

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 22 November 2016.

PRESENT: Councillors J G Cole, E Dryden, A Hellaoui, C Hobson, J McGee, G Purvis and M Walters

ALSO IN ATTENDANCE: Craig Blair, Director of Strategic Planning and Performance, South Tees Clinical Commissioning Group
Gary Owens, Assistant Director of Business and Strategy, South Tees Hospitals NHS Foundation Trust
Ruth James, Executive Director of Quality and Risk, South Tees Hospitals NHS Foundation Trust
Maxime Hewitt-Smith, Director of Finance, South Tees Hospitals NHS Foundation Trust

OFFICERS: C Breheny and E Pout

APOLOGIES FOR ABSENCE Councillor B A Hubbard, Councillor S Biswas.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest made at this point of the meeting.

16/12 MINUTES - HEALTH SCRUTINY PANEL - 25 OCTOBER 2016

The minutes of the Health Scrutiny Panel on 25 October 2016 were submitted and approved as a correct record.

16/13 UPDATE ON BREAST RADIOLOGY SERVICES

The Chair of the panel explained the background regarding the temporary changes to the breast radiology department at the James Cook University Hospital (JCUH). The Committee had received notification from the South Tees Hospitals NHS Foundation Trust (STHFT) that due to severe staffing problems it was unsafe to continue to offer the service at the JCUH and that patients from Middlesbrough and Redcar and East Cleveland would be accommodated at North Tees Hospital.

Therefore in December 2015 the South Tees Health Scrutiny Joint Committee examined the issue in some detail over 2 meetings. The changes were presented to the committee as temporary and whilst there was a national shortage of this type of clinician the Trust sought to pursue every opportunity to attract the highly specialist clinicians needed to run the service. The decision to make the changes had been discussed and supported by the Trust's commissioners, the South Tees Clinical Commissioning Group (CCG).

The Chair acknowledged that whilst this was a South Tees issue that it did have serious implications for the people of Middlesbrough and had asked the representatives to attend the meeting to provide an update to the Health Scrutiny Panel.

The representative from the CCG outlined that the issues were still the same, an initial recruitment campaign had been unsuccessful, and the Trust had advertised in European Journals and explored international recruitment. They were now exploring Dutch connections which it was thought could be fruitful given the direct air links between Durham Tees Valley Airport and Amsterdam.

The Chair and the panel outlined their current concerns that given back in December 2015 the Committee had been told that a Dutch person had been employed and was undergoing training and that plans were being made to resolve the situation, however nearly a year on the Members heard that the situation was still the same. The Trust updated Members on the progress of the individual and it was confirmed at the meeting that they were still in training and working their way through a 2 year training programme.

Members discussed whether or not that person would be required to stay with the hospital after their training and the panel were concerned to hear that there were no contractual mechanisms that could be used to make people stay with the hospital following completion of their training. The Trust paid for people's training and there were arrangements where people had to reimburse the Trust for training costs if they chose not stay with the organisation. It was explained that what often happened nationally was that some organisations used incentives to attract new recruits which included financial incentives such as paying back any training fees that had been incurred. Recruitment to specialist posts was a global problem and therefore important for the Trust to have measures in place to safeguard their interests and retaining trained staff was an issue that the Trust was looking in to.

Members were updated on the position with regard to the provision of a Tees Wide Hub. A feasibility study of the Trust's estate had taken place in order to ascertain the most appropriate site for the location of the service and the result had been unfavourable. Its natural fit would have been to extend the radiology department and discussions were taking place with another clinical service about their possible relocation in order to accommodate the expansion of the department on to that site.

Members discussed the equipment which was used by the breast radiology department. It had been noted that the equipment had not been working and members learnt that the machine was out of contract and currently unused. There were funds (including charitable donations) that were available for a replacement machine, the constraints of not updating the equipment were not financial ones, what was needed was clinical capacity. Members questioned how that clinicians might be detracted from coming to work at the hospital if there was no working equipment and new equipment would only be bought at the appropriate time and when the Trust could recruit to the specialist post.

When questioned if there was a desire by the North Tees NHS Foundation Trust for a new Tees Wide model, because they were getting paid for the current volume of work that was currently being undertaken. It was outlined that the breast radiology clinicians would work as part of a 'pool' and be based in the South Tees area and various work would still take place at North Tees. Patients had a choice where to have their treatment and the CCG's agreement with the Trust was that the payment followed the patient. When questioned if that arrangement created a disincentive by North Tees Trust to send patients back for their treatment it was explained that the North Tees wanted to want to work within a Tees wide service and capacity would demand patients would be seen at all available services.

In terms of patient feedback, the changes had not resulted in any spike in complaints from clinicians or patients. Feedback had shown that people felt they had received good quality services which had been safe and effective.

In discussing the recruitment problems it was mentioned that work was going on nationally regarding the issue and the Trust was exploring working with universities but reiterated that it is very difficult to recruit to specialist consultant radiologist posts.

The panel were extremely concerned that they had heard the same issues that had been explained back in December 2015 and they wanted some assurance that things were happening to resolve what was, a year ago, deemed as a temporary solution. Whilst the South Tees Health Scrutiny Joint Committee had supported the general direction of travel back in December they had wanted to be kept abreast of the situation, that included details of what actions were being taken to rectify the situation. In light of the information presented at the meeting Members agreed that the health organisations involved should be invited back with a detailed action plan as soon as was practicable. The CCG said they were supporting the Trust to deliver a solution and that an action plan could be drawn up and brought to the Health Scrutiny Panel in January 2017. It was also thought to be opportune to start a conversation with the public regarding what any potential reconfiguration might look like.

The trust detailed how they were making Investments in equipment such as the £1million 'da Vinci robot'. that was highlighted as evidence that expenditure was taking place to provide top class equipment which would then help retain and attract top class surgeons.

Members were concerned about the impact on waiting times and it was explained that the Trust had delivered on its waiting times in terms of breast radiology patients accessing the process. There was no impact on the screening service as that already took place at the North Tees Hospital site.

The panel also sought clarification on whether the proposals were linked in any way to the outcome of the Better Health Programme (BHP) consultation or the transformational change contained within the Sustainability and Transformation Plans (STPs) and if that was causing any delay in the reconfiguration of the service. It was confirmed that the breast services were not linked to the BHP or the STP programme.

AGREED - that the South Tees Hospitals NHS Foundation Trust and the South Tees Clinical Commissioning Group return to the panel in January 2017 with an Action Plan that would reassure the panel about what was being planned for the short and medium terms in order to provide a solution to the issue.

If, as a result of the action plan, the service required major changes to its provision then the panel would regard that as a substantial change or development and would require involvement in the statutory consultation process.

The Democratic Services Officer would also invite representatives from support groups and clinicians to that meeting to seek additional views.

16/14 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - UPDATE**

Members received their annual update from the South Tees NHS Foundation Trust which covered 4 main areas, Care Quality Commission (CQC) ratings update, Health Care Associated Infections, the current financial position and parking issues.

The Director of Quality and Risk took the panel through the CQC inspection and the Healthcare Associated Infections section.

The CQC had inspected the Trust in December 2014. The inspection covered 5 domains of quality against a set of standards at the James Cook University Hospital, the Friarage Hospital in Northallerton and community provision. There were 4 possible ratings, inadequate, requires improvement, good, and outstanding. The Trust had received an overall rating of 'requires improvement' and the panel had received information on the improvement actions that had been put in place to at their meeting in August 2015.

Since the inspection in December 2014 the Trust had received regular reviews by the CQC about their improvement plan. The Trust was then revisited by inspectors in June 2016 and then received an overall rating as 'good', improvements had been made in areas rated as inadequate or required improvement and no areas received those ratings. The Trust were pleased to have been rated as 'good' but their aim was to be 'outstanding'. In a national comparison of trusts Members were told that 68% of trusts were rated as inadequate or that required improvement. 28% were good and 4% outstanding.

The Trust had a number of areas that had been rated as outstanding and that included: improvements in patient flow and admission avoidance; and improving advance decision making in End of Life Care.

The Trust were asked to undertake a number of 'should do's' which were: increased pharmacist support to wards; checking of controlled drugs and improvements in medicines reconciliation; and developing their End of Life Care strategy. There were no sanctions placed on Trusts if they didn't complete their 'should do's' but as the Trust wanted to move to 'outstanding' those issues were classed as the top priority for the organisation regardless of the CQC judgement.

The Chair asked if the developments with the BHP and the STP were stopping the Trust from doing things. In response the Trust replied that in the proposals the JCUH was still going to be

designated as a specialist centre and that key services would still exist in the patch. The STP had not changed their thinking but that it offered the opportunity to work collaboratively in certain areas.

In discussing staff recruitment and retention, Members questioned the turnover of staff. In response the Trust stated that they had a slightly lower turnover than most trusts, many of their staff had worked for the Trust for a long time. Clinically there are some 'hot spots' where it was difficult to fill vacancies. There were some nursing vacancies that included specialist nursing vacancies in neuro critical care. The Trust outlined how they juggled the workforce on a daily basis. They had to make roles attractive to current staff in order to keep them, they had been involved in specific marketing campaigns to target national recruitment, however that was not the first port of call to attract nurses. The Trust operate a 'bank' system of nurses which ensures that they don't have to use agency nurses that would incur greater costs to the Trust.

Work was being undertaken to look at the options of recruitment and retention, national work was being taking place around the role of apprentices and the creation of a new band 4 role of a Healthcare Associate which would operate between the band 2/3 role of a Healthcare Assistant and a Band 5 Registered Nurse role.

As part of the Health Scrutiny Panel's work programme Members received the annual update on healthcare associated infections. Statistics were presented on the number of Clostridium Difficile (C-difficile) cases. C-difficile can kill and was transferred in hospitals by patients and staff. Between March 2015 and March 2016 the Trust had 61 cases, higher than the target of 50. There had been 2 Trust apportioned cases of C-difficile in October bringing the total to the end of October to 24 cases however there had been no linked cases since January 2016, which showed that the hospitals preventative measures were working.

The statistical graph presented showed how C-diff could never be completely eradicated. The Trust monitored the statistics on a monthly basis and a weekly report was produced where every case was reviewed by a panel which looked at the care, hand hygiene, staff training, how sick were isolated etc. Checks were made to establish if cases were linked as this causes the greatest concern as it shows a breakdown in the systematic process, for example poor hand hygiene.

There had been 1 case of MRSA bacteraemia in September which brought the total to the end of October to 5 cases. All areas had met their required standards, however it was noted that Teesside was a high prescriber area for the use of antibiotics. The overuse of antibiotics lowered people's immune systems and their resistance to those bugs. The Trust was working closely with Primary Care colleagues on trying to reduce the over reliance on antibiotics be people in Middlesbrough.

Given the importance of the issue, and the recommendations contained within the Francis Report that highlighted the importance of health scrutiny panels in being kept abreast of issues within the local health economy, the Chair and the panel agreed to have updates on healthcare associated infections a 6 monthly basis.

Financial Overview

The Director of Finance for the Trust took the panel through the organisation's financial position. In explaining the EBITDA (Earnings before interest, taxation, depreciation and amortisation) rate and how it reflected the health of an organisation, Year to Date figures showed the Trust were £4.0m behind plan. The Trust's overall budget was £300m and the underlying run-rate was behind what was planned. There was an unidentified gap of c.£7.0m. Recovery plan savings of £6.1m (17%) had been achieved to date for month 6 against a plan of £10.7m.

The Trust outlined the problem with debtor balances, notably funding from NHS England at £4.9m and contractual over-performance with South Tees and Hartlepool and Stockton CCGs which were £4.5m and £2.3 million respectively. The cash flow pressures faced by the Trust meant that the Trust had borrowed money from the NHS at various rates of about 2.5%

depending on the product.

At the time of the panel meeting the Trust's 18 week waiting times target had been met. The panel discussed sanctions that were placed on trusts for the non-compliance of targets. Fines would be levied on the Trust should they fail to meet that target. It was noted that the Trust had an excellent relationship with the CCG and as commissioners the CCG would re-invest any fines back into the Trust to help improve services and prevent future penalties. However new penalties were now paid at a national level and there was no local discretion to return those funds back into services.

Car Parking

Members were keen to receive an update to clarify the position with the new car park, Members were informed that the Brackenhoe car park that had 700 spaces closed on Friday 28 October 2016 and the Prissick Base car park (1100 spaces) opened to staff on Monday 24 October 2016.

On the whole the new Prissick car park has been welcomed had received positive feedback. The Trust was to conduct a wider review of car parking across the James Cook site which was to be concluded by the end of March 2017. The strategy would consider who parks where and would also consider which entrance people would use to help avoid the Marton Road exit and also help ease traffic flow in that area.

Members discussed the cost of public parking, during those discussions Members agreed that the 15 minutes free parking was not sufficient time in order to be able to drop people/items off at the hospital given the large nature of the site. It was agreed that it would be prudent to write to the Trust and seek their consideration to extending the free parking from 15 to 20 minutes to assist those people who only visited the site for very short periods.

AGREED - That the Democratic Services Officer drafts a letter to be sent on behalf of the Chair and the Health Scrutiny Panel to the South Tees Hospitals NHS Foundation Trust which asks the Trust to consider extending the 15 minutes free visitor parking to 20 minutes.