

## Membership

### Councillors

Colleen Harwood (Chairman)  
John Allin  
Steve Calvert  
Bruce Laughton  
David Martin  
John Ogle

### District Members

A	Glenys Maxwell	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

### Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Cllr J Bosnjak	Chair, Health & Wellbeing Board
Cathy Quinn	Associate Director of Public Health
Helen Scott	Public Health
Rick Dickinson	Doncaster & Bassetlaw Hospitals
Kay Darby	Central Notts Clinical Services (CNCS)
Karen Fisher	SFH - KMH
John Scott	SFH - KMH
Andrew Beardsall	Bassetlaw CCG
Carloyn Ogle	NHS England - North
Matt Doig	Sherwood Medical Practice
Melody Lindley	Underwood Surgery
Dr K Rajah	Underwood Surgery
Abid Mumtaz	Mansfields & Ashfield CCG
Jez Alcock	Healthwatch Nottinghamshire
Joe Pidgeon	Healthwatch Nottinghamshire

## **MEMBERSHIP OF THE COMMITTEE**

Councillor Steve Calvert had been appointed to the Committee in place of Councillor Kate Foale for this meeting only.  
Councillor David Martin had been appointed to the vacant Independent seat.

## **MINUTES**

The minutes of the last meeting held on 23 November 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

None

## **DECLARATIONS OF INTEREST**

Councillor David Martin declared a non pecuniary interest in agenda item 9 – Underwood Surgery closure.

## **THE WORK OF THE HEALTH & WELLBEING BOARD AND ACTIONS TO REDUCE HEALTH INEQUALITIES**

Councillor Bosnjak, Cathy Quinn and Helen Scott introduced a report which provided a summary of the work of the Health and Wellbeing Board (HWB) and how it was helping to improve health and wellbeing and reducing health inequalities for Nottinghamshire.

They explained that the purpose of the HWB was to build strong and effective partnerships which improved the commissioning and delivery of services across the NHS and local government leading to improved health and wellbeing for local people and that the HWB was now seen as a forum where people felt at ease challenging each other. They discussed the Joint Strategic Needs Assessment (JSNA) and how this was under continual review and also the Health and Wellbeing Strategy for Nottinghamshire which included 20 priorities. They explained that Health Inequalities was a huge and complex topic as there were many factors that affected health and wellbeing, all of which could contribute to health inequalities.

During discussion the following points were raised:

- A review of the Child and Adult Mental Health Service (CAMHS) was welcomed particularly the review of mental health and emotional wellbeing for young people and it was hoped that area based initiatives would help to influence young people in their lifestyle choices.
- Stakeholder events were held five times each year and would be useful events for Health Scrutiny members to attend and engage with HWB.
- On some occasions it made sense to work jointly with Nottingham City Council for example to explore local solutions to known workforce issues.

- Concern was expressed that local structures were not in place in every district and it was agreed that some areas were better than others and that the voluntary sector may provide access to more local groups.
- A list of work currently being undertaken by the HWB would be sent to the Chair for the committee to consider.

The Chair thanked Councillor Bosnjak, Cathy Quinn and Helen Scott for attending committee and contributing to the discussion on the work of the HWB.

## **QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES**

### **a) Doncaster and Bassetlaw Hospitals**

Rick Dickinson, Deputy Director of Quality and Governance, Doncaster and Bassetlaw Hospitals gave a presentation on their Quality Account priorities for 2016-17. He discussed the hospital's position for 2015-16 and highlighted the progress made towards each target. Mr Dickinson also discussed the additional priorities being considered for 2016-17.

During discussion the following points were raised:

- It was confirmed that the Never Event was at Doncaster Hospital and was reported to the appropriate authority,
- The Committee was pleased to see that the nurse staffing levels target of 97% had been achieved and was currently at 100%.
- The statistics in the presentation related to Doncaster & Bassetlaw hospitals as a whole, however Mr Dickinson offered to provide details for each individual hospital.
- A link would be provided for the CQC report for Bassetlaw Hospital
- Mr Dickinson said that priorities not achieved in 2015-16 would rollover to 2016-17
- Car parking was not an issue at Bassetlaw hospital; it was not considered expensive and concession schemes were available for particular patient groups.

The Chair thanked Mr Dickinson for his presentation and looked forward to receiving the draft Quality Account 2016-17 document.

### **b) Central Notts Clinical Services (CNCS)**

Kay Darby, Director of Nursing and Operations, CNCS gave a presentation which briefly outlined the work of CNCS. She drew Member's attention to the CQC Compliance report in December 2015 which showed that all key questions were rated 'good' and discussed the chosen priorities for 2016-17.

During discussion the following points were raised:

- Members felt the presentation was vague and would have liked to have seen statistics.
- Members were concerned that there had been a death through sepsis but the CQC assessment was good. Ms Darby explained that the CQC assessment

was an opinion on the day the assessment took place. Implementation of the Sepsis 6 tool was a priority for 2016-17 to ensure a standardised approach.

- Members requested more information on how the single door policy had worked during the winter pressures.

The Chair thanked Ms Darby for her presentation and discussion of priorities for CNCS in 2016-17 and requested that CNCS return to committee in March to update on winter pressures.

### **SHERWOOD FOREST HOSPITALS (SFH)– QUALITY IMPROVEMENT PLAN (KINGS MILL FOCUS)**

Karen Fisher and John Scott gave a presentation to update members on progress against improvements at SFH following the Care Quality Commission (CQC) inspection and particularly focused on Kings Mill Hospital (KMH).

A single Quality Improvement Plan had been produced which was a dynamic document that was continually refreshed to respond to issues as they arose. It provided the Trust with robust governance arrangements and programme support. Ms Fisher and Mr Scott discussed each of the ten work streams and confirmed that 96% of actions had been or were on plan to be delivered and 4% of actions had either missed the delivery date or had failed to deliver.

During discussion the following points were raised:

- The Trust were in the process of seeking a partner to help drive improvements forward and an announcement was expected in February 2016.
- Recruitment and retention was still an issue and there was a significant number of locum doctors. Having more permanent doctors in the hospital was key to delivery of safe care. Local campaigns, open days and return to practice initiatives had all been included in the strategy. There had been some success with recruitment from Europe and the Philippines. Alternative roles in clinical practice were also being considered.
- A strategy for improvements at Newark Hospital had been developed and included improving utilisation rates.
- Members expressed concern that only one of six governance issues had so far been addressed. Ms Fisher explained that another Acute Trust was providing support for governance and that she was confident that the new Director of Governance would move forward improvements at pace.
- Ms Fisher was confident that actions where deadlines had been missed would be back on track next month.
- The majority of care at KMH was good but there was too much variation. The focus was on being responsive, effective and safe as well as kind and compassionate. There was a drive on back to basics for staff to recognise good quality care across all five measures.
- Details of the accountable executive lead for each of the ten work streams would be provided.

The Chair thanked Ms Fisher and Mr Scott for their presentation and contribution to the discussion,

## **CHANGE IN THE ORDER OF ITEMS ON THE AGENDA**

The Committee agreed to take agenda item 9 – Underwood Surgery Closure – earlier in the agenda.

## **UNDERWOOD SURGERY CLOSURE**

Dr K Rajah, Melody Lindley and Abid Mumtaz introduced a report to consider the closure of Underwood Surgery which is a branch of Jacksdale Medical Centre and the proposal to transfer patients to the centre.

During discussion the following points were raised:

- Concern was raised that the patient consultation did not end until 31 January 2016 and it was not appropriate for the Committee to consider the proposal prior to that date.
- Members felt that there was insufficient evidence to make an informed judgment.
- Reasons for closure were given as reducing numbers of dispensing patients, difficulties in recruiting Doctors, financial impact of several years of budget cuts and Dr Rajah's impending retirement.

The Chair informed Dr Rajah, Ms Lindley and Mr Mumtaz that the committee could not comment on the proposal until the end of the consultation and requested that the item be put on the agenda for the March meeting.

## **CONTRACT EXPIRY AT WESTWOOD 8-8 CENTRE BASSETLAW**

Carolyn Ogle and Andrew Beardsall introduced the report to update the Committee on patient engagement activity relating to Westwood 8-8 Centre.

During discussion the following points were raised:

- It was felt that Manton residents had always regarded Westwood as an 8-8 service and the response to the survey indicated that they wanted this to continue. Mr Beardsall explained to Members that urgent care would be picked up through Bassetlaw hospital and that they were looking at alternative forms of consultation.
- Mr Beardall clarified that Westwood was not a walk in centre although some people considered that it was.
- Mr Beardsall gave assurance that the 230 responses received from patients had been considered.
- Patients and residents of Manton would informed of the changes through a variety of media.

The Committee agreed that re procurement of the service was in the interests of the local Health Service and recommended that additional information notices be distributed to other GP surgeries as well as to the local press.

The Chair thanked Mr Beardsall and Ms Ogle for attending committee.

## **SHERWOOD MEDICAL PARTNERSHIP AND RAINWORTH SURGERY CONTRACT MERGER**

Matt Doig introduced the report to outline the proposed merger of Sherwood Medical Partnership and Rainworth Surgery contracts. Mr Doig provided information to the background of the business and the reasons for requesting that the contracts be merged. Patient Participation Groups at each location were supportive of the plans and wider stakeholder engagement plans had been formalised. The changes to patients would be minimal but the merge would enable the practice to work more efficiently.

The Committee agreed that the contract merger was in the interests of the local Health Service.

The Chair thanked Mr Doig for his report.

## **WORK PROGRAMME**

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

- Dentistry

The meeting closed at 5.05pm

## **CHAIRMAN**

18 January 2016 - Health Scrutiny