

Overview & Scrutiny Committee

Monday, 11th February, 2019
6.00 - 8.55 pm

Attendees	
Councillors:	Chris Mason (Chair), Klara Sudbury (Vice-Chair), Sandra Holliday, Paul Baker, Dilys Barrell, Iain Dobie, Jo Stafford, Dennis Parsons and David Willingham (Reserve)
Also in attendance:	Tim Atkins and Pauline Hartree

Minutes

1. APOLOGIES

Apologies were received from Councillors Payne and Wilkinson. The Chair welcomed Councillor Willingham as substitute for Councillor Wilkinson

2. DECLARATIONS OF INTEREST

Councillor Dobie declared that he is a member of the Health and Care Overview and Scrutiny Committee.

3. MINUTES OF THE LAST MEETING

It was RESOLVED that the minutes of the meeting held on 14 January 2019 be agreed and signed as an accurate record.

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

There were no questions.

5. MATTERS REFERRED TO COMMITTEE

The Chair reminded members of the motion passed at council on 21 January 2019 and made it clear that this committee has no statutory powers. As the proposer of the motion, the Chair invited Councillor Clucas to provide background and context, the key points of which were:

- The concerns of 57 senior doctors in relation to general surgery proposals put forward by Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) had been raised at the Health and Care Overview and Scrutiny Committee on 13 November 2018.
- It had been drawn to her attention that doctors would suffer consequences if concerns were raised.
- The Health and Care Overview and Scrutiny Committee is meeting on 20 February 2019 to further discuss the proposals
- She welcomed the opportunity for Overview and Scrutiny members to hear the concerns of the doctors.

Following agreement by members of the committee, the Chair invited Mr Tony Goodman, a representative of the 57 doctors who signed the letter dated 29

October 2018 to the Gloucestershire Hospitals NHSFT, to share their concerns. Mr Goodman particularly highlighted the following:

- There are widely held concerns across many clinical areas and specialities, including nursing and ancillary staff as well as doctors, about the future of the Cheltenham Hospital site and the provision of services
- The signatories to the letter of 29 October 2018 believe that the proposed move of both emergency and in-patient general surgery out of Cheltenham General represents a fundamental downgrading of the hospital site and compromises a number of other services
- The proposals are contrary to the principle of separation of elective and emergency care and fails to allow dedicated development of both aspects.
- Emphasised that there is agreement that A&E should be centred at Gloucester Hospital.
- Major concerns that this cannot be regarded as a pilot as it will cause other services to change which would be very difficult to reverse. The belief is that this is not a pilot, but a reconfiguration.
- The proposed move will result in Cheltenham General Hospital becoming a day surgery centre for general, colorectal and upper GI surgery, with no in-patient elective general surgery service.
- The vision of a co-ordinated and co-located GI centre is lost and makes the move of in-patient gastroenterology to CGH less sustainable in the longer term
- Work towards an elective/emergency split was recommended to the Trust but this has not been followed up.

Mr Goodman gave a number of examples to illustrate the potential effect on the bed base and the potential increase in the number of patients needing to be transferred between the Cheltenham and Gloucester hospitals.. He also explained the differences between elective and emergency services.

In response to a question from a member, Mr Goodman stated that when patients need to be moved between sites it could compromise recovery. He also explained that once a pilot is in place when services have been moved, and teams dispersed, it is difficult to reverse.

A member asked if the pilot will increase bed capacity in Gloucestershire as a whole to which Mr Goodman responded that he felt that if anything, capacity would be reduced.

Members then heard from Mr Simon Lanceley, the Trust's Director of Strategy and Transformation who welcomed the scrutiny of the committee. Mr Lanceley presented the following key points:

- There is overwhelming clinical support for the centralisation of emergency general surgery at Gloucestershire Royal Hospital. It is agreed that 'do nothing' is not an option.
- The difference of opinion is around the location where complex elective general surgical patients should be treated. Discussions have been ongoing since 2011 but no agreement has been reached. A task and finish group was established to define the options appraisal benefit criteria
- 'Option 4' is not off the table. Further meetings with the independent chair of the panel that conducted the options appraisal are being held in March.

- The current model of emergency general surgery does not meet national standards and the Trust is falling behind the best centres nationally. This impacts on patients' experience outcomes and adversely affects the ability to attract and retain the best staff.
- The dispersal of staff for the pilot is not unusual; the Trust is a single entity and staff move between sites all the time.
- If the pilot doesn't work, other options will be considered. The pilot being proposed reflects the only option that can be implemented in a timeframe commensurate with the current risks.
- The pilot will be evaluated and, is temporary and reversible; any substantive and permanent change is subject to public consultation

In support of the pilot, Mr Simon Dwerryhouse (surgeon) described the typical experience of two patients under the current and proposed staffing models and the significant benefits to the patient of the pilot model which will also help to reduce hospital admissions, with the consequent impact on the bed base.

In response to a member question, Mr Lanceley confirmed that the Trust Board leadership team work flexibly across both sites and clarified that 'option 2' was the highest scoring in the task and finish options appraisal.

A member raised the doctors' concerns about their employment if they spoke out against the pilot. Ms Lee, Chief Executive of the GHNHSFT, shared the very recent Care Quality Commission feedback on the open and transparent culture within the Trust. She and the Chair of their Board had written to all staff to emphasise their commitment that every voice will be heard. Ms Lee also confirmed that this pilot has no bearing on the future of A&E services at Cheltenham as there is more work to do on this.

The Chair questioned how the success of the model is going to be measured. Mr Lanceley explained that key performance indicators have come out of the options and that between 10 and 12 is optimum; these will be discussed at the Health and Care Overview and Scrutiny Committee. The Chair expressed concern that key performance indicators had not been established before the pilot started and felt that 10-12 key performance indicators may be too few.

Given concerns that staff may leave as a consequence of the pilot, a member asked whether fewer doctors would jeopardise the success of the pilot. Ms Lee stated that there are consequences being felt now as staff look for best practice and the Trust is currently falling behind the best centres nationally.

The Chair thanked all participants for their contributions.

Following discussion, the following was agreed:

- The committee has fulfilled the council motion
- It had been a very useful and helpful discussion, the key points of which Councillor Dobie will share with the Health and Care Overview and Scrutiny Committee on 20 February 2019
- Members of the committee have concerns that the pilot will not be reversible
- Members stress the need for full public consultation and a robust evaluation process before making the changes permanent

- 'Option 4' must be fully considered – it was noted that the National Lead for the Getting It Right First Time programme is helping them with this work
- This minute will be shared with the Health and Care Overview and Scrutiny Committee
- Members of this committee share the issues and concerns raised in Councillor Steve Jordan's letter to the Chair of Health and Care Overview and Scrutiny Committee

6. FEEDBACK FROM OTHER SCRUTINY MEETINGS ATTENDED

Councillor Horwood's note of the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) had been circulated with the agenda. He confirmed that there is a special meeting of HCOSC on 20 February to discuss the proposed changes to general surgery.

Councillor Horwood particularly pointed out the latest vacancy information as this had been raised at a previous meeting of this committee. A member added that it is helpful to keep vacancy rates under review. Councillor Horwood confirmed that staffing information in relation to South Western Ambulance Services NHS Foundation Trust will be considered at a future HCOSC meeting.

Councillor Horwood also highlighted the award of the contract for the provision of support for adult carers to PeoplePlus. He asked that if any member has any particular issues with service provision to let him know.

In response to Councillor Brownsteen's note following the Police and Crime Panel, whilst welcoming the increase in the precept, Councillor Willingham expressed his concern about the overall drop in funding for police services.

7. CABINET BRIEFING

Councillor Jordan had little to report on from Cabinet, but confirmed he had received a letter from County Councillor Nigel Moor regarding the fine income from the Boots Corner trial – he will share this with members.

A member requested that congratulations be passed to Cheltenham BID for the Light up Cheltenham event, which Councillor Jordan confirmed he'd be happy to pass on.

8. LGA PEER REVIEW FEEDBACK REPORT AND DRAFT CORPORATE PLAN

The council's strategy and engagement manager, Mr Gibson, set the scene for the feedback from the recent Local Government Association peer review, particularly highlighting the priorities. Members raised the following points and questions:

- Strengthen the role of backbenchers – what is the vision? Councillor Jordan reported that there are discussions ongoing regarding champions for particular areas of work
- Backbenchers – difficult for them to be engaged
- Backbenchers – skills and professional know-how could be better used
- Role of scrutiny need strengthening
- Directorships – Councillor Jordan looking at this later in the year
- Can be proud of what we're doing
- Relationships with Gloucestershire County Council are improving. We are working well together in some areas such as safeguarding and highways infrastructure but service specifics can sometimes fall down
- Capacity – are we taking on too much?
- Important to be aspirational, but this must reflect resources and capacity
- Need to understand capacity properly; too many projects could result in losing focus
- Importance of leadership
- Resourcing of task and finish groups/cabinet members working groups – these are important but should match resources
- Importance of prioritising when working at capacity

Mr Gibson introduced the draft new look corporate plan and invited comments. This will be going to council on 25 March 2019. Members shared the following thoughts:

- To thrive we need to attract and retain young people
- More coverage of health and wellbeing
- Cyber Park – think big
- More on environmental issues, including the work of community groups
- Take in to account the impact on the town of Brexit/online retail and other external influences
- How will priorities be measured

Mr Gibson reminded members that this is pitched at a high level, but that detailed service and actions plans are being developed. The corporate plan builds on the feedback from the peer review and focuses on fewer priorities which make a difference.

9. REVIEW OF SCRUTINY WORKPLAN

The workplan was noted by members.

The scrutiny request form regarding Severn Trent Water – circulated with the agenda – will be considered for inclusion at the next meeting once officers' comments have been added.

The Chair advised members that the briefing session on 'travellers and other unlawful occupants of council land' is scheduled for 27 March 2019.

10. DATE OF NEXT MEETING

The next meeting is on Monday 1 April 2019

Chris Mason
Chairman