representation Campaign Group meeting
- October/Nov – Finalised report with Governance sign off

Dec

- Start Procurement of agreed new service option and continued communication with patients and staff

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

EAST MIDLANDS AMBULANCE SERVICE – PERFORMANCE INFORMATION

Purpose of the Report

1. To consider the latest performance information from the East Midlands Ambulance Service (EMAS), including new performance requirements, with an additional focus on the difficulties the Trust faces when handing over patients at Emergency Departments.

Information and Advice

2. This is the first time that EMAS has presented briefing to the Health Scrutiny Committee in recent years.

3. Two senior representatives of EMAS, Wendy Hazard, Ambulance Operations Manager Nottinghamshire Division and Keith Underwood, Ambulance Operations Manager Nottinghamshire will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.

4. The committee may wish to focus on the actions that the Trust plans to take following its Care Quality Commission (CQC) inspection earlier in the year when it was rated as 'requires improvement' across a range of domains, including: Safe, Effective and Well-led. Members might also wish to explore the extent to which EMAS experiences difficulties and delay in Nottinghamshire handing over patients to emergency departments, and the extent to which this impacts on performance figures.

5. A written briefing from the Trust is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee consider and comment on the information provided.

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

East Midlands Ambulance Service NHS Trust

Nottinghamshire division update

Wendy Hazard – Ambulance Operations Manager – Nottinghamshire Division

Keith Underwood – Ambulance Operations Manager – Nottinghamshire Division

2016/17 overview

- 2016/17 was a real challenge across NHS and Social Care services.
- Independent capacity and demand review.
- Findings of review influenced contract agreement for 2017/18 allowing for further investment in our service.
- We continue to progress our improvement plans, including proactively recruiting to our frontline and investing in new ambulances to expand our fleet.

Care Quality Commission (CQC)

- CQC inspected EMAS November 2015 and published its report May 2016.

- We progressed our Quality Improvement Plan, and the CQC came back to EMAS February 2017. In March the CQC published its follow-up report:

  - **Overall CQC rating** 'requires improvement'

  - **Safe**: improved from 'inadequate' to 'requires improvement'

  - **Effective**: remained 'requires improvement'

  - **Well-led**: remained 'requires improvement'

  - **Caring** and **Responsive**: remained 'good'

Responsive

- Recruited 352 operational and EOC staff and 27 international Paramedics
- Career progression opportunities offered.
- Recruitment taster session held in Nottinghamshire April 2017
- Reviewed and strengthened our emergency resilience, following the devastating and tragic attacks in Manchester and London.

Responsive

- 57 new double crewed ambulances delivered 2016/17 (*20 in Nottinghamshire*).
- 164 new defibrillators on our vehicles during 2016/17, and 127 this year.
- New Electronic Patient Report Form solution (ePRF) – over £3million investment. (*Nottinghamshire now live*)
- Plans agreed with Commissioners for long-term strategic review to support greater patient care focus and Sustainability & Transformation Plans alignment.

Ambulance Response Programme (ARP)

- After the largest clinical ambulance trials in the world, NHS England is implementing new standards for English services.

- Evidence shows the changes are safe; no safety issues identified in more than 14 million 999 calls handled over the 18 month trials.

- New system updates a decades old system, providing a strong foundation for the future:
  - prioritising the sickest patients to ensure they receive the fastest response, and
  - driving efficient behaviours to give greater opportunity for the patient to get a response in a clinically appropriate time.

- EMAS introduced ARP 2.3 on 19 July 2017.

Ambulance Response Programme (ARP)

Category	Definition	National Standard
Category 1	An immediate response to a life-threatening condition. It is only used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest.	7 minutes mean response time 15 minutes 90th centile response time
Category 2	For a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.	18 minutes mean response time 40 minutes 90th centile response time
Category 3	For urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting..	120 minutes 90th centile response time
Category 4	For a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2, 3 or 4 hours 4 hours (GP to confirm).	180 minutes 90th centile response time

Local Developments

- Remodel management team for progression and staff access
- Working with NUH, SFHT and BDGH to improve handovers in times of pressure
- Tactical Performance Office
- Rota Review to align with ARP
- Staff engagement
- Winter and Christmas planning underway

Thank you

Any questions?

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 9

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM TREATMENT CENTRE PROCUREMENT

Purpose of the Report

1. To introduce briefing on the procurement of the Nottingham Treatment Centre.

Information and Advice

2. Members will be aware that a wide range of day case services are delivered at the Treatment Centre, which is located on the Queens Medical Centre campus, by the independent company Circle Health. Circle's contract to provide these services expires in July 2018. Therefore, commissioners are already commencing the development of tender documentation, with the tender period expected to run December 2017/January 2018.

3. Senior representatives of the relevant Clinical Commissioning Groups will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.

4. Members are requested to identify further information that they might require, and schedule an appropriate time for further consideration of this matter.

RECOMMENDATION

That: the Health Scrutiny Committee:

1) Consider and comment on the information provided.
2) Identify requirements for further information
3) Schedule 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

Nottingham Treatment Centre Procurement

Introduction

The Circle Nottingham NHS Treatment Centre provides day-case services to the patients of Nottinghamshire, and wider. It is located on the same site as the Nottingham QMC campus. Circle Health is an independent company that runs hospitals, rehabilitation and health services in the UK.

It operates under a Standard NHS Acute Contract, providing a wide range of outpatient, inpatient, diagnostic and therapeutic services. The provider is paid on a national tariff basis, the same as any other NHS acute trust.

The current contract was awarded to Circle following a competitive procurement. It is currently within the last year, of its 5 year contract, and expires 27th July 2018.

The total contract value for the 2017/18 Circle contract is £67,102,160, across 13 specialities, Greater Nottinghamshire and 16 commissioners outside of the Nottingham area i.e. Derbyshire and Leicestershire. Half the contract value relates to Greater Nottingham CCGs.

With the contract expiring there is a legal requirement of CCGs to procure services which meets the required laws, guidance and standards.

The purpose of this paper is to ensure that the OSC are fully informed of the procurement.

Current Contract

The services currently provided are listed below. Patients referred to the treatment centre will begin their journey with outpatient appointments with assessment and investigations, through to treatments, day case surgical procedures, and follow up appointments.

Day case procedures are admitted electively during the course of a day with the intention of receiving care who does not require the use of a Hospital Bed overnight and who returns home as scheduled.

Specialities within the Treatment Centre	
Cardiology	Hepatology
Clinical Neurophysiology	Occupational Therapy
Colorectal	Pain Management
Dermatology	Physiotherapy
Diagnostic Imaging	Respiratory Medicine
Dietetics	Respiratory Physiology
Endocrinology	Trauma and Orthopaedics
Gastroenterology	Urology
General Surgery	Vascular
Gynaecology	

The Treatment Centre building does not belong to Circle, it goes with the contract, and ultimately owned by the secretary of state, similar to other NHS estate. Whoever runs the treatment centre contract from the building is responsible for all maintenance and repairs. If the building became vacant for whatever reason, CCGs would be liable for the costs. Due to the nature of this arrangement, CCGs will be insisting that the preferred bidder provides services from the treatment centre location.

Anticipated Impact to patients

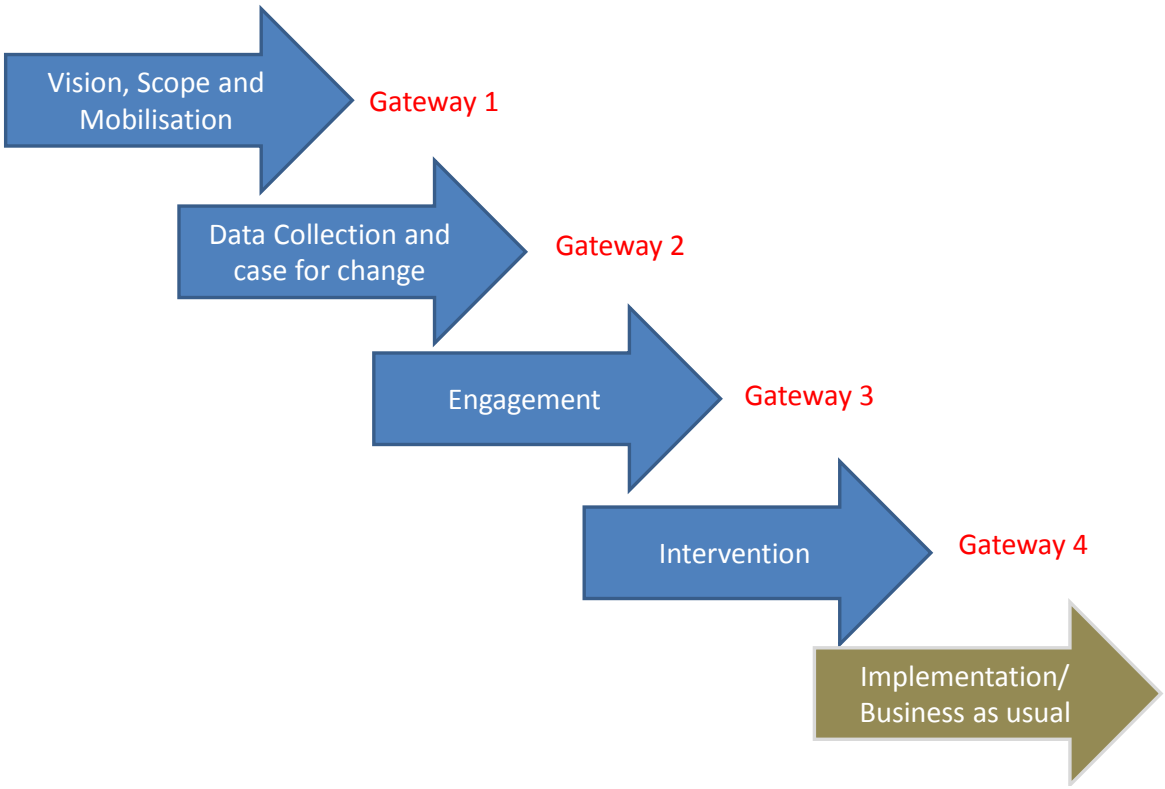
The Equality and Quality Impact Assessment will be regularly updated and reviewed in line with the below governance structure. At this early stage, it is felt that the re-procurement will have minimal impact to patients in terms of access to the different specialities, and location of services within Greater Nottinghamshire.

The contract is expected to be outcome based, and therefore focussing on the clinical outcomes and experience for patients.

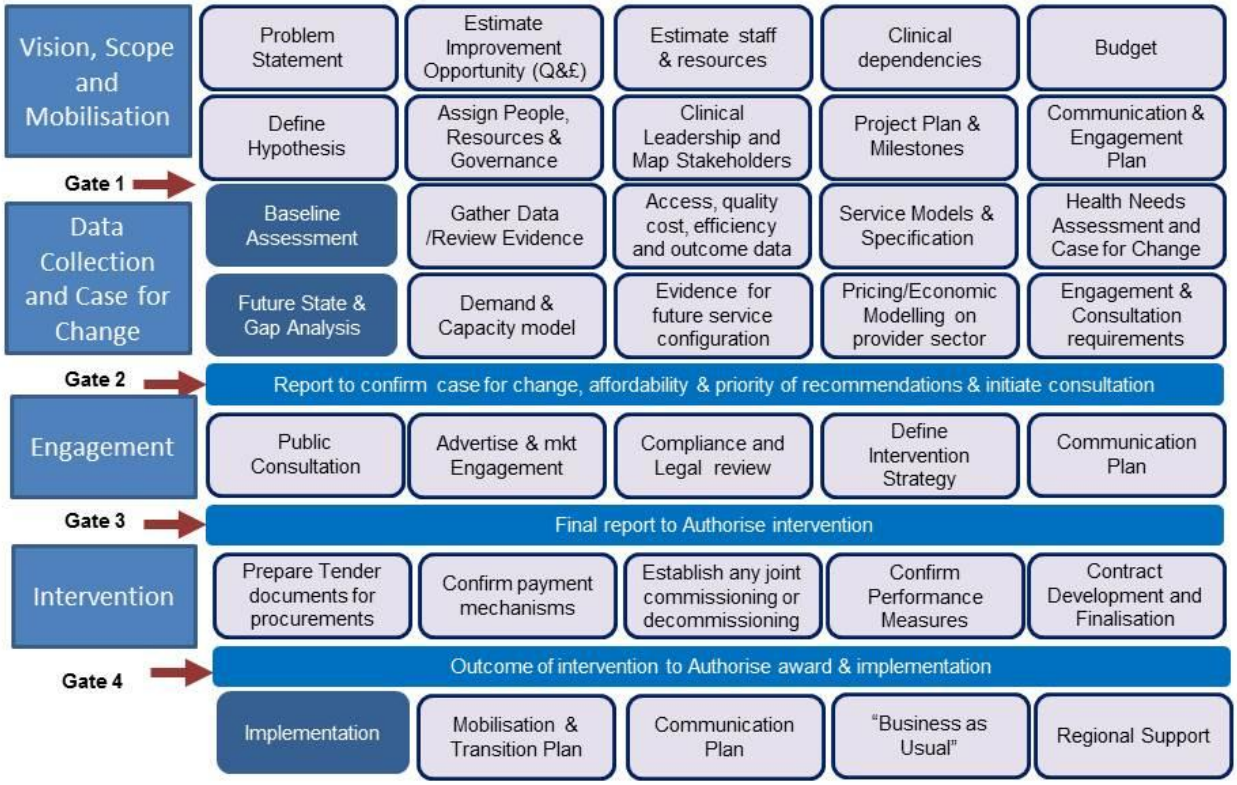
Procurement Process

The following procurement approach has been chosen for commissioning the service across the 4 CCGs. CCGs will ensure that the relevant gateways are signed off in line with the agreed governance process (explained below).

Work Process Methodology – Governance Gateways

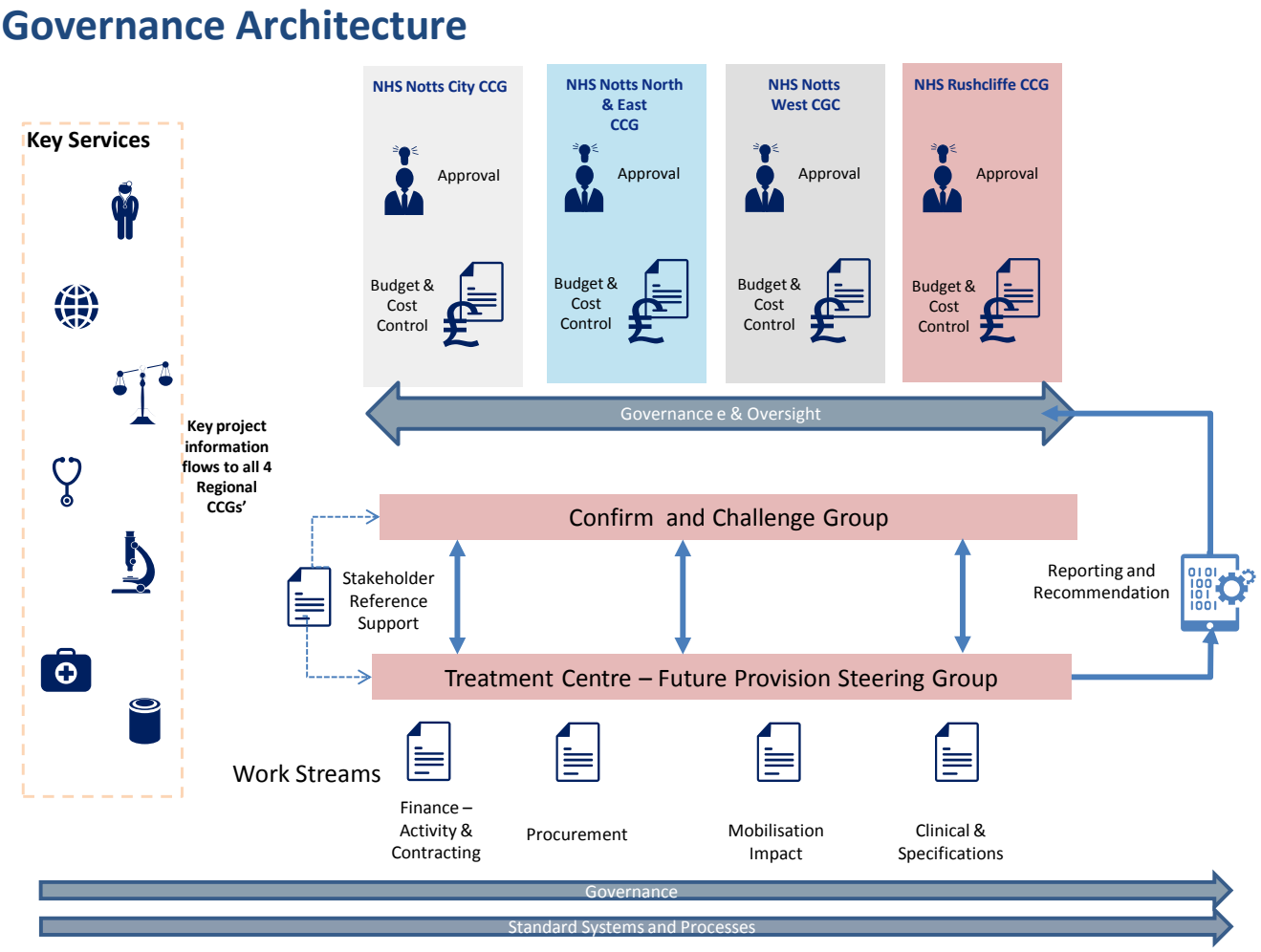


Work Process Methodology



Governance

In order to ensure a robust procurement is delivered, a formal governance structure has been implemented.



Steering Group has delegated authority from the respective CCG Governing Bodies to progress the procurement project plan and assess, approve/reject accordingly. The project group will provide overall assurance to the CCG Governing Bodies on the procurement exercise.

The Steering Group consists of Project Lead, Procurement Lead, Finance Lead, Clinical Lead, Quality Lead, and Lay/Patient Representative. Their role is as follows:

- To act as subject matter experts (supported by the specialist support resources below).
- To provide input into the development of the service specification, Invitation To Tender and associated documents, and have final sign off.
- To review and comment on project outputs.
- To develop evaluation criteria and weightings, and have final sign off.
- To evaluate Tender submissions, or delegate others as required.
- To attend Bidder debrief meetings as required.
- To maintain Project Risk Register.

Confirm and Challenge Group consists of Senior Responsible Officer, Clinical leads, CCG directors, and Lay/Patient Representative. Their role is to act as a confirm and challenge on decisions made by the steering group.

Finance, Activity and Contracting sub group will ensure commissioners determine the future commissioning plans, as well as contracting and payment mechanisms, for the services and activity currently undertaken by Circle within the associated building. CCGs focus will be on the provider achieving defined clinical and patient focussed outcomes, rather than the current process where providers are paid based on activity levels. CCGs expect to transform the way in which services are delivered, and this will be tested through the procurement process.

Mobilisation and Impact sub group has been established to support mitigate risk that we have identified through lessons learnt on other procurements/contracts. Their remit will be to focus on smooth transition of services. Areas covered will include: workforce, estate, equipment, transition of patients and patient records.

Procurement sub group will be responsible for the development of the tender documentation. They will also ensure that the CCGs engage with the market in terms of current providers, but also the wider market and potential bidders. Specific focus will be given on 'clinical' engagement, and an event will be inviting clinicians to workshop.

Legal representation will be present at any meeting subject to requirement.

Current draft timeframe

Tender Documentation Development	Examples include service specifications, contract arrangements/documentation, finance, activity, information and quality requirements, evaluation and scoring mechanism.	Sept/Oct/Nov 2017
Tender period	Bidders to develop and submit their proposal, in line with the Commissioner requirements.	Dec/Jan 2017/18
Tender evaluation	CCG clinicians and commissioners will evaluate the bids based on the pre-determined award criteria and scoring mechanism	February 2018
Contract award sign off/ bidders informed	Formal sign off by CCGs to award the contract to the preferred bidder.	March 2018
Mobilisation	Period for the provider to TUPE/recruit staff, and embed operationally.	April/May/June/July 2018
Contract Start	Provider will accept new referrals, and have transition plans for current patients.	July 2018

Recommendation

The OSC are asked to:

- Review with respect to the governance of the procurement process.
- Provide feedback on the process, including concerns in relation to patient care.

Tracey Duggan
Head of Commissioning
September 2017

Nottinghamshire County Council

Report to Health Scrutiny Committee

10 October 2017

Agenda Item: 10

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

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

Information and Advice

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

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

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

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

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 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