

## Health Overview and Scrutiny Committee

28<sup>th</sup> January 2008 – at a meeting of the Committee held at County Hall, Chichester.

Present: Mr. Griffiths (Chairman), Mrs. Ball, Mr. Barrett-Miles, Mr. Chaplin, Mr. Mullins, Dr. Walsh, Mr. Whittington, Mr. Wilkinson (WSCC); Cllr. Mrs. Maconachie (Arun DC), Cllr. Dr. Bloom (Crawley BC), Cllr. Ms. Bradley (Worthing BC), Cllr. Arthur (Horsham DC); Mrs. Oliver and Miss Smith (PPIFs); Mike Harris (West Sussex PCT).

Apologies were received from Mr. Catchpole, Mr. Duncton (WSCC); Cllr. Mrs. Hersey (Mid Sussex DC).

### Declarations of Interest

166. In accordance with the Code of Conduct members declared the following personal interests:

- Dr. Walsh as a self-employed part-time GP in West Sussex and Commander for Sussex, St. John Ambulance.
- Cllr. Dr. Howard Bloom as a GP in Surrey, Assistant Commander for Sussex St. John Ambulance, a member and trustee of the Royal College of GPs and his wife is an employee of West Sussex PCT.

### Minutes

167. The Chairman advised that the actions agreed at the meeting on 3rd December 2007 had been followed up, but that responses from a number of trusts had not yet been received.

168. Resolved –

- (1) That the Chairman contacts the relevant NHS trusts to request responses to issues raised at the Committee's meeting on 3<sup>rd</sup> December 2007: -
  - Mr. Cass, Chief Executive, Worthing and Southlands Hospitals NHS Trust, to provide information on the funding of sexual health services and the numbers of inpatients, outpatients and A&E attendances each year.
  - Mr. Wilderspin, Chief Executive, West Sussex PCT, to report to the Committee on progress with the Healthcare in London Review, including indicative savings and key issues.
  - Ms. Milligan, Implementation Manager, Langley Green Hospital, Sussex Partnership NHS Trust, to provide further information on day services provided at the hospital and the Trust's procurement policy.
- (2) That the minutes of the meeting held on 3rd December 2007, be approved as a correct record and that they be signed by the Chairman.

## **NHS Trust Performance Improvement Plans following 2006/07 Healthcare Commission Annual Health Check Results**

169. All NHS Trusts providing services to West Sussex residents were asked to supply a written report outlining their performance against the Healthcare Commission Annual Health Check for the year 2006/07. They were asked to feed back on action taken to address areas where performance fell below the required standard or target, both in terms of quality of services and use of resources, the results so far and the anticipated position for the 2007/ 08 declaration.

170. The Committee had before it a summary of the West Sussex NHS trust's Annual Health Check Results 2006/07 (copy attached to the signed minutes).

### **Sussex Partnership NHS Trust**

171. The Committee considered a report by the Sussex Partnership NHS Trust (SPT) (copy attached to the signed minutes). Lisa Rodrigues, Chief Executive, and Sue Morris, Executive Director (West Sussex), were in attendance to answer questions.

172. Members asked questions and made comments, including those that follow: -

- Referred to targets for the Drug and Alcohol Action Team (DAAT) and asked what measures were in place to ensure compliance and successful outcome figures for 2007/08. *Mrs. Morris advised that these were targets for the whole of the treatment system and that an action plan had been devised by DAAT based on a national Healthcare Commission/National Treatment Agency review and subsequent stakeholder workshop held in December. She said the difficulty was ensuring the whole system worked together as the triage system was delivered through the non-statutory sector with 20% of referrals not getting to the SPT teams. The Trust was trying to work more closely with Tier 2 staff to try and combine the initial assessment process. Co-location of these services would assist this plan and the Crawley/Horsham team would be co-locating with Addiction Services in Crawley from April.*
- Asked whether there were any plans to increase the number of detox beds in West Sussex and whether the current beds were being fully utilised. *Mrs. Morris advised that there were currently six beds in the Haven Unit in Brighton and Hove within the Trust. This size of unit was not cost effective. She advised that the DAAT team held the budget for commissioning Tier 4 services for West Sussex and with the exception of one bed in Mid Sussex these were currently commissioned outside of West Sussex.*
- Referred to the core standard regarding appropriate employment checks for all staff and asked what progress had been made to improve performance. *Ms. Rodrigues advised that new systems were now in place and the Trust was now compliant. She said the problems had been caused through a lack of retrospective checks. The Trust had concentrated on the most at risk areas e.g. children's services.*

- Referred to core standards C10a and C11b and the appointment of the new People Director and asked whether the associated projects had been completed. *Ms. Rodrigues confirmed that eight projects were all due to be completed in April 2008. She advised that the Trust had inherited three systems when the pan Sussex Trust was formed and that these had to be streamlined.*
- Referred to the target on the Experience of Patients on which the Trust had scored below average in 2006/7. Asked when the identified key actions to address the issues (out of hours telephone service / information to carers / improved performance on care plans) would be completed. *Ms. Rodrigues agreed to provide a copy of the Patient Survey Action Plan to the Committee. She advised that the Out of Hours telephone service was already available in West Sussex and that the comment referred to Brighton and Hove and East Sussex.*
- Asked when the next staff survey would be undertaken, what response rate was usually achieved and whether it was carried out by the Trust or externally. *Ms. Rodrigues advised that the next staff survey, which covered all staff, would be carried out shortly by external consultants. She said there was usually a high response level and agreed to provide the figures to the Committee.*
- Suggested that it would be helpful if timelines could be included against all actions in future improvement plans provided to the Committee.
- Asked what the Trust's predicted year end financial position was and what overall score they expected to achieve in 2007/8 for the Use of Resources. *Ms. Rodrigues said the Trust predicted a £4.79m surplus.*
- Expressed concern that the Trust's plans for care in the community would have a financial impact on West Sussex County Council (WSCC), and wanted to know if there would be any redistribution of resources. Mrs. Morris responded that they worked closely with Adults' Services, the cost of the service would not be reduced, and savings would be reinvested in community services.

173. Resolved –

- (1) That the Committee notes the report.
- (2) That the information requested by the Committee: Trust's Patient Survey Action Plan and details of the response rate to the last staff survey, be provided to the Committee.

### **South East Coast Ambulance Service NHS Trust**

174. The Committee considered a report by the South East Coast Ambulance Service NHS Trust (copy attached to the signed minutes). Geraint Davies, Director of Corporate Affairs and Service Development, gave a short presentation on the Trust's performance and improvement plans (copy attached to the signed minutes). He advised that the Trust was one of the few ambulance trusts meeting the category A performance targets and its call connects trajectory plan. The Trust was also on target

to achieve the targets for Category B and to deliver a 10% improvement on Pre-Hospital Thrombolysis for 2007/8. The Trust hoped to improve its overall rating for Quality of Service from Fair to Good and was working towards achieving level 3 on all Auditors' Local Evaluation (ALE) components for 2007/8.

175. Members asked questions and made comments, including those that follow: -

- Expressed concern at the rural/urban difference in ambulance response times, and asked for this to be improved. *Mr. Davies assured members that the Trust was working closely with the PCT to secure sufficient resources were in place and had implemented a new deployment plan to ensure predicted demand could be met. He said the Trust wanted to engage with the HOSC and the new Local Involvement Network (LINK) to respond to public and patient demand.*
- Wanted to know how Fit for the Future decisions might affect the Trust in terms of logistical and financial planning and asked how quickly the Trust could respond. *Mr. Davies said that potentially there would be increased journey times and plans were in place to ensure they could meet best and worst case scenarios. The PCT had agreed to invest resources to increase the skill base.*
- Asked about transfers between the Urgent Care Centre (UCC) in Crawley and the East Surrey Hospital (ESH) in Redhill. *Mr. Davies advised that there was a detailed pathway plan between the UCC and A&E department at the ESH. He agreed to share the plan and figures with the Committee.*
- Asked about progress on diagnostic services. *Mr. Davies responded that there were action plans around stroke/cardiac patients to ensure improved outcomes and advised that the Trust was upskilling staff to provide the right treatment, in the right place at the right time. He said that this may mean patients travelling further in the future. e.g. to a trauma centre.*
- Asked why the Trust had underperformed against the target for pre-hospital thrombolysis. *Mr. Davies responded that all staff had been successfully trained this year and then Trust was ensuring that data was collected properly to prove compliance with the target as there were some issues with handover data not being entered onto the system.*
- Asked how the results of the Agenda for Change banding could affect the Trust's financial situation. *Mr. Davies advised that the Trust would potentially need to fund £14m in back pay. He confirmed that provision had been made in the current year's budget to partially fund this figure, but the Trust would need to consult with the PCT to cover a £7m shortfall.*

176. Resolved –

- (1) That the Committee notes the report.
- (2) That Mr. Davies provides a copy of the Pathway Plan between the Urgent Care Centre in Crawley and the A&E department at the East Surrey Hospital in Redhill and figures on the number of transfers.

## **Queen Victoria Hospital NHS Foundation Trust**

177. The Committee considered a report by the Queen Victoria Hospital NHS Foundation Trust (copy attached to the signed minutes). Caroline Becher, Director of Nursing & Quality and Amanda Parker, Deputy Director of Nursing & Quality, introduced the report.

178. Members asked questions and made comments, including those that follow: -

- Congratulated the Trust on achieving top scores for both Quality of Services and Use of resources and asked whether there was any guidance that could be shared with other Trusts. *Mrs. Becher advised that best practice had been shared with the Royal College of Nursing and the Healthcare Commission and that she had been asked to make a presentation at the Strategic Health Authority about what it meant to be Foundation Trust.*
- Congratulated the Trust on achieving a Nursing Times award for the 'Best Acute Hospital for nurses to work in'. *Mrs. Becher said the Trust was delighted to achieve the award as it was based on feed back from staff.*
- Asked whether there was any best practice that could be shared on the Use of Resources. *Mrs. Becher said the Trust was on track for a £2m surplus and was the first Foundation Trust to go to six monthly reporting to Monitor. She advised that there was financial discipline across the whole organisation and referred to a decision tree for the employment of agency nurses and agreed to share this with other trusts. She commented that the Trust's reporting by service line was very advanced and each department could tell whether it was operating efficiently or not.*

179. Resolved – That the Committee notes the report.

## **Brighton and Sussex University Hospitals NHS Trust**

180. The Committee considered a report by the Brighton and Sussex University Hospitals NHS Foundation Trust (copy attached to the signed minutes). Glynn Jones, Chairman, Allison Cannon and Elma Still, Assistant Directors of Clinical Governance, and Michael Wilson, Chief Operating Officer, were in attendance to answer members' questions. The Trust anticipated that it would be fully compliant on all core standards in 2007/8.

181. Members asked questions and made comments, including those that follow: -

- Asked what actions the Trust would be taking to address its performance against the target for maximum wait of 26 weeks for inpatients and the A&E 4 hour wait. *Mr. Wilson said the Trust expected to achieve an average 11 week wait by the end of March 2008. He said the Trust was currently achieving 98.05% compliance with the 4 hour A&E target and was confident that it could maintain that level until the end of March.*

- Asked whether there were any measures in place to deal with the outcomes of the Fit for the Future consultation. *Mr. Wilson the Trust would deal with any challenges when they were known.*
- Referred to the Trust's prediction that it would fail the target for Delayed transfers of care (DToC) for 2007/8. *Mr. Wilson responded said the target was for the whole organisation which covered three different health economies. The Trust was working with social services in Brighton & Hove and East Sussex to reduce the number of DToC, but said there were different ways of working in West Sussex. The current figures were 12 DToC = six WSCC and six WSPCT.*
- Asked the Trust to comment on its anticipated overall Level 3 score for the Use of Resources. *Mr. Wilson said the Trust was hoping to achieve an overall score of Level 3, but the greatest difficulty would be the target for Financial Standing, the Trust was confident that it could achieve Level 2. He said the Trust was on target to break even in the current financial year and was working towards a surplus in 2008/9.*
- Raised concern around infection control and asked what steps were being taken to achieve the targets for MRSA and C-difficile. *Mr. Wilson advised that the Trust had developed a detailed Action Plan and had halved the number of cases compared to the same time last year.*
- Asked whether there was any patient representation on the Trust's Clinical Governance Committee. *Ms. Cannon advised that the Trust had considered inviting patient representation onto the Committee, but had decided against it and would invite involvement as and when necessary. She confirmed that patients were represented on some of the Trust's Steering Groups.*
- Asked about performance for thrombolysis – call to needle time. *Mr. Wilson advised that the Trust's performance had improved and that a lot of work was being undertaken to meet the door to needle times. He agreed to provide figures to the Committee.*
- Suggested that the Trust's target to score a minimum of 'Good' for the Quality of Services as ambitious and asked what score the Trust expected to achieve. *Ms. Still advised that there were two parts to the target – core standards and new/existing targets. She advised that the Trust had fully met all core standards, but that some of the thresholds for the new/existing targets had not yet been released.*
- Congratulated the Trust on its current performance and predicted scores for 2007/8.

182. Resolved: –

- (1) That the Committee notes the report.
- (2) That Mr. Wilson provides figures for the Trust's performance against the targets for thrombolysis.

## Royal West Sussex NHS Trust

183. The Committee considered a report by the Royal West Sussex NHS Trust (copy attached to the signed minutes). Lyn Robertshaw, Director of Operations & Nursing and Deputy Chief Executive, and Richard Hathaway, Director of Finance, were in attendance to answer members' questions.

184. Members asked questions and made comments, including those that follow: -

- Expressed concern at the Trust's high use of agency and bank staff, and how this could be managed. *Mr. Hathaway said emergency activity had exceeded the Service Level Agreement and the use of agency staff was an area of ongoing discussion. Mrs. Robertshaw said the Trust aimed to have zero use of agency staff in future.*
- Asked about the repayment of the loan from the Department of Health (DH) and what year end surplus the Trust's predicted. *Mr. Hathaway said the Trust predicted it would achieve a minimum £670k surplus at year end. He advised that the DH had set a repayment schedule over 14 years. He said the Trust's intention was to use the surplus plus any additional surplus to reduce the loan amount and predicted that it could clear the loan in the next three to four years.*
- Suggested that the Trust's aspirations to move from a 'Weak' to 'Adequate' score for the Use of Resources. *Mr. Hathaway said the weak score was solely due to the accumulated deficit position and that this year the DH and the Audit Commission had agreed a different definition of Financial Standing so the Trust could potentially receive a score of 2.*
- Asked what steps were being taken to reduce cases of healthcare associated infections, why Doctors and consultants did not have to wear protective clothing and whether visitors should be made to wear shoe protectors. *Mrs. Robertshaw said it was a top priority for the Trust and that the Chief Executive chaired a group called 'Getting the Basics Right'. She listed a number of steps taken by the Trust including hand hygiene, accelerated ward refurbishment and a new uniform policy. On the subject of protective clothing Mrs. Robertshaw said it was a very interesting point and had been a national decision. She expressed a strong view that protective clothing should be worn and agreed to take the idea of shoe protectors for visitors back to the Consultant Microbiologist. (Post meeting note: Mrs. Robertshaw confirmed that the issue of wearing protective covering over shoes is poor practice as this contaminates the hands more.)*
- Were concerned that the Trust had not met the standard for undertaking all appropriate employment checks on staff. *Mrs. Robertshaw confirmed that all staff were now registered.*

185. Resolved – That the Committee notes the report.

## West Sussex Primary Care Trust

186. The Committee considered a report by the West Sussex PCT (copy attached to the signed minutes). Sara Weech, Director of Strategy, and Jill Long, Acting Head of Corporate Affairs, introduced the report and answered members' questions.

187. Members asked questions and made comments, including those that follow: -

- Expressed concern that the PCT was showing Insufficient Assurance on a number of core standards. *Ms. Weech advised that the PCT expected to be compliant with all core standards by the end of March 2008.*
- Were unhappy that PCT report did not provide site specific data (i.e. for Crawley Hospital). *Ms. Weech advised that the PCT was not required to break down the data for the Annual Health Check, but agreed to check what site-specific information could be provided.*
- Asked about the 18 week referral target and Choose and Book. *Ms. Weech said with regard to Choose and Book, there were challenges nationally and that WSPCT had not been immune from these. She said the infrastructure needed to be streamlined, but that significant progress had been made in West Sussex from 24% to 45-50% which was in line with the national average.*
- Suggested that it would be helpful if timelines were included in action plans presented to the Committee in future.
- Were pleased to see a reduction in the number of hospital acquired infections.
- Were surprised there wasn't a bigger degree of cooperation between the PCT and WSCC as the Local Education Authority in tackling obesity. *Ms. Weech responded that the PCT was working closely with WSCC, especially through the Children's Trust and Healthy Schools Programme.*
- Asked what score the PCT predicted for 2007/8 for the Use of Resources. *Ms. Weech said the Trust was anticipating to break even this financial year after a £49m balance recovery programme last year. She said there were risks, including the outcome of Agenda for Change and that realistically the PCT hoped to achieve level 2.*
- Asked whether the PCT could support the idea of protective clothing for Doctors and Consultants in hospitals. *Ms. Weech said she would take the issue back to the Infection Control Committee, which wanted to endorse best practice across the county.*

188. Resolved –

- (1) That the Committee notes the report.
- (2) That Ms. Weech forwards any site specific data (e.g. Crawley Hospital) to the Committee.

The Committee adjourned at 12.09 p.m. and reconvened at 12.27 p.m.

### **Sussex Partnership NHS Trust, Mental Health Services in Mid Sussex**

189. The Committee considered a report by the Sussex Partnership NHS Trust (copy attached to the signed minutes). The report provided further information on the proposals for the reconfiguration of mental health services in Mid Sussex as requested by the Committee at its meeting on 10<sup>th</sup> September 2007. The proposals aimed to: -

- Improve and expand services for working age adults who required mental health services, with an emphasis on earlier intervention and prevention.
- Move towards more community focussed and integrated services for older people with mental health needs.
- Provide services locally, working more closely with primary health care teams.

190. Sue Morris, Executive Director (West Sussex), and Mark Dinwiddy, Head of Older People's Mental Health Services (Community), Sussex Partnership NHS Trust, were in attendance to answer the Committee's questions.

191. The Committee discussed the report. Members: -

- Asked how plans were progressing for reconfiguration. *Mr. Dinwiddy said staff and patients were keen to move forward with the changes.*
- Asked whether members of the public understood the changes. *Mr. Dinwiddy confirmed that the Trust had consulted widely.*
- Commented that concerns had been expressed in Burgess Hill at the loss of working age adult mental health services at Summerfold and asked whether these concerns had been addressed. *Mrs. Morris advised that the concerns were mainly around transport between Burgess Hill and Haywards Heath. She gave assurances that when necessary, patients would still be seen in Burgess Hill and advised that patients' individual care plans included transport/access.*
- Were satisfied with the information provided and reasons for changes to the services outlined.
- Asked for detailed information on the development of Langley Green Hospital in Crawley, which would provide inpatient services for people in Crawley, Haywards Heath and Burgess Hill. *Mrs. Morris advised that the Langley Green Hospital would be opening this year as planned and that crisis services would continue to be delivered in people's homes. She agreed to provide further information on the services to be provided at the hospital to the Committee.*
- Questioned whether Trust's buildings were fit for long-term purpose. *Mrs. Morris advised that the Trust was looking to invest in community-based facilities and had undertaken considerable work with the Estates department on service vision and a new Estates strategy was currently being developed. She advised that the Summerfold base was considerably better than the current provision.*

- Asked when the changes would be evaluated. *Mrs. Morris responded that the recording of staff and service users views would start as soon as the changes were in place.*
- The Committee asked to be kept updated on Trust's long term strategic vision.

192. Resolved –

- (1) That the Committee is satisfied with the additional information provided by Sussex Partnership NHS Trust, as requested at its meeting on 10th September 2007.
- (2) The Committee confirms its support for the commencement of the programme to reconfigure Mental Health Services in Mid Sussex, as outlined in the report presented to Committee on 10th September 2007.
- (3) The Sussex Partnership NHS Trust provides a progress report to the Committee following implementation, at a date to be agreed with the Committee's Business Planning Group.
- (2) That Mrs. Morris provides detailed information on development of Langley Green Hospital e.g. services to be provided etc.

### **Sussex Partnership NHS Trust, Temporary Closure of Martlett Lodge, Princess Royal Hospital, Haywards Heath**

193. The Committee considered a report by the Sussex Partnership NHS Trust (copy attached to the signed minutes). The report advised on the temporary closure of Martlett Lodge, a rehabilitation unit for patients with specific mental health needs from across the county, based at the Princess Royal Hospital in Haywards Heath. A detailed survey of the building identified major structural problems and a recent Mental Health Act Commission visit also highlighted concerns regarding the building. Therefore, the Trust decided to close the unit on a temporary basis due to the potential risk to the safety of patients and staff. The purpose of the report is to inform the Committee of the closure in line with guidance from the DH.

194. Sue Morris, Executive Director (West Sussex), Sussex Partnership NHS Trust, was in attendance to answer members' questions.

195. The Committee discussed the report. Members: -

- Were satisfied with the reasons for the temporary closure, but asked when temporary may become permanent. *Mrs. Morris said that was an issue for future consultation and that the Trust was firmly committed to reviewing the future of Martlett Lodge as part of the county wide perspective/strategic vision. She advised that work had already started and consultation was likely to commence in the Spring.*
- Asked about the suitability of the Cottages, Chichester which some of the patients had been moved to and asked whether there was a possibility that they

might be moved again. *Mrs. Morris said the Cottages would be covered in the Trust's strategic vision and the Trust did not necessarily see itself as a provider of long term residential care.*

- Suggested that a monthly report to the Committee on any substantial changes to the Trust's services would be helpful.

196. Resolved – That the Committee notes the report.

### **Sussex Rehabilitation Centre - Proposal Regarding Future Service Arrangements**

197. The Committee considered a report by the West Sussex Primary Care Trust (copy attached to the signed minutes). Sara Weech, Director of Strategy, West Sussex Primary Care Trust, introduced the report, which advised on the proposed future service arrangements for the Rehabilitation Centre.

198. Ms. Weech advised that the Sussex Rehabilitation Centre (SRC) at Southlands Hospital in Shoreham-by-Sea provided rehabilitation for people following a stroke or acquired brain injury. In the main patients were transferred from to the SRC following an emergency admission to either Worthing Hospital or the Royal Sussex County Hospital in Brighton. Approximately 45% of patients were from West Sussex (predominantly the localities of Worthing, Adur and Arun). A decision by the Worthing and Southlands Hospitals (WaSH) NHS Trust, as part of its Improving Hospital Services Programme (IHS), to transfer inpatient services from Southlands Hospital to Worthing Hospital, directly impacts on the future sustainability of the services provided by the Centre. The SRC Programme Board reached an agreement 'in principle' to develop the service as follows: -

- WaSH NHS Trust to become the provider of the West Sussex in-patient Stroke Rehabilitation Service (i.e. the service that is currently provided for these patients based at Southlands Hospital) by November 2008. This service will initially continue to be based at Southlands Hospital but will then re-locate to the Worthing Hospital site during 2009.
- South Downs Health (SDH) NHS Trust to transfer the base for the Neurological Rehabilitation service for Brighton and Hove and East Sussex patients from Southlands Hospital to the Princess Royal Hospital in Haywards Heath (PRH) by November 2008. West Sussex PCT to continue to commission a small number of beds from SDH for patients with an Acquired Brain Injury (this service also be provided at the PRH).

199. The Committee discussed the report. Members were happy with the changes outlined, but were concerned that the overall plans for the Southlands Hospital site should be clarified as soon as possible. It was noted that the WaSH NHS Trust IHS Programme was being brought to a future meeting of the Committee.

200. Resolved – That the Committee is satisfied with the information provided and agrees the approach set out by the Primary Care Trust.

## **Update on Work of Joint HOSC on Fit for the Future**

201. Mr. Barrett-Miles, a member of the Joint Health Overview and Scrutiny Committee on Fit for the Future, gave a verbal update on the last three meetings of the Committee held on 12th December 2007 and 9th January 2008 (copy attached to the signed minutes).

202. The Committee noted that the next meeting of the Joint Committee on Wednesday 6<sup>th</sup> February, would start at 10.45 a.m.

203. Resolved – That the Committee notes the update.

## **Date of Next Meeting**

204. The Committee noted that its next scheduled meeting would be held at 10.00 a.m. on Monday 17<sup>th</sup> March 2008 and the agenda was likely to include: -

- 'A Breath of Fresh Air': Virtual Wards and Proposals for Littlehampton Community Hospital
- Sussex Partnership NHS Trust - Strategic Vision for Rehabilitation & Recovery Services

The meeting finished at 1.25 p.m.

Chairman