TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Friday, 1 June 2012 at 10.00 am in the Reception Suite, Civic Offices, Telford

PRESENT – Councillor D White (TWC Health Scrutiny Chair) (Chairman), Mr D Beechey (SC), Councillor G Dakin (SC Health Scrutiny Chair), Ms D Davis (TWC), Councillor V Fletcher (TWC), Ms J Gulliver (TWC) and Mr R Shaw (TWC)

Also Present – Cllr J Seymour (TWC), Ms L Cass (Patients Group)
Officers – S Jones (Scrutiny Group Specialist, TWC), F Howe (Committee Officer, SC), P Smith (Democratic Services Team Leader, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Councillor T Huffer (SC), Councillor J Minor (TWC) and Ms M Thorn (SC)

JHOSC-2 DECLARATIONS OF INTEREST

None

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JHOSC-3 MINUTES

RESOLVED – that the minutes of the meeting held on 11 April 2011 be confirmed as a correct record.

JHOSC-4 OPHTHALMOLOGY SERVICES

Vicky Morris (Chief Nurse and Director of Quality & Safety, Shrewsbury & Telford Hospital NHS Trust) gave a presentation on the reasons for the recent suspension of Ophthalmology Services and the steps taken to ensure the clinical safety of the resumed service. An update on cataract surgery was attached to the agenda.

There were two issues that had recently affected ophthalmology services:
i) problems with booking and scheduling of outpatient appointments compounded by a mismatch between demand and capacity had resulted in a backlog of patients waiting longer than the 18 week referral to treatment standard;
ii) a number of clinical incidents ("never events") in the cataract surgery service. 7 cases had been reported between November 2011 and April 2012 where patients received lenses that were of a slightly different power to that which was planned for their procedure. The service had been suspended in order for a review to be undertaken of procedures and systems by clinicians,

local GPs, patients and external experts from the Royal College. The errors had occurred due to a mis-recording of the lens sizes on the system rather than any specific surgical fault. A comprehensive action plan was drawn-up to address the issues, and to ensure the necessary checks were in the system. The service resumed on 3rd May 2012, with monitoring audits taking place on a daily basis, and the Royal College providing further assurance on the measures that had been taken.

During the suspension of cataract surgery, the number of people waiting increased from 68 to 231. Those numbers were now being reduced, and all of those waiting more than 18 weeks would have been treated by 29 June 2012.

Members expressed concern at the incidents that had occurred in ophthalmology, and at media reports that some patients had lost their sight while waiting for an appointment. It was important that patients had assurances that they would receive the best quality of service.

Ms Morris responded by stating that the Trust was confident that cataract surgery was safe and the necessary systems were in place (eg: making sure the information passed through from clinics is correct) to prevent a recurrence of these errors. In terms of the booking and scheduling of outpatient appointments, some patients had been adversely affected. Work was currently being undertaken by senior management to address the delays. It would be useful for the Joint Committee to receive an update once that work had been completed.

In response to a question about the audit and checks being made, Ms Morris advised that a lot of work had been done in the theatres, including random audit checks. If any issues showed up, that service would be subject to daily audits.

The Chair also raised an issue about the experience of ophthalmology patients attending for day surgery at Euston House, particularly the lack of any facility for refreshments. Ms Morris stated that she was aware of some concerns that had been raised about access to Euston House in terms of signposting and car-parking, but not about lack of refreshments and other facilities. However, she undertook to investigate and follow-up this point.

Members concluded that the necessary re-assurance had been provided on the clinical safety of the service, and that adequate measures were in place to prevent a recurrence. However, the Joint Committee would continue to monitor the situation, and would welcome a further report on the improvements to be made in the booking and scheduling of outpatient appointments.

JHOSC-5 SHREWSBURY & TELFORD HOSPITAL NHS TRUST – FOUNDATION TRUST APPLICATION

Julia Clarke (Director of Compliance & Risk Management) and Adrian Osborne (Communications Director) from the Shrewsbury & Telford Hospital NHS Trust presented an update report on the Hospital Trust's plan to become an NHS Foundation Trust by December 2013.

Details were given of the different phases of the application and assessment process, and the projected timelines. Work had just started on the first phase led by the Strategic Health Authority to prepare the Trust for an application for Foundation Trust status to the Department for Health by March 2013. There was a lot of work required to provide assurance and evidence that the Trust was "fit for purpose" and that the quality of services were validated. There were four strategic "domains" that would underpin the Trust's direction: Quality and Safety; Financial Strength; Patients, GPs and Commissioners; and Learning & Growth.

Since a major public consultation in 2008 on the plans for NHS Foundation Trust status (which was supported by 94% of respondents), the Trust had continued to engage with patients and stakeholders in the development of its plans. The local community had been encouraged to become members of the Foundation Trust, and the current public membership stood at 7,301 – which was above the current target of 1% of the eligible population. However, it was hoped to achieve 10,000 public members, and work was ongoing to ensure that there was representation from groups currently under-represented, such as young people and social groups D and E. Over 96% of the substantive workforce were now registered as members. A new Stakeholder Conference had been established as a quarterly forum to bring together a broad range representation of local stakeholder groups, and the first elections for staff and public governors would take place early next year. Further information was provided on the governance arrangements and the make-up of the proposed Council of Governors.

Given the period of time since the initial consultation, there was an argument that a further period of formal public consultation should be undertaken. While this would be a decision for the Strategic Health Authority, the Trust was seeking views from stakeholders on the need to go out to formal consultation again. The prevailing sense of opinion so far was that people didn't want the Trust to spend more money on a formal consultation exercise, and that they could be kept informed and air their views through the ongoing engagement work the Trust was committed to.

Members then asked a number of questions to the SaTH representatives, including:

- What would be the cost of a full public consultation exercise?
Response – it would be well into five figures, and would have to come from existing budgets – which would impact on services.

- What more would be achieved by undertaking another formal consultation?
Response – during the last consultation, there were some public meetings where nobody turned up. Therefore, it was felt more could be achieved by "piggy-backing" on other NHS related events and consultation activities as well as the ongoing engagement with patients, members and stakeholders.

- Could any further consultation be combined with the Community NHS Trust's application for Foundation Trust status?
Response – discussions were being held with the Community Trust.

- What were the risks of failing to achieve Foundation Trust status, or of losing Foundation Trust status once achieved?
Response – if Foundation Trust status was not achieved, there would be a risk of services being broken-up/merged or coming under a different provider. This was why the Trust was committed to achieving Foundation status. Foundation Trusts were overseen by Monitor (the regulator), who sought to identify any problems at an early stage, so that intervention would only be considered if all confidence in a Trust had been lost.

- how would the Trust generate a surplus once it achieved Foundation status?
Response – the Trust was already doing a number of things to work more efficiently (including a requirement to achieve year-on-year efficiencies) and to deliver care in better ways. As a Foundation Trust there was more flexibility as to how any surplus was used, and it was likely that cash reserves would be needed to replace equipment and maintain buildings etc..

The Committee then considered the options for further public consultation on the Trust's application for Foundation status. The general consensus was that another formal consultation exercise was un-necessary, and that there was a danger of "consultation fatigue". It was therefore

RESOLVED – that a further period of formal public consultation is not required, and that the Committee is satisfied that the current programme of engagement by the Trust is sufficient to keep people informed and to allow views/comments to be fed back.

JHOSC-6 RE-CONFIGURATION OF HOSPITAL SERVICES - HEAD & NECK AND SURGERY RELOCATION

Adrian Osborne (Director of Communications, SaTH) gave an update on the re-configuration proposals, following approval of the Final Business Case by the regional health body the previous week.

Preparation work had started on centralising adult inpatient surgery at Royal Shrewsbury Hospital (RSH), and moving the Head & Neck inpatient service to the Princess Royal Hospital (PRH). In terms of the consolidation of surgery at RSH, there were a number of key drivers that had led to these proposals, including consultant and junior doctor rota vacancies, increased sub-specialisation of consultants, patient safety issues in covering two sites 24/7, and delays for patients in seeing the right professional. The aim was to get

patients home quicker and reduce delays in the care pathways, so that patients needed less time in hospital. Refurbishment was underway for the Surgical Assessment Unit, which would be adjacent to A&E and the Medical Assessment Unit. The Short Stay unit would open in July 2012, and in-patient wards would be consolidated on Level 4 of the Ward Block.

Because of the capacity challenges at RSH resulting from the consolidation of surgery, it was proposed to bring forward the relocation of Head & Neck services to the PRH to Autumn 2012. Detailed, clinically-led discussions had been undertaken to consider the impact, and staff were currently being consulted on the changes. 84 staff would be re-located, and the Trust was working with the trades unions to try and minimise the impact on employees, and provide support to them. No redundancies would arise from this change. Refurbishment of ward 8 at PRH was underway to accommodate the services. Day cases and outpatients would continue at both sites.

Members welcomed the news that the Full Business Case had been approved, and the early implementation of some of the reconfiguration proposals. The Committee congratulated the Trust, and praised the work undertaken by officers to achieve final approval.

A question was asked regarding the future use of the currently empty ward at the Whitchurch Community Hospital. Mr Osborne advised that it depended on what the Trust's commissioners wanted them to do, and the new Clinical Commissioning Groups would have a major say on any future use. There would be discussions about the use of the ward, and how it integrated with the overall health economy model and priorities. It was suggested that these sort of conversations could take place as part of Rural Health Week in September.

RESOLVED – that the early transfer of Head & Neck services to the Princess Royal Hospital, and the work on consolidating surgery at the Royal Shrewsbury Hospital site, be supported.

JHOSC-7 CHAIR'S UPDATE

i) SaTH Stakeholder Conference

This was a quarterly forum to bring together a broad range of representation of local stakeholder groups to influence and shape the Trust's plans and priorities. An invitation had been received for the JHOSC to be represented on the Forum. However, because of the potential conflict of interest with the Committee's role, it was considered that it would be more appropriate to attend in an observer capacity only.

RESOLVED – that each Health Overview and Scrutiny Committee appoint a representative to attend the Stakeholder Conference as an observer.

ii) Review of Joint Health Overview and Scrutiny Committee

The Chair reported that the Committee had been very successful in working together in scrutinising the Hospital Trust's reconfiguration proposals. This had been the main purpose for establishing the Joint Committee, and now that task was completed, there was a need to review the Joint Committee's role.

RESOLVED – that a review of the Joint Committee's role and terms of reference be undertaken.

JHOSC-8 DATE OF NEXT MEETING

It was reported that the next meeting would be held on 9 July 2012 at Shirehall, Shrewsbury.

The meeting closed at 11.58 am

Chairman……

Date……