

## **DGH Member Briefing Notes – 13 November 2013 – 6-8pm**

In attendance:

Darren Grayson, Chief Executive  
Stuart Welling, Chairman  
Amanda Harrison, Director of Strategic Development and Assurance  
Dr Andy Slater, Medical Director (Strategy)  
Mr Jamal Zaidi, Divisional Director Integrated Care  
Mrs Lindsey Stevens, Consultant Head of Midwifery and Assistant Director of Nursing  
Richard Sunley, Deputy Chief Executive and Chief Operational Officer  
Alison Prout, Executive Assistant to the Chief Executive & Chairman

Councillors:

Tutt	Heaps
Elkin	Coles
Warner	Ungar
Shuttleworth	Hearn
Ansell	Thompson
Murdoch	Jenkins
Cooke	Liddiard
Taylor	Howlett
Belsey	Tester
Mattock	

Liz Walke – Honorary Freeman, EBC Hospital Champion and Chair - Save the DGH Campaign

Also:

Katie Armstrong, Senior Civic Services Officer  
Simon Russell, Civic Services Officer

- Darren Grayson gave a presentation to Members covering the current position and future of the DGH to reflect the changing needs of the population.
- **Cllr Tutt** – Pleased that meeting had been finally set up. Referenced last meeting on 8 March 2013. Changes made to maternity services but only allowed 30 minutes for questions from the public. Had previously asked for a meeting to be organised but Darren Grayson did not wish to take questions in a public forum.

-Council place health care services as a priority. ESHT undertook a consultation in 2007 on single site maternity services. Decision was chosen to pick a single site despite this not being the wish of those consulted. The East Sussex Health & Overview and Scrutiny Committee referred this to the Secretary of State in 2008 where an Independent Review Panel agreed that maternity services should be provided at both Eastbourne and Hastings. We were led to believe this would be delivered but not. Meeting in March tried to justify the

move to one site (Hastings) on safety grounds, with the decision based on the need for urgent action. It was difficult to understand that it was hard to recruit to essential posts and hope to clarify that the single site was a temporary decision and reassure all Members that good progress had been made on returning maternity services to both sites. The Public Health Report 2012/13 indicated births were higher in Eastbourne than Hastings so hope for maternity services to return.

- **Darren Grayson** – Confirmed that the decision was temporary. A public consultation with a final resolution in 18 months and was planned to begin in Jan 2014. One or more options would be consulted on. He stressed the importance of providing a safe service. The Clinical Commissioning Group (CCG) would make the final decision.
- **Jamal Zaidi** – Raised issue of medical staffing. Unable to fill the middle grade level doctors (resident doctor) required for core services. It was not a question of lack of advertising but instead trouble recruiting. The use of Locum and agency staff had resulted in safety concerns. Engagement with the community in 2011 regarding keeping two sites when issues of safety had arisen.
- **Cllr Tutt** – Any progress on services going back to two sites?
- **Darren Grayson** – Need to provide a safe service and we have demonstrated evidence why it was not safe to provide consultant led services from two sites and this was the likely approach the organisation will take. Confirmed that there were no plans to return to consultant led services to two sites. The forthcoming consultation will lead to the confirmation of which site was chosen.
- **Cllr Belsey** – Last consultation that took place ignored comments from the public and it had already been stated that the ESHT were not looking at consultant led services at both sites. Unsure what was being consulted on? Recommended that all Councillors visit their doctors' surgeries to discuss the issue with their GP.
- **Darren Grayson** – Consultation would be through the CCG. Evidence would be provided with our views and not simply assertions. We acknowledge the differing views but this would not prevent us from having our own opinion on two consultant led sites. CCG would be the final decision maker. If a two site option was preferred it would enable one site to tender for services outside of CCG agreed provision.
- **Cllr Warner** – Important that the NHS view allowed for the public comments to be taken onboard.
- **Cllr Shuttleworth** – The statement made contradicted previous public statements about consultation. Consultation should allow for differing views to be heard from both sides and be balanced.

Concerned that the decision had already been made. Eastbourne residents were clearly concerned about Maternity services in the town.

- **Stuart Welling** – We had never stated that we were going to go back to the status quo. On safety grounds the decision was made to provide services from a single site. All options would be laid out for the CCG.
- **Cllr Shuttleworth** – The NHS policies had undermined staff and the way the authority had been run has undermined morale and led to staff leaving. Councillor Shuttleworth asked how many staff had left the organisation.
- **Jamal Zaidi** – Confirmed that no staff had left willingly rather through retirement or relocation as they were a transient group by nature. Problems lay with recruiting middle grade doctors throughout the country. Tried recruiting but there was a diminishing pool to choose from due to the 2008 VISA regulations for Non-Europeans. Medical professionals from Europe did not always have the necessary skills to function to the required standard. Consultants were unanimous on safe maternity services.
- **Lindsey Stevens** – Also confirmed no problem. Issue last with a number of maternity leave amongst the mid-wife staff but they had now all returned. Also there was an incident of mid-wives picking up junior doctors work which was unacceptable for a properly functioning maternity unit.
- **Cllr Shuttleworth** – Referenced a document highlighting paediatricians serious concerns over the risk of safety.
- **Darren Grayson** – Clarified that this was paediatricians and not obstetricians. Confirmed that the paediatricians had raised issues but a full investigation was carried out and all 8 issues had been dealt with.
- **Andy Slater** – made reference to comments made by Jamal Zaidi and the difficulty of recruiting from overseas. The pool of doctors available were not appropriately trained and posed an inherent safety risk. Both units had also appeared unappealing to junior doctors but the changes made meant the unit was now vibrant and more able to attract suitably trained staff.
- **Liz Walke** – CQC inspected in March this year and services were found 'safe'.
- **Darren Grayson** responded that this was factually incorrect and that CQC only inspected one of 17 outcomes and not all of the services provided at Eastbourne DGH.

- **Liz Walke** – IRP had considered that consultant 'lead' not 'delivered' services would allow for two sites to operate effectively.
- **Jamal Zaidi** – consideration had been given to the numbers of consultants required to operate a two site service. Both sites had between 1900 and 2000 delivery units combined, with an average of four caesareans per month. It was recognised by colleges and the Deanery that in order for consultants to maintain skills; 5000 delivery units were required at any one site. This meant that recruiting to two sites would be more difficult and an unattractive option for consultants.
- **Liz Walke** – Told consultant led service would lead to more consultants doing caesareans? Jamal Zaidi replied that this was incorrect and that the consultants would supervise the women and manage them safely. Clarified that all women require a midwife during pregnancy but not all births require a caesarean.
- **Cllr Ansell** - Looking across the County, where midwife led units were located, consultant led units were also located nearby. There did not appear to be any examples of journey times of up to one hour for any other birthing units / hospitals – referencing the journey from Eastbourne to the Conquest. This therefore raised a concern of safety for expectant mothers. Did this reflect any insurance / litigation claims made at Eastbourne DGH or Hastings Conquest?
- **Darren Grayson** – Highlighted Crowborough as an example but Liz Walke responded that was only 10 minutes away. There was some disagreement about distance. Mr Grayson also explained that the Ambulance Service was responsible for hospital transfers.
- **Lindsey Stevens** – Research undertaken - Birthplace study took place for both Midwife led units and hospitals - both were cited as safe as long as risk assessments were carried out throughout each pregnancy. Maidstone was a good example of a maternity led unit being placed away from the main hospital. It had been seven months since the implementation of one site (based and Conquest) with no concerns regarding transfers or risks to mothers and babies. Careful consideration had been given to arrival times at the Conquest and actual birth taking place and this shown to be on average four hours after transfers.
- **Amanda Harrison** – Insurance premiums were charged through CNST (Clinical negligence scheme for Trusts). Each policy was assessed and given a risk rating – premiums were charged according to risk. Standards have been met. There was a change expected in the mechanism of how premiums were paid. Unsure what would be done in the future. Principle issues were that claims related to births would cover the child through its life. Countrywide there had been large payouts for claims relating to negligence and inexperienced doctors.

- **Andrew Slater** – Litigation services were a concern as a whole for the NHS. The safety aspect was key and ensuring the mothers and babies were not harmed to reduce the burden of litigation on the NHS.
- **Cllr Ansell** – concerns remained and not sure why the IRP needed consultant led services in Eastbourne. Unclear what has changed.
- **Darren Grayson** – The IRP report had indicated that the process in East Sussex was not good and the outcome would not stand scrutiny.
- **Cllr Heaps** – Read out emails from staff that were sent to Stephen Lloyd MP. Opinions included the hospital just being run down until it collapsed, huge pressure being placed on staff, funding not sustainable and bullying of staff. Could this be confirmed?
- **Andy Slater** – Quality of service was important and there was a need to provide sufficient staff for a quality service for the full 24hr period. One of the emails referred to intensive care units (ITU) split as 80% medical and 20% surgical. There would be a reduction in ITU bed spaces in December 2013. ITU services would remain essential with the acute medicine provision – this had been relayed to staff.
- **Darren Grayson** – Important that the local political leaders report facts. There were 3 General Hospitals just in Kent and Sussex that don't have **ITU / Maternity provision?** Alison unclear on this point.
- **Stuart Welling** – Bullying – unable to state categorically that this did not occur, however, the organisation made it clear that it was not acceptable. Staff were encouraged to report any cases of bullying and harassment which would be investigated fully.
- **Cllr Heaps** – Do you have a policy on whistle blowing? Can you ensure that jobs would be secure?
- **Darren Grayson** – Different policies for bullying and harassment and whistle blowing. As Stuart stated bullying was not tolerated and every allegation would be investigated fully. This applied to every employee. With regard to the whistle blowing policy, if an employee felt something was occurring that was detrimental to the public, there was the option to report anonymously. Full disclosure was recommended to allow for full investigation.
- **Cllr Heaps** – Staff concerned of staffing levels and the lack of support.
- **Darren Grayson** - responded that this was an assertion with no evidence to allow a full investigation.

- **Amanda Harrison** – Staff could use the whistle blowing policy and raise concerns where necessary. They have the option of approaching the CQC direct.
- **Stuart Welling** – For any staff fearful of their job, we would encourage staff to raise any concerns they have. No-one had lost a job over a complaint.
- **Cllr Elkin** – Queried the finance available for the proposed improvements to the Stroke, Surgery and Orthopaedics Units. Requested reassurance the NHS had the capital to ensure stroke and orthopaedic services do not suffer. He also asked about the NHS quest to secure savings of £100 million over the next five years.
- **Darren Grayson** – Two aspects to financial capital.
  - 1) ESHT would apply to the Department of Health for a loan c£30m for the improvements to the Stroke services. Once the business case was finalised it would be forwarded onto the Board, hopefully before Christmas. If approved, we would have access to £30m.
  - 2) As the presentation had stated flat cash and costs would be increasing by around 5% per year over the next 5 years. Target of £20m savings every year for the next 5 years. Currently off target with certain tasks to complete before we could deliver the proposed financial plan and make savings. Although there were no guarantees, the plan would not undermine the organisation or risk the safety of patients. Savings were required of many public services including Local Government.
- **Stuart Welling** – Re-emphasise that the last 2-3 years had provided a safe and clinically effective service.
- **Andy Slater** – The centralising of orthopaedic services secured a £30m budget which would be transformative for both Eastbourne and Hastings. It would also result in a complete change for emergency patients' environment and flow.
- **Cllr Elkin** – Understand that savings haven't been secured yet but a bid has been made. This was confirmed.
- **Cllr Jenkins** – All previous statements gave the impression that the change to a single site was temporary. This implied the change was not permanent and would be reinstated at a later date.
- **Stuart Welling** – We have stated that if we wanted to make a major change, it would require a full public consultation. The change was cited as temporary because the consultation had not yet taken place. The CCQ may say that there should be Maternity Services in Eastbourne and Hastings; however it was our opinion

that it was not safe to do so. If two sites were still desirable, it would be possible to tender for services on one of the sites. We made no commitment to reinstating the services to both Eastbourne and Hastings.

- **Darren Grayson** – It was still possible that the changes could be reversed with services being permanently sited in Eastbourne.
- **Amanda Harrison** – It was stated clearly in the Boards papers that the service was temporary pending consultation on the configuration of services by the CCG. The options available would be the subject of consultation. These options would be presented to East Sussex HOSC and it would be possible to refer to the Secretary of State.
- **Cllr Ungar** – Spoke about the Business Plan. Seems changes were being made before the Business Plan has been completed. What would occur if the Plan not approved? We're told services had been moved but also told that the best way of providing services was close to community – confusing messages for all concerned.
- **Stuart Welling** – Accept that there had been mixed messages nationally and locally.
- **Richard Sunley** – Process to approval. A new body would be set up. The Board had made the commitment to the changes & clinical staff to improve quality. We were unable to make the original timetable due to a technical issue. The Board had delivered services as appropriate. Commissioners had three areas for clinical changes – one of which was sustainability. It was known that the technology was not available at Eastbourne hence the need for change. It was a financial risk but now accessing the stroke ward, Eastbourne now has two CT Scanners. As a result Eastbourne has much better stroke services.
- **Cllr Thompson** – referenced a statement from someone who worked at the hospital and said that they believed the hospital would close in 5 years and that the morale of staff had lowered.
- **Darren Grayson** – The future of the DGH was down to the CCG who make the decisions regarding the provision of services.
- **Cllr Thompson** – Enquired whether the helipad would remain at the DGH.
- **Darren Grayson** – The helipad had to be moved and rebuilt as it was required for services provided at Eastbourne at that time. Unsure whether future services would still require the helipad.
- **Andrew Slater** – For serious trauma injuries, public would bypass DGH and go to the trauma centres in Brighton and London where the best quality care could be given. The DGH still had a trauma

unit for lesser trauma injuries. The helipad was used in these instances so was not entirely redundant.

- **Cllr Taylor** – As a Meads Councillor interested in the stroke services and the speed taken to diagnose help for sufferers.
- **Stuart Welling** – East Sussex used to have poor stroke services but with the application for the funding of £30m to improve Stroke services, aiming to be a centre of excellence. The Stroke Services now were pushing boundaries.
- **Cllr Tutt** – Requested an update on the serious incidents in Paediatrics and Obstetrics that had taken place since the April report.
- **Lindsey Stevens** – Advised that Quarter 1 (Jan-Mar) contained the highest number of 12, Quarter 2 (April – June) there were seven with four being prior to the changes, Quarter 3 (July – September) there were two with one being downgraded and for Quarter 4, to date, there had just been one. This demonstrated the improvements to services that had been made.
- **Stuart Welling** – Thanked everyone and said they there were happy to host a similar briefing in the future.

**BRIEFING ENDED.**