

Meeting: Health Scrutiny Committee

Date: Tuesday 7 January 2025 (commencing at 10:00am)

**Membership:****County Councillors**

Roger Jackson (Chairman)  
Nigel Turner (Vice Chairman)

Mike Adams ( <b>Apologies</b> )	Johno Lee
Sinead Anderson	David Martin ( <b>Apologies</b> )
Callum Bailey	John 'Maggie' McGrath ( <b>Apologies</b> )
Steve Carr ( <b>Apologies</b> )	Michelle Welsh MP ( <b>Apologies</b> )
Dr John Doddy ( <b>Apologies</b> )	John Wilmott
Bethan Eddy	

**Substitute Members**

Councillor Paul Henshaw for Councillor John 'Maggie' McGrath  
Councillor Errol Henry for Councillor Michelle Welsh MP  
Councillor Reg Adair for Councillor Mike Adams

**Other Councillors in attendance**

None

**Partner representatives in attendance:**

Alex Ball	- Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board
Victoria McGregor-Riley	- Acting Executive Director for Strategy and Systems Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Jan Sensier	- Executive Director Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust
Diane Hull	- Chief Nurse, Nottinghamshire Healthcare NHS Foundation Trust

## **Officers in attendance:**

Dom Monahan - Advanced Democratic Services Officer  
James Lavender - Democratic Services Officer

## **Also in attendance:**

Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

## **1 MINUTES OF THE LAST MEETING HELD ON 20 NOVEMBER 2024**

The minutes of the last meeting held on 20 November 2024, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

## **2 APOLOGIES FOR ABSENCE**

Councillor David Martin	-	other reasons
Councillor John Maggie McGrath	-	other reasons
Councillor Michelle Welsh MP	-	other reasons
Councillor Mike Adams	-	other County Council business
Councillor Steve Carr	-	medical/illness

## **3 DECLARATIONS OF INTERESTS**

Councillor Bethan Eddy declared interests in Items 4 and 5 as she was a Governor of the Nottinghamshire Healthcare NHS Foundation Trust and a Vice-Chair of the NHS Nottingham and Nottinghamshire Integrated Care Partnership. Councillor Eddy remained in the meeting and participated in these items.

Councillor John Wilmott declared interests in Items 4 and 5 as his daughter worked for the NHS. Councillor Wilmott remained in the meeting and participated in these items.

## **4 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – RAMPTON IMPROVEMENTS UPDATE**

Consideration was given to a report presented on behalf of the Nottinghamshire Healthcare NHS Foundation Trust by Jen Sensier, Executive Director Partnerships and Strategy and Diane Hull, Chief Nurse. The report provided a progress update on improvements at Rampton Hospital following issues identified by Care Quality Commission (CQC) investigations over the last two years which led to a range of safety warnings. The Chief Nurse informed the Committee that the initial appendix for this item had contained information on a draft CQC report. It was reported that this was done in error and that the draft CQC report could not be commented on by the Nottinghamshire Healthcare NHS Foundation Trust representatives. It was noted that a subsequent addendum had been published for this item. The following points were highlighted:

- There had been seven key recommendations in the CQC's Section 48 report which were specifically for Rampton. The majority of the Section 48

recommendations had now been achieved and the remaining recommendations were on track for delivery in the near future.

- Evidence to support the Section 48 recommendations and the quarterly metrics for the Transition Criteria was submitted to the Trust's externally chaired Evidence and Assurance Group for sign off.
- The Trust was currently awaiting formal notice of a decision by the National Oversight Group for High Security Health Services to renew its licence to operate Rampton Hospital, following positive feedback from recent CQC visits.
- The Trust had received a draft report from the CQC which was currently going through the factual accuracy process; when this was complete, the Trust would share details and any change to ratings.
- There was a Quality Improvement Strategy in place to co-design improvements with patients at Rampton, including receiving regular feedback via the Patient Care Groups (chaired by patients) and Community Group meetings.
- There had been 717 postings on the patient-facing 'Care Opinion' digital platform with over 155,000 public views over the year. This platform enabled patients to post comments and share ideas and concerns and there was currently a project to extend this across the rest of Rampton areas.
- Clinical leadership had been considerably strengthened through the creation of a Director of Nursing post and the introduction of Clinical Directors for each of the key areas – Women's Service, Personality Disorder Service, Mental Health and Deaf Service and Learning Disabilities Service.
- Through the 'critical friend' arrangement with other High Secure Units in England, there had been renewed opportunities to learn from each other's practices with numerous visits and attendances at key Rampton Improvement meetings and across other sites.
- Recruitment of 75 nurses and health care support workers who were now in post, with a further 20 due to join very soon. This had improved staffing numbers and the ability to provide more therapeutic activities and engagement with patients.
- Significantly reduced daytime confinement, improving the patient experience and reducing restrictive interventions.
- Improved communication with Deaf patients by increasing the number of support workers employed who were Deaf. Staff BSL training had also increased.

In the discussion that followed, Members raised the following points and questions:

- Clarification was sought around the status of Rampton Hospital as a secure unit and the patients they treated.
- Members wished to know how many Deaf and women's wards were contained at Rampton.
- Members sought to understand better how the Covid-19 Pandemic had impacted Rampton and the ability of staff to care for patients safely and effectively.

- Further information was requested regarding the level of confidence that staffing levels were sufficient, and that the proposed 20 additional healthcare support workers could be recruited.
- Members enquired about the staff retention levels at Rampton.
- Further assurances were requested that a dedicated team at Rampton Hospital been set up to support a full review of the medication audits and medication governance processes.
- Members wished to know if therapy and education staff were still being used to increase nursing staff numbers on the wards.
- Members enquired about the IT arrangements for recording patient information and whether they were GDPR compliant.
- Further details were requested regarding how patients with complex needs were cared for at Rampton.
- Members noted the 7:1 staff to patient ratio at Rampton and questioned whether this impacted the funding of other NHS services in Nottinghamshire.
- Members queried the frequency of reviews of care plans and risk assessments at Rampton.
- More information was requested regarding how the Deaf community were engaging with Rampton and regarding the external support Rampton received from Deaf community organisations.
- Concerns were raised that patients at Rampton who had committed serious offences were kept on the same wards, and received the same treatment, as patients who had not committed offences.
- Members asked about staff morale at Rampton, in view of the extra scrutiny that had been placed upon the Trust.
- Members queried the scrutiny arrangements for Rampton Hospital.

In relation to the points raised by the Committee, the representatives of the Nottinghamshire Healthcare NHS Foundation Trust provided the following responses:

- Although some patients had committed serious offences, Rampton was not a prison; it was an NHS hospital.
- The total of 22 hospital wards included one Deaf ward and two women's wards.
- A previous CQC report had identified that Rampton was not prepared to admit pre-covid levels of patients. It was noted that the CQC had now updated this assessment and that Rampton was now admitting patients at pre-Covid levels.
- Ashworth and Broadmoor had assisted with an establishment review. This review had resulted in an increase in staffing levels. There were now a very small number of qualified nurse vacancies. Rampton had been successful in recruiting staff and recruiting an additional 20 healthcare support workers.
- It was agreed that information on staff retention levels at Rampton would be provided after the meeting.

- A dedicated team had been set up to support a full review of the medication audits and medication governance process. This team had included colleagues from Broadmoor and had now concluded.
- Therapy and education staff were only being used to increase nursing staff numbers on the wards in emergency situations, such as when there were high levels of patients out of grounds. However, this did not stop activities and education for patients from taking place.
- It was now monitored weekly whether patients were receiving 25 hours of education and activity.
- Rampton IT equipment was fit for purpose and all records were GDPR compliant. Rampton also allowed patients to access some parts of the internet through their 'Made Purple' system. Broadmoor and Ashworth were now looking to introduce similar systems. It was noted that unfortunately IT systems were not compatible across different NHS Trusts.
- Within Rampton's Learning Disabilities Service there were a number of specialised learning disability nurses. Reasonable adjustments were put in place for patients with complex needs. The increased need for routine, distress tolerance and family visits for these patients was acknowledged and catered for by staff at Rampton.
- Rampton was funded directly by NHS England. Funding for Rampton was completely separate from funding for other NHS services in Nottinghamshire.
- Care Plans were reviewed monthly and risk assessments were reviewed on an ongoing basis as part of ward reviews.
- Although Rampton did have connections with the Deaf community, it was acknowledged that this could be improved. It was agreed that the Trust would discuss with Healthwatch how they could better engage with the Deaf community.
- Rampton was a hospital rather than a prison and staff at Rampton had a duty to care for all patients at the hospital and to ensure their safety, in accordance with the Mental Health Act and regardless of whether they had committed an offence.
- Regular, open and honest conversations were being held with staff at Rampton. There had been an improvement in the culture, but it remained a challenging environment to work in. It was acknowledged that there was always more work that could be done to improve staff morale.
- NHS England scrutinised Rampton through the National Oversight Group on a quarterly basis. Scrutiny was also provided through monthly CQC visits.

**RESOLVED 2024/21:**

- 1) To note the feedback of members on the progress of the improvements at Rampton Hospital.
- 2) That a further update in respect of the progress on the transformation of crisis and community mental health services be submitted to the March 2025 meeting.

## **5 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD – FINANCIAL SUSTAINABILITY UPDATE**

Consideration was given to a report presented on behalf of the Nottingham and Nottinghamshire Integrated Care Board (ICB) by Alex Ball, Director of Communications and Engagement, Victoria McGregor-Riley, Acting Executive Director for Strategy and Systems Development. The report provided an update on the ICB's progress with achieving the NHS financial sustainability requirements in 2024/25 as part of a two-year programme of work. The following points were highlighted:

- An overall 2024/5 savings target of £257m for the Nottingham and Nottinghamshire NHS had been agreed via formal undertakings with NHS England as a route to achieve a sustainable financial position.
- The ICB had been required to continue to explore all options to promote cost efficiencies. As a consequence of this action, the ICB's 2024/25 efficiency target of £68.5 million remained challenging but was forecast to be delivered in full.
- The ICB was pursuing business as usual efficiencies. This included efficiency, productivity, and value for money improvements within services.
- Savings were being made by combining multiple smaller contracts into single, larger contracts to reduce administrative costs. A review of contracts across service lines would also enhance value for money without changing services.
- Deferred investment in 2024/25 represented a savings opportunity to not provide additional investment. It was not a reduction in business as usual spend and the services that patients were used to receiving would remain the same.
- Savings would be made through compliance with the existing ICB Value Based Commissioning Policy (including restricted procedures and eligibility criteria) and other policies which set out thresholds for receiving care. Patients would be able to access the care and treatment that they were eligible for, but not over and above those levels.
- National guidance had not yet been issued for 2025/26. However, early plans indicated that NHS partners in Nottingham and Nottinghamshire would have a £250m savings requirement for the forthcoming financial year. The intention was to deliver this over four key routes: System-wide transformation across health and care, Ongoing operational efficiency and productivity, Recurrent Full Year Impact of 24/25 schemes and Continuation of the Service Review approach.

In the discussion that followed, Members raised the following points and questions:

- Members raised concerns that it would be extremely difficult for the ICB to make £68.5 million on savings without cutting frontline services.
- Members queried the impact of fines on the ICB's finances.
- Further understanding was desired as to how contracts and services, such as IT provision, were shared with other NHS trusts in order to make savings through quantities of scale.

- Further information was requested regarding the impact of delayed investments in 2024/25 on specific areas within Nottinghamshire and whether contingencies were being put in place to avoid cuts to frontline services in these areas.
- Clarification was requested regarding the financial impact of increases in National Insurance and the minimum wage.
- A further update was sought regarding whether any of the proposals that had been shared in July 2024 had now been confirmed.
- Members queried the timeframe for taking any proposals through the formal decision-making process.
- Further details were requested regarding use of agency staff.
- Clarification was requested regarding whether the accounts were made publicly available.
- Further discussion was requested regarding the feasibility of achieving the ICB efficiency target of £68.5 million whilst also meeting the new target set by government for 65 percent of patients to have a wait time of less than 18 weeks by March 2026.
- Concerns were raised that early intervention schemes could be deferred in the pursuit of savings.
- Further description was desired regarding the work taking place with partners to prepare healthcare services in Nottinghamshire for the upcoming changes that would occur as a result of efficiency savings.

In relation to the points raised by the Committee, the representatives of the ICB provided the following responses:

- The CQC fine would come from collective NHS funding and as a result, there would be some impact on the ICB budget.
- Acute trusts and community providers were encouraged to share contracts and to work collaboratively in order to achieve better value. Unfortunately, NHS trusts did not share a common IT system; therefore, a saving could not be achieved through sharing IT contracts with other NHS trusts. This was a national issue, and it was not within the power of the ICB to change this.
- There were no plans for any particular disinvestment in Newark. The ICB were committed to keeping the Committee updated on any significant reduction to services in Nottinghamshire. Savings would be made through prescribing generic, cheaper, drugs to patents and through making contracts more efficient. The ICB were prioritising efficiencies that did not impact upon the delivery of front-line services.
- Figures on the National Insurance and minimum wage increases were not available at this time and would be included in the next update to the Committee.
- None of the proposals from the July 2024 meeting had gone through the formal decision-making process. Progress was being made on some proposals, and it was noted that the Committee would receive an update once they had gone through the formal decision-making process.
- It was confirmed that decisions did not need to be made by the end of the current financial year. The ICB was working to ensure that any proposals

went through a rigorous process and therefore any decisions would be taken in the next financial year.

- A figure on the percentage of NHS staff in Nottinghamshire that were agency workers would be provided after the meeting. It was noted that the number of agency staff had reduced dramatically in recent years which had resulted in savings.
- The accounts were published as part of their annual reporting process and were publicly available through the ICB website.
- Although meeting the government's new targets would be a challenge, the ICB were already working towards achieving these targets and had already seen progress in reducing wait times. Efficiencies and savings could be achieved alongside improvements in services by eliminating waste and duplication.
- The early intervention scheme was not a business as usual scheme and had been funded through non-recurrent funding. As a result of this, the scheme could be deferred without impacting regular day-to-day services.
- The ICB was working at pace with partners to prepare for the upcoming changes. It was acknowledged that culturally this would be a new way of working. In order to achieve savings, services needed to be transformed in collaboration with partners. The ICB were committed to achieving this transformation.

#### **RESOLVED 2024/22:**

- 1) To note the feedback of members on the contents of the report.
- 2) That a further briefing regarding the outcomes of the impact assessments be submitted for scrutiny at an appropriate time.

## **6 WORK PROGRAMME**

Consideration was given to an outline programme of scrutiny work for the municipal year 2024/25.

The Chairman highlighted the following points:

- The Committee's next meeting had been rearranged from Tuesday 11 February to Wednesday 12 February 2025.
- The March 2025 meeting would now be held on 18 March due to the pre-election period.
- Members were encouraged to put forward any potential topics for consideration for the work programme.

In the discussion that followed, Members raised the following points and requests:

- That the Mental Health Services in Bassetlaw item had originally been intended to provide an update on the mental health ward being moved from Bassetlaw Hospital to Mansfield.

- That consideration should be given to whether the Committee's first post-election meeting could be moved from July to June 2025.
- Whether the Fertility Policy Review could be brought forward to the February or March 2025 meeting.
- Whether the School Readiness Review could be brought to the February or March 2025 meeting.
- That the Chair of the Committee consider writing the Secretary of State for Health and Social Care to ask for work to begin on the proposed Health and Wellbeing Provision in Hucknall – Cavell Centre.
- That an update from the Care Quality Commission be considered for inclusion in the work programme.

**RESOLVED 2024/23:**

- 1) That the work programme and scrutiny criteria be noted.
- 2) That authority be delegated to the Health Scrutiny lead to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

The meeting closed at 12.27pm.

**CHAIRMAN**