Committee and Date Joint Health Overview and Scrutiny Committee	Item No **A** Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 9 JULY 2012

4.00 P.M. – 6.00 P.M.

Responsible Officer Fiona Howe
Email: Fiona.howe@shropshire.gov.uk Telephone: 01743 252876

Present

Shropshire Council:
Gerald Dakin (Chairman), Tracey Huffer, Karen Calder and co-opted members Liz Cass and David Beechey.

Telford and Wrekin Council:
Derek White (Chairman), Veronica Fletcher, John Minor and Co-opted Members Jean Gulliver, Dilys Davies and Richard Shaw.

In Attendance

Adrian Osbourne, Communications Director, (SaTH)
Kate Shaw, Programme Manager, (SaTH)
Chris Needham, Associate Director of Estates, (SaTH)
John Ellis-Tipton, Estates Manager (Environment & Risk), (SaTH)
Niki McGrath – Communications and Engagement Manager (SaTH)
Gordon Frost, General Manager (Arriva)
Barry McKinnon, Area Manager, (WMAS)
Gavin Ashford, Road Safety & Sustainable Transport Technical Specialist (T&W)
Stuart Freeman, Highways & Transport Service Delivery Manager (T&W)
Emma Bullard, Travel Shropshire Promotions Manager (SC)
Fiona Howe, Committee Officer, Shropshire Council (SC)
Stephanie Jones, Scrutiny Officer, Telford and Wrekin Council (TW)
Fiona Bottrill, Scrutiny Officer, Telford and Wrekin Council (TW)

9. APOLOGIES FOR ABSENCE

9.1 Apologies were received from Councillor John Minor (TWC), and co-opted member Mandy Thorn (SC).

10. MINUTES OF THE LAST MEETING

RESOLVED:
That the Minutes of the meeting held on 1 June 2012 be approved and signed by the Chairman as a correct record.

11. SHREWSBURY AND TELFORD HOSPITAL TRUST: TRAVEL AND TRANSPORT PLAN

11.1 The Area Manager, West Midlands Ambulance Service was in attendance, and addressed members of the Committee. He provided responses to issues raised through the work undertaken by the Joint Health Overview and Scrutiny Committee on the configuration of hospital services, and the impact the changes would have on the Ambulance Service.

11.2 Mr McKinnon responded to a number of questions, which had been submitted by the Committee prior to the meeting:

- Did the ambulance service have any concerns over the additional travel time to Princess Royal Hospital for some children transported by car and ambulance.
  Response: The Committee was assured that travel times would not increase in excess of 20 minutes, and in an emergency travel time would be significantly reduced. It was stressed that in an emergency situation a child would always be transported to the nearest A & E facility, which in some cases would be Royal Shrewsbury Hospital.

- Has the Ambulance Service been engaged with the development of clinical pathways of the Travel and Transport Plan.
  Response: The Service had been engaged throughout the process and had given input where appropriate.

- Was the Ambulance Service in a position to provide an update on the current 111 proposals.
  Response: Members were advised that as the West Midlands Ambulance Service was a perspective bidder, they would be unable to comment at this stage.

- A request was made to provide an update on the 'Make Ready' system.
  Response: The transformation of service delivery would see the centralised service of ambulance vehicles. Hubs would enable efficiency measures to be achieved, and enable crew turnaround times to be improved. Members were assured that the Ambulance Service was not intending to reduce vehicle numbers, but the current station provision was not viable within the current funding climate. With the introduction of the new system, paramedic cars would be ring fenced to an area, with the addition of an ambulance vehicle being put on standby for emergency patient transportation. It was noted that a paramedic car would only move out of a designated area if there was a life threatening situation in another area. Services in Donnington, Bridgnorth, Market Drayton and Tweedale were already in place. Staff had not migrated into Shrewsbury yet, but

it was expected that the hub would be online in October 2012. Community Paramedics would be based around the county to support service provision. Members were assured that efficiencies and cost saving were being achieved through the transformation process, whilst enhancing existing provisions.

- Workforce development needs – recruitment and training of paramedics, advanced paramedics, coverage and training of community first responders. Response: The Trust had a wide ranging training and development programme, and it was noted that the Service was not recruiting in Shropshire at the present time, as they had exceeded their staffing requirements, but work was being undertaken to develop the existing staff skills mix. Members were assured that there would be an advanced paramedic in each outlying area, and out of team of 35, 25 had undertaken appropriate training to achieve the required standards. Training in different treatments and diagnostic skill sets need to be undertaken to ensure that patients received the right care in the right place, and that crews were able to identify appropriate care pathways. The skill mix that the Ambulance service has set is 70% qualified paramedics and 30% skilled technicians. (All vehicles will have a paramedic on board)

- Where will first responders be based?
Response: It was noted that first responders would be based across the market towns, with the hubs being based at sites in Donnington and Shrewsbury.

- Identify where standby stations are to be sited across the county?
Response: Provision was being made in Newport, and the service is considering Church Stretton as another appropriate site, although there were still questions to be answered over the site. There was also a need to consider seasonal influx within market towns, including Ellesmere and Ludlow, and identify the best place to site existing response resources.

- What provision had been made to mitigate the additional transport costs incurred do to Shrewsbury & Telford Hospital NHS Trust transformation process
Response: It was confirmed that any additional transport costs would need to be taken into consideration through the commissioning process, and confirmed that the matter would be discussed further with the Primary Care Trust and Clinical Commissioning Groups to ascertain if there would be a detrimental impact to travel costs. The service did not expect to see a significant change, but they would be able to evaluate impact once the reconfiguration had taken effect.

11.3 In response to questions raised by members of the Committee at the meeting, the Area Manager advised that the site for the Shrewsbury Hub had been identified on Longden Road. It should be noted that each vehicle entering and leaving the site would not be responding to emergencies, but Members stressed the need to ensure that they site had quick access points.

11.4 WMAS could not see that changes to acute services would but patients at risk, as they routinely take patients to out of county specialised facilities, to receive the most appropriate care for their condition, and would continue to take patients to the most appropriate centre for care. The West Midlands was now part of a Trauma Care

network, and if a patient needed to be stabilised they would be taken to a local acute hospital in the first instance.

11.5 In response to a question raised in respect of safer cross border routes from Wales and the south of the county, members were assured that crews would assess the most appropriate route based on a patient's condition, for example, a cardiac patient would normally be taken to Stoke, but the final decision would be down to the individual crew to make the appropriate judgement. Each vehicle had been fitted with satellite navigation and mapping systems, but crews could use their own local knowledge of the area to decide on the safest route for the patient's condition. Discussions on cross border collaboration had concluded in December 2011, and new systems would be put in place to ensure that all cross border ambulance crews were able to access patient case histories electronically. Members were advised that cross border working had proved difficult in the past as dispatch systems had not been compatible, and the changes being put in place meant that the nearest available unit could respond.

11.6 Concern was raised over the accuracy of postcode information available through satellite navigation systems, which delayed emergency response times, and could put a patient at further risk. Members were advised that information tracking was used to identify a precise location of landline callers, and GPS tracking could be used to identify the location of callers using mobile phones. However, it was accepted that postcodes were not always reliable.

11.7 Members were assured that concerns raised previously over ambulance waiting times at acute hospitals had been resolved with the implementation of corridor nurses, and Shrewsbury and Telford Hospital NHS Trust had also reviewed its discharge policies to improve flow through. There were still times when delays were incurred, but this was due to capacity creating a bottle neck in front line services. The turnaround times for Shropshire County were much better than other areas in the West Mercia area, who were still reporting turnaround problems on a regular basis, but no delays had been reported in Shropshire.

When asked about the future arrangements for commissioning the WMAS services through CCGs or the National Commissioning Board Members were informed that this would need to be answered by the Commissioners.

11.8 The Chairman thanked the officer for his attendance, and assistance in clarifying outstanding concerns raised previously by the Committee.

11.9 Representatives of Shrewsbury and Telford Hospital NHS Trust (SaTH) were in attendance, to present the Travel and Transport consultation document to the Committee. Mr Chris Needham, Associate Director of Estates, addressed the meeting, responding to a number of questions raised by Members prior to the meeting.

Could SaTH confirm average length of stay for patrons utilising parking facilities?
Response: Attendance patterns were not recorded, but the Trust had looked at the overall picture for parking provision, and indicated that each space showed a

turnover of 3 to 3 ½ times a day. This could equate to stays of less than 2 ½ hours each time, but there is no evidence to confirm the assumption.

How much revenue is currently achieved through parking charges.
Response: Commissioning arrangements for parking were broken down into three areas; a guaranteed sum paid to the Trust based on the number of spaces available; operating costs of the car parks; and a profit component of 6-8% in line with a commercial agreement which equated to a total revenue stream of £1.3 million, with the Trust receiving £800,000. Members were advised that the contract would continue and the Trust would renegotiate schedules and extensions. An agreed minimum number of parking staff would be on site, but their role would change and an emphasis would be put on providing more assistance, instead of policing of the parking areas. In response to an additional query, it was confirmed that the first 20 minutes of parking would be free to enable patients to be dropped off and picked up without incurring unnecessary charges.

Are staff parking charges being reviewed, and are staff living close to the facilities, being encouraged/required to use alternative transport methods than their own vehicles.
Response: Consideration was being given to a whole range of measures in respect of staff parking and alternative provisions, and it was important to receive feedback on proposals through the consultation process to evaluate the most appropriate solutions.

It is important to ensure that delays in treatments are addressed, as this could unnecessarily increase parking costs to the individual patient.
Response: The Trust was looking at best practice across the country, and would look at a scheme to rebate charges to patients if delays were incurred. The Trust recognised the problem and assured Members that it would be taken into account in the final Travel and Transport proposals.Members were informed that a hospital in Hereford had a scheme whereby patients could claim a rebate on the additional parking charge incurred f this was a result of a clinic over running.

Concerns had been raised over the increase in day charges. It was proposed that the Trust consider implementing a maximum charge of £3.00 instead of the higher tiered rates being proposed.
Response: All comments would be fed back to the Chief Executive and the Trust Board for their consideration. It was noted that the structure of the tariff had been developed following feedback received from information forums, which had seen a large concensious to implement a charging policy which would see the removal of a midnight expiry period for tickets.

There needs to be provision made for ‘mother and baby’ parking bays in the proposals.
Response: The Trust would be considering parking needs at the Princess Royal Hospital with the development of the new Women’s and Children Unit. The Trust was working with the Local Authority and West Midlands Ambulance Service parking facilities.

Was there going to be a provision for additional bicycle racks to encourage healthier travel plans.
Response: Additional facilities would be considered at both sites, and they would be sited in a convenient location and properly promoted.

Would 'weekly tickets' and '10 park pass tickets' be transferrable between hospital sites.
Response: The multi tickets would be transferrable between both sites. In response to a request made to clarify the definitions of the multi tickets, Members were advised that a weekly ticket could be used at any time of day for a 7 day period, whereas a 10 park pass could be used for 10 separate visits. The Trust recognised that there was a need to promote these tickets more widely, indicating that information would be made available on signage, by machines and on the web, with confirmation on where and how they could be purchased. A request was made to promote all concessions and multi-ticket option in doctor's surgeries.

Who would be operating the Shuttle Bus service.
Response: It had not been determined whether the Trust or a commercial partner would provide the service, and consideration would be given to the most appropriate option. The Trust would ensure that a very clear specification for the service be drawn up, identifying service requirements.

Were there any plans to introduce a charge for the Shuttle Bus provision.
Response: A full economic appraisal would need to be undertaken before any proposals on a charging structure were considered, but it would be preferable that additional travel costs would not be incurred on travelling between sites. There was still work to be done to consider if the bus service would be used to transfer medical records and equipment.

It is important that patients do not incur additional travelling expenses to access services once a service is transferred to either Royal Shrewsbury Hospital or Princess Royal Hospital. Would the Trust consider introducing a 'Park and Ride' style scheme to allow patients to park at either site and make use of shuttle services with the parking fee already paid.
Response: Members were advised that a full range of options needed to be considered to help reduce costs, and review the availability of connecting with other facilities like Park and Ride in the future. Members referred to possible collaboration with sites, such as Shrewsbury Football Club, to utilise their facilities as a 'Park and Ride' site, and route the provision past the hospital. The Committee requested that further consideration be given to the proposals, and were assured that all proposals would be considered when the Trust developed its final proposals for the Travel and Transport Plan.

Are the operating times being proposed (7.00 a.m. – 7.00 p.m.) extensive enough for staff and patients needs.
Response: The times laid out in the consultation document covered a 12 hour peak period, but stressed that there would be a degree of flexibility if needed. The Trust had no evidence to support a wider scheme, but believed that it was an appropriate place to start.

11.10 In response to questions raised by members of the Committee at the meeting in respect of bus services impinging on Local Authority services, the Highways and Transport Service Delivery Manager, Telford and Wrekin Council, reported that work needed to be undertaken on servicing the wider needs of the community before a service was commissioned, and consider how the costs would be met, considering limited funding and commercial viability.

11.11 Members stressed that the Trust needed to understand that this was a real opportunity to undertake cooperative working between SaTH, the Local Authority, and Arriva to get people out of their cars, and cut down on vehicle emissions. The Trust reported that it was an exciting opportunity for all parties to sign up to. The Highways and Transport Service Delivery Manager, advised the meeting that proposals would be looked at, but the Local Authority would not consider a scheme that would cause detriment to the plans SaTH want to deliver.

11.12 A discussion ensued about the use of concessions on shuttle bus services, and were advised by the General Manager (Shrewsbury) Arriva, that the use of concessionary fares would hang entirely on how the service was set up.

11.13 The Chairman thanked the officers for their attendance, and assistance during the Committee's deliberations.

RESOLVED:

(a) That the Joint Health Overview and Scrutiny Committee note the content of the Travel and Transport consultation document, and endorse the work undertaken by the Trust to date.

(b) That all comments raised through the deliberations be taken into account in the development of the Travel and Transport Plan.

(c) That Joint Health Overview and Scrutiny Committee scrutinise responses to the consultation, and consider how they had been taken into account in the full Travel and Transport Plan.

12. UPDATE FROM SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

12.1 Mr Adrian Osbourne, Communications Director, was in attendance, and gave a presentation on the future configuration of hospital services, regional updates, and strategic priorities for the year ahead.

12.2 Mr Osbourne advised Members that as part of Foundation Trust status progress, a Governance Risk Rating had been carried out to identify areas of most challenge, and give assurance that the Trust can get the treatment pathways right for the patient. Figures for June 2012 had shown that the Trust was achieving A & E targets, and it was expected that by July 2012 the Trust would achieve the 18 week RTT admitted and cancer waits. Service Performance targets had shown that the Trust had hit, and maintained, its 18 week non-admitted targets, and were expected to hit the 18 week admitted target in July 2012. A & E 4 hour wait performance failed to hit target in April and May, but they were on track to achieve the target in July. It

was noted that the Trust had recognised a need to improve discharge processes, and get patients through the system quicker.

12.3 Consideration was give to SaTH's Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Morality Ratio (HSMR), and Members were advised that SHMI included deaths outside of an acute setting, which had seen a decline in numbers since April 2010.

12.4 Members were advised that a Net Promoter Question had been introduced across the country to improve the patient experience. The Trust was already surveying 10% of inpatients, and plans were being drawn up to survey 10% of outpatients. The Net Promoter score for May 2012 had recorded a 65% satisfaction rate, which was just above average. It was important to get measures right, and the Net Promoter Question was part of a wider scheme of plans to improve the patient experience.

12.5 Consideration was given to the Financial Plan for 2012/13, taking account of the changes to the way the Trust was paid on tariff, and if a patient was readmitted within 30 days of treatment, the Trust would not receive funding for the first length of stay. This could see the Trust losing £6 million in funding revenue, which strengthened the need to ensure patient's received the right treatment first time. The local QIPP Programme would be reduced by a £11.3 million putting demand on managing health in the community, and £22.1 million needed to be saved through cost pressures such as inflation. The Trust would receive an uplift of £2 million in respect of demographic growth income, and a further £2 million in respect of CQUIN income growth. If the Trust achieved all planned efficiency savings it would see a surplus of £2 million at the end of 2012/13, which would allow the Trust to plan for future needs. Members were advised that in order to move forward and achieve Foundation Trust status they were required to show a 1% surplus to ensure they were financially viable.

12.6 Final preparations were underway to consolidate adult inpatient surgery at Royal Shrewsbury Hospital, with the Surgical Assessment Unit and the Surgical Short Stay Unit were due to open later in July 2012. Those units would provide better ambulatory care, and were located close to A & E to ensure service cohesion. The Trust extended an invitation to the Joint Health Overview and Scrutiny Committee to undertake a site visit to see the development of the surgical units.

12.7 The Head and Neck inpatient services would move to Princess Royal Hospital in early September 2012, allowing empty surgical wards to change over unhindered. From 18 July 2012 all elective adult vascular, upper GI, colorectal and urological inpatient surgery would take place at Royal Shrewsbury Hospital, and from 2014 emergency and unplanned paediatric surgery, and surgical admissions would take place at Princess Royal Hospital. Assurances were given that time had been spent with GPs, Clinical Commissioning Group, and West Midlands Ambulance Service, to ensure that the Trust get service provision right, and ensure that the transition was a smooth as possible and safety nets were in place.

12.8 In response to a question raised by a member of the Committee, the Communications Director advised that some staff had been affected by the Surgical Assessment Unit and Surgical Short Stay Unit moves. It was noted that some staff members had looked at other opportunities open to them at Princess Royal Hospital,

while others had decided to move with the service and develop their skills. The Trust had always supportive of its staff through the configuration changes, and would offer coaching to help them through the process. Many staff were excited at the range of care available and the opportunities it would provide them.

12.9 Members requested clarification on how the Trust received their rating in respect of the patient experience, and it was agreed to bring back Quality Performance measures to a future meeting to provide further detail on the policy priorities. The Chairman requested that the Trust provide quarterly updates to the Committee to enable them to monitor progress.

12.10 Concern had been raised over registered nurse and midwife compliance complaints. Members were assured that although the nursing national body had faced backlogs dealing with poor performance of nursing staff, there were internal performance measures in place to protect patients. The Trust would always work with the Nursing and Midwifery Council if they had a concern over registration, or poor performance.

12.11 Detailed work was ongoing to understand the thinking of Neonatal Nurses on the moves, and Midwifery staff were already rotating between the two centres without any issues arising.

12.12 Concern was raised over the lack of communication over delays in waiting times for services such as outpatients, and were assured that communication complaints were high on the Trust's agenda, and in terms of openness had produced quality indicators to show where the Trust was failing to satisfy patient expectations. This was an area that the Trust needed to focus on and address.

12.13 Concern had been raised over the continued lack of assistance from nursing staff, where reports had been raised by relatives over meals and washing facilities being left out of a patients reach. The Communications Director stressed the importance of feedback in respect those types of issue, as it enable the Trust to act quickly on the concerns and ensure all areas of care were to the standard required, and expected, by the Trust.

12.14 Pathology Update - The Carter Review had been published in 2008, which had identified the need to bring back-office services into a single site, to make it more cost efficient. In order to look at the proposals further a regional review was being undertaken across the East and West Midlands, and a procurement process was underway led by PCTs across the region for direct access pathology tests. This meant that the procurement process would be open to private providers as well as the NHS. There was a need to make the service cost effective, but retain quality, and in order to do this the service was likely to be based around a large geographical area. SaTH was working in partnership with Walsall and Wolverhampton, but as Wolverhampton already had an extensive laboratory facility it was likely that this would be the preferred site. Members were assured that urgent testing would continue to be available in-house, but other standard tests would be carried out at an area facility. In response to questions raised, it was confirmed that staff would be affected by the change of service provision, and work would be undertaken in the coming months on how the service would work.

12.15 A regional Stroke Service Review was to be undertaken in 2012 to confirm service standards, and ask providers how they measure up to those standards. Over the summer the Trust would undertake an assessment of services, and look at their plans and provisions into 2013. The Trust was looking at providing angioplasty in one the acute hospitals, and bring cardiac services back to the county, but would require support from Staffordshire Heart and Stroke Network to enable it to happen.

12.16 Members were advised that other developments had been ongoing in recent months, including the approval of a replacement Linear Accelerator for Cancer Services, and the expectation that the Lingden Davies Centre would be open in the near future.

12.17 In conclusion the Trust's strategic themes would shape and guide their plans and priorities for the years ahead. The priorities include; putting the patient first, Foundation Trust status, rural health and integrated care, Telehealth network, and the development and reconfiguration of services.

12.18 The Chairman thanked the officers for the extensive update on developments affecting SaTH.

RESOLVED:

(a) That the future configuration of hospital services, regional pathology services, stroke services, and strategic priorities for the year head, be supported.

(b) That details on the policy priorities in respect of Quality Performance measures be considered at a future meeting of the Joint Health Overview and Scrutiny Committee.

13. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: TERMS OF REFERENCE

13.1 Consideration was given to the proposed revision of the Joint Health Overview and Scrutiny Committee Terms of Reference (a copy was tabled at the meeting).

13.2 Members confirmed that consideration should be given to patient experience and quality data, following reconfiguration to measure the Trust's performance, and ascertain what differences, if any, to patient outcomes.

13.3 It was noted that details of the questions raised through the patient experience survey should be made available to the Committee, along with change over times, and what the Trust had done to address, and improve, those areas recording a low score. Clarification was requested on at what point in their treatment patients were being asked to complete the survey.

RESOLVED:

That a report be brought to the next meeting to consider the outcomes of the patient experience survey, and identify improvements to low scoring areas.

14. FUTURE AGENDA ITEMS AND MEETING DATES

14.1 It was noted that future agenda items had been identified through the work programme, tabled at the meeting, and the date of the next meeting is to be confirmed.

Chairman:……

Date:……