

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 5 August 2014.

PRESENT: Councillors Dryden (Chair), Biswas, Cole, Davison and Hubbard

ALSO IN ATTENDANCE: South Tees Hospitals NHS Foundation Trust:
Professor Tricia Hart, Chief Executive Officer
Chris Newton, Director of Finance
Professor Rob Wilson, Medical Director/ Deputy Chief Executive.

OFFICERS: J Bennington and E Pout.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Hussain, Junier, Mrs H Pearson and M Thompson.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

14/11 MINUTES - HEALTH SCRUTINY PANEL 15 JULY 2014

The minutes of the meeting of the Health Scrutiny Panel held on 15 July 2014 were submitted and approved as a correct record.

14/12 SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - UPDATE ON CURRENT POSITION

The Scrutiny Support Officer submitted an introductory report which reminded Members that it had previously been agreed to receive an update on local NHS Finances as part of the Panel's approved scrutiny work programme for the current Municipal Year.

It was considered timely to examine such matters as the South Tees Hospitals NHS Foundation Trust (STHFT) had recently released information regarding the steps to be taken to address its current financial position and its performance as outlined in Appendix 1 and in its latest briefing about the Trust's Transformation Programme as outlined in Appendix 2 of the report submitted.

The Chair welcomed representatives of STHFT who addressed the Panel with particular regard to recent Monitor investigations and the steps being taken to secure improvements, implement the transformational changes and address the financial issues in what was regarded as a very challenging time.

As in the case of many other health organisations across the UK the Trust faced many challenges but as stated by the Chief Executive Officer of STHFT and demonstrated in a DVD shown at the meeting it was important to acknowledge what had been achieved over the last year with various investment and developments, modifications in response to NHS changes and accolades received from external regulators. The importance of patient experience and providing safe and best care remained at the forefront. A number of national reviews had resulted in bringing together common themes with the aim of securing improvements.

Specific reference was made to significant work which had been undertaken to ensure that the Trust met the 18 week referral to treatment target set by the Department of Health which as indicated in national data available showed that there were a number of organisations across the UK not meeting such a target.

An assurance was given of the main thrust of the Trust in working together with partner organisations which was considered vital; driving out waste; achieving greater integration between acute and community services; and the commitment, skill and expertise of staff to rise to the current challenges.

As identified by Monitor one of the main challenges facing the Trust was the increase in the number of cases of CD and a concern about the length of time for planned treatment. It was confirmed that an intensive support team had been brought forward to produce an action plan and ensure that the Trust became compliant in this regard.

In terms of the number of cases of CD it was confirmed that last year had been the first year for a number of years that the Trust had not achieved its target. Following Members' questions regarding the reasons for the increases it was indicated that there were no external factors particularly or specific factors but that given the massive successful results in recent years there might have been an element of complacency. An assurance was given however of the steps being taken to increase vigilance and focus of attention on such matters.

Supported by a PowerPoint presentation the Trust's representatives demonstrated the action taken by the Trust in relation to CD and the overall financial position.

It was confirmed that as part of its aim to continue to reduce the incidence and the number of deaths associated with CD infection reference was made to two external reviews in December 2013 by experts in the field and a follow up external review on 21 July 2014 to ensure the robustness of the action plan put in place.

The actions taken in this regard included:-

- (a) Over 1,000 staff had attended face to face director led awareness sessions of matters such as the importance of hand hygiene at the point of care and prompt isolation given that not all rooms were single occupancy;
- (b) Antibiotic stewardship with increased antibiotic audits, antibiotic prescribing campaign for medics and non-medical prescribers and nurses which commenced on 2 June 2014 and greater collaboration with General Practitioners;
- (c) A Trust wide review with regard to cleaning including terminal cleaning, patient equipment and assurance around monitoring;
- (d) A refresh of current hand hygiene audit;
- (e) In terms of performance there had been director - led clinical incident review panels;
- (f) Every case was reviewed to identify any lessons learnt and to share such information;
- (g) The Assistant Director of Nursing/Deputy DIPC had solely worked on the HCAI agenda for the next three months in all wards and departments;
- (h) HCAI collaborative with the first priority on the control of CD including a focus on five campaign, antibiotic prescribing, communication, cleaning, hand hygiene and isolation;
- (i) Development of a weekly focus on five newsletters for clinical teams and managers to cascade to all frontline and support staff.

Graphical information was provided which showed the number of apportioned CD cases over the period April 2012 to June 2014 and other information which demonstrated the significant decrease in the number of cases from nine years ago to 59 last year.

In discussing infections in general the need to keep vigilant as new strains and infections arose was recognised. It was also noted that taking into account current data on patients it appeared that 50% of CD cases were apportioned to within the hospital setting and 50% cases brought into the hospital environment hence the continuing work with GP practices around appropriate prescribing of antibiotics given the implications of less resilience to CD after prolonged usage of antibiotics. It was acknowledged however that there were many factors involved as to how CD could be brought into the hospital environment.

Further details were provided in terms of the cleaning regime which now included the use of hydrogen peroxide as used successfully by other organisations.

It was confirmed that unlike MRSA there had been no development nationally for the screening of patients for CD and that the current arrangements being pursued were based on best evidence across the UK.

The Panel's attention was drawn to the financial challenges facing the Trust.

As part of the background information the Panel was advised of the impact of severe winter weather conditions in 2013/2014 from the perspective of a healthcare provider in particular experiencing the highest number of patients with respiratory conditions than elsewhere and Middlesbrough having the highest level compared to the rest of the North East. The upsurge in the number of patients being admitted to hospital as a result had impacted on the Trust's ability to comply with the 18 week target and as a consequence private providers had been brought in which had incurred additional expenditure.

Earlier in 2014 the Trust had predicted that if no action was taken the Trust could face a deficit of £29.4 million in the current financial year and a gap of up to £48.3 million in 2015/2016. It was reported that savings of £60 million cost improvements had been achieved over three years with £12 million per annum planned. In order to achieve a sustainable financial position the Trust had commenced a radical and transformational change for which there were six workstreams to improve efficiency of services, drive out waste and reduce overall costs the changes from which would eventually impact on both front line and support services. The briefing provided at Appendix B outlined the agreed structure to support the workstreams.

Given the financial position it was considered by the Trust that interim support was required from the Department of Health to fund operations, finance change programme and underpin the Capex programme.

The Panel was advised that in 2011 the McKinsey organisation had been brought in to work with colleagues in the Trust to focus on different ways of working and to share the feedback from other organisations. Based on evidence nationally the focus of attention was pursuing opportunities for services working more closely together and aligning services rather than structures. As part of such work areas where there was more demand than capacity would be identified and a system devised to assist all. It was reported that there were a number of specialties such as blood disorders where recruitment of staff was particularly difficult. The intention would be to provide a good quality of service close to the patient.

The six workstreams examining the Phase 1 initiatives covered key areas of corporate services, procurement (improved prices negotiated), remodelling outpatients service, non-ward nursing (ensuring best staffing levels for providing the right skills for care given), surgery and theatres improving patient flow. The teams had identified approximately £6.0 million of in-year opportunity for Phase 1 initiatives with a full year impact of around £10 million.

An indication was given of some of the staffing initiatives such as the employment of healthcare maternity support workers without compromising the standards of quality as evidenced by performance indicators in comparison with other organisations. Maternity support workers were part of the Team and some workers had subsequently moved on to become a midwife.

Reference was made to initial discussions which had taken place with the workstream with regard to the streamlining of pharmacy arrangements to be more cost effective. It was noted that pharmacy arrangements at James Cook University Hospital had been included in the 2014/2015 scrutiny work programme for the Panel.

In response to Monitor's investigations it was confirmed that the Trust had agreed to the following actions:

- (a) Develop and implement an action plan to help the Trust comply with the 2014/2015 target of no more than 49 cases of CD.
- (b) Obtain assurance from an external advisor that the Trust had fully implemented the CD action plan and report on progress monthly to Monitor.
- (c) Develop and implement a financial recovery action plan that returned the Trust to a sustainable position within three years.
- (d) A transformation director had been appointed to support the delivery of the financial recovery plan and report progress monthly to Monitor.
- (e) Commission a board governance and leadership review from an external advisor to help identify any governance failings that may have led to the Trust's failure to achieve key

financial and quality targets and to ensure all processes were robust.

(f) Develop and implement a board governance and leadership action plan to implement all recommendations from the review and obtain assurance from an external advisor that the Trust had fully implemented the plan, reporting on progress monthly to Monitor.

Reference was made to ongoing meetings with Monitor regarding current and future actions and to seek assurances on their effectiveness in addressing present issues and the robustness of the three year plan.

In response to Members' questions regarding some of the main pressures facing the Trust an indication was given of problems of recruitment of doctors and consultants and in particular referred to the training programme and Health Education North East. Figures showed a higher level of senior staff and trainees going to Newcastle rather than Middlesbrough. It was confirmed that the matter had been raised as a concern by the Trust over a number of years. The Panel suggested that it would be useful if representatives of both Health Education North East and STHFT attend a future meeting of the Panel to provide further information on this matter.

The Trust representatives also referred to problems regarding the recruitment of nursing staff and of potential difficulties especially during periods of staff short term sickness and additional costs of agency staff. Other staff from NHS providers had also been employed the costs of which varied depending on grades.

The costs associated with medicines was reiterated hence the current focus of attention on this area by one of the workstreams.

Following a Members' question it was agreed that further information be provided to the Panel as to when potential financial penalties were applied and at what level, should the Trust not meet the NHS 18 week target.

AGREED as follows:-

1. That the representatives be thanked for their attendance and contribution to the Panel's deliberations and the information provided which was noted.
2. That representatives of Health Education North East and the South Tees Hospitals NHS Foundation Trust be invited to attend a future meeting of the Panel to discuss the issues raised regarding recruitment as outlined.

14/13 **OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 22 July 2014.

NOTED

14/14 **ANY OTHER BUSINESS - REVIEW OF ALTERNATIVE PROVIDER MEDICAL SERVICES**

Given the time constraints involved the Chair agreed to the initial consideration by the Panel of information received from the Durham, Darlington and Tees Area Team, NHS England in relation to a consultation on the NHS GP services in Middlesbrough. As part of their role it was reported that the Area Team were currently reviewing some GP practices in Middlesbrough to evaluate quality, demand, value for money and need.

A stakeholder document had been received which provided information on the reasons for the review as well as details on proposals for the future of Alternative Provider Medical Services (APMS) across the area.

The closing date for feedback was reported as 5 September 2014.

It was confirmed that two of the existing APMS contracts namely Hemlington and Resolution, North Ormesby GP Practices were due to expire on 20 December 2014.

The Panel agreed that further consideration should be given to the consultation document at its next meeting and gave initial consideration as to appropriate representatives to attend the meeting which included Ward Councillors, Practice Managers and South Tees Clinical Commissioning Group.

AGREED as follows:-

1. That further consideration be given to the NHS England consultation document on the review of alternative provider medical services at its next meeting to be held on 26 August 2014.
2. That in consultation with the Chair and Vice-Chair of the Panel arrangements be made for appropriate representatives to attend the next meeting.