

5 October 2005

THE WESTERN HEALTH AND SOCIAL SERVICES COUNCIL'S
REPOSE TO SPERRIN LAKELAND TRUST'S PROPOSALS
CONTAINED IN "MAKING SERVICES SAFER IN SPERRIN
LAKELAND HEALTH AND SOCIAL CARE TRUST"

The WHSSC welcomes the opportunity to respond to the three reports referring to Surgical and A & E service provision in Sperrin Lakeland Trust.

The Council met on Thursday 29th September at a specially convened meeting to consider the findings of the 2 reviews namely the NHS Clinical and Social Care Governance Support Teams phase II (part 1) report and the Royal College of Surgeons report and to analyse the proposals put forward by Sperrin Lakeland Trust "Making services safer in Sperrin Lakeland Health and Social Care Trust". It has not been possible within the given time frame to provide a comprehensive response to the 3 reports. Nevertheless we would want to reflect concerns that the Council has on some proposals and where applicable, indicate our support for other proposals contained within the Trust's report.

The WHSSC has a core function to monitor the quality of service provision. We have diligently pursued this objective within the limitations of the current arrangements for HSS Councils. In doing so we have always kept to the forefront of our thinking the issue of Patient Safety.

It is our belief that patient safety goes beyond the narrow confines of the safe delivery of services - issues of access to services, service design and service management, governance and accountability are all important features of safe services. This Council has long recognised the need to redesign, renew and reorganise services within SLT area (and beyond). In our monitoring function we have continuously raised issues of patient and public concern, many of which we see echoed in Phase 1 & 2 of the Clinical and Social Care Governance reports.

We remain unequivocal in the belief that patient safety must always take priority over other issues.

We would want to reflect the real frustration felt by this Council about its limited ability to be truly listened to. Unlike large bureaucratic

organisations, even those with good governance arrangements, we can on occasions more easily see and hear the real ‘patient experience’. We are often able to identify trends and areas of concern very early on. There have been some examples where such concerns being listened to and acted on. Regrettably this is not always the case.

- **The WHSSC are often in the unique position of being able to act as an ‘early warning system’. The Council would welcome the opportunity to strengthen this role through a mechanism which would allow a direct link with the Department**

There is a growing concern within the Council and the wider community that the future design of hospital services will be negatively influenced by the current crisis.

- **The new hospitals should not be designed or have service profiles developed on the basis of the current deficits in management and clinical expertise.**

Many of the cases of which we are aware where serious adverse clinical incidents occurred and resulted in ‘catastrophic’ outcomes for patients were often related to the ‘less complex cases’. Therefore whilst welcoming the retention during the DBS implementation period of ‘less complex’ surgery at Tyrone County Hospital, we would sound a note of caution. Our concern is that the priority focus for strengthening and embedding clinical governance will in the first instance be around the newly consolidated “more complex surgical cases” being provided on the Erne Hospital site.

- **We would want to seek assurances that the “less complex” surgical services provided on the TCH site will receive increased support and must be fully and immediately integrated into the overall clinical governance arrangements.**

It is our understanding that there is now a real possibility that Acute Medical services will not only be retained in the interim at the Tyrone County Hospital, but is being actively considered as part of the TCH’s future service profile under DBS.

- **Our previous comments regarding robust clinical governance in Surgical Services is equally valid for retained Acute Medicine on the TCH site.**

- **The Council strongly welcomes this development but would want to ensure that the provision of such a service is fully researched and resourced from the outset.**
- **The Omagh community is still reeling from the down-grading of their hospital. Advancing any hope of an enhanced provision must be based on patient safety, best practice and sustainability. This must not be seen as an appeasement in order to “manage the community reaction” towards the need to reduce TCH services prematurely.**

A recurring theme throughout the CSCG review reports phase 1 & 2 and the Royal Colleges’ report has been the issue of management. We refer earlier to the need for professional, accountable and highly competent management to ensure the delivery of safe services. Sperrin Lakeland, which is a combined Trust, delivers not only Acute but also Social Care services. We have a very reasonable concern about the competence to corporately manage Social Care provision. We would suggest that the deficiencies already identified in the Acute sector may well have spilled over into the Social Care arena.

- **We would strongly recommend a review of the Social Care aspect of the Trust’s work.**

We support the proposals set out by Mr Rod Halls regarding general management but would go further. The present impasse is the result of previous years of under-resourcing, political imperatives taking precedence over clinical judgement and an inherent (and continued) lack of real accountability, all of which has been compounded by an impoverished management.

The Council no longer has confidence in the current capacity within the Trust’s management to:

- Deal with the current crisis
- Deliver current services
- Manage proposed consolidation and
- Work towards implementing the DBS changes

We acknowledge that what is being put in place at Sperrin Lakeland is similar to some of the “special measures” put in place in some NHS Trusts in the UK¹.

- **We would want to see these measures strengthened, particularly in the management function. We believe that a team of managers skilled in crisis/change management and with recognised expertise should be drafted in to support the current management arrangements.**

There is a legitimate concern within the Council that similar deficiencies might also come to light if other Trusts and hospitals were to undergo the same level of scrutiny. We do not believe that all of the problems ‘discovered’ at SLT are unique to them. If this were true then not only should those Trust communities be concerned but there would be a detrimental impact on the very concept of a NI network of hospital care.

- **The Council would want to ensure that robust management and governance arrangements with clear accountability are put in place to develop and maintain these networks to ensure consistency of standards and quality of treatment.**
- **We believe some of the lessons that will be learnt have application across the wider HPSS and in our view, there is an urgent need for the Department to review its own clinical and social care governance monitoring arrangements.**

From the outset our understanding around the implementation of DBS was that there would be a managed transition. That period of transition time was, amongst other things, to build up capacity within the system, particularly receiving hospitals such as the Erne, Altnagelvin and Craigavon, and the Northern Ireland Ambulance Service for the anticipated increase in activity. Clearly given the patient safety issues, and Sperrin Lakeland Trust’s proposals to consolidate Surgical and A & E services at the Erne hospital, this transition has now been compressed into possibly a six month period. Even though the proposals worst case scenario is suggesting small numbers of patients going to other hospitals, the Council would have very serious concerns about their capacity to take on additional work. These hospitals are already experiencing difficulties in managing their current workload and are known to have long waiting lists and waiting times for treatment. The Ambulance Service in the Western area is also already under considerable pressure. In 2004 the local Ambulance Liaison Group set up a sub committee to assess current ambulance cover within the Board area which resulted in 10 recommendations to address the issues identified in this assessment. Some of these recommendations have yet to be fully implemented. In addition many of the recommendations

contained in the Northern Ireland Strategic Review of Ambulance Services have not been implemented.

- **This Council does not feel confident that the Ambulance Service has the capacity to take on any additional activity without considerable investment**

We appreciate the opportunity afforded to the Council's Chair and Chief Officer to discuss our initial responses with the Permanent Secretary, Dr Andrew McCormick, and more recently with the Director of Secondary Care, Mr Dean Sullivan.

We look forward to an opportunity to discuss these and other issues with the Minister.

ADDENDUM (as per e-mail 7/10/05)

- 1. Members feel very strongly that Sperrin Lakeland Trust should formally be acknowledged as being under "special measures".**
- 2. They would want to be assured that where doctors have been found to be working unsafely or beyond their capacity that immediate action has been taken to remove those doctors from the clinical environment.**

¹ Way forward for Trust in special measures agreed: Mid Yorkshire Hospitals NHS Trust – February 2005

Healthcare Commission report into the maternity unit at Northwick Park Hospital – July 2005