Overview & Scrutiny Committee

Monday, 11th April, 2016
6.00 - 7.40 pm

Attendees	
Councillors:	Tim Harman (Chair), Colin Hay (Vice-Chair), Nigel Britter, Sandra Holliday, Helena McCloskey, Dan Murch, John Payne, Chris Ryder, Max Wilkinson and Andrew Chard (Reserve)
Also in attendance:	Professor Clair Chilvers (Chair, Gloucestershire Hospitals NHS Foundation Trust), Councillor Steve Jordan (Leader) and Dr Sally Pearson (Vice-Chair, Gloucestershire Hospitals NHS Foundation Trust)

Minutes

1. APOLOGIES

Councillor Mason had given his apologies and Councillor Chard attended as his substitute.

2. DECLARATIONS OF INTEREST

Councillor Murch declared a non-pecuniary interest in agenda item 8 (Gloucestershire Hospitals NHS Foundation Trust) as a Mental Health Champion for the Council.

3. MINUTES OF THE LAST MEETING

The minutes of the last meeting had been circulated with the agenda.

Upon a vote it was

RESOLVED that the minutes of the meeting held on the 22 February 2016 be agreed and signed as an accurate record.

4. PUBLIC AND MEMBER QUESTIONS, CALLS FOR ACTIONS AND PETITIONS

None had been received.

5. MATTERS REFERRED TO COMMITTEE

No matters had been referred to the committee.

6. FEEDBACK FROM OTHER SCRUTINY MEETINGS ATTENDED

Councillor Clucas had provided an update on the Economic Growth O&S Committee, which had been circulated with the agenda.

Councillor Clucas had not attended the last meeting of the Health and Care Overview and Scrutiny Committee and as such, there was no feedback.

Councillor McCloskey had been unable to attend the last meeting of the Police and Crime Panel, so instead, gave feedback based on the draft minutes. A number of PEEL Inspection reports had been received in February, including the Effectiveness report and the force had been rated 'good' in terms of efficiency and 'outstanding' with regards to financial management. There were a number of trails ongoing at the present time; these included a 6 month trial of mounted police officers at specific locations for specific projects, electric cars which had been purchased with £168k of funding from Central Government and a Mental Health worker would be located in the Force Control Room. The panel would consider the findings of these trials in due course. The Panel had also been advised that Restorative Gloucestershire had been awarded the Restorative Service Quality mark in recognition of the professionalism and high standards of practice. A number of pages on the PCC website had been dedicated to the upcoming elections and a familiarisation event for potential candidates had been held earlier in the day (11/04). The Panel had been asked to respond to the Governments, PCC Complaints Consultation; which had been difficult given that the Panel had no experience of dealing with complaints against the PCC as there had not been any. The Panel did however recommend that an Independent Investigator should always be appointed.

In response to a member question, Councillor McCloskey confirmed that Restorative Justice, which was used a lot by the Force, was not included in clear-up figures which were reported nationally and could account for the seemingly low clear-up figures. She agreed that it would be useful for the Panel to consider re-offending rates in relation to Restorative Justice and would take this to the Panel.

7. CABINET BRIEFING

The Leader recalled having raised the issue of begging in the town centre at the last meeting of the committee, which had been raised again at the recent Council meeting and he was keen to know how O&S planned to scrutinise the issue. In relation to Devolution, he confirmed that an additional meeting of Leadership Gloucestershire had been arranged for the 28 April, though personally, he struggled to understand how it would be possible to announce a decision on Gloucestershire and Oxfordshire at the same time. He felt that there were two serious options; continue with the fairly modest package which was being proposed, or consider the full range of options in the next few months, rather than in May.

The Chairman confirmed that a task group would be convened to look at the issue of begging in the town centre, but that this would happen after the elections.

8. GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

The Chairman welcomed representatives from the Gloucestershire Hospitals NHS Foundation Trust; the Chair, Professor Clair Chilvers and Dr Sally Pearson, Vice-Chair. He reminded members that statutory level scrutiny was undertaken at Gloucestershire County Council, but the Trust had kindly accepted an invitation from Cheltenham, to discuss issues which were important to the town.

In the first instance, Professor Chilvers and Dr Pearson talked through a PowerPoint presentation (Appendix 1). Councillor Ron Allen had coined the

phrase “One hospital with a long corridor” which referred to Cheltenham General Hospital and Gloucestershire Royal Hospital and the 8 mile stretch of the A40 which separated them. Dr Pearson suggested that, if designed today, it was unlikely that two sites would be created to serve the people of Gloucestershire. There was a need to achieve the right balance between the two sites and a major consideration when deciding upon the best site, was clinical linkages. Whilst this may result in some people having to travel further for some treatments, this would be outweighed by the level of service they would receive.

In sharing future plans for the estates at Cheltenham and Gloucester, the committee were advised that both plans had been approved by the Board. The Cheltenham site was relatively compact and therefore difficult to develop. Some of the buildings themselves were modern and fit for purpose, but some were of the Regency period and housed a number of Nightingale wards, one large room without sub-divisions. The planned development of the Cheltenham site would cost £55m. A similar scheme had been designed for Gloucester, though the tower would remain as it had been assessed as being usable for at least another 50 years, and this scheme would cost £22m. At present the capital programme was £10m per annum, so neither scheme was deliverable within the current level of capital funding.

The following responses were given to the member questions which had been submitted in advance of the meeting;

1.	**Question from Councillor Tim Harman**
	The ageing population puts additional pressures on a whole range of public services including health care. Can the Trust outline it's plans for coping with the input of this trend on Heath services locally to ensure that that a high level of care is maintained
	Response
	We take into account demographic growth and age specific admission rates in our capacity planning. Our commissioners, in partnership with us and other providers of health and social care in the county, are developing a broader range of services in the community to reduce the requirement for admission to an acute hospital. In a supplementary response, Doctor Pearson explained that national policy was that community based services would deal with any growth, but there was in fact a trend for increasing demand, which was the reason that capital plans had been bought forward. Community based planning was more sensitive to development but the Trust were now working more closely with planning authorities.
2.	**Question from Councillor Helena McCloskey**
	A couple of weeks ago, the Sunday papers reported that some NHS Trusts were using money set aside for building maintenance to keep essential services running. To what extent is the trust relying on money earmarked for other purposes to do the same?
	Response
	We have a capital programme of around £10m per annum for building maintenance and equipment. This budget is contributed to from

	surpluses in our budget at the end of the financial year. The expenditure through our capital programme is reported monthly in public through our Board papers (see response to question 11). In a supplementary response, Professor Chilvers accepted that the hospital environment was a factor in how patients assessed their overall experience. She regularly visited both sites and it had been her experience that if a small issue was reported, it was quickly addressed. Whilst some areas, of both sites, were less than perfect, she had no concerns about the safety of buildings and equipment.
3.	**Question from Councillor John Payne**
	Within our hospitals there are pockets of excellence in both nursing and medical provision. Unfortunately, this level of care is not universal across the Trust. What do you consider to be the root cause of this disparity of the provision of healthcare?
	Response
	We are committed to providing consistent high quality care across our services. The reasons for variation in care are multifactorial. Individual human behaviour and quality of leadership are likely to be the most significant factors. In a supplementary response, Dr Pearson confirmed that the Mission Statement and Vision had been developed with staff. She felt that it was less of an issue about penetration of the objectives, but more of an issue that anyone could have an 'off' day and in fact the challenge was to identify where this was a routine occurrence. Clinical teams were getting better at working together, sharing experiences and learning from each other.
4.	**Question from Councillor John Payne**
	The relentless privatisation of services in the NHS has always been a concern to me. Every contract, whether it be for patient transport, portering services, catering, screening etc,etc are undertaken by private companies for one reason, and one reason only - profit. Could you please explain how the NHS with it vast resources is incapable of providing these cores services at lower cost?
	Response
	Some functions can be more cost effectively provided by providers for whom the function represents their core business. Whenever we believe we can provide a resilient and cost effective service without detracting from our other core functions, then we will tender for those services, to ensure the NHS gets best value for money. In response to a supplementary question, Dr Pearson advised that the Trust had relatively few private contracts and gave the example of the administration of parking; this was not an area in which a great number of NHS staff had specialist knowledge and through a private contract the Trust was able to benefit from this specialist knowledge without incurring any of the associated overheads. It was important to note that quality indicators, as well as cost, formed part of each tender process
5.	**Question from Councillor John Payne**
	Project 2000 saw the introduction of the Graduate Nurse. I would like to suggest that we no longer have a continuum of skills at ward and clinic

	level. How do you respond to the suggestion that skill levels on the wards are now polarised, with Clinical Nurse Specialists at one pole and Nursing Assistants at the other?
	Response
	We carefully assess the skill mix of nursing staff on the wards using the national Keith Hurst tool. You will be aware that there are national proposals to change nurse training. It is also important to recognise that other clinical staff also contribute to the clinical skills available to patients on our wards and these can vary from ward to ward The introduction of the Nursing Associate role would offer a new route into nursing for those with a good level of skills but not at degree level; which was welcomed as a positive move. The Trust had been in discussion with the University of Gloucestershire about providing such a course, given that people tended to stay on in places where they had undertaken training. Nursing Associate training would include an apprenticeship route.
6.	**Question from Councillor John Payne**
	What is the future for Cheltenham General Hospital? I would suggest that the hospital is under-used, and that that is a deliberate policy. For example could you provide an update on the refurbishment of Hazelton Ward following the roof collapse, about 12 months ago.
	Response
	We are committed to the future of both of our hospitals. We will share with you our ideas for the development of the Cheltenham General site which include the area previously occupied by Hazelton Ward.
7	**Question from Councillor John Payne**
	Many of the companies providing domestic, catering and nursing services employ a significant number of overseas staff. What measures does the Trust take to ensure to employment status of the staff, and in particular what checks are carried out to ensure nurses are appropriately qualified and state registered?
	Response
	All employees, whether they are temporary, permanent or agency members of staff are subject to the 6 standard employment checks as set by NHS Employers. These checks include: Identity Right to Work Criminal Record Check - Disclosure and Barring Service (Previously CRB) Professional Registration References Fitness to Work (Occupational Health Clearance) In addition to our own checks, we make every effort to utilise agency staff from agencies that belong to national buying solution frameworks, approved for the NHS (such as CCS, LLP, HTE). Providers registered under these frameworks are obliged to carry out the standard 6 employment checks on all of their workers and are audited independently to assure us, and the framework, of this compliance.
8	**Question from Councillors Max Wilkinson and Nigel Britter**
	What is the staffing situation with regard to therapists? I'm particularly interested in those dealing with stroke victims (physiotherapists,

	occupational therapists and speech therapists)?
	Response
	Within the Trust we employ 44 occupational therapists (38.4wte) and 68 physiotherapists (59.08 wte). Although our clinical teams do include speech and language therapists they are employed by Gloucestershire Care Services so we cannot provide numbers for this staff group. The number of therapists available for patients with stroke has recently been increased as we were aware that we were not meeting best practice in this area.
9	**Question from Councillor Max Wilkinson**
	What is the use of bank staff as a proportion of employee hours? Does the figure differ between Glos Royal and Cheltenham General? Please give the figure requested for each of the past five years.
	Response
	For January 2016, Nurse bank hours represented 4.5% of the total hours worked. The figure for HCAs was 13%. There is not a significant difference between the sites.
10	**Question from Councillor Max Wilkinson**
	Are there any staff shortages in specialist consultants, such as cancer care?
	Response
	We currently are experiencing difficulty recruiting to consultant roles in specialties where there is a national shortage, most notably radiology, histopathology and acute medicine
11	**Question from Councillor Max Wilkinson**
	Please outline the current state of the Trust's finances.
	Response
	The financial position of our organisation is reported monthly in public. A link to the financial report for February is attached. March Main Board Finance Report In a supplementary response Dr Pearson explained that not only was it easier to manage a surplus rather than be in deficit, but a surplus enabled the capital programme to be built-up. The number of agency staff had needed to be increased which accounted for the increased expenditure and therefore, the reduced surplus. There was growing concern, nationally, about the level of expenditure on agency staff and it was envisaged that a cap would soon be imposed. It was stressed that the Trust did not make the decision to use agency staff lightly, but instead, chose to use agency staff where they were needed to ensure safe staffing levels on wards. The Trust had good relationships with the agencies which they used and had an agreed framework which limited what they paid agency staff. Agencies allowed the NHS to respond to ebbs and flows in staffing levels.
12	**Question from Councillor Chris Ryder**
	There appears to be ongoing issues with regard to patients, often elderly being discharged from hospital when perhaps being medically unfit, or just having to cope on their own without suitable care in place, sometimes leading to re-admission. What new procedures would you put in place to prevent this happening?
	Response

	We are working with partner health and social care in Gloucestershire to extend the availability of community based services that are able to support individuals following a discharge from hospital. Availability of community based services 7 days a week is a priority for us. In response to a supplementary question Dr Pearson explained that a plan had been developed collectively which was owned by the health system rather than one organisation. This was transformational and had reduced the barriers between organisations but a frustration as that some community based services were not available 7 days a week. In responses to a further question, Dr Pearson suggested that today alone 100 people who were fit for discharge, had not been discharged as staff were not satisfied with the care provision that was in place. Contact continued beyond discharge for some patients (stroke patients for example) but for some it moved to other community based services.
13	**Question from Councillor Nigel Britter**
	Due to ongoing difficulties of parking at Cheltenham General Hospital experienced by local residents many of whom are elderly would the Trust agree to ease the situation by allowing the 99 bus service to stop and pick up / drop off at the Arle Court Park & Ride site?
	Response
	It is not within our gift to determine where the park and ride operators pick up and drop off. The 99 bus is operated by a different provider from the Arle Court Park and Ride. This is something we will take into consideration when the contract is retendered. In a supplementary response Dr Pearson reiterated that the 99 bus service was funded by the Trust who had awarded the contract to Stagecoach, but Stagecoach did not operate the Arle Court Park and Ride and therefore were not able to access it to pick up/drop off. Important pick up and drop off sites would be identified when the contract was retendered.

The following responses were provided to further questions from members;

- The plan would be to enable all schemes to be delivered within 10-15 years, assuming the Trust could secure 50% of the funding from other sources.
- A detailed piece of work had been undertaken on how the schemes should be implemented and this had identified that, because of the logistics of the Cheltenham site, some areas would need to be cleared in order to for the work to be undertaken and work at Gloucester would need to have been completed, to allow for beds to be decanted to Gloucester. To do it the other way around would cost an additional £4m overall.
- Whilst it had been considered on more than one occasion over the last few years, the capital cost of creating a new hospital was considered cost prohibitive because the value of the sites was greater to the Trust than it would be to potential developers. However, given the scale of the proposed investment, a single site option would be considered again.

- Clinical teams were in agreement that a single site option would be the best solution from a clinical standpoint, but it would need to be financially viable, as well as achieve political support. It was suggested that devolution and changes to health and social care would bring this decision to the fore.

A member felt that the continued justification for two sites at this stage, would only delay a possible move to one site in the future.

The Chairman gave his sincere thanks to Professor Clair Chilvers and Doctor Sally Pearson for their attendance. This was an important issue to everyone and the committee appreciated them having given their time to come and share future plans for Gloucestershire hospitals. He also took the opportunity to thank all of their NHS colleagues for their hard work and dedication.

9. UPDATES FROM SCRUTINY TASK GROUPS

Broadband – the group had met with a representative from BT on the 07 April and were given a good understanding of BTs position, which members felt, contradicted what the group had previously been told by Fastershire. As such, the group had asked that BT and Fastershire meet, to agree a clear and concise position statement, which would identify possible solutions for inclusion in the final report of the STG.

Devolution – the Chairman of the task groups felt that it was sensible to postpone the next meeting of the task group until such a time as they had more information to consider. Plans were in place to hold a member seminar at some point after the upcoming elections.

Begging in the town centre – an STG would be convened after the upcoming elections.

10. REVIEW OF SCRUTINY WORKPLAN

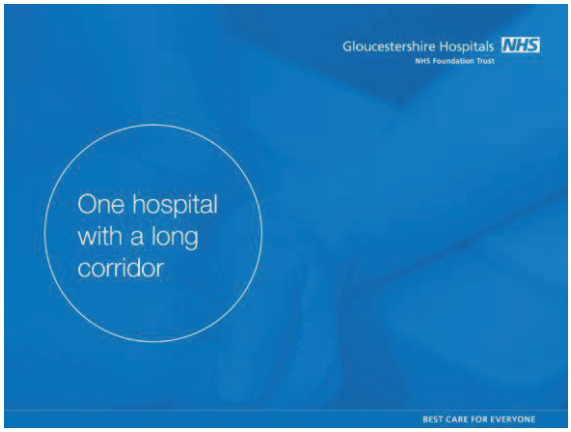
Dates for 2016/17 meetings had been agreed by Council and the work plan had been updated accordingly.

Some members felt that the committee should be given an update on the car parking strategy, regardless of how 'high level', in June, rather than having to wait until October; given the length of time that the committee had been waiting to consider this issue.

11. DATE OF NEXT MEETING

The next meeting was scheduled for the 27 June 2016.

Tim Harman
Chairman


Gloucestershire Hospitals NHS
NHS Foundation Trust
One hospital with a long corridor
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Gloucestershire Hospitals NHS
NHS Foundation Trust
About our Trust
Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute, elective and specialist health care for a population of more than 850,000 people.
We run our services across two main sites:
→ Gloucestershire Royal Hospital (GRH)
→ Cheltenham General Hospital (CGH)
and also from a range of other locations across the county and beyond.
We are the second largest employer in Gloucestershire, with more than 7,400 employees.
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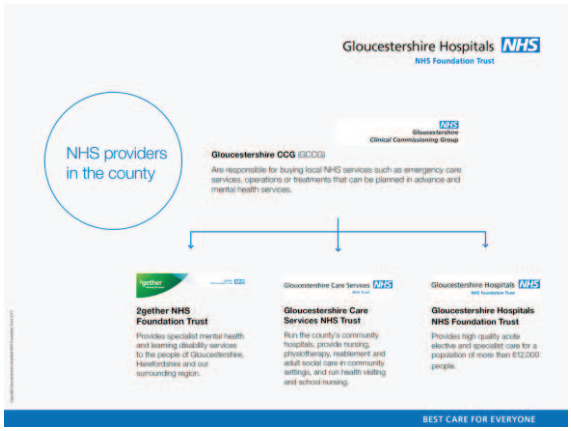
Gloucestershire Hospitals NHS
NHS Foundation Trust
NHS providers in the county
Gloucestershire CCG
Are responsible for buying local NHS services such as emergency care services, operations or treatments that can be planned in advance and mental health services.
2gether NHS Foundation Trust
Provides specialist mental health and learning disability services to the people of Gloucestershire, Herefordshire and our surrounding region.
Gloucestershire Care Services NHS Trust
Run the county's community hospitals, provide nursing, physiotherapy, reablement and adult social care in community settings, and run health visiting and school nursing.
Gloucestershire Hospitals NHS Foundation Trust
Provides high quality acute elective and specialist care for a population of more than 612,000 people.
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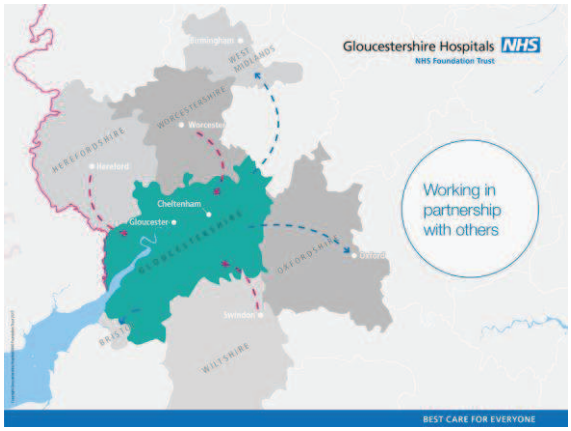
Gloucestershire Hospitals NHS
NHS Foundation Trust
Working in partnership with others
Birmingham
WEST MIDLANDS
WORCESTERSHIRE
Worcester
HEREFORDSHIRE
Hereford
Cheltenham
Gloucester
GLOUCESTERSHIRE
OXFORDSHIRE
Oxford
Swindon
BRISTOL
WILTSHIRE
BEST CARE FOR EVERYONE


Gloucestershire Hospitals NHS
NHS Foundation Trust
Our mission:
Improving health by putting patients at the centre of excellent specialist health care
Our vision:
Best care for everyone
BEST CARE FOR EVERYONE


Gloucestershire Hospitals NHS
NHS Foundation Trust
On a single day we will:
→ see 337 patients in our EDs
→ admit more than 230 new patients
→ treat 270 day cases
→ provide more than 3000 outpatient appointments
→ operate on 230 patients
→ process almost 6000 pathology requests
→ see more than 130 children in clinics
→ deliver 17 babies
→ provide more than 1000 radiology examinations
→ send more than 200 patients home after treatment
→ give up to 20 sick or premature babies the best possible start in life
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Gloucestershire Hospitals NHS
NHS Foundation Trust

Our services

Accident and emergency (A&E)	General Surgery	Paediatric Ophthalmology
Adult Critical Care	Gynaecology	Paediatrics/SCBU
Anaesthetics	Medical oncology	Paediatric surgery
Cardiology	Midwifery	Paediatric T&O
Clinical haematology	Neonatal Critical Care	Paediatric Urology
Clinical immunology	Nephrology	Pain management
Clinical oncology	Neurology	Palliative medicine
Community Paediatrics	Obstetrics	Rehabilitation
Critical Care Medicine	Ophthalmology	Rheumatology
Dermatology	Oral Surgery	Screening programmes
Ear, Nose & Throat (ENT)	Orthodontics	Thoracic medicine
Endocrinology	Paediatric cardiology	Trauma & Orthopaedics
Gastroenterology	Paediatric Endocrinology	Urology
General Medicine	Paediatric ENT	

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Gloucestershire Hospitals NHS
NHS Foundation Trust

About our Trust

We operate our services from two main sites that complement each other. Our two hospitals (with a long corridor) give us flexibility and the resilience to deal with unexpected emergency incidents.

Some services are run on both our sites while other specialist services are focused at just one to optimise the use of specialist staff, skills and equipment.

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NHS Foundation Trust

The long corridor

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The future: Key challenges

- 7 day services
- Retention of critical clinical services that meet all standards
- Choice for elective services
- Increasing demand
- Capacity and quality of the physical estate
- Workforce availability
- Two site working

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Strategic Objectives

- Improving the quality of care
- Aligning our services between sites
- Future proofing our services through clinical collaborations
- Improving the health and wellbeing of staff, patients and the wider community
- Treating our patients with care and compassion
- Providing care closer to home
- Improving our efficiency
- Improving our estate
- Harnessing the benefit of information technology
- Exploiting new markets
- Developing leadership
- Redesigning our workforce

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History of successful site/ service reconfiguration

Neutropenia Service to CGH	1994
Interventional Cardiology Service to CGH	1996
ENT to GRH	2000
Ophthalmology to CGH	2000
Paediatric inpatients to GRH	2006
Obstetrics, neonatology & benign gynaecology to GRH	2011
Inpatient urology to CGH	2011
Paediatric emergency assessments to GRH	2011
Major Trauma to Bristol & GRH	2012
Stroke & Transient Ischemic Attack (TIA) to GRH	2012
General & Old Age Medicine (GOAM) balanced	2012
Changes to emergency care pathway	2013
Inpatient vascular surgery to CGH	2013

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NHS Foundation Trust

Split of specialist services across our sites

Some specialist departments are concentrated at either Cheltenham General or Gloucestershire Royal hospitals, so that we can make the best use of the expertise and specialist equipment needed.

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Getting the right balance

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Investing in Cheltenham General

- Urology
- Vascular surgery
- Oncology

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Investing in Gloucestershire Royal

- Women's centre
- Children's Centre
- Stroke Services

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Future plans for Cheltenham General

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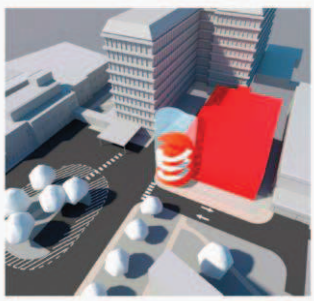
Future plans for Gloucestershire Royal



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Gloucestershire Hospitals NHS
NHS Foundation Trust
Getting involved
Planning for the future
Getting involved
→ Membership and Council of Governors
→ hospital volunteers, 'redshirts'
→ using patient and carer experience to help us improve services
Planning for the future
→ Consultation with stakeholders
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Gloucestershire Hospitals NHS
NHS Foundation Trust
Stay in touch
Twitter (@gloshospitals): 1,750 followers
Facebook: 2,800 likes (across three pages, one corporate and one for each hospital)
Pinterest: 54 followers
YouTube: watch our videos
→ contact your governor via our website
→ email us: chief.executive@glos.nhs.uk
→ www.gloshospitals.nhs.uk
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