

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 13 July 2021.

PRESENT: Councillors D Coupe (Chair), R Arundale, A Bell, A Hellaoui, T Mawston, D Rooney and P Storey

ALSO IN ATTENDANCE: I Bennett (Deputy Director of Quality & Safety) (South Tees Hospitals NHS Foundation Trust), H Lloyd (Chief Nurse) (South Tees Hospital NHS Foundation Trust) and M Lal (Associate Medical Director) (South Tees Hospitals NHS Foundation Trust)

OFFICERS: M Adams, S Bonner and C Breheny

APOLOGIES FOR ABSENCE: Councillors D Davison and C McIntyre

21/82 **DECLARATIONS OF INTEREST**

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

21/83 **MINUTES- HEALTH SCRUTINY PANEL - 22 JUNE 2021**

The minutes of the Health Scrutiny Panel meeting held on 22 June 2021 were submitted and approved as a correct record.

21/84 **SOUTH TEES HOSPITALS - QUALITY ACCOUNTS 2020-2021 - TO FOLLOW**

The Deputy Director of Quality and Care, Chief Nurse and Director of Clinical Medicine at South Tees Hospital Foundation Trust presented the Quality Accounts 2020-21 document to the Panel. During the presentation the following points were made.

- Care had been provided to more than 3,000 people within the trust's remit covering a variety of needs.
- It was important to stress the Trust had continued to deliver effective services despite increasing and significant pressures.
- By means of context; the Trust had been one of the first to carry out Covid SWAB testing around the clock at the height of the Covid Pandemic and had administered 134,000 COVID SWAB tests.
- The Trust had also delivered more than 1 million aprons, 4 million facemasks and 7 million pairs of gloves.
- James Cook Hospital had also delivered more than 71,000 vaccines before the vaccination programme was moved to Primary Care.
- The Trust continued to ensure necessary levels of PPE was in place for staff and patients as part of the ongoing Covid recovery agenda.
- The Trust had struck a balance with regards to visiting hours during the Pandemic.
- The Trust had continued to deliver business as usual, and new, procedures despite the Covid Pandemic with examples including the use of a MitraClip in cardiology procedures. Such procedures allowed patients to be discharged faster than they would ordinarily.
- Staff across departments had worked collaboratively to provide complex treatments as safely as possible, including staff in nuclear medicine and oncology to provide radiotherapy treatments.
- Since October 2019 the Trust had empowered clinicians to become more involved in the care being delivered through the Clinical Policy Group.
- The Clinical Policy Group had created 10 clinically led collaboratives that included Nurses, Health Care Professionals and Administrative Support who all came together to improve services. The heart of the Clinical Policy Group was effective leadership that provided a range of support.
- The Trust was also actively pursuing HUMAN FACTOR training and awareness, which was used in several safety critical industries. This model offered patient safety and clinical excellence.

- The Trust was confident by April 2022 90% of relevant staff will have undergone the HUMAN FACTOR training.
- Patient safety was at the heart of all activities carried out in the Trust with an emphasis on Floor to Board governance.
- The Trust was keen to embed and strengthen organisational learning, with learning from mistakes, particularly near misses, adopted across the organisation. It was hoped that adopting this approach would reduce the possibility of future mistakes.
- Via the South Tees Research Innovation + Education centre (STRIVE) a leadership academy had been developed with the intention that training should be available to all staff no matter where they work in the organisation.
- In order to improve incident reporting the Trust was looking to improve the Datix system.
- The Trust worked to embed a culture of patient safety embedded across the organisation. South Tees Trust was the most improved in the country for its approach to Freedom To Speak Up.
- There was also a desire for the Trust to include patients at every level of engagement.
- There were three areas as part of the Drive for Excellence in Care model; Professional Excellence; Collective Leadership and Investing in our People.
- The Trust was always looking at mental health impacts as well physical health impacts.
- In terms of the Trust's priorities for the forthcoming year; there were three general areas the priorities fell under; Safety; Clinical Excellence and Patient Safety. With regard to safety; the Trust had previously been regarded as a poor reporter of serious incidents but it wanted to improve this by 10 per cent each year.
- The Trust wanted to develop a quality and safety strategy.
- The Trust also wanted to engage with the Getting It Right First Time (GIRFT) Programme to prevent unwanted variation. There was also a need to continue to the Trust's End of Life strategy using the principles of GIRFT.
- There was a desire to adhere to the quality standards as prescribed by NICE, with a focus on continual improvement.
- From a patient experience there was need to alleviate category three and four pressure damage as well as improving communications, especially in terms of letters.
- After a recent CQC inspection of the Trust's Radiotherapy department, the inspection found it to be one of the best services in the country. Inspections of the Trust's virtual ward and maternity services were also seen to be excellent.

The Chair expressed his congratulations and thanks to the Trust for their hard work and dedication during a difficult year and commended their ability to continue delivering key services throughout.

A Member queried if the Trust had experienced any resistance from staff Members in terms of receiving the vaccination. It was clarified that all staff had wanted to receive the vaccination and that no resistance had been encountered to this. Indeed 96% of staff had received the vaccination with remaining staff either having underlying health issues or allergies which prevented them from receiving the vaccination.

The Chair expressed his relief at this statistic given the high rates of Covid infection in the town.

A Member queried if there was a correlation between PALS enquiries complaints. It was clarified that where possible all concerns and issues were addressed informally with the intention of avoiding formal complaints being raised. While some Trusts had changed, or even suspended their complaints process, South Tees had changed their processes to ensure concerns were addressed, albeit via different means such as Teams. As a consequence, the Trust found they were in a preferable position to other Trusts in terms of PALS and complaints.

The Chair expressed his relief and gratitude that the Trust had not experienced any surgical 'Never Events' in the past year. The Trust confirmed they were proud of this achievement but that it was a continual journey of improvement.

A Member congratulated the Trust on their achievements but queried why many of the

nationally assessed performance measures were missing their targets. The Trust acknowledged that many of the National Performance Indicators were significantly missing their targets and that there were several factors affecting this including an inability to bring patients into the Trust safely due to Covid as well as an increase in the numbers of people approaching A&E due to telephone only appointments at GP surgeries. The Trust confirmed communications were being issued to reassure patients that it was safe to attend appointments if they were available.

The same Member queried if the issues identified were reflected nationally and it was confirmed it was. The message from NHS England and the Royal Colleges was the challenges being faced by South Tees were a shared problem and that the challenge to improve was not underestimated.

A Member queried if any strategies were in place, or being planned, to combat an increasing amount of people going to A&E with children for non-emergencies. It was clarified strategic conversations were taking place to address this.

Members expressed their thanks for the work carried out by the South Tees Maternity Partnership.

The Chair thanked the Trust for providing a comprehensive report and expressed the Panel's confidence that progress was being made in key areas of performance. The Chair also requested a summary document be provided of the Quality Accounts document.

**** SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 - ORDER OF BUSINESS**

ORDERED: that in accordance with Council Procedure Rule No. 5, the Committee agreed to vary the order of business to consider agenda item 7, Any other urgent items which in the opinion of the Chair, may be considered, as the next item of business.

21/85

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

The Director for Public Health (South Tees) provided the Panel with an update on Covid and made the following points:

- Middlesbrough was consistently high in terms of infection rates, both locally and nationally.
- There had been a significant increase in positive tests.
- While the 19-29 age range seemed to show the most prevalent Covid rates there were indications the over 60's were also seeing an increase in infection rates.
- There were 54 in-patients being treated for Covid at James Cook Hospital who were not exclusively younger or unvaccinated.
- There was a consensus the vaccine helped should an individual become infected.
- In terms of schools; there were 88 closed school bubbles across 28 schools.
- There was also concern that high infection rates would impact on front line service provision.
- Middlesbrough had a vaccination rate of 72% for a single dose, with 56% of over-18s having had both doses.
- There was a continuing concern that a small but significant number of over 50s had not had either dose of the vaccine.
- Primary Care Networks had tried to remove, or at least reduce, barriers to booking processes for the vaccine. Examples included offering drop-in sessions.
- There were also various communication initiatives being deployed in order to encourage vaccination take up, including dedicated social media pages and the *Make Every Contact Count* initiative. This included important information for front-line staff who could use it to encourage vaccination take-up.
- The Panel also heard that SAGE expected high numbers of infections until the end of August 2021. The main impacts from such high levels of infections included hospital admissions, work absences and PCR testing potentially not being as effective in detecting new variants.
- SAGE also advised a more gradual relaxation of Covid restrictions rather than

rapid relaxations. It was noted that this seemed at odds with government policy.

The Chair commented the number of infections for 16-29 year olds was high and that Middlesbrough had always followed other areas' infection rates by approximately two weeks. It was clarified it was uncertain if this would be the case this time. It was also confirmed that it was difficult to create accurate modelling to predict future infection rates.

The Panel were also made aware that Long Covid could be prevalent in approximately 5,000 people in Middlesbrough which would be compounded should infection rates rise. However, it was also clarified that accurately quantifying this was difficult.

A Member queried how many people in the town had not been vaccinated and it was confirmed this stood at 4,618. While this was decreasing it was doing so slowly. It was clarified that some of that group had underlying health conditions or were anxious about the vaccine whereas others were opposed to the vaccine on principle.

The Panel heard information was provided to front line staff to encourage vaccination take up, but was not an enforcement tool. Ultimately, the Council's position on this issue was limited as to what it could achieve. Its position was one of influence and education rather than punitive action.

It was also commented that, generally, there was less take-up for the vaccine in younger age groups, but that Long Covid was still a significant risk for those age groups.

It was queried if Long Covid affected women to a greater degree than men. While there was no definitive data on this, there was still much to learn about the effects of Long Covid. It was also confirmed efforts with key stakeholders had been made to reach all cohorts of people.

In response to a query about vaccination among the homeless, it was clarified that clinics had been established to make the vaccine available for hard to reach groups, including asylum seekers. It was established that getting the vaccine was easy unless there were other significant life pressures.

It was also clarified the Council was working with the school holiday fund with the intention of mitigating the impact of school attendance.

The Chair thanked the Director of Public Health for his presentation.

AGREED that:

1. The Director of Public Health provide Members with the information supplied to front line staff used to encourage vaccination take up and;
2. The information provided be noted.

21/86 **HEALTH INEQUALITIES REVIEW - HEALTH FOR WEALTH**

This item was deferred to the Panel's meeting on 7 September 2021.

21/87 **CHAIR'S OSB UPDATE**

The Chair provided an update to the Panel about the previous meeting of OSB on 29 June 2021. During his update the Chair advised the Chief Executive had provided an update on the Council's continuing response and recovery from the Covid-19 pandemic.

The Board also heard that vaccination rates in Middlesbrough were some of the lowest in the North East, which was largely attributed to levels of deprivation.

The Chief Executive also informed the Board the Council had conducted a review of its own governance arrangements in light of the Best Value Report carried out at Liverpool City Council. The Board heard how Liverpool City Council had not adhered to certain key governance principles including a failure to declare hospitality and a failure of senior officers to formally challenge/ escalate concerning behaviour. The Chief Executive reassured the Board

that such failings were not present in Middlesbrough.

The Board also heard that CIPFA had conducted its annual review into the Council's financial resilience against its 12 statistical neighbours. It found Middlesbrough was always vulnerable to financial shocks due to its size and demographics so having robust financial mitigations was critical. The review also found a high proportion of the Council's budget was spent on social care (nearly 40%) and that its Council Tax was very low (the lowest in the North East).

The Board also received an update on the refreshed strategic plan, and how the Council had performed financially during 2019-2020.

The Director of Regeneration was also in attendance and provided an update on Town Centre development, informing the Board that there was a strategy to move the "Town Centre" to the "Centre of Town" that emphasized more living, educational, working and Leisure facilities.

The Board also received updates from the Panel Chairs on the activities taking place within their respective remits.

NOTED