

Health Scrutiny Committee

Tuesday, 25 February 2020 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of Previous Meeting held on 14 January 2020 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Healthcare Trust CQC Inspection Improvement Plan | 9 - 14 |
| 5 | Nottinghamshire Healthcare Trust Change of Service - Millbrook | 15 - 22 |
| 6 | Work Programme | 23 - 30 |

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 Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Membership

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

Richard Butler
John Doddy
Kevin Greaves
David Martin
Liz Plant

Kevin Rostance
Stuart Wallace
Muriel Weisz
Yvonne Woodhead

Substitute Members

None.

Other County Councillors in Attendance

John Longdon
Sue Saddington

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

David Ainsworth
Hazel Buchanan
Lucy Dadge
Lewis Etoria
Dr Keith Girling
Paul Sillandy

Mid-Nottinghamshire CCG
Regional Rehabilitation Centre
Greater Nottingham CCG
Nottingham City CCG
Nottingham University Hospitals (NUH) Trust
Nottingham University Hospitals (NUH) Trust

1. **MINUTES**

The minutes of the meetings held on 3 December 2020, having been circulated to all Members, were taken as read and were signed by the Chair

2. APOLOGIES

None.

3. DECLARATIONS OF INTEREST

Councillor John Doddy declared a private interest in the item on Access to GP Appointments, as a GP practicing in Nottinghamshire, which did not preclude him from speaking or voting on that item.

4. NOTTINGHAM TREATMENT CENTRE

NUH representatives Dr Keith Girling, Medical Director and Paul Sillandy introduced the item, providing an update on the performance and management transition of the Nottingham Treatment Centre, following the NUH taking over the operation of the Centre from the Circle Group in July 2019.

NUH representatives made the following points:

- Over 500 Circle staff had successfully transferred to NUH, and the energy and passion of all NUH staff in securing quick and successful staff integration was considered exceptional by those project-managing the process;
- The transfer of 40,000 appointments from Circle systems to those of NUH had been completed successfully and ahead of schedule. There had been an increase in complaints in the early part of the transfer, primarily in respect of the time lag between appointment cancellation on the Circle system and the reissuing of the appointment via NUH, but complaints volume had returned to pre-transfer levels;
- Multi million-pound capital investment in state-of-the-art scanning equipment was being rolled out over the coming months, with interim measures being put in place;
- In-patient bed arrangements had been suspended during the early part of the transfer, but these were now up and running.

The Committee expressed its appreciation of the amount of transformative work achieved since July 2019, and during discussion, a number of issues were raised and points made:

- NUH staff were working very hard to reduce the 62-day wait for a cancer referral, but there were difficulties with lung and urology- related cancers. There were particular challenges with achieving a 14-day diagnostic in particular, in part because of national shortages in expertise;
- NUH had recently addressed shortages in respect of throat and neck cancer specialisms;

- 50% of the 88 ad-hoc staff previously employed by Circle had been transferred to NUH, but the point was emphasised that no delays to patient care had been caused by continued retention of ad-hoc staff. Again, there were ongoing difficulties in recruiting to certain specialisms, including dermatology;
- The current CT scanner was expected to be replaced in April 2020. Replacement of the MRI scanner would take longer, but the current quality of imaging was not a cause for concern;
- It was acknowledged that there had been wider implications for certain orthopaedic procedures, with hip operations transferring to the City Hospital site, and hand operations transferred in the opposite direction;
- The point was made that just over 100 of the 40,000 appointments transferred across from Circle to NUH did not quite match up. An added complication was the need to retain the order in which appointments had been made;
- Taking back control of services previously provided by Circle meant that more joined-up, flexible systems could be implemented, ensuring appropriate interventions and post-operation care for both emergency trauma and planned elective procedures;
- It was confirmed that there was a shared PALS facility, and NUH representatives undertook to ensure proper signposting for the facility;
- It was confirmed that the Infusion Centre was now fully operational for day patients.

The Chair thanked Dr Girling and Dr Sillandy for their attendance at the meeting, and requested a further update at the Committee's January 2021 meeting.

5. ACCESS TO GP APPOINTMENTS

Councillor John Doddy declared a private interest in the item on Access to GP Appointments, as a GP practicing in Nottinghamshire, which did not preclude him from speaking or voting on that item.

Lucy Dadge, Chief Commissioning Officer Greater Nottingham CCGs and David Ainsworth, Mid-Nottinghamshire CCG, introduced the item, providing an update on the publication of the NHS England national review of access to GP practice services in England, and explaining the implications for Nottinghamshire.

Ms Dadge and Mr Ainsworth highlighted the following points:

- There had been a significant increase in volume of GP appointments in the past 12 months, with an increasingly complex array of conditions, reflecting an increasingly elderly demographic. Pressures were relatively constant throughout the year;

- A lot of potential solutions to patients' needs lay outside the health sector, for example through social care, housing or environmental interventions;
- A number of innovative approaches were being explored in order to help address appointment pressures. These included extended surgery opening times, pre-bookable GP appointments where the appointments might not be in patients' usual surgery, group appointments for helping manage long-term conditions;
- Almost one fifth of all GPs were approaching retirement, and this would bring even more pressure to bear on the service. Service delivery in GP practices needed to change substantially;
- It was intended that having expertise such as clinical pharmacists and physiotherapists on-site would help alleviate pressures on GPs, while the offering of citizens' advice, debt-counselling and similar services within surgeries would provide additional sources of support for patients. The roll-out of the social prescribing link worker network would also help identify alternative interventions for patients.

A number of points were made during discussion:

- Ms Dudge and Mr Ainsworth acknowledged that effective triage and signposting to the appropriate level of intervention was key to ensuring a positive patient experience and outcome, and that increased use of technology was a powerful tool in addressing current pressures;
- The point was made that statistics on GP services did not reflect the commitment and dedication of those working in challenging conditions. It was confirmed that work was being carried out with Health England to recruit new GPs in areas of need, but GP shortages were a national issue;
- Ms Dudge expressed the view that the issue of workforce was a significant topic in itself and could merit further specific consideration by the Committee in due course;
- A Committee member expressed surprise that 40% of GP appointments were same-day appointments, and expressed frustration at the difficulties she had encountered in trying to get an on-the-day appointment at her GP practice;
- Ms Dudge agreed with the assertion that residents did not always understand the most appropriate route to access health services, and expressed the view that having a single CCG for Nottinghamshire would help in this respect;
- It was explained that the Clinical Commissioning Group commissioned services and then had oversight of quality of service delivery. The Care Quality Commission (CQC) carried out regulatory inspections. While the CQC should receive patient feedback on the performance of individual GP surgeries, Ms

Dadge undertook to accept information from Committee members via the Health Scrutiny Lead Mr Gately where issues of concern had been raised;

- with the Chair's permission, a councillor recounted in detail the inadequate levels of service provision at a GP surgery attended by constituents and family members, and Ms Dadge undertook to have a further discussion with the councillor outside the meeting to gain more information

The Chair thanked Ms Dadge and Mr Ainsworth for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's June 2020 meeting.

6. NATIONAL REHABILITATION CENTRE

Hazel Buchanan, Director of Operations, Nottingham North and East CCG and Lewis Etoria, and Lewis Etoria, Nottingham City CCG, provided an update on arrangements for consultation on the roll-out of the National Rehabilitation Centre (NRC), as well as elaborating on the NRC's Business Plan.

Ms Buchanan and Mr Etoria made the following points:

- a six-week single-option consultation was scheduled to commence on 9 March 2020, with the findings available by mid-May 2020. Proposals had been amended so that there was now a 64-bed facility (previously 63 beds), with a wider range of single- and multiple- occupancy available;
- the civilian element of the NRC would be referred to in the consultation documentation as the Regional Rehabilitation Centre, with the ambition for this to develop as a national centre of excellence in due course;
- Healthwatch was conducting separate targeted engagement work to inform the development of the NRC, and further advice on outreach to residents would be welcomed;
- The Committee was reminded that the Linden Lodge rehabilitation facility on the NUH City Hospital site would close as part of these proposals.

The following points were made during discussion:

The Committee requested that it be given the opportunity to have early sight of the consultation documentation at its February 2020 meeting to inform the final consultation process;

It was confirmed that the proposals would have no impact on the Chatsworth rehabilitation facility in Mansfield, but specialists from that facility would be involved in engagement work on the proposals;

It was explained that case managers would be employed within the NRC to ensure that patients' housing, social, physical and related needs were addressed when adapting to life outside the facility post-rehabilitation;

Opportunities to provide transport to the NRC via the voluntary sector were being explored. Ms Buchanan reiterated a point made previously that connectivity between Greater Nottingham and the facility was relatively straightforward, but that transport links from smaller centres of population involving East-West travel was currently a more significant issue.

The Committee thanked Ms Buchanan and Mr Etoria for their attendance and requested their further attendance at the Committee's February 2020 meeting.

7. WORK PROGRAMME

Subject to agreeing to consider the following:

National Rehabilitation Centre Consultation Arrangements – February 2020;
Nottingham Treatment Centre – January 2021;

the Committee's Work Programme was approved.

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

- EMAS Waiting Times,
- Delays in breaching 4-hour Accident and Emergency targets,
- Dentistry in Nottinghamshire and
- Cosmetic Surgery

The meeting closed at 13:05pm.

CHAIRMAN

25 February 2020**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAMSHIRE HEALTHCARE TRUST CQC INSPECTION
IMPROVEMENT PLAN****Purpose of the Report**

1. To consider the latest information in relation to the Healthcare Trust's CQC inspection improvement plan.

Information

2. Dr John Brewin, Chief Executive and Dr Deb Wildgoose, Interim Head of Nursing, Nottinghamshire Healthcare Trust previously attended the Health Scrutiny Committee on 23rd July 2019 when they provided information on the Care Quality Commission's findings arising from its inspection of the Healthcare Trust, the actions being taken to address the shortcomings that were identified and how improvements would be assured. Members heard the following:
 - Dr Brewin identified lack of clear leadership, lack of clarity of purpose and poor levels of communications, engagement and trust with staff as key areas to improve, and that the Trust's Quality Committee would be reporting regularly to the Trust's Board on progress to address these areas;
 - Dr Brewin agreed with Committee members that improvement could only be delivered in an environment free from fear of retribution for raising issues of concern;
 - Dr Brewin accepted the criticism that the Trust had been too insular in its approach, had not fully engaged with the Health and Wellbeing Board and had stopped being a learning organisation by not tapping into staff's knowledge and expertise;
 - A new Executive Team with clear responsibilities was being assembled, and it was expected that by the end of 2019 around two-thirds of Board members would have been replaced;
 - Regular meetings with CQC were taking place so that improvements were being tracked and that future inspection outcomes would not come as a surprise to the Trust

- The Trust had a strong track record of patient engagement but was less competent in engaging with the wider public. Engagement in all areas of the Trust's work was central to its changing its organisational culture, and would help improve other areas, including staff retention.
3. Dr John Brewin, Chief Executive, Greater Nottingham Clinical Commissioning Group will attend the Health Scrutiny Committee to provide briefing and answer questions, as necessary.
 4. A written briefing from the Healthcare Trust which includes the latest position on the improvement plan developed following the CQC inspection is attached as an appendix to this report.
 5. Members will wish to schedule further consideration of the improvement plan, as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the Healthcare Trust's improvement plan.
- 2) 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

CQC Inspection Report <https://www.cqc.org.uk/provider/RHA>

Electoral Division(s) and Member(s) Affected

All

COMMITTEE TITLE:	Nottinghamshire County Council – Health Scrutiny Committee
DATE OF MEETING:	25 February 2020
TITLE:	Briefing: Responding to the Care Quality Commission (CQC) Core and Well-Led Inspection report published
PRESENTING OFFICER:	Dr John Brewin (CEO)

1. PURPOSE OF THE REPORT

This briefing is intended to update members with the progress being made by the Trust in response to the Care Quality Commission (CQC) report published in May 2019 and relating to the inspection of our services in January 2019 to March 2019 inclusive.

Acute wards for adults of working age and psychiatric intensive care units
 Community-based mental health services for adults of working age
 Child and adolescent mental health wards
 Community mental health services for people with a learning disability or autism
 Mental health crisis services and health-based places of safety
 Forensic inpatient or secure wards

This briefing covers the findings from the inspection, actions being taken and how actions and improvements will be assured. It assumes that the reader has read the inspection report, which can be found on the CQC website here:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0482.pdf

2. BACKGROUND

The CQC carried out unannounced inspections at various sites across the Trust to look at the quality of care delivered by the six core service types mentioned above. The final inspection report was published on 24 May 2019 and highlighted a number of areas for improvement.

If the CQC find that a registered provider is in breach of the regulations, they act to make sure they improve. The action they take is proportionate to the impact that the breach has on the people who use the service and how serious it is. (*CQC Enforcement Policy - February 2015*). The CQC's judgement following their 2019 inspection was that the breach of regulations they found did not warrant the use of enforcement action against the Trust. They decided that the most appropriate method of addressing the improvements required was to issue requirement notices (Must do's) and recommendations (Should do's) to improve practice.

The CQC rate NHS Trusts at a core service level not an individual hospital or service level. For example, three forensic in-patient hospitals were inspected however only one overall rating was applied which incorporated all three hospitals.

The CQC made a total of 25 requirement notices (Must do's) against seven Health and Social Care Act 2008 (Regulated Activity) Regulations (2014) and the six core services inspected were rated as follows:

Table 1: Core service ratings following the 2019 CQC inspection:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Inadequate ↓ May 2019	Inadequate ↓ May 2019
Forensic inpatient or secure wards	Inadequate ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Child and adolescent mental health wards	Good ↑ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Community-based mental health services for adults of working age	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Mental health crisis services and health-based places of safety	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Community mental health services for people with a learning disability or autism	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019

An aggregation of the core service ratings led to the Trusts rating going down to 'Requires Improvement' overall:

Table 2: Overall rating for the Trust: 2019:

Overall rating for this trust	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Since the inspection itself and the subsequent publication of the results the Trust has been working hard to address issues raised by inspectors as well as highlight and showcase services which are providing outstanding practice.

3. FINDINGS AND ACTIONS

The CQC has rated 12 of the Trusts 16 core services as good overall. This includes the previous ratings of services not inspected this time. An action plan was developed against all of the requirements and recommendations. Progress is monitored monthly and has been shared with CQC.

Adult Mental Health Inpatient services: Five of the eight actions have achieved the required standard. Bespoke risk assessment training packages and learning from improvements to care planning which were introduced in other services within the Trust will underpin the improvements in the remaining three actions.

Community based mental health services for adults of working age: Services were found to have made significant improvements since the last core inspection where services were rated inadequate in the Safe domain. The service is now rated 'Good' across all five domains. Internally, the single requirement notice issued by the CQC in respect of safe medicine storage has now been assessed as compliant.

Child and adolescent mental health wards: This core service received one requirement notice in respect of keeping patient information on white boards etc confidential. This has now been signed off as complete and the solution has been rolled out to other services within the Directorate.

Community mental health services for people with a learning disability or autism: The single 'Must' do in the CLDT was delayed due to staff shortages within PALS to take forward the development of accessible complaints information. Patients do however have access to routine complaint information in accessible formats which is provided at their initial assessment therefore this action is considered to be complete. We will seek patient feedback to ensure the action we have taken meets individual requirements.

Mental health crisis services and health-based places of safety: There were three 'Must' do's two of which have been completed. The remaining issue relates to building works to improve sound proofing in the S136 suite.

Forensic inpatient services (medium and low secure): Ten Must do's actions were issued at the last inspection. Of this number three have been signed off as complete. The main compliance challenges for the services relate to staffing and the impact this has on outcomes for patients. Two actions which were previously considered to have been met were recently re-opened. One was in response to a patient safety incident which revealed that some staff were confident in using new procedures. The second is linked to the provision of electronic hand-held observation devices, the deployment of which has been unavoidably delayed.

Reviews, which are independent of the Divisions are planned during February and March 2020 to assess progress against all of the requirements the CQC made.

4. REPORTING AND MONITORING

The post inspection improvement plan includes a robust process to monitor our progress. Each outcome has a designated executive lead and clinical lead who is responsible for the completion. Regular updates and evidence are supplied to the Trust's Quality Committee and to the Board of Directors.

5. CONCLUSION AND RECOMMENDATIONS

The Trust has made significant progress on its improvement journey since the CQC Inspection between January and March 2019. The Trust's transformation programme has started to deliver improvements across our services and we are confident that patients and staff will be starting to feel the benefits of these improvements.

The Health Scrutiny Committee is asked to take assurance on the actions the Trust is taking to bring about sustainable improvements following the CQC inspection.

6. REFERENCES, SUPPLEMENTARY READING & APPENDICES

CQC 2019 Inspection Report of Nottinghamshire Healthcare NHS Foundation Trust:
https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0482.pdf

25 February 2020**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NOTTINGHAMSHIRE HEALTHCARE TRUST CHANGE OF SERVICE -
MILLBROOK****Purpose of the Report**

1. To introduce an initial briefing on a change of service at Millbrook.

Information

2. Millbrook Mental Health Unit, based in Mansfield, provides inpatient and community services to adults and older adults requiring specialist mental health services. Based on the site are:
 - Two adult mental health wards;
 - Two older adult mental health wards
 - Locality mental health teams serving the populations of Mansfield and Ashfield
 - Crisis resolution and home treatment teams serving the populations of Mansfield and Ashfield
 - Outpatients clinics
 - A health-based place of safety for patients detained under Section 136 of the Mental Health Act for assessment (Jasmine Section 136 Suite).

The inpatient environments at Millbrook do not meet good practice guidance and the Trust is committed to making significant improvements to ensure they can provide care in facilities that recognise the importance of the built environment on patient safety, privacy, dignity, behaviour and wellbeing. A key priority is to provide facilities which have single, en suite accommodation, as recommended by the Care Quality Commission.

3. Dr John Brewin, Chief Executive, Greater Nottingham Clinical Commissioning Group will attend the Health Scrutiny Committee to provide briefing and answer questions, as necessary.
4. A written briefing from the Healthcare Trust which includes detailed information on these proposals is attached as an appendix to this report.

5. Members will wish to schedule further consideration of these proposals and the consultation on them.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the proposals described by the Trust.
- 2) 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 Mansfield and Newark and Sherwood Electoral Divisions

Cllr V Hopewell, Mansfield East	Cllr M Wright, Mansfield East.
Cllr J Bosnjak, Mansfield North,	Cllr P Tsimbirdis, Mansfield North
Cllr S Garner, Mansfield South	Cllr A Sissons, Mansfield South
Cllr P Henshaw, Mansfield West	Cllr D Meale, Mansfield West
Cllr A Wetton, Warsop	Cllr K Walker, Balderton
Cllr Y Woodhead, Blidworth	Cllr M Dobson, Collingham
Cllr Mrs S Saddington, Farndon and Trent	
Cllr B Laughton, Muskham and Farnsfield	
Cllr S Wallace, Newark East	Cllr K Girling, Newark West
Cllr M Pringle, Ollerton	Cllr J Peck, Sherwood Forest

Report to Nottinghamshire Health Scrutiny Committee: 25 February 2020

Improving Acute Mental Health Inpatient Care Environments in Mid Nottinghamshire

Introduction

1. This report briefs the Committee on the Trust's recent agreement to purchase a hospital site in the Mansfield area from St Andrew's Healthcare and it outlines the next steps. The purchase will represent a significant investment by the Trust, with the overriding aim of improving the quality of care. As the site is currently a hospital that provides low and medium secure care, the Trust will also make further investments at the site to ensure it meets the requirements for providing acute mental health care.
2. It must be noted the intended purchase is subject to final and successful contract agreement, but we do not anticipate any issues to prevent the transaction.

Background and Case for Change

3. For some time, the Trust has acknowledged that the care environment at our Millbrook site in Mansfield falls short of the standards required to deliver high quality, therapeutic care.
4. The Millbrook Unit is a 78 bedded inpatient facility owned by the Trust, located within the Sherwood Forest Hospitals NHS Foundation Trust site at Kings Mill Hospital, Sutton-in-Ashfield. It was constructed in 1985 and comprises four wards. These serve the populations of Newark & Sherwood and Mansfield & Ashfield and provide inpatient services for both male and female adult mental health (AMH) and mental health services for older people (MHSOP). Appendix 1 shows how services are currently configured at the site.
5. The Unit environment poses a number of concerns:
 - the male AMH ward (Orchid Ward) has 25 beds, which exceeds recommended ward sizes
 - three of the wards have dormitory style accommodation
 - poor lines of sight for observation
 - inadequate seclusion facilities
 - limited outdoor space
 - two of the four wards are on the first floor without direct access to external spaces
 - inadequate space for therapeutic activities
 - poor Section 136 facilities.
6. All of these concerns mean the Trust is not able to assure services are compliant with standards set by the Care Quality Commission (CQC).

Options Appraisal

7. In 2019, the Trust completed an appraisal of different options for improving the ward and care environments at Millbrook Unit. Options were assessed from a non-financial and financial perspective. The core options considered were:

- **Refurbishment** - of the Millbrook site. The appraisal showed re-development of the site for AMH and MHSOP services was unaffordable and would entail significant disruption for patients during the programme of works. Also, importantly, none of the possible permutations of the Millbrook site could guarantee sufficient bed capacity and space required to reduce ward sizes, deliver single ensuite rooms and provide better outdoor spaces. The estimated costs of demolishing the existing Unit and rebuilding the site exceeded £80m.
- **New Build** - acquire site for new purpose-built accommodation. This was discounted as there was no local, suitable site that was immediately available for consideration. In addition, the estimated high costs of a new build, and the length of time to complete, meant this option was discounted.
- **Lease accommodation or sub-contract the services to another provider** – no suitable, local accommodation was identified that could meet the needs.
- **Acquire another, existing hospital site** - purchase an existing hospital site from another provider. The site in Mansfield owned by St Andrew's Healthcare was the only available, suitable, local site.

8. The options appraisal concluded that by far the most preferential option was to purchase the site from St Andrew's Healthcare. This option has the following advantages:

- it can meet all of our operational requirements
- it is in close proximity to the Millbrook site (4 miles away) and is a suitable location for the Mid Notts population
- it has the space and footprint to provide the capacity required for acute AMH for the Mid Notts population
- it is the option that can provide the quickest solution – the aim is for the site to be handed over to the Trust within 6 months of contract
- it offers a value for money solution when compared to the other options – both in capital spend and revenue.

The St Andrew's site

9. The site is at Sherwood Avenue, Sherwood Oaks Business Park, Mansfield, NG18 4GW. It is 4 miles from Millbrook Hospital and is on a public transport route.





10. The site currently provides male medium and low secure services, including care for patients diagnosed with learning disabilities and autism spectrum disorders.
11. The site has 64 beds, all in single ensuite rooms spread across four wards, each with seclusion areas. Three of the wards are on the ground floor. One ward is at first floor level. Whilst acknowledging this is not ideal, the ward does have its own dedicated, adjacent external space and designated space in the grounds.
12. The site has associated amenity and leisure space; training and office space and on-site catering facilities.
13. The Trust will take vacant possession of the site from St Andrew's.

Proposal

14. The St Andrew's site is not configured in such a way as to meet all the Trust's needs for both AMH and MHSOP services. Delivering a model that eliminates mixed sexed accommodation and provides the appropriate configuration of wards for older people, along with the need for three wards to meet the required bed capacity for AMH services would require more than the four ward environments at the St Andrew's site.
15. But the acquisition of the Mansfield site from St Andrew's will provide a solution for AMH services, which are the highest priority for the Trust due to concerns regarding the existing wards at the Millbrook Unit. Purchase of the site will also offer the opportunity for co-location of other AMH teams, which will enhance the ability to manage crisis care pathways.
16. The Trust will therefore transfer AMH services from the Millbrook site to the site that is being purchased from St Andrew's.
17. MHSOP services will remain at the Millbrook site but will benefit from being able to move into the Lucy Wade ward, once vacated by AMH. That ward is on the ground floor and was recently refurbished to provide 16 single ensuite beds. This will deliver significant improvements for older people cared for on the MHSOP wards and for the staff that work there. By remaining at the Millbrook Unit, MHSOP services will continue to be co-located with acute medical services that are provided at the King's Mill Centre, which is a real benefit from a clinical perspective due to the complex needs of many of the MHSOP patients.
18. In time, we will also look at any further developments required to ensure MHSOP accommodation meets good practice guidelines.

19. St Andrew's is working with its patients, carers and commissioners to develop onward care packages to support the transfer of their patients from this site. This move will be in line with the Government's Transforming Care programme, aiming to reduce the number of people with autism and learning disabilities who are living in secure care, and increasing the number who are supported within the community, in a less restrictive setting.

Next Steps

20. Due to the complex needs of St Andrew's patients at the site, it will take some months for them to safely transfer their patients. We recognise and support St Andrew's commitment to handle this sensitively with patients and their families.
21. Our current estimate is that we may be in a position to take ownership of the site during the Autumn this year and would hope to be able to complete any modifications to the site by Spring 2021 ready for the transfer of our services.
22. We are also working closely with St Andrew's to develop a joint workforce plan so that, where appropriate, the Trust can offer employment to as many of the existing staff at the new site as possible, subject to their suitability. The opportunity to do this is a real benefit and not only recognises the importance of securing local job opportunities for staff, it also helps mitigate any risks the Trust might have had in staffing the additional beds at the new site.
23. We understand that formal public consultation will not be required as we are obliged to take action to be CQC compliant and it is not possible to maintain the status quo and leave services as they are at the Millbrook site, and nor it is possible to adapt that site to meet requirements and make necessary quality improvements.
24. However, the Trust is fully committed to involving patient and carer representatives in the co-design of how we adapt the new site and how we address any concerns they might have. We will develop a clear engagement plan and will share this with the Committee for assurance. Due to the timescale for taking vacant possession of the site and for the scoping and completion of any necessary works, we do have time to put in place authentic and realistic plans for co-production.
25. A summary of the key milestones is set out below:

Milestone	Timeframe	Interdependencies
Agreement of contract between the Trust and St Andrew's Healthcare	May 2020	
Development of engagement plan	April - May 2020	Await contract agreement – but able to develop plan in advance of this and start to deploy from Spring 2020
Transfer of existing patient cohorts by St Andrew's	April 2020 – October 2020	St Andrew's work with their patients, carers and commissioners to agree transfers and onward packages of care
Handover of vacant site to the Trust	October 2020	

Milestone	Timeframe	Interdependencies
Trust modifications to the site – to change from secure to acute setting	From October 2020	
Commence transfer of services from Millbrook Unit to the new site	From Spring 2021	Subject to scale and scope of works required.

Conclusion

26. The quality improvements achievable through this acquisition are significant. The transfer of AMH inpatient services and the co-location of other relevant AMH teams will provide a fantastic opportunity to really make a difference to the quality of care we provide to patients in the Mid Notts area and the everyday experience of our staff. The site being purchased is in close proximity to the Millbrook site and in a suitable location for the Mid Notts population.
27. The Trust must take this action in order to be compliant with CQC and other quality standards.
28. We know that high quality environments will directly enhance our ability to provide care that is safe, effective and that respects services users' privacy and dignity.
29. This purchase and development of the Mansfield site signals a significant commitment by the Trust to invest in quality improvements.
30. The Health Scrutiny Committee is asked to:
 - NOTE this briefing; and
 - ADVISE the Trust whether it requires any further information, and how the Committee wishes to be updated on this development as it progresses.

Appendix 1

Current Inpatient Bed Capacity and Configuration at Millbrook Unit

Millbrook Mental Health Unit is a 78 bedded inpatient facility owned by the Trust, located within the Sherwood Forest Hospitals NHS Foundation Trust site at Kings Mill Hospital, Sutton-in-Ashfield. It was constructed in 1985 and comprises four wards. These serve the populations of Newark & Sherwood and Mansfield & Ashfield and provide inpatient services for both male and female AMH and functional and organic MHSOP services.

The services are currently configured at Millbrook Unit as summarised below in Table 1:

Ward	No of beds	Comments
AMH		
Orchid	25	Male ward. Located on the first floor 23 beds in five dormitories - three dormitories with five beds and two with four beds. 2 beds are in side rooms Each dormitory has a bathroom that is shared between the patients cared for in the dormitory.
Lucy Wade	16	Female ward. Single room, ensuite accommodation. This ward was recently refurbished, including a conversion of 5 beds from a former female Psychiatric Intensive Care unit (PICU) into acute beds.
Section 136 suite	2	Located on the first floor, off main corridor Significant issues re suitability and robustness of the accommodation No ensuite
Total AMH beds	43	
MHSOP		
Amber Ward	15	Provides care for organic illness (dementia) Mixed sex ward. Three dormitories all with a capacity of five beds Each dormitory has a bathroom that is shared between the patients cared for in the dormitory.
Kingsley Ward	20	Provides care for functional illness. Mixed sex ward. Four dormitories of five beds each. Each dormitory has a bathroom that is shared between the patients cared for in the dormitory.
Total MHSOP beds	35	
Total beds at Millbrook	78	

Table 1: Current Capacity and Configuration of Inpatient Beds at Millbrook Unit

25 February 2020**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

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

Information

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

RECOMMENDATION

That the Health Scrutiny Committee:

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

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2019/20

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
07 May 2019				
NUH CQC Inspection and Improvement Plan	Initial briefing on outcomes and planning following the CQC inspection	Scrutiny	Martin Gately	NUH
NUH Winter Plans	Briefing on lessons learnt from last winter and future plans	Scrutiny	Martin Gately	NUH
Muscular Dystrophy Pathway	Initial briefing on patient experience in the muscular dystrophy pathway, including the physiotherapy service	Scrutiny	Martin Gately	NUH
Dentistry in Nottinghamshire	An initial briefing on the commissioning of dental services in Nottinghamshire.	Scrutiny	Martin Gately	Laura Burns, NHS England
18 June 2019				
CCG Merger Consultation	Agreement of consultation response to CCG merger.	Scrutiny	Martin Gately	TBC
East Midlands Ambulance Service – Performance and Recruitment Update	An update on the progress by EMAS in filling vacant posts and against key performance indicators.	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager and Keith Underwood, Ambulance Operations Manager for EMAS
Patient Transport Service	The latest performance information on patient transport from the commissioners and Arriva.	Scrutiny	Martin Gately	Neil Moore and Lucy Dadge, Greater Nottingham CCG
23 July 2019				
NHS Property Services	An initial briefing on NHS Property Services and its interaction with tenant/providers.	Scrutiny	Martin Gately	Senior representatives of NHS Property

				Services.
Healthcare Trust CQC Inspection	Briefing on the Trust's improvement plan following recent CQC inspection.	Scrutiny	Martin Gately	Dr John Brewin, Chief Executive, Healthcare Trust
Treatment Centre	An update on the latest position with the procurement of the Treatment Centre.	Scrutiny	Martin Gately	Lucy Dadge, Executive Director Commissioning, Nottinghamshire CCG and Dr Keith Girling, Medical Director, NUH
10 September 2019				
National Rehabilitation Centre	Briefing on the current position.	Scrutiny	Martin Gately	Hazel Buchanan, Nottinghamshire CCG
Healthwatch	Briefing on the recent work of Healthwatch (including reviews).	Scrutiny	Martin Gately	Sarah Collis, Healthwatch
15 October 2019				
Whyburn Medical Practice Update	Update on contract and service provision.	Scrutiny	Martin Gately	Greater Nottingham CCG
Clinical Services Strategy Update	Further briefing on the strategy.	Scrutiny	Martin Gately	Greater Nottingham CCG
Nottinghamshire Healthcare Trust – Adult Services Update (TBC)	An update on a range of issues in Adult Mental Services, including feedback on additional bed spaces at the Highbury Hospital site.	Scrutiny	Martin Gately	Kazia Foster/Sandra Crawford, Healthcare Trust
NHS Long Term Plan	Update on local engagement and how this will inform local plan.	Scrutiny	Martin Gately	Lewis Etoria, Head of Communications, Integrated Care System.

8 November 2019				
National Rehabilitation Centre – Pre-consultation Business Case	Briefing/presentation on the NRC Pre-Consultation Business Case	Scrutiny	Martin Gately	TBC – Senior CCG representatives.
3 December 2019				
NUH Improvement Plan Update	Further consideration of improvement plan following CQC inspection.	Scrutiny	Martin Gately	Dr Keith Girling, Medical Director NUH (TBC)
Social Prescribing	An initial briefing on the benefits of social prescribing.	Scrutiny	Martin Gately	Amy Callaway, Programme Manager, Integrated Care System
14 January 2020				
Nottingham Treatment Centre	Update on latest performance from NUH	Scrutiny	Martin Gately	NUH/Nottinghamshire Commissioners
Access to GP Appointments	Initial briefing on an issue of concern	Scrutiny	Martin Gately	Nottinghamshire Commissioners (TBC)
National Rehabilitation Centre	Consideration of Business Plan and consultation	Scrutiny	Martin Gately	Hazel Buchanan and Lewis Etorio, Nottinghamshire CCG
25 February 2020				
Nottinghamshire Healthcare Trust CQC Inspection – Improvement Plan	The latest progress by the Trust against its improvement plan.	Scrutiny	Martin Gately	Dr Brewin, Chief Exec, Nottinghamshire Healthcare Trust
Nottinghamshire Healthcare Trust – Change of Service (Millbrook)	Initial briefing on a change of service within the Healthcare Trust at Millbrook	Scrutiny	Martin Gately	Dr Brewin, Chief Exec, Nottinghamshire Healthcare Trust

31 March 2020				
Clinical Commissioning Group Merger	Latest information on the proposed merger	Scrutiny	Martin Gately	Lewis Etoria, Nottinghamshire CCG
National Rehabilitation Centre – Draft Consultation document	Input to the consultation document	Scrutiny	Martin Gately	Lewis Etoria and Hazel Buchanan, Nottinghamshire CCG
Muscular Dystrophy Services Update	Update following previous consideration in May 2019, particularly in relation to physiotherapy provision.	Scrutiny	Martin Gately	Dr Saam Sedehizadeh, NUH (TBC)
19 May 2020				
NUH Winter Plans (TBC)	Annual consideration of winter planning issues.	Scrutiny	Martin Gately	Caroline Nolan/Rachel Eddie, NUH (TBC)
Bassetlaw Hospital Update (TBC)	Update on the latest position in relation to hospital services	Scrutiny	Martin Gately	TBC
Dementia in Hospital Update	Update on the latest position regarding patients with dementia at NUH.	Scrutiny	Martin Gately	TBC
To be scheduled				
Public Health Issues				
Dentistry Update (Including Bassetlaw)				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten year plan.	Scrutiny	Martin Gately	TBC
Parity of GP Service Coverage across Nottinghamshire				
The administration of GP referrals				
Access to School Nurses				
Wheelchair repair				

Allergies in Children				
Operation of the MASH				
Mental Health issues (e.g. suicide) and GP referrals.				
Bassetlaw Hospital Update				
Frail Elderly at Home				
4 Hour A&E Targets				
Cosmetic Surgery				
EMAS Waiting Times				
Access to GP Appointments (June 2020)				
Patient Transport Service Performance Update (To be scheduled for December 2020)				
NHS Property Services (July 2020)				
NHS Long Term Plan (July 2020)				
Treatment Centre Update (January 2021)				

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

Overview Sessions (To be confirmed)

Nottingham University Hospitals (NUH) – autumn 2019

East Midlands Ambulance Service (EMAS) – autumn 2019

VISITS

Urgent Care Pathway (QMC visit) – autumn 2019

Medium secure mental hospitals – TBC