HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 13 September 2018 at 1.30 pm at The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Leo Madden (Chair)
Councillor Gemma New
Councillor George Fielding
Councillor Hugh Mason
Councillor Michael Ford JP, Fareham Borough Council
Councillor Philip Raffaelli, Gosport Borough Council
Councillor Gary Hughes, Hampshire County Council
Councillor Rosy Raines, Havant Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Steve Wemyss and Mike Read.

The Chair welcomed Councillor George Fielding to his first meeting of the Panel.

2. Declarations of Members' Interests (AI 2)

Councillor Raines declared a personal, non-prejudicial interest as she is a practice nurse at a GP surgery and a community responder.

3. Minutes of the Previous Meeting (AI 3)

The Chair referred to page 2 of the minutes and said that he would write to Dr Horsley to ask for an update on the Public Health Grant and also whether he had an update on suggestions to add to the council's licensing policy to improve safety at public events.

He also referred to page 6 of the minutes on the CCG update relating to the Gosport Independent Panel review report and said he would write to them to see whether the CCG had worked out the implications of this.

RESOLVED that the minutes of the meeting held on 14 June 2018 be agreed as a correct record.

4. South Central Ambulance Service update (AI 4)

The report was introduced by Tracy Redman, Head of Operations South East. She explained that in terms of performance to the different categories of calls, all of the areas had improved when comparing this year quarter 1 with last

year quarter 4. In terms of the new service delivery model, SCAS are now in a transformation period. They are in the process of receiving additional resources in terms of vehicles and are planning staff to make sure they can meet the demand for the next few years. Whilst they are transitioning it has not impacted adversely on their overall performance and this continues to be a work in progress. SCAS are working closely with colleagues in Queen Alexandra Hospital (QAH) in terms of handovers. Some vast improvements have been made and they are now considering how this can be sustained. QAH is an outlier in the region in terms of handovers and the Head of Operations is working with colleagues in other areas of SCAS to see if there are any initiatives they use to see if anything can be brought to this area.

In response to questions the following matters were clarified:

- As a health system all partners have a role to play in ambulance handovers. There are challenges within the community in terms of discharging patients which has a knock on effect, as if patients are not being discharged there are no beds for the ambulance patients to be admitted. It is a system wide challenge and this is being tackled with all partners. When hospital discharges are more efficient this improves handover times for ambulances so there is a direct correlation. The Head of Operations added that QAH are open to what changes they need to make this year which includes some interim changes before this winter to the physical layout of the department, before making some bigger changes going forward.
- The work SCAS are doing to improve hospital handovers is around non-conveyance and looking at those patients that could go elsewhere e.g. minor injuries or GPs. This will also improve the outcome for the patient as it will ensure that they receive the correct care.
- As a system SCAS are aiming to reduce hospital handover delays. The work that SCAS are doing around non-conveyance will reduce handover delays.
- The South East area of SCAS has the best non-conveyance rate in the whole of SCAS. They are actively working on this and doing everything they can, but otherwise they are not doing anything differently compared to other areas of the country.
- Category HCP 1-4 is not nationally reported, SCAS are measuring this locally to ensure they can make improvements. Category 1 patients are the 7 minute target patients.
- The target for category 1T patients is 18 minutes, previously this was 19 minutes but SCAS decided to reduce this to 18 to make an improvement. The Head of Operations was unsure where the 19 minute target originated. The Panel suggested that this needed to be reviewed and the Head of Operations said she would take this on board.
- The deployment plan is quite scientific. It is based on demand in an area on types of call, which is how SCAS decide to pre-position the assets.

- The Head of Operations did not have the category 1 times for Hayling Island but said that Hayling Island and Gosport always present challenges because of the geography of these areas.

- With regard to the ratios of cars to ambulances, the Head of Operations said this was around 65% ambulances to 35% cars. This will move to 80% ambulances and 20% cars which is in line with the national programme.

- The spike in handovers in July was largely due to the long spell of hot weather which was a challenge across the system. This highlighted the fact that the system are quite well prepared for the winter weather but more preparation is needed for hot weather.

ACTION - The Head of Operations to look into where the 18 minute target for category 1T patients originated and the reasons behind this.

RESOLVED that the report be noted.

5. Portsmouth Hospitals NHS Trust - Update (AI 5)

Dr Knighton, Medical Director and Una Brady, General Manager of the musculoskeletal service introduced the report. Dr Knighton added that the CQC report overall rating remains as Requires Improvement but they have had a number of focussed inspections in the intervening period. There is still a long way to go however the regulators have recognised that the Trust have made some significant progress. PHT were encouraged by some of the feedback from the CQC about some of the changes that have been made.

The anticipated date of the spinal service transfer to Southampton remains at 31 October 2018 and Dr Knighton had brought the communication to circulate to the panel as promised at the last meeting. The emergency floor redevelopment is a strategic piece of work and requires all elements of the system to work as efficiently as possible. It became clear that the emergency department and the acute medical area is not fit for purpose. The redevelopment will improve quality and efficiency of care to patients.

PHT are well advanced with winter preparedness and learned a lot from last winter. They are working together with all elements of the system. Whilst there is a long way to go, he said they feel they have much greater sight of the areas needing improvement and are working together in a much more effective way. The aim is to reduce the proportion of patients who are in hospital that do not need to be, so they can reduce their average bed occupancy to 92%. This is the level they can run the hospital system effectively and ensure that ambulance handovers are not delayed.

In response to questions the following matters were clarified:

CQC report

- The issues leading to the CQC rating of Requires Improvement were multifactorial. PHT have recently had an entire new leadership team

and an organisational restructure to ensure the focus on the operational detail and quality is something they are able to deliver, which was not previously the case. Over a number of years the Trust had developed a culture of specialisation within the medical workforce meaning the core work may not have been as prioritised as it should have been. All of this has been addressed over the last year but is not yet complete.

- PHT received the draft CQC report to check for factual accuracy and they challenged a number of elements, but were careful not to over challenge. They were already aware of some of the areas that were not meeting standards and this was discussed with CQC at an early stage. PHT were addressing these issues prior to the CQC inspection.

- There were a couple of areas of concern raised in the CQC report which came as a surprise to PHT such as medicine management on wards. PHT is much more receptive and the CQC have recognised that. The concerns with maternity services were being addressed prior to the CQC report being published.

- PHT had a very detailed Quality Improvement Plan in previous responses to CQC reports that had a prolonged time span to meet the requirements. This time they have been focussing on the key must do actions. A more concise QIP has been developed which is entirely focussed on the 54 requirements. PHT are co-ordinating the response through the QI action group to deliver on the plan. They have identified this as an opportunity to look deeper into the organisation to identify any recurring themes. The first big conversation to explore why staff might find it difficult to comply with some of the requirements has been held and they have learnt a great deal about ward pressures. This will also be fed into the culture change programme.

- PHT submitted a response to the warning notice to the CQC but they only have received an acknowledgment to this. PHT do not have anything that is off trajectory and there is nothing flagging as red with progress is being made in every area. Members asked if the HOSP could see this response once received and Dr Knighton said this could be shared.

- Medical services is one of the areas at odds to the CQC report. There have been a number of focussed reports on elements of this over the last three years and each of those has a number of areas rated as inadequate. The report this time describes challenges but things are improving. There are still some serious challenges for all of the medical elements but teams are working together that were not a year ago. PHT are looking at how they will describe and reconfigure a model for managing the intake of medically ill patients. This is likely to be a 2-3 year project and something that must be done well with the full engagement of all groups.

The panel noted that there were some outstanding areas arising from the CQC report such as critical care which was encouraging.

ACTION - Dr Knighton to share the CQC response with the panel once received.

Elective Spinal Service

- There is a resulting loss of income to the Trust from losing the service. The key driver for the move is to improve the quality of service for patients as it is not a sustainable clinical model. There is only one spinal surgeon who is not full time and therefore unable to provide an emergency service. The volume of work is not huge although significant.
- With regard to implications of the move, PHT are looking at what services may be delivered more accessibly. The General Manager added that children and complex surgery already go to Southampton Hospital. PHT have gone out to community groups and spoken to them about their transport concerns. Those families on lower incomes will have help with transport. Currently many patients are referred to a spinal surgeon where they would be better cared for in a community setting. This is being developed with Southampton and the CCGs at the moment so this will be improved and it may mean that there are less patients going to Southampton. Dr Knighton said he had some further information about communication which was circulated to the panel.

Emergency Floor Redevelopment

- The rise in demand for the Emergency Department (ED) has been steady and Portsmouth is not an outlier. There are particular ways patients like to access healthcare and there are those who will always go to the ED rather than a more appropriate setting. There is frustration of primary care colleagues that when a service is provided well people choose not to access it, people will still choose to come to the ED even when there are other alternatives.
- There are a huge number of different workstreams and improvement projects looking at reducing conveyance to the ED. There is no easy answer. They are looking at more consistent provision of a GP led urgent care centre as when it fully staffed it is drawing numbers away from ED. PHT have secured some external funding to provide a mental health assessment unit within the ED which should mean they can better manage those patients with fewer having to stay in the ED. The other big challenge is ensuring the hospital can discharge patients at the end of their stay. Medically fit for discharge (MFFD) numbers have reduced from approximately 300 to 200 which is still a high proportion. Partners are looking to work together to make marginal gains at all elements of the pathway.
- The proposal for the redevelopment to be operational by February 2021 was realistic. It will not be a reconfiguration of an existing site it will be a new build facility that must be built whilst maintaining continuity of service. The construction will take the majority of the time.

- PHT are continually looking to better mitigate the challenges of the physical layout and learnt a great deal from last winter. In order to offer a better experience for patients the ED needs to be less congested with a better flow of patients throughout the hospital.

- With reference to submitting an outline business case to receive funding for this from the STP, Dr Knighton said this had not yet gone forward. If they are not successful they will continue to look for other ways of funding.

- With regard to the PFI and the replacement for Carillion, PHT now had a change of provider and continuity of service has been relatively stress free. PHT have not seen any significant changes.

Winter preparedness and planning

- Work is taking place to minimise the impact on patients who have cancelled operations and staff are trying to give them earlier notice if their operation is cancelled. It is important to find a balance between giving notice and not cancelling an operation unnecessarily. PHT do not plan on cancelling elective orthopaedic surgery this winter but there is a chance they may still have to make last minute cancellations given the unpredictability of the winter pressures.

- Patients are informed in their appointment letter that their surgery may be cancelled. The more serious surgery patients are given more detailed warnings. These patients require greater support so are more at risk of it not being available on the day and therefore their surgery cancelled.

Delayed Transfers of Care (DTOC)

- There has been a significant improvement in the DTOC figures and PHT are managing these better. July was a very difficult month for the hospital due to the heat causing a higher number of patients being admitted to ED and a greater length of stay of patients. The overall number of patients has reduced and their ability to recover from a busy period has improved.

- With regard to the Gosport War Memorial Hospital now being part of PHT, Dr Knighton said there had been a certain amount of local reaction towards their staff, which died down quickly. There are a number of staff who are still working for PHT who were involved with Gosport War Memorial that feel uncertain on what the review enquiry will look into.

RESOLVED that the updated be noted.

6. Solent NHS Trust - update (AI 6)

Gordon Muvuti, Interim Operations Director, Mental Health Services, Mandy Sambrook, Operations Director for Integrated Adult Services and Mark Young, Head of Estates presented the report. The following updates were given:

CQC inspection 2018

The Interim Operations Director added that they had received notification that the CQC "Well-Led" inspection is to take place in early November. A more comprehensive inspection was likely to take place a month prior to this but they were yet to receive a date.

Mental Health Transformation

Both Solent and Southern Health had signed a memorandum of understanding relating to developing the crisis work across Portsmouth and South East Hampshire. This is following some extensive workshops that took place in the summer where patients and carers provided feedback on the elements of crisis provision that would improve their experience.

Mental Health beds

This morning the Interim Operations Director gave the instruction to re-open the beds that had been closed on Maples ward following the serious incident in May. This is following some extensive work of Estates colleagues to make some steep improvements in a short space of time. There will be a phased re-opening of beds and they should be fully operational by next week.

Estates - phase 2 works

The Head of Estates said the turf cutting event took place this morning and works are now underway for phase 2 capital scheme.

Parking

This is going through various groups and they are looking to mobilise some of those actions shortly.

Catering

A full report with recommendations will go to the board meeting in the next few weeks.

Winter plans

The Operations Director for Adult Services explained that the 'close the gap initiative to enable the 92% bed occupancy, that will be needed in the acute trust, was now underway. They have seen a significant reduction in the number of DTOCs and as of today they are down to 0.4%. Within Portsmouth they are looking at moving these upstream within the acute trust and are seeing patients at home for assessment which is known as the home first principle.

In response to questions the following matters were clarified:

- The home first principle is a national initiative system principle to create a culture within the system so that for every patient in hospital they are asking "why not home and why not today". When they see a patient they will categorise them to rehabilitation/re-ablement or care home. If the patient requires an assessment to get them into a new place of care this needs to be completed in a community setting as patients decompensate whilst in hospital whilst waiting for a decision to be made. 40% of patients in hospital do not need to be there but require care. There is a team that will go into hospital to assess patients through the integrated discharge service with local authority social workers and clinicians. If a patient needs an assessment they will make this available in their place of choice which is normally in their home.

- Solent have been working with NHS Improvement to bring in experts that work with the CQC to complete repeated mock inspections, to highlight any areas where more improvement can be made. They are very pleased with the improvements being made so far. Solent received 3 requires improvements, 11 good and 1 outstanding so Solent believe the areas for inspection will be the 3 areas that were requires improvement.

- With regard to getting the mental health beds back in use after the serious incident, the Interim Operations Director said that it was taken through the internal serious investigation route and all the learning from that was shared internally. With regard to the management of the patient and whether anything could have been done differently, the findings show their staff did everything they should have done and they did incredibly well. There was some learning undertaken around timing of the response between partners. There is a national drive for the police to do less not more in intervention units when these incidents occur. Locally Solent have a very good working relationship with the police and have agreed how to manage such situations. The National Police Association are saying that mental health services should be training staff to deal with people with weapons. A local protocol has been agreed with police colleagues which is being refined. Everyone did the best they could but there are definitely areas for improvement.

- The MCP Partnership is between Solent, the Alliance and PCC and progress has been significant over the last few years. The biggest achievement is that there is trust to work together to pull budgets together and to look at patient pathways to ensure they are delivering the best for patients. An example includes integration with social care partners. Solent has been co-located for a long time within the civic offices but they had not been working together. They are now all working together to redesign pathways driven by frontline service. The

Portsmouth MCP is ahead nationally compared to other areas and they are starting to see the benefits already for patients having one contact.

- The Primary Care Alliance is now delivering GP out of hours services and Solent have started to work with them as a community provider to look at how to provide 24 hour care. Solent have a twilight nursing service and a community nursing service and are now starting to map across those partnerships to see how can better work together. They will all be on the same system of record keeping for patient records. Community nurses will update their records which will automatically update patient GP records.

RESOLVED that the update be noted.

7. Adult Social Care update (AI 7)

(Councillors Hughes, Ford and Raines left prior to the commencement of this item).

Andy Biddle, Service Manager for Adult Services presented the report.

In response to questions the following matters were clarified:

- Direct payments are a method of delivery that involves people becoming an employer. The service are not persuading more people to have them, it is looking at the system for managing direct payments to enable people to understand the responsibilities they are taking on and to understand the support on offer. Where people manage their own care by direct payments they report a much improved experience as there is a level of control.
- The number of Deprivation of Liberty Safeguards (DoLS) is a mixed picture and there have been improvements in practice. Staff are often dealing with people with varied levels of training. The service are seeing an increased education and therefore more people referred to Adult Social Care. It is a fairly steady state with a regular number of people who are referred to Adult Social Care.
- The cost varies for DoLS. Most of the best interest assessments are carried out by their staff but for the doctors assessment it is about £250 each time. They also use independent assessors that can be in the region of £400.
- The front door referred to in the report is the point at which a patient contacts Adult Social Care either seeking crisis or seeking information. Currently this is not being completed in the most effective way.
- The joint equipment store was tendered and originally was based in Southampton and administered through Solent. Millbrook secured the tender 3-4 years ago and have a warehouse in Portsmouth. Equipment can be collected from the store so there is no lengthy wait and this is

run by the community access team. The service for equipment is better than it was although for some of the specialist equipment people are having a longer wait than they would like.

- The level of complaints is fairly steady and they now have a better idea of the use of equipment over a five year period. Options are currently being explored and they are looking at the best possible fit for Portsmouth in conjunction with Southampton.

- The team are working with Solent NHS Trust and are looking at the number of people who present to both services. The second phase is redesigning to take one case at a time to understand how to make it the best system. The new client record system is called System 1 which is cloud based and costs less to maintain and is more configurable. It is the same system that Solent and GPs use so information can be shared instantly. The new system will go live in March 2019.

- The reference to better use of enabling technology in the report referred to systems that can help manage your home e.g. turning on/off heating. It is hoped that more effective use of equipment might help some be able to live independently.

- Working relationships with PHT are better than they have been previously. Increased resources and a shared winter plan for people going into acute hospital is the key that shows in the numbers. Relationships are clear and well-built but this winter will test the plan.

- The main contribution to the winter plan from ASC will be used to fund a single agency to recruit and train people for contracts. If people decide to stay in the local area it is a side benefit as they can be redeployed in the local workforce.

RESOLVED that the updated be noted.

The formal meeting ended at 3.40 pm.

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Councillor Leo Madden
Chair