

HEALTH AND CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health and Care Overview and Scrutiny Committee held on Tuesday 13 September 2016 at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT:

Cllr David Brown	Cllr Paul McMahon
Cllr Janet Day	Cllr Brian Oosthuysen
Cllr Iain Dobie (Chairman)	Cllr Jim Parsons
Cllr Collette Finnegan	Cllr Brian Robinson
Cllr Steve Harvey	Cllr Chas Townley
Cllr Tony Hicks	Cllr Suzanne Williams
Cllr Di Martin	Cllr Roger Wilson (Vice-Chairman)

Apologies: Cllr Phil Awford

Gloucestershire Clinical Commissioning Group (GCCG)

Dr Andy Seymour – Chair
Mary Hutton – Accountable Officer
Becky Parish – Associate Director Patient and Public Engagement

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

Dr Sally Pearson – Director of Clinical Strategy
Deborah Lee – Chief Executive

Gloucestershire Care Services NHS Trust (GCS NHS Trust)

Paul Jennings – Chief Executive
Dr Mike Roberts – Medical Director
Nicola Strother Smith – Non Executive Director

Healthwatch Gloucestershire

Claire Feehily - Chair

Gloucestershire County Council

Sarah Scott – Director of Public Health
Margaret Willcox - Director Adult Social Services

2gether NHS Foundation Trust

Professor Jane Melton - Director of Engagement and Integration

South Western Ambulance Service NHS Foundation Trust

Ken Wenman – Chief Executive
Neil le Chevalier – Director of Operations
Mel Glanville – Communications Manager

44. DECLARATIONS OF INTEREST

44.1 Cllr Chas Townley declared a personal interest as the Stroud District Council representative on the General Committee of the League of Friends of Stroud Hospital and Health Centre; and as a member of the Gloucestershire Hospitals NHS Foundation Trust,

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the 2Gether NHS Foundation Trust, the South Western Ambulance Service NHS Foundation Trust and Healthwatch Gloucestershire.

44.2 Cllr Roger Wilson declared a personal interest as a Governor of the 2gether NHS Foundation Trust; and as a Trustee of the Gloucestershire Rural Community Council which hosts Healthwatch Gloucestershire.

44.3 Cllr Brian Oosthuysen declared a personal interest as a Governor of the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

45. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Tuesday 12 July 2016 were agreed as a correct record and signed by the Chairman.

46. REPORT TO COUNCIL IN RESPONSE TO MOTION 759: AMBULANCE RESPONSE TIMES

46.1 The Chairman informed the committee that due to pressure of business at the meeting of full council on 14 September 2016 this report had been deferred to the council meeting on 7 December 2016.

46.2 Cllr Roger Wilson, Chairman of the working group thanked officers from the South Western Ambulance Service NHS Foundation Trust (SWASFT), the Gloucestershire Clinical Commissioning Group (GCCG), Gloucestershire Fire and Rescue Service (GFRS) and the council for their invaluable support to the working group. Cllr Wilson commended the report to the committee and asked for its endorsement of the recommendations.

46.3 There was some discussion relating to paramedic working conditions and the issues relating to SWASFT being able to locate residences. However no changes were made to report and the committee commended the report to council.

46.4 Whilst mindful that it was council's decision as to whether the recommendations in the report were taken forward the committee did receive assurances from the Accountable Officer, Gloucestershire Clinical Commissioning Group (GCCG) and the Chief Executive, South Western Ambulance Service NHS Foundation Trust (SWASFT) that they endorsed the recommendations identified within the report.

47. SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST (SWASFT)

47.1 The Chief Executive, SWASFT, gave a detailed presentation to the committee on the Ambulance Response Programme (ARP) and the direction of travel for the Trust. (For information the presentation slides were uploaded to the council's website and included in the minute book.)

47.2 The committee was informed that it was important to note that no Ambulance Service in the country was achieving its performance targets. The funding climate for SWASFT going forward was very challenging. The committee was informed that the ARP has the support of NHS England (NHSE) and Ministers. An improvement in response has been seen and the recoding of calls has effected a more efficient use of the vehicle fleet. The ARP was also viewed positively by SWASFT staff members. Quality assurance was undertaken on a daily basis and no serious incidents have been reported.

47.3 The committee was aware that SWASFT has stepped away from the Out of Hours Service contract in Gloucestershire and will cease delivering this service on 31 March 2017. It has

also withdrawn from the NHS111 contract in Devon; and does not intend to bid for any future Non Emergency Patient Transport Service contracts unless the funding position changed significantly. The committee was informed that the outcome of the Care Quality Commission (CQC) Inspection of the NHS111 service had reinforced to the SWASFT Board that it should not compromise when it comes to delivering services; and that the funding challenges mean that it was becoming more difficult to deliver these services alongside the service's core work (urgent and emergency care service).

- 47.4 Members were aware that the ARP was impacting on the Gloucestershire Fire and Rescue Service (GFRS) in that the number of calls it was being asked to respond to has significantly reduced. There was a level of frustration amongst firefighters that having undertaken training they were not being called on. The committee was informed that in the longer term it was anticipated that the GFRS would be involved in responding to Amber calls. It was however important to understand that the GFRS response equated to less than 1% of target; and that SWASFT reimbursed GFRS for every call-out and that these costs have to be factored in to an already challenging financial picture.
- 47.5 In response to a question it was explained that the re-profiling of vehicles in Gloucestershire would be 'live' from January 2017. The discussions with staff regarding rota changes were ongoing. SWASFT were also investing in resources in the Bristol area which should also have a positive impact on performance in Gloucestershire.
- 47.6 It was also explained that there were no significant cross border issues with Gloucestershire's neighbours other than with Wales. SWASFT monitored the number of calls where its vehicles were called on by the Welsh Ambulance Service; the number of calls responded to by SWASFT in Wales was not matched by a reciprocal number by the Welsh Ambulance Service in England. This meant that SWASFT vehicles could be 'lost' for a significant amount of time, particularly as the turnaround times in Welsh Hospitals was not good.
- 47.7 Hospital turnaround times in the Acute Hospitals in Gloucestershire could be improved, but there were significant concerns with regard to Southmead Hospital. On average SWASFT lost 100 operational hours each week in total across the SWASFT region; this was a better position than some other parts of the country.
- 47.8 In response to a question the Chief Executive informed members that once the re-profiling of SWASFT vehicles was in place, and staff rotas better aligned, he expected that members would see improvement in response times in Gloucestershire.
- 47.9 The Chair of Healthwatch Gloucestershire informed the committee that feedback received was that there was a high level of public confidence in the service; and relatively few concerns expressed. There was however a lack of understanding of response times. SWASFT were always willing to look at issues/case studies.
- 47.10 The committee agreed that the Urgent Care Strategy would have a key role in the delivery of urgent and emergency care in Gloucestershire. It was anticipated that this would be available for discussion by the committee in November 2016. (Post meeting note: this matter was scheduled to be debated at an extra meeting of the committee in December 2016.)
- 47.11 It was also agreed that going forward it would be important to ensure that the objectives of the ARP, and what this meant in terms of response times, was clearly explained to members of the public.

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48. REVIEW OF MINOR INJURIES AND ILLNESS UNITS IN GLOUCESTERSHIRE

- 48.1 The Chief Executive, Gloucestershire Care Services NHS Trust (GCS), gave a detailed presentation on the outcome of the engagement exercise and the option to be taken forward for decision by the GCS Board at its meeting on 20 September 2016. (For information the presentation slides were uploaded to the council's website and included in the minute book.)
- 48.2 The meeting was informed that the option that would be considered for decision at the GCS Board meeting on 20 September 2016 was option 2: 'Change the opening hours of the MIUUs in Stroud and Cirencester to 8am-11pm'. It was emphasised that this was not a cost cutting exercise and that this was in fact the most expensive of the options to take forward. Importantly it would make this service CQC compliant.
- 48.3 It was questioned whether the data for the Stroud MIU was accurate; as some members were aware that the NHS Choices website (which was used by NHS111 to appropriately direct calls) had been listing Stroud MIU as closed. The committee was assured that the data was correct; that the NHS Choices issue had only arisen recently ; and that GCS had looked at the data over the last three years and that this had shown a consistent picture.
- 48.4 A member informed the committee that he had been informed that there was a discrepancy between salary levels paid at Stroud Hospital compared to the other community hospitals. In response GCS explained that their nursing staff were paid in line with national terms and conditions.
- 48.5 In response to questions it was emphasised that this had been an engagement exercise not a consultation; and it had been necessary to progress this exercise over the summer period as this was an urgent situation. The CQC had published its inspection report on the GCS in September 2015 and it was important that GCS addressed the issues in this report in order that the service was fully CQC compliant when the CQC re-inspected.
- 48.6 It was commented that many people who had responded to the engagement exercise had felt disappointed that there had not been an option to retain the status quo.
- 48.7 It was suggested that this change was premature given that the work on the urgent care services review was still ongoing, and therefore the proposed locations of Urgent Centres in the county was unknown. It was agreed that it was important that the location of the MIUUs and Urgent Care Centres were complementary.
- 48.8 The Accountable Officer, Gloucestershire Clinical Commissioning Group, informed the meeting that the outcome of the Urgent Care Services review would be submitted to the committee in November 2016. (Post meeting note: this matter was scheduled to be debated at an extra meeting of the committee in December 2016.)

49. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

- 49.1 The Accountable Officer, GCCG, informed the committee that there was steady improvement in the diagnostic testing trajectories.
- 49.2 It was questioned why the IAPT (Improving Access to Psychological Therapies) – Referral to Treatment waiting times were so challenging. It was explained that this was because staff members required additional training to be able to deliver this service. The GCCG was

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working with the NHS England (NHSE) Intensive Support Team, and with the 2gether NHS Foundation Trust.

- 49.3 In response to a question it was explained that the number of cancelled operations remained high due to the continued significant pressure on the system; and the GCCG were working with the Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) to address this situation.
- 49.4 The committee was pleased to welcome Deborah Lee, (the new) Chief Executive GHNHSFT, to the meeting. Members were aware that NHS Improvement (NHSI) had found GHNHSFT to be in breach of its licence with regard to A and E waiting times in July 2016; and asked the Chief Executive for her perspective on this matter. The Chief Executive informed the committee that this did not feel like a crisis. Patients were regrettably waiting in excess of the national standards for A&E but she had assured herself that they were being kept safe until they were assessed and either discharged or admitted. She was able to report that whilst the position in February 2016 was that 77% of patients were being seen within the four hour standard, this figure was now at 91.9%, which was a great improvement. This was primarily down to the Trust's staff who had embraced the challenge and responded very positively – many going above and beyond to ensure patients were safe and seen in as timely a fashion as possible.
- 49.5 The Chief Executive was clear that she wanted the GHNHSFT to be in the top five Trusts nationally; and felt that the national targets were the minimum that a person could expect. She was meeting with NHSI today but was optimistic that they would recognise the good progress made. However, she re-iterated that there was still much to be done to embed and sustain the positive changes, particularly as we entered the more challenging Winter months.
- 49.6 The committee was informed that on occasions there were patients on surgical wards with medical needs, but that these patients were safe. This view was challenged by a committee member. The Chief Executive agreed that this was not an ideal situation in the long term, but asserted that there were safeguards in place to ensure that they were safe, for example, all patients were seen by a physician whilst being cared for on a surgical ward.
- 49.7 The committee also discussed the issues relating to the national workforce challenges, and the impact on the GHNHSFT, particularly on the ED workforce. It was explained that Gloucestershire was not an outlier with regard to recruitment. This related to national workforce planning issues. The increase in demand exacerbated this situation.
- 49.8 The committee asked what impact the MIU changes in opening hour proposals would have on A and E performance at the GHNHSFT. The Chief Executive informed the committee that there would be no impact.

50. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP CHAIR/ACCOUNTABLE OFFICER REPORT

- 50.1 The committee offered its congratulations on the award from the All Party Parliamentary Group on Cancer for the work achieved to improve early diagnosis and one-year cancer survival rates.
- 50.2 In response to a question it was explained that the proposed future model for Urgent Care Centres in the county should be available by the end of November 2016; and would be submitted to the committee for consideration and discussion. (Post meeting note: this

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matter was scheduled to be debated at an extra meeting of the committee in December 2016.)

50.3 The committee noted the report.

51. DIRECTOR OF PUBLIC HEALTH REPORT

The committee noted the report.

52. DIRECTOR OF ADULT SERVICES REPORT

52.1 The committee were concerned with regard to the increase in the number of referrals and would monitor this situation through the quarterly performance monitoring reports.

52.2 The committee noted the report.

CHAIRMAN

Meeting concluded at 12.33 pm