

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 4 October 2016 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

Present

David Tompkins (acting Chair)
Gwen Blackett
Alicia Denny
Leo Madden
Philip Raffaelii
Lynne Stagg
Elaine Tickell

1. **Welcome and Apologies for Absence (AI 1)**
Councillors Jennie Brent and Gemma New sent their apologise for absence.
2. **Declarations of Members' Interests (AI 2)**
No interests were declared.
3. **Minutes of the Previous Meeting (AI 3)**

RESOLVED that the minutes of the meeting held on 26 July 2016 were agreed as a correct record.

4. **Systems Resilience Group Plan - Update (AI 4)**
Sue Damarell-Kewell, Programme Director introduced the report and added that:
 - Monthly updates on the Systems Resilience Group are sent to the HOSP.
 - The name of this group has changed to the Accident & Emergency Delivery Board and will contribute to improving delivery at A&E and across the board.
 - The focus is on what happens now and in the future to ensure services are sustainable.
 - It will ensure that senior leadership is in place as well as a leadership and development programme.

Rob Kemp, Area Manager, South West Hants, South Central Ambulance Service explained that:

- It is essential that all partners work together.
- The accurate early navigation of a patient to a safe, appropriate place is essential to their whole care pathway. If they are navigated to the wrong place at the start, they could end up at completely the wrong place.
- 50% of callers to the 111 or 999 service are directed to alternative places rather than the hospital through the hear and treat or see and treat processes. Some patients with non-serious complaints are transported to the hospital because alternatives are not available.
- The ambulance crews in this area do not have access to a directory of services yet.

- Regular reviews of the outcomes for callers are carried out.
- Forecasts of potential demand and types of conditions over winter have been calculated and staff rotas and processes aligned accordingly.

Rob Haigh, Executive Director, Emergency Care, Portsmouth Hospitals' NHS Trust added that:

- This has been one of the busiest summers for the Emergency Department.
- Overall attendance has increased by approximately 2% and elderly and frail attendees have significantly increased.
- The safety of patients remains a priority.
- The four hour target is important so that patients are treated appropriately and swiftly.
- The ED's four-hour performance has improved only minimally.
- Nationally the majority of ED are struggling to meet the four hour admission target.
- The ED's senior team has highlighted areas where improvements can be made in the processes and also infrastructure; work is underway to implement these.
- The NHS Improvement Team changed the ED's risk rating the previous week which means that it will have a more traditional overseeing role.
- The CQC made an unannounced two-day visit the previous week. Initial verbal feedback was that the the safety of patients had improved. However, the full written feedback is awaited.
- A significant number of patients are stranded in acute hospital beds because there is no alternative. This term covers both medically fit and delayed discharge patients. The trust takes a hands-on approach to managing these patients and is working constructively with its partners in social care, community care and mental health teams.
- The Frailty Interface Team prevents 5-6 admissions a day. This success has been recognised nationally.

Suzanne Hogg, lead for the integrated discharge services work stream explained that:

- The integrated discharge service went live last week and the five teams are now co-located at QA.
- The Discharge to Assess Model is being implemented in line with recommendations by the Emergency Care Improvement Programme. The process starts when the patient is assessment fit rather than wait until they are medically fit. This would ensure that access to support and assessments are in place when required and that the patient does not stay in a hospital bed longer than necessary. The longer a patient stays in bed the higher the risk that they decondition physically, mentally and socially and the less likely it is that they will be able to return to their homes.

In response to questions, they clarified the following points:

Experienced clinicians sit in on calls to 111 and 999 to aid with the Hear & Treat process. If there is any doubt as to the severity of the symptoms an ambulance is despatched. On the previous Sunday 18% of calls were heard and treated.

Sussex has an older population and is also a net importer of care. Providing care for older patients with more cognitive and physical conditions is a national issue. Screening for early stages of dementia is essential to prevent progressive decline.

There are many outstanding services at QA including cardiac and neonatal services. The excellent reputation encourages people from outside the catchment area to go there.

The Emergency Department is the new name for the Accident & Emergency Department. The brand ED is recognised by everyone and people frequently use it even though other alternatives are available.

Although the ED's performance has improved, there is still a way to go.

A programme for effective, community based care is essential. It is important that there are community hubs to treat minor illnesses and ailments.

The Sustainability Transformation Plan will review the needs and capacity of the Hampshire and Isle of Wight area.

Ambulances are permitted to use bus lanes in Portsmouth which enables them to reach emergencies quickly despite traffic congestion. The service is talking to other local authorities that do not currently permit this.

The Risk Summit reviewed the evidence that indicated real improvement had been made in patient safety at the QA's front door.

Queen Alexandra Hospital does not yet know whether the CQC has sufficient assurance to lift the enforcement notice. The initial feedback highlighted areas that were of concern e.g. outlying patients being treated in areas which did not normally provide that level of care. This was already on PHT's radar.

The issue of stranded patients continues to have a negative impact on the flow of the hospital.

Frail and older people fare better in their own environment. The IDS team are very positive about the new model of working which focuses on the re-ablement of patients.

There are social worker vacancies as it is proving challenging to recruit the right calibre and there is a national shortage. However, the panel was assured that work was continuing to try to fill the vacant positions.

There were high levels of waste in the discharge assessment process across Hampshire and Portsmouth. The new model of working is more collaborative and reduces duplication.

As shown on the data provided for this meeting, bed occupancy can be over 100% in a day because one bed can be used by more than one person in 24 hours.

A shortage of free beds can mean that fewer surgical interventions are carried out.

When Rob Haigh was trained it was normal for a patient to remain in hospital for 10-14 days after having their gall bladder removed. Now similar patients can stay between 12 and 14 hours.

One advantage of the assessment process starting sooner in the patients' journeys will be the identification of patients with cognitive impairment which will enable the appropriate level of assessment to be in place. Cognitive deconditioning is a significant contributory factor in delays to hospital discharges.

The government's approach to screening for dementia and care is an important factor in the wellbeing of the population.

The panel congratulated the officers for listening to their staff and for the improvements made across the board. Members agreed that information on this plan continue to be sent monthly and include both graphs and narrative.

RESOLVED that the panel continue to receive regular updates on the Systems Resilience Group Plan.

5. South Central Ambulance Service - update (AI 5)

Rob Kemp, Area Manager, South West Hants introduced the report and explained that:

- There has been an increase in activity for 111 and 999 services locally and nationally. Reasons for this could include the increase in frail and elderly patients and freshers' week. Demand is expected to level off before increasing again in Winter.
- Locally the service receives an average of 2,000 calls per week.
- Patients classed as Green 30 are less poorly, but are often frail.
- The graph on page 35 of the information sent out with the agenda, shows a breakdown of long waits for green 20 and red 2 category calls. The left hand axis refers to the former category and the right hand one to the latter.
- Dispatched ambulances can be diverted to more urgent calls if required.
- Regular reviews are carried out into the treatment received for all calls and outcomes.
- The single highest risk identified is staff recruitment and retention.
- The service is prepared for the expected pressures in winter with amendments made to processes and staff rotas.
- A staff-led review of rotas is being carried out linked to best practice. This will include the removal of 12 hour shifts.
- Electronic Patient Records have been introduced. The service should be able to access the directory of services shortly.

- SCAS is a key part of the SRG team. Work carried out with a number of care and residential homes to build their resilience has proved successful resulting in a 30% decrease in calls from homes.
- As part of the Vanguard programme, paramedics work with GPs and undertake some visits under the guidance of GPs.

In response to questions from the panel, the following points were clarified:

- The clinician intervenes to decide on the necessary response to a 111 call that becomes a 999 caller not the system.
- Welfare checks are undertaken for patients waiting for an ambulance. Staff call the patients to check on their symptoms and can upgrade their response category if necessary. If they are upgraded, the clock does not restart.
- Ambulances are rotated for use in rural and city areas to balance out the mileage used. Different makes of vehicles are purchased so that if one has a manufacturer's fault, they are not all affected. There is a replacement programme in place. Some vehicles with lower mileage ones can be 59 or 60 plates and most others are newer. There are regular service checks plus six-weekly safety checks.
- They are fine with the fact that the use of jumbulances is prohibited at QA hospital. Handover delays at the ED may prevent an ambulance crew responding to another call. The jumbulance is used in Oxfordshire.
- It is sometimes difficult to determine if a call is a hoax. If there is any doubt, an ambulance is despatched.
- Levels of violence towards paramedics has remained stable over the last two years. There has been a decrease in calls from the night time economy since 2005. Most assaults are from vulnerable patients who have mental health issues. Staff are well trained in how to manage conflict and diffuse situations.

The patient congratulated SCAS for its recent CQC Good rating following an inspection.

RESOLVED that the update be noted.

6. Emergency Department, Queen Alexandra Hospital - update. (AI 6)

Peter Mellor, Director of Corporate Affairs introduced the report. As the department had been discussed under the previous item, there were no further questions.

7. Portsmouth Hospitals' NHS Trust - update (AI 7)

Peter Mellor, Director of Corporate Affairs introduced the letter from the Chief Executive which included a finance overview and added the following further information:

- The winter pressures may jeopardise the trust's ability to deliver its savings target.
- When hospital beds are taken up by stranded patients, fewer surgical interventions can be carried out. This has a negative impact on referral to treatment times and the trust's income.

- Applications have been received for the position of the new Chief Executive and a short list will be drawn up shortly. If the new Chief Executive is already working in the NHS, it may take up to six months before they can start work at Queen Alexandra Hospital.
- The flu strain currently in Australia is vigorous and as there is a tendency for them to come this way, he encouraged everyone to have their flu vaccinations.

In response to questions, he explained that:

- The new junior doctors' contract will be implemented. In his view, the British Medical Association made a strategic error when they tried to persuade members to move to a 5 day work to rule. This caused them to lose public and senior doctors' support.
- All trusts have been given some sustainability and transformation support. Portsmouth Hospitals' NHS Trust will receive £14.6m payable in arrears at the end of each quarter if targets are met. The targets for quarters 3 and 4 are at risk because of operational pressures.
- A significant amount of work has been carried out reviewing internal processes to make efficiencies. There have been no redundancies and there is no intention to make any. However, there have been changes to staff rotas which will result in positive impact for patients.
- Head hunters were engaged to assist with the recruitment of the new Chief Executive. NHS Improvement will be involved in the shortlisting of candidates and sit on the interview panel along with non-executive directors of the trust. Shortlisted candidates will present to a series of groups who will feedback to the interview panel. Portsmouth City Council could be represented on these groups.

8. St Mary's NHS Treatment Centre - update. (AI 8)

In response to questions from the panel, Penny Daniels, Hospital Director and Paul Fisher Service Manager explained that:

- Up to 200 patients a day are seen.
- They anticipate approximately 40 patients a day would previously have gone to the Guildhall Walk Healthcare Centre. They have not mapped where their patient group live.
- The waiting time is variable. The four hour target to be seen only once or twice a month and more often than not this is due to external factors such as awaiting patient transport or waiting to speak to a specialist at the acute trust who maybe in theatre at the time of the call.
- Feedback is gathered from every patient and collated monthly. Approximately 90% would recommend the unit to friends and family.

RESOLVED that the update be noted and that details of where patients travel from to reach the unit be brought to a future meeting.

9. Portsmouth Clinical Commissioning Group - update (AI 9)

Dr Elizabeth Fellows, CCG Governing Board Chair introduced the letter that had been sent to the panel. Then in response to questions from the panel she, Katie Hovenden, Director of Primary Care and Tracy Sanders, Chief Strategic Officer explained that:

- The Sustainability Transformation Plan (STP) brings together the activity that is planned across the area with one aspect involving smarter working between QA, Southampton General Hospital, Lymington Hospital and St Mary's Hospital on the Isle of Wight through the establishment of a Solent acute alliance.
- There will be an opportunity for consultation regarding any substantive changes set out within the STP.
- Future anticipated changes to the population has been estimated and incorporated into plans to inform how resources are allocated.
- Following the decision by Portsmouth City Council to cease funding to the Portsmouth Counselling Service, the CCG has provided non-recurring funding via a voluntary sector grant scheme. This has provided time for the organisation to look at their future model and sources of funding. Conditions of the grant include for all organisations to have a clear exit strategy for when the funding comes to an end. Unfortunately the Charity has not been able to find alternative funding sources during this period and is therefore proposing to close.
- Patients can access NHS counselling services through the Talking Change Programme which is provided by Solent NHS Trust. This service is funded for self referrals and s free to users. .
- A coalition of community pharmacies had written to the General Medical Council and the Care Quality Commission expressing their concern about the establishment and use of an internet pharmacy by a local GP practice group.
- NHS England is the commissioner of community pharmacy services and not the CGG and is responsible for ensuring that they fulfil their contractual obligations.
- The CCG has spoken to the practice involved to remind them of the risk of potential conflicts of interests.

RESOVLED that the update be noted.

The meeting ended at 11.40 am.

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Chair