

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee (HOSC)
held at County Hall, Lewes on 18 September 2014

PRESENT:

East Sussex County Council Members

Councillors Michael Ensor (Chair), Ruth O’Keeffe (Vice-Chair), Peter Pragnell, Mike Pursglove, Alan Shuttleworth, and Bob Standley

District and Borough Council Members

Councillors John Ungar (Eastbourne Borough Council), Sue Beaney (Hastings Borough Council), Jackie Harrison-Hicks (Lewes District Council), Angharad Davies (Rother District Council), and Mrs Diane Phillips (Wealden District Council)

Voluntary Sector Representatives

None

ALSO PRESENT:

Eastbourne, Hailsham and Seaford CCG / Hastings and Rother CCG

Amanda Philpott, Chief Officer

Jessica Britton, Associate Director of Strategy and Governance

High Weald Lewes Havens CCG

Ashley Scarff, Head of Commissioning and Strategy

East Sussex Healthcare NHS Trust (ESHT)

Stuart Welling, Chairman

Darren Grayson, Chief Executive

Dr Amanda Harrison, Director of Strategic Commissioning and Assurance

Alice Webster, Director of Nursing

Michelle Clements, Facilities Manager

Sarah Bushell, Operational & Clinical Lead Nutrition & Diet

South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

Geoff Catling, Programme Director – Estates

Janine Compton, Head of Communications

Sue Skelton, Assistant Director of Clinical Operations

SCRUTINY OFFICER:

Paul Dean, Member Services Manager

14. MINUTES

14.1. The minutes of the meeting held on 28 July 2014 were agreed as a correct record.

15. APOLOGIES AND CHANGES OF MEMBERSHIP

15.1. Apologies for absence were received from Julie Eason and Jennifer Twist (both from SpeakUp) and from Councillors Frank Carstairs and Michael Wincott. Councillor Mike Pursglove was acting as a substitute for Cllr Carstairs.

15.2. Councillor Michael Wincott was welcomed back to the Committee. Councillor Kim Forward was thanked for her work during the consideration of the reconfiguration of maternity and paediatric services.

16. DISCLOSURE OF INTERESTS

16.1. There were none.

17. REPORTS

17.1. Copies of the reports dealt with in the minutes below are included in the minute book.

18. MATERNITY AND PAEDIATRIC SERVICES

18.1. The Committee considered a report of the Assistant Chief Executive which set out the decisions made by the three Clinical Commissioning Groups (CCGs) regarding the reconfiguration of maternity, inpatient paediatric and emergency gynaecology services.

18.2. The CCGs thanked HOSC for the independent scrutiny that the Committee brought to the Better Beginnings review process.

Better Beginnings Programme Board

18.3. Jessica Britton, Associate Director of Strategy and Governance at Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG, advised HOSC that the Better Beginnings Programme Board will meet in October 2014 to begin the final implementation stage of the programme. There are three workstreams that will report to the Programme Board during this phase:

- *communications and engagement* – to ensure that the communications action plan is fully implemented;
- *midwifery led care* – to ensure that there is a high standard of midwifery care across the county and that patient pathways are clear; and
- *access to urgent paediatric care* – to examine pathways for children accessing urgent care.

Ms Britton said that the Programme Board will provide an initial report by the end of December 2014 with the aim of implementing agreed improvement actions as swiftly as possible.

Crowborough Birthing Centre

18.4. Darren Grayson, Chief Executive of ESHT, explained that, where possible, ESHT will continue to enhance the service it provides at the Crowborough Birthing Centre (CBC). Mr Grayson said that the Trust will also continue to make day to day

operational decisions at the CBC on the basis of patient safety (as it does with all of its services) and this could include temporary closures on occasion. Mr Grayson said that ESHT does not take the decision to temporarily close CBC lightly and when that decision is made it is communicated to all women who are expected to go into labour at the CBC during the time of its closure. Mr Grayson added that the CBC is a purpose built facility that does not require a significant upgrade. However, it is continually renewed as part of a Trust-wide renewal programme.

Born Before Arrivals

18.5. Dr Amanda Harrison, Director of Strategic Commissioning and Assurance at ESHT, said that Born Before Arrival (BBA) events will inevitably occur due to the unpredictability of labour and there have been two or three annual BBAs in ambulances every year since 2011. However, BBAs usually have very good outcomes for the mother and child. Dr Harrison explained that since the temporary reconfiguration of maternity and paediatric services, women have been given information about when they should travel once their labour begins and BBAs have halved in the Eastbourne area during that time. BBAs in Hastings have remained the same and remain higher than in Eastbourne.

18.6. RESOLVED to:

- 1) note the current progress of the implementation of the reconfiguration of maternity, inpatient paediatric and emergency gynaecology services;
- 2) nominate Cllr Angharad Davies as HOSC's representative on the Better Beginnings Programme Board;
- 3) request regular feedback on the implementation of the reconfiguration from the CCGs and ESHT;
- 4) ensure ongoing monitoring and use of Serious Incident information as one key indicator; and
- 5) set up a meeting to review what data, based on the suite of data the CCGs and ESHT already produce, HOSC should receive to best inform it of the quality and safety of services provided as implementation progresses. A representative from both ESHT and the CCGs are invited to attend.

19. 'SHAPING OUR FUTURE' – EAST SUSSEX HEALTHCARE TRUST CLINICAL STRATEGY UPDATE

19.1. The Committee considered a report by the Assistant Chief Executive providing an update on the reconfiguration of ESHT's stroke, general surgery and orthopaedic services.

Medical outliers

19.2. Darren Grayson explained that ESHT has relatively few medical outliers (medical patients admitted to surgical beds) compared to most hospital trusts due to the efficiency of its 'front end' services, such as A&E, Medical Assessment Units (MAU) and Acute Assessment Units (AAU). Mr Grayson said that over the past four years there had been significant investment in MAUs and AAUs, particularly in the number of consultants working at the units, making them amongst the very best in England.

19.3. Mr Grayson said that most medical outliers are admitted at night time and assessed by midday the following day by a consultant. The patient is given a buddying arrangement with a medical ward so that they can be moved to a medical bed once one becomes available.

19.4. Dr Amanda Harrison said that the decision whether to admit a medical patient to a surgical bed is made by the site manager – who is always a clinician – based on what is safest for the patient and the service. Dr Harrison said that ESHT does not ring fence surgical beds as it would be impractical and would not give the site managers sufficient flexibility.

19.5. Mr Grayson said that the number of medical outliers on the general surgery ward at any one time was between 60-100 patients four years ago and was now no more than 10 patients. Dr Harrison added that the latest data shows that there are now fewer medical outliers than the report to HOSC indicates. Dr Harrison confirmed that ESHT was looking to reduce the number further by working with East Sussex County Council's Adult Social Care Department to shorten patients' length of stay in hospital beds.

19.6. RESOLVED to:

- 1) note the current progress of the implementation of the reconfiguration;
- 2) request a visit to the Stroke Unit at Eastbourne District General Hospital; and
- 3) set up a meeting to decide what data, based on the suite of data the CCGs and ESHT already produce, the Committee should receive to best inform it of the progress of the implementation.

20. SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST (SECAMB): EMERGENCY OPERATIONS CENTRES (EOC)

20.1. The Committee considered a report by the Assistant Chief Executive summarising South East Coast Ambulance NHS Foundation Trust's (SECAMB) plans to reorganise and develop its Emergency Operations Centres (EOCs).

Emergency Operation Centres

20.2. Geoff Catling, Programme Director – Estates at SECAMB, explained that the Trust has chosen a two site model rather than a single site model because it will allow SECAMB to split its EOC capacity between different sections of the national grid and the BT superhighway. This will help to ensure that if electricity or telecommunications fail at one EOC, the other will hopefully be unaffected. Both EOCs will also be designed to handle the entire volume of calls should the other temporarily fail. Mr Catling said that under the current three-site configuration, there is insufficient seating capacity at each EOC to deal with the additional volume should any of the other EOCs fail. When this happens, calls are diverted to other ambulance trusts who then inform SECAMB of the details of the calls.

20.3. Sue Skelton, Assistant Director of Clinical Operations at SECAMB, confirmed that SECAMB has budgeted to increase the number of staff it employs in order to match the increase in the volume of calls. The current EOCs are at full capacity so new facilities are needed to accommodate these additional staff. Ms Skelton said that existing staff have mostly indicated that they would be willing to move locations and the new locations – which could include Crawley – will be chosen in part on the

basis of staff convenience. It is SECamb's intention to retain as many staff as possible because of their expertise and the time it would take to train new staff.

111 service

20.4. Sue Skelton explained that 111 calls are currently handled at different centres (in Dorking and Ashford) to the 999 calls at the three EOCs in Bandstead, Coxheath and Lewes, but the system is integrated through a triage system that transfers more serious 111 calls through to the EOCs. The 111 service is currently provided in partnership with Care UK (for out of hours calls). Ms Skelton said that SECamb was considering the possibility of combining the centres once the contract is up for renewal as it would improve communication between the services and reduce the cost of ICT equipment.

20.5. RESOLVED to:

- 1) note the report and the presentation; and
- 2) agree that the reconfiguration of the Emergency Operations Centres is not a substantial variation to the existing service.

21. EAST SUSSEX HEALTHCARE NHS TRUST: DIGNITY IN CARE

21.1. The Committee considered a report by the Assistant Chief Executive providing an update on the approach of East Sussex Healthcare NHS Trust (ESHT) to ensure dignity in care, including specific progress on nutrition and hydration.

21.2. Sarah Bushell, Operational & Clinical Lead Nutrition & Diet at ESHT, clarified that as of July 2014 ESHT's compliance with the Malnutrition Universal Screening Tool (MUST) had improved year on year across all four standards. Compliance with the four MUST standards now stood at: standard 1 – 86%; standard 2 – 71%; standard 3 – 90%, standard 4 – 75% (see page 49 of the report).

21.3. RESOLVED to:

- 1) note the report and its appendices; and
- 2) congratulate ESHT on its nutrition and hydration programme.

22. HOSC WORK PROGRAMME

22.1. It was agreed that the following items should be added to the work programme:

- As part of the agenda item on 'challenged health economy' status scheduled for the November meeting, invite the NHS Trust Development Authority (TDA) to comment on the wider changes and restructuring to the NHS over the next few years, for example, the migration of more services to the primary care/community sector.
- Invite Maidstone & Tunbridge Wells NHS Trust to talk about their services. The Trust provides acute services to 10% of the population of East Sussex.

22.2. It was agreed that Cllr O'Keefe would attend a briefing with the Terrance Higgins Trust and Public Health Department to consider the current extent of HIV provision in East Sussex.

22.3. RESOLVED to note and update the Work Programme.

The Chair declared the meeting closed at 12.05pm.