

## Health Scrutiny Committee

Tuesday, 09 March 2021 at 10:30

Virtual meeting

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of Meeting held on 12 January 2021   | 1 - 4   |
| 2 | Minutes of last meeting held on 26 January 2021  | 5 - 8   |
| 3 | Apologies for Absence  |         |
| 4 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 5 | Nottinghamshire Non-Emergency Patient Transport Services   | 9 - 14  |
| 6 | Nottingham University Hospital Maternity Services Improvement Plan   | 15 - 20 |
| 7 | Work Programme   | 21 - 26 |

### 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>

**COUNCILLORS**

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

Richard Butler **A**  
John Doddy **A**  
Kevin Greaves  
David Martin  
Liz Plant

Kevin Rostance  
Stuart Wallace  
Muriel Weisz  
Yvonne Woodhead

**SUBSTITUTE MEMBERS**

Councillor John Longdon substituted for Councillor Richard Butler  
Councillor Gordon Wheeler substituted for Councillor John Doddy

**Officers**

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

**Also in attendance**

Dr Mary Antoun  
Ajanta Biswas  
Hazel Buchanan  
Lucy Dadge  
Dr Hilary Lovelock  
Catherine Pope  
Steven Smith

Nottingham University Hospitals Trust  
Healthwatch Nottingham & Nottinghamshire  
Nottingham & Nottinghamshire CCG  
Nottingham & Nottinghamshire CCG  
Nottingham & Nottinghamshire CCG  
Nottinghamshire Healthcare Trust  
Nottingham & Nottinghamshire CCG

**1. APOLOGIES**

Councillor Richard Butler (Council business)  
Councillor John Doddy (other reasons)

**2. DECLARATIONS OF INTEREST**

None.

### **3. BRIEFING ON REHABILITATION SERVICES IN NOTTINGHAMSHIRE**

The Chair gave a brief introduction to the item. He explained that the Committee had previously considered the consultation response to the NHS National Rehabilitation Centre in October 2020, and at its November 2020 had considered proposals to shift services at the Chatsworth Rehabilitation ward to a community-only model.

In view of inconsistencies arising from considering different elements of the Rehabilitation offer in Nottinghamshire in isolation – specifically in respect of patients requiring level 2b inpatient care and the future of Linden Lodge – this meeting had been convened to receive a comprehensive overview of Rehabilitation Services. This provided the opportunity to revisit, if required, previous Committee conclusions on Rehabilitation Services in Nottinghamshire.

Lucy Dadge and Hazel Buchanan of Nottingham and Nottinghamshire CCG introduced the report and provided a detailed presentation. The presentation defined what was meant by rehabilitation, elaborated on different examples of rehabilitation services – including stroke, cardiac, pulmonary and oncology services, before focussing on the neuro-rehabilitation pathway in Nottinghamshire and beyond.

Catherine Pope of the Nottinghamshire Healthcare Trust elaborated on three detailed case studies, explaining how a range of life-changing conditions were addressed through the pathway.

During discussion, a number of issues were raised and points made:

- CCG and Healthcare Trust representatives gave assurance that the revised structure of neuro-rehabilitation services was structured around the needs of individuals, and that delivering those services in a community setting helped provide the best possible service to patients;
- Clinicians advised that functional patient rehabilitation was more successful in a community setting, and reiterated the point that no-one would be left with unmet need as a result of the service changes or transition arrangements;
- It was explained that efficiencies arising from moving to a community-based model would be reinvested to enhance that service provision
- It was acknowledged that for the families of those requiring inpatient care there was a greater physical distance involved, particularly for those living in mid- and north Nottinghamshire. However, patient need would better met at the state-of-the-art facilities at Stanford Hall, while enhanced community services post-discharge would help provide better quality of life for patients;
- It was explained that the timescales for transition arrangements were under constant review, but were driven by assessment and delivery of care to patients, and not by timescales for decanting physically from where services were currently be delivered;

- Assurance was given that anyone needing inpatient care would receive it, and the point was made that appropriate social care packages needed to be in place for those lacking family or wider support structures;
- It was explained that the challenges presented by the emergence of Long Covid were being addressed, and that it was hoped that commissioning would be rolled out in the near future.

In view of the additional information, clarification and assurance provided in respect of Rehabilitation Services in Nottinghamshire, the Committee was persuaded that the needs of patients were best served by the move to a community-based model of service delivery.

The Committee also agreed to rescind its recommendations on transition arrangements for Linden Lodge patients as agreed at its October 2020, when it had called for there being a minimum overlapping transition period of 6 months, and possibly up to 12 months, where both facilities remained open as Linden Lodge wound down services and Stanford Hall became fully operational.

The Chairman thanked CCG, NUH and Healthcare Trust representatives for their attendance, especially at such a critical time in the roll-out of the Covid 19 vaccination programme.

#### **4. WORK PROGRAMME**

It was noted that consideration of the Care Quality Commission's report on Maternity Services at NUH was now scheduled for the Committee's March 2021 meeting.

The meeting closed at 12:10pm.

**CHAIRMAN**



**COUNCILLORS**

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.

**Officers**

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

**Also in attendance**

Dr Aamer Ali  
Ajanta Biswas  
Philip Britt  
Lucy Dadge  
Lewis Etoria  
Sarah Fleming  
Katie Moore

Nottingham University Hospitals Trust  
Healthwatch Nottingham & Nottinghamshire  
Nottingham University Hospitals Trust  
Nottingham & Nottinghamshire CCG  
Nottingham & Nottinghamshire CCG  
Nottingham & Nottinghamshire CCG  
Nottingham University Hospitals Trust

**1. MINUTES OF MEETING HELD ON 15 DECEMBER 2020**

The minutes of the meetings held on 15 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**

None.

### **4. DEMENTIA STRATEGY UPDATE – NOTTINGHAM UNIVERSITY HOSPITAL**

NUH representatives Dr Aamer Ali, Consultant in Health Care for Older People and Katie Moore, Head of Patient and Public Involvement, introduced the report, which provided an update on the progress of the 2019-2022 Delivering Excellence in Dementia Care Strategy.

The report highlighted the work of the Dementia Steering Group in helping guide, monitor and implement the Strategy. While resources had been diverted to address priorities associated with the Covid 19 pandemic, significant progress had been made in delivering training, environmental dementia audits and electronic dementia assessment. Further progress was required in respect of research, as well as on system-wide changes around information sharing.

During discussion, a number of issues were raised and points made:

- The Committee welcomed the NUH commitment to advancing its Dementia Strategy at a time of conflicting priorities and pressures, and especially welcomed the fact that dementia awareness training was mandatory for all staff;
- NUH representatives were not aware of specific issues in primary care around the issue of repeat prescriptions and blister pack for dementia patients, but undertook to raise the issue through Integrated Care channels. It was also pointed out that the new Primary Care Networks had in-house pharmacy provision;
- Assistive technology was prompting those providing health care to those over the age of 65 to conduct initial screening for dementia, which could, in turn, lead to more detailed assessment;
- It was explained that work was ongoing in respect of developing a standardised About Me document, which would assist in providing consistency of care for dementia patients in physical environments unfamiliar to them. It was also reported that NUH had received strong support locally for its Strategy from the Dementia Alliance;
- It was acknowledged that the role of voluntary support in hospitals had had to be curtailed during the pandemic, but that Tier 1 basic awareness training would be delivered to them when appropriate;
- The point was made that GP practices were also delivering a large number of dementia assessments.

The Chair thanked Dr Ali and Ms Moore for their attendance and contribution to discussions, and requested a further update in January 2022.

## **5. TOMORROW'S NUH**

Sarah Fleming, Head of Programme Delivery, introduced a report of the Nottingham and Nottinghamshire CCG, updating the Committee on the CCG's plans for reshaping Health Services in Nottinghamshire through the Tomorrow's NUH programme of work. The programme looked to draw upon funding available under the national Health Infrastructure Programme 2 (HIP 2) initiative.

The Committee had previously been advised that a pre-consultation business case was being developed with a view to conducting a full public consultation in the summer of 2021. A range of pre-consultation engagement activity had already been conducted, including a virtual events programme, online survey, a stakeholder reference group overseen by Healthwatch Nottingham and Nottinghamshire and outreach work with specific patient cohorts.

Work was currently ongoing to develop a range of options on which to consult, at which point additional detail would be available. Though feedback was broadly positive, there had been some criticism of the lack of specific detail at the pre-consultation engagement stage.

Ms Fleming, assisted by Ms Dadge, Mr Etoria and the Tomorrow's NUH Programme Director Mr Britt addressed a number of issues raised and points made during discussion:

- Committee members welcomed the initiative, and were reassured that significant demographic changes, such as the expansion of housing stock at Hucknall, were informing future long-term planning;
- While the funding available under HIP 2 initiative was for hospital building infrastructure, it was imperative that appropriate long-term service configuration and delivery was addressed and accommodated when overhauling the hospital estate;
- Several members commented on the relatively low levels of response to the pre-consultation engagement process, but acknowledged that engagement would be easier when there were more concrete proposals available for consideration. It was also confirmed that complaints raised at the pre-consultation stage were being followed up;
- It was confirmed that plans for full and ongoing engagement with NUH staff were in place;
- It was confirmed that population health data was being examined at the mini-Super Output Area level to determine future health care need;
- The view was expressed that it was desirable to separate out elective and emergency provision to ensure consistency of service delivery.

The Chair thanked Ms Dadge, Mr Britt, Ms Fleming and Mr Etoria, for their attendance and contributions to the discussion, and agreed to schedule a further update on the initiative at the appropriate point in the cycle.

## **6. WORK PROGRAMME**

During discussion, several potential topics for future scrutiny were highlighted, it being noted that these were likely to be subject to approval under the new administration post-May 2021. The areas identified were:

- Mental health provision via CAMHS;
- Pressures arising from increased diabetes and pre-diabetes;
- Patient Transport Service

Subject to these amendments, the Committee work programme was approved.

The meeting closed at 12:40pm.

**CHAIRMAN**

**9 March 2021**

**Agenda Item: 5**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NOTTINGHAMSHIRE NON-EMERGENCY PATIENT TRANSPORT SERVICES UPDATE**

#### **Purpose of the Report**

1. To provide an update on the latest position with the non-emergency patient transport service.

#### **Information**

2. The contract for the Non-Emergency Patient Transport Service (NEPTS) was awarded to a new provider, ERS Medical Ltd. in December 2019.
3. An update from the commissioners on the latest position is attached as an appendix to this report.
4. Senior representatives of Nottingham and Nottinghamshire Clinical Commissioning Group and the provider will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration, as necessary.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules 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

# HOSC Update

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Nottinghamshire Non-Emergency Patient  
Transport Services

**February 2021**

## **Background**

The NHS Non-Emergency Patient Transport Services (NEPTS) in Nottingham, Nottinghamshire and Bassetlaw is currently operated by ERS Medical Ltd. The Contract started on 1<sup>st</sup> December 2019 after a competitive procurement process involving a number of bidders.

Despite starting at one of the busiest times of year for the NHS the Contract has been operating successfully. ERS have fully engaged with all the major stakeholders such as the acute hospitals, community health providers and the mental health trust and established an excellent and cooperative working relationship. They also liaise regularly with Commissioners.

Despite the fact that the Contract started off successfully no one could have predicted the impact of the Covid 19 pandemic, not only on NEPTS but also the wider health service. In the first wave NHSE issued a series of guidelines for patient transport operations as it was recognised very early in the pandemic that keeping patient flows in and out of hospital would be extremely challenging. The limited space inside a NEPTS vehicle meant that social distancing was very difficult and new procedures and crew training had to be devised very quickly. To the credit of both the ERS management team and their crews the training was undertaken quickly and the new procedures implemented at pace. PPE supplies were a major problem in the early part of the pandemic but ERS were supported by the acute hospitals who shared their supplies until a more robust solution was in place.

NHSE recognised very early on in the pandemic that companies such as ERS who were key providers in the response must be supported both financially and operationally. To this end all Key Performance Indicators were suspended and any potential performance penalties were put on hold. Hospital discharge requests were deemed the priority over all other journey types and a coordinated approach was implemented by both EMAS and other East Midlands NEPTS Providers who all offered mutual aid as required. The challenges in the hospitals to create extra Covid 19 capacity had an impact on outpatient appointments and the need for NEPTS these types of journey reduced significantly. All high priority conditions such as oncology and renal dialysis continued to be provided and NEPTS supported this delivery as required. The reduced journeys allowed ERS to move to a Covid secure transport arrangement where patients were transported singularly.

## **On-going challenges**

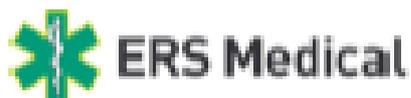
As the pandemic has progressed ERS have become more proficient in managing the situation. All of their crews are fully trained in Covid 19 procedures and every patient is assessed as being Covid 19 positive or negative before their journey commences. Strict PPE and vehicle cleaning processes ensure that both patients and crews are protected. Commissioners have been extremely supportive of ERS and ensured that when additional NEPTS support is required, for example over Christmas and the New Year, this is fully funded. As with other front line healthcare workers ERS crews have been able to access vaccinations and this has had a very positive impact on both crew morale and sickness absence.

As hospitals get back to normal activity levels the backlog of appointments could present large increases in activity for NEPTS. ERS are already planning for this and Commissioners and stakeholders are working closely with them.

## **Conclusion**

The new NEPTS Contract was mobilised successfully and operated well. The Covid 19 pandemic has changed the landscape drastically but ERS, supported by the Commissioners and NHS stakeholders have ensured that patient flows in and out of hospital have been maintained and the majority of patients have attended their planned appointments. More challenges are likely to arise in the coming months but Commissioners will ensure that both patients and ERS are fully supported as required.

A Provider statement is given in Appendix A.



## Statement from the Provider ERS Medical Nottingham

### Statement of ERS Medical contract

Following the award of the Nottinghamshire NEPTS to ERS medical, the transition of the contract on 1<sup>st</sup> December 2019 went extremely well. Support from the CCG was put in place in terms of a presence both at acute sites and ERS Medical however this was quickly reviewed due to the success of the transition.

Relationships between ERS Medical and its stakeholders were built upon using the experience held within the existing employee framework and the introduction of closer partnership working with the Senior Operational Manager. These relationships, and the need for close working relationships with other system partners, were very quickly cemented by the unexpected introduction of the Covid 10 pandemic.

ERS Medical adapted to the new priorities of a very pressurised system and all the new ways of working that this brought with it, in terms of social distancing on vehicles and the requirement of extra IPC and PPE regulations. Whilst this change was necessary, the main core values of providing a reliable, caring service that puts people at the heart of everything we do remained the central point of focus.

Whilst national guidance suggested that Key Performance Indicators (KPIs) should be put on hold throughout the first wave of the pandemic in order to focus more on discharge turnaround, ERS Medical continued to balance the needs of the acute hospitals along with the needs of all patients travelling especially those attending regular life changing treatment.

It is difficult to give a full and true picture of the first year of the contract in terms of the “normal” working status for NEPTS, however, it is clear from engagement with our system partners, CCG colleagues and internal colleagues that the response to the pandemic from ERS Medical has been a very positive and successful one.

It is also clear from the KPI data that we have continued to monitor over the year that whilst challenges have been faced in terms of reduced capacity, quality has remained at a consistent level with improvements being seen in certain areas especially around discharge.

The CCG have been very supportive in relation to the need of additional resource and have helped ERS Medical in firming up the capacity needed to keep patient flow to an optimum level.

Overall, the first year of this contract, and the challenges that came with it, have created a very positive outlook throughout in terms of moving forwards and building upon the achievements and lessons learnt over the last 14 months.

**NEPT Provider: ERS Medical**

**9 March 2021**

**Agenda Item: 6**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY SERVICES IMPROVEMENT PLAN**

#### **Purpose of the Report**

1. To provide details of Nottinghamshire University Hospital's improvement plan for maternity services.

#### **Information**

2. In October 2020, the Care Quality Commission (CQC) undertook a review of maternity services at Nottingham University Hospital (NUH) and in December 2020 published their report in which they re-rated NUH from 'Requires Improvement' to 'Inadequate' – along with regulatory notices requiring the Trust to take immediate actions to make the service safe for mothers and babies.
3. A briefing from NUH on the latest position is attached as an appendix to this report.
4. Dr Keith Girling, Medical Director, NUH and Sarah Moppett, Interim Chief Nurse, NUH, will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration, as necessary.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules 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

## Report for Nottingham County Health Overview & Scrutiny Committee, March 2021

### 1.0 Introduction

In July 2020, the Trust became aware of a number of issues within its maternity services and in response to these concerns established a transformation programme to deliver improvements in the quality of care.

Subsequently in September 2020, the inquest into the death of baby Wynter Andrews resulted in the issuing of a Prevention of Future Deaths Report requiring the Trust to take action to ensure services are safe.

Following this inquest the Care Quality Commission (CQC) undertook a focussed inspection of our maternity services in October 2020 and in December 2020 published their report re-rating our maternity services from 'Requires Improvement' to 'Inadequate' along with issuing regulatory notices requiring the Trust to make immediate action to make service safe for mothers and babies .

Following the initial feedback from the CQC on 15 October we made some immediate changes in order to maintain the safety of the service and have continued to make further changes.

As a result of the above, the Trust took the decision to move from a transformation to improvement programme and strengthened oversight.

In addition in December 2020 the first report of the independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust was published requiring all Trusts to implement 12 urgent clinical priorities that were to be implemented and to undertake an assessment of their own maternity services against the reviews immediate and essential actions. The trust has completed this assessment and incorporated further actions in to our overall Improvement Programme.

This report provides the Overview and Scrutiny Committee with details of the actions taken in response to the above to ensure our maternity services are safe for mothers and babies.

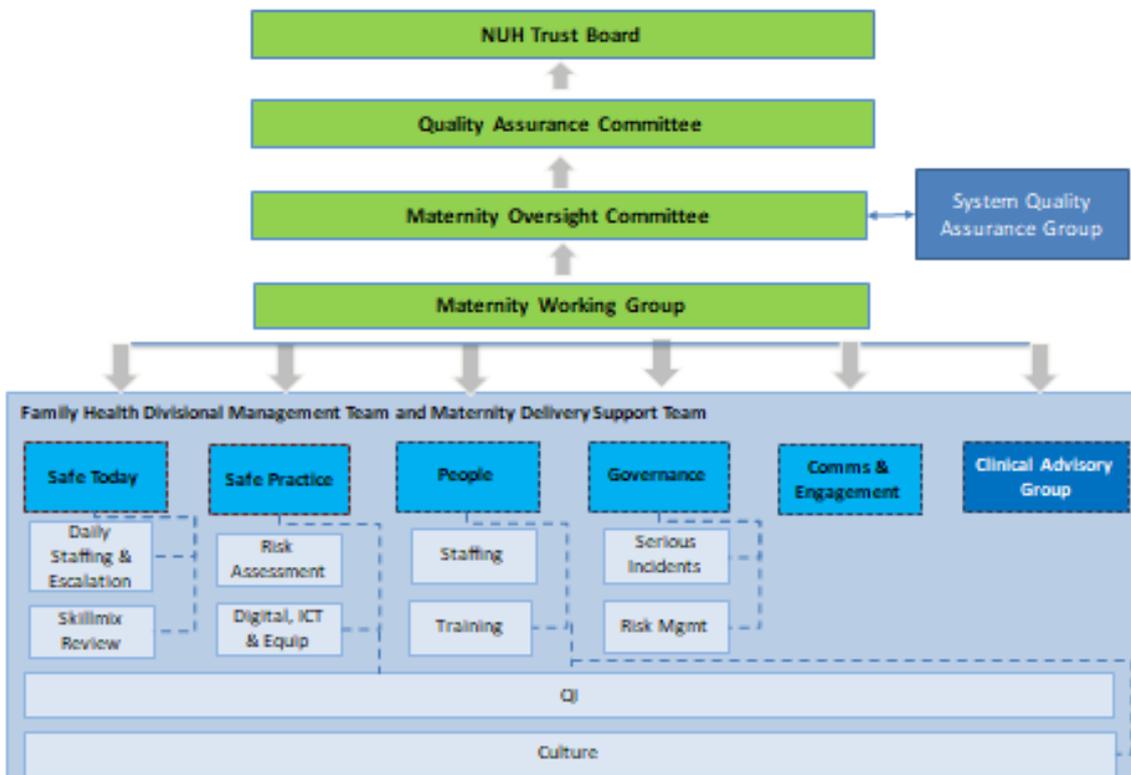
From the CQC inspection and Coroners inquests, the Trust accepts that there is evidence of long standing concerns around maternity at NUH. Although actions have been taken previously and assurance gained from national data showing still birth and neonatal deaths were both significantly better than the national median there was more action that needed to be undertaken to improve the service for women and babies. The Trust is completely committed from the staff who directly care for women through to the Board to now fully rectify this situation and has set itself an ambition to move out of inadequate to 'good' within 12 months of the previous CQC visit.

### 2.0 Maternity Oversight

The principle governance committee for oversight of maternity improvement is the Maternity Oversight Committee chaired by a Non-Executive Director, who is our Maternity Safety Champion; this Committee is supported by work streams led by Executive Directors. This includes groups for safe practice, learning from experience and quality improvement, people (leadership, teamwork, culture and innovation), governance (including incident and risk management), Safe Today and a Clinical Advisory Group, chaired by the Divisional Director for Family Health.

The diagram overleaf illustrates the governance structure for maternity improvement

## Governance & Oversight



Linked to the Maternity Oversight Committee is an external panel which will include experts in maternity and obstetrics from other NHS Trusts who are rated 'Good' or 'Outstanding' by the CQC, maternity leads from NHS England/ Improvement and service users. During 2021 we will be working closely with the Maternity Voices Partnership to ensure we embed the voice of women and families into our improvement work. These groups/ committees meet monthly and work through the CQC action plan and making improvements to the service.

Improvement actions are monitored internally by the Maternity Oversight Committee and assurance provided to the Board Quality Assurance Committee and Trust Board. External oversight is undertaken by the System Quality Assurance Group, chaired by the Accountable Office for the Clinical Commissioning Group and the Regional Chief Nurse for NHS England and Improvement.

### 3.0 Actions and Improvement

Our action plan is a large and complex document that takes account of the feedback from the CQC, recent inquests, feedback from HSIB, recommendations from the Ockenden Report, feedback from staff and service users.

The action plan contains a number of 'themes' and the table overleaf summarises some of the actions already completed. The table overleaf details some key actions completed to date against the areas for improvement.

### Key Actions completed

Area for Improvement	Progress to date
Maternity Leadership	<ul style="list-style-type: none"> <li>• Interim Director of Midwifery in post</li> <li>• Development for senior leaders</li> </ul>
People and Culture	<ul style="list-style-type: none"> <li>• Birthrate plus assessment undertaken</li> <li>• Recruitment to additional midwifery staffing numbers</li> <li>• Freedom to Speak Up Guardian activity to encourage staff to raise concerns</li> <li>• Recruitment plans for additional Obstetricians</li> </ul>
Safe Today	<ul style="list-style-type: none"> <li>• Process for the identification and escalation of concerns in place</li> <li>• Improved triage of mothers</li> </ul>
Safe Practice	<ul style="list-style-type: none"> <li>• Improved partnership working between team members</li> <li>• Deep dive of incidents to identify actions and learning</li> <li>• Improvement in training for key areas e.g. cardiotocography (CTG)</li> <li>• Developed competency training</li> </ul>
Governance	<ul style="list-style-type: none"> <li>• Review and implementation of a revised Serious Incident process</li> </ul>
Communications & Engagement	<ul style="list-style-type: none"> <li>• New and regular communications (weekly newsletter, leader walkabouts, MS Team feedback sessions)</li> <li>• Improving our links with the Maternity Voices Partnership with regular monthly meetings</li> </ul>

The Trust is confident that the actions that are being taken will result in improvement that with the new governance and reporting arrangements that will be in place will ensure this is sustained in the future.

**Dr Keith Girling, Medical Director**

**Sarah Moppett, Interim Chief Nurse**



**9 March 2021**

**Agenda Item: 7**

## **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 2020/21

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>29 September 2020</b>				
Health Trust CQC Improvement Plan	Further Scrutiny of Nottinghamshire Healthcare Trust's improvement plan following last year's CQC inspection.	Scrutiny	Martin Gately	Anne Maria Newham Executive Director for Nursing, AHPs and Quality
Millbrook Service Variation	Improvements to inpatient mental health provision			Sharon Creber, Healthcare Trust
Bassetlaw Hospital Service Variation	Initial briefing on a potential substantial variation of service and engagement/consultation	Scrutiny	Martin Gately	Victoria McGregor-Riley, Bassetlaw CCG
<b>14 October 2020</b>				
NRC Consultation Response	[Final] consideration of responses to the National Rehabilitation Centre consultation	Scrutiny	Martin Gately	Lewis Etoria, Nottinghamshire CCG
<b>10 November 2020</b>				
Tomorrow's NUH	Future development of services at NUH	Scrutiny	Martin Gately	Dr Keith Girling, NUH
COVID-19 Restoration	Further briefing on service changes linked to COVID-19	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
COVID-19 and Mental Health	Mitigation of COVID-19 on mental health, including mental health support for NHS staff	Scrutiny	Martin Gately	CCG/Healthcare Trust TBC
Chatsworth Neurorehabilitation Service (move to community model)	Further briefing on the Chatsworth Neurorehabilitation Service and service development towards a community service.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG

<b>15 December 2020</b>				
Dentistry and Orthodontic Provision (Bassetlaw)	An initial briefing on dentistry in Bassetlaw	Scrutiny	Martin Gately	Emma Wilson, Head of Co-commissioning Debbie Stovin, Dental Commissioning Manager, NHSE
GP Mental Health Referrals	An initial briefing from the CCG and Nottinghamshire Healthcare Trust on the operation of GP mental health referrals.	Scrutiny	Martin Gately	Maxine Bunn, Associate Director of Commissioning, Nottinghamshire CCG
Equity of Access to GPs	An initial briefing on equity of access to GP services across Nottinghamshire	Scrutiny	Martin Gately	David Ainsworth, Locality Director, Nottinghamshire CCG
Bassetlaw Proposals Engagement	Briefing on the planned engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Martin Gately	Dr Victoria McGregor-Riley, Bassetlaw CCG
<b>12 January 2021</b>				
Rehabilitation Services	A full and detailed briefing on rehabilitation services within Nottinghamshire	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
<b>26 January 2021</b>				
Tomorrow's NUH	Further briefing on future development of services at NUH	Scrutiny	Martin Gately	TBC
Dementia in Hospital	An initial briefing from NUH on dementia services in hospital	Scrutiny	Martin Gately	
<b>9 March 2021</b>				
Patient Transport Service Performance Update	Latest Performance Information on the PTS	Scrutiny	Martin Gately	Mark Sheppard, Nottinghamshire CCG
NUH Maternity Services Improvement Plan	An initial briefing on NUH's improvement plan for Maternity	Scrutiny	Martin Gately	Dr Keith Girling and Sarah Moppett (NUH)

	Services following last year's CQC inspection			
<b>20 April 2021</b>				
Bassetlaw Proposals Engagement	Briefing on the planned engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Martin Gately	Dr Victoria McGregor-Riley, Bassetlaw CCG TBC
School Nurses and Family Teams	An initial briefing on the work of school nurses	Scrutiny	Martin Gately	Kerrie Adams, Nottinghamshire County Council
<b>8 June 2021</b>				
NHS Property Services and contracts	TBC	Scrutiny	Martin Gately	TBC
Allergies in Children	Initial briefing in relation to allergies and epi-pens	Scrutiny	Martin Gately	TBC
<b>13 July 2021</b>				
East Midlands Ambulance Service Performance	TBC	Scrutiny	Martin Gately	TBC
<b>To be scheduled</b>				
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Martin Gately	TBC
Public Health Issues				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	Martin Gately	TBC
NHS Property Services	TBC	Scrutiny	Martin Gately	TBC
Operation of the Multi-agency safeguarding hub	TBC			
Children's Strategic Commissioning	TBC	Scrutiny	Martin Gately	Louise Lester, Consultant in Public Health and Jonathan

				Gribbin, Director of Public Health
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	Martin Gately	TBC
Winter Planning (NUH) (Sept)	Lessons learned from experiences of last winter	Scrutiny	Martin Gately	TBC

**Potential Topics for Scrutiny:**

Recruitment (especially GPs)

Pre-diabetes and public health

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID