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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 20 FEBRUARY 2014 AT 9.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056
Email: jane.didino@portsmouthcc.gov.uk lisa.gallacher@portsmouthcc.gov.uk

Membership

Councillor Peter Eddis (Chair)
Councillor David Horne (Vice-Chair)
Councillor Margaret Adair
Councillor Margaret Foster
Councillor Jacqui Hancock
Councillor Mike Park
Councillor Gwen Blackett (Havant Borough Council)
Councillor Dorothy Denston (East Hampshire District Council)
Councillor Peter Edgar (Gosport Borough Council)
Councillor Keith Evans(Fareham Borough Council)
Councillor David Keast (Hampshire County Council)
Councillor Mike Read (Winchester City Council)

Standing Deputies

Councillor Michael Andrewes
Councillor Lee Mason
Councillor Jim Patey
Councillor Caroline Scott
Councillor Phil Smith
Councillor Neill Young

(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 1 - 16)

4 **Portsmouth Hospitals' NHS Trust's Update.** (Pages 17 - 32)

Peter Mellor, Director Corporate Affairs will answer questions on the attached report.

5 **St Mary's and St James Hospital Service Review** (Pages 33 - 36)

Clive Shore, Senior Commercial Advisor, Community Health Partnerships, Dr Ros Tolcher, Chief Executive Solent NHS Trust and Tom Morton, Portsmouth Clinical Commissioning Group will answer questions on the attached report.

6 **Dementia Action Group** (Pages 37 - 44)

Justin Wallace-Cook, Assistant Head of Adult Social Care and Stephen Corrigan, Senior Project Manager, Integrated Commissioning Unit will answer questions on the attached paper.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 16 January 2014 at 9.30am in The Executive Meeting Room The Guildhall.

Present

Portsmouth members

Councillors Peter Eddis (Chair)
David Horne (Vice Chair)
Margaret Adair
Jacqui Hancock
Mike Park

Co-opted members

Gwen Blackett,
Keith Evans
Mike Read

Also in Attendance

Hampshire & Isle of Wight Local Dentists Committee
Keith Percival, Hon, Secretary

Hampshire & Isle of Wight Pharmaceutical Committee
Sarah Billington, Chief Officer

Portsmouth Clinical Commissioning Group
Innes Richens, Chief Operating Officer

Portsmouth City Council
Dr Janet Maxwell, Director of Public Health
Justin Wallace-Cook, Assistant Head of Adult Social Care

South Central Ambulance Service
Neil Cook, Area Manager Portsmouth and South East Hampshire

Solent NHS Trust
Graham Bowen, Head of Podiatry
Darryl Meeking, Consultant Diabetologist

Southern Health NHS Foundation Trust
Gethin Hughes, South East Integrated Services Divisional Director

1. Welcome and Apologies for Absence (AI 1)

Councillors Dorothy Denston, Peter Edgar and Margaret Foster sent their apologies.

2. Declarations of Members' Interests (AI 2)

No interests were declared.

3. Minutes of the Previous Meeting (AI 3)

Councillor Blackett advised that she had researched podiatry service provision in Havant. There was a similar service in both Havant and Waterlooville; Havant borough residents could therefore choose which service to use. Residents of Rowlands Castle also benefitted from both services and they were both very well used.

RESOLVED that the minutes of the meeting held on 17 October 2013 be confirmed as a correct record and signed by the chair.

4. Hampshire & Isle of Wight Local Dentists Committee (AI 4)

Keith Percival, Hon Secretary presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- Dentists have a contractual obligation to provide emergency dental treatment and this came under the responsibility of NHS England (Wessex).
- The Local Dentists Network (LDN) was the dental part of the Local Professional Network (LPN). Each area team of the LPN receives £110k a year.
- The Local Dentists Committee (LDC) would like to engage with the Health and Wellbeing Boards to give them a greater understanding of their work. Currently they have had dialogue with Portsmouth and Southampton Health and Wellbeing boards. Dr Maxwell, the recently appointed Director of Public Health at Portsmouth City Council added that this would be looked at through the joint strategic needs assessment and she was happy to continue this dialogue.
- The Hampshire and Isle of Wight LDC was the largest in England and was split into different constituents. It was a requirement that all of the constituent representatives are dentists.
- Each dentist practice has its own list of treatments available with a price list. Dentists should provide all the treatment a patient requires except treatment of an aesthetic nature unless there was medical justification. Keith Percival said that following advice from the chief dental officer, a definitive list on the treatment that NHS dentists offer was not available. Keith Percival said that the West Sussex Performance and Contractual Team would be pleased to hear from any patient who has not received treatment despite there being a medical need.

Councillor Eddis advised the panel of the on-going process across Portsmouth to get blanket consent at school-entry for oral examinations of children throughout their school life. An opt-in approach is being used as required. As the forms requesting permission for dental examinations is going out with other forms required for school-entry, it is anticipated that there will be a good response rate. Permission will still be sought at the time of each dental examination, but an opt-out process can be used subsequently, which means that children can still be examined even if a signed consent form is not received at that stage. He said he would appreciate any assistance Mr Percival could give to this matter and suggested that the Hampshire County Council members may also want to look at adopting this scheme. Mr Percival said he was happy to input where he could. Dr Maxwell advised that this was part of her remit with Dr Jeyanthi John. She would follow this up with colleagues and report back to the panel.

Dr Maxwell offered to provide an informal discussion on the commissioning process.

ACTION

- The LDC Next Steps document to be circulated to the panel.
- List of LDC committee members and structure chart to be circulated to the panel.
- Dr Maxwell to follow up the children's dental health matter and report back to the panel.
- Councillor Blackett would look into the take-up of schools in Hampshire County Council asking for blanket consent at school entry for permission to examine children's teeth during their school life.

RESOLVED that the Hampshire & Isle of Wight Local Dentists Committee report be noted.

5. Amputation rate for diabetics (AI 5)

Dr Darryl Meeking, Consultant Diabetologist, Solent NHS Trust and Graham Bowen, Head of Podiatry, Solent NHS Trust, presented their report that had been circulated with the agenda and in response to questions from the panel clarified the following points:

- The validated data by Public Health England from the central laboratory on amputation rates was due to be published later this month. The un-validated figures indicated that the trend was continuing downward but it was important to wait for the validated figures to be published.
- NHS Solent was investigating the number of amputations from the current figures to see what led to the amputations and where improvements could have been made.
- Diabetes is on the increase so one might expect the number of complications from this to increase accordingly.
- A number of recent changes regarding diabetes care had been implemented in Portsmouth, such as foot ulcers now being treated

directly by the foot care clinic. The full impact of these changes however, was unlikely to be seen for a number of years.

- Education regarding the prevention and care of foot ulcers was key to reducing the numbers of amputations. Once a patient has an ulcer it takes a long time to heal when infections can occur. Foot care education modules were being offered to healthcare professionals to try to prevent further cases of foot ulcers.
- Dr Maxwell said that the improvement in diabetes care was one of the Clinical Commissioning Group (CCG's) success stories. Type 2 diabetes is a preventable condition and local authorities have a responsibility to reduce the number of new cases of diabetes. This involves education on healthy eating and exercise which reduces the likelihood of getting this condition later in life.
- The foot clinics are located in St Mary's Hospital, St James' Hospital, Cosham, Lake Road, London Road, Battenburg Avenue and Somerstown, Eastney Health Centre,
- Work would continue between the PHT and Solent to improve the situation.

ACTION

- Bring this back to the 20 February meeting if the data on amputation rates has been released at the end of January.

RESOVED that the amputation rate for diabetics report be noted.

6. South Central Ambulance Service (AI 6)

Neil Cook, Area Manager Portsmouth and South East Hampshire presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The visit to the new resourcing centre on Friday 10 January 2014 went well and the Project Lead stated that he was very happy with how the project was progressing and the standard of build.
- Practical completion was due on Monday 27 January 2014 when it will be handed over to the Trust.
- There was no pressure for the outer stations to move into the new centre. Stations would more into the new centre in a phased approach so that they are able to roll out the new processes with a small number of teams.
- The list of standby points for the rapid response car were being compiled; it is important the right locations are agreed.
- The Panel would be invited to visit the centre two to three weeks following the practical handover. This would likely be sometime in early February.
- Performance on waiting times at Queen Alexandra Hospital (QA) had much improved. There would always be fluctuations to the waiting times for ambulances based on various factors.
- The service had not encountered too many problems getting to patients in the recent flooding. South East Hampshire and Oxfordshire had a few issues with flooding in the last two weeks but generally they had

been very fortunate.

ACTIONS

- A visit to the new ambulance station to be arranged once they have moved across.
- A list of standby points to be circulated to the panel.

RESOLVED that the report on the South Central Ambulance Service be noted.

7. Hampshire & Isle of Wight Pharmaceutical Committee (AI 7)

Sarah Billington, Chief Officer, presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- There was an issue of the public not being aware of the services available from the community pharmacy. 20% of people visiting GP surgeries have minor ailments and the community pharmacy was well placed to provide advice on treating these. Pharmacies are often open after GP surgeries close providing an extended service.
- The public needed to experience confidence in the pharmacy service in order to return and use them when the need arose. GPs and hospitals could also do more to direct patients to pharmacies which would relieve pressure on them. There was nothing to prevent GPs and pharmacies from working collaboratively together and there was funding from government in place for this.
- The 111 service could also ask patients whether they have used the community pharmacy service. Innes Richens, Chief Operating officer at Portsmouth CCG advised that the Portsmouth CCG commissions the 111 service and was currently looking at ways to promote this.
- Dr Maxwell said there was the opportunity to raise the profile of the local community pharmacy service and advised that she would discuss this with the Director of Public Health at Hampshire County Council.
- Portsmouth has a minor ailments scheme available for people who are entitled to free prescriptions. This allows patients to access the minor ailments schemes at selected pharmacies for common health problems such as constipation, hay fever or sore throat that can be treated with over-the-counter products without needing to see your doctor just for a prescription. Fareham and Gosport and South Eastern Hampshire CCG's haven't currently commissioned a minor ailments scheme and this was something they should consider to reduce pressure on hospitals and GPs.
- The concordance service available through the community pharmacy, provides people with a package to help them live independently, for example help with taking their medications at the correct time.

ACTION

- Sarah Billington and Dr Maxwell to provide a summary of what services are available at pharmacies (with particular emphasis on what services people could access there rather than at GPs surgeries) and a map of the pharmacies in each ward.

- Dr Maxwell to discuss with the county public health director the options to raise the profile of the local community pharmacy service.
- Debbie Fleming to be asked what NHS England are doing to promote pharmacies.
- Gosport and Fareham and South Eastern Hampshire CCGs be asked to consider setting up a minor aliments scheme.

RESOLVED that the report on Hampshire & Isle of Wight Pharmaceutical Committee be noted.

8. Southern Health NHS Foundation Trust (AI 8)

Gethin Hughes, South East Integrated Services Divisional Director, Southern Health NHS Foundation Trust, presented the report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The redesign of the services was now operational. This meant that rather than a physical health nurse, mental health and physical therapists, a team of health professionals are now in place. The team is trained with generic skills and is able to complete an assessment of patient e.g. skin integrity and the Braden Scale Test. If the problem is more specialised the patient will be referred onward.
- Beds are specifically available at Gosport War Memorial hospital for patients who had been discharged from Queen Alexandra Hospital. The time for patients in these beds would be limited to 1-2 weeks and the majority of patients would then be able to go home.

RESOLVED that the report from Southern Health be noted.

9. Adult Social Care (AI 9)

Justin Wallace-Cook, Assistant Head of Adult Social Care, Portsmouth City Council presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- Edinburgh House and Hilsea Lodge residential homes had 65 beds for dementia patients. The new facility at East Lodge would provide an additional seven beds and the Adult Social Care team are reviewing how these additional beds could best be used. One option included using them as transitional beds for patients discharged from hospital before being released home. Restpite care beds would also be available.
- The Patey day service is part of Edinburgh House in Cosham. It is currently run by Care UK and the council pays a fee to use the service. The council is facing huge financial pressures to make budgetary savings and was consulting with service users on its potential closure. There was capacity at the Royal Albert Centre to transfer the patients that use the Patey Centre if it closes. However, there were concerns from service users regarding the time and cost of transport to the Royal Albert Centre and they are keen to retain a facility north of the island. The Royal Albert Centre would need more staff and transport to be provided to ensure that the service is not affected.

- Each of the patients using the service will have a social worker assessment which includes a discussion with the carers to ask directly what their concerns are over the proposed closure. Once all the information is gathered a report detailing all the concerns would be considered by the Cabinet and council in February.
- Justin advised he was not aware of any patient using the Patey Centre who lived across the border but would confirm this.
- Dr Maxwell added that causes of dementia are increasing and discussions were needed with the community and models of care reviewed to identify how to tackle this issue in the future.
- There were no plans to look after housing tenants over the border.
- There might be an opportunity to develop Longdean Lodge into extra care or supported housing without further funding from the council and housing officers were looking at development opportunities.
- Full details were yet to be received on the Better Care Fund. However there was some flexibility on what this fund could be used for and discussions were taking place on what this could be specifically used for. When more information was received this would be reported to the Panel.

ACTION

- The Dementia Action Group to be invited to the February meeting to give an update on its action plan.
- The Housing and Social Care Scrutiny Panel Chair be invited to the February meeting.

RESOLVED that the report on Adult Social care be noted.

The formal meeting ended at 12.00 pm.

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Councillor Peter Eddis
Chair

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TAKING THE NEXT STEPS

The past and future adaptation to the timetable of NHS change from an LDC perspective!

THE LAST 6 MONTHS

- Jigsaw effect - some boundaries set within the new arrangements
- National vision - existing LDC leadership/membership and flexible adjustment to the new arrangements
- Re-development/renewal of historical stakeholder relationships
- Interim policies – awaiting final Single Operating Models and final National Clinical Pathways – confused providers of dental services
- LPNs: inception and development – lack of national direction and funding. Some loss of valuable and innovative LPN pilots experience.
- Massive stakeholder development: HEE/LETB, H&WBBs, PHE, NHSE and Area Teams, Clinical Senates, CCGs, Commissioning Support Units, Quality Surveillance Groups, Healthwatch, Strategic Clinical Networks, Academic Health Science Networks, NHS Trust Development Authorities, NHS Property Services Ltd

EMERGING FUTURE LDC PRIORITIES

- Continuing recognition of the LDC's representative status
- LPN stakeholder development – LDN & the new contract
- H&WBB, PHE, HEE, CCG engagement
- Other LDC and LOC, LPC and LMC engagement
- Developing AT/LDC communication – Occupational Health, commissioning/contracting/performance management policies.
- Communication with GDPs and the Community Dental Service; developing awareness of the changes and thereby protecting their clinical and business interests

NEXT STEPS AGENDA 1

- Continuously identify/re-evaluate our representative mission statement to meet the new organisational challenges – stakeholder feedback
- What do we wish to achieve for dental practices: what do dentists want us to achieve for them?
- What do we wish to achieve for dental patients?
- Risk assess – dental services, funding, business continuity and high quality services provision within the current financial envelope

NEXT STEPS AGENDA 2

- Engagement with the new piloted dental contract process: GDPC, pilot practices.
- LDC members education – essential/contractual CPD provision, Commissioning & Public health processes
- Continually strive to improve communication with partner LRCs and the AT
- Engage in dialogue with BDA and NHS England concerning the mechanics of the Statutory Levy collection.

NEXT STEPS AGENDA 3

- Engage with Health and Wellbeing Boards through PHE – Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- An essential working awareness of Healthwatch (CQC) and associated advocacy organisations
- Continue to support Area Team Performance panels; PSG, PLDP and MOSCC: Legal training
- Continue to lobby GDPC to represent LDC constituents interests at national level

NEXT STEPS AGENDA 4

- Continue the already established good working relationships with HEE: Appraisal; Continuing registration (CPD); VTA; Foundation Training; Dentists in Difficulty-Coaching/Mentoring – working to re-validation.
- Address representative funding concerns – panels & LDN
- Recognise that the new arrangements are no longer a top-down hierarchy but a single organisation

NEXT STEPS AGENDA 5

- Engage with Secondary/Tertiary Dental Care Providers
- Continue to forge good working relations with the Community and Special Needs Dental Services and the Consultant in Dental Public Health
- Continue to liaise with other providers of Team based education

thank you for listening

Portsmouth Hospitals NHS
NHS Trust

Trust Headquarters
F Level, Queen Alexandra Hospital
Southwick Hill Road
Cosham
PORTSMOUTH, PO6 3LY

Ursula Ward MSc MA
Chief Executive

Tel: 023 9228 6770

Chair, Health Overview & Scrutiny Panel
Customer, Community & Democratic Services
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

5 February 2014

Dear Chair

Update letter from Portsmouth Hospitals NHS Trust

I write to provide the Health Overview Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust and answer the diverse set of queries put to us this quarter. My colleague Peter Mellor, Director for Corporate Affairs, will further expand upon these issues at the formal HOSP meeting on 20 February.

We are proud of the hard work and determined support of our staff who have continued to tackle the many challenges of winter and its pressures. Like many hospital Trusts up and down the country we have struggled with our emergency four hour target and the emergency pathway, frustratingly missing the target on several occasions. This is not just about chasing statistics, but ensuring our patients have a good experience in our care. Much effort is being made to make improvements, but it is recognised nationally that this winter has been a particularly challenging one for the NHS.

One innovation and investment in our Emergency Department is our new software system called Oceano. This system has been introduced to enable more effective management of patients attending the Emergency Department. It has the capacity to enhance triage assessment, provide patient alerts, clinical observations, electronic ordering and reporting of diagnostic tests, which will ultimately further contribute to the delivery of safer and more effective care. Its alerting features are designed to reduce risk, increase patient throughput and deal with key performance indicators such as the four hour wait target.

Our patients are now scoring us in the national Friends and Family test, which was implemented in April 2013 as a national quality improvement tool.

We have just received our first set of results for our maternity services and we are delighted that we are ranked among the best in the country. The majority of women using our services who were surveyed said it is "extremely likely" they would recommend our maternity care to friends and family. The Trust scored above the national average in a number of key areas over the three month period with consistently and significantly higher response rates than the England average.

We have also scored well for our Emergency Department, but for other services the results have been mixed. The methodology of gathering feedback for Friends and Family is still under discussion nationwide, and we have decided to return to paper questionnaires rather than using electronic devices.

We greatly value all feedback and we were naturally disappointed by some poor results in October 2013. Despite very positive written feedback our scores did not reflect this, and it is something we are working hard to rectify.

I attach a briefing sheet (appendix 1) explaining our results in this test and hope you find it informative.

Friends and family test 2013 14.pdf

The HOSP has asked for an update on performance against Emergency Department waiting times, referral to treatment times (RTT) and cancer performance. These are reported in full in our monthly Board meetings in public and I attach a summary document from our last meeting. We publish a full and transparent performance report each month, normally around 60 pages of thorough analysis. This is available online on our website www.porthosp.nhs.uk.

The attachment in appendix 2, explains our performance to date with commentary. Peter Mellor will gladly answer questions at the HOSP meeting to further supplement.

HOSP briefing sheet on performance repo

Regarding the HOSP queries about prescriptions, we have had an update from our Director of Medicine Management and Pharmacy. I attach a briefing sheet, appendix 3, for your information with the questions and answers in full.

Pharmacy update January 2014 pdf.pdf

The HOSP also queried if there are sufficient car parking machines at the North Entrance? We believe there are. Our initial estate design provided two car parking machines supporting our North Car Park, and an additional two machines were installed in 2012. Although this is indeed adequate provision it is recognised that at times there are some short queues for their use. This often depends upon weather (for example if it is raining our visitors prefer to use the machines indoors, forming a queue) and certain times of the day. However, there is enough provision to serve the car parking spaces at this end of the hospital site.

Members recently visited the hospital for a tour and presentation about our dementia work and to see for themselves environmental improvements for our elderly patients. We were delighted to have won £466k of government money to make these changes, creating a Memory Lane and quiet family room. This was officially opened by Alzheimer's Champion and TV personality Fiona Phillips who praised our services and our focus on the patient experience. We continue to welcome the HOSP members to meet with our staff and see our hard work and we look forward to welcoming you again soon in to our paediatrics service.

Kind regards

Ursula Ward MSc MA
Chief Executive

Friends and Family Test

The Friends and Family Test (FFT) was newly implemented in April 2013, as a national quality improvement tool, in Emergency departments and Inpatient adult wards. Initially Portsmouth Hospitals NHS Trust had one provider to support the data collection from patients who are eligible against the nationally set criteria and using a nationally set question, see below with response options.

Response options:

1. Extremely Likely
2. Likely
3. Neither likely of unlikely
4. Unlikely
5. Extremely Unlikely
6. Don't know

The Net Promoter score (NPS) is calculated using a national method, set out below:
Total number of responses (excluding 'don't know') = *Denominator*
Total number of 'Extremely likely' to recommend responses divided by the Denominator = *Positive Score*
Total number of 'neither likely or unlikely/ unlikely and extremely unlikely' to recommend responses divided by the Denominator = *Negative Score*
Positive score minus Negative score = *Net Promoter score*
Note: 'Likely' responses do not count.

Initially our response rate was below the set 15%, the target set for all providers to achieve. We use an external company to support the collection and collation of patient responses. We have trialled two different companies thus far, with disappointingly low returns in some months.

Table 1: Response rate

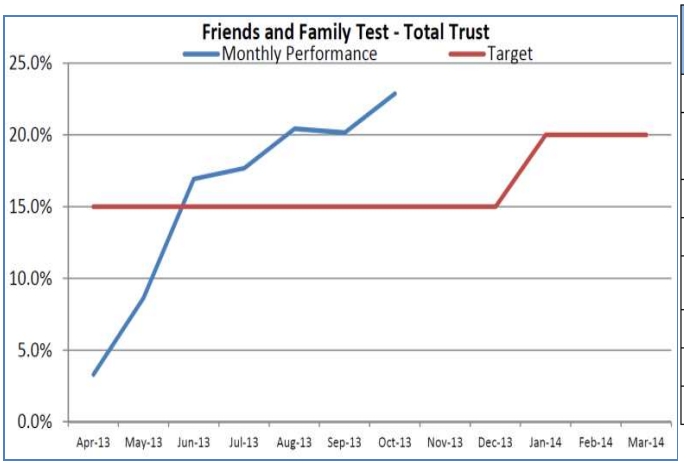

Table 2: Net promoter score

Net promoter score		
	Total	
October {predicted; score not yet published}	47.5	Peer range not available
September	54	Peer range 63 - 78
August	59	
July	59	
June	58	
May*	70	
April*	69	

* low response rates which effects the score

Whilst scores and feedback varied, most of the written comments provided by patients were positive, with a few of areas for improvement suggested.

We remain committed to listening to patients feedback and taking action. The 'wordle' below gives a flavour of the positive comments from the December FFT, which represent the majority of patient's comments to us:

Where patients have asked us to make improvements include communication, space, temperature (too hot), car parking and waiting times – for appointment, in the emergency department and medication take home packs.

We are closely working in partnership with the CCG Quality Lead, Wessex Area Team on an agreed action plan for Friends and Family and we anticipate a much improved result in the months to come.

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QAH
QUEEN ALEXANDRA Hospital

Portsmouth Hospitals NHS
NHS Trust

Integrated Performance Report, December 2013

Trust Board, 30 January 2014

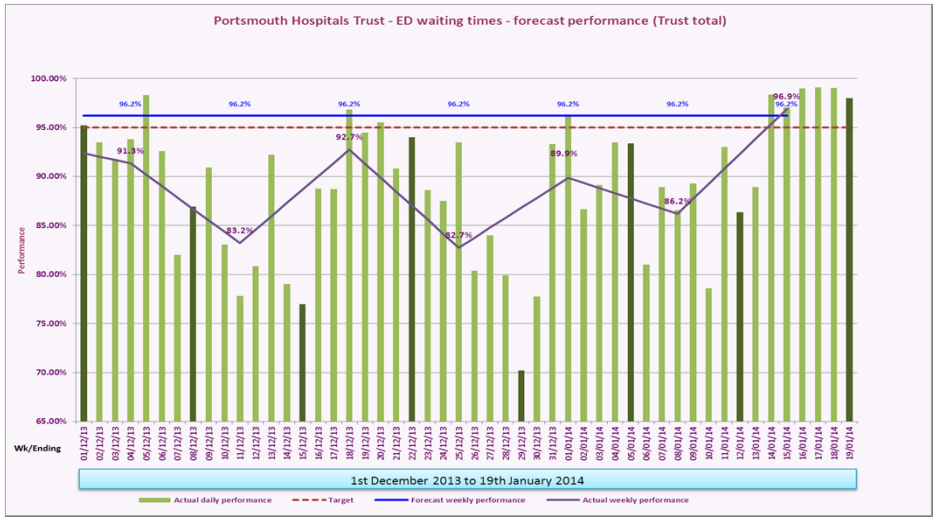
1. Performance synopsis – December 2013

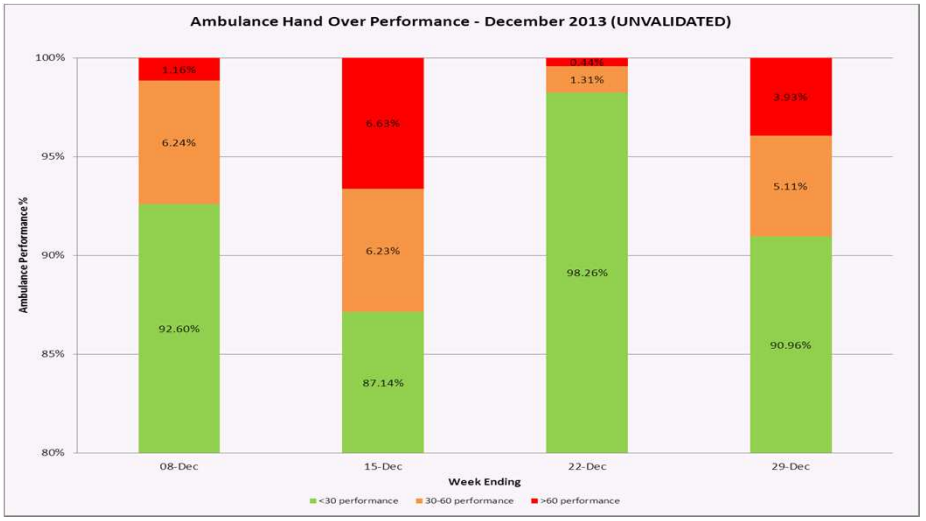
- Month 8 activity showed elective activity to be 13.7% above plan; non-elective activity broadly in line with plan (+1.0%); A&E activity 8.5% above plan (but year to date in line with plan); outpatient activity was similarly above plan at 9.3% (or 7.1% year to date). This activity has reflected favourably in the Trusts income position, however the additional workload and resulting increase bed occupancy may have impacted on some of the quality metrics as described below.
- Trust quality indicators highlight:
  - 7 cases of hospital acquired C.Difficile against a trajectory of 2
  - Friends and Family results showed a decline in net promoter score
- Overall, operational performance standards improved in December. The Trust reported fail of A&E four-hour wait time (87.5%) but an overall improvement (5.7%) for Q3 compared with the same period last year.
- Referral to treatment Trust aggregate performance was achieved with some specialty fails. Admitted backlog deteriorated, however number of patients waiting >35 weeks continues to improve (13 as at 20.01.14).
- All Cancer standards were achieved in December; there were fails of 2-week wait (92.7% against 93%) and 31-day subsequent surgery (92.1% against 94%) for Q3.
- At month 9 the Trust is reporting a £6.1m deficit on its income and expenditure against a planned position of £3.6m deficit (£2.5m adverse variance).
- The variance is partly due to CIP delivery of £6.1m against £13m plan, which includes £4.4m under delivery of workforce savings. This is partly mitigated by over performance of service contract £8.3m.
- The Trust noted a number of improvements in workforce metrics including; decrease in workforce expenditure and use of temporary staff; 91.4% compliance with essential skills training and 95% information governance; 59.5% of all front line staff have received flu vaccine; and PHT scored 94.6% in the Nice Health and Well-being Audit compared with 67.2% nationally.

2. Performance against ED waiting time standards

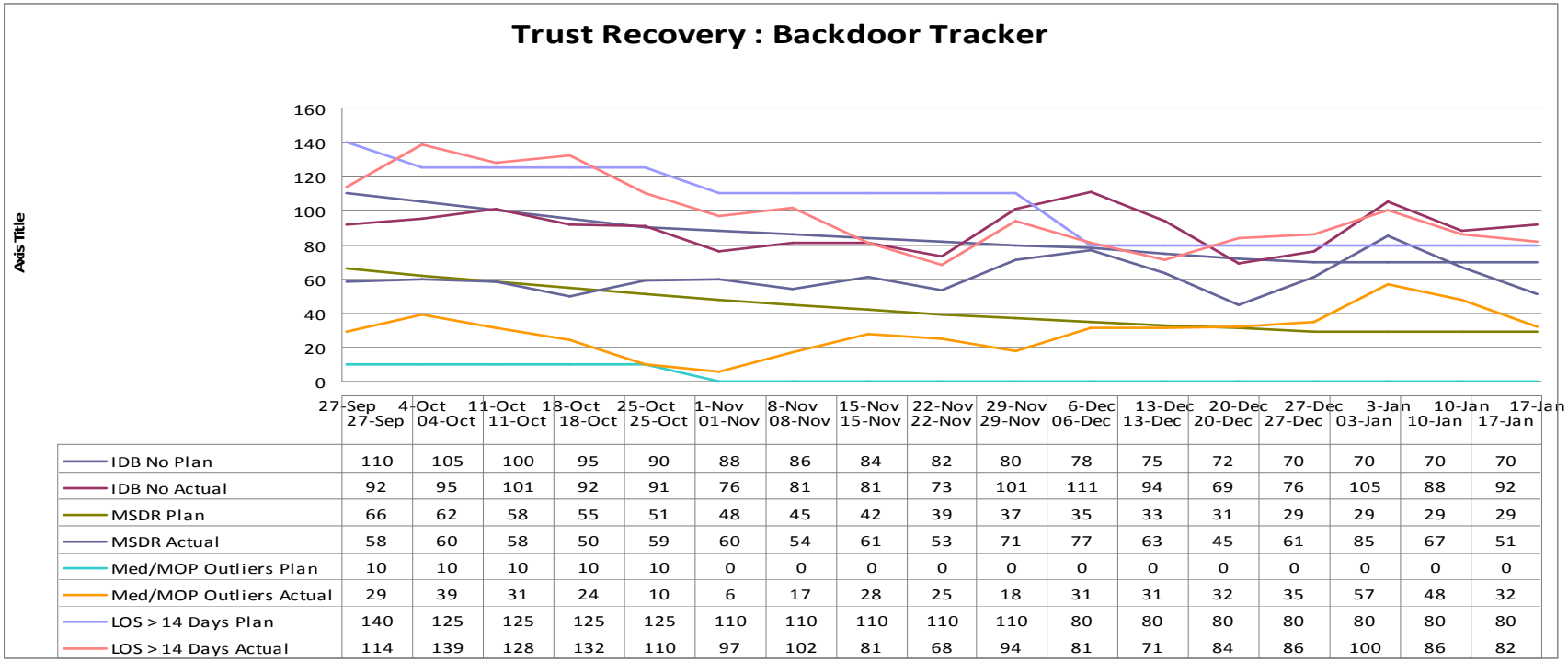
Performance against the 4-hour A&E standard and ambulance handover (December)

- Performance against the ED 4hr standard was 87.54% in December, compared to 93.96% in November. Performance for the end of Q3 was 92.85%. This compares favourably to Qtr 3, 2012/13 performance which was reported as 87.13% (i.e. a 5.7% improvement this year)
- Attendances (QAH and GWM combined) did not increased significantly.
- Issues leading to deterioration in performance for December include:
  - 11% increase in the number of ambulance arrivals;
  - 9% increase in attendance for over 65s;
  - 11% increase in medical admissions, including higher respiratory admissions - demonstrating an increase in patient acuity; and
  - Resulting higher bed occupancy;
  - Increased numbers of medically stable, discharge ready patients occupying acute beds in the lead up to Christmas and New Year (particularly complex discharges) – see backdoor tracker on page 51
- In the lead-up to and throughout the festive season, previous initiatives remained in situ. These included: additional senior medical cover to ED and on wards, out-of-hours and at weekends; 7-day ambulatory service provision; 7-day urgent care model; community assessment lounge in ED; and multidisciplinary in-reach service.
- Further mitigating actions discussed in January with CCG colleagues, Community Providers (Southern and Solent) and Hampshire County Council, to improve the transfer of complex health and social care patients to their discharge include:
  1) timely response and action with regards to continuing health care funding - CCG;
  2) implementation of patient rapid response teams (PRRT) in Hampshire - HCC & Southern. This currently runs in Portsmouth City and is effective in decision-making between health and social care;
  3) Review of access to community capacity in Fareham and Gosport – Southern & CCG
- Additional internal mitigating actions:
  1) Review of Medical Take Pathway including a new 'Physician of the Day' role increasing the medical presence in the Emergency Corridor, second review of patients later in the day to expedite discharges; and
  2) Implementation of ward-level, progress chasers for complex discharges;
- Ambulance handover performance deteriorated as a result of the above, PHT mitigating actions have been implemented and have improved performance. These include: 1) establishing a contract with UKSAS (paramedic private provider) to support ED with managing patients waiting to go to ED majors; and 2) a revised pathway for Urgent GP referred patients to go direct to MAU; and





2. Performance against ED waiting time standards (Contd.)



	27-Sep	04-Oct	11-Oct	18-Oct	25-Oct	01-Nov	08-Nov	15-Nov	22-Nov	29-Nov	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan
IDB No Plan	110	105	100	95	90	88	86	84	82	80	78	75	72	70	70	70	70
IDB No Actual	92	95	101	92	91	76	81	81	73	101	111	94	69	76	105	88	92
MSDR Plan	66	62	58	55	51	48	45	42	39	37	35	33	31	29	29	29	29
MSDR Actual	58	60	58	50	59	60	54	61	53	71	77	63	45	61	85	67	51
Med/MOP Outliers Plan	10	10	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0
Med/MOP Outliers Actual	29	39	31	24	10	6	17	28	25	18	31	31	32	35	57	48	32
LOS > 14 Days Plan	140	125	125	125	125	110	110	110	110	110	80	80	80	80	80	80	80
LOS > 14 Days Actual	114	139	128	132	110	97	102	81	68	94	81	71	84	86	100	86	82

• The Trust has implemented a number of joint initiatives with health and social care partners to improve discharge of patients with complex needs.

• Delivery and sustainability of these initiatives is monitored through performance against a number of key metrics relating to complex discharges actions that have been agreed with CCGs and community partners. These are built into the whole system CQUIN for 2013-14.

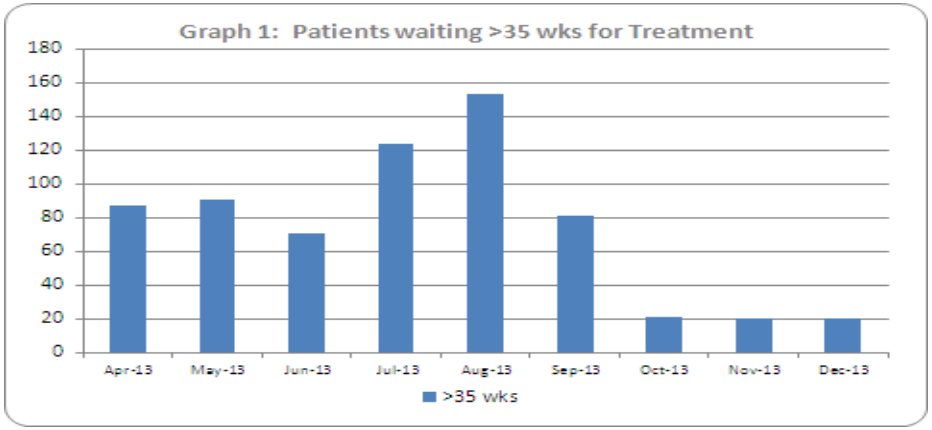
• These metrics include: the number of patients referred to the integrated discharge bureau (IDB), to support the management of the complex discharge pathway; the numbers of patients who are medically stable and discharge ready (MSDR) i.e. patients who no longer have an acute need, and awaiting something outside of PHT acute provision), the number of patients outlying in another specialty bed; and the >14day LoS.

•The above tracker demonstrates that since September, patients with >14 day Los reduced, but then began to rise in December. This correlates with increased occupancy in the Trust. Medically stable discharge ready (MSDR) patient numbers also increased early December and then again before Christmas, with a sharp rise between Christmas and the new year. The combined impact of >14 day Los patients and increased MSDR patient numbers, impacted the on the number of patients outlying into other specialty and escalation beds.

3. Referral to Treatment (RTT)

Performance, backlog and sustainability

- The Trust achieved all 3 key RTT metrics at aggregate level for December, however areas of concern continue to be addressed:
- Urology failed to achieve 2 of 3 RTT targets in month and continues to target backlog as planned. Additional capacity continues to be sourced and the specialty action plan is being monitored.
- General Surgery failed to achieve 2 of 3 RTT targets, largely due to growth in the non-admitted backlog position for Colorectal. Additional capacity will address this by end of Q4.
- Trauma and orthopaedics failed to achieve 2 of 3 RTT targets due to increasing backlogs in sub-specialities. Additional in-house capacity and outsourcing are being used to address the demand capacity mismatch.
- As per previous briefings the trust has been successfully reducing the number of patients waiting for treatment over 35 weeks. The reported position is not adjusted for patient choice delays and has been held at 20 for December, despite some patients choosing to delay treatment until the New Year. (graph 1)



December RTT Performance by Reported Speciality Groupings

Speciality	admitted (target 90%)	non-admitted (target 95%)	incomplete (target 92%)
General Surgery	90.3%	92.22%	90.3%
Urology	75.9%	97.52%	85.7%
T&O	90.7%	89.61%	89.0%
ENT	90.1%	97.61%	92.6%
Eyes	93.0%	97.42%	96.8%
MaxFax	91.5%	100.00%	97.0%
Plastics	100.0%	100.00%	99.6%
Gastro	93.1%	97.62%	95.4%
Cardiology	90.9%	97.74%	97.8%
Dermatology		96.03%	97.0%
Thoracic	100.0%	98.02%	93.5%
Rheum		100.00%	100.0%
MOPS		96.33%	100.0%
Gynae	92.9%	97.47%	95.3%
Other	92.6%	97.79%	95.3%
Total	**90.7%**	**96.24%**	**93.6%**

Long Waiting Patients	
> 52 wks	0
> 35 wks	20

4. Cancer Performance (provisional)

Predicted Performance Validation On-Going									
December	2 week wait	31 day FDT	31 day Subsquent Chemo	31 day Subsquent Surgery	62 day Consultant Upgrade	62 day FDT	62 day Screening	Breast symptomatic 2 ww	31 day Radiothreapy
Target	93%	96%	98%	94%	86%	90%	90%	93%	94%
Breast	98.24%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Breast Symptomatic								96.97%	
Dermatology	91.76%	100.00%		100.00%		100.00%			
Gynae	94.67%	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%		
Haematology	100.00%	100.00%	100.00%		100.00%	83.33%			
Head & Neck	95.10%	100.00%	100.00%	100.00%	100.00%	71.43%	100.00%		
Lower GI	98.70%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%		
Respiratory	100.00%	100.00%	100.00%		100.00%	90.00%			
Sarcomas	93.33%			100.00%					
Upper GI	100.00%	100.00%	100.00%		100.00%	53.85%			
Urology	80.10%	96.43%	100.00%	66.67%	100.00%	81.13%			
Other	100.00%	100.00%			100.00%				
Total	94.16%	99.22%	100.00%	95.65%	100.00%	85.78%	100.00%	96.97%	97.71%

Headline performance

Provisional performance of the cancer standards demonstrates achievement of all 9 targets for Cancer standards during December, for the first time in 5 months. The number of long waiting patients (past breach) has continued to reduce (graph 2). If measured year to date (Apr 13-Dec 13), all Cancer standards are being achieved.

December

•2 Week Waits: two tumour sites failed to achieve the standard in December: Dermatology with 22 breaches (capacity/patient choice) and Urology with 38 breaches (capacity). This was a significant improvement for Urology on the November position of 81 breaches and was the result of daily monitoring of referrals and significant additional clinics.

•31 day subsequent surgery: Urology had 1 breach in December due to capacity for robotic surgery

Quarter 3

•2 Week Waits: this standard was not achieved for the quarter and the main contributor to the failure was Urology breaches.

•31 Day subsequent surgery: this standard was not achieved for the quarter and this was in the main due to issues of capacity for complex and robotic surgery in Urology.

4. Cancer Performance (Contd.)

Previous Actions Taken to Improve Performance

- The strengthening of the management of cancer services and increased daily performance monitoring have delivered improvements in performance as outlined in last months report. The targeted management of legacy patients has seen the overall waiting times and the experience for patients improve (Graph 2 & table 1)
- Additional capacity was provided in December across most tumour sites to improve 2 week wait performance and to move the trust back to a sustainable position for this standard.
- Additional capacity has been provided for Urology robotic surgery which has doubled the capacity for complex patients.
- Additional surgical capacity for complex patients has also been provided at weekends.

On-going Risks (Urology)

- Urology - there are a legacy of patients waiting for robotic or complex surgery and a further 2 patients per week are choosing robotic surgery. The increased capacity now allows for 2 robotic cases per week, but this does not address the backlog. Each new patient is therefore likely to fail the standard until this is addressed. The additional capacity required is approximately an additional 24 robotic lists before the end of quarter 4 and a similar number of lists for complex patients therefore it is unlikely that these can all be delivered before the end of quarter 4.
- To address this the specialty continues to look at all options to further increase capacity, including forward planning recruitment for additional cancer surgeons to sustainably increase capacity in line with demand for the service.

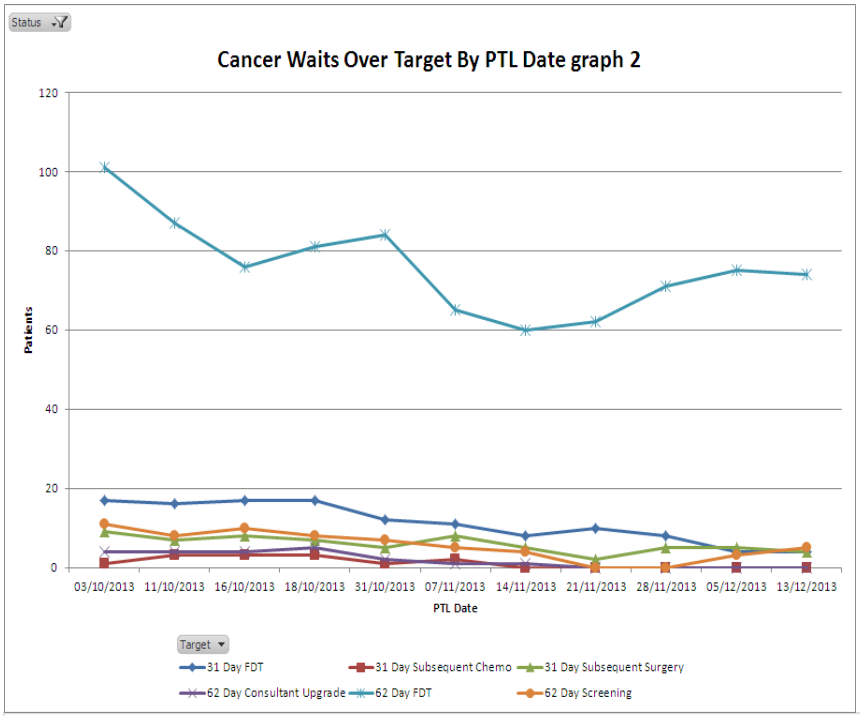


table 1 Reduction in Patients waiting longer than standard

Number of cancer patients waiting longer than standard for treatment	31 Day FDT	31 Day Subsequent Chemo	31 Day Subsequent Surgery	62 Day Consultant Upgrade	62 Day FDT	62 Day Screening	Grand Total
Beginning October	17	1	9	4	101	11	143
End December	5	1	3	1	47	1	58
Total Reduction	-12	0	-6	-3	-54	-10	-85

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Pharmacy update

The HOSP have posed a number of queries about our pharmacy service and these are answered below:

- Is there any possibility that prescriptions could be prepared the day before patients' planned discharge?

Doctors are encouraged to write discharge prescriptions 24 hours in advance of a patient's discharge. However, due to the rapid turnover of patients in the hospital this is not always achievable and often medication needs do continue to change, even on the day of discharge itself. Therefore, amendments to pre-planned prescriptions are often required.

Our Pharmacy Service has set up ward based dispensing stations to assist the timely turnaround of discharge prescriptions. The Trust's target for turnaround of discharge prescriptions is 80% in 90 minutes. We exceed this with 86% of prescriptions being dispensed under 90 minutes, and our ward based dispensing achieves a turnaround time of under 40 minutes in the majority of cases. We are also increasingly dispensing medication ready labelled for discharge to further increase efficiency.

Gosport War Memorial Hospital is different to Queen Alexandra Hospital as it has no on site Pharmacy. Therefore prescriptions ready for discharge have to be sent to another hospital site to be dispensed, and are then returned on the following days transport run.

Planning ahead is essential to getting the required medications on time to prevent delays to discharge.

- Prescriptions from outpatient consultations - apparently the prescriptions can only be taken to the hospital pharmacy. Would it be possible to allow prescriptions to be taken to any pharmacy in the city to give the patients the choice?

Prescriptions written for hospital outpatients can only be dispensed by our hospital pharmacy service. Hospital prescriptions are not valid in community pharmacies as the pharmacy will not be reimbursed for the cost of the medicines, their contract within the NHS is to dispense medication on the official prescription forms issued by the government, their FP(10) prescription form.

The Hospital can in certain circumstances issue FP(10) prescriptions which can be dispensed in any community pharmacy but this is usually only when there is no access to the local Hospital dispensary, this may occur for example in clinics operated in Gosport War Memorial Hospital. This is generally a more expensive option for the NHS. The hospital is able to benefit from economies of scale and we are therefore able to purchase medicines at significantly cheaper rates.

- At an appointment at the Gosport War Memorial Hospital, Cllr Eddis' consultant told him that he was unable to give him a prescription. Cllr Eddis had to wait for a letter to be sent to his GP, then make an appointment to see them to get the prescription. This was discussed at an informal meeting a while back and I think Peter Mellor said that consultants can write prescriptions. Could you confirm that all consultants know that they can do so please?

When a patient is seen in our Outpatients the Consultant may decide that a change to the patient's regular medication is required, or that a new medication should be added but may also feel that this change is not urgent. The Consultant will then write to the patients GP suggesting the change in medication that he feels is appropriate. This gives the GP the choice to accept the advice or to make a different choice of drug from the same therapeutic class that they may have had more experience with prescribing.

The Trust operates a limited Formulary of medicines which is a controlled list of drugs which are agreed as having sufficient clinical evidence of efficacy and value for money. If a Consultant would like to prescribe something that has not yet been approved for the local Formulary he may ask the GP to prescribe this drug in advance of it being available within the Trust. GPs are not bound to accept such requests and they do report back to our formulary group for information.

-ends-

Portsmouth Community Care Estate Review

Report for the Health Overview and Scrutiny Panel

20 February 2014

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1. Background

1.1 St Mary's Community Health Campus and St James' Community Hospital are only about a mile apart. There has been significant investment in both hospitals over the last few years - £20m in refurbishing part of St Mary's and the building of new mental health facilities at Orchards and The Limes on the St James' campus.

1.2 However, both hospitals have large amounts of surplus space. 3,000 sq metres is currently vacant at St Mary's, while several buildings at St James' are not fit for the delivery of modern health services. In addition, the main block at St James' is now largely an administrative centre with the Lowry Day Centre being the main clinical use. There is significant void space and clinical activity in the main block is estimated to be under 5%.

1.3 Maintaining and running surplus and outdated buildings is a significant and unnecessary financial drain on the local health economy. Investment in the local heath estate to make sure space is better used will deliver both clinical improvements and financial efficiencies that will benefit service users; Portsmouth CCG and local NHS health providers.

1.4 NHSPS, Community Health Partnerships and Solent NHS Trust are working together to ensure that health services are being run out of the best buildings possible and to see whether investing in the estate can further improve patient services and release financial resources for the CCG and local health providers. A project team has been established, with NHSE and DH support, and is preparing an Outline Business Case on local community care estate options. The project Steering Committee is chaired by Tom Morton, an Independent CCG Lay Member, and also has Portsmouth CCG executive representation.

1.5 It is intended that the proposals will improve patient care and ensure that more financial resources are dedicated to patients rather than maintaining buildings that are no longer required.

2. Project Overview

2.1 Portsmouth CCG has indicated that St Mary's is its core strategic site in Portsmouth and the project is focused on examining options which could maximise use of this hospital, particularly bringing back into use the two floors of Block B that have been empty since 2009.

2.2 One option under investigation is the potential to move the Child Development Centre (CDC) from St James' to the vacant 1st floor at St Mary's Block B. Staff could also move from the Battenburg Avenue Clinic and perhaps from the City Council's Children Social Care Team, creating a new integrated Child Development centre of excellence.

2.3 Subject to business case approval, it is intended that the new Child Development Centre will offer the latest facilities in a modern healthcare building, offering specific clinical and therapeutic environments. Co-location with other community services on a single site offers many benefits for children, young people, their families and staff.

2.4 As part of the same move, it is intended that the outpatient and pain clinic services located at The Beeches would move to 600m² of void space on the ground floor of Block A at St Mary's.

2.5 It is anticipated that the CDC and Beeches phases can be completed prior to end March 2015. If this is feasible, there is strong potential that the cost of refurbishing the vacant space at St Mary's (approx £4m) will be met by an interest free loan from the Department of Health (DH). The loan would be repaid in time by the sale of surplus land at St James' (notably the CDC site, together with Fair Oak, Yew House and The Beeches).

2.6 Alternative CDC location options have also been considered, such as building a new facility on the existing site at St James'. The drawback is that such an option will do nothing to fill the empty space at St Mary's, which is being paid for by the Portsmouth CCG. In addition, DH funding will not be available as the loan repayment is dependent on the sale of the existing CDC site.

2.7 The project team is also considering a second phase, which is focused on the future of the main block and the Turner/Langstone and Kestrel buildings at St James'. The main block is listed and relatively costly to maintain. It is also not really suitable for the provision of modern health services. Less than 5% of the activity in the main block is clinical, with most space being occupied by administrative functions.

2.8 The vision of the main provider on the site, Solent NHS Trust, is for a more compact, modern and efficient health campus, centred in the north east of the site, around Solent's two existing modern buildings (Orchards and Limes). These would be retained and ensure the long-term provision of health activity on the St James' campus.

2.9 In addition, any move out of the main block would probably mean investment in a new building on the St James' site. This would take existing mental health services from the main block and the Langstone/Turner and Kestrel buildings, but would be significantly smaller (3-4,000m2 compared to the existing 18,500m2) and be much more suitable

for the provision of modern health services. This would enable Solent to continue to provide their existing range of health and care services, orientated towards older persons and those with mental health conditions in a more efficient environment, better able to meet modern standards and models of care. A new Suite 136 (secure place of safety) building will also be provided on the St James' site.

2.10 Other health activities would be moved from the main block and Turner/Langstone to the remaining vacant 2nd Floor at St Mary's Block B, while the administration functions currently located in St James' main block would be re-provided off-site in commercial office space.

2.11 The outline business case is still in progress and other options are being reviewed, including the potential to bring more administrative health related functions to St James', possibly in combination with subletting vacant space commercially. However, this is unlikely to be economically viable due to the expense of refurbishing the space to meet modern office requirements and the relatively low rents that would accrue.

2.12 The investment of a new facility at St James' and the potential disposal of the main block are on a longer timetable and are unlikely to occur before 2016/17.

2.13 Although analysis is ongoing, it is expected that the programme will deliver significant patient benefits, notably:

1. The creation of a children's services centre for excellence at St Mary's, with staff from the CDC and Battenburg being co-located in modern refurbished space.

2. Greater accessibility to children's services and the pain clinic owing to the more central location of St Mary's and better public transport links.

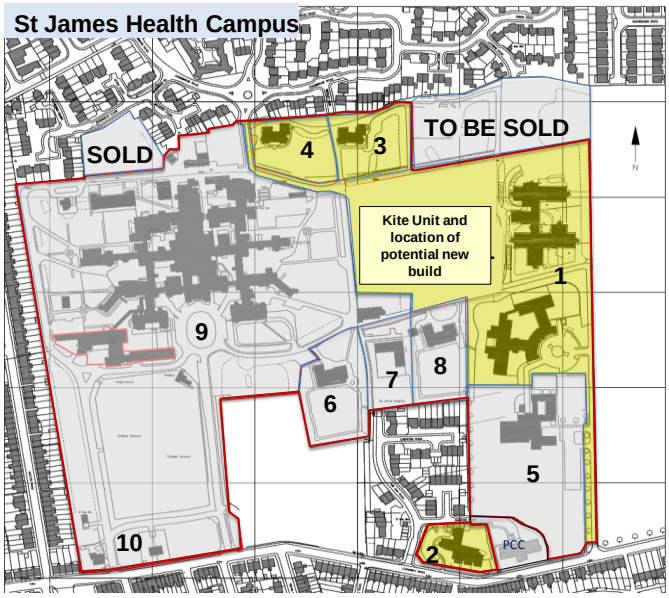
3. A significant investment at St Mary's, which confirms its status as the core strategic community care site in Portsmouth. The programme could result in up to 3,000m2 of space at St Mary's being refurbished and brought back into use.

4. Ensuring that space is better used and more modern will generate significant operational costs savings of around £2m per annum, which will directly benefit both Portsmouth CCG and the local health providers, notably Solent NHS. More money will be available for patient services rather than being spent on buildings.

2.14 It is recognised that there is a potential negative impact regarding the effect additional activity at St Mary's will have on car parking. This is being reviewed and options are being considered, including working with the council to identify nearby parking sites for staff and the potential to create new parking places on site.

2.15 Although there is no obligation to formally consult, given the small distances involved, Solent NHS Trust is engaging with service users and inviting feedback on the proposals. There is a detailed engagement plan which includes a number of service user communications and there is also a plan to run a dedicated Accessible Information event. Solent NHS Trust will consider all feedback, making adjustments where possible and will provide a summary of this for HOSP in due course as required.

Appendix A: St James' Site



To Be Retained

1. Limes, & Orchards plus Kite Unit/New Build and new Suite 136
2. Oakdene
3. Baytrees
4. Falcon

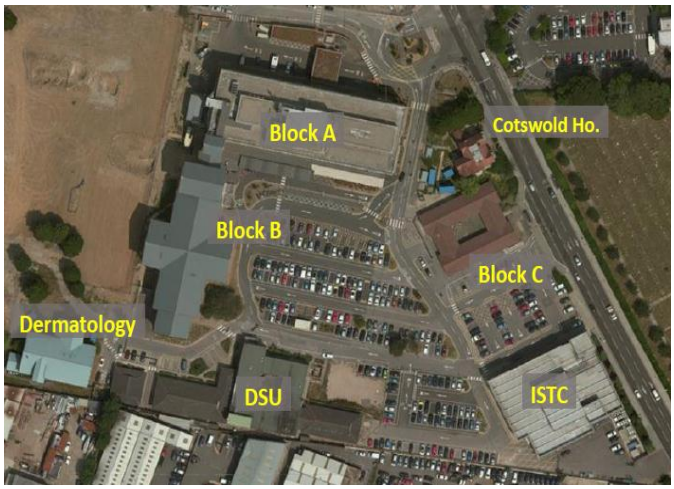
Phase 1 (2014/15)

5. CDC Centre/ Harbour School
6. Fair Oak
7. Yew House
8. The Beeches

Phase 2 (2016/17)

9. Main Block
10. West and Forest Lodges

Appendix B: St Mary's Site



Phase 1 (2014/15)

1. Children's services from St James' and Battenburg to 1st Floor Block B
2. Pain Clinic from St James' (The Beeches) to Ground Floor Block A

Phase 2 (2016/17)

3. Health Visiting, Speech & Language, Podiatry, Family Nurse Partnership & Occupational Therapy from St James' Main Block and Turner to 2nd Floor Block B.

Agenda Item 6

Living well with dementia – the Portsmouth Plan

Portsmouth Clinical Commissioning Group

Solent NHS Trust

housing21

Portsmouth City Council

Portsmouth Hospitals NHS Trust

mind for better mental health Solent

Alzheimer's Society Leading the fight against dementia

Portsmouth age UK

Justin Wallace-Cook

Assistant Head of Adult Social Care
(Residential, Day Services, PRRT and Shared Lives)

Stephen Corrigan

Senior Project Manager
Integrated Commissioning Unit

The Challenge

Portsmouth Dementia Action Group

- June 2013 Portsmouth Dementia Action Group established
- Alliance of statutory and voluntary sector providers
- Co-ordinated approach to planning and improving services for people affected by dementia and their carers
- Plan available online
- Plans for a Dementia Network to involve people affected by dementia and their families in the work of the Dementia Action Group

Portsmouth Hospitals NHS
NHS Trust

Portsmouth CITY COUNCIL

mind for better mental health
Solent

NHS
Portsmouth Clinical Commissioning Group

Solent NHS
NHS Trust

housing21

Dementia Action Group

Alzheimer's Society
Leading the fight against dementia

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Portsmouth Age UK

Health Education Wessex

Care and Nursing Homes

Dementia Network

Community partners

People affected by dementia and their families

Action to date

- *Dementia Pathway mapped*
- *Dementia Friendly Community work*
- *Memory Café & Network launched*
- *National and local incentives to health providers*
- *Reviewed anti-psychotic prescribing for all patients in nursing/care homes*
- *Mental health prescribing event for GPs*
- *Mapped training in care and nursing homes in Portsmouth*
- *Reablement pilots – dementia voice nurse & dementia reablement advisers*
- *Carers Centre reviewed their support of carers of people diagnosed with dementia*
- *Kitbags and Berets – support group for veterans and families affected by dementia (pilot)*
- *PHT – dementia friendly environment bid successful*
- *Portsmouth met the foundation criteria for the recognition process for working towards being a dementia friendly community*

Work planned from 1 April 2014

- *Set up dementia friendly working group and plan – link into dementia network. Establish recognition scheme for local organisations*
- *Launch new pilot service – Dementia Advisers - for all newly diagnosed*
- *Extend reablement pilots to 31 March 2015*
- *Review all pilots to inform future delivery of services from 1 April 2015 onwards*
- *Review Dementia Pathway (Healthwatch/University of East London/University of Portsmouth)*
- *Further work with pharmacies*
- *Further work with care and nursing homes to improve service provision for people with dementia (TBA)*

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