

HEALTH SCRUTINY COMMITTEE

Wednesday, 13th June, 2012

Present:- Councillor Colin Eastwood – in the Chair

Councillors D Becket, Mrs Hailstones, Mrs Johnson and Loades

1. APOLOGIES

Apologies for absence were received from Councillor J Taylor and Cllr Cornes.

2. DECLARATIONS OF INTEREST

Councillor Loades declared an interest due to him being a member of the Co-ordinating Group for Staffordshire LiNk.

Councillor Mrs Johnson declared an interest in item 8 of the agenda (Combined Healthcare Trust Consultation) due to her membership of the North Staffs User Group.

3. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting of this Committee held on 3 April 2012 be approved as a correct record.

4. ACCIDENT AND EMERGENCY DEPARTMENT AT UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE

The Chairman welcomed Liz Rix and Mark Mould from UHNS to the meeting following which they made a presentation providing an update on performance at the new Accident and Emergency Department including the impact of reduced A&E Services at Mid Staffordshire Foundation Trust since December 2011.

A summary report prepared by UHNS was circulated at the meeting and key achievements for 2011/12 were outlined as follows:-

- All key national targets being met by the Trust except A&E 4 hour access.
- Significant reductions achieved in hospital acquired infections and significant improvements made in Venous Thromboembolism (VTE) risk assessment.
- Improvement in harm free care through implementation of Safety Express.
- Moved the vast majority of clinical services safely into new state of the art facilities.
- Improved efficiency through reduced length of stay, bed reductions and workforce reductions.
- The Trust was designated as a Major Trauma Centre in 2011/12, with the national launch by Andrew Lansley, Secretary of State and David Nicholson, NHS Chief Executive, hosted from the new hospital on 3 April 2012.
- Support provided for Mid Staffordshire Foundation Trust (FT) and their patients in Emergency Services following the closure of their A&E overnight.
- Continued improvements to patient safety and quality culture which has been maintained through a period of unprecedented change. Full compliance with Care Quality Commission (CQC) regulations.

- Successfully moved the vast majority of clinical services safely to the single site by March 2012.
- New model of leadership embedded and supported by significant investment in leadership and Board development.
- Provision of emergency contingency to assist Mid Staffordshire FT overnight closure of A&E from December 2011.
- Key substantive appointments to the Chairman and Director of Finance roles providing continuity of leadership going into 2012/13.

In addition to the above, the Trust's key objectives for 2012/13 were summarised as follows:-

- Deliver safe appropriate and effective patient care with no harm to patients.
- Activity and capacity to deliver all access targets in order to provide resilience to performance.
- Increase elective activity through networks and repatriation.
- Reduce non-elective activity through care closer to home.
- Ensure our financial viability by preventing any significant drops in activity income.
- Deliver the Tripartite Formal Agreement milestones to become a Foundation Trust (FT).
- Develop further strong strategic partnership working for tertiary services through alliances and clinical networks.
- Develop stronger commercial relationships with Mid Staffordshire FT with a clarity of purpose.

It was indicated that delivery of the A&E 4 hour access target had proved challenging for a number of key reasons and had resulted in inviting the National Emergency Care Intensive Support Team into the Trust in February 2012, followed up by a whole economy diagnostic in recognition that flow out from the organisation is the biggest issue for impacting on delivery. A number of actions were being taken across all organisations within the Health Economy to assist including West Midlands Ambulance Service, Staffordshire and Stoke-on-Trent Partnership Trust, Combined Health Care Trust and Clinical Commissioning Groups. Through an analysis of the data, issues included:-

1. Change in attendance and admissions

- Overall for 2011/12, there was a 2% increase in patient attendances to A&E; however, February 2012 saw an 8% increase and March, post ED moves, there was a 14% increase. Average daily attendances have increased from 280 to 320.
- Admissions are at higher levels than same time last year. Admission rate to inpatient beds has remained static at 21% but as attendances are higher, there is an increase demand for inpatient beds. There was a 7% increase in PBR and 24% increase in non-PBR non-elective admissions against the 11/12 contract.
- For 8 months the Emergency Department has consistently achieved 4 hours for non-admitted patients (95th percentile at 226 minutes).
- The Emergency Department has not achieved the 4 hours target for admitted patients all year and performance has deteriorated from October going into the winter period (95th percentile at 618 minutes).. Capacity and flow is the main constraint to delivery of the target.

2. Capacity constraints through a smaller bed base

- Significant progress had been made within the Trust in line with efficiency targets, resulting in 200n less beds across the Trust closing to date, with a reduction in length of stay and occupied bed stays.
- The bed closure programme focused on reducing 300 beds by internal efficiency, admissions avoidance and community efficiency. All areas of the programme have made progress but have not delivered at the same pace and not all programmes are fully realised. As a result of the increase in demand, there has been a review of the bed requirements.

3. High occupancy, increase in acuity and length of stay for emergency patients over winter

- Historically the Trust has always run at a high occupancy. There was a need to reduce occupancy to support flow and therefore more beds were required, particularly over the winter period.

4. Imbalance between admissions and discharges, in particular weekend flow

- With the change in attendances and admissions, there was an average daily demand of 70 medical inpatient beds per day. The discharge rate in Medicine is on average 60 per day with 31% of patients being discharged before 1pm. Earlier in the day discharge is key and rectifying the imbalance between admissions and discharge. Weekend discharges reduce to half these levels despite consultant led rounds on all medical wards.

The actions being taken were being monitored by the Trust Board and Strategic Health Authority and performance was expected to improve by quarter 2.

Mid Staffordshire Foundation Trust closed their A&E overnight from December 2011 and four organisations assisting in taking patients, with UHNS being one. The average daily numbers were predicted to be 10 patients brought to UHNS by ambulance. However, since December the average has been 5 per night brought in by ambulance with an average of 2 patient walk-ins. The maximum daily numbers has been 14 ambulance patients.

Month	Attendances
December	209
January	167
February	199
March	182
April	185
May (27 th)	229

To address the increase in demand, the following measures were put in place and remain in place:

- Extra SHO from 1800 to 0200 and 2200 to 0800 7 nights in A&E.
- Minor injuries department opening times extended to midnight Monday to Thursday and 0200 Thursday to Sunday.
- Additional medical beds.
- Treat and transfer policy in place to ensure patients are safely transferred back to Stafford when medically stable.

Patient safety and experience in A&E remains a top priority and data on complaints and adverse incidents are reviewed on a weekly basis. Complaints per 100 attendances are lower than last year and adverse incidents remain on a downward trend. Patient experience surveys have been conducted in October, February and April. Over 1000 patients responded and overall improvements have been reported; particularly in relation to pain management, discharge information, cleanliness visibility and overall service experience. 320 comments were received and most were positive.

The summary report prepared by UHNS concluded by indicating that the Trust was committed to ensuring the emergency pathway for patients supports the 4 hour A&E standard.

In conclusion, Councillor Becket sought answers to a number of questions relating to the A&E Department, to which Liz Rix offered to supply answers in time for consideration at the next meeting.

Resolved:- (a) That Liz and Mark be thanked for their presentation and that the information be received.

(b) That UHNS be congratulated on the improvement in the figures for unexpected deaths and in securing the Major Trauma contract for Wales.

(c) That the responses to the questions tabled at the meeting be placed on the agenda for the next meeting.

5. CARDIAC REHABILITATION AT JUBILEE 2

The Council's Executive Director – Operational Services indicated that progress had been made in developing a programme for Cardiac Rehabilitation – Phase III based within the Jubilee 2 Health and Wellbeing Centre.

A draft service level agreement had been prepared and was awaiting confirmation by North Staffs PCT. The provisional start date of 18 August 2012 had not been met due to the delay in finalising the Service Level Agreement.

It was stated that when the programme started, the University Hospital of North Staffordshire NHS Trust (UHNS) would provide staff to deliver Cardiac Rehabilitation at Jubilee 2 alongside the Council's staff who had also been trained in cardiac rehabilitation. The UHNS staff would include Nursing and Exercise Physiology/Physiotherapy professionals and on these days responsibility for the patients attending Cardiac Rehabilitation will be held by the staff from UHNS.

Patients accessing Jubilee 2 would have been initially stratified as being at low risk of further cardiac events while attending Cardiac Rehabilitation. During their Cardiac Rehabilitation programme, which will last for eight weeks, patients will also be encouraged to exercise independently on additional days at Jubilee 2 under the supervision of an Exercise Instructor from Jubilee 2 with a relevant Cardiac Rehabilitation qualification.

During these additional sessions, patients would consent to exercise at their own risk, but with the support of the appropriately qualified Jubilee 2 staff member.

Following completion of their eight week cardiac rehabilitation programme, patients will then be encouraged to continue their exercise through the North Staffordshire PCT Exercise Referral Scheme.

Resolved:- (a) That the information be received.

(b) That every effort be made to secure an early start date for the programme.

(c) That Staffordshire County Council be advised of the delay in commencing the programme and that the Chairman of this committee be asked to raise the issue at the next meeting of the County Council's Health Scrutiny Committee.

6. HEALTH AND WELLBEING STRATEGY

The Council's Executive Director – Operational Services gave an update on this matter indicating that this Council had received an updated health profile for the Borough from the County Council. He stressed the need for this Council to be clear on what the local issues and needs were and how best to prioritise making best use of limited resources.

Districts had been asked to prepare an Enhanced Assessment to ascertain what local assets contributed towards meeting the aims of the Needs Assessment. This was needed to be done by October 2012.

In the meantime, the Borough Council could continue work on its own strategy.

In addition to the above, it was indicated that it had been agreed to increase elected member representation on the Staffordshire Health and Wellbeing Board to two. Discussions were ongoing between this Council and Stoke and Staffordshire Moorlands with regard to the nomination of that additional member to represent the north of the county.

Resolved:- That the information be received.

7. SCRUTINY OF INFANT MORTALITY

The Committee was reminded of its earlier discussions on this matter which had been referred to it by the County Council's Health Scrutiny Committee.

The Council's Partnership Manager reported that following on from the last meeting she had discussed the issue with both Sally Parkin (North Staffordshire CCG) and Jackie Small (Public Health). There is now in place a joint Stoke and Newcastle Perinatal and Infant Mortality Strategy Steering Group investigating the issues which the Partnerships Manager was invited to attend on 17 May 2012.

The group had met on three occasions and who very well attended by University Hospital. There were queries around the data and whether in 2006 when Newcastle figures increased, if there were any boundary changes (as Staffs Moorlands had decreased and Newcastle increased) – the Borough was tasked with looking at any local authority changes (which there weren't any) and Sally Parkin investigated any PCT changes. Additionally, there was a query as to whether there were any mass migrations of certain ethnic minority groups which may have had an impact (to date

there do not appear to be any, however, census data may help with this). Again the data is being queried with West Midlands Perinatal Institute (WMPI) as to how it is measured and which databases sit in each category – particularly in relation to neonatal deaths. Sally Parkin is going to continue to liaise with the Council in relation to the progress of the group and shortly, NBC will be invited to be a part of the formal group.

Family Nurse Partnerships were now operating in Newcastle in targeted wards and at targeted first time teenage parents (up to 19). The programme offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy to age two. The family nurses build supportive relationships with families and guide first-time teenage parents and use behaviour change methods so that they adopt healthier lifestyles for themselves and their babies. There is a set criteria and the programme is licensed. There is further information available regarding the Family Nurse Partnerships if required by the Committee.

A meeting of the Joint Infant Mortality Group was to take place during the week commencing 18 June 2012 and lessons learnt and best practice from other areas such as East Staffordshire and Birmingham where increased infant mortality rates had been an issue were being reviewed to support the investigation and management of this important issue for Newcastle.

The Council's Partnership Manager would be attending the joint meeting and report back.

Whilst appreciating the need to avoid a duplication of work, Members expressed concern at the current position in the Borough on infant mortality feeling that if positive progress/outcomes were not achieved by the Steering Group and/or the clinical commissioning group in the near future then this committee should press on with the work itself and report back to Staffordshire County Council.

Resolved:- (a) That the information be received.

(b) That the Council's partnership Manager be requested to submit a report to the next meeting regarding her attendance at the Joint Steering Group and progress made by that Group.

(c) That dependent upon the above report, the committee give further consideration to its position on this issue at its next meeting.

8. COMBINED HEALTHCARE TRUST CONSULTATION - MODEL OF CARE PHASE II

Resolved:- That consideration of this matter be deferred to a special meeting of the committee to be convened in consultation with the Chairman and that in the meantime a copy of the consultation document be forwarded to all members of the committee.

9. PHLEBOTOMY SERVICE AND BRADWELL HOSPITAL

The committee considered a report submitted by Councillor Becket on the current provision of phlebotomy services and access to Bradwell Hospital.

The report sought answers to a large number of questions and it was agreed that these be forwarded to the PCT with a request that answers be provided in time for inclusion in the agenda for the next scheduled meeting.

Resolved:- That the report be received and the actions outlined above be agreed.

10. PRESCRIPTION MEDICATION

It was reported that following the discussion at the last meeting, this matter had been referred to the County Council's Health Scrutiny Committee for possible inclusion on its Work Plan.

Resolved:- That the information be received.

11. WORK PLAN

Consideration was given to a report setting out progress made on issues included within the committee's Work Plan for 2011/12.

A number of issues had been satisfactorily completed and others had been rolled forward into 2012/13 for consideration.

The Chairman invited Members to go away and consider what issues they would like to see added to the Work Plan and to submit any suggestions direct to Democratic Services for inclusion.

Resolved:- (a) That the information be received.

(b) That the Committees wish to visit the new hospital be included in the Work Plan and referred to the County Council.

12. REMIT OF THE COMMITTEE

Whilst recognising the strategic role of the County Council's Health Scrutiny Committee, Members expressed the opinion that this should not prevent this Committee from scrutinising local issues that impacted directly upon residents of the Borough.

The Committee was assured that the existing working arrangements between the County and District Health Scrutiny Committees were clear in allowing that to happen.

Resolved:- That the information be received.

COUNCILLOR COLIN EASTWOOD
Chair