

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 3 May 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hunter, I.
Dodd, R.R	Nisbet, K.
Hardy, C.	Wilczek, R.
Hill, G.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, J.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Bradley, N	Director of Adult Social Services
Charters, H.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Cotton, M	North East Ambulance Service (NEAS)
Gilchrist, T.	North East Ambulance Service (NEAS)
Nugent, D.	Northumberland Healthwatch
O'Brien, A.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Pattison, W.	Cabinet Member for Adults' Wellbeing
Quinn, L.	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Rutherford, S.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Sams, P.	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Teasdale, C.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Todd, A.	Democratic Services Officer
Troy-Smith, A.	Newcastle upon Tyne Hospitals NHS Foundation Trust

72. APOLOGIES FOR ABSENCE

Apologies for absence was received from Councillor C. Humphrey and D. Ferguson.

73. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

74. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 10 March 2022 and 14 April 2022 be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

The Committee was advised that all NHS healthcare providers were required to produce an annual Quality Account, to provide information on the quality of services they delivered. The Quality Accounts were reports about the quality of services offered by an NHS healthcare provider. The reports were published annually by each provider and were available to the public.

Members were requested to receive and comment on the presentations from each Trust, and to consider agreeing to submit formal responses to each Trust following the meeting based on members' views.

75. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST 2021/2022 QUALITY ACCOUNTS

Members received a presentation from L. Quinn and P. Sams from the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. (A copy of the 2021-22 Quality Account and presentation slides have been filed with the signed minutes).

The Quality Account outlined how the Trust had performed over the course of 2021-22, taking into account the views of service users, carers, staff and the public. The Quality Account outlined the good work that had been undertaken, the progress made in improving the quality of services and identified areas for improvement.

It was reported that the effects of the coronavirus pandemic continued to affect the delivery of services. There had been a great deal of good work undertaken in the past 12 months, but it was acknowledged that it had been difficult at times to maintain the standards and quality the Trust aspired to achieve.

The Trust reported that they had been extremely proud of their teams, working in partnership with others and particularly with service users, their carers and families.

The Quality Account detailed what had been achieved during 2021-22, including the progress with their four Quality Priorities. The document also set out the Trusts Quality Priority ambitions for 2022-23.

The presentation included:

- Trust wide and Northumberland waiting times analysis. It was reported that there was an increase in people waiting over 18 weeks for all services with the exception of CYPs services, who had maintained no waiting times past 18 weeks since quarter 1 2020-21 when one individual waited over this timescale.
- The Quality Priorities for improvement during 2021-22 and their impact on long term Quality Goals.
- The 2021-22 Quality Priorities evaluation. Including the COVID pressures on staffing and service delivery which had resulted in progress made to support all Quality Priorities being given the status of 'partially completed'.
- Three of the Quality Priorities would continue into the new financial year with robust milestone plans.
- The fourth Quality Priority was to be adapted after feedback from patients, families and partners.
- For 2022-23 the Quality Priorities were to:
 - Quality Priority 1 – Improving the inpatient experience by removing barriers to admission and discharge and improving the therapeutic offer during treatment.
 - Quality Priority 2 – Improving waiting times in areas where demand currently exceeded capacity.
 - Quality Priority 3 – Support service users and carers to be heard by improving processes and promoting person-centred approaches.
 - Quality Priority 4 – Implement a Trust wide approach working across Locality Groups. The Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications and Staff Networks.

Discussion followed, of which the key points from members and responses were:

- In relation to a query regarding Quality Priority 4: reducing disciplinary/grievance cases relating to bullying and harassment, it was confirmed that this target had been set following staff survey results. The staff survey had highlighted inconsistencies in bullying and harassment reports among racial and ethnic minority groups which, although a small number, the Trust wanted to address.
- Confirmation that there had been an increase in referrals and waiting times across all pathway services due to the pandemic.
- The improvement of inpatient experience by removing barriers to admission and discharge was needed. It was hoped the measures put in place would improve partnership working, improve ward standards and create added value to patient care especially older people and

those with learning disabilities. This would also help improve waiting times.

- The Trust was confident that waiting times would improve following the review of the Adult Autism Diagnostic Service and the Adult Attention Deficit Hyperactivity Disorder Service pathways.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

76. NORTH EAST AMBULANCE SERVICE 2021/2022 QUALITY ACCOUNT 2021/22

Members received a presentation from M. Cotton and T. Gilchrist from the North East Ambulance Service (NEAS) on their Annual Quality Report 2021/22 (A copy of the report and presentation has been filed with the signed minutes).

The report demonstrated how NEAS were performing and identified areas for improvement considering the views of service users, carers, staff and the public. It was reported that NEAS strived continuously to improve patient safety, patient experience and clinical effectiveness. Emerging from the pandemic NEAS focus had shifted to the recovery of services, supporting the workforce and preparing for the changes in the external environment. It was advised that 2022/23 would bring major changes which would impact on the way NEAS delivered services.

The Quality Priorities had been chosen to align with NHS England and NHS Improvement's 2022/23 operational planning guidance and priorities for the National Health Service, the Care Quality Commission Domains and the Trust's five-year strategy 2021-2026.

Within the Annual Quality Report, the four quality priority options for 2022/23 had been outlined including progress made. However, it also recognised where key actions had not been achieved as planned due to prioritising patient care and the unprecedented demands experienced on services due to COVID-19. It was reported that with the easing of COVID-19 restrictions NEAS were able to undertake a period of consultation with internal and external stakeholders throughout April and May 2022 which enabled them to ensure the 2022/23 priorities would fully address the needs of patients, staff, partner NHS organisations and other business partners across the region going forward.

Members were informed of:

- Data on the number of 111 calls offered and average time to answer.
- It was advised that a large-scale recruitment campaign for an additional 152 health advisors for both the 111 and 999 service was on target to

increase the team in order to meet demand. This month alone another 53 health advisors had started.

- NEAS had recently worked with the Dental Commissioner at NHSE to almost double the number of appointments on offer each week for patients with an urgent dental concern.
- Details of 111 Outcomes. It was reported that the actual percentage of patients that received an ambulance was far less than the 17% recorded. This was the output from the NHS Pathways data however after a lower category ambulance outcome had been reached, the call may be reassessed by a clinician and the outcome downgraded.
- Data on the number of 999 calls offered and hear & treat rates.
- NEAS had seen an increase in both 111 and 999 calls received during the pandemic.
- Average response standards to life-threatening calls in Northumberland and North Tyneside CCG and across NEAS assessed as category 1, 2, 3 and 4.
- Recognition that across England, NEAS was one of the top performing trusts across all response time data despite the rural nature of the area. However, no ambulance service in the country achieved the 40 minute average response time set.
- Response standards to 90% of emergency calls in Northumberland and North Tyneside CCG and across NEAS.
- The average times to handover to the hospital, average times to clear. It was reported that the national handover target for hospitals was 15 minutes with no ambulances waiting more than 30 minutes. The average handover time for NEAS during 2021/22 was 22 minutes 16 seconds (7 minutes over the target).
- The time lost due to the need to deep clean after every patient.
- Patient care completed journeys.
- Staff sickness absences and the impact this had on services.
- The main issues impacting the services including the increased in demand acuity which had resulted in further pressure on response times, COVID impacts on road resources and long COVID impact on staff and staff well-being.

Discussion followed, of which the key points from members and responses were:

- Concern was raised about response times in the more rural areas of Northumberland. It was queried if this information could be broken down further to show response times on an area by area basis. It was advised that NEAS did not have the capacity to provide this more detailed data at a local level. NEAS understood that isolated rural areas would, on the whole, have a slower response time than those in urban areas but pointed out that the service still responded in a faster time than others. The distance travelled by an ambulance may be further but unlike other areas it was less likely that it would be diverted to a more urgent call.
- Members welcomed the increased numbers of defibrillators in the community.

- A question was asked how community public access defibrillators would work if there was a power cut such as what happened following Storm Arwen. It was reported that they had a battery pack which would last quite a while.
- The aim to ensure patients received end of life care and a calm and peaceful death, in their preferred place of care, wherever possible was commended.
- Clarification was sought regarding response time data. It was stated that the clock only stopped when the most appropriate person/vehicle arrived on the scene.
- It was noted that there was additional demand placed on NEAS during busy tourism times in Northumberland. It was reported that this did require additional resources and added to capacity issues within NEAS. Conversations regarding this continued to take place to ensure need could be met and identify any potential additional funding streams available.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

77. NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST 2021/2022 QUALITY ACCOUNTS

Members received a presentation from A. O'Brien, H. Charters, A. Troy-Smith, C. Teasdale, S. Rutherford and J. Bell from the Newcastle upon Tyne Hospitals NHS Foundation Trust on their Quality Report 2021/22. (A copy of the report and presentation has been filed with the signed minutes).

Members were advised that the Quality Account for 2021/22 detailed the key quality and patient safety priorities for 2022/2023 and it demonstrated how the Trust had continued to deliver high quality, effective care for patients during the last year.

The Trust continued to tackle the COVID-19 pandemic as well as continuing to provide a full range of community, general and specialist healthcare services to the North East and beyond.

It was reported that over the past year, the Trust had not compromised on high standards or their desire to continually improve. Staff had continued to adapt so that the Trust could provide the best care.

Some of the achievements included:-

- Opening a state-of-the-art theatre hub dedicated to cataract surgery.
- Opening of a new cancer centre on the site of the Cumberland Infirmary in Carlisle following an investment of £35million in north Cumbria.

- Tackling the climate emergency and taking the voice of young patients from the Great North Children's Hospital to COP26 in Glasgow.
- Becoming the first hospital in the region to launch a new self-service tool, in partnership with NHS Digital, to help everyone to use emergency care appropriately.
- Received over £5.47million to continue research into a range of health conditions.
- Continued to roll out the regional vaccination programme for COVID-19.

Members were informed of:

- The current position in relation to the Pandemic. It was reported that over the last year, COVID-19 had continued to have a significant impact upon the Trust: Staff sickness levels had been unprecedented, reaching over 12% in January 2022. Patient acuity had worsened due to delays in presentation. Patient flow through the organisation had been challenged due to increased attendance at Accident & Emergency, increased length of stay and increased occupancy. Elective waiting list numbers had increased by 49% and for the first time in the history of the organisation, some patients have had to wait over two years for their treatment.
- An update was received on what had been achieved against Quality Account Priorities for 2021/22:

Priority 1 Reducing Healthcare Associated Infections(HCAIs)

- C. difficile – The Trust had seen an increase of 58%, with 169 cases in total. The increase had been multifactorial, including the high acuity of patients and the previous suspension of multidisciplinary post infection review (PIR) meetings due to the additional COVID-19 workload and staffing pressures.
- MSSA bacteraemias –The Trust had seen a 10% increase meaning 110 cases in total and predominately more cases during the second and third pandemic waves.
- E. coli bacteraemias – Unfortunately, the Trust did not achieve its 10% reduction aim as 206 cases were assigned to Newcastle Hospitals NHS Foundation Trust (NUTH), however the Trust was within the national threshold of no more than 228 cases.
- Klebsiella bacteraemias –NUTH had 146 cases assigned, which was an increase of 25%, however the Trust was within the national threshold of no more than 167 cases.
- Pseudomonas aeruginosa bacteraemias –NUTH had 43 cases assigned, which was a 5% increase. The Trust was also within the national threshold of no more than 54 cases.
- COVID-19 - Healthcare associated COVID-19 cases (definite and probable) had remained below national and regional average throughout the pandemic.

Priority 2 - Pressure Ulcer Reduction

- A new Pressure Ulcer Prevention Pathway had been developed to guide and support staff.
- A robust programme of education had been developed by the Tissue Viability Team delivering regular 'Pressure Ulcer Prevention' (PUP) updates across Newcastle. Sessions were well attended by staff from community nursing and specialist services.

Ch.'s Initials.....

Health & Wellbeing OSC, 3 May 2022

- Promotion of the ethos that PUP was the responsibility of all NHS staff regardless of where it was encountered by patients in their care journey.
- Educational sessions had been offered not only to Trust staff, but also to staff working in private organisations. This promoted consistent messages across all care providers and ensured that preventative care interventions aligned with current best practice.
- Data collected over the previous three years showed that pressure ulcer incidence in the community was on a gradual downward trend.

Priority 3 – Management of Abnormal Results

- A clinical lead for the management of abnormal results had now been appointed and reviewed the Trust's investigations processes. The Radiology Directorate was to be the pilot for this new process.

Priority 4 – Modified Early Obstetrics Warning Score (MEOWS)

- IT solution was ready to go live once tested with a new question to be added in relation to pregnancy status to assist automation of maternity charts.
- Newly appointed Clinical Director for Patient Safety to lead on this project.

Priority 5 – Enhancing capability in Quality Improvements

- The Newcastle Improvement Team had successfully recruited staff onto the three programmes.
- The Institute for Healthcare Improvement (IHI) had delivered three training programmes.

Priority 6 – Mental Health in Young People

- Multi-disciplinary Team Mental Health Strategy Group established and were meeting monthly with CNTW joining bi-monthly.
- Investment identified by the We Can Talk Project and online training had been well utilised by staff.
- Ongoing review of environment in Paediatric Emergency to create a 'Safe space'.
- Much improved communications with colleagues at CNTW and collaborative work ongoing.
- Parent information leaflets now in use.
- Evidence of involving patient and parent to learn from experience.
- Policy for detaining patients under the Mental Health Act now included under 18 years.
- Evidence of a very effective Multi-Disciplinary Team Support Hub including CNTW staff ahead of referral.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disability (LD)

- Medical support had ensured mortality reviews for patients with a Learning Disability who died whilst in Trust care were timely.
- Pathways continued to be developed for adult patients requiring MRI/CT under sedation.
- Learning Disability flags were now visible for adults and children.
- Audit documentation was now available which provided evidence of best practice.
- Learning Disability Liaison Team was meeting bi-monthly to share learning and examples of good practise.

- Organisation registered for Improvement Standards 2021/2022.
- Review of pathways and e-learning to determine if any adaptations were required.
- Work ongoing to incorporate theatre attendance within passport for Children & Young People.
- Review of role of 'Champion' commenced with a view to incorporating Autism.
- STOMP and STAMP project work resumed.
- Trust committed to 'Weigh to Go' project.
- Diamond Standards launched October 2021.
- The proposed Quality Account priorities for 2022/23 were outlined as follows:
 - Patient Safety**
 - Reducing Infection with a focus on Gram negative blood stream Infections and management of Abnormal Results.
 - Clinical Effectiveness**
 - Identifying deterioration in pregnant women (MAU/MEOWS) and Trust-wide Day Surgery Initiative.
 - Patient Experience**
 - To ensure reasonable adjustments were made for patients with suspected or known Learning Disability and Learning Difficulty.
 - Improved services for children and young people with mental health issues.

Discussion followed, of which the key points from members and responses were:

- It was queried whether there would be capacity at a local level to deliver services for children and young people. In response it was confirmed that there would. If it was included within their pathway then it would be supported.
- It was important that improvements continued to be made for services for children and young people with mental health issues. It was confirmed that it was hoped improvements would help identify and support patients and families much earlier in their care journey.
- In response to a query from Healthwatch, it was confirmed that diagnostic pressures (radiology and endoscopy) remained the biggest challenge, but a number of actions had been identified to try to reduce patient backlog.
- Healthwatch stressed the need to continue to deliver local engagement as the Trust were responsible for patients within Northumberland not just Newcastle.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

78. REPORT OF THE SCRUTINY OFFICER

Ch.'s Initials.....

Health & Wellbeing OSC, 3 May 2022

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year.

RESOLVED that the work programme be noted.

79. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 31 May 2022 at 1:00 p.m.

CHAIR _____

DATE _____