HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Lewes on 23 March 2017

PRESENT:

Councillors Colin Belsey (Chair), Councillors Ruth O'Keeffe, Philip Howson, Angharad Davies, Alan Shuttleworth, Bob Standley and Tania Charman (all East Sussex County Council); Councillors Councillor Mike Turner (Hastings Borough Council), Bridget George (Rother District Council) and Councillor Johanna Howell (Wealden District Council)

WITNESSES:

East Sussex Healthcare NHS Trust

Alice Webster, Director of Nursing
Catherine Ashton, Director of Strategy

South Central Ambulance NHS Foundation Trust

Paul Stevens, Director of Commercial Services
Stacey Warren, Business Manager

High Weald Lewes Havens Clinical Commissioning Group

Ashley Scarff, Director of Strategy
Maninder Singh Dulku, Patient Transport Service Programme Director

Eastbourne, Hailsham and Seaford Clinical Commissioning Group/ Hastings and Rother Clinical Commissioning Group

Amanda Philpott, Chief Officer

LEAD OFFICER:

Claire Lee, Senior Democratic Services Advisor

29. MINUTES OF THE MEETING HELD ON 1 DECEMBER 2016

29.1 The Committee agreed the minutes of the meeting held on 1 December 2016.

30. APOLOGIES FOR ABSENCE

30.1 Apologies for absence were received from Cllr Carstairs (substitute: Cllr Howson), Cllr Coles, Julie Eason and Jennifer Twist.

31. DISCLOSURES OF INTERESTS

31.1 There were none.

32. URGENT ITEMS

32.1 There were none.

33. EAST SUSSEX HEALTHCARE NHS TRUST: CARE QUALITY COMMISSION FOLLOW-UP INSPECTION REPORT

33.1. The Committee considered a report on the Care Quality Commission's (CQC) follow-up inspection of East Sussex Healthcare NHS Trust (ESHT).

33.2. Catherine Ashton, Director of Strategy, and Alice Webster, Director of Nursing, answered questions from the Committee.

Performance of A&E Department

33.3. Alice Webster explained that shortages of available clinical staff, including consultants, are a major reason for the performance of the A&E Department. The difficulty in recruiting and retaining staff is a nationwide issue and is the result of a shortage of available candidates not lack of resources. Alice Webster added that the CQC had inspected the emergency departments at a particularly busy period when there were a large number of patients and flow issues throughout the Trust that were causing delays in A&E.

33.4. Alice Webster outlined some of the ways that the Trust is working to improve A&E performance:

- increasing consultant cover at both A&E departments, and recently recruiting an additional emergency consultant;
- strengthening clinical management by employing a clinical lead to manage the whole department whilst retaining a clinical lead for both A&E departments at Eastbourne District General Hospital (EDGH) and Conquest Hospital who are present at all times;
- put in place an extra nurse on each shift to see patients who are waiting but are not in a cubicle, e.g., waiting in an ambulance, or 'off loaded' onto the department;
- monitoring the number of patients in A&E four times a day to improve patient flow and ensure patients are safe; and
- entering discussions with NHS Improvement about the physical appearance of both A&E Departments.

33.5. Alice Webster said that it was important to make clear that A&E Departments do not work in isolation of the rest of the Trust. Staff will try to identify patients that can move out of A&E to elsewhere in the hospital or could go home, and implement this with immediate effect, to manage the throughput of patients in A&E. ESHT also works closely with South East Coast Ambulance NHS Foundation Trust (SECAmb) to manage hospital handover; the A&E department has an action plan that encompasses hospital handover.

33.6. Alice Webster confirmed that there has been change in staffing at the Ambulatory Care Unit at Conquest Hospital but people continue to receive care at the Unit.

33.7. Amanda Philpott, Chief Officer, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother CCG (HR CCG) said that urgent care is a system-wide service that hospital A&E departments play a major part in. Every health system is required to have a local A&E delivery board to oversee urgent care and the East Sussex A&E Delivery Board is working on five workstreams to improve urgent care, including:

- improving the minor injuries discharge rate within 4 hours from 95-98% to 100%;
- developing protocols for ensuring consistency in seeing, diagnosing and treating patients;
- establishing equal clinical leadership on both hospital sites;
- improving discharge planning to begin when a patient is first admitted to hospital to reduce instances of delayed transfer of care;
- improving the rate of recruitment and retention of consultants and GPs.

Performance of Children and Young People services

33.8. Alice Webster said that one of the CQC's 'must do' actions was for the Trust to develop play services in line with national guidance. The CQC has since elaborated with ESHT that its inspectors had concerns with the number of beds in a particular paediatrics room, and the lack of a paediatric nurse in A&E 7 days per week. Inspectors required evidence that both were being introduced in a sustainable way, and the Trust has now carried this out.

End of Life Care and rapid discharge process

33.9. Alice Webster explained that the discrepancy in the rating of End of Life Care (EoLC) between both hospitals was due to the responsiveness of the EoLC team in EDGH, for example, it was less aware of ESHT's pathways that allow for the discharge of patients from the A&E directly into the community. Since the CQC inspection, a training programme is being undertaken around EoLC and the preferred place of death for patients, i.e., ensuring that they are taken to their preferred place of death and not automatically put into a bed. In addition, a piece of work is being undertaken at the Conquest Hospital to develop 'peace plans' for the last 12-18 months of a patient's life that involves patients and their family.

Organisational culture

33.10. Alice Webster explained that the annual NHS Staff Survey is managed independently and the company that runs the survey said that the progress ESHT has made has been phenomenal. All measures of staff satisfaction have improved (including staff morale) or stayed the same, and a number are now at the national average. Furthermore, ESHT is showing a marked improvement in areas such as communication between management and staff, communication between staff, and staff being able to identify and report if they are being bullied or harassed.

33.11. Alice Webster assured HOSC that ESHT will continue to build on innovations such as the independent 'speak up' guardian, staff engagement sessions, training on the essentials of management for junior staff, and managing the manager training for more senior staff, which have started to improve the culture at the trust at all levels.

33.12. Alice Webster said that patient and service users are reporting an improved service. This is based on triangulating the results of the Friends and Family Test (FFT) (which have always been positive but have now seen a 15% increase in the number of patients filling them out),

patient complaints (which have not increased or shown any emerging patterns), plaudits from patients, and feedback from Healthwatch engagement events.

Leadership and Board monitoring ESHT progress

33.13. Alice Webster said that there had been a number of changes to the ESHT Board. The Board receives reports of departmental performance in public meetings and it will continue to monitor the progress of the trust's action plans through board papers and committees, such as its audit and finance committees. The Board and Chief Executive are also doing 'quality walks' through the departments and 'in your shoes' visits to understand the patient and staff experience of the Trust and see whether what is in the board reports is accurate. The expectation is that these visits are several hours long and involve following patient journeys and pathways through the hospital, not just walking around a ward. Catherine Ashton confirmed that in the last 6 weeks there have been over 20 quality walks throughout the Trust in both the daytime and evenings, and both on frontline wards and in back office areas.

Infection control rates

33.14. Alice Webster said that infection control rates are overseen effectively by a Director of Prevention Infection and Control who is a qualified microbiologist. There are set objectives around MRSA, C-Difficile, and winter flu rates (amongst other diseases) and these are monitored by the CCGs on a regular basis – with clear evidence of improvements being seen.

Maintenance backlog

33.15. Alice Webster clarified that there is a maintenance programme, monitored by the estates team, and there is an ongoing discussion about backlog priorities. The figure of £26m backlog of maintenance works is for the whole trust and is indicative of the age of the building stock. Catherine Ashton said there is a maintenance backlog issue at ESHT but added that one of the workstreams of ESBT is to look at the shared estate of all partner organisations and how it can be used differently and more effectively.

Backlog of unreported x-rays

33.16. Alice Webster confirmed that the backlog of x-rays have all been reviewed and reported on, which was a considerable piece of work. The Trust has a new x-ray reporting system so is not expecting a re-occurrence of the issue.

33.17. The Committee RESOLVED to:

1) note the report; and

2) request a report on the progress of the end of life care, and urgent care and patient flow projects in more detail at a future committee meeting; and

3) request that ESHT provide by email the NHS Staff Survey results and a breakdown of maintenance costs for each building in ESHT's estate.

34. SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PLAN

34.1. The Committee considered a report on the progress of the Sussex and East Surrey Sustainability and Transformation Plan (STP).

34.2. Amanda Philpott, Chief Officer, EHS CCG/HR CCG provided a presentation to the Committee on behalf of Wendy Carberry, who is the Senior Responsible Officer for the STP and who had to give her apologies for the meeting.

Date for competition of STP review of acute care

34.3. Amanda Philpott said that the CCGs are anticipating three or four options from the STP review of acute care to be publically available by June or July, with pros and cons for each option – due to the pressure on resources there are unlikely to be any risk free options.

STP Review and refresh

34.4. Amanda Philpott explained that one of the reasons for the STP review and refresh is member organisations' desire to adapt how they work together within the STP to ensure that the STP adds value to the population it serves.

34.5. Amanda Philpott said that NHS England had a good insight into the reason for creating the 44 STP footprints, for example, around trauma and tertiary care areas, and has an important role in ensuring that national and strategic issues are considered by CCGs when redesigning services within the footprints – the STP wide work needs to complement the place-based plans, i.e., ESBT and C4Y for East Sussex.

34.6. Amanda Philpott told HOSC that the ESBT place-based plan has materially influenced the STP as its core building blocks, and in that sense the STP process has been 'bottom-up'. However, that influence is within the wider context of an STP programme that is nationally mandated and overseen by NHS England. For the STP to succeed, these place-based plans have to succeed in enabling greater and more efficient care to be provided in the community.

34.7. The Committee RESOLVED to:

1) note the report; and

2) request a further update on the progress of the STP in September unless there is significant progress with the development of the STP prior to the Committee's June meeting.

35. PATIENT TRANSPORT SERVICE

35.1. The Committee considered a report on the latest developments regarding the Patient Transport Service (PTS).

35.2. Maninder Singh Dulku, PTS Programme Director, Sussex CCGs; Paul Stevens, Director of Commercial Services, South Central Ambulance Service NHS Foundation Trust (SCAS); and Stacey Warren, Business Manager, SCAS, responded to questions from the Committee.

Key lessons from previous contract

35.3. Mr Dulku said that a key recommendation of the independent report into the previous mobilisation of PTS was to employ a specialist PTS advisor. The CCGs appointed one in August 2016 and they have been pivotal in the process, and will be retained for a further six months to ensure an ongoing monitoring of the new contract. The CCGs have also avoided the mistake of attempting a one day contract transfer and have instead opted for a two phase transfer: phase one commenced on 1 March and phase two will commence on 1 April. Some lessons were learned from phase one that have been adopted for phase two.

Online booking systems

35.4. Paul Stevens explained that there was a problem with the online booking system during phase one. SCAS quickly had the software supplier resolve the issue and, following further testing, there have been no further issues. Online booking will be available from 1 April.

Capacity of SCAS to take on both Surrey and Sussex PTS

35.5. Paul Stevens explained that the Sussex contract will have its own management team that will report to SCAS's Board. It is standard practice throughout the area in which the trust operates for SCAS to have a local contract team manage the PTS, as each area has their own locations and demands.

35.6. Paul Stevens said that he did not expect every aspect of the new contract to be perfect from the outset and it will take time to embed and understand some of the issues and concerns about the service over the past year. However, the transition team has worked extremely hard and has carried out 150 one-to-one TUPE meetings with future team members– this is resource heavy and demanding but must be done in order to get TUPE contracts right. SCAS will continue with its established managers for the first 2 weeks of April, rather than bringing in new managers, to help reduce issues with the transition.

35.7. Paul Stevens added that the activity levels experienced from 1 March were different to the expected levels developed beforehand from the data provided – certain assumptions are now being made about the level of demand from 1 April.

35.8. Catherine Ashton said that ESHT considers that the PTS it is in a better position than it was this time last year. There have been a few problems but they have been nothing more than anticipated for a new service and are being resolved in the way ESHT would want to see. The Trust has no clinical risks or safety concerns that have been identified about the PTS.

Complexity of phased approach

35.9. Paul Stevens argued that the phased approach is a good idea but one hurdle it has is that staff are transferred over at different periods meaning that temporary staff must be in place for those areas not yet transferred over, for example, on 1 March SCAS took responsibility for transport activity but had not yet transferred over any Coperforma call handlers; SCAS had to put in place temporary call handling staff which was a challenge initially.

Number of staff transferring

35.10. Paul Stevens explained that although there was no legal right for staff to be transferred from Docklands and VM Langford to SCAS via a TUPE process, because of the ordeal they had been through, the CCGs took the decision to request that SCAS undertake a TUPE process. Stacey Warren said that 72 staff have been transferred and no more than two chose not to.

Cost to the CCG of change in provider

35.11. Maninder Singh Dulku told HOSC that the financial costs are still being worked out but will be available in due course.

Eligibility process

35.12. Paul Stevens said that the re-eligibility review period for patients is set out in the PTS contract at 28 days because PTS eligibility is based on medical requirements and people's circumstances can change quickly. This does not apply to people using transport for renal or oncology who have access to the block-booking of transport.

Key Performance Indicators (KPIs)

35.13. Maninder Singh Dulku said that the PTS advisor considered the original KPIs for the Coperforma contract to be "wholly unrealistic". A process of dialogue with SCAS and the PTS advisor has since taken place to revise the KPIs. The PTS Programme Board signed off these revised KPIs in February 2017.

Journey planning

35.14. Paul Stevens said that SCAS has a different service model to Coperforma. The Trust runs a planned service where journeys are booked and planned beforehand and drivers know, when they first log in to their smartphones in the morning, what their journeys will be for the day. Under the previous contract most drivers were allocated visits depending on their availability during the day. Stacey Warren explained that SCAS also operates a 'buddy' system elsewhere where the same group of patients are taken to and from the healthcare centre by the same driver and plans are in place to implement it in East Sussex.

35.15. The Committee RESOLVED to:

1) note the report;

2) request an email update in the summer on the performance of the PTS including patient satisfaction.

36. CENTRAL SUSSEX STROKE SERVICES: REPORT OF THE SCRUTINY REVIEW BOARD

36.1 The Committee considered a report of the Central Sussex Stroke Services Scrutiny Review Board.

36.2 The Review Board thanked the witnesses for their contributions. Ashley Scarff, Director of Strategy, High Weald Lewes Havens CCG, said that the review process had been a worthwhile and helpful exercise.

36.3 The Committee RESOLVED to

1) agree the report and its recommendations;

2) agree to submit the report to the appropriate NHS organisations; and

3) request an update on the progress of the new stroke service for March 2018.

37. HOSC FUTURE WORK PROGRAMME

37.1 The Committee considered its future work programme.

37.2 The Committee RESOLVED to note the report.

The meeting ended at 12.10 pm.

Councillor Colin Belsey

Chair