HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 3 December 2015

PRESENT:

Councillors Michael Ensor (Chair), Councillors Ruth O'Keeffe, Frank Carstairs, Angharad Davies, Alan Shuttleworth, Bob Standley and John Ungar (all East Sussex County Council); Councillors Sam Adeniji (Lewes District Council), Sue Beaney (Hastings Borough Council), Bridget George (Rother District Council), Julie Eason (SpeakUp) and Jennifer Twist (SpeakUp)

WITNESSES:

East Sussex Healthcare NHS Trust

Richard Sunley, Acting Chief Executive
Maggie Oldham, Director of Improvement
Susan Bernhauser, Acting Chair
Alice Webster, Director of Nursing

South East Coast Ambulance Service NHS Trust
Paul Sutton, Chief Executive
Geraint Davies, Director of Commercial Services

High Weald Lewes Havens CCG
Wendy Carberry, Chief Officer
Ashley Scarff, Head of Commissioning and Strategy
Kim Grosvenor, Dementia Programme Lead

Hastings and Rother CCG
Amanda Philpott, Chief Officer
Susan Rae, Clinical lead for urgent care and health inequalities
Nicky Young, Whole Systems Programme Manager, Joint Commissioning East Sussex

Martin Packwood, Head of Joint Commissioning (Mental Health)
Richard Hallett, Chair, East Sussex Maternity Service Liaison Committee
Dr Mokhtar Isaac, Clinical Director East Sussex, Sussex Partnership NHS Foundation Trust

LEAD OFFICER:

Giles Rossington

21. MINUTES OF THE MEETING HELD ON 1 OCTOBER 2015

21.1 The Committee agreed the minutes of the meeting held on 1 October 2015.

22. APOLOGIES FOR ABSENCE

22.1 Apologies for absence were received from Cllr Pam Doodes (substitute Cllr Johanna Howell) and Cllr Michael Wincott.

23. URGENT ITEMS

23.1 Cllr Michael Ensor updated the Committee on two recent health issues:

- Matthew Kershaw, the Chief Executive of Brighton & Sussex University Hospital NHS Trust (BSUH), will be departing from the Trust at the end of 2015. Amanda Fadero, the current Deputy Chief Executive, will step into the role of Acting Chief Executive until a permanent Chief Executive is appointed.

- BSUH had informed Cllr Ensor that the Trust still intends to progress with the construction of the cancer radiotherapy unit at Eastbourne District General Hospital (EDGH). The pause in its implementation was due to a funding issue that the Trust assured Cllr Ensor would be resolved.

24. EAST SUSSEX HEALTHCARE NHS TRUST QUALITY IMPROVEMENT PLAN SCRUTINY REVIEW BOARD: PROGRESS REPORT

24.1 The Committee considered a report by the Assistant Chief Executive providing an update on the progress of the Scrutiny Review Board established to examine East Sussex Healthcare NHS Trust's (ESHT) quality improvement planning in response to recent Care Quality Commission (CQC) inspection reports. The report also included an update from ESHT on the progress of their Quality Improvement Plan (QIP).

24.2 Richard Sunley, Chief Executive of ESHT, and Alice Webster, Director of Nursing, provided the Committee with a PowerPoint presentation on the progress of ESHT's QIP to November 2015.

24.3 Richard Sunley, Alice Webster, and Susan Bernhauser, Interim Chair, provided the following additional information in response to questions from HOSC:

Recruitment

- ESHT is recruiting 40 nurses from the Philippines. This is the maximum number that can be recruited at this time, but the Trust will look to recruit a similar number in 2016.

- The nurses recruited from the Philippines must first obtain visas and so are unlikely to join the Trust until March or April 2016. They will not become nurses registered with the Nursing & Midwifery Council until summer 2016 as they must first complete a period of consolidation and competency and sit a competency exam at the University of Northampton.

- These nurses will not be affected by the Government's recent changes to visa requirements as nurses are on the special occupational list.

- ESHT has increased the number of student nurse placements it provides and is in discussions with Health Education England to increase the number of student nurses it receives to fill these placements. However, these additional students will take three years to fully train so the benefits of the increase in student nurses will not be felt until 2018. The Trust recruited all 23 student nurse graduates in October 2015.

- There is a national problem recruiting middle grade doctors – particular in A&E – that is putting considerable and increasing pressure on the hospital services. ESHT has had great difficulty in recruiting sufficient numbers of middle grade doctors and the Kent,

Surrey and Sussex Deanery (KSS) has found it difficult to provide staff to fill middle grade training posts; between 70-80% of locum staff at ESHT are middle grade doctors.

- The shortage of middle grade doctors is predominantly due to the fact that middle grade doctors are joining employment agencies. These agencies pay considerably higher wages than NHS trusts are permitted to pay permanent members of staff under the NHS pay scales scheme, which makes it financially attractive for middle grade doctors to join an agency.

- ESHT is working with the KSS to focus the limited resource of middle grade doctors, for example, by developing a physician's assistant role. A physician's assistant would carry out some of the middle grade doctors' non-clinical roles which would allow them to focus on clinical care.

Culture

- ESHT's Trust Board recognises that addressing the cultural issues that the CQC identified will be a slow and difficult process, but it is putting in place a number of initiatives:

    - Holding Quality Summits at the EDGH and the Conquest Hospital; and holding a weekly Open Staff Forum led by Richard Sunley – or another Board Executive – that is attended by anything from three to 33 staff.

    - Beginning a "You Said, We Did" programme in response to feedback from the Quality Summits that involves Trust management providing evidence to staff about what they have done to deal with a query or complaint that has been raised. This information is publicised in various formats – such as posters and newsletters – throughout the Trust.

    - Looking to hire additional staff to increase the capability of the communications and engagement team to promote the changes that are being made to improve the culture at ESHT. The current team has 2.3 full-time staff out of 7,000 total staff across the Trust.

    - Developing a quarterly survey for staff that will contain the key questions of the annual NHS Staff Survey. This will allow the Trust Board to view incremental changes to staff morale throughout the year.

    - Hiring a new Speak Up Speak Out Guardian. This role provides a route for staff to raise issues outside of their management structure if they are concerned that they will not be dealt with in a satisfactory way by their line manager.

    - Setting up a clinical leaders' training programme for the clinical unit clinical leaders in partnership with the Faculty of Clinical Leadership and Management that is due to begin in December 2015. In 2016, a similar training programme will be provided for general management and heads of nursing.

    - Providing a number of national NHS Leadership Programmes at the request of frontline staff on Bands 6 & 7.

- The deadline for the annual NHS Staff Survey closed this month so it is unlikely that any of the changes that have been made will make much difference to the results this year, but the Trust Board is starting to hear more positive feedback from staff and hopes to see some difference in next year's survey.

- The Trust Board recognises that ESHT had admirable objectives that were similar to those of many successful NHS trusts, but the Trust was let down by its governance structure that was supposed to track and deliver those objectives, for example, the Quality and Standards Committee failed to perform to the standards set in its own terms of reference.

- The Trust Board has commissioned Capsticks to review ESHT's governance arrangements and the Board expects that some revisions to all of the committees will need to be made during 2016.

- The NHS Trust Development Authority (TDA) will carry out a capacity and capability review of the Trust Board as part of the package of assistance it provides to trusts in special measures. The TDA has appointed Ruth Carnell, Director at Carnall Farrar, to carry out this review of the Board early in 2016. The review will enable the Trust Board to demonstrate to stakeholders how it conducts itself and how it communicates with the rest of the Trust.

- All changes to the Trust need to be made with a lot of care and consideration, and the Trust Board is keen to avoid 'new initiative overload' because there remains some uncertainty about what systems still work well and which ones need fine tuning.

Medical records

- ESHT provides acute services from two main sites and patients are sometimes required to move between these sites to receive care. The Trust needs to be able to move medical records between the sites too, and the less this involves the movement of physical records, the better.

- From September 2016, the Trust's strategy is to move some services on to electronic records, which will involve scanning paper records into a central electronic database. The move towards electronic-only records is a long-term goal across the NHS.

- The Trust has invested in an electronic tagging system that makes records much easier to find. Physical medical records are tagged as they are retrieved from the archives for use by clinicians– the programme has been a success so far and the Trust is accelerating its implementation.

- In addition to the proposed scanning of physical records, and the ongoing tagging of them, the Trust Board is also working with staff on the arrangements for the centralising of medical records. The main reasons for centralising services are:

    - There is insufficient space on both hospital sites to safely store all medical records, which is a health and safety issue.

    - There are at least four different numbering systems being used on the two sites for the medical records.

    - Investment in medical records over last 12 years been very low.

    - The two medical record store rooms are on prime clinical real estate on the two hospital sites – the Trusts' Clinical Investment Plan includes making space within the two hospital sites to expand the accident& emergency and radiology departments.

- The centralising of medical records is the best course of action from a logistics perspective. The Trust will be able to have a proper, well organised, and clean medical records store room for the first time at a separate site from the two acute hospitals.

- The Trust Board needs to do something to improve the current medical record storage system – due to the health and safety issues – but the centralising of records to a single site is a cause of concern for the Trust's medical record staff. The Trust Board understands the issues that staff have – they are not the highest paid staff within the organisation and the potential implications of the centralising of records for them is that they will have to travel further to their place of work.

- The Board is in discussions with the medical records staff to develop a medical record system that all parties agree on and that meets the Trust's strategy. The Board will meet with Eastbourne staff and Hastings staff in early December to discuss issues such as whether transport arrangements can be put in place for staff.

Midwifery

- The Trust has recruited a lot of extra trainees to the midwifery department. ESHT has reduced considerably the number of midwife vacancies over the past 12 months to 2.2 across the Trust.

- ESHT signed up to the Productive Ward programme. This means that when the Trust refurbishes a ward it is committed to try and ensure that generic equipment storage locations – such as linen and drug cupboards – are in similar places from ward to ward. The purpose is to reduce the amount of training required for new staff to learn the layout of the ward. However, it is difficult to ensure continuity for more ward specific equipment that has to be stored in particular ways.

Next CQC inspection

- The Trust Board has set up monthly meetings with the CQC – with the next one due to take place in January – and is talking to them regularly. However, the next CQC inspection date is unknown as it will be unannounced. Fewer people are raising issues about ESHT to the CQC which makes it less likely they will return sooner.

Radiotherapy

- Capital money has been difficult to obtain across the NHS since the Government began its spending review. Now that the spending review has concluded, capital should become available for schemes that have already begun, such as the Radiotherapy Ward in EDGH. Brighton & Sussex University Hospital NHS Trust (BSUH) is managing the construction of the ward, but ESHT meets monthly with the BSUH radiotherapy team to talk through the logistics of managing the site.

Junior Doctors strike

- The announcement of the cancellation of the junior doctor strike was not timely enough for ESHT to reinstate appointments that were cancelled in anticipation of the strike. The Trust had cancelled 30 operations, mostly for inpatients, and 300 outpatient clinics.

Winter planning

- ESHT is part of the local resilience group and is working with the CCGs to secure funding for extra capacity. There is extra capacity available at the EDGH, but little available at the Conquest Hospital.

- The CCGs are also supporting ESHT to develop the resilience of its community services, for example, by making beds available within nursing and residential homes. These extra beds free up hospital beds by providing clinicians with a location where they can move patients categorised as "discharge to decide", i.e., who are medically fit but require a care or nursing home placement before they can be formally discharged.

24.4 The Committee RESOLVED that it had considered and commented on the report, its appendices, and the presentation.

25. SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST (SECAMB) WINTER PRESSURES AND OTHER ISSUES

25.1 The Committee considered a report by the Assistant Chief Executive providing information on South East Coast Ambulance NHS Foundation Trust's (SECAmb) planning for 2015/16 winter pressures and other issues.

25.2 Paul Sutton, Chief Executive, and Geraint Davies, Director of Commissioning, provided HOSC with a PowerPoint presentation and, in response to questions from the Committee, provided the following additional information:

Winter period

- SECAmb considers that the key focus period during winter takes place between 1 December and 12 January – even though the worst winter weather may come after that period – because it is during that time when the availability of NHS staff is at its lowest. After 12 January, the system begins to get back to its normal availability.

Handover times

- There is a national standard for handover time of 15 minutes after arrival at hospital. However, because three-hour delays are a routine occurrence in some hospitals in the South East, this target is nowhere near to being met.

- SECAmb considers it to be inappropriate from both a clinical and patient experience perspective that patients often have to wait for hours at a time on an ambulance trolley. As a result, the Trust continues to point out to Monitor, NHS England, and the NHS Trust Development Authority (TDA), that the 15 minute handover time is being ignored.

- It is the policy of SECAmb to tolerate a certain amount of delay in the handover time between ambulance crew and the hospital staff and the Trust tries to support the situation by both keeping its ambulance crews on site for as long as it can, and employing a Hospital Ambulance Liaison Officer (HALO) to try to help coordinate and speed up the process of handover.

- SECAmb now has in place an Immediate Handover Policy that is used when there is a very serious incident that necessitates the immediate withdrawal of ambulance crews

who are waiting to handover patients at a hospital, for example, when there is a cardiac arrest in the community that requires an immediate response and there are no free ambulance crews to attend to it. The ambulance crew inform the HALO and hand over their patient to the care of hospital medical staff.

- If the national standard for handover times was enforced, it is arguable that acute trusts would recognise that responsibility for the cohort of patients in the hospital rested firmly with them and would do more to achieve the handover time, for example, by employing handover nurses who fulfil the role currently performed by ambulance staff. ESHT and BSUH have carried out initiatives that have improved handover times at the Royal Sussex County Hospital in Brighton, EDGH, and Conquest Hospital. The Sussex-wide Urgent Care Network is meeting on 16 December to discuss handover times.

111 patient triage

- During the winter period 2014/15, 111 activity was at its peak and there was low confidence within the organisation of the accuracy of the categorisation of those 111 calls. In response, the Trust Board developed a pilot programme that involved paramedic practitioners reviewing the calls transferred across from 111 to 999 in order to determine whether they should join the 999 'call stack'; where in the stack they should join, for example, mis-diagnosed cardiac arrest patients would join at the top; and whether they could be dealt with in another way that did not require an ambulance despatch – one third of assessed calls did not require an ambulance dispatch. The purpose of the pilot was to ensure the accuracy of the call categorisation by 111 call handlers in order to prioritise which patients got an urgent ambulance despatch.

Recruitment and retention

- SECAmb plans for and understands seasonal variations in demand based on the accurate demand analysis it carries out. However, matching capacity to demand is more difficult; SECAmb is 20% more busy in December than in April but sufficient additional staff are not available to meet this demand – although some of the capacity is made up for by bank staff, the private sector, and third sector.

- There are recruitment, capacity, and retention challenges with paramedics across all ambulance trusts due to the high demand for their skill set from ambulance trusts and GP surgeries. Furthermore, proposed regulations that will allow them to prescribe medicine are likely to make them considerably more desirable, making them harder still to retain. Often, paramedics will join GP surgeries as paramedic practitioners to carry out home visits but will re-join SECAmb as bank staff to retain their 999 response skills and their registration as a paramedic.

- Paramedic degrees are highly sought after – and more subscribed than medical degrees at the University of Brighton – so SECAmb is keen to retain its paramedics and believes it has an attractive clinical model that results in it being a net importer of paramedics.

- The retention of paramedics was one of the main reasons for SECAmb's decision to develop the role of 'community paramedic'. The purpose of community paramedics will be to provide home visits to patients who are triaged as lower grade 999 calls, who have called 111, or who have called GP out of hours. The only difference between these three

categories of calls is the patient's access point. This will benefit SECAmb as it can retain paramedics, and it will benefit GP surgeries as they will not have to go through the process of recruiting paramedic practitioners to deal with out of hour calls. The CCGs have also expressed support for the community paramedic programme.

25.3 The Committee RESOLVED:

1) that it had considered and commented on the report, its appendices, and the presentation; and

2) that it wished to commend SECAmb for its work in attending to the airshow disaster at Shoreham.

26. WINTER PRESSURES

26.1 The Committee considered a report by the Assistant Chief Executive providing an update on the planning across the local health economy to deal with seasonal demand surges, extreme weather, and other issues associated with the winter months.

26.2 Wendy Carberry, Chief Officer, HWLH CCG; and Dr Susan Rae, Clinical lead for urgent care and health inequalities, Hastings and Rother Clinical Commissioning Group (HR CCG); provided the Committee with a presentation on System Resilience Planning - which is used to prepare for and manage periods of increased demand such as winter, and other periods, throughout the year.

26.3 In response to questions from HOSC, Wendy Carberry, Dr Susan Rae, and Nicky Young, Whole Systems Programme Manager, provided the following additional information:

- The CCGs have invested £4.1m to address additional patient flow to ESHT during winter – this is additional money provided by the Government specifically for investing in services that mitigate against winter pressures. Some of that funding is to support additional wards opened up in either acute or community hospital sites called "escalation areas". The funds have also been spent on additional social workers and therapists to support the flow out of these beds both in the community and in A&E departments. The CCGs are also investing in out of hours services, for example, to ensure that there is a prescribing pharmacist to deal with repeat prescriptions over the weekend to free up GP capacity.

- As part of the System Resilience Planning, CCG project managers work across the healthcare system to assess the number of beds that will be needed, and where best they should be located, for example, an extra 12 step-down beds were identified as being needed in the Eastbourne area. The CCGs then discuss with the private sector home care and care home providers about their available bed capacity to meet this demand, for example, Milton Grange is providing these step down beds. This system resilience work also provides the CCGs with the opportunity to test and evaluate commissioning strategies that, if successful and popular, could be rolled out across East Sussex.

26.4 The Committee RESOLVED that it had considered and commented on the report, its appendices, and the presentation.

27. THE RECONFIGURATION OF NHS DEMENTIA ASSESSMENT BEDS

27.1 The Committee considered a report by the Assistant Chief Executive to provide an update on a) plans to reconfigure East Sussex dementia assessment beds; and b) on recent performance and new developments in diagnosis.

27.2 Martin Packwood, Head of Joint Commissioning (Mental Health), East Sussex County Council; and Dr Mokhtar Isaac, Clinical Director East Sussex, Sussex Partnership NHS Foundation Trust (SPFT); provided the following responses to the Committee's questions about the dementia assessment bed reconfiguration plans:

- The reason for the delay in the implementation of the reconfiguration of dementia assessment beds is that the project has had to pause twice in order to build a stronger consensus between stakeholders. In the long term, the project has to command the confidence clinically of SPFT and the CCGs.

- The first pause was made in order to carry out clinical engagement with SPFT to ensure that the Trust was absolutely content with the proposed numbers of beds, and the proposed levels of reinvestment in community services that would be made using the savings generated through the closure of existing bed capacity.

- The second delay was due to decision to engage with partners – such as Healthwatch and Care for the Carers – to ensure that the proposed site – St Gabriel's Ward at Conquest Hospital – was the most inclusive and appropriate site for the long term inpatient dementia care.

- The reason that it will take two years to implement the reconfiguration is that the St. Gabriel ward will be refurbished into a purpose built dementia intensive care unit. This will be, effectively, a new build that will require significant capital planning and expenditure.

- Significant interim refurbishment of the Beechwood Unit in Uckfield has been undertaken to ensure that it is safe and effective enough to deliver services whilst the St. Gabriel Ward is redeveloped.

27.3 Martin Packwood, and Kim Grosvenor, Dementia Programme Lead, HWLH CCG; provided a presentation on the Memory Assessment Services in East Sussex. They provided the following information in response to questions:

Golden Ticket

- Golden Ticket is a new model of care being piloted in the HWLH CCG area. The Golden Ticket pilot included 40 patients living in their own homes with their carers. However, the principals of the Golden Ticket – to support dementia patients throughout the dementia journey – will also apply to patients in nursing and residential homes. In addition, some of the interventions for the 40 pilot patients have been delivered to nursing homes in the Buxted area; and the CCG is working with the Care Home In-reach Team and the GPs who do home visits to care and nursing homes to raise awareness of the Golden Ticket programme.

- At the start of the Golden Ticket pilot, each of the 40 patients and their carer was visited in their own home by a GP to explain the purpose of the project and the organisations involved in delivering it. All patients had to sign a document to say that they were happy to be visited and that their information would be shared with the list of providers involved in the Golden Ticket pilot.

- The reason why health and social care professionals visited patients in their capacity as part of the 'Golden Ticket team' – and not in the capacity as an employee of the organisation they were employed by – was in response to patient and carer feedback that said the complexity of being visited by a multitude of different people and having to tell their story more than once was an inconvenience that they wanted to see eradicated in the future. The health visitor would still introduce themselves and their role and reason for being there; and the system is being robustly monitored.

- There will be an intensive evaluation of the Golden Ticket pilot from December 2015 to March 2016, and the full business case will go to the HWLH CCG Governing Body in April or May 2016. The full business case will include a plan for the roll-out of the Golden Ticket programme in two phases. The first phase will probably involve the roll out of the Golden Ticket to specialist GPs within the 'communities of practice' areas of the High Weald Lewes Havens area who can help advise other GPs. The model will be refined over next few months, but the first phase is expected to be rolled out by September 2016 and the second phase – to the wider GP community – by March 2017.

- HWLH CCG is committed to continue providing the same level of support to the 40 patients and their carers beyond the end of the pilot – including some of the community aspects of care that they are receiving.

- The voluntary sector organisations working with the CCGs as part of the Golden Ticket are equal partners with shared responsibility and have been set up with NHS email accounts so that information can be shared securely. The voluntary sector staff are located in the practice where the programme is being piloted acting as an 'eyes and ears' of the community.

Integrated Community Care Ltd

- Integrated Community Care Ltd (ICC) is a GP-led service for diagnosing dementia in the rest of East Sussex. Guidance for diagnosing dementia had previously recommended only secondary care older people healthcare specialists, geriatricians, and neurologists should diagnose dementia. However, whilst the ICC was in the pilot phase, the HR CCG and Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) commissioned the development of a national diploma in dementia diagnosis that the five GPs who now run the ICC all completed. There are now 14 GPs who have achieved the diploma, as well as nurses and pharmacists, and there are more applicants on the way.

- The HR CCG and EHS CCG have commissioned for the past three years a Care Home In-reach Service from SPFT comprising specialised psychiatric nurses for dementia and a psychiatric staff grade doctor. The service goes in to care homes to disseminate good practice, increase awareness, train staff, and help to develop individual care packages for particularly challenging clients.

27.4 The Committee RESOLVED to that it had considered and commented on the report, its appendices, and the presentation.

28. HIGH WEALD MATERNITY PATHWAYS

28.1 The Committee considered a report by the Assistant Chief Executive providing an update from High Weald Lewes Havens (HWLH) CCG on maternity pathways in the High Weald.

28.2 Ashley Scarff and Richard Hallett also provided presentations to the Committee.

28.3 Ashley Scarff added that the patient records used in Crowborough Birth Centre will not be the same format as Pembury Hospital, Tunbridge Wells, but there will be fewer differences between the formats in future. Maidstone and Tunbridge Wells NHS Trust (MTW) and ESHT use the same ICT system but they use different versions of it; in the coming months they will go onto the same version which will also reduce the differences between patient records.

28.4 The Committee RESOLVED that it had considered and commented on the report and its appendices.

29. HOSC FUTURE WORK PROGRAMME

29.1 The Committee considered a report by the Assistant Chief Executive containing information on the Committee's progress against current work programme items and suggestions for additional issues to consider at future meetings.

29.2 The Committee RESOLVED to agree the proposed work programme.

The meeting ended at 1.20 pm.

Councillor Michael Ensor
Chair