HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 22 September 2020.

PRESENT: Councillors , D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, D Rooney, M Storey and P Storey

ALSO IN ATTENDANCE:
M Adams - Director of Public Health (South Tees)
Dr. A Clements - Medical Director, STH NHS FT
Dr. R Bellamy - Director Infection Control, STH NHS FT
M Graham - Director of Communications, STH NHS FT
D Fowler - Interim Director of Nursing, STH NHS FT
I Bennett - Head of Patient Safety & Quality, STH NHS FT
Dr. J Walker - Medical Director, Tees Valley CCG
T Innes - Commissioning Support Project Officer, Tees Valley CCG

OFFICERS: C Breheny, J Dixon and S Lightwing

APOLOGIES FOR ABSENCE: Councillors J McTigue and T Mawston

20/5 **DECLARATIONS OF INTEREST**

There were no declarations at this point in the meeting.

20/6 **MINUTES - HEALTH SCRUTINY PANEL - 21 JULY 2020**

The minutes of the Health Scrutiny Panel meeting held on 21 July 2020 were approved as a correct record

20/7 **COVID-19 UPDATE**

The Director of Public Health (South Tees) was in attendance at the meeting to provide an update to the panel in respect of COVID-19 cases in Middlesbrough.

In respect of the number of positive COVID-19 cases in Middlesbrough the panel was advised that there had been a significant reduction in cases during May. A low number of cases during June and July before an increase at the beginning of August when the first new outbreak had been reported. The numbers had then continued to increase during September. For cases tested during the last 7 day period (13 - 19 September) there had been 60 positive cases in Middlesbrough. A rate of 42.6 per 100,000 population. This compared to 55 cases the previous week (6 - 12 September), a rate of 39.0 per 100,000 population. Middlesbrough had seen in a 9.1 per cent increase in cases over the last 7 days.

It was noted that over the previous 21 days the rolling 3 day average showed daily cases had remained steady before decreasing over the previous 4 days. It was advised, however, that a lag in cases being added could be the cause of the drop in the last few days. With regard to the pillar 2 testing rates (those carried out in the community, as oppose to in a hospital setting) showed that Middlesbrough ranked 44th highest nationally for rate of positive Covid-19 tests. The rates of tests per 100,000 population showed Middlesbrough was ranked 34th highest nationally. Information in respect of ethnicity data was presented, which showed the number of positive cases by ethnic group over the previous 6 weeks. It was noted that the proportion of cases affecting Asian residents in Middlesbrough had been high during the first half of August but this had since changed and the virus was now mostly affecting White British residents. It was emphasised that it was not the case that the BAME community was more at risk of contracting or transmitting Covid-19. However, the community was more risk of having

a poor outcome.

In terms of the ages of those affected it was noted that cases in the most recent 14 days had affected young people and those in the 30-49 age group, with much fewer cases in the older age groups. However, the numbers affected in the older, more vulnerable age groups (70+) were starting to increase. A heat map showing the 66 positive COVID cases in the previous 7 days by ward and the count by Local Super Output A rea (LSOA) across Middlesbrough was shared. It was noted that the positive cases were spread throughout the town and there had not been any particular clustering identified.
In relation to contact tracing it was advised that this was being undertaken by Council staff in an effort to build local intelligence and develop a better understanding of where people had been in the pre-symptomatic period. Most of the younger group had advised that they had been 'out and about' and 80 per cent of transmission had taken place within households, as had been experienced in other parts of the country including Bolton and Blackburn.

Following the presentation Members were afforded the opportunity to ask questions and the following points were raised:-

- Concerns were expressed about the number of people not wearing face masks in town and what action was being taken to address this issue. It was explained that the Street Wardens were being used and a sensitive approach adopted. The temperature guns had been used to initiate over 13,500 conversations and there was a need to generate a longer term commitment from the community to wear a mask in public to help protect everyone.
- In respect of the case tracing it was confirmed that a very proactive approach had been adopted and other local authorities in the region had followed suit. The Council's BME Network Co-ordinator had also been very proactive in distributing the message across the mosque and the Council's Communication Team were actively involved in emphasising the importance of social distancing. Targeted communications had been undertaken by VCS organisations to tailor the message to older people, BME and other groups to ensure these were delivered by trusted voices. COVID champions had also been recruited to challenge false stories and articulate the reality of what was happening.
- Reference was made to the current testing locations and the possibility of hyper-local testing being developed. It was advised that the status of this was not clear at present although it was something the Council was pursuing. The Director of Public Health (South Tees) advised that he was hopeful there would be more testing made available locally and the Council was making all the representations it could to make this happen.

The Medical Director at Tees Valley Clinical Commissioning Group (CCG) was in attendance to advise the panel that Tees Valley CCG had been chosen by NHS England as one of only three areas in the country to take part in a clinical pilot to support patients with COVID-19, through the establishment of a virtual ward.

In terms of background information it was advised that the Tees Valley has seen some of the highest infection rates in the country; with Middlesbrough having one of the highest infection and death rates. Some patients were presenting late, some had 'silent hypoxia' - low oxygen levels and were unaware of how unwell they were and those presenting late at hospital had a poorer prognosis. The aim of the 'virtual ward' was to implement home monitoring in order to detect deterioration of 'silent hypoxia' and enable earlier intervention, with a view to improving outcomes.

The COVID virtual ward, referred to as Covid Care @ Home enabled patients who had tested positive for COVID-19 to remain at home but be provided with a pulse oximeter that would be placed on their finger and measure the patient's oxygen saturation levels. It was explained that the patients would then be asked to submit their readings via a digital App for up to 14 days. Staff on the virtual ward would monitor the oximetry levels twice a day and proactively contact patients who showed signs of deterioration, to ensure appropriate clinical support was available.

It was highlighted that the App also had an inbuilt safety netting, so that if a patient entered deteriorating saturations it would automatically generate advice around action required, including calling 999 or 111 for in and out of hours assistance as needed in addition to

telephone monitoring, and face to face assessments where appropriate.
It was advised that referrals to the virtual ward could be made by GP Hot Clinics, Urgent Treatment Centres, on discharge from hospital, via test and trace and from Care Homes. Currently there were 24 patients on the virtual ward. The point was made that if an individual did not have access to a smart phone their data could be added by staff on their behalf.

In response to a query from the panel it was advised that at present there was plenty of capacity within the service but the ultimate aim would be to focus on patients that would derive the most benefit from remote monitoring. It was anticipated that there would be an evaluation of the 'virtual ward' pilot by NHS England next week prior to any national roll out of the scheme.
The Chair thanked the Director of Public Health (South Tees) and the Medical Director (Tees Valley CCG) for their attendance at the meeting and the information provided.

AGREED that the information presented be noted and a further update be provided to the panel at the next meeting.

20/8 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT 2019/20**

In terms of background context the Medical Director at South Tees Hospitals NHS Foundation Trust (STH NHS FT) advised that in July 2019 the Trust had received its CQC inspection report, which had seen the Trust downgraded from a rating of good to required improvement. In September 2019 the Trust had given a presentation to the South Tees Health Scrutiny Panel outlining the areas for improvement and undertaken by the Trust to immediately address the concerns highlighted by the CQC. The Trust had again attended the South Tees Health Scrutiny Panel in November 2019 to update specifically on the changes that had been made to Critical Care Services since the CQC inspection.

The Medical Director explained that since the CQC inspection the Trust had been working to 'get back to our best' and a clinical policy group had been established. STH NHS FT was now a clinically led, as opposed to a managerial or operationally led, Trust and clinical priorities directed decision-making.

In response to COVID-19 the panel heard that an escalation process was put in place, which ensured that as much high level quality care could continue to be delivered across services, with the James Cook University Hospital (JCUH) site separated into COVID and NON-COVID areas. The same approach was adopted at the Friarage Hospital site to ensure that any mixing was minimised. Testing was also key in this approach. At the start of the pandemic the Trust built up capacity very quickly, from a position of conducting 30 tests per day the Trust now had capacity to conduct 1500 tests per day and those tests could be carried out 24 hours per day.

It was advised that throughout the pandemic the Trust had exceeded national emergency guidance requirements. On 12 March 2020 the Trust introduced COVID-19 testing for all admitted patients who met the national case definition (list of symptoms) and on 6 April that was extended to include all inpatients upon their arrival at hospital (irrespective of the case definition). On 16 April 2020 national COVID-19 guidance was published setting out requirements to test patients being discharged from NHS hospitals to a care home. On 21 August national guidance was published setting out the requirements for Hospital Discharge Service: Policy and Operating Model effective from 1 September 2020.

In terms of PPE availability and staff testing it was explained that PPE Marshalls had been introduced, as it was relatively easy for cross contamination to take place. Psychological support had been introduced and was available to staff and the Trust had seen lower staff sickness rates when compared to similar Trusts. At the height of the pandemic JCUH had 150 positive COVID-19 patients but the Trust's resources team had ensured staff never ran out of PPE. A comprehensive risk-assessment process for all BAME colleagues had also been introduced, which was subsequently extended to all staff.

In respect of supporting patients and communities it was explained that staff had undertaken kindness calls and used ipads / technology to communicate with patients' family members. The support received from the local community had also been fantastic and had kept the staff going into recovery. Following the surge a de-escalation process had been undertaken. In respect of recovery it was advised that the four pillars of recovery were; staff safety, patient

safety, sufficient resources and clinical prioritisation.
Reference was made to the support provided by the Trust to the wider health and social care system and it was advised that the following support had been provided:-

- 600,000 pieces of PPE distributed to neighbouring health trusts and local care providers
- 5,201 COVID-19 test results provided by pathology labs to neighbouring health trusts
- Care home support service led by community matrons delivering full training, advice and guidance package to local care homes
- Online COVID-19 education and training films produced and provided to primary care and social care partners

Following the surge the CQC had undertaken a COVID-19 Infection Prevention and Control Assessment and concluded that the Trust had effective prevention and control measures in place. In respect of the number of COVID positive patients on site at JCUH at present it was advised that the number was 25, with 5 of those patients in critical care. The Trust was currently considering reintroducing the escalation process and separating the site, as the figures were starting to increase. It was acknowledged that this time there would be the added complexity of winter pressures but the Trust was confident it could deal with a second surge.

The Head of Patient Safety and Quality advised that in terms of the Trust's Quality Priorities for 2020/21 the following priorities had been agreed:-

Safety

- Increase incident reporting by 10 per cent per year. This will also mean an increase in incidents reported to the NRLS.
- Reduce the occurrence of Never Events and ensure there is a focus on safe surgical practice including improving the safety culture within theatres and continue the LoCSSIPs work.
- Improve the quality of incident investigations at all levels including those for Serious Incidents and those reported on Datix.

Clinical Effectiveness

- To identify, develop and implement a Quality Strategy for the trust and embed an agreed approach to quality improvement methodology
- To implement and embed the South Tees Accreditation of Quality Care (STAQC) accreditation process for the trust and the Quality Assurance framework
- Ensure patients have a safe, effective and timely discharge

Patient Experience

- Continuing work to further develop the patient experience programme using Meridian, specifically focusing on implementation of the new FFT guidance and 'hard to reach' groups.
- Embed the revised complaints management process within the trust in line with the revised Patient and Carers Feedback Policy
- Improve the Outpatients Department (OPD) experience through 'task and finish' groups to review and continue the work that has taken place during 2019/20.

Members of the panel expressed their gratitude on behalf of residents across Middlesbrough for the tremendous work that had been undertaken by the Trust in responding to the COVID-19 pandemic.

In respect of the Trust's performance in respect of the 2019/20 Quality Priorities Members raised a number of issues. It was agreed that the points made would be included a letter from the Panel for inclusion in the Trust's 2019/20 Quality Accounts document.

AGREED that a letter be drafted from the Health Scrutiny Panel for inclusion in the STH NHS FT Quality Account document 2019/20. A copy of the letter would be circulated for Members' approval prior to submission to the Trust by 23 September 2020.

20/9 **REGIONAL HEALTH SCRUTINY UPDATE**

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

meeting:-

- Tees Valley Joint Health Scrutiny Committee hosted by Redcar & Cleveland Borough Council on 18 September 2020.

AGREED that the regional health scrutiny update be noted.

20/10 **CHAIR'S OSB UPDATE**

The Chair provided a verbal update in relation to the business conducted at the Overview and Scrutiny Board meeting held on 3 September 2020, namely:-

- Executive forward work programme.
- Covid-19 update - Education and skills.
- Scrutiny Work programme.
- Scrutiny Chairs' updates

AGREED that the information provided be noted.

20/11 **MINUTES - HEALTH SCRUTINY PANEL - 10 MARCH 2020**

The minutes of the Health Scrutiny Panel meeting held on 10 March 2020 were approved as a correct record.