

**MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND  
SCRUTINY COMMITTEE HELD ON 2 JUNE 2010 AT 10AM AT COUNTY  
HALL, CHELMSFORD**

Membership

County Councillors:

- |                                  |                 |
|----------------------------------|-----------------|
| * G Butland (Chairman)           | R Gooding       |
| * Mrs J M Reeves (Vice-Chairman) | * Mrs S Hillier |
| * Mrs M A Miller (Vice-Chairman) | * Mrs M Hutchon |
| * J Baugh                        | * E Johnson     |
| * R Boyce                        | * J Knapman     |
| L Dangerfield                    | C Riley         |

District Councillors:

- |                         |                              |
|-------------------------|------------------------------|
| * Councillor N Offen    | - Colchester Borough Council |
| * Councillor M Maddocks | - Rochford District Council  |
| Councillor S Henderson  | - Tendring District Council  |

(\* present)

\* Councillor R Howard was also present at the meeting

The following officers were present in support throughout the meeting:

- |               |                                       |
|---------------|---------------------------------------|
| Graham Hughes | - Committee Officer                   |
| David Moses   | - Head of Member Support & Governance |

John Carr of Essex and Southend LINK also participated in the discussion with the agreement of the Chairman.

**39. Membership**

Committee Officer Sophie Campion would be commencing maternity leave at the end of the week and best wishes were extended to her.

The Committee noted changes to the Committee membership as agreed at Full Council held on 11 May 2010, namely the appointment of Councillor Riley as a member of the Committee and Councillor Reeves being appointed as a Vice Chairman of the Committee.

The Chairman reported that Tendring District Council, being the one remaining geographical area not represented on the Committee, had recommended that Councillor Steven Henderson be co-opted onto the Committee and this was **agreed**.

**40. Apologies and Substitution Notices**

The Committee Officer reported an apology from Councillor C Riley.

**41. Declarations of Interest**

The following standing declarations of interest were recorded:

Councillor Graham Butland	Personal interest as Chief Executive of the East Anglia Children's Hospice. Personal interest due to being in receipt of an NHS Pension.
Councillor Sandra Hillier	Personal interest as governor of Basildon Hospital Trust?
Councillor Nigel Offen	Personal interest due to being in receipt of an NHS Pension.
Councillor John Baugh	Director Friends of Community Hospital Trust

#### **42. Minutes**

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 7 April 2010 were approved as a correct record and signed by the Chairman.

A response had been received from NHS West Essex concerning the issue of funding for children with language and learning difficulties (Minute 37 – 7 April 2010 refers) which was read to the meeting by the Chairman and was **noted**. Copies to be circulated to Members.

#### **43. Questions from the Public**

The Chairman invited questions from the Public on any matters falling within the remit of the Committee. There were no questions raised.

#### **44. Mid-Essex Hospital Trust**

Professor Sheila Salmon, Chairman, Mid-Essex Hospital Services NHS Trust, John Tobin, Divisional Manager, Emergency Care, Broomfield Hospital, and Thomas Lafferty, Associate Director, Governance and Legal, Mid-Essex Hospital Services NHS Trust were in attendance at this meeting to discuss developments and future plans at the Mid-Essex Hospital Trust (MEHT).

Prof. Salmon had been appointed Chairman since 1 April 2010 and brought with her valuable experience from NHS commissioning. 65 days remained before the PFI funded new build at Broomfield hospital was handed over to the MEHT and it was felt that this would transform patient care at Broomfield. A formal opening ceremony was planned for later in the year along with formal tours of the new building outlining the vision and future model for patient care. In addition to 65 new beds the new build incorporated state of the art theatres and maternity suite, low risk birthing rooms as well as improved aesthetics such as courtyard gardens. MEHT were planning for the closure of St John's Hospital and wanted to fully integrate staff being transferred into the Broomfield site.

Hard copies of the Trust's draft Quality Accounts for 2009/10 had been brought to the meeting. As part of the overall scrutiny process the Committee received regular presentations from the MEHT and feedback was given by the HOSC throughout the year as issues arose.

- (a) Acute and community services and relationship with Mid-Essex Primary Care Trust (PCT)

Councillor Butland advised that the PCT seemed to place greater emphasis on delivery of services in the community in their service delivery strategy than MEHT and suggested that a balance be sought between the two when MEHT and PCT were working together. Prof. Salmon replied that the Chief Executive of the PCT had attended a recent MEHT Board meeting to review and evaluate their respective service delivery strategies and that their fundamental shared interest was in the patient experience. The overriding need was to reduce the number of acute admissions. MEHT had been talking to the PCT to spread a greater footprint into the community through Outreach teams and were looking for opportunities for further collaboration. The relationship with GPs also was critical going forward as further review of patient pathways was undertaken. A Clinical Summit was to be held on 13 July 2010 in partnership with the PCT to bring together acute care technicians and other stakeholders as part of this review.

Prof. Salmon confirmed that community services by and large were distinct although there had been more of a move towards an integrated model with acute care services at the level of the "patient care pathway". There was always the need to constantly re-evaluate with the costs pressures now challenging the whole health service, opening up more opportunities for further integrated pathways. Whilst some services could be centralized it was important to provide a variety of localized services where appropriate and Professor Salmon referred to the new community hospital in Braintree. MEHT would be proactively involved in any future consultations on future service provision and take account of the whole of the mid-Essex area. Discussions were underway with the PCT concerning contracting certain acute work in the new community hospital at Braintree.

It was confirmed to the LINK representative that as part of the ongoing discussions with Mid Essex PCT all stakeholders would be consulted including independent service users in patient pathways. Social Care was important to minimize admissions and aid rapid discharge and may be put in place some teams to support this.

(b) Cleanliness and hygiene

Prof. Salmon acknowledged that MEHT had had some issues with quality cleanliness and hygiene as identified by a CQC audit although a subsequent CQC follow-up spot audit had identified significant improvements. Relevant policies and processes governing quality and patient experience were important to the MEHT and were to be further imbedded into the mindset of the organization. Executive management had been charged by the MEHT Board with identifying and committing to a clear and constant level of spend required to maintain quality of cleanliness and hygiene and avoid a 'yo-yo' effect of variations in spend. In this regard executive management had benefitted from feedback from the Patient Council.

Mr Tobin advised that maintaining a high level of cleanliness and hygiene in the accident and emergency environment always was challenging as there was a high patient through-put. It was recognized that there had been some loss of accountability and that a Lead Nurse and a Housekeeper had been appointed with clear expectations about improving performance in this area with clear delegation of duties for cleanliness and hygiene now documented and in place for

all staff. The Trust Executive had implemented senior management walkabouts to encourage maintenance of high standards. Mr Tobin advised that he was satisfied that the environment was cleaner and mechanisms were in place to sustain these standards and to integrate this culture prior to the new build opening later in the year.

(c) Ambulance waiting times

At the last meeting the Committee had received a report and data on the time ambulances have to spend on passing-over patients to Accident and Emergency extracted from a recent East of England Ambulance Service Report. There were noticeable problems at two Essex hospitals where waiting times were much longer than the average. One of these was Broomfield. Mr Tobin advised that the MEHT were aware of the problem. Two specific factors contributed to the problem; the current size of the A&E Department with eight Majors Cubicles which would increase by 2 with the new build facility later in the year and the limited ambulance bay area for offloading which, again would improve with the new build. An escalation process had been introduced with the General Manager contacted if an ambulance had not been released after 25 minutes of arrival. The new build would have an increased number of emergency assessment and short stay beds to provide alternative options for GPs. The ongoing challenge remained that the MEHT still operated across multiple sites which added to pressures of turnaround but this would improve with the closure of St Johns and the transfer of its current services.

The Ambulance Service and MEHT had implemented a system logging when handover of patients had occurred through the implementation of the 'inbound Ambulance Screen'. This had the added benefit of alerting A&E staff of all inward journeys and not just certain emergency categories. MEHT had seen an improvement and significant change and further improvement was expected with the move to a single site. MEHT undertook to keep the Committee informed of progress in this area.

The representatives of MEHT were thanked for their attendance and presentation. Thereafter they left the meeting.

**45. Ambulance waiting times**

The Committee received a report (HOSC/20/10) and data on the time ambulances have to spend on passing-over patients to Accident and Emergency extracted from a recent East of England Ambulance Service Report. The data revealed that at two particular Essex Hospitals (Broomfield and Southend) waiting times were much longer than the average. Members had raised this issue with representatives from the Mid Essex Hospital Trust earlier in the meeting (see response in Minute 44 above).

The Committee **Agreed** that a letter would be sent by the Chairman to the Southend Hospital Trust raising the issue and inviting their comments and plans for improvement.

**46. Dementia Task and Finish Group**

The Committee received a report (HOSC/21/10) providing a status update and proposed membership on the Task and Finish Group to look at certain aspects of dementia care and identification. The following nominations for membership of the Group had been received and were **Agreed**.

#### Health Overview and Scrutiny Committee Members

Councillor John Baugh (Chairman)  
Councillor Mrs M Hutchon  
Councillor M Maddocks (Rochford DC)

#### Community Wellbeing and Older Persons Policy and Scrutiny Committee Members

Councillor Roy Pearson  
Councillor Janet Whitehouse  
Councillor Sandra Hillier

#### Mental Health Trusts

North Essex – Mr Ray Cox  
South Essex – to be advised

A draft Scoping Document (HOSC/21/10) had been circulated for consideration and was **Agreed**. It was proposed that an inaugural meeting plus one or two witness sessions would be held before the summer recess.

### **47. Joint Health Overview and Scrutiny Committees**

The Committee received a report (HOSC/22/10) outlining two pieces of work that could require consideration by a Joint Health Overview and Scrutiny Committee of Members from Essex, Southend and Thurrock.

#### (a) Patient Transport

The three Councils and the five PCTs were seeking views on the provision and implementation of transport services that were more closely aligned. It was anticipated the JOSC may need to meet only once to consider the proposals.

The Committee endorsed the approach outlined and **Agreed** that HOSC representatives on the above JOSC should be Councillors Mrs Miller, Mrs Hillier and Johnson. John Carr from LINK also would be invited to attend.

#### (b) PCT Reconfiguration

NHS South West Essex would be leading for the five PCTs on proposals to reconfigure services. However, after discussion and in view of an anticipated Coalition Government White Paper later in June that could impact on the future structure of health and care services in Essex, the Committee **Agreed** to defer further consideration of the item at this time.

### **48. Your choice of GP Practice**

The Committee received a report (HOSC/23/10) on the proposed response to a consultation by the Department of Health on how to enable people to register with the GP practice of their choice and this was **noted**.

**49. Area Forum Scrutinies**

The Committee received a report (HOSC/24/10) on HOSC representatives (that were from a different geographical area from the local membership) to serve on specific Area Forum Task and Finish Groups. The Committee endorsed Councillor Butland serving on the task and finish group set up by the South Area Forum to consider the NHS South East Essex Strategy, and **Agreed** that Councillor John Baugh be the HOSC representative to join the task and finish group led by the West Essex Area Forum to look at GP provision in the areas of Brentwood, Rochford and Basildon.

**50. Non substantial service variations**

The Committee received a report (HOSC/25/10) outlining non substantial service variations concerning the closure of Aston Court, Basildon facility (NHS South West Essex) and the commissioning of a Community Neonatal Team (NHS West Essex) which had been approved under delegated authority and these were **noted**. Clarification on the closure date for Aston Court, Basildon would be sent by email to Councillor Hillier.

**51. Forward look**

The Committee received a report (HOSC26/10) outlining items to be added to its Forward Look of work and listing the current Task and Finish Groups covering health issues and this was **noted**. It was **Agreed** that the CAMHS study should be added to the list of Task and Finish Groups.

The Chairman advised that the Chairman of Colchester Hospital would be unable to attend the 7 July 2010 HOSC meeting to update the Committee on progress and developments at the hospital. Instead it was proposed and **agreed** that he be invited to submit a written report for the 7 July meeting and a follow-up meeting with him would be arranged if deemed necessary.

**52. Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Wednesday 7 July 2010. Councillor Hutchon gave apologies for this upcoming meeting and possibly meetings beyond due to an anticipated hospital operation and recovery.

There being no urgent business, the meeting closed at 11.05am.

Chairman

