

**DERBYSHIRE COUNTY COUNCIL
HEALTH IMPROVEMENT AND SCRUTINY COMMITTEE**

2 September 2013

Report of the Director of Legal Services

**HEALTH IMPROVEMENT AND SCRUTINY COMMITTEE
HEALTH AND SOCIAL CARE ROUND-UP REPORT**

1. Purpose of the report

To provide the Committee with a round-up of issues and projects of relevance to the role and remit of the Committee that are not covered elsewhere on the agenda.

2. Information

Congenital Heart Services – Safe and Sustainable Review

A report to the NHS England Board on 18 July outlined the approach being taken in moving forward with the national review of both children and adults heart surgery services. The report acknowledges the recommendations coming out of both the judicial review and the report by the Independent Reconfiguration Panel that the new review should look at both children's and adults services and be focussed on the whole lifetime pathway of care for people with a congenital heart disease.

The ambition of the review is to ensure that services for people with congenital heart disease are provided in a way that achieves the highest possible quality within the available resources:

- the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- tackling variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care
- great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home

The review has been set to be concluded within a year with the following milestones highlighted in the Board paper:

- By the end of September the review team will have established the new programme, co-designed a process for the work going forward and undertaken initial work on how to secure high quality resilient services.
- By June 2014 working closely with stakeholders, the review team will have developed, tested and revised a proposition, undertaken work to identify a preferred approach to implementation, and completed the necessary preparatory work.

East Midlands Ambulance Service – ‘Being The Best’ change programme

The Secretary of State for Health has published the Independent Reconfiguration Panel’s (IRP) advice in response to the referral made by the Health Scrutiny Committee for Lincolnshire in relation to East Midlands Ambulance Service’s “Being the Best” change programme. The IRP has stated that a full review into the proposals would not add any value and that the proposals for change to be allowed to continue.

The IRP has questioned the lack of a regional scrutiny committee to consider this issue. A meeting is taking place on 21 October at Nottingham City Council for Chairs and officers involved in Health Scrutiny to consider how working can be improved across the region in relation to health scrutiny.

National Review of Hospital Mortality

The national review of 14 Hospital Trusts with a recent history of higher than expected mortality levels, led by Sir Bruce Keogh, was concluded in July. Whilst there were no hospitals within the county or city involved in this review there were three hospitals in neighbouring areas that regularly receive patients from the county that were, namely:

- Burton Hospitals NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation trust
- Tameside Hospital NHS Foundation Trust

A summary of findings from each of the three Trusts is provided at Appendix A. It should be noted by the Committee that each Trusts will be working with its lead Clinical Commissioning Group as well as regulatory bodies such as the Care Quality Commission to ensure action plans are implemented to improve the quality of care of services they provide. The Committee will be kept informed of progress of these Trusts in relation to their improvement.

3. Considerations (to be specified individually where appropriate)

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

4. Officer’s Recommendation

1. That the Health Improvement and Scrutiny Committee receives and notes the update report; and
2. The Committee is kept informed of any developments relating to issues outlined in this report.

John McElvaney
Director of Legal Services

KEOGH REVIEW SUMMARY

Burton Hospitals NHS Foundation Trust

The review found that the Trust did not have a systematic approach in place for the collection, reporting and acting upon information on the quality of services. The Trust has also not identified all the causes behind its excess mortality.

The review found a number of urgent issues that increased the risk in the Trust and impacted on the organisation's ability to provide consistently high quality and safe care and treatment to patients.

Issues that were escalated immediately

- The panel escalated immediate concerns raised by staff in certain wards about rotas requiring them to work shifts 12 days in a row without a rest day. The Trust confirmed this practice had been immediately ceased.
- There was an allegation that death certificates were not being completed in line with the Trust's procedures. The panel formally escalated this to the CQC during the announced visit. CQC visited the Trust on 31 May 2013 to perform an inspection into medical record keeping at the Trust. Following the inspection, the Trust was found to be compliant with the standards and was reported as having an effective system in place to ensure patient's records were appropriately complete
- Inconsistent safety checks of medical equipment identified were immediately escalated to management to address.

Other urgent actions

- Issues with clinical practice including escalation, delegation and supervision.
- Examples of poor communication with patients and staff, particularly junior doctors, many of whom felt unsupported.
- A lack of trust-wide understanding of its quality objectives.

Follow up

The Trust has responded positively to the review process, accepting the findings of the panel and actions from the risk summit. It was acknowledged that the Trust was on an improvement journey and some of these actions would take longer to address in their entirety. The Trust will work with its local CCG and Healthwatch on a number of the actions.

As the risk summit focuses on urgent priority actions, the Trust will provide a detailed action plan to all outstanding concerns and recommended actions, and progress against this will be monitored by the local Quality Surveillance Group. A follow up review will be undertaken later in 2013.

Sherwood Forest Hospitals NHS Foundation Trust

The Trust has had very recent appointments of a new Chair, Chief Executive and new Non-Executive Directors. When the Trust was placed in breach by Monitor for finance and governance in October 2012, an interim Chair and CEO were put in place to oversee the actions for improvements of the Trust. During this time until June 2013, the Trust had a rapid improvement regime, and priorities were made to meet the breach notices.

The Trust was welcoming and all staff that the panel met were engaged, committed and loyal to the Trust.

Issues that were escalated immediately

The panel identified the following issues:

- A significant backlog of complaints at the time of the review visit, including complaints dating back to 2010.
- Significant backlog in discharge letters and clinic appointments, and backlogs in reading scans and x-rays.

Other urgent actions

- Significant concerns around staffing levels at both King's Mill Hospital and Newark Hospital and around the nursing skill mix, with trained to untrained nurse ratios considered low, at 50:50 on the general wards.
- Concerns about the effectiveness of the governance at Newark Hospital, with no clear way for this group to feed into the overall Trust governance structure.
- Better training, and frequent audits of fluid management processes, is needed to improved fluid management.
- Concerns over the number of patient moves and outliers within the Trust, and the quality of handovers for patient care.
- The Trust did not appear to have a patient engagement strategy or systems to engage with and obtain feedback from patients and act upon it.

During the review process, the panel observed that a Board-level focus on quality and the patient was still developing. There was an absence of a strong strategic direction and trust-level working, as well as a lack of performance information to support quality improvement. This was also seen through the absence of a clear strategy for Newark Hospital, with no clearly articulated future for the hospital or strategy for the best use of the facilities there.

Follow up

The Trust welcomed the review and found the process thorough and fair. It recognised the review found a number of things it needed to get right, along with the recognition of what it was doing well. It accepted all the recommendations in the report and stated that it had the capacity to improve and would seek support to enable this.

An action plan was agreed at the risk summit addressing all of the urgent priority actions discussed and the Trust is developing a comprehensive response to all issues. Follow up of the action plan will be undertaken later in 2013.

Tameside Hospital NHS Foundation Trust

The panel found that the Board was not leading the Trust as effectively as necessary in delivering quality care. The Trust's governance and leadership has not delivered the improvements in quality of care required. Monitor has taken action to put in an interim Chief Executive and interim Medical Director following the previous post-holders stepping down after the risk summit.

The panel found committed staff at the Trust and examples of good practice in relation to quality of care but there were a number of areas of concern identified, including a culture of accepting sub-optimal care, which needed urgent action to address.

The experience of patients in the emergency and acute medical pathway was often poor and issues were identified which required urgent review and action to be taken.

Issues that were escalated immediately

- The panel identified concerns with infection control practice in an area of the hospital and escalated this to management.

Other urgent actions

Trust management had not sufficiently advanced recommendations that had been received from external reviews regarding the acute medical pathway. This has led to a number of systematic issues impacting on quality and patient safety in some areas, including:

- Insufficient senior clinical cover, particularly out of hours.
- Lack of timely investigations, and poor management of deteriorating patients.
- Inappropriate use of escalation areas and poor bed management.
- The panel did not see clear evidence that the Trust is listening to patients and families or staff to improve the quality of patients' experience.
- The Quality Strategy and performance management information needs significant improvement, to enable the Board to scrutinise and gain assurance on quality improvements.

Follow up

The action plan presented by the Trust at the risk summit focused on urgent and high priority actions, and did not set out all necessary details, including measures and milestones. The Trust agreed to provide a specific and detailed action plan to respond to all outstanding concerns and recommended actions included in the RRR report. However, given the changes in management which took place shortly after the risk summit, it is acknowledged that the action plan will be reviewed by the incoming management team. Monitor and CQC will monitor progress closely on this action plan and a further risk summit will be held in September 2013.