

# Middlesbrough Health Scrutiny Panel

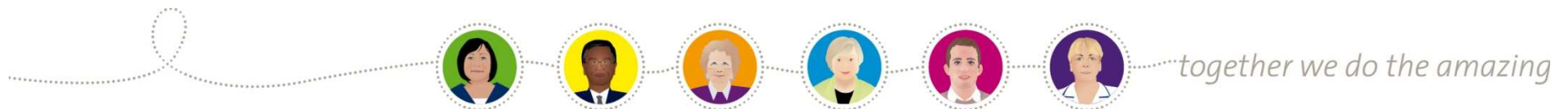
11th August 2015

Tricia Hart CEO

Maxime Hewitt Smith Deputy DoF

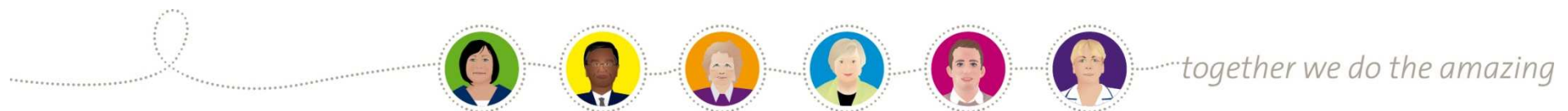


- Finance
- CQC Inspection
- Monitor Regulatory Actions
- Agency Costs
- Cost Improvements



## Summary of 2014/2015 position

- Underlying deficit (£7.1m) against plan of (£18.4m) - £11.3m improvement against plan
- Retained deficit (£17.3m) against plan of (£29.1m) – £12.8m improvement against plan
- In-year CIP delivery of £26m – 120% of target, recurrent full-year effect of CIP £22.5m (103% of revised target)
- Capital plan was £23.6m – trust spent £23.7m which was in-line with overarching programme



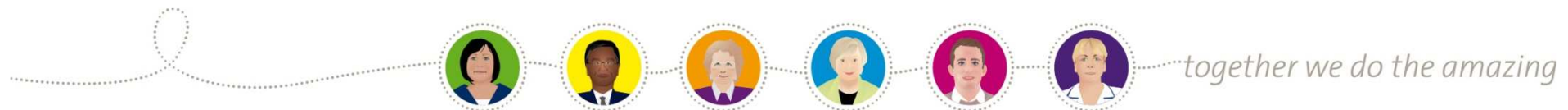
## Financial Penalties 2014/15

➤ The Trust incurred £4.5m deduction of contractual penalties

- Emergency Marginal Tariff £1.5m
- Emergency Readmissions £3.0m

➤ The Trust incurred £1.5m deduction of operational penalties

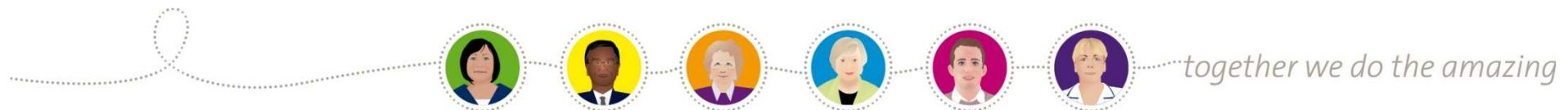
- 18 week RTT target £0.3m
- Ambulance handover penalties £0.6m
- C.diff penalties £0.3m



# High level overview of 2015/2016 plan

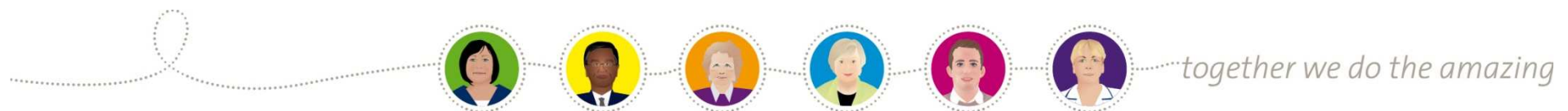
## Summary of plan financials

- Retained deficit (£13.7m), underlying deficit (£3.1m) - impairments (£5.6m), transformation fund (£2m), restructuring costs (£5.0m)
- CIP delivery of £36m – £5.1m contribution from strategic initiatives and £30.9m from cost reduction
- Cash requirement for annual cash flows £17.5m



## 2015/16 Q1 update

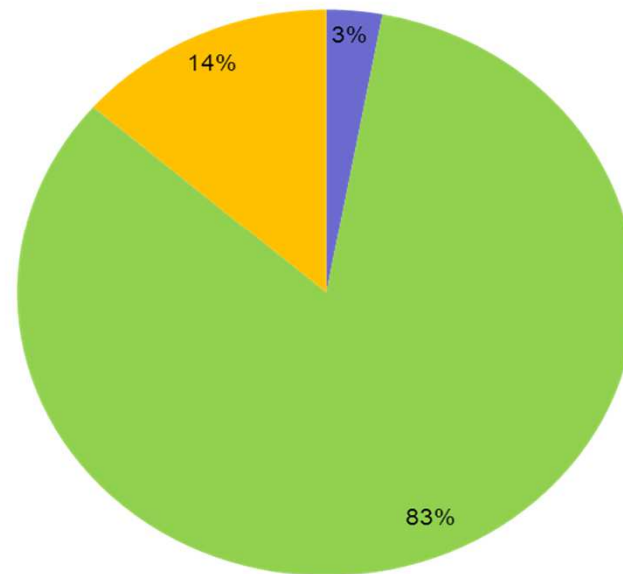
- Underlying Deficit £1.6m - ahead of plan
- CIP delivery £7.2m
- Forecast outturn in line with plan



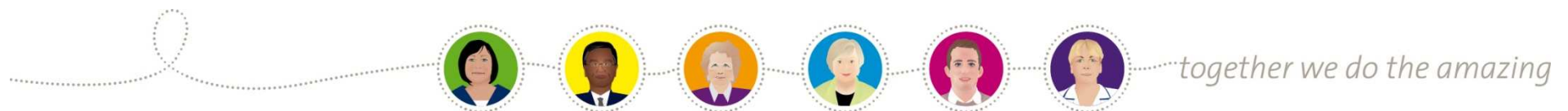
# CQC INSPECTION

## South Tees NHS FT

■ Outstanding   ■ Good   ■ Requires Improvement



\*Out of 105 individual ratings 89 are good or outstanding



# Key areas for action

- End of life care
- Staffing
- A&E and Urgent Care
- Medicines management





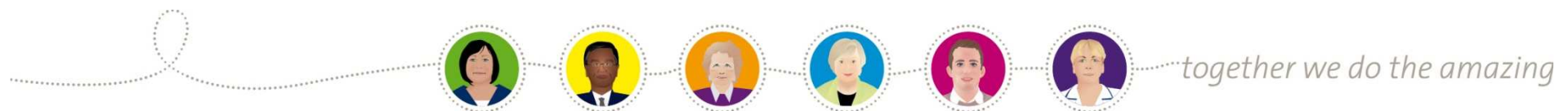
# End of life care

## Findings -

- Improvement needed in the assessment of nutrition and hydration at end of life
- Ensure best practice is followed in the use of syringe drivers for patients at the end of life
- Recording DNA CPR decisions, including record of discussions with patient/family and mental capacity assessments

## Actions already taken –

- Expansion in the palliative care team approved
- Documentation checks included in STAQ



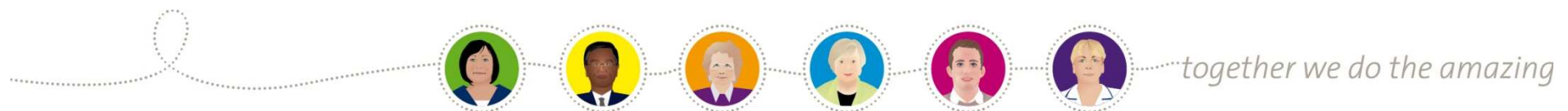
# Staffing

## Findings -

- Ensure sufficient numbers of suitably qualified and experienced staff
- Ensure that staff have received mandatory training and appraisal.
- Ensure that staff receive clinical supervision

## Actions already taken -

- Quarterly review of nursing establishments
- International recruitment
- Roll out of new web based training portal planned from September



# A&E and Urgent Care

## Findings -

- Improvement in the environment for paediatrics
- CEM audits
- Ensure evidence based guidance in Urgent Care
- Review quality monitoring arrangements within urgent care centres

## Actions already taken

- Risk assessment of A&E environment
- Plans for urgent care centre to include paediatrics
- Local re-audit of CEM audits



*together we do the amazing*

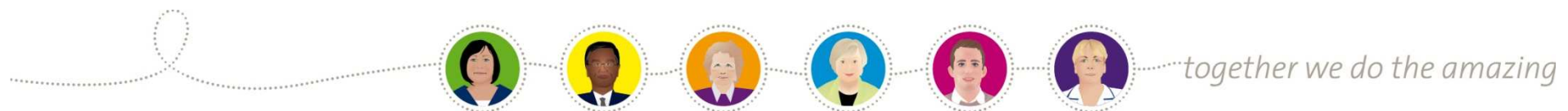
# Medicines Management

## Issues -

- Reconciliation of patients medication
- Ensure controlled drugs are checked
- Medication omissions monitored, investigated and reported

## Actions already taken

- Ward based pharmacists in highest risk areas
- Assurance re drugs checks incorporated into leadership walk around and STAQ

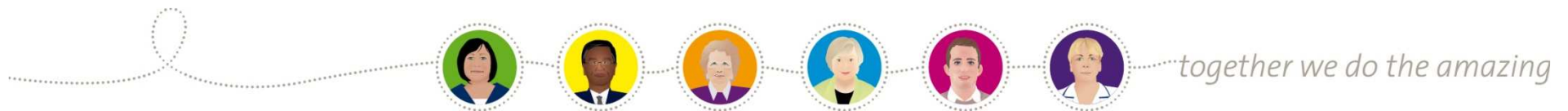


# Monitor Regulatory Action update

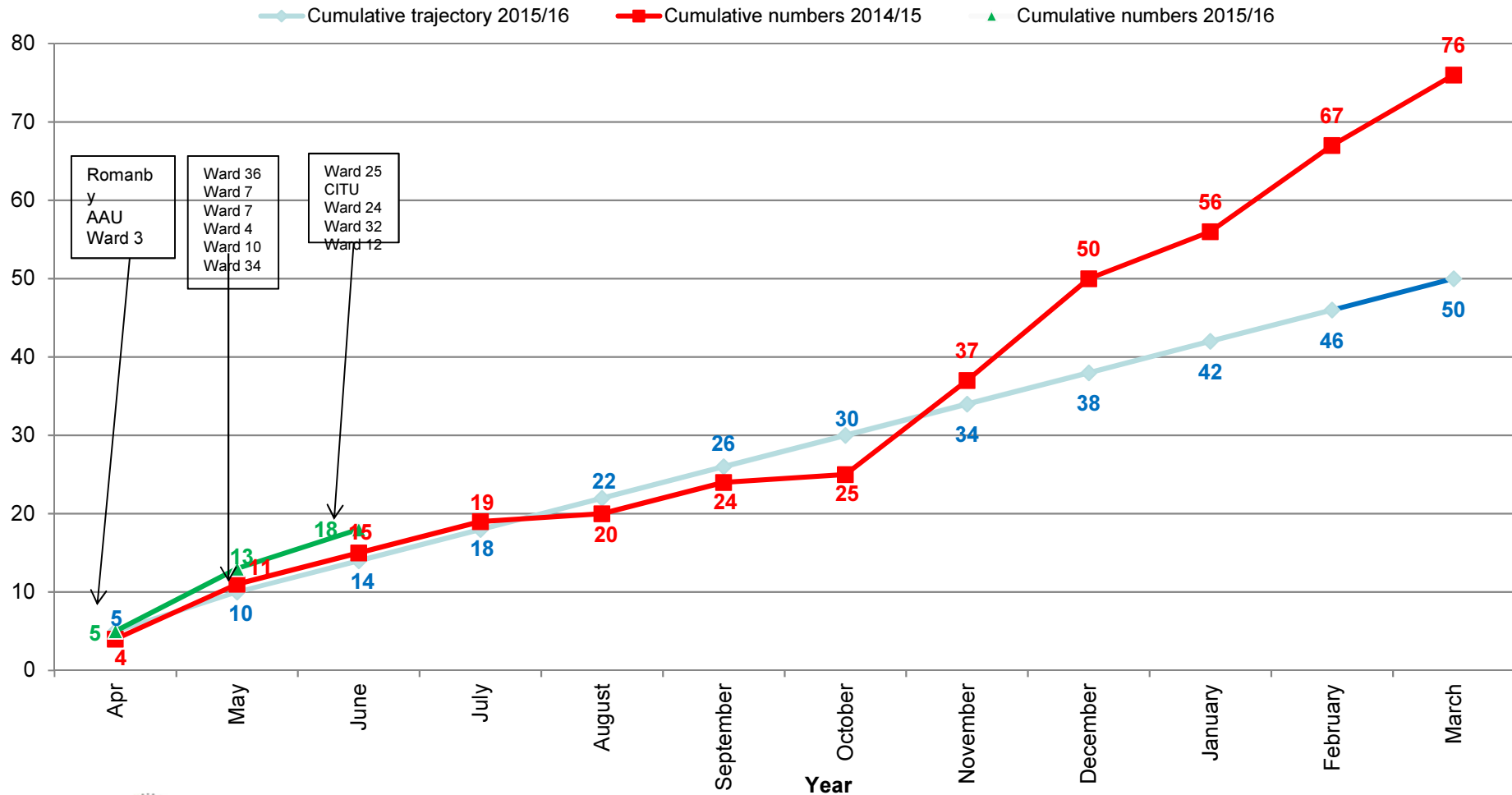
➤ Finance

➤ Governance

➤ HCAI



## Clostridium difficile cases - 2014 -2016



Romanby  
AAU  
Ward 3

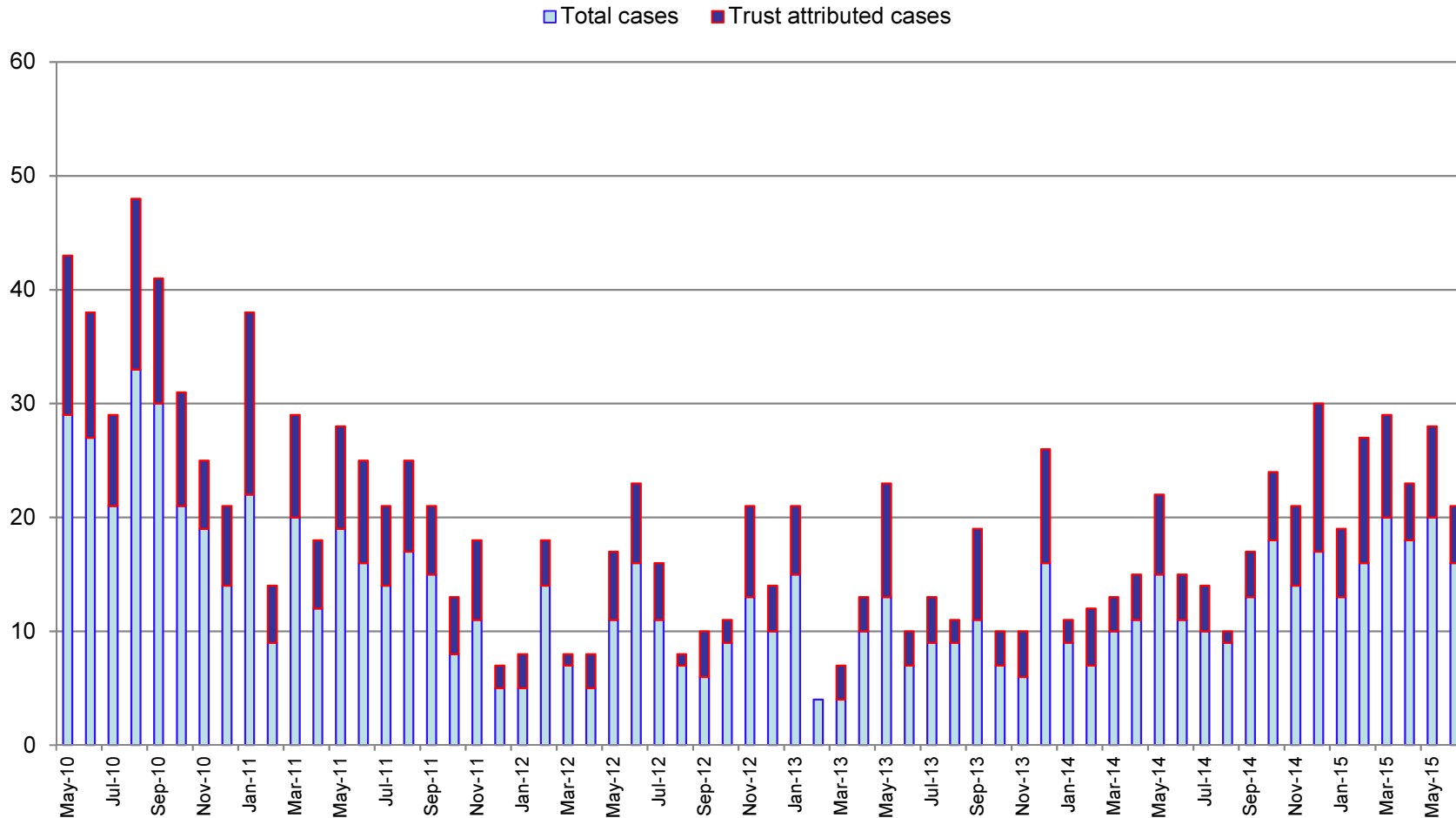
Ward 36  
Ward 7  
Ward 7  
Ward 4  
Ward 10  
Ward 34

Ward 25  
CITU  
Ward 24  
Ward 32  
Ward 12



*together we do the amazing*

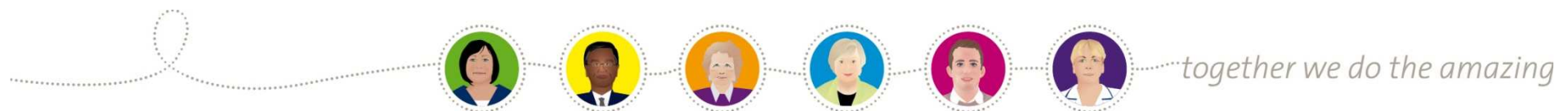
**Clostridium difficile cases 1st April 2010 - 30th June 2015**



*together we do the amazing*

# Achievements

- Business case for chlorine wipes supported
  - Wipes being purchased
- 99% of nursing staff assessed for commode cleaning
- 8 medical leads for prescribing appointed
- PHE educational session with GPs and consultants
- Decant and deep clean completed at FHN





# Actions

- Performance management meetings with Carillion
- Improve compliance with isolation standard and stool chart useage
- Trust monitoring posts appointed to
  - Cleaning audit information available in August
- RCA process review in conjunction with CCG
  - Concludes end of August
- Recommence decant and deep clean at JCUH



# Agency Nurses - Cost management

- Priority to fill substantive posts
- Provided through NHSP
- Alternative to Overtime
- Cover vacancies to maintain safe staffing levels



# CIPS and Patient Safety

- Every scheme Quality Impact Assessed
- Implication of multi-schemes and inter relationships tested
- Signed off by Medical Director and Nursing Director
- Scrutiny by Commissioner Star Chamber
- Trust Board updated monthly

