

AT A MEETING of the HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 21 June 2016.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor Chris Carter

Councillors:

p Ann Briggs	p David Keast
p Graham Burgess	a Martin Lyon
p Rita Burgess	p Fiona Mather
p Charles Choudhary	p Chris Matthews
a Alan Dowden	p Floss Mitchell
p Jacqui England	p Andy Moore
a David Harrison	p Frank Rust
p Marge Harvey	p Bruce Tennent
p Tony Hooke	p Martin Tod

Substitute Members:

p Malcolm Wade

Co-opted Members:

Councillors:

a Tonia Craig
p Alison Finlay
a Yvonne Weeks
p Dennis Wright

In attendance at the invitation of the Chairman:

Councillor Liz Fairhurst, Executive Member for Adult Social Care
Councillor Patricia Stallard, Executive Member for Health and Public Health

129. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recordings for broadcasting purposes.

130. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Alan Dowden and David Harrison. Councillor Malcolm Wade, as the Liberal Democrat standing deputy, was in attendance in their place.

Apologies were also received from Councillor Martin Lyon.

131. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore, Members were mindful that where they believed they had a Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Chris Carter declared a Personal Interest in Item 7, as he is the Chairman of the Hampshire Fire and Rescue Service, and has family who are involved with the Gosport War Memorial Hospital 'League of Friends'.

Councillor Jacqui England declared a Personal Interest in Item 7, as she is the Chairman of the Lymington Hospital 'League of Friends'.

Councillor Frank Rust declared a general Personal Interest as he is a Member of the Wessex Clinical Senate.

Councillor Martin Tod declared a Person Interest in Item 6, as he is a patient at the Friarsgate surgery and a Winchester City Councillor, and a general Personal Interest, as he is the Chief Executive of the Men's Health Forum, which receives funding from Public Health England and the Department of Health.

132. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 29 March 2016 were confirmed as a correct record.

There were five matters arising in relation to the Minutes:

- Minute 124 (page 5): A report on the Notice of Motion referred to the HASC on breastfeeding support was heard at the May Council meeting.
- Minute 125 (page 11): A report on the engagement work undertaken by NHS England on vascular services would be circulated in the information pack

after this meeting.

- Minute 125 (page 16): A briefing on the community detox model would be circulated in the information pack after this meeting.
- Minute 126 (page 16): A further update on the closure of John Darling Mall had been added to the work programme for July.
- Minute 128 (page 17): A briefing on demographics had been requested from the NHS. Prisoner health had been discussed at the health member briefing on 1 June 2016.

133. **DEPUTATIONS**

The Committee did not receive any deputations for this meeting.

134. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made four announcements:

New Members

In attendance were Councillors Chris Matthews and Floss Mitchell, who were both appointed to the vacant Conservative positions on the Committee at the May Council meeting. They were welcomed to the meeting.

Briefings to be Circulated

As per the work programme, an item on systems resilience item would be circulated for Members' information.

Dorset Clinical Services review

The Chairman noted that he and Councillor Harrison had recently attended a Joint Health Overview and Scrutiny Committee meeting in Dorset on 2 June 2016 in order to consider the progress made by the Dorset Clinical Commissioning Group in advance of their planned consultation on the future of health services in Dorset. The population of West Hampshire would most likely be affected by the proposed changes to the two acute hospitals in Poole and Bournemouth. Councillor Harrison has drafted a view from the meeting, which would be shared with Members.

Adult Services Charging Consultation

Members were aware that Adult Services are undertaking a public consultation on some proposed changes to how the Authority charges people for adult social care support. The changes are being proposed to help contribute towards the £43.1 million savings target set for Adult Services to achieve

Update
circulated to
Members.

View circulated
to Members.

by 2017 and would also bring Hampshire in line with other comparable local authorities.

Even if changes were made following consultation, people who are assessed as being unable to afford to contribute anything towards their care, using criteria set nationally, would continue to receive free care.

The consultation opened on 15 June and would close on 26 August. Service users who could potentially be affected by the proposed changes either now or in the future have been contacted and invited to take part in the consultation. The information was also available on Hantsweb and a link to it has been sent out to stakeholders, including local organisations, MPs and district/borough councillors. Officers would be meeting with key stakeholder groups around the county to discuss the proposals with them and hear people's views.

If Members have any queries, they would be able to contact the project manager in Adult Services who is overseeing a small team of staff to deal with the consultation. Councillor Fairhurst, the Executive Member for Adult Services, would consider a report of the findings from the consultation and receive recommendations from officers at her Decision Day in October.

135. **HEALTH: PROPOSALS TO DEVELOP OR VARY SERVICES**

Hampshire Hospitals NHS Foundation Trust: Andover War Memorial Hospital Minor Injuries Unit – Update on Temporary Variation to Opening Hours

Representatives from Hampshire Hospitals NHS Foundation Trust presented a report on the temporary variation to the opening hours at the Andover War Memorial Hospital Minor Injuries Unit (see report, Item 6 in the Minute Book).

The Chief Executive began by offering an apology to the population of Andover and the surrounds for the temporary variation in opening hours at the minor injuries unit. It was explained that the temporary changes had not been made lightly, and had been effected because of the unique situation with staffing at the unit.

Positively, the new clinical matron for the minor injuries unit had completed her induction, and would be working to finalise a plan for extending opening hours. Additionally, a new emergency nurse practitioner had been recruited to the Trust.

It was hoped that within the next few weeks the minor injuries unit would be able to offer full opening hours Monday to Friday. It was expected that weekend opening would be returned to later in the summer, once the clinical matron had been able to assess capacity and capability in the service.

In response to questions, Members heard:

- All relevant NHS stakeholders, including '999' and '111' call handlers, the ambulance service and local GP out of hours' services were informed of the urgent variation in order to ensure that patients were appropriately signposted to alternative facilities when the unit would usually have been open, but due to the variation was closed. Notices were posted in Andover hospital to inform patients of the temporary variation and the alternative services available.
- That the final decision to reopen the minor injuries unit with full operating hours would be one taken by the clinical matron once she had made her assessment of staffing. There were still vacancies and absences at the unit that would need to be considered and addressed.
- Part of the role of the clinical matron would be to ensure that the unit has a sustainable staffing model, and would be resilient to staff location rotational changes and unexpected absences in future.
- That the clinical matron would spend approximately 80% of their time undertaking clinical work, and 20% on leadership and management. The clinical matron for the minor injuries unit would not be working in isolation, as there were other matrons based on the Andover hospital site.
- All clinical matrons in the Trust, of which there were around 40, met regularly as a peer support group.
- That there is a national shortage of emergency nurse practitioners in the UK. The Trust would be seeking to train in-house staff to address this issue.
- All urgent care staff rotate through the Trust's three hospital sites in order to expose them to differing medical needs. This helped to ensure sustainable cover in all services, as well as ensuring staff remained highly skilled.
- That the impact of the restricted opening hours at the minor injuries unit had seen additional pressure on the Emergency Departments in Winchester and Basingstoke. The Trust were keen to reopen the unit to full operating hours as soon as it was safe to do so.
- The two Emergency Department's performance had dropped significantly since December 2015, and had plateaued at around 80% of the four-hour target. NHS Improvement had undertaken an initial review of performance in the Trust's emergency services. It would now undertake a review of the whole system, in order to

understand the reasons for the change in performance at the Trust. NHS Improvement would be likely to report on their findings at the end of July, and this would be shared with the Committee.

- That Hampshire Hospitals had ended 2015/16 with a £6.9m deficit. It was expected to end 2016/17 with a £6m surplus, owing to additional monies received through national funding for meeting NHS Constitution targets, and was on course to meet this. In addition, the Trust, similar to local authorities, continued to review services and work in partnership with other organisations in order to make services more efficient and greater value for money.

The Chairman moved to the recommendations. A record of the vote was requested by a quorate of the Members present.

A vote took place on the recommendation as set out below:

‘That Members are satisfied with the reasons for the urgent temporary change to the operating hours of the Andover War Memorial Hospital Minor Injuries Unit.’

For: 18
Against: 2
Abstained: 0

RESOLVED

That Members:

1. Are satisfied with the reasons for the urgent temporary change to the operating hours of the Andover War Memorial Hospital Minor Injuries Unit.
2. Request a further update on the temporary variation in September 2016.
3. Request the outcomes of the NHS Improvement review of Hampshire Hospitals NHS Foundation Trust’s Emergency Departments, when available.

West Hampshire Clinical Commissioning Group: Friarsgate Practice – Kings Worthy Branch Surgery Closure

Representatives from West Hampshire Clinical Commissioning Group (CCG) and the Friarsgate Practice presented on the closure of the Kings Worthy branch of the Friarsgate surgery, Winchester, and next steps (see presentation, Item 6 in the Minute Book).

NHS
Improvement
report to be
shared with
Members.

Members noted that the Kings Worthy branch surgery was one of two branch surgeries attached to the Friarsgate Practice, which had its main location in Weeke, Winchester. The Kings Worthy surgery was based in a converted maisonette which had been on a long term lease from Winchester City Council.

The surgery had identified the need to close the Kings Worthy branch surgery after a full review and options appraisal. West Hampshire CCG had taken a decision to support this closure in December 2015, subject to consultation and the consideration of further issues arising from this.

The consultation was undertaken for a period of 46 days, with analysis highlighting the following themed areas from the public:

- A desire to retain the existing surgery;
- A desire to provide primary care services at an alternative site in Kings Worthy;
- The impact of the closure on the local pharmacy;
- The lack of transport options from Kings Worthy to the Weeke site.
- Access to appointments and services at Friarsgate practice.

The local members representing the Friarsgate Practice area had been engaged in proposals. Following concerns raised to them and by other community representatives, a meeting had been held on 27 April between the HASC Chairman, Councillors Porter and Tod, and representatives of the Friarsgate surgery and West Hampshire CCG. This discussion had resulted in a number of actions being taken forward to West Hampshire CCG, who agreed at their Primary Care Commissioning Committee on the 28 April to support the closure of the surgery (from 1 June 2016), subject to the following recommendations:

- That a clear communication is sent to all affected patients so that they are aware of the changes, the full range of services available and how to access these, and the available transport support.
- A detailed mobilisation plan is to be submitted to the CCG (including a communication plan), to give assurance that the changes can be safely and effectively implemented by 1 June 2016.
- That any dividend released from the closure is reinvested by the Practice in primary care services for registered patients.
- That transport provision is provided to ensure that elderly and vulnerable patients, as well as those without access to private transport, are able to access primary care services at Weeke. This should include the sustained provision of the minibus service to and from Kings Worthy

to Weeke and the Dial a Ride service at the discounted rate. Any proposal to withdraw these services will require approval by West Hampshire Clinical Commissioning Group.

- The feasibility of a dedicated parking space at the Friarsgate Surgery in Weeke for use by King's Worthy patients is explored by the Practice
- A full evaluation of the model of care is to be undertaken including the Wellbeing Café and further assurance provided regarding the action being taken to improve access to appointments at Friarsgate Surgery in Weeke. Report to be submitted by end of September 2016.

These changes came into effect on 1 June, and the mobilisation plan was fully implemented. A minibus service has been available since this time for those who required it in order to access the Friarsgate surgery, and three health and wellbeing cafés had been successfully held so far.

The local County Councillors representing the patient population for the Friarsgate surgery were invited to speak by the Chairman. Councillor Porter noted that she and Councillor Tod had worked closely with the CCG and surgery in order to find a solution to the issues raised. The closure of the Kings Worthy surgery was not the preferred option for local people, and Cllr Porter did not believe it should have closed. She felt that Kings Worthy required a primary care health facility. The consultation had focused on the chronically ill rather than the occasionally ill, and the closure would see individuals using motorised transport rather than walking as a method to reach primary care services. She further noted that the request for a car parking space was for a 'good neighbour scheme' vehicle rather than a sole space for Kings Worthy residents to use. Councillor Tod expressed that he still held concerns regarding pressure for appointments at the Friarsgate surgery, as well as available parking at peak times. The most recent GP survey had also raised number of issues that would need to be resolved. The health and wellbeing cafés were potentially an exciting idea, but this would need to be properly evaluated.

In response to questions, Members heard:

- There was a national shortage of GPs with many medical students choosing specialisms rather than general practice at the end of their university studies. Although the Friarsgate Practice hadn't suffered GP shortages to the extent experienced by other geographies around the country, there had been a number staff leaving the practice and taking long leaves of absence in recent years, which had required the Practice to assess long term staffing sustainability.
- The Friarsgate surgery had approached other GP

surgeries in Winchester to consider whether there was appetite for providing a tripartite community and primary care service in the Worthies. Unfortunately, there was no interest in this offer from other providers.

- The main surgery premises in Weeke were large, modern and fit for purpose, and benefitted from a large basement parking area with accessible access for patients. When signing the lease for the new building, the surgery had rented more space than required in order to plan for expanded services should a continuing trend in increasing populations and demographics be seen.
- The surgery had met Kings Worthy Parish Council in order to establish whether there would be appetite for a 'good neighbour scheme' which would see car lifts offered by locals to the surgery in Weeke, Winchester. Although the Practice had started discussions, its representatives felt that a greater community effort would be required in order to arrange this locally.
- Patients in the Worthies had a history of travelling to the Friarsgate surgery in order to access a wide range of primary care services that could not be offered in the branch surgery due to space and staffing considerations.
- The Practice had actively met and lobbied local bus services in order to change routes to ensure that those travelling from the Worthies could access services Weeke without having to change buses in the centre of Winchester. To date Stagecoach, the primary operator of bus services in the City, had not agreed to introduce a new route or to change an existing route to this end.
- The Practice requested support in lobbying local bus services to consider amending its routes, and the Chairman agreed to explore raising this issue with the Executive Member for Environment and Transport.
- The view of West Hampshire CCG and the Friarsgate Practice was that it was not appropriate for GPs to be working in isolation. This was a view supported by the Care Quality Commission, who had highlighted their concerns in relation to the Kings Worthy surgery during their most recent inspection.
- Approximately one quarter of the Worthies population accessed the Kings Worthy branch surgery, with the rest of the population accessing other surgeries in the centre of Winchester and in Sutton Scotney.
- The closure of the branch surgery had not been made based on financial savings. Approximately £8000 per annum would be saved on rent and this would be reinvested into primary care services.
- Primary care commissioners had a responsibility in line with the NHS to ensure that services were efficient and effective. West Hampshire CCG had undertaken a piece of work to ensure that primary care services in Winchester were able to meet the changing needs of the population. The changing financial picture of the NHS

Letter to be drafted to the Executive Member.

had affected budgets in primary care, and therefore it would be important to ensure that limited resources were adequately invested.

- The CCG were working on a primary care strategy for West Hampshire. The content of this strategy would be subject to public engagement, including local members.

The Chairman moved to debate. Members held a wide-ranging discussion on the decision to close the Kings Worthy surgery, noting that the surgery had reviewed and explored a number of potential options before determining that the closure of the branch surgery was the preferred option.

Members highlighted that, in line with the Care Quality Commission's view, that it was not clinically acceptable for surgeries to be led by sole GPs, as evidence suggested that better clinical outcomes were achieved when clinicians worked as part of a larger team, and had the opportunity to assess and treat a variety of patients. The building was also not fit for purpose.

Some Members expressed their concerns regarding access and transport to the main Weeke site. It was agreed that the Committee would explore how the County Council could work in partnership to address the issues of public transport for those patients travelling from Kings Worthy.

The Committee considered the need receive a further update once an evaluation of the closure had taken place, as well as consideration of the West Hampshire CCG primary care strategy. It would be important to measure how the closure had impacted on vulnerable individuals.

RESOLVED

That Members:

1. Noted the actions agreed by West Hampshire Clinical Commissioning Group in relation to the closure of the Kings Worthy Branch Surgery, with the amendment of the parking space in Weeke being for the use of a 'Good Neighbour' scheme vehicle rather than for Kings Worthy residents.
2. Consider the further issues to be addressed on transport and access to primary care services, and the evaluation of the new model of care, at a future meeting.
3. Agreed that the Chairman write to the Executive Member for Environment and Transport on issues relating to public transport from the Worthies to Weeke, Winchester.

4. Request the West Hampshire Clinical Commissioning Group Primary Care Strategy, once available.

136. **HEALTH: INQUIRIES RECEIVED AND ACTION TAKEN**

Portsmouth Hospitals NHS Trust: Care Quality Commission Re-Inspection Enforcement Notice – Urgent Care

The Acting Chief Executive and representatives of Portsmouth Hospitals NHS Trust spoke to the Care Quality Commission's (CQC's) re-inspection report of the Trust's emergency department (see Item 7 in the Minute Book).

The Committee were introduced to Tim Powell, who was the Acting Chief Executive of Portsmouth Hospitals Trust following Ursula Ward's resignation in May. The Trust's view was that the CQC report was a sobering one, and accurately reflected what inspectors saw and found at the Trust in February and March 2016. The Trust fully accepted the report's findings.

The Acting Chief Executive offered an apology to the population the Trust served, stating that they had not received the safe, high quality services expected. The Trust had a committed and resilient workforce in its urgent care services, which was referenced within the report. The report highlighted the failure of leadership at management and executive levels to make the necessary changes to improve performance.

The report had highlighted a number of issues centring on leadership. This included senior clinicians in the service not being heard by the executive team when determining plans for the emergency department, and the executive team being seen as a 'barrier to change'. The report also discussed a culture of 'learned helplessness', where staff had become numb to demand for urgent care services, and resultantly do not implement escalation policies or take active steps to resolve issues as they arise, which results in staff waiting to be directed rather than being empowered to take decisions and responsibility for their actions.

Through the re-inspection, the Trust had been issued a Section 31 enforcement notice, which communicated the seriousness of the CQC's concerns regarding urgent care. Four conditions had been put in place as part of this notice, and the Trust had begun the following actions in line with these:

- An ambulance escalation policy had been reviewed and agreed between the Trust and South Central Ambulance Service. This policy would be enacted earlier in order to ease pressure on the ambulance service when stacking is evident at the emergency department.

- The Jumbulance that was previously being utilised outside of the emergency department had been released. This had been used as a method for transferring patients into the care of one ambulance crew in order to enable the release of ambulances back into service. The ambulance escalation policy would instead enable patients to be handed over in the emergency department.
- The Trust were regularly providing performance data to the CQC as requested. This was issued every Thursday. Similar information could be provided to the Committee.
- A clinical leader had been recruited and would start on 18 July. This individual was a general physician from Western Sussex Hospitals, which was rated as 'outstanding' by the CQC, with a wealth of experience through his work as part of the emergency care network.

Performance data requested by the Committee.

An urgent care improvement program and plan had been agreed between stakeholders and NHS Improvement locally, and the Acting Chief Executive believed that it was the best plan to improve performance. Since 1 June the Trust had seen a marked improvement in performance, although the Trust accepted that this needed to be sustained across the medium and long term. The first 100 days would be important to see how the plan was performing, and NHS Improvement would determine after this time whether to escalate or de-escalate the conditions put in place at the Trust.

A final action plan based on the CQC's findings would need to be submitted by 7 July, and the Trust would be happy to share this with the Committee. This action plan would need to demonstrate how the Trust would deliver sustainable change for the population of Portsmouth and South East Hampshire.

Action plan to be requested.

Councillors Tennent and Wade left the meeting as this point in proceedings.

In response to questions, Members heard:

- That whilst the conditions of the CQC are being met, and performance had begun to improve, these two issues together didn't provide evidence that a sustainable future for the emergency department had been reached.
- The improvement in performance at the emergency department could be due to seasonal variations, or luck, or a variety of other reasons, which was why the Trust was clear that performance needed to be sustained in order to understand if the urgent care improvement plan was working.
- The issues highlighted by the CQC in relation to leadership at the Trust had been accepted, and senior clinicians from the emergency department would now be round the table with the executive team when taking

decisions on the department, and monitoring urgent care performance.

- A strategic review group, which acted as a sub-committee of the Trust Board and had representation from the Emergency Department, had been fully implemented and met every two weeks in order to consider the wider issues raised in the CQC report, in addition to the urgent care committee which met on a weekly basis to consider performance and improvements made.
- The Executive team benefitted from clinical leadership prior to the re-inspection report through the medical and nursing directors. The Trust's Executive team were not regularly accessing the expertise of senior clinical leaders throughout the Trust and this had now changed with the creation of the regular meetings of the executive team and the clinical Chiefs of Service.
- The ambulance escalation policy would outline the acceptable safe spaces in the hospital for incoming patients to be placed after ambulance handover whilst waiting for assessment and treatment.
- The Committee had considered issues relating to the emergency department for many years, and the Trust was aware that the plans in place had to feel 'different' to regulators, interested stakeholders as well as the public and staff. The new Acting Chief Executive was open about being held to account as the leader of the Trust for performance, and outlined the steps that could be taken by NHS Improvement if performance was not acceptable once the urgent care improvement programme had been implemented and embedded.
- It was noted that the urgent care improvement plan would not be deviated from, as commissioners and the Trust believed it was the right plan to achieve sustainable improvement. Work was also ongoing to review the 'discharge to assess' process, and it was hoped that a final plan would be agreed to be implemented by October 2016.
- The urgent care improvement program is based on best practice and what works for those Trusts rated as 'outstanding' by the CQC. The emergency care improvement network had reviewed this plan and provided their support for it. The '100 days' for the urgent care improvement plan and CQC action plan would begin on 7 July, and it was expected that after this time a further inspection would take place.
- Approximately £8 million of additional funding was being invested into the urgent care pathway in Portsmouth, and would be spent in part on staff sustainability.
- The Trust had undertaken a piece of work with commissioners in order to understand whether the pressure felt in urgent care was unique to Portsmouth. It had been found that there were a number of myths

around public use of emergency departments, but that those presenting were likely to be acutely unwell, may have complex conditions, and required further assessment and treatment.

- There were three principles that were of importance to the Acting Chief Executive. These were:
 - For all staff to look after one another and work as a team.
 - For the Executive team to deliver on its promises.
 - To work to the notion of 'no surprises'.
- It was outlined that NHS improvement had asked Tim Powell to act as the Chief Executive whilst plans were agreed to appoint long-term Chief Executive. NHS Improvement had the power to bring in an alternative accountable officer if acceptable progress was not made in this time.

Following questions, the Chairman moved to debate, where Members raised their concerns and disappointment at the further 'inadequate' rating of Portsmouth Hospitals Trust's emergency department. Members outlined their concern that ongoing regulatory action and scrutiny hadn't brought about a change in performance at the Trust.

Some Members were positive about the leadership changes already implemented and were prepared to put their trust in the new accountable officer and plan agreed by NHS Improvement. Members noted that those that were best able to take action against the Trust were holding them to account for their actions.

Members agreed that they wished to monitor this issue, and agreed to request the presence of the Care Quality Commission and lead commissioners when the topic is next considered.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Noted the outcomes of the Care Quality Commission's re-inspection report on Portsmouth Hospital Trust's Accident and Emergency Department. In addition, that Members noted their disappointment with the rating following re-inspection, and their concern regarding issues raised in the report.
2. Request the following additional information:
 - a. The action plan from the Care Quality Commission re-inspection report.
 - b. Monthly updates on the Accident and Emergency

- Department's performance.
- c. The urgent care improvement plan, and phased updates on the progress of this plan's implementation.
3. Request a future update on performance at a future Committee meeting, once the first '100 days' of the plan has passed, to which commissioners and NHS Improvement will be invited.

Councillor Moore left the meeting at this point in proceedings.

South Central Ambulance Service and South East Coast Ambulance Service NHS Foundation Trusts: Ambulance Performance Update

The Director of Operations for South Central Ambulance Service NHS Foundation Trust, and interim Chief Executive and representatives of South East Coast Ambulance Service NHS Foundation Trust, provided a presentation and report on performance and future challenges facing ambulance services in Hampshire (see Item 7 in the Minute Book).

South Central Ambulance Service NHS Foundation Trust (SCAS)

A brief overview of the Trust and its geography was provided to the Committee. The key challenges for the Trust were outlined to Members, including an increase in both population, complexity and demographic types, which was seeing a resultant increase in demand for ambulance and 'NHS111' services, which SCAS also provided.

Nationally there was a shortage in the number of paramedics. The reasons for this were twofold; first, fewer people were choosing paramedicine as a chosen field, a fact not aided by the average length of a paramedic degree now being three years rather than two. Secondly, qualified paramedics now had a much larger range of career options in the health sector. Resultantly, SCAS were increasing their reliance on private ambulance providers, and exploring methods for recruiting and retaining staff.

Demand trends in the previous two years had shown an increase in the number of 'red' incident calls, whereby the Trust had either eight (for 'Red 1' and 'Red 2' calls) or 19 (for 'Red 19' calls) minutes from the time an ambulance is dispatched to reach and begin assessing patients. Data showed that although performance had decreased since May 2015, often those units not making the eight-minute target were reaching patients within 30 seconds of the target time. The number of patients being telephone triaged

or treated at the location of the individual had increased over time and now accounted for approximately 50% of all calls. Data also showed a considerable increase in the number of calls to the 'NHS111' service.

Ambulance handover delays were a serious and ongoing issue and impacted considerably on the ability of the Trust to respond to incidents within target times. The Committee had already heard significant discussion on ambulance stacking at Portsmouth Hospitals Trust, which was the outlier amongst all Trusts that SCAS conveyed patients to. It was hoped that urgent care plans in all acute trusts would continue to release ambulances back into operation.

Approximately 10% of all calls were now attended to in the first instance by community responders and co-responders from the fire service and military. The Trust were actively recruiting community responders, who made an invaluable contribution of the ambulance service through volunteering their time to assist with incidents in their geography. Training for co-responders cost approximately £2,000 per person, and SCAS continued to seek support from councillors, parishes and other funding sources to assist with this.

In terms on future service delivery, the Trust were currently taking part in an 'Ambulance Response Programme', which was reviewing how calls are triaged and what the appropriate clinical response to calls are. This had the potential to fundamentally redesign how ambulance trusts work in future. The Trust had also recently been inspected by the CQC, and were pleased to report that no immediate actions were required of SCAS.

South East Coast Ambulance NHS Foundation Trust (SECAMB)

Geraint Davies, the Interim Chief Executive of SECAMB, provided a brief overview of the paper tabled before Members. It was noted that the SECAMB provided an ambulance service to parts of North East Hampshire, as well as Kent and Medway, Surrey and Sussex. The Trust also provided the 'NHS111' service across its geography. The Trust were experiencing similar difficulties to those outlined by SCAS in the previous presentation, with the Trust also experiencing issues with planned resources not being met, and issues in relation to recruitment and retention. The Trust were not able to offer financially-based incentives for staff, but had attempted to provide opportunities for development to paramedics, including postgraduate certificates in primary care.

Patients in North East Hampshire were likely to be

conveyed to Frimley Health NHS Foundation Trust, where ambulance stacking was an urgent issue.

The Trust was not performing against the 'Red 1', 'Red 2' or 'Red 19' performance metrics currently, and a 'recovery plan' had been agreed with commissioners to increase performance slowly against a number of key factors. SECAMB additionally noted that, similar to that detailed by SCAS, target times were on average being exceeded by 30 seconds.

CQC had recently inspected SECAMB and it was likely that a warning notice would be received by the Trust.

In response to questions, Members heard:

- Paramedics were finding the pressure of working in the service difficult, and this was partly to blame for the vacancies in both ambulance trusts.
- The 'NHS111' service provides triage and assistance through trained call handlers. Should it be determined that further clinical advice is required, the call is passed to clinicians who have the ability to be able to dispatch ambulances.
- SCAS had appointed a number of demand practitioners who worked in partnership with health and social care services to put plans in place which helped reduce the number of calls from those known to be at high risk of ambulance call-out, as well as care homes and residential services.
- Those paramedics who are financially assisted to complete their university degree by SCAS who leave the service on graduation do invoke a financial penalty, whereby they are expected to pay back the cost of their qualification.
- Both Trusts were actively reviewing how staff can be incentivised to choose an ambulance-based paramedic career path, as well as how to increase attractiveness of their organisation to those wishing to train as paramedics.
- For SECAMB, part of the improved offer to ambulance staff being explored would be the opportunity for staff to be developed as clinical leaders, and to be at the forefront of learning and providing innovative treatments.
- SCAS were working closely with communities in order to fund and place accessible defibrillators across the geography. Unfortunately a number of these defibrillators had been vandalised or stolen.
- That an app was available to inform the public of where the nearest defibrillator was based. It was questioned whether Hampshire County Council had a defibrillator on site. *This was confirmed to be in reception after the meeting.*

Some members raised the issue of utilising member grants

to support community responder training, and community defibrillators. Members were invited to communicate directly with their ambulance trust should they wish to enquire about this.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Noted the content of the presentations from the Ambulance Trusts covering the Hampshire area.
2. Request quarterly statistics on ambulance performance.
3. Request a future update in a year's time.

Southern Health NHS Foundation Trust: Care Quality Commission Re-Inspection Enforcement Notice – Adult Mental Health services

The Chief Executive and representatives spoke to the Care Quality Commission's re-inspection report of some Southern Health services, as well as an update report at the Trust's action plan included in the papers (see Item 7 in the Minute Book).

The Chief Executive provided apologies on behalf of Southern Health NHS Foundation Trust's Interim Chair and Medical Director, both of whom were not able to attend the meeting.

Southern Health's mental health, learning disability, and child and adolescent mental health services, as well as the Trust's community mental health teams had been re-inspected by the Care Quality Commission. This followed on from the October 2014 original inspection of the Trust, as well as the Mazars review outcomes of December 2015. The Trust had taken the re-inspection report and concerns raised seriously and had quickly established an action plan to bring about the pace of change required by the CQC. It was expected that the CQC would re-inspect again later in the summer.

A full report for each service reviewed had been published, as well as enforcement notices requiring the Trust to take urgent action in relation to:

- The safety of patients at Kingsley ward at Melbury Lodge, whereby it was requested to make significant improvements to protect patients from risks posed by some of the mental health ward environments.
- Effective governance arrangements to ensure robust

investigation and learning from incidents, including deaths, to reduce future risks to patients
The notice for Melbury Lodge related to a flat roof that could be climbed upon by inpatients. This issue had now been rectified, with new anti-climb guttering fixed to the roof.

From 1 June, the Trust had cleared the backlog of all serious incident reviews. The new process saw a multi-disciplinary team reviewing deaths of service users within 48 hours, in order to understand any quick learning from events, before a serious incident review was undertaken, if appropriate.

The Trust had recruited a new Director of Nursing and Quality in May, Julie Dawes, who would be responsible for leading on the governance changes required as a result of the Mazars and CQC reviews. In addition, the Trust had a new Interim Chair, Tim Smart, who had been appointed for a period of nine months, with the possibility to extend this for a further three months. The Interim Chair reported directly to regulators. Alan Yates had also been appointed as an Improvement Director from Monitor, now part of NHS Improvement, and he had been extremely supportive and helpful to the organisation with a wealth of knowledge from the mental health background.

The Interim Chair was currently undertaking an Executive Board capability review, and this included both the capability of individuals and the function of the Board as a whole. This review would report in the first week of July, and would be available in the public domain. The Chair would have the ability to determine if any further senior leadership changes were required in order to meet the challenges faced by the Trust.

In terms of the CQC's urgent recommendations, although the specific environmental risks raised had nearly all been put into place, a few of the recommendations required longer-term large-scale estate fixes. The CQC had attended the Trust for an informal visit in the last week, and were content with the changes made to Melbury Lodge. To ensure monitoring of environment hazards for inpatients, a new ligature manager had been recruited.

It was felt that the new process for the investigation of deaths ensure greater comprehensiveness and centred on family involvement. Staff at the Trust were working hard to learn lessons from all service deaths, and to share this learning where appropriate. The CQC have reported that they believe the new process has the capability to be a good, robust system.

The Trust was continuing to restructure its governance

team, which would be placed centrally to provide divisional department support. A new Deputy Director of Nursing had also been appointed who would have a focus on learning disabilities and mental health.

There was a need to continue to engage with staff and patients throughout this period of change, in order to provide assurance and reassurance. Some positives could be taken from the CQC report, including a number of areas highlighted as best practice.

Councillor Hooke left the meeting at this point in proceedings.

In response to questions, Members heard:

- That the issue of restraint was raised in the report, which was an issue previously picked up in Bluebird House. All staff had received revised training on appropriate restraining methods. It was also important, where appropriate, to ensure that service users are able provide consent for restraint, and to be given opportunities to review their care plan's notes on the best type of restraint for them.
- National mortality figures showed that the Trust had a lower-than-average number of suicides, and a very low number of inpatient suicides. All suicides were tragedies, and the Trust continued to work with partners on suicide prevention.
- The data for the number of deaths in the Trust were proportionate, given that Southern Health provided community and mental health services for older people, and many of these patients were in receipt of services providing care at the end of their life.
- The Trust are a high reporter of 'near miss' and 'no harm' incidents nationally compared to peers, which was seen as a good thing as staff were correctly reporting when mistakes have happened, and are able to learn from these.
- That staffing levels at the Trust had recently increased, owing to an increase in the level of acuity in mental health services. Such reviews were undertaken every six months, and staffing levels were adjusted accordingly.
- All staff in the Trust receive supervision and are able to access support services, acknowledging the tough challenge that working in health can bring.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Noted the outcomes of the Care Quality Commission's

report monitoring action taken in relation to Southern Health NHS Foundation Trust's original inspection, and the outcomes of the Mazars review.

2. Receive the outcomes of the Interim Chair's review of Board Capability, when available.
3. Further consider progress made at the September 2016 meeting of the Committee.

Councillors Findlay, Rust and Wright left the meeting at this point in proceedings.

137. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

The Chairman agreed to consider a request to include further items relating to Adult Social Care and Public Health transformation programmes.

RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

Chairman, 20 July 2016