

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, Portsmouth Civic Offices on Wednesday 15 April 2009 at 2.00 pm.

Present

Councillors David Stephen Butler (Chairman)
(joined the meeting at item 6(i))
David Horne
Eleanor Scott

Co-opted Members

Councillors Gwen Blackett
Dorothy Denston
Keith Evans
Vicky Weston
Dennis Wright

Also in Attendance

Katie Benton, Scrutiny Support Officer,
Portsmouth City Council
Lyn Darby, Associate Director - Secondary Care,
Portsmouth PCT
Angela Dryer, Assistant Head of Adult Social Care,
Portsmouth City Council
Mark Fletcher, Development Manager - Secondary Care,
Portsmouth PCT
Nick Fox, Director of Strategy, Western Sussex Hospitals
NHS Trust
Anthony Quinn, Senior Local Democracy Officer,
Portsmouth City Council
Innes Richens, Director of Strategy & Systems Management,
Portsmouth PCT
Timothy Robinson, Head of Public & Patient Involvement,
Portsmouth Hospitals Trust

16 Apologies for Absence (AI 1)

Councillor Jacqui Hancock from Portsmouth and Councillor Peter Edgar from Gosport sent their apologies.

17 Declarations of Interest (AI 2)

Councillor Dennis Wright declared a personal but non-prejudicial interest as his wife is a general practice manager.

Councillor David Horne explained that he would be chairing the meeting for the first few items as Councillor Butler, the Panel chairman, was away on other business.

18 Minutes of the Meeting held on 4 March 2009 (AI 3)

RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 4 March 2009 be confirmed as a correct record.

19 Matters Arising from the Previous Minutes (AI 3)

There were no matters arising from the minutes of the 4 March 2009 meeting.

The chairman then agreed to take item 6(ii) Portsmouth City Council Adult Social Care Quarterly Letter out of order in order for the witness to leave the meeting early.

20 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports

(i) Portsmouth City Council Adult Social Care

Angela Dryer, Assistant Head of Adult Social Care, Portsmouth City Council, presented to the Panel Adult Social Care's quarterly letter.

(TAKE IN LETTER)

The Panel heard:

- That a large amount of the work going into the transformation of social care (putting people first) will be regarding informing patients, staff, carers and families where people can gain the information, advice and money/support they need on the services that they are entitled to.
- That Adult Social Care met with 95 carers in March for input into on skills and confidence training.
- That there has been an increase in take-up in the number of direct payments but that some people find this difficult to manage as they then become involved directly in employing those that care for them.
- That ten clients are currently on individual budgets. Some clients find this easier as they do not need to employ directly but instead manage a virtual budget and have control of where this money goes.
- That Adult Social Care will be working closely with Portsmouth Primary Care Trust and Portsmouth Hospitals Trust in relation to the Health Reform Demonstration Systems (HRDS), and hope to receive final recommendations around this within the next few weeks. This will hopefully lead to less duplication between the services involved.
- That in relation to the Joint Commissioning Unit, the first meeting of the integrated Joint Commissioning Board will take place on 11 June and this will be to agree the structure and remit of the unit.
- That there have already been expressions of interest in the 65 extra care sheltered housing units, which are underway on the adjoining site at Avocet House in Milton.
- That Adult Social Care has identified and trained Deprivation of Liberty Safeguards (DoLS) assessors.

- That there have been some enquiries relating to DoLS but that the numbers that Adult Social Care are expecting to enquire cannot be confirmed at the moment.
- That the Safeguarding Service was judged as excellent as part of the annual review of adult social care. The number of safeguarding referrals has doubled between 2007 and 2008. However, these only relate to individual incidents and not to the number of complaints, so therefore one incident could be classed as one safeguarding referral but 20 people could have made an individual complaint regarding it.
- That Portsmouth City Council has been selected as one of three Council's to take part in the Office of Disability Issues (ODI) pilot in the south east. There will be three key strands of work during the two periods of the project and this includes change management, qualitative research (which is independent), and increasing the voice/influence of older people with high support needs and how this can be achieved at different levels. In relation to increasing the voice of older people Adult Social Care will be looking at speaking to individuals, groups and whole communities.
- That there are two upcoming priorities within the Adult Social Care calendar. The first of these is The Lodge closure, which is immediately on the horizon. Adult Social Care will be working hard to work with all of those involved in The Lodge to see what is needed to make the move a positive experience. The second work stream is sending invitation to all wards in the city asking for people to comment on what is important to them relating to choice and control around elderly people.
- That Adult Social Care is now under the regulation of the Care Quality Commission, which came into being on 1 April 2009. This year will be a transition year from regulation under the Commission for Social Care Inspection to the Care Quality Commission. Adult Social Care are keeping the same business relationship manager who will be working with both Health and Social Care.

In response to questions the Panel heard:

- That it can be difficult for users of Adult Social Care to get used to the new way of working. Rather than being asked what they need they are being asked what their goals are, and rather than what they cannot do, what they would like to be able to do.
- That there has been a grant given to Adult Social Care to enable them to start to move towards individual budgets, but there is no additional funding after the grant to achieve targets around this.
- That there is a monitoring system in place to make sure that individual budgets and direct payments are spent on care. This is regulated by the charity Age Concern, which acts as an independent body. There is also a new system in place which additionally reviews all new starters on direct payments.
- That there is a workforce review ongoing within Adult Social Care which is in place to ensure that there are enough staff to monitor and review the move over to the 'Putting People First' agenda, and to accurately progress all work streams ongoing within the department.

- That the changes can be quite scary for staff as they are system led and driven. However Adult Social Care have put on workshops and tried to make the transition into this new way of working smoother.
- Champions have been identified across the service and they will be working to develop systems of working. Assessments for customers needing budgets will take longer in the beginning but the service will get this time down as they get used to the way of working.
- That Adult Social Care have informed service users of these new ideas detailed in the information briefing.

**RESOLVED(1) that all information items are noted by the panel;
(2) that the outcomes of the first meeting of the Joint Commissioning Unit in June are relayed to the September meeting of the Health Overview & Scrutiny Panel.**

21 Scrutiny Reviews (AI 4)

The HOSP then considered evidence and received briefings from the following witnesses as part of the Hyperbaric Medicine Unit stage 2 review.

(TAKE IN REPORTS AND LETTERS)

(i) Nick Fox, Director of Strategy, Western Sussex Hospitals NHS Trust presented the Royal West Sussex NHS Trust Hyperbaric Medicine Unit letter. The Panel heard:

- That Qinetiq first approached Royal West Sussex NHS Trust 2-2½ years ago. They were informed that St Richard's Hospital (SRH) was a preferred site for the Unit, as it needed to be within one hour's drive of the Defence Diving School in Portsmouth, owned by the Royal Navy.
- That St Richard's Hospital is within this time frame, but most casualties come by helicopter and therefore the time is negligible between Portsmouth and Chichester.
- That SRH were able to offer QinetiQ a flexible solution to their needs for the Hyperbaric Medicine Unit (HMU). This is because SRH are able to build on the ground floor, due to the hospital site being less complex than Queen Alexandra Hospital in Cosham. There are also landing sites for helicopters and the accident and emergency department is within walking distance of the proposed site of the HMU.
- That St Richard's Hospital stayed in discussion with Portsmouth Hospitals Trust relating to the approach from QinetiQ. This is because although the two hospitals are in direct competition, Royal West Sussex NHS Trust (now Western Sussex Hospitals NHS Trust) holds the partnership these two hospitals have of high worth and therefore wanted to be open about the approach.
- That the building works are planned to begin on 5 May 2009 with a proposed end time of September to October 2009. It will then be up to QinetiQ to furnish and ensure the facility is ready to open for treatment.
- That Western Sussex Hospitals NHS Trust will act only as a landlord to the Hyperbaric Medicine Unit facility, and will have no control over clinical staff inside or the treatment that patients receive. They will be

there to provide support services, such as accident and emergency and intensive care.

- That Western Sussex Hospitals NHS Trust is confident that they will meet the closure of the Haslar site time line for moving a temporary chamber into the St Richard's Hospital site. The closure of Haslar is due to occur in July 2009.
- That the Hyperbaric Medicine Unit will only be available when it opens to Ministry of Defence and naval staff. This is because the Unit needs to be registered with the Care Quality Commission, as it is receiving and treating civilian patients. This means that the Unit will not be open to civilian elective or emergency patients until the Unit is inspected and registered.

In response to questions the Panel heard:

- That Western Sussex Hospitals NHS Trust are not aware of the cost of the Queen Alexandra Hospital build, but that the reason why St Richard's Hospital has been described by QinetiQ as 3-4 times cheaper is because there is not the same level of extensive building works needing to be completed, that the Unit can be built on a ground floor level next to the accident and emergency site. Queen Alexandra Hospital would have had to have placed the Hyperbaric Medicine Unit on the third floor and therefore the building works at this site would have been a lot more complex.
- That despite the fact that the unit at SRH will be 3-4 times cheaper than to Queen Alexandra, it will still cost over £1 million to relocate the chamber to St Richard's Hospital.
- That between the Haslar site closing and the six-person chamber Hyperbaric Medicine Unit being relocated to SRH and opening there will be a 6-9 month period. Western Sussex Hospitals NHS Trust are hoping to get a smaller temporary Unit in place - but this is not guaranteed as yet.
- That the reason MoD and naval staff can use the Hyperbaric Medicine Unit straightaway when it is installed at St Richard's Hospital is under the Health & Safety at Work Act. Civilians (both elective and emergency) are not subjected to the same legislation and therefore the Unit will have to be approved by the Care Quality Commission. It will need to be inspected and signed off before it can start seeing patients.
- That, in answer to statements that the period without a chamber could have been avoided, the Ministry of Defence did have issues over financial pressures and could only secure the funding for the Hyperbaric Medicine Unit in mid-2008 and this is the reason for the delay.
- That Western Sussex Hospitals NHS Trust will be working with QinetiQ to ensure that the Care Quality Commission can register the practice and will be supporting QinetiQ to this effect.

Katie Benton, Scrutiny Support Officer for Portsmouth City Council then summarised the following papers to the panel:

(ii) Qinetiq Letter

The Panel heard:

- That following numerous discussions with Qinetiq officers by email, letter and telephone conversation it has become apparent that QinetiQ are unable to attend scrutiny review meetings without Ministry of Defence support, as they are unable to answer questions relating to finance and contracts without their input. The contact details of relevant MoD officer were not provided to the HOSP until two weeks before the date of this Panel meeting. The Ministry of Defence were invited to attend but given such short notice they were unable to attend. Therefore QinetiQ have declined to attend this meeting also.
- That the Hyperbaric Medicine Units only receive elective patients because QinetiQ cannot afford to run on the Unit on standby for the Ministry of Defence. Decisions about moving the chamber were made based on Ministry of Defence finance as this is what underpins the facility QinetiQ provide.
- That the move to St Richard's Hospital, Chichester is the most cost-effective way for QinetiQ to provide the facility for the MoD. The cost of locating the chamber to Queen Alexandra Hospital would be 3-4 times more expensive than locating it at St Richard's Hospital.
- That QinetiQ have not considered a monoplace (Category 4) Hyperbaric Medicine Unit at Queen Alexandra Hospital because they are contracted to the MoD to provide only a Category 1 facility.
- That QinetiQ pulled out of the original private finance initiative plans for Queen Alexandra Hospital in 2001/02 and again in 2006/07 as the MoD were unable to provide the funding for the HMU. This funding was obtained in mid-2008.
- That QinetiQ underwent an engagement process with the MOD and Royal Navy and kept Portsmouth Hospitals Trust informed of its proposals. QinetiQ stresses that its main client is the MOD and not NHS patients.
- That QinetiQ have sought assurance by Royal West Sussex NHS Trust that the accident and emergency facility at St Richard's Hospital will not be downsized or withdrawn and so a Category 1 chamber would be able to be provided without threat of being recategorised.

(iii) West Sussex NHS Primary Care Trust Letter

- That access to emergency Hyperbaric Medicine use is managed by the specialised commissioning group for the south east, who are aware of the proposal to move the HMU to St Richard's Hospital.
- That West Sussex PCT are aware of the proposed move and will want to be assured that planning for the Unit includes urgent access including by helicopter and that full risk assessments are carried out.
- That West Sussex PCT has a similar scheme for elective patients requesting Hyperbaric Medicine treatment to Portsmouth, whereby patients must present a case to a 'Patient with Individual Needs (PIN) Panel'. Of the seven patients who have applied since 2006 West Sussex PCT has approved two, three have not been approved, one was withdrawn and one had insufficient clinical information.

- That Royal West Sussex and Worthing and Southlands NHS Trusts merged on 1 April 2009 in order to form Western Sussex Hospitals NHS Trust.
- That in the long-term this is not due to involve any service changes. West Sussex PCT state that while the PCT does not see any reason for the merge trust arrangements the impact on the setting of the Hyperbaric Medicine Unit, it would not be possible to give a guarantee to that effect.

(iv) **Hyperbaric Medicine Unit Scrutiny Review SCAS Letter**

- That South Central Ambulance Service have taken two patients to HMUs in Cosham and Gosport since 2007.

(v) **British Sub-Aqua Club 2008 Diving Incidents Report**

- That the British Sub-Aqua Club annually publish every diving related incident both in the UK and overseas involving its members and other British divers.
- That within these stories and statistics BSAC record every fatality and Decompression Illness (DCI) related incident affecting British divers within the UK and abroad.
- That in 2008 125 events involving one or more individual with decompression illness occurred. This is a 50% increase in the number experienced in 2007 (81). Other than this abnormality DCI incidents are on the decrease. Of these:
 - (a) 44 involved repeat diving;
 - (b) 38 involved rapid ascents;
 - (c) 23 involved diving deeper than 30 metres;
 - (d) 15 involved missed decompression stops and;
 - (e) some cases involved more than one of these causes.
- That BSAC also record ascent incidents where divers experience a rapid ascent often with missed decompression stops. However if an ascent incident turns into a DCI it is recorded in the latter category.
- That there were ten recorded fatalities from diving incidents in 2008. This is significantly less than the average of 17 in the last ten years. These fatalities can be broken down into the following categories
 - (a) one medical incident (heart attack);
 - (b) six separation incidents (diving buddies losing each other);
 - (c) two rebreather incidents;
 - (d) one diver became trapped in a wreck;
 - (e) two incidents of underwater separation between three buddies and;
 - (f) one ascent incident..
- That there were five British diver fatalities recorded abroad:
 - (g) one involved a double fatality due to being lost in an underwater cave network;
 - (h) one separation incident;
 - (i) one diver became trapped in a wreck and;
 - (j) one medical incident (heart failure).

- That BSAC reports that most of these incidents could have been avoided had those involved followed a few basic principles of safe diving practice.
- That location input is not a mandatory field recorded in BSAC reports, as they are generally confidential. It is safe to assume however that if someone diving on the south coast experienced a DCI incident that involved either the Coastguard, RNLI or an HMU it would have been reported to BSAC and therefore would be included in this report.

Katie Benton, Scrutiny Support Officer, Portsmouth City Council then briefly summarised the project brief for the St Mary's Health Campus scrutiny review.

The Panel heard

- That the project brief had been written based on evidence from the PCT seminar on 25 March 2009, and discussions with those involved in the St Mary's Health Campus project at the PCT.
- That the main objective of the St Mary's Health Campus scrutiny review is to help contribute to the PCT's full business case, which will go to the board on 29 July 2009.
- That in order to do this it is suggested that the HOSP members engage with key stakeholders regarding what they wish to see at the new hospital. It is suggested that the Portsmouth Local Involvement Network (LINK), Ward and Development Control councillors are given an opportunity to take part in this.
- That members may also wish to invite speakers from the PCT seminar to attend a question and answer session on the St Mary's Health Campus so that a detailed picture of what is open to discussion can be attained and details of the PCT's engagement strategy can be presented.
- That the HOSP has a statutory duty to agree the engagement strategy and full business case for the St Mary's Health Campus.

RESOLVED (1) that a letter is written to QinetiQ to seek assurance that they are doing all they can to register with the Care Quality Commission in time to start treating civilian elective and emergency patients before the unit opens;

(2) that members of the Portsmouth Health Overview & Scrutiny Panel meet informally to consider recommendations from the Hyperbaric Medicine Unit Scrutiny Review;

(3) that the St Mary's Health Campus scrutiny review project brief is agreed and that the relevant scrutiny officer canvasses members for a preferred informal meeting date in order to discuss how this review will progress.

22 Update on Items previously considered by the Panel

Innes Richens, Director of Strategy & Systems Management, Lyn Darby, Associate Director - Secondary Care and Mark Fletcher, Development Manager - Secondary Care, all Portsmouth PCT, presented to the panel an update on the 18-week referral target.

(TAKE IN PAPER)

The Panel heard:

- That previously the PCT was given targets on waiting times around outpatients, inpatients and tests/diagnosis. The 18-week referral target has superseded this.
- That the original target given to the PCT was that 85% of inpatients and 90% of outpatients attending consultant-led services would be seen within 18 weeks.
- That in December 2008 these targets were increased to 90% and 95% respectively.
- That the PCT has achieved the targets for 85% and 90% targets and are on course for the 90% and 95% targets in early 2009.
- That the Strategic Health Authority is pushing each PCT in the area to reach the 90% and 95% targets for each speciality, rather than an average of all services.
- That the audiology service was previously an area of concern but is now an area of great success. The audiology department is one of the biggest in the country and the whole pathway is now down to 18 weeks from audiology assessment to hearing aid fitting.
- That for 2009 the PCT has extended the 90% and 95% targets to Community Services (non consultant-led services). This is currently on target. They will be aiming to attain these targets by redesigning pathways, putting on additional clinics and streamlining some services.

In response to questions the Panel heard:

- That the specialist consultant-led services listed in the paper that are not meeting the 90% target are Trauma, Orthopaedics, ENT and Ophthalmology and Cardiology (for non-admitted pathways). These services are all only just under the target.
- That once Royal Hospital Haslar closes, the new orthopaedics service at Queen Alexandra Hospital will open, which will have increased theatre capacity.
- That one of the issues with these listed services is that they all have large backlogs and these are currently being worked through. Once these are completed they will be back down to normal waiting list times.
- That the 18-week deadline starts from the time the GP sends the referral letter. There have been problems in the past with GPs taking a while to send such letters onto the relevant service, but with the emergence of choose and book, electronic referrals and fax machines referrals should be able to be sent quicker.
- That the decreases in waiting times have mostly been down to service redesigns. There have been some additional clinics which have now ceased as backlog in these services have been cut down.
- That the SHA target of 18 weeks for all specialities is achievable but it is only a stretch target and not a baseline target set by the government.
- That in order to sustain the 95% and 90% level across all specialities there would have to be a multi-disciplinary effort from all services, with increased community access to services.
- That in response to a question regarding whether once the 18-week target is achieved across all specialities, will the bar be lowered further the PCT answered that that would probably be the case -

possibly to 16 weeks. However, this time frame is not always clinically appropriate.

- That in relation to some waiting times not being clinically appropriate some young children and patients are not ready to have to go from referral to operation so quickly or need more time to go through the proper processes.
- That the PCT already uses private providers for operations as all patients have a choice between whether they wish to be seen in a NHS or private hospital. The provider of the operation or service the patient needs will be paid the same rate independent of whether they are a private or public sector hospital.
- That since the PCT last presented to the HOSP on wheelchair provision there has been a paper sent to the PEC Board about other options in terms of either continuing to work with Portsmouth Hospitals Trust or to work with a new provider.
- That the number of wheelchair referrals has come down but not significantly enough to warrant the ceasing of close scrutiny of this service. There are currently 44 people still waiting over a year for their wheelchair and this is unacceptable.
- That the autism service is highly specialised. The waiting times are around assessments and these patients have not already been diagnosed.
- That the long wait for assessment in autism is over patients who have a question mark over whether they are or not autistic. This assessment takes a whole day and includes a multi-disciplinary assessment. Some diagnoses are easier to come to and require shorter times but this is the reason why there is a longer autism wait.
- That there is no way for the PCT to get around that 18 week target as these are regularly monitored by the PCT board in terms of performance targets.

RECOMMENDED (1) that the PCT and Portsmouth Hospitals Trust are commended for meeting the 18 week referral targets for both admitted and non-admitted elective care pathways;

(2) that an update on 18 week referral targets for both consultant-led and non consultant-led elective care services are given to the Panel in a year's time, as well as detailed information regarding how the PCT will achieve the SHA's 18 week target in every speciality (to include Trauma, Ophthalmology, ENT, Orthopaedics and Cardiology);

(3) that an update is given in the PCT's quarterly letter on decisions made by the PEC Board on wheelchair providers.

Councillor Butler now in the chair. Councillors Scott, Blackett and Evans leave the meeting at this time.

23 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports

(i) Portsmouth Hospitals Trust

Timothy Robinson, Head of Public & Patient Involvement, Portsmouth Hospitals Trust presented to the panel Portsmouth Hospitals Trust's quarterly letter.

(TAKE IN LETTER)

The Panel heard:

- That during the time of winter pressures letters were given out to patients about delays in services.
- That there will be an article in Portsmouth Flagship about Queen Alexandra Hospital changes.
- That in relation to the 18-week referral target Portsmouth Hospitals Trust and the PCT did very well overall not only on the referral times but also in terms of patient experience of referral to treatment.
- That the jury is currently out on the Gosport War Memorial Hospital inquests.

In response to questions the Panel heard:

- That gel dispensers previously situated at the reception of Queen Alexandra Hospital have been moved back and are not in as plain sight of view. This will be looked at by Portsmouth Hospitals Trust.
- That although the new hospital is opening in June 2009 the final phase of the building work is still yet to take place, as the south block wards and Trafalgar wards need to be demolished to make way for the final building. This means that the building work will not finish for at least the next couple of years.
- That equipment is not included as part of the Private Finance Initiative. This only covers building and facilities. Portsmouth Hospitals Trust are still completely in control of budgets around equipment. Finding money for equipment has always been a problem that faces the NHS and this is not likely to change with the opening of the new hospital.
- That Portsmouth Hospitals Trust will attain figures for the Health Overview & Scrutiny Panel on a detailed breakdown of proportion of patients that had their elective operation cancelled over the winter pressures period and the deadline Portsmouth Hospitals Trust has to rebook these operations.
- That the main lifts in the reception area of Queen Alexandra Hospital will be refurbished and that staff (for example: porters, catering staff etc) will have their own set of service lifts and patients and clinical staff will have another set.
- That the HOSP expected to hear that Portsmouth Hospitals Trust would not be attaining foundation trust status at the moment.

**RECOMMENDED (1) that all information items are noted by the panel;
(2) that congratulations are forwarded to Portsmouth Hospitals Trust around their infection control figures.**

(ii) **Sign Off of Annual Health Check**

Anthony Quinn, Senior Local Democracy Officer, Portsmouth City Council, summarised to the panel the Annual Health Check report and comments.

(TAKE IN REPORT AND COMMENTS)

The Panel heard:

- That members should be familiar with the format of Annual Health Check as this is the fourth year that the HOSP have contributed their comments
- That on 1 April 2009 the Care Quality Commission became the regulator for health, social care and mental health. It is currently

unknown if Annual Health Check will continue under the new regulator.

- That the HOSP met informally in order to consider the work it had undertaken between April 2008 and March 2009 and measured Portsmouth PCT, Portsmouth Hospitals Trust and South Central Ambulance Service against 24 core standards for better health.
- That these comments would be sent formally to the Health Trust by the Chairman on behalf of the HOSP for inclusion in their Annual Health Check submission to the Health Care Commission (Care Quality Commission).

**RECOMMENDED (1) that the Annual Health Check comments of the Portsmouth Health Overview & Scrutiny Panel are agreed;
(2) that letters are sent by the Chairman to the respective health trusts containing the agreed comments for inclusion within their 2008/09 Annual Health Check report.**

24 Portsmouth Hospitals Trust Working Lunch (AI 7)

Members were reminded that the next working lunch is due to take place in the Executive Meeting Room, F Level, Queen Alexandra Hospital on Tuesday 28 April, 12.30 pm to 2.00 pm and letters were given out to remind members of this. Members were reminded to forward any queries or questions that they wished to be brought up at the lunch to the relevant scrutiny support officer.

25 Date of Next Meeting

The next meeting is scheduled for Wednesday 10 June 2009 in Conference Room B, subject to Annual Council.

The meeting closed at 3.49 pm.

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21 April 2009
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