

## Membership

### Councillors

Keith Girling (Chair)  
Richard Butler  
Errol Henry  
David Martin  
Liz Plant  
Kevin Rostance (Items 1-5 inclusive)  
Steve Vickers  
Stuart Wallace  
Muriel Weisz  
Yvonne Woodhead  
Martin Wright (Vice-Chair)

### Councillors in attendance

Boyd Elliott  
John Longdon

### Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

### Also in attendance

Ajanta Biswas	Healthwatch Nottingham and Nottinghamshire
Daniel Burdett	NHS Property Services
James Bray	NHS Property Services
Lucy Fitzhugh	NHS Property Services
Mark Swain	NHS Property Services
Lucy Dadge	Greater Nottingham CCG
Dr Keith Girling	Nottingham University Hospitals Trust
Dr Jonathan Brewin	Nottinghamshire Healthcare Trust
Dr Deb Wildgoose	Nottinghamshire Healthcare Trust

## **1. MINUTES**

The minutes of the last meeting held on 18 June 2019, having been circulated to all Members, were taken as read and were signed by the Chair

## **2. APOLOGIES**

Sarah Collis. - Healthwatch Nottingham and Nottinghamshire

The following temporary change of membership for this meeting only was reported:

- Councillor Errol Henry had replaced Councillor Kevin Greaves.

## **3. DECLARATIONS OF INTEREST**

None.

## **4. NHS PROPERTY SERVICES**

James Bray, Daniel Burdett, Lucy Fitzhugh and Mark Swain, Senior Asset and Facilities Managers at NHS Property Services, introduced the item, providing an overview of the services provided by the organisation, its values and achievements and headline points from its Operational Plan going forward.

The Committee had previously raised concerns in respect of the role of NHS Property Services in the Whyburn Practice in Hucknall, and noted that a separate update specifically on the Practice was scheduled for October 2019.

The following points were made during a wide-ranging discussion:

- The settlement in respect of the Whyburn Practice was the subject of a confidentiality clause and could not be discussed in detail;
- It was explained that between 2013 and 2015, NHS Property Services applied the costing structures applicable during Primary Care Trust stewardship of GP practices, which did not reflect true cost. A true cost model was introduced in 2016, while NHS Property Services moved to a 'market rent' model in 2016/17, based upon independent market valuations;
- Attendees advised that they became involved with the Whyburn Practice in September 2018, and were not aware that there had been an ongoing dispute for 5 years;
- Some NHS Property Services customers had been unhappy with these changes, which and had refused to engage meaningfully with the changes introduced by the organisation. For its part, the organisation acknowledged that its direct engagement with customers was initially not as robust as it was now;
- While the National Audit Office (NAO) had identified almost £700 million debt remained outstanding to NHS Property Services, there was no intention that

this would be written off, rather, the organisation would work with customers to explain that the charges were valid and seek to recoup arrears;

- While recognising the significant cultural changes in NHS property management in recent years, GP practices were businesses and there needed to be a realisation that it was reasonable for tax payers to expect true costs to be recouped. All Priority 1 and Priority 2 customers in debt would be subject to face-to-face interviews by end September 2019;
- 6% of the organisation's property portfolio was currently vacant, which was low by sector standards. Better charging would secure more optimum use of available space, with non-viable properties decommissioned and sold off or relet;
- Previously hidden costs, such as carrying out essential periodic electrical safety testing, now needed paying by customers, and this culture change had been problematic. It was pointed out that engagement was a two-way process, and the organisation was always willing to respond positively to engagement from customers. The organisation's website was much more streamlined in respect of customer contact;
- The organisation's representatives stated that they would not send bailiffs in to properties in arrears, but they would welcome some form of enhanced enforcement powers to increase leverage with resistant customers;
- A rolling Estates Strategy Review was under way, and would consider where there was surplus/insufficient capacity as part of a robust evidence-based exercise;
- It was confirmed that Hardship Funds were available, but required practices to provide accounts details, so uptake was low;
- NHS Property Services agreed that it was not appropriate to bill customers for use of utilities that they didn't use, but pointed out that they were responsible for over 1.8 million data input points, and some errors, while regrettable, were inevitable.

The Chair thanked Mr Bray, Mr Burdett, Ms Fitzhugh and Mr Swain for their attendance at the meeting, and asked for an update in July 2020.

## **5. NOTTINGHAM TREATMENT CENTRE**

Lucy Dadge, Executive Director for Commissioning, Greater Nottingham CCGs and Dr Keith Girling, Medical Director, Nottingham University Hospitals trust (NUH) introduced the report, providing an update on handover arrangements for the Nottingham Treatment Centre from Circle Health Group to the NUH.

Ms Dadge and Dr Girling made the following points:

- Both Circle and NUH had worked very closely and under stringent time pressures to ensure a smooth service transfer by the transfer date of 29 July

2019, covering buildings and equipment, staffing levels, patient records, and a raft of other areas;

- TUPE arrangements were well in hand, with around 600 Circle staff expected to transfer to NUH imminently;
- The CCG was working closely with NUH to ensure that the very complex logistical challenges involved in transferring services were being addressed.

The following points were made in discussion:

- Both the CCG and NUH were aware of correspondence to the Committee from the Circle Health Group, raising several clinical and operational risks, and advising that the CCG and NUH had not yet advised Circle of mitigations being put in place to mitigate those risks. In response, Dr Girling explained that it was the CCG, as commissioner, that required and received the necessary assurances, and not the soon-to-be former service provider;
- A key focus for NUH was on providing a seamless transition on Day One post-transition. The smooth operation of the Patient Administration System was essential, and NUH would continue to have access to the old system in case of difficulties. Also, the contract for the current outsourced pharmacy had been extended by 3 months to ensure continuity of service;
- It was acknowledged that there were around 90 ad hoc staff – not full-time equivalents - from a variety of sources other than NUH and Circle whose transition had proved difficult, primarily because NUH could not contact them directly because of GDPR requirements. More than half had agreed to continue working under the new arrangements, with half of the remainder expected to remain as well;
- NUH would seek to reduce reliance on a large number of ad hoc staff for service delivery going forward and confirmed that the temporary closure of the Short Stay Unit was not as a result of uncertainty over cover from this cohort of staff;
- The NUH acknowledged that there were issues in respect of pensions arrangements for a small number of staff, which the Trust was committed to resolving. It was also pointed out that TUPE arrangements did not have a time limit, but rather could only be changed through the offer and acceptance of revised contract arrangements for affected staff;
- The CCG confirmed that whoever had been successful in the bid process would have been expected to deliver innovation and service transformation;
- A phased replacement plan was in place for the scanning equipment being transferred to NUH, but this would not affect short-term transition arrangements.

The Chair thanked Ms Dadge and Dr Girling for their attendance at the meeting, and requested that they provided an update at the Committee's January 2020 meeting.

## **6. NOTTINGHAMSHIRE HEALTHCARE TRUST CQC INSPECTION**

Dr John Brewin, Chief Executive and Dr Deb Wildgoose, Interim Head of Nursing, Nottinghamshire Healthcare Trust introduced the report, providing information on the Care Quality Commission's findings arising from its inspection of the Healthcare Trust, the the actions being taken to address shortcomings identified and explaining how actions and improvements will be assured.

In his introduction, Dr Brewin acknowledged that the inspection report was fair, reasonable and an accurate reflection in respect 'safety' responsiveness' and 'leadership' of services requiring improvement.

A number of points were raised in the discussion which followed:

- 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.

The Chair thanked Drs Brewin and Wildgoose for their attendance and invited them to attend the Committee's February 2020 meeting to provide an update on delivering the improvements required.

## **7. WORK PROGRAMME**

The Committee agreed the following amendments to the work programme, arising from the meeting:-

NHS Property Services

Add to July 2020 meeting

Nottingham Treatment Centre

Add to January 2020 meeting

Nottinghamshire Healthcare Trust Inspection Follow-up

Add to February 2020 meeting.

The meeting closed at 12.56pm.

**CHAIRMAN**