

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 4 July 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mr Richard Walsh
Mrs Helena Windsor

Independent Members

Borough Councillor Nicky Lee
Borough Councillor Hugh Meares
Borough Councillor Mrs Rachel Turner

22/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None were received.

23/13 MINUTES OF THE PREVIOUS MEETING: 14 MARCH 2013 [Item 2]

The minutes were agreed as an accurate record of the meeting.

24/13 DECLARATIONS OF INTEREST [Item 3]

None were received.

25/13 QUESTIONS AND PETITIONS [Item 4]

None were received.

26/13 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman provided the following oral report:

Surrey Downs CCG Board Meeting

On 17 May, I, along with about 800 other people, attended the first Surrey Downs CCG Board meeting. At this meeting the Board discussed the BSBV proposals we will be looking at today. They had to take a decision whether or not to approve the business case to go out to consultation. The Board delegated this decision to three of its members, to be taken by the collection of all seven CCGs, now to be in the autumn.

BSBV Consultation

Related to this, the BSBV consultation team came along to County Hall on 9 June to discuss their consultation plans. I can confirm that they have a robust plan in place and will be looking to consult with as many and a wide variety of people as possible.

Meetings with NHS Providers and CCGs

The Scrutiny Officer and I have been making our annual visits to the acute hospitals, ambulance trust and mental health trust. These meetings are an excellent opportunity to get to know our providers and have an informal chat. I will also be meeting regularly with each of the new CCGs. I have already met with East Surrey and Surrey Downs.

Induction

Most of you attended our induction session held on 18 June. If you were unable to attend and wish to have a one-to-one session, this can still be arranged. Please contact either Leah or Vicky. Leah's last day is today, but she is happy to meet with members after moving to her new role in July if you need additional help.

27/13 BETTER SERVICES BETTER VALUE [Item 6]

Declarations of Interest:

None.

Witnesses:

Miles Freeman, Chief Officer, Surrey Downs CCG

Claire Fuller, Clinical Chair, Surrey Downs CCG

Charlotte Joll, Programme Director, BSBV

Key Points Raised During the Discussion:

1. The BSBV Programme Director provided the Committee with an overview of the BSBV programme and its progress to-date. NHS England were scrutinising the pre-consultation business case to ensure it was financially and clinically sound. Once NHS England had approved the business case the seven CCGs leading the BSBV reconfiguration would meet to decide whether to go out to public consultation. It was hoped the meeting of the CCGs would take place shortly after the summer break and consultation would begin soon after this meeting in the early autumn.
2. Members sought assurance that the reconfiguration was not being London-driven and focussed. The Clinical Chair of Surrey Downs CCG agreed that this was a valid concern as they only heard Epsom Hospital would be involved in the review in November 2012, and the CCG has received a lot of criticism. The CCG however, had made the decision that they should be involved and as such had a representative on all the Boards and Committees BSBV had formed to ensure a Surrey voice was heard during discussions.
3. The Committee raised concerns with the travel time data provided within the report and the effect the increased times would have on pregnant women in labour. The Programme Director assured the Committee that the driving force behind the review was improving patient safety and care, and as such it was felt that it was better to travel further to a better service which could provide expert care. BSBV felt confident that they could mitigate longer journey times with good clinical care, as currently in Epsom Hospital there was not 24 hour consultant obstetrics care in place whereas following reconfiguration the proposed acute hospitals would have 24 hour consultant delivered care. The CCG agreed there would need to be a change in approach in labour as there is currently the desire for expectant mothers to present as late as possible, however it would no longer be possible to ask those who arrived early to the hospital to return due to the longer journey times. There would be a requirement for comfortable waiting rooms to accommodate those in labour which would require investment.
4. Concerns were raised by Members regarding the accuracy of the travel time data due to Surrey having relatively poor public transport in comparison to London, and that some areas of Surrey would see their journey times increase to over an hour. In addition, Members had received data to show that the ambulance data may be inaccurate with some journey times to hospitals being recorded as taking 0 minutes. Witnesses agreed that there appeared to be some anomalies in the data and were working with SECamb to carry out a more detailed analysis of the operational impact of the BSBV proposals.

5. Members questioned whether it was acceptable that between 8,000 - 10,000 Surrey residents would be seriously disadvantaged by the proposals as it was felt that this would cost lives. Ambulance availability was raised as a concern as it was felt by Members that there would be an increase in demand. The Chief Officer of Surrey Downs CCG stated there was the expectation that there would be investment to ensure that there were more ambulances and staff available to mitigate the increase in demand. The CCG were working with the ambulance provider, SECAMB, to work out the increase in numbers required and the locations most appropriate for ambulances to ensure travel times were as low as possible.
6. Members queried the care proposed for children as many Epsom residents drove their child to Epsom Hospital, whereas under the plans they would be required to call an ambulance. It was discussed that the time an ambulance took to arrive could cause the condition of the child to worsen. Witnesses stated that currently at Epsom Hospital there was not 24 hour consultant paediatric presence, and the proposals would ensure that in future specialists would be available to provide care during evening and at weekends which are times of peak demand. This would lead to a better level of care; however there would still be the option to take an ill child in the car to the Urgent Care Centre at Epsom Hospital for assessment. If they needed to be transferred for treatment at a major acute site they would be professionally cared for until an ambulance arrived.
7. The Programme Director stated that there would be investment in the hospitals as the preferred option would lead to a move from five acute hospitals to three, and there would be requirement to invest in capital works at these sites. There would also be additional investment for Surrey hospitals.
8. Urgent Care Centres were discussed by the Committee, and the Chief Officer stated that they would need to be clear which services would be available at Epsom Hospital so patients would be aware whether it was appropriate to present at the hospital. The model for the Urgent Care Centre was still to be decided, including the opening hours, as there was a limit to what could be decided upon until they were further through the review. The CCG would need to review current demand for urgent care at Epsom Hospital to formulate the final plan.
9. Members suggested that the document provided in the agenda was not appropriate for the public as there would need to be more details on the better care that would be available under the proposals and information on the investment planned for the hospitals. The witnesses confirmed that the consultation plan went beyond the statutory requirements as they wanted to hear from as many people as possible and there was the opportunity for Members to feed in their suggestions for where the events should take place. There was also a draft consultation document available which explained the case for change and the consultation options in a more user friendly fashion which could be circulated to Committee members for their views.

10. Members raised their concerns that primary care needed to be taken into consideration as the proposals would see an increase in demand. The CCG recognised that primary care was an area of focus for them and that they were currently reviewing the service.
11. The Committee queried the number of step down beds which would be commissioned by the CCG under the proposals. Surrey Downs CCG agreed that community care would need to be reviewed and that they had been in discussion with Central Surrey Health and believed they would need to double the number of step down beds available. They stated that currently the community hospitals in Surrey were running under capacity which they were reviewing as their aim was to ensure there were the right facilities available in the community for patients.
12. Members queried whether the capital money which had been guaranteed for the redevelopment of St Helier was still in place. The Programme Director explained that while the review was underway the redevelopments had been halted and that the proposed redevelopment of St Helier as a major acute hospital would only continue under the least preferred option.
13. The Committee questioned how the CCG would work with Central Surrey Health, if the preferred option was to progress, to commission children's services. Surrey Downs CCG confirmed they would continue to commission children's services as most care took place within schools and the community, as only two to three children a day were admitted to Epsom Hospital.
14. The CCG stated they were looking for stability for Epsom Hospital as it had been through many reviews over the last few years.

Recommendations:

1. That BSBV and Surrey Downs CCG are thanked for attending and providing information.
2. The Committee notes the reasons for the reorganisation but remains concerned about the effect on Surrey residents.
3. Therefore, the Committee welcomes the public consultation, giving Members and their residents an opportunity to have their say, and
4. The Committee would also request BSBV attend the HSC again post-consultation for another discussion once plans are further developed.

**28/13 SURREY NHS PROVIDERS' RESPONSE TO THE FRANCIS REPORT
[Item 7]**

Witnesses:

Suzanne Rankin, Chief Nurse, Ashford & St Peter's Hospitals NHS Foundation Trust

Alison Szewczyk, Deputy Director of Nursing, Frimley Park Hospital NHS Foundation Trust

Matthew Hopkins, Chief Executive, Epsom & St Helier Hospitals University NHS Trust

Pippa Hart, Director of Nursing and Quality Assurance, Epsom & St Helier Hospitals University NHS Trust

Andrew Clough, Interim Chief Nurse, Surrey & Sussex Healthcare NHS Trust

Sally Brittain, Deputy Chief Nurse, Surrey & Sussex Healthcare NHS Trust

Jo Young, Director of Quality (Nurse Director), Surrey & Borders Partnership NHS Foundation Trust

The following were briefed to bring the view of their wider membership:

Cllr Mrs Jennie McCracken, Vice-Chairman, Health Overview & Scrutiny Panel, Bracknell Forest Council

Cllr Tony Virgo, Chairman, Health Overview & Scrutiny Panel, Bracknell Forest Council

Richard Beaumont, Head of Overview & Scrutiny, Bracknell Forest Council

Key Points Raised During the Discussion:

1. The Scrutiny Officer provided some context to the item explaining that in the mid 2000s there were catastrophic failings within Mid Staffordshire NHS Foundation Trust. Due to these failings a Public Inquiry was set up and chaired by Robert Francis QC, and from this Inquiry the Francis Report was published. Within the Report there are 290 recommendations and every commissioner and provider is supposed to provide a response to the Francis Report. The Surrey community health providers and CCGs would be invited to present their responses to the Health Scrutiny Committee at a later meeting.
2. Ashford & St Peter's Hospitals NHS Foundation Trust began by giving an overview of the work it had completed to-date. The hospital formulated two key aspects; process improvement and organisational culture, which they were concentrating on improving. Staff surveys had been completed and the results were not as promising as hoped, especially with colleagues who were not in the frontline services. It was felt by these members of staff that changes were being made without proper consultation. The Trust was concentrating on improving the complaints process, embedding a duty of candour among the staff, and ensuring that changes were being properly discussed with every nurse and midwife.
3. The Chief Executive of Epsom & St Helier Hospitals University NHS Trust confirmed that he was the person accountable within his organisation and it was important to properly consider the recommendations of the Francis Report. He also clarified a statement in the earlier item on the agenda which may have given the impression that there was not 24 hour consultant paediatric care at Epsom Hospital. He stated that 24 hour cover was provided seven days a week even if this included consultant on-call cover. Within Epsom & St Helier Hospitals the Medical and Nursing Directors had taken the lead in implementing the recommendations of the Francis Report.

4. The focus of Epsom & St Helier's approach had been on ensuring staff understood the implications of the Francis Report. There had been several briefings and listening exercises with staff where they were asked to consider 'If you can make an improvement what would it be?' The hospitals had found that when staff raised a concern with senior staff they did not always hear back which now was an area of focus. Four work streams had been formulated which were each led by an Executive Director. The Trust had a commitment to strengthening its governing processes from this Review.
5. Frimley Park Hospital NHS Foundation Trust explained their focus had been ensuring the consultation had been right and that the recommendations were understood by all staff. The Trust had looked at strengthening the clinical leadership with both medical and nursing staff working together which would enable them to listen to patients better. The hospital had commissioned an independent review of their complaints system, and had adopted a new programme of safeguarding. The aim was to stimulate debate at all levels within the Trust to improve their services.
6. Surrey & Borders Partnership NHS Foundation Trust stated they had been keen to reflect how the Francis Report affected them as a mental health trust and to consider how to ensure failings did not happen within the organisation. There was a focus on the leadership of the Board and the Governors to ensure there was the best accountability possible within the organisation. SABP had made the decision that they did not want a separate Francis work stream and wanted to have it embedded in the work of the organisation so to have a more meaningful long-term response. The organisation has conducted both staff and user surveys alongside deep dive reviews to review how well the organisation works.
7. The representatives from Surrey & Sussex Healthcare NHS Trust stated the Trust has gone through large scale turnaround in the last 18 months and the Francis Report was enabling the Trust to ensure the staff understood their role and the Trust's values. A Nursing and Midwifery strategy had been launched which had been developed with all the nursing and midwifery staff. Additionally a Ward Manager programme had been launched which empowered staff to own the ward and report upwards, whilst a restructuring of the Clinical Governance of the Trust was ongoing.
8. The Chairman queried whether the providers' plans are available to view alongside the progress made against these plans. Additionally he requested that complaints data be shared with the Committee and Healthwatch when appropriate. The provider representatives confirmed their full detailed reports were being shared with their Boards of Governors, but there would be issues in sharing the complaints data due to the personal identifiable information these contained and that there was not currently a consistent approach to the presentation and information Trusts made available. They would, however, look into how best to share this information with the Committee when required.

9. The Committee raised concerns that it was often hard for frontline staff to be compassionate due to the pressure they were under and that many do not get proper breaks during their shifts. Members suggested that ensuring nurses get breaks would enable them to properly consider the outcomes of the Francis Report. The providers stated that breaks are allocated at the start of shifts and they do make sure staff received their breaks. There was a problem for all organisations in recruiting staff and providers stated work needed to be done within education to ensure future positions can be filled.
10. Members raised concerns about the quality of agency nurses and whether they had the same level of accountability as substantive staff of the Trusts. The providers stated that agency staff were very committed and were monitored in the same way as Trust staff.
11. Members questioned whether there had been any problems with consultants and the Trusts' work to respond to the Francis Report. There had been issues with driving forward clinical ownership and leadership among consultants, it was claimed, as many had not received leadership training, however bespoke Clinical Leadership training was now available at Ashford & St Peter's.
12. The Committee queried whether the providers felt the Report had been fair and whether it had affected them. It was felt by the providers that no-one could be completely assured that none of the failings suffered by Mid Staffordshire were not happening at their organisations, and so it had been a shock when the Reports were published. The Reports had made all NHS providers reflect on their working practices to ensure it never occurred again.
13. Members were surprised to note that Epsom & St Helier hospitals had as many as 150 top level managers. The Chief Executive explained that this total included all nursing, medical and managerial leaders. The Trust had used evidence that effective teams gave the best results and as such were driving a change towards improved team working.
14. The Committee felt the changes to the Trusts whistle blowing policies were important however they felt that this should be only used as a last resort and there should be an environment of openness for staff in which they can raise their concerns. The providers agreed that whistle blowing should only be used by staff if they do not feel they are being listened to. They suggested staff raise their concerns with senior staff if they feel it is unresolved. Additionally an open-door policy was in place with Chief Executives holding several weekly staff meetings to discuss staff issues and concerns.
15. To ensure staff are cared for appropriately Members queried whether the Trusts employed Occupational Health specialists, which it was confirmed they do alongside staff programmes which assisted staff during times of stress.
16. Members suggested serious consideration needed to be given to staff retention levels and that it was important to discover why staff left.

Recommendations:

1. That the representatives be thanked for their reports and attendance at the Committee.
2. The Committee is pleased with the level of response across the providers, and to ensure continuing engagement.
3. Members are requested to ensure monitoring of these plans forms part of the Quality Account Member Reference Group discussions and,
4. Providers are encouraged to share information, including complaints data, with the Committee when appropriate.
5. The Committee invite commissioners and the community health providers to bring their responses to a meeting in the new year.
6. Providers encouraged Members to encourage their residents to engage with their local hospitals in helping them support their work in response to the Francis Report.

29/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Declarations of Interest:

None.

Witnesses:

Leah O'Donovan, Scrutiny Officer, Democratic Services

Key Points Raised During the Discussion:

1. The Scrutiny Officer indicated that the work programme for the next year was available for Members to review and comment on outside of the meeting.
2. Members requested that Recommendation SC019 continue to concentrate on Surrey provision and patients.
3. The Committee thanked the Scrutiny Officer for all her hard work in supporting the Committee, and wished her the best of luck in her new role within the County Council.

30/13 DATE OF NEXT MEETING [Item 9]

Noted that the next meeting of the Committee would be held on 18 September 2013 at 10 am.

Meeting ended at: 12.35 pm

Chairman