

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 18 December 2019.

PRESENT: Councillors D P Coupe (Vice Chair), A Hellaoui, S Hill, D Rooney, M Saunders and M Storey

ALSO IN ATTENDANCE: Mark Graham - Director of Communications - South Tees NHS FT
Gill Hunt - Director of Nursing - South Tees NHS FT
Kevin Oxley - Director of Estates, ICT and Health Care Records, South Tees NHS FT
James Cain - Local Democracy Reporter - Middlesbrough Gazette

OFFICERS: Caroline Breheny - Democratic Services Officer

APOLOGIES FOR ABSENCE Councillor T Mawston, Councillor J McTigue, Councillor P Storey.

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point.

1 MINUTES - HEALTH SCRUTINY PANEL - 29 OCTOBER 2019

The minutes of the Health Scrutiny Panel meeting held on 29 October 2019 were approved as a correct record.

2 SOUTH TEES HOSPITALS NHS FOUNDATION TRUST UPDATE

The Director of Nursing and Director of Estates, ICT and Health Care Records at South Tees Hospitals NHS Foundation Trust were in attendance to provide an update in respect of the Trust's current financial position, overall performance / areas for improvement, healthcare associated infections (HCAI) and car parking.

The Inspection report was published in July 2019. The Trust's overall rating went down from 'Good' to 'Requires Improvement'. A summary of the areas the CQC had highlighted as being in need of improvement were highlighted to the panel as follows:-

- The Trust should ensure that nurse staffing was in line with guidelines for the provision of intensive care units (GPICS) recommendations.
- Not all leaders at Board/senior level had the necessary experience, knowledge and capacity to lead effectively.
- The model for medical leadership had led to a splintered approach with a lack of clarity in accountabilities and a lack of a collective view of the medical priorities for the organisation.
- Large number of senior clinicians raised concerns during the inspection process about the lack of clinical engagement in service changes within the trust, and the trust's response to this was not open and receptive.
- The Trust needed to provide assurance that nursing staff in critical care were trained in equipment and had the appropriate knowledge and skills to provide level two and three care.

In terms of the actions already taken it was explained that:

- The New Chief Executive had visited more than 100 services and teams across the Trust.
- A new Clinical Policy Group to make decisions about how the Trust used its resources and delivered care across the Trust had been created.
- The Clinical Policy Group was made up of all clinical directors, medical directors, nursing and allied health professional leaders, chairs of staff-side, senior medical staff forum and BMA.
- 69 additional nurses had been recruited.

- A new Post Anaesthetic Care Unit (PACU) for patients who required a higher level of care but not critical care after their surgery.

It was advised that the Trust had a three stage plan in place, which was entitled 'Getting Back to our Best.' The plan comprised of three core components; to stabilise care, sustain care and connect care. In respect of stabilising care there had been a clinically led investment of £2 million in new equipment, changes had been implemented in response to the CQC inspection as outlined above and work had been undertaken to make it easier for patients who were ready to leave hospital, as well as those waiting to go into hospital. Sustaining care focused on joining up community and acute services, helping tertiary services to thrive and growing the Friarage. Connecting care sought to develop closer working within the NHS system through managed clinical networks to drive up quality of care for patients.

In terms of the here and now it was explained that the level of flu seen in the North East this year had been particularly high so far and what would normally be expected to be seen in January at the height of the flu season. This was having an impact in the community and GP consultations had increased. There had also been outbreaks of norovirus in schools and care homes and it was very easy for these to be brought into hospital. It was emphasised that the Trust had very well established procedures in managing norovirus and the key messages around preventing the spread of the virus was getting out there.

Reference was made to the four key performance targets and the Director of Nursing advised that the Trust was not where it would want to be in terms of performance. Generally the Trust performed really well in terms of A&E performance, however, in the last quarter the Trust had struggled to achieve the 95 per cent target. Referral to treatment times had also dropped and work was ongoing to improve on that position. The Trust was also over trajectory for C-Diff cases for 2019/20. Reference was made to patient feedback and it was explained that this was collected in a number of ways including proactive collection of data on ward using i-pads. Feedback was sought from between 600-800 patients in October and overall a score of 9 out of 10 had been achieved.

During discussion the following key points were raised:-

- In response to a query it was advised that a number of leadership changes had taken place at the Trust and a new Chief Executive and new Chief Operating Officer had been appointed. It was emphasised that the Trust had some of the best surgeons and physicians in Europe working at James Cook University Hospital (JCUH) and the Trust was determined for that professionalism to thrive. Clinicians had now been provided with more opportunity to make decisions and were, as part of the clinical policy group and this was key in taking the organisation forward.
- The Trust worked really well with Teesside University in respect of Nursing recruitment and the Trust's turnover was 9.5 per cent lower than the national average. The North East region as a whole was probably the most stable in the country.
- In terms of staff take up of the flu vaccination it was advised that the national target was 80 per cent and the Trust was doing everything within its power to promote take up. The Director of Nursing advised that her message to staff was that it was the single most effective way to protect yourself and your family.
- Although flu outbreaks in the North East had been higher than normal at this time of year the number of people requiring admission to critical care at the Trust had been low. As present there had been no need to create a flu ward.
- A consultation exercise was currently being undertaken in respect of the Friarage and it was anticipated that additional elective treatment would be delivered at the Friarage in 2020.
- Improvement trajectories had been formulated for each cancer speciality and these could be presented to the panel.
- Car parking and availability of car parking for patients and visitors remained an issue. It was advised that work had been undertaken with staff to discourage them from parking inappropriately and this work would continue.
- Efforts continued to discourage patients from smoking on site and at the entrances to JCUH. Every ward and every department gathered the necessary information to make appropriate referrals to smoking cessation classes.

- It was advised that the Board had agreed to permit vaping as an appropriate way forward. However, the vaping shelters had yet to be installed. The Chairman and Governors at the Trust were passionate about encouraging people to stop smoking and were working with the Council on how to take this forward.
- A Member of the panel stated that he wished to commend the staff at the Trust who were working under immense pressure. Reference was also made to the dragon fly scheme, which provided the little things people need when family members were in hospital. It was a really great scheme that ought to be commended. The Director of Nursing advised that she was immensely proud of the fabulous front line staff and volunteer services had won two national awards.
- Reference was made to the fact that text reminders were currently used by some service areas within the Trust but not all and it was queried whether this could be consistent across the Trust. In response it was advised that there were issues with the current IT system and a total investment of approximately £40million was required to provide clinicians with what was needed. The new Chief Executive was lobbying very hard and NHS England had acknowledged that an improved IT system was required at the Trust.
- It was suggested that it maybe beneficial for the panel to invite the Trust's Chief Clinical Information Officer to attend a future meeting of the panel to discuss this issue. The point was made that any new IT system would also need to be compatible with the Great North Care Record.

AGREED that the information provided be noted and an invite extended to the Chief Clinical Information Officer to attend a future meeting of the panel.

3 **REDUCING OPIOID DEPENDENCY - FURTHER INFORMATION**

The Democratic Services Officer advised that Professor Sam Eldabe from South Tees NHS Foundation Trust Hospitals had met informally with the Chair / Vice Chair and representatives of the panel on 10 December 2019. In order to provide evidence in relation a new trial that aimed to reduce patients' dependency on opioids and improve their quality of life.

Members expressed the view that the presentation had been particularly insightful and Professor Sam Eldabe's team at JCUH had since been successful in securing funding from South Tees CCG for a pharmacist led opioid and gaperinoid reduction programme to be lauched.

AGREED that a copy of the application for an opioid and gaperinoid reduction programme, as submitted to South Tees CCG, be circulated to all Members of the panel.

4 **REGIONAL HEALTH SCRUTINY UPDATE**

The Democratic Services Officer provided an update in respect of the following regional meeting:-

South Tees Joint Health Scrutiny Committee held in Middlesbrough on 29 November 2019. It was also advised that the Tees Valley Joint Health Scrutiny Committee would be held in Hartlepool on 17 January 2020.

AGREED that the regional health scrutiny update be noted.

5 **OVERVIEW AND SCRUTINY BOARD - UPDATE**

The Chair provided a verbal update in relation to matters considered by the Overview and Scrutiny Board on 14 November 2019.

AGREED that the OSB update be noted.