BRIGHTON & HOVE CITY COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

4.00pm 26 NOVEMBER 2014

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Rufus (Chair)

Also in attendance: Councillor C Theobald (Deputy Chair), Bowden, Cox, Marsh, Sykes and Robins

Co-optees from Healthwatch,the Older People's Council and the Youth Council

PART ONE

16 PROCEDURAL BUSINESS

16a Councillor Alan Robins was substitute for Councillor Anne Meadows. There were apologies from Councillor Jayne Bennett.

16b There were no declarations of interest.

16c There were no declarations of party whip.

16d There was no exclusion of press or public.

17 MINUTES OF PREVIOUS MEETING

17.1 These were agreed as an accurate record.

18 CHAIR'S COMMUNICATIONS

18.1 The Chair said that the agenda was focussed on the Hospital Trust, starting by looking at the Care Quality Commission report and about what the Trust is doing to address the issues highlighted. The committee would also hear about the results of the recent Patient Led Assessment of the Care Environment (PLACE), followed by an update on the progress of the 3Ts development, and lastly proposals for stroke services in the region.

19 CARE QUALITY COMMISSION INSPECTION OF BSUH SITES

19.1 Terri Salt, Inspection Manager (Hospitals), Care Quality Commission, spoke to the committee about the role of CQC and how it operates. Its role is to work with providers but not to manage the Trusts.

BSUH was in the first cohort of the new inspection regime, which takes a risk based approach. There are CQC teams dedicated to analysing a range of data about a health provider to highlight risks.

19.2 During the BSUH inspection, 35 inspectors reviewed the services at four out of the 8 BSUH sites; Royal Sussex County Hospital, Princess Royal Hospital, Hove Polyclinic and Bexhill Renal Unit.

There are five key domain questions, is the provider safe; effective; caring; responsive; and, well-led? Each domain is given an overall rating ranging from outstanding; good; requires improvement; or inadequate. There was a deliberate decision not to have a 'satisfactory' option, the CQC wanted to be clear about the quality of service offered.

Most Trusts range between 'good' or 'requires improvement' in overall results. BSUH's final results were 'requires improvement' though some areas were given higher gradings.

19.3 Matthew Kershaw, Chief Executive, Brighton and Sussex University Hospitals Trust (BSUH) spoke to the committee about the inspection results. He said that the Trust had had a mixed performance, and the CQC had identified it as a medium risk trust. All of issues highlighted by the inspection had been ones that the Trust had known about and highlighted and some had existed for a number of years and had been working to address. A key factor in the Emergency Department inspection was that BSUH could not demonstrate that 95% of patients were seen within 4 hours; this preceded Mr Kershaw's appointment but was something that needed to be addressed.

As the committee had heard, the overall rating was 'requires improvement', but the Trust had been marked as 'good' in the domains of 'effective' and 'caring'. There had been one 'inadequate' score for one aspect out of 90 in total, for the emergency department pathway, which, as seen, was a known problem.

BSUH feels that the report is a fair and balanced one, there were no surprise issues in the report. There had been some positive comments but also a number of areas where improvements could be made. The hospital had drawn up a detailed action plan to address the various areas that needed to be improved. Mr Kershaw was happy to share this with the committee if they would like.

19.4 The committee members then asked Ms Salt, Mr Kershaw and Sherree Fagge, Chief Nurse, about the inspection and outcomes.

Before beginning the questions, the HWOSC chair thanked Mr Kershaw and Ms Fagge for their ongoing openness and willingness to engage. The CQC had recognised this and it had always been apparent at HWOSC too.

- What does CQC see as the direction of travel for BSUH? The same concerns have been raised before, so how can it be managed in a long term manner.

Ms Salt said that it was difficult to compare previous CQC inspection reports with the current one as the inspection process has changed significantly. However in terms of

what will be done from now on, the CQC will closely monitor the action plan; they have a Lead Inspector who works with the Trust and the CCG.

Some of the negative comments were due to the lay out of the building and the age of some of the hospital including the Barry Building. The Inspectors knew that the 3Ts proposal will aim to address a lot of this but it has to assess the Trust on what it sees at the time of inspection.

Ms Salt also confirmed that CQC had no serious overriding concerns; in particular mortality rates are better than comparator Trusts.

- Members asked how do you maintain the ongoing good practice as well as introducing improvements?

  Ms Fagge said that the CQC inspection had recognised that the Trust was maintaining maintain positive work – 64 areas of work had been assessed as 'good', including end of life care, which was uniformly recognised as a good across all five domains.

  There were regular internal meetings amongst senior Trust staff to look at how to improve other areas, this was discussed in training and appraisals etc. There is a member of Executive Team responsible for each workstreams associated with the action plan.

  Mr Kershaw commented that even areas that had been assessed as 'good' were not complacent, they were looking to see how they could move to 'outstanding'. He added that the Trust expected the follow up CQC inspection to take place in summer 2015, depending on the CQC's capacity.

- Members asked whether patients should be concerned by the Trust's safety assessment – 'requires improvement'. How much of a worry was this? They also asked how the Eye Hospital was categorised in the CQC inspection- in the PLACE inspections it had its own category.

  Mr Kershaw said that the CQC look at the Brighton sites as one, including the Eye Hospital and the Royal Alexandra Childrens Hospital. Locally there is an excellent cataract service. The results of the CQC safety assessments were linked to unscheduled care.

  Ms Salt said that every inspection decision is carefully scrutinised by the CQC before the final decision, and that they are entirely based on evidence not just opinion. In the case of mortality data, the information is reported by department and can now be reported under individual surgeon's names.

  In cases where 'requires improvement' is the final assessment, it means that most people are getting good care, but a few are not receiving the same level of care so it is inconsistent.

- Members asked whether the CQC report had a negative effect on staff morale?

Mr Kershaw said that it was a fair and balanced report for both staff and patients. If it had not been fair, it would have had a negative impact on staff. Ms Fagge added that staff were keen for the CQC to come to their individual wards – and that the one 'inadequate' rating has galvanised people to take action.

- Members commented that the report was not very understandable to the layperson – it felt that it was by professionals, for professionals.

  Mr Kershaw said he agreed, which is why it was key for BSUH to have some clear headline messages and these have been communicated widely.

- Members asked about the budgetary implications – does BSUH have to make savings elsewhere to deliver the actions needed?

  Mr Kershaw said that most areas did not require additional cost but just a different way of doing things. However some areas for example staffing and improving the environment have costs.

  Mr Kershaw gave an example of one of the new initiatives being put into place regarding discharges from hospital. One area was to identify appropriate patients to discharge early in the mornings, and there was also a drive to build closer links with partners including Adult Social care. The CCG had an initiative 'Discharge to assess' which will help to support people who do not need hospital care to be discharged back home with further support.

- Members asked about staff sickness levels; Ms Fagge said that they were at a reasonable level, and under the national threshold targets. However there were still some hotspots including the Emergency Department.
- The Healthwatch representative asked how the Trust and CQC engaged with Healthwatch. Ms Salt said that the CQC had listening events to which Healthwatch was invited. CQC also used local Healthwatch reports on topics such as discharge planning.

  It was agreed that Healthwatch and CQC would arrange to meet up at a later date.

- Members asked for the rationale behind the international recruitment drive. The Trust said that there were currently up to 200 vacancies across nursing, due to increased investment in nursing. Every internationally recruited member of staff had a high level of English. The Trust also ran local and national recruitment drives in a multi-pronged approach. There had only been a low number of applicants locally to date.

19.5 The HWOSC Chair brought the item to a close- there had been an hour and a half discussing the item and there was still a huge amount more to cover. HWOSC need to understand how the Trust is monitored going forward, especially with regard to 3Ts and Trust status.

The Chair proposed that there be an opportunity to have an additional public workshop looking at the CQC report and work going forward as well as additional reports to future committee meetings. Mr Kershaw said that he would be happy for the Trust to take part in a workshop of this kind, suggesting that East and West Sussex colleagues also be

invited to share the learning. Ms Salt said that the CQC would also be happy to take part.

The workshop was agreed by all members.

The Chair thanked everyone for attending and taking part in the discussion.

20 UPDATE ON PLACE ASSESSMENTS OF BSUH

20.1 Ms Fagge introduced the PLACE report to members; there were mixed results across the Trust. The assessment was based on what is actually seen on the assessment day – some of the results were unexpected for example the lower cleanliness records at RACH.

The Trust was very grateful to all of the assessors who took part. Revisits will take place in March 2015, all HWOSC members were welcome to take part in the training.

20.2 Members commented and asked questions

- Councillor Marsh has taken part in the assessments on a number of occasions; she was always amazed at what could be achieved within old substandard buildings. Staff do their best to make the environment as positive as possible.

- Members queried the drop in results for the Sussex Eye Hospital. Steve Gallagher, Operational Director Facilities and Estates, said that there had been a period of minor improvements to the Eye Hospital but it needed a major facelift- there was a £3 million programme planned for February- September 2015. This would include reconfiguring outpatients and orthoptics and replacing the roof and windows.

- Some members said that they found the Eye Hospital chaotic with long delays to be seen. Mr Kershaw said that the appointment booking system had been recognised as an area that needed to be improved urgently – this was being prioritised.

  Toys in the Eye Hospital had been replaced with washable ones - a cleaning rota had been implemented too.

- Members asked about the lower results for the Royal Alexandra Children's Hospital particularly in light of it being a new building. Mr Gallagher said that there had been a recurring problem with the glass atrium which leaked. On the day of the PLACE inspection there had been heavy rainfall leading to rain coming through the atrium. It has since been repaired, under the PFI contract – and the Trust felt more confident that it would withstand the winter weather.

  There is also a long term solution involving replacing the roof with a higher pitched one – this would be replaced next summer by the PFI contractors as part of the contract arrangements. The contract has penalty mechanisms which have already been applied; the contract is closely monitored every month.

- Members asked about the Sussex Orthopaedic Treatment Centre results. Karon Goodman, Compliance Manager, BSUH said that there will be clearer rotas for changing cubicle curtains.

- Mr Kershaw commented that cleaning is managed for the Trust by Sodexho – they work together to maintain standards. They will continue to monitor the results closely until the Trust is happy with the standards throughout. The Trust can make changes to the contract requirements as necessary and is looking at all options going forward.

  Mr Kershaw also added that the visual appearance of a building would not affect its infection control system – the Trust was working very hard at its infection control standards.

20.3 The Chair thanked everyone for their input. It was an interesting topic, though it was always important to be mindful of the subjectivity of assessors. HWOSC would continue to monitor this going forward.

21 UPDATE ON 3T REDEVELOPMENT SCHEME

21.1 Professor Passman gave a presentation to HWOSC members. He said that he was keen to address members' concerns. He noted that there was an urban myth that some services will be discontinued at the Trust during the 3Ts development process; Professor Passman stressed that this was not, and never had been the case. A significant amount of money will be spent on temporary accommodation for the services which is known as the "decant" schemes and which he has briefed the HWOSC upon at previous meetings.

Major construction was due to begin in earnest in late 2015. The Trust has submitted its Full Business Case to central Government and anticipated final further questions before Christmas. The key unknown was in the HM Treasury approval. The aim of the Trust and its partners is to secure approval before the general election.

The Trust is going to review the title '3Ts – Teaching Trauma and Tertiary' after the Full Business Case is granted as it was felt that this did not reflect the very substantial element of the project which related to local District General Hospital services, which translates into 56% of the overall floor area of the project.

Professor Passman also noted that there is a recurring myth that the Trust will be too specialist at the expense of local services. He noted that, currently, 7% of activity at the RSCH is specialist. This will increase to 9% when 3Ts is complete, but this increase is related to repatriating activity from London and the shift of some local activity into community setting as part of the proposals for the Better Care Fund.

It was noted that the Trust has decided to keep rheumatology and physiotherapy on the County site during the works process. The original proposal was to move these to Brighton General, but this had been reconsidered following previous discussions at HWOSC and with the staff concerned.

Professor Passman stressed that the risks of not carrying the work out are far greater than the risks of doing it.

21.2 The Chair said that HWOSC would always focus on the risks, but noted Professor Passman's comments.

- Members asked how infection control would be managed in the new building; Professor Passman said that 65% of the new Barry Building would be single rooms with toilets which should help with Infection Control, but rigorous attention to hygiene by clinical staff will always be paramount.

- Members heard that the Thomas Kemp tower will host a helipad which will operate in daylight hours only. The Trust will continue its discussions with local neighbours through the Hospital Liaison Group.

- Members heard that the Trust had pledged to put a blue plaque on the front of the replacement for the Barry Building (Stage 2) to commemorate its history, which had been an informative arising from discussion at the Planning Committee in January 2012

- Members commented that any decant or move of services would come with associated disruption for patients and families. How had this been reflected in plans?

  Professor Passman said that the intention from the beginning of the planning process had been to keep relocated services in places where they are most accessible.

  It was noted that the current proposals to relocate acute neurosurgical services (and the associated proposal to centralise services for patients who suffer a fractured neck of femur at the Princess Royal Hospital) support the major trauma centre services whilst 3Ts is being built. It was noted that fractured neck of femur services are currently provided at both Trust sites and the proposal to centralise them would provide opportunities for consistent care and for a focus on early rehabilitation and discharge.

  Members suggested that perhaps there could be a workshop on risk planning and action plans.

- Mr Kershaw said that the fact remained that there needed to be a major trauma centre in Brighton or other services would be affected too. He believed that one single pathway will be better for fractured neck of femur patients- currently patients are moved to PRH for rehab but with new arrangements they will be there for the whole service.

- Professor Passman concluded by saying that there were different sections of work, in February/ March 2015 neurosurgery will be moving to RSCH. There is a deliberate plan to space out significant service moves over time – to reduce the risk of undertaken too many moves at one time.

21.3 Members thanked Professor Passman for his update and said that they fully supported BSUH in its plans.

22 STROKE SERVICES IN BRIGHTON AND HOVE

22.1.1 Dr Nicola Gainsborough updated HWOSC members on plans for stroke services in the region.

Currently services are run on two sites, RSCH and PRH. The building layout in RSCH also adds pressure, with stroke patients having to be taken in three lifts to access services, with a minimum of seven minutes before the service can be accessed. There is also a real pressure to provide a 24/7 service.

The service scores well on national audit results for stroke services but improved scoring is predicated on improved staffing and resource levels.

In London, they are focussing services on 8 hyper-acute stroke service units, working to 'Every Minute Matters'. This higher resourced service has resulted in a reduced mortality rate for strokes.

Dr Gainsborough said that there are currently 5 sites which offer stroke services in Sussex – this is being reviewed to see whether some sites could be consolidated. BSUH already offers a 24/7 service but other sites such as St Richards in Chichester does not provide clot –busting medication out of hours so patients are taken to Portsmouth.

22.2 In response to members' questions, Dr Gainsborough said that modelling work was being undertaken to consider all options. It is unlikely that a single site would be chosen – this would not be practical due to the geographical layout of the county. The public message is that care is best provided when it can be provided in large numbers – 600+ patients per year is optimum.

22.3 Dr Gainsborough also commented that there is a national drive for early supported discharge of patients. Brighton and Hove's Adult Social Care team was very good at responding to calls for early assisted discharge, which was of benefit to the patient. Not all areas were so helpful.

22.4 In terms of timescales, the final modelling report is due in March 2015.

22.5 Members thanked Dr Gainsborough and asked for updates in due course.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of