

Agenda

Meeting: Scrutiny of Health Committee

**Venue: The Grand Committee Room,
County Hall, Northallerton DL7 8AD
(See location plan overleaf)**

Date: Friday 7 November 2014 at 10.00 am

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<http://democracy.northyorks.gov.uk/>

Business

1. **Minutes of the meeting held on 5 September 2014.** (Pages 1 to 5)

Purpose of Minutes: To determine whether the Minutes are an accurate record.

2. **Chairman's Announcements** - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

(FOR INFORMATION ONLY)

- Out of Hours Service in Richmondshire
- Children's Congenital Heart Disease – Leeds Teaching Hospitals NHS Trust – 3rd Report by NHS England
- Maintaining close involvement in healthcare developments in Craven
- Right Care First Time – Urgent Care Services in Scarborough & Ryedale
- NHS Five Year Forward View
- North Yorkshire Healthwatch Update on Activity

3. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have given notice to Jane Wilkinson of Democratic Services (*contact details below*) no later than midday on Monday 3 November 2014. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

4. South Tees Hospitals NHS Foundation Trust - Investigation by Monitor & Financial Situation of the Trust – Report of the Scrutiny Team Leader.

Purpose of the report: To inform the Committee of work which Monitor the external regulator is carrying out in South Tees Hospitals NHS Foundation Trust.

(Pages 6 to 21)

5. York Teaching Hospital NHS Foundation Trust – Investigation by Monitor – Report of the Scrutiny Team Leader.

(Pages 22 to 24)

Purpose of the report: To inform the Committee work which Monitor the external regulator is carrying out at York Teaching Hospital NHS Foundation Trust.

6. 'Fit4Future': Vision for Health and Social Care Services in Whitby and the surrounding area and Whitby Hospital – Procurement of the Out of Hours Service and Community Services – Report of Hambleton Richmondshire & Whitby Clinical Commissioning Group.

(Report To Follow)

Purpose of the report: To update the Committee on the current situation regarding 'Fit4Future' initiatives.

7. 2014 Annual Report of the Director of Public Health For North Yorkshire

- Covering report of the Scrutiny Team Leader
- Covering report of the Director of Public Health for North Yorkshire
- Presentation Slides

(Pages 25 to 39)

Note

All County Councillors were given a copy of the 2014 Annual Report of the Director of Public Health as part of a recent Members' seminar. Members are requested to bring their copy with them to the meeting. A limited number of copies will be available at the meeting.

8. **Application by Escrick GP Practice to close Wheldrake and Naburn Branch Surgeries.**
– Report of NHS England.

(Pages 40 to 44)

Purpose of the report: To enable members to comment on the proposed closure of GP branch surgeries in Wheldrake and Naburn by the Escrick GP Practice.

9. **Work Programme – Report of the Scrutiny Team Leader.**

(Pages 45 to 47)

Purpose of report: To present the future Work Programme and to invite Members to comment/amend and suggest additional items to be included.

10. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Northallerton

30 October 2014

NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

A Democratic Services Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (a) Tea and Coffee will be available outside the Meeting Room before the start of the meeting, will Members please help themselves.

- (c) **Emergency Procedures for Meetings**

Fire

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance.

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness

First Aid treatment can be obtained by telephoning Extension 7575.

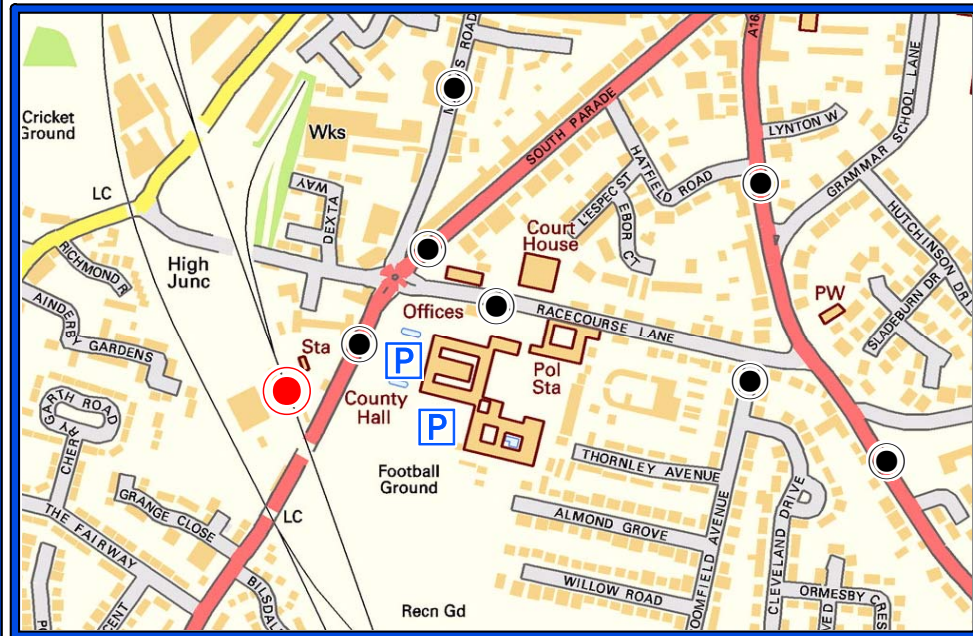
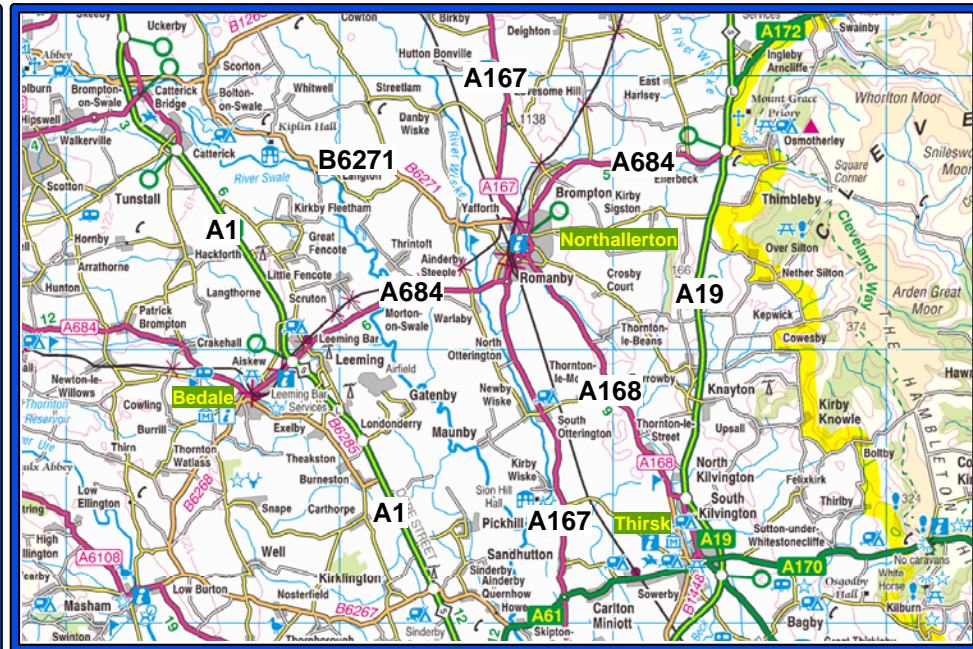
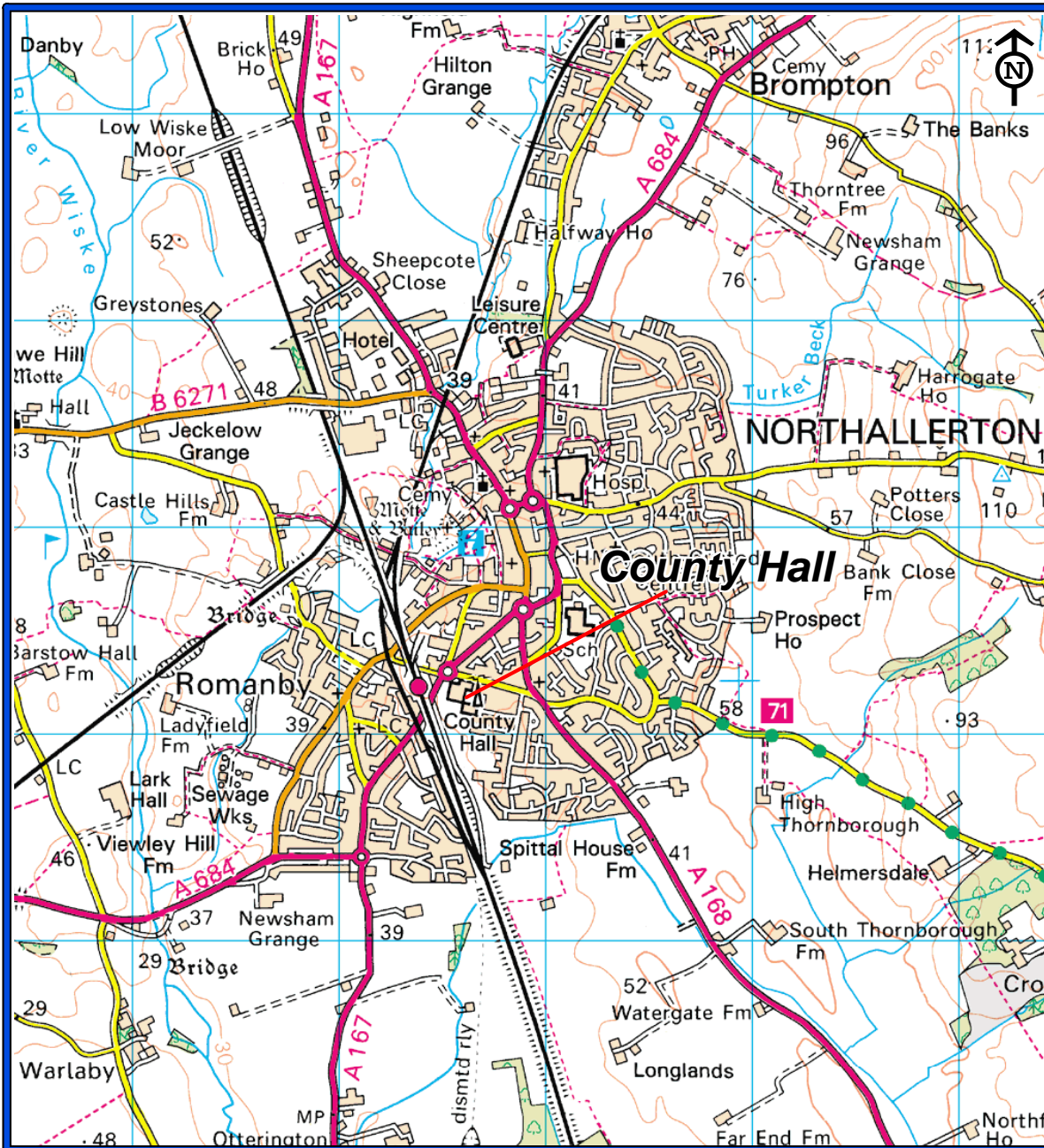
Scrutiny of Health Committee

1. Membership

County Councillors (13)							
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Party</i>	<i>Electoral Division</i>			
1	ARNOLD, Val		Conservative				
2	BARRETT, Philip	Vice-Chairman	NY Independent				
3	BILLING, David		Labour				
4	CASLING, Elizabeth		Conservative				
5	CLARK, Jim	Chairman	Conservative				
6	CLARK, John		Liberal				
7	DE COURCEY-BAYLEY, Margaret-Ann		Liberal Democrat				
8	ENNIS, John		Conservative				
9	MARSHALL, Shelagh OBE		Conservative				
10	MOORHOUSE, Heather		Conservative				
11	MULLIGAN, Patrick		Conservative				
12	PEARSON, Chris		Conservative				
13	SIMISTER, David		UKIP				
Members other than County Councillors – (7) Voting							
	<i>Name of Member</i>	<i>Representation</i>					
1	BARDON, Peter	Hambleton DC					
2	McSHERRY, Kay	Selby DC					
3	RAPER, John	Ryedale DC					
4	MORTIMER, Jane E	Scarborough BC					
5	ROBERTS, John	Craven DC					
6	PELTON, Tony	Richmondshire DC					
7	GALLOWAY, Ian	Harrogate BC					
Total Membership – (20)				Quorum – (4)			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	1	1	1	1	1	0	

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	HESELTINE, Michael	1	GOSS, Andrew
2	BUTTERFIELD, Jean	2	SHIELDS, Elizabeth
3	BASTIMAN, Derek	3	
4	SWIERS, Helen	4	
5		5	
NY Independent		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	McCARTNEY, John	1	MARSHALL, Brian
2		2	
Liberal		UKIP	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	SAVAGE, John	1	
2		2	
Substitute Members other than County Councillors			
		1	BLADES, David (Hambleton DC)
		2	DYSON, Michael (Selby DC)
		3	SHIELDS, Elizabeth (Ryedale DC)
		4	JENKINSON, Andrew (Scarborough BC)
		5	STAVELEY, David (Craven DC)
		6	DUFF, Tony (Richmondshire DC)
		7	FLYNN, Helen (Harrogate BC)



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North
Yorkshire County Council

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Regen Centre, Riccall, Selby on 5 September 2014.

Present:-

Members:-

County Councillor Jim Clark (in the Chair); County Councillors Philip Barratt, David Billing, Liz Casling, John Clark, Margaret-Ann de Courcey-Bayley, John Ennis, Cliff Lunn (substitute for Val Arnold), Shelagh Marshall OBE, Patrick Mulligan, Chris Pearson and David Simister.

Co-opted Members:-

District Council Members:- Peter Bardon (Hambleton), Kay McSherry (Selby), John Raper (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven), and Ian Galloway (Harrogate).

In attendance:-

North Yorkshire County Council: Executive Member County Councillor Clare Wood and County Councillor Brian Marshall.

Tees Esk & Wear Valleys NHS Foundation Trust: Adele Coulthard, Director of Operations
Healthwatch: David Ita

Partnership Commissioning Unit: Janet Probert Director of Partnership Commissioning

Leeds & York Partnership NHS Foundation Trust: Lynn Parkinson Deputy Chief Operating Officer and Jill Copeland, Chief Operating Officer

Harrogate & Rural District Clinical Commissioning Group: Rachel Potts and John Pattinson, Director of Quality

Harrogate & District Hospitals Trust: Joanne Crewe Operational Director

County Council Officers: Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson (Legal & Democratic Services) Henry Blackett, Henry Cheung and Richard Seddon (Business Support), and Wendy Balmain (Health & Adult Services).

Apologies for absence were received from County Councillors Val Arnold and Heather Moorhouse,

3 members of the press and public.

Copies of all documents considered are in the Minute Book

52. Minutes

Resolved

That the Minutes of the meeting held on 13 June 2014 be taken as read and be confirmed and signed by the Chairman as a correct record.

53. Chairman's Announcements

- Community and Out of Hours Services - Hambleton, Richmondshire and Whitby CCG – Formal procurement now commenced, successful bidder to be announced by 4 March 2015, new contract effective as from 1 July 2015
- Appointment of new Chief Executive, Harrogate and District NHS Foundation Trust – An introductory meeting had taken place between the Chairman and Dr Ros Tolcher who was keen to establish a close working relationship with the Committee.
- Working relationships in Craven Area - The Chairman was keen to develop closer links with Airedale, Wharfedale and Craven CCG and was looking to hold a meeting with Dr Colin Renwick and a representative of the Commissioning Support Unit to discuss reporting arrangements and local healthcare developments. A Member from the Craven area requested that the Committee be presented with a workplan and timetable at its next meeting.
- National Review of Congenital Heart Disease (Adults & Children) – Consultation to run from 15 Sept to 8 December 2014. A provisional meeting date of 17 October 2014 had been agreed for the Yorkshire & Humber Joint Committee which was now chaired by Leeds City Councillor Debra Coupar
- South Tees Hospitals NHS Foundation Trust – The Trust's financial situation had been the subject of an investigation by Monitor. In response the Trust had devised action plans to address concerns raised. At the meeting of the Committee on 7 November 2014 members would receive a comprehensive briefing from Tricia Hart the Chief Executive of the Trust.
- York Teaching Hospitals NHS Foundation Trust – Monitor had announced a formal investigation into the Trust's compliance with its licence following breaches in patient waiting times.

54. Public Questions or Statements

There were no general public questions or statements from members of the public concerning issues not on the agenda.

Resolved

That the requirement to give three days' notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of that item.

55. Healthwatch Update

Before inviting David Ita, Partnership Coordinator at Healthwatch North Yorkshire to give a presentation the Chairman informed the Committee that in August he had attended the Healthwatch AGM where he had met the new Chair, Sir Michael Carlisle. The Committee noted both Chairs were keen to work together to give the public a voice. Members of the Committee supported the Chairman's intention to invite Healthwatch to become a standing item on all future agenda.

David Ita, then summarised the feedback Healthwatch had received in respect of hospital discharge, GP Out of Hours Service, carer support, pharmacy and dentistry. Tabled at the meeting were copies of 'Have your Say' schedules which listed comments made by the public in respect of healthcare services described in the presentation. Also tabled was a document which contained a statistical analysis of the said comments. David Ita offered to bring a similar report to every meeting and to respond to questions from Members.

Members endorsed the need for the Committee to work with Healthwatch and to be kept informed of public feedback and of any areas of concern. Members said it would be helpful if future reports could contain details of the work programme for Healthwatch volunteers.

In summing up the Chairman thanked David Ita for his attendance and looked forward to receiving regular reports in the future.

Resolved –

That the information presented at the meeting be noted.

56. Mental Health Developments in the area of North Yorkshire covered by Tees Esk and Wear Valleys NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust

Considered -

The Scrutiny Team Leader, Bryon Hunter introduced a covering report that provided contextual background information on the national and local position of mental health services. Members noted that mental health services in Craven area were provided by Bradford District Care Trust and would be the subject of a separate report at a later date.

The Committee was then guided through the following presentations:-

- Wendy Balmain NYCC Assistant Director – Health & Adult Services described how national policy was being used to shape local service delivery. She outlined work the Health & Wellbeing Board was doing on access to services, integrated delivery, implementation of the crisis care concordat and parity between mental and physical health.
- Janet Probert Director of the Partnership Commissioning Unit described how providers in North Yorkshire were seeking to reconfigure community and primary care mental health services. Latest research indicated that 1 in 4 people would suffer from mental health problems at some stage in their life and therefore the ability to access in-patient care was only the tip of the iceberg. She drew Members attention to the ‘Discover’ initiative referred to in the covering report and offered to report the findings to a future meeting of the Committee.
- Jill Copeland, Chief Operating Officer Leeds & York Partnership NHS Foundation Trust referred to the covering report and highlighted developments at Bootham Park Hospital, and the Lime Trees Unit in York. She also advised the Committee of the review the Trust was conducting of its Cognitive Impairment and Dementia Services.
- Adele Couthard, Director of Operations, Tees, Esk & Wear Valleys NHS Foundation Trust outlined a number of service developments summarised in a document headed ‘September 2014 - update’ that was tabled at the meeting. A number of photographs of completed refurbished facilities were shown at the meeting to demonstrate build quality and the Trust’s level of investment.

The Committee commented as follows:-

- Commended the work being done to modernise mental health services including the role that the community has in shaping the future services and endorsed the approach being taken
- Highlighted the need for diagnosis rates to be improved and expressed support for GPs to receive specialist advice and training
- Highlighted the need for further work to identify care pathways and prioritise links between physical and mental health

Members referred to the government task force looking at improving child mental health services and the commissioning arrangements for CAMHS and asked what was being done in North Yorkshire. The Committee was advised that this work was still in the early stages of implementation and that perhaps the Committee might want to do more in-depth work in this area. This suggestion was welcomed by Members.

A member of the public said he was heartened by what he had heard that day and made a plea for elected members to continue to exert influence over the wider determinants of health such as housing and leisure. Members were keen to maintain an overview of mental health but recognised that the enormous scale of the topic meant this was impractical and beyond the capacity of the Committee.

The Scrutiny Team Leader suggested that the Committee should focus on the key points identified during the discussion which he then summarised. Members supported this approach.

Resolved –

That the content of the presentations be noted.

That the Committee endorses the "Discover" initiative by Vale of York CCG and looks forward to being further involved and receiving an update on consultation/engagement in due course.

That the Committee endorses:-

- developments at Bootham Park Hospital - including the relocation of Ward 6 (older people's ward) to Cherry House in York.
- the relocation of CAMHS in-patient services from Limes Trees to Mill Lodge in York.
- the review of Cognitive Impairment and Dementia Services.

by Leeds and York Partnership NHS Foundation Trust.

That the Committee endorses developments described in the presentation by Tees Esk & Wear Valleys NHS Foundation Trust and looks forward to receiving further updates in due course.

That in any emerging Mental Health Strategy it is vital that services delivered in primary care, and the voluntary/community sector ensure that the support given to families and carers features as strongly as it does for in-patient care.

That the outcome of the Government Task Force looking at CAMHS be reported to the Committee in the New Year and that the report also includes details of how this work is to be taken forward locally.

That a report covering developments in mental health services in the Craven area of North Yorkshire is to be submitted to the Committee at the earliest opportunity.

57. Harrogate and District Community Healthcare Services Review: Position Statement

County Councillor John Ennis advised that although not a disclosable pecuniary interest he wished it to be recorded that he was a governor a Harrogate District Hospital.

Considered -

The joint report of John Pattinson, Director of Quality/Executive Nurse, Harrogate and Rural District Clinical Commissioning Group and Joanne Crewe, Operational Director, Harrogate and District Hospitals Trust highlighting work being undertaken to develop community healthcare services in the Harrogate locality.

In speaking to the report John Pattinson and Joanne Crewe said a series of engagement events were being planned following publication of the review findings. Members were advised that a full copy of the report into the review findings was available upon request, and that a copy of the Executive Summary had already been given to the Scrutiny Team Leader. Assurances were given that whilst integration presented the biggest challenge, community services would in future be aligned to the Better Care Fund and the Joint Health & Well Being Strategy and that the Trust was committed to partnership working. In response to questions the Committee was advised that a copy of the engagement programme would be provided once finalised.

The Chairman enquired about progress of the 'Healthy Ripon' project and was advised that the Clinical Commissioning Group was awaiting information about the site before proceeding further.

Resolved -

That the report and information provided at the meeting be noted and that further updates on progress of the review be referred to a future meeting..

58. Work Programme

Considered -

The report of Bryon Hunter, Scrutiny Team Leader inviting comments from Members on the content of the Committee's programme of work scheduled for future meetings.

With reference to attendance by Tricia Hart, Chief Executive of South Tees Hospitals NHS FT Trust at the November meeting the Chairman requested that a similar invitations be extended to the Chief Executive of York Teaching Hospital NHS Foundation Trust.

A Member requested that the Committee look at the peripheral services being commissioned by clinical commissioning groups on a pan county basis such as 'village agents'.

Resolved -

That the content of the work programme and schedule are agreed and noted.

The meeting concluded at 12.35pm.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

7 NOVEMBER 2014

South Tees Hospitals NHS Foundation Trust

Purpose of Report

1. To update the Committee on the work which Monitor, the external regulator of NHS foundation trusts, is carrying out in the South Tees Hospitals NHS Foundation Trust (STHFT).

Introduction

2. In October 2013 Monitor, the external regulator of NHS foundation trusts began an investigation into the STHFT's:
 - Failure to achieve the referral to treatment 18 week target for admitted patients;
 - Rate of Clostridium difficile infection;
 - Mortality rate;
 - Never events.
3. Earlier this year the investigation was widened to include the Trust's financial deficit for 2013-14.
4. On 2 July 2014 Monitor announced that it had decided to take no further action on:
 - Referral to treatment – as the Trust has been compliant with this target since April 2014;
 - Never events – as the Trust has a much lower rate than the national average;
 - Mortality - as the Trust is not an “outlier” compared to others in the North East.
5. However, Monitor remained concerned about the Trust's financial position and the rate of clostridium difficile infections. It required the Trust to take a number of actions to address both issues.
6. Professor Tricia Hart (Chief Executive, STHFT) will be attending the Committee to summarise work which is now being undertaken across the Trust. The presentation which Professor Hart will give to the Committee is attached as APPENDIX 1. A short video will also be played at the meeting.

Recommendations

7. That Members offer comment and advice to Professor Hart on the Trust's plans for:
- a) reducing the rate of clostridium difficile infections;
 - b) transforming healthcare services and achieving a sustainable long term financial position.

**Bryon Hunter
Scrutiny Team Leader**

**County Hall
NORTHALLERTON**

20 October 2014

Background Documents: None

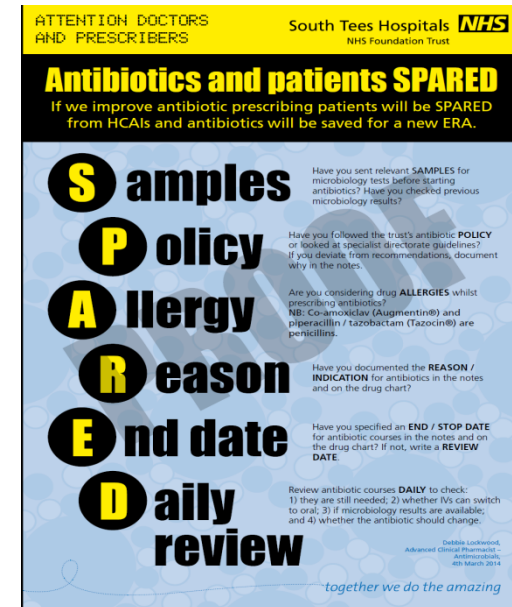
NORTH YORKSHIRE SCRUTINY OF HEALTH COMMITTEE


Professor Tricia Hart
Chief Executive



C. difficile

- Continued reduction in deaths associated with *C.difficile* infection
- 2 external reviews (Prof. Mark Wilcox and Martin Kiernan Dec 2013).
- Follow up external review By Prof Mark Wilcox taking place 21st July 2014. – verbal Feedback to be provide
- **Actions taken**
 - Over 1,000 staff attended face to face director-led awareness sessions
 - Antibiotic stewardship - increased antibiotic audits, antibiotic prescribing campaign for medics and non-medical prescribers and nurses commenced 2nd June 14.
 - Cleaning – trust wide review including terminal cleaning, patient equipment and assurance around monitoring
 - Hand hygiene – staff and patients, refresh of current hand hygiene audit
 - Performance - director-led clinical incident review panels



ATTENTION DOCTORS AND PRESCRIBERS South Tees Hospitals  NHS Foundation Trust

Antibiotics and patients SPARED
If we improve antibiotic prescribing patients will be SPARED from HCAIs and antibiotics will be saved for a new ERA.

Samples Have you sent relevant **SAMPLES** for microbiology tests before starting antibiotics? Have you checked previous microbiology results?

Policy Have you followed the trust's antibiotic **POLICY** or looked at specialist directorate guidelines? If you deviate from recommendations, document why in the notes.

Allergy Are you considering drug **ALLERGIES** whilst prescribing antibiotics? **NB:** Co-amoxiclav (Augmentin®) and piperacillin / tazobactam (Tazocin®) are penicillins.

Reason Have you documented the **REASON / INDICATION** for antibiotics in the notes and on the drug chart?

End date Have you specified an **END / STOP DATE** for antibiotic courses in the notes and on the drug chart? If not, write a **REVIEW DATE**.

Daily review Review antibiotic courses **DAILY** to check: 1) they are still needed, 2) whether IVs can switch to oral, 3) if microbiology results are available, and 4) whether the antibiotic should change.

Debbie Lockwood, Advanced Clinical Pharmacist – Antimicrobials, 28th March 2014

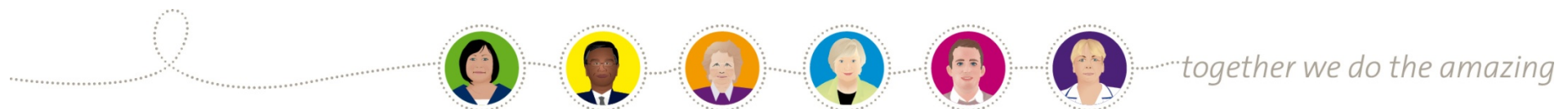
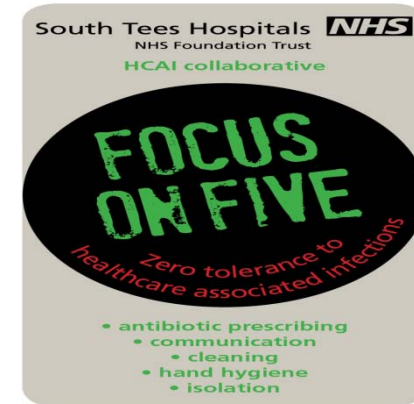
together we do the amazing

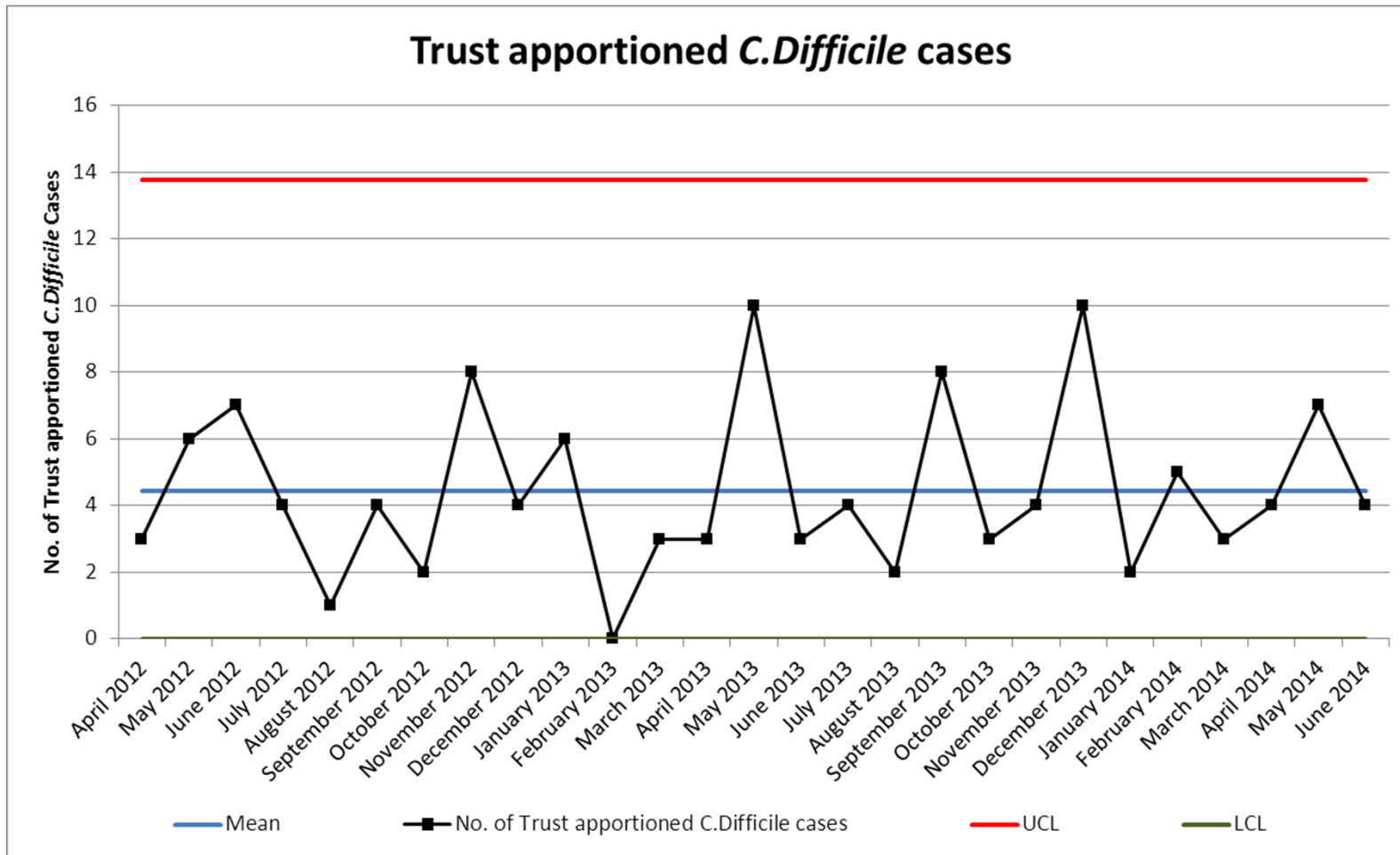


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C. difficile

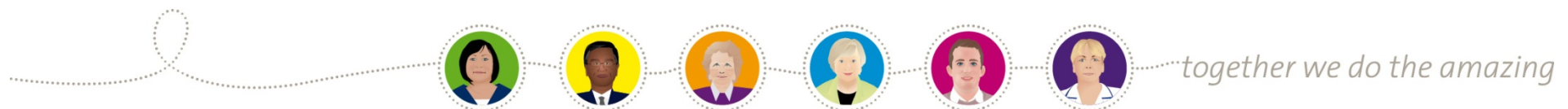
- **Actions taken (continued)**
- C.difficile focus - assistant director of nursing /deputy DIPC solely working on the HCAI agenda for the next three months.
- Commenced and HCAI collaborative with the first priority on the control of *C.difficile* including a 'focus on five' campaign – antibiotic prescribing, communication, cleaning, hand hygiene and isolation.
- Developed a weekly focus on five newsletter for clinical teams and managers to cascade to all frontline and support staff.





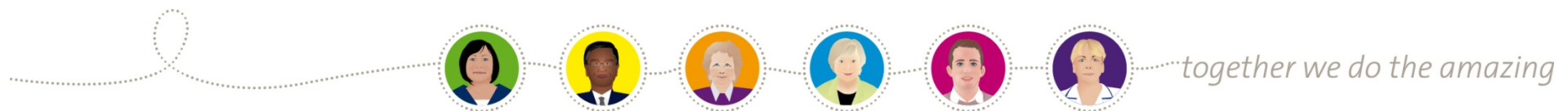
The Financial Challenge

- 2014/15 plan deficit £29.4m
- 2015/16 deficit £48.3m
- £60m CIPs delivered over 3 years, £12m p.a. in plan
- Radical and transformational change initiated
- Interim support required from DH to fund operations, finance change programme underpin Capex programme



'Continuing the Journey' supported by McKinsey

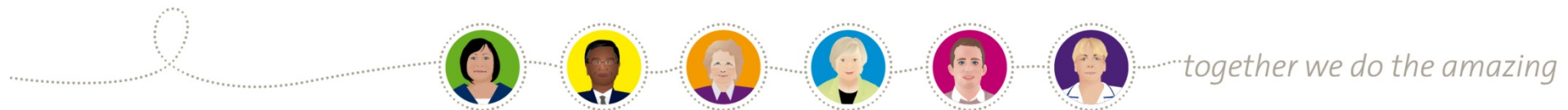
- Identified 3 year cost escalation
- Benchmarked with peers and best in class
- 6 workstreams in £350m of cost base:
 - corporate / procurement / outpatients / non-ward nursing / surgery / theatres
- Root cause analysis
- Clinical engagement
- Detailed plans produced with cash release, timing, accountability, cost to deliver



Monitor

The Trust has agreed the following actions:

- Develop and implement an action plan to help us comply with our 2014/2015 target of no more than 49 cases of Clostridium difficile
- Obtain assurance from an external advisor that we have fully implemented the Clostridium difficile action plan and report on progress monthly to Monitor
- Develop and implement a financial recovery action plan that returns us to a sustainable position within three years
- Appoint a transformation director to support the delivery of the financial recovery plan and report progress monthly to Monitor
- Commission a board governance and leadership review from an external advisor
- Develop and implement a board governance and leadership action plan to implement all recommendations from the review



NORTH YORKSHIRE SCRUTINY OF HEALTH COMMITTEE

Professor Tricia Hart
Chief Executive




together we do the amazing

C. difficile

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South Tees Hospitals 
NHS Foundation Trust

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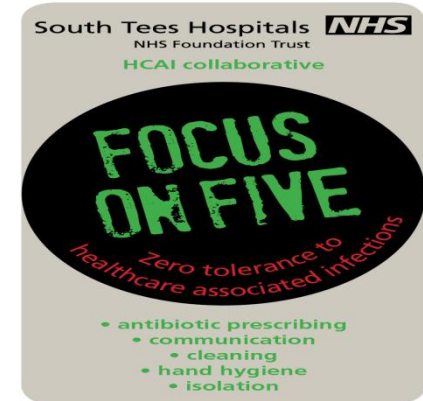
Debbie Lockwood,
Advanced Clinical Pharmacy –
Antimicrobial,
20th March 2014

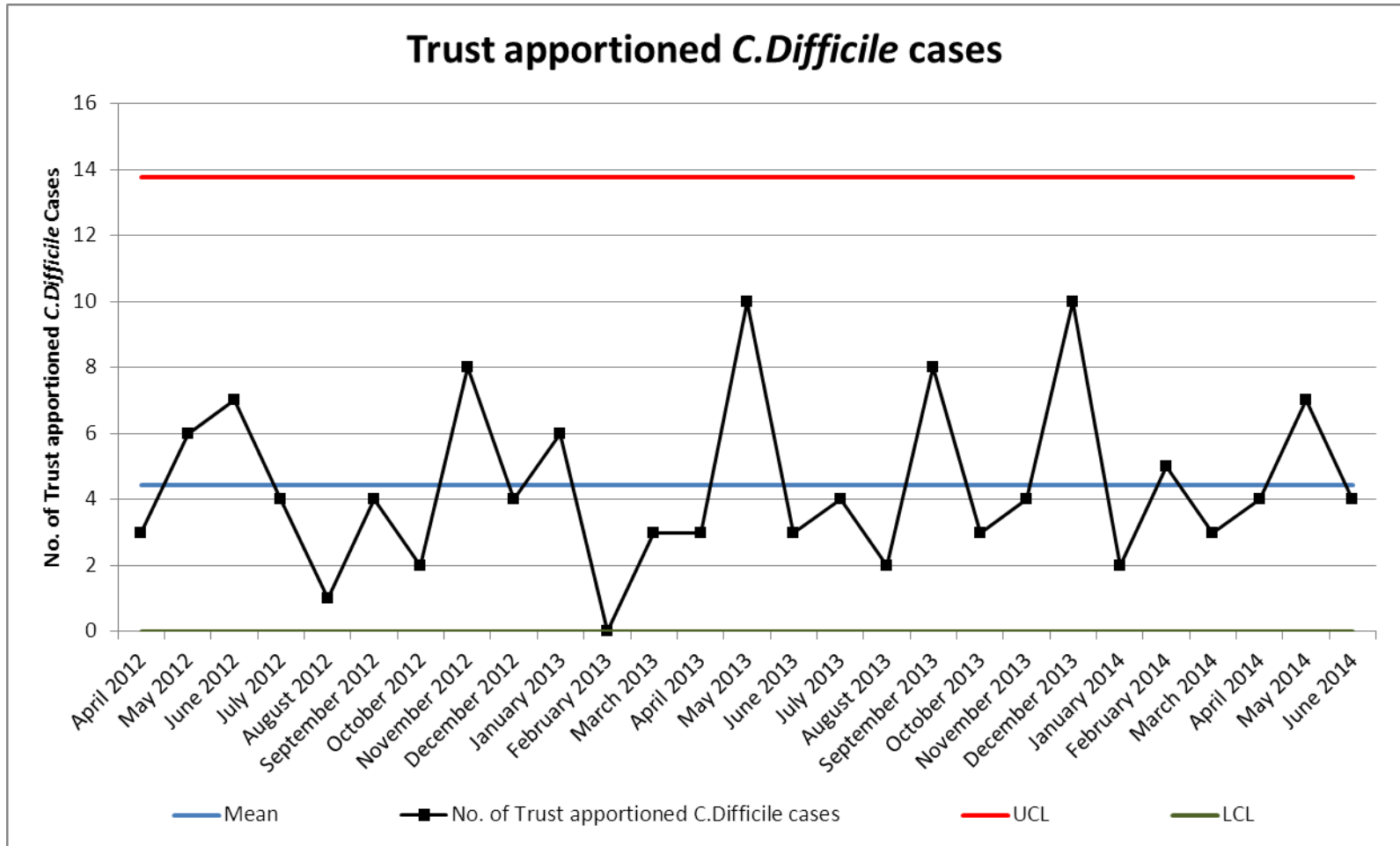
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C. difficile

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together we do the amazing

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- Interim support required from DH to fund operations, finance change programme underpin Capex programme



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'Continuing the Journey' supported by McKinsey

- Identified 3 year cost escalation
- Benchmarked with peers and best in class
- 6 workstreams in £350m of cost base:
 - corporate / procurement / outpatients / non-ward nursing / surgery / theatres
- Root cause analysis
- Clinical engagement
- Detailed plans produced with cash release, timing, accountability, cost to deliver



20

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Monitor

The Trust has agreed the following actions:

- Develop and implement an action plan to help us comply with our 2014/2015 target of no more than 49 cases of Clostridium difficile
- Obtain assurance from an external advisor that we have fully implemented the Clostridium difficile action plan and report on progress monthly to Monitor
- Develop and implement a financial recovery action plan that returns us to a sustainable position within three years
- Appoint a transformation director to support the delivery of the financial recovery plan and report progress monthly to Monitor
- Commission a board governance and leadership review from an external advisor
- Develop and implement a board governance and leadership action plan to implement all recommendations from the review



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NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

7 NOVEMBER 2014

York Teaching Hospitals NHS Foundation Trust

Purpose of Report

1. To update the Committee on the work which Monitor, the external regulator of NHS foundation trusts, is carrying out in the York Teaching Hospitals NHS Foundation Trust (YTHFT).

Introduction

2. On 29 August 2014 Monitor announced that it was opening a formal investigation into the YTHFT's compliance with its licence. The investigation was opened due to Monitor expressing the following concerns:

- "In Q4 2013/14, the Trust breached four performance targets: Cancer two week wait (symptomatic breast); Cancer 62-day wait for first treatment; the annual C-Difficile objective; and RTT Admitted*. This is an indicator of governance concerns under Monitor's *Risk Assessment Framework (RAF)*.

*[*RTT Admitted = Referral To Treatment Admitted. Patients who receive treatment through admission to hospital within 18 weeks of being referred by initial referral.]*

- Monitor is concerned that the Trust has failed the 93% Cancer two week wait (symptomatic breast) target for the third successive quarter at Q1 2014/15, which is a further indicator of governance concerns under Monitor's RAF. We understand that referrals increased significantly during this period and the Trust has to date been unable to recruit to a vacant breast radiologist post on the Scarborough site. However, the actions taken by the Trust since Q3 2013/14 have not improved the Trust's performance and the Trust reported its lowest performance of 45.6% in Q1 2014/15. Monitor has concerns that the Trust has stated that it will not be able to improve performance against the target before the end of Q3 2014/15.
- The Trust has also breached the four hour 95% A&E target in five of the last seven quarters, reporting an annual 2013/14 and Q1 2014/15 performance of 94.9% and 91.4%, respectively. This is another indicator of governance concerns under Monitor's RAF. Monitor is concerned that the Trust has not put in place actions to effectively manage the Trust's emergency care pathway over this period and that the Trust has reported that it is at risk of breaching the target again in Q2 2014/15.
- Monitor has concerns that the Trust did not declare any performance targets to be at risk in the 2014/15 Operational Plan and that some patients are not being treated in accordance with the national targets.

The above issues could be indicative of governance failings at the Trust, indicating a potential breach of the Trust's licence. "

3. A press release from the Trust issued shortly after Monitor's announcement is attached as APPENDIX 1.
4. On 20 October 2014 senior representatives from Monitor and the Trust met in London to discuss the situation and to provide an opportunity for the Trust to explain and provide evidence on the strength of their governance arrangements. The meeting included a presentation from the Trust on:
 - a) Summary of causal factors for the above performance targets.
 - b) Evidence of the strength of governance arrangements at the Trust:
 - How the Board monitors and is sighted on the above performance targets
 - How the Board has addressed the issues and actions taken
 - How the Board is assured over the actions taken, including external assurance
 - c) Trajectory back to compliance with the performance targets.
 - d) Executive and senior management capacity.
5. Patrick Crowley, Chief Executive and Mike Proctor, Deputy Chief Executive will be attending the meeting to provide more information on this matter and to respond to Members' questions.
6. Members will recall that the YTHFT took over the Scarborough & North East Yorkshire NHS Trust in July 2012. YHTFT now comprises two acute centres - York Hospital and Scarborough Hospital. Members will be interested to examine the extent to which Monitor's concerns relate only to Scarborough Hospital (ref: paragraph 2 above) or to both hospitals.

Recommendations

7. That Members offer comment and advice to the YTHFT on its work to address the concerns raised by Monitor, in particular, on the measures being taken to ensure compliance with performance targets.
8. That a further report be brought to the Committee on the final outcome of Monitor's investigation.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

20 October 2014

Background Documents: None

Response to Monitor Announced Investigation

Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust, said: “Monitor, the Foundation Trust regulator, has today announced that it is opening a formal investigation into the Trust’s compliance with its licence.

“This is as a result of breaches of the four hour A&E target and cancer targets, in particular the two week wait target for symptomatic breast patients.

“As part of their investigation Monitor will be looking for evidence of the nature and strength of our governance arrangements, so that they can be assured that we, as a Board and wider management team, are competent to manage our own performance and deliver improvements in these areas.

“We must treat any scrutiny of our performance as an opportunity to learn and improve, and whilst I do not want people to be unduly worried by this it is nonetheless something we are approaching as an absolutely priority.

“The difficulties in A&E are well documented, and in many ways this action by Monitor is inevitable given the pressures we are facing.

“Not all A&E attendances are emergencies, and our patients can be reassured that we prioritise and quickly treat those most in need of care. There needs to be a recognition that this is a whole-system issue and not one that can only be resolved through changes in either A&E or the wider acute pathway within our hospitals.

“We of course have a responsibility to play our part in solving the problem, and we are making investments such as the new ambulance assessment area, and trying new ways of working to improve the way that patients move through the system.

“I would like to reassure patients that Monitor’s investigation is not concerned with the care or treatment provided for our cancer patients. The issue is with our difficulty in meeting targets around initial assessment and diagnosis in specific specialties. We are meeting targets relating to treatment times for cancer, and overall time from referral to treatment is also within target.

“We have had particular concerns around the two week wait for symptomatic breast patients in Scarborough, as for some time we have been unable to recruit to key radiology posts and this is causing some difficulty in delivering the service.

“We have taken action to resolve the problem, with referrals to the breast service being directed to York Hospital since July this year.

“This is a temporary move and we are working hard to address the recruitment issue and looking at different ways of staffing the service. Once the situation has improved, we will once again deliver a breast service on the East Coast.

“We are grateful to Scarborough and Ryedale Clinical Commissioning Group for their support in enabling us to do this, and we appreciate that this may mean patients having to travel further for appointments, however we need to take this action to enable us to deliver a safe service until such time as we can recruit a full complement of staff for the service to run effectively.

“We will work with Monitor in completing their investigation, and will continue to work hard, as always, to provide the best care for our patients.”

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****7 NOVEMBER 2014****DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT****1. PURPOSE OF REPORT**

- i. To introduce the Director of Public Health's report.

2. BACKGROUND

- 2.1. Under the Health and Social Care Act 2012 the County Council now has key responsibilities across the three domains of public health – health improvement, health protection and public healthcare. This is the second opportunity the Committee has had to review the Director of Public Health's Annual report.
- 2.2. By writing an annual report, Directors of Public Health contribute to and monitor the improvement of health and reduction of health inequalities. The report outlines what is currently happening in each local government area to improve health, and sets the agenda for the future to reduce health inequalities and promote action for better health.
- 2.3. Annual reports have played an important part in public health practice ever since the early days of medical officers for health. They are a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. Their iterative nature also allows progress to be recorded and evaluated and is a key means by which the Director of Public Health is accountable to the population he or she serves.
- 2.4. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.

3. SCRUTINY COMMITTEE INTEREST

- 3.1. A well-defined annual report should inform service provision and facilitate health impact to ensure the effective targeting of resources to improve health and reduce health inequalities among its resident population. This should:

- contribute to improving the health and well-being of local populations;
- reduce health inequalities;
- promote action for better health, through measuring progress towards health targets; and
- assist with the planning and monitoring of local programmes and services that impact on health over time.

3.2. The annual reports should therefore:

- be relevant to the health of local populations with information analysed at the most appropriate population level;
- be integral to planning across all sectors and needs to promote action; and
- include a clear set of recommendations that are targeted, realistic and achievable.

4. RECOMMENDATION

4.1 That the Committee consider and comment on the North Yorkshire Director for Public Health Annual Report 2013/2014.

BRYON HUNTER
SCRUTINY TEAM LEADER
 County Hall
 Northallerton

Author and Presenter of Report: Bryon Hunter
 Contact Details: Tel: 01609 532655
 E-mail: bryon.hunter@northyorks.gov.uk

22 September 2014

Background Documents: None

HEALTH & SCRUTINY COMMITTEE

Friday 7 November

Report of the Director for Public Health for North Yorkshire 2014

1 Purpose of the Report

- 1.1 To present the Report of the Director for Public Health for North Yorkshire.

2 Background

- 2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my second report.
- 2.2 The strong and engaged voluntary, community and social enterprise sector (VCSE) is a particular asset for the County and is a key partner in helping to address the challenges we face in promoting and protecting the health of our people. The representatives of the sector are keen to develop and strengthen collaborations with public sector partners that will be of mutual benefit and lead to better outcomes for people across our communities.

3 Executive Summary

- 3.1 The profile of North Yorkshire shows:
- A healthy population with higher levels of road injuries and death, excess weight in adults and smoking in pregnancy compared to the England average.
 - Improving life expectancy at birth with a widening gap between districts (Hambleton – highest; Scarborough – lowest).
 - An ageing population with the number of people over 85 years set to increase by a third over the next decade.
 - Low levels of deprivation but challenges related to rurality, affordable housing and fuel poverty are present in all districts and for some population groups.

- 3.2 The report also highlights areas where a co-ordinated approach by partners is needed. These include:
- Ensuring that each child has an active care record, supporting delivery of screening, immunisation and the Healthy Child Programme services.
 - Developing a mental health strategy to ensure that residents of all ages can maximise their mental health and wellbeing and access effective services when needed.
 - Ensuring that health and social care services are responsive to local needs and help residents to maintain their independence.
 - Implementing an alcohol strategy to address the harms associated with binge drinking and other risky drinking behaviours.
- 3.3 Every community has a range of resources or assets that can be harnessed to meet local needs and challenges. The report outlines approaches communities can take to identify and make use of their individual, organisational, physical and economic assets. There must, however, be investment to make effective use of these assets and we are reminded that “voluntary action and volunteering do not come for free.”

4 Recommendations

- 4.1 NYCC, District Councils and CCGs should work closely to implement NICE guidance with regard to providing an integrated approach to preventing and managing obesity and its associated conditions ensuring that gaps in current services are addressed.
- 4.2 NHS England should continue to work closely with the provider of the Child Health Information Systems (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification in accordance with national timescales, liaising with NYCC in respect of any current or future inter-dependencies in relation to commissioning, service provision and data or information flows.
- 4.3 Statutory and VCSE partners should continue to work together to develop a North Yorkshire Mental Health Strategy to ensure there is a co-ordinated approach to improving the mental health and wellbeing of the population of all ages, improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.
- 4.4 NYCC, District Councils and NHS partners should make the most of the opportunities presented by the Better Care Fund and the shift towards integrating services to respond to community needs and maximise the use of community assets working closely with the VCSE where possible.
- 4.5 Statutory bodies should work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers

- 4.6 Organisations working with local communities should promote an asset based approach to understanding and responding to the issues that are important to those communities.
- 4.7 Any assessment of need such as Joint Strategic Needs Assessments should include an assessment of the available assets that are already available to address the needs identified.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
2 September 2014

**Overview
of
The Report of the Director of Public
Health for North Yorkshire
October 2014**

Health and Adult Services

A responsive County Council providing excellent and efficient local services

**Recognising the
impact of
communities on
health**



*The conditions in which
people grow, live, work and
age have a powerful impact
our health.*

*Strong communities with
high levels of resilience
thrive and people with good
social networks live longer
and have healthier lives.*

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This report focuses on health assets

Assets help to address the challenges we face in promoting and protecting the health of our people.

A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses. A glass half-full, I&DEA 2010

Two of North Yorkshires best assets are;

- **Our Communities**



- **Voluntary, Community and Social Enterprise sector (VCSE)**

Identifying and making the best use of our assets ...

The report outlines the asset mapping approach that communities can take to identify and make individual, organisational, physical and economic assets.



Health and Adult Services

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Working with the assets in North Yorkshire; VCSE

The strong and engaged VCSE is a particular asset for the county and is a key partner in helping to address the challenges we face in promoting and protecting the health of our people.

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How healthy is North Yorkshire?

Low levels of deprivation but challenges related to rurality, affordable housing and fuel poverty are present in all districts and for some population groups/



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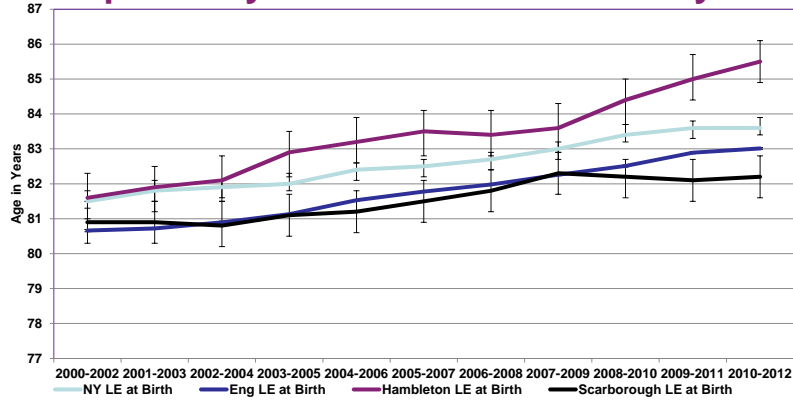
Excess weight in adults is a concern.



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Life expectancy varies across the county

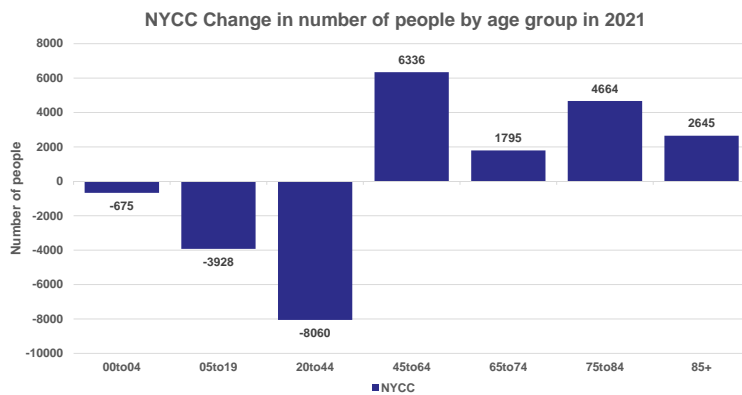


Female Life expectancy (in years) at birth trend data for North Yorkshire and England

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North Yorkshire has an aging population



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Childhood immunisations

The uptake of MMR vaccination at age five years remains a focus given previous low uptake of the vaccination. Uptake of the vaccine in North Yorkshire is currently similar to the England average but lower compared to ONS cluster group.



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Mental Health

National estimates suggest that every year, one in four of us will experience a mental health problem. Public Health England estimate approximately 78,000 residents in North Yorkshire have depression. Approximately 36,000 people in North Yorkshire accessed secondary mental health services in 2013

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Recommendations



1. NYCC, District Councils and CCGs should work closely to implement NICE guidance. Providing an integrated approach to preventing and managing obesity and its associated conditions, ensuring that gaps in current services are addressed.

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Recommendations continued

2. NHS England should continue to work closely with the provider of the Child Health Information System (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification.



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Recommendations continued

3. Statutory and VCSE partners should continue to work together to develop a North Yorkshire Mental Health Strategy. Ensuring there is a co-ordinated approach to improving the mental health and wellbeing of the population. Improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.

Recommendations continued

4. NYCC and NHS partners should make the most of the opportunities presented by the Better Care Fund. With a shift towards integrating services to respond to community needs, maximising the use of community assets working closely with the VCSE where possible.

Recommendations

continued

5. Statutory bodies should work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers.



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Recommendations continued

6. Organisations working with local communities should promote an asset based approach to understanding and responding to the issues that are important to those communities.

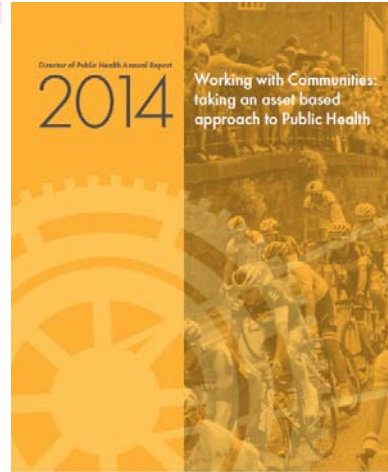
7. Any assessment of need such as Joint Strategic Needs Assessments should also identify the assets available in the community.

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The full report can be downloaded from <http://www.nypartnerships.org.uk/dphreport> or if you would like a hard copy please contact Tina Handley at tina.handley@northyorks.gov.uk



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ITEM 8

NHS
England



The Escrick Surgery

The Escrick York – Main Surgery
North Duffield - Branch surgery
Closure of Branch Surgeries – Wheldrake and Naburn.

First published: September 2014

Prepared by: Chris Clarke,
Assistant Head of Primary Care
North Yorkshire & Humber Area Team

1. Background

The Practice has for some time maintained surgeries within the villages of Naburn and Wheldrake for local patients. The Practice rented accommodation in the Reading Room at the Post Office in Naburn and the Church Cottage Wheldrake.

The surgeries did not provide a regular scheduled service, they were used to support a 'drop in' service to pick up prescriptions or medication or the occasional appointment for a consultation for some of the elderly patients that were unable travel to the main surgery when requested. The facilities within both of the buildings are extremely basic and limited to use of a spare room at the Post office (Naburn) or a dividing curtain in the Church Hall (Wheldrake). None of which were satisfactory , the practice viewed the appointments as an equivalent to a home visit.

These patients have since died and the facilities have not been used for some time.

2. The Application to Close

The premises were only ever used by 3 to 4 patients in the locality and as the patients died the use of the facilities declined. As there had been no request to attend or use either of the surgeries in recent years, the practice decided to close the facilities .This has required the Practice to apply for a variation to their contract with NHS England.

The application is to formalise the closure on the grounds that the service was no longer in use by patients and the facilities were not meeting the required standards to support the provision of patient services on site.

3. Consultation

The Practice set up notices in the surgeries and on the web site earlier in the year to inform patients of their plans to discontinue the use of these facilities in the villages. The Practice has not received any feedback.

4. Factors for Consideration

Essentially given the limitations of these facilities, it should be noted that the premises would not be compliant with current standards operated by the NHS and CQC and therefore, the practice would not be allowed to maintain patient services from either site.

The premises do not meet requirements for DDA, patient and service confidentiality or infection control for clinical facilities or support good practice in terms of the management of medicines.

The provision of service on 2 sites as opposed to potentially 4 sites ensures best use of resources for the practice and support the delivery and access to a comprehensive range of services including access to minor surgery, contraceptive advice and care, management of chronic disease, counselling services, vaccination and immunisation services , cervical smear service, child health checks.

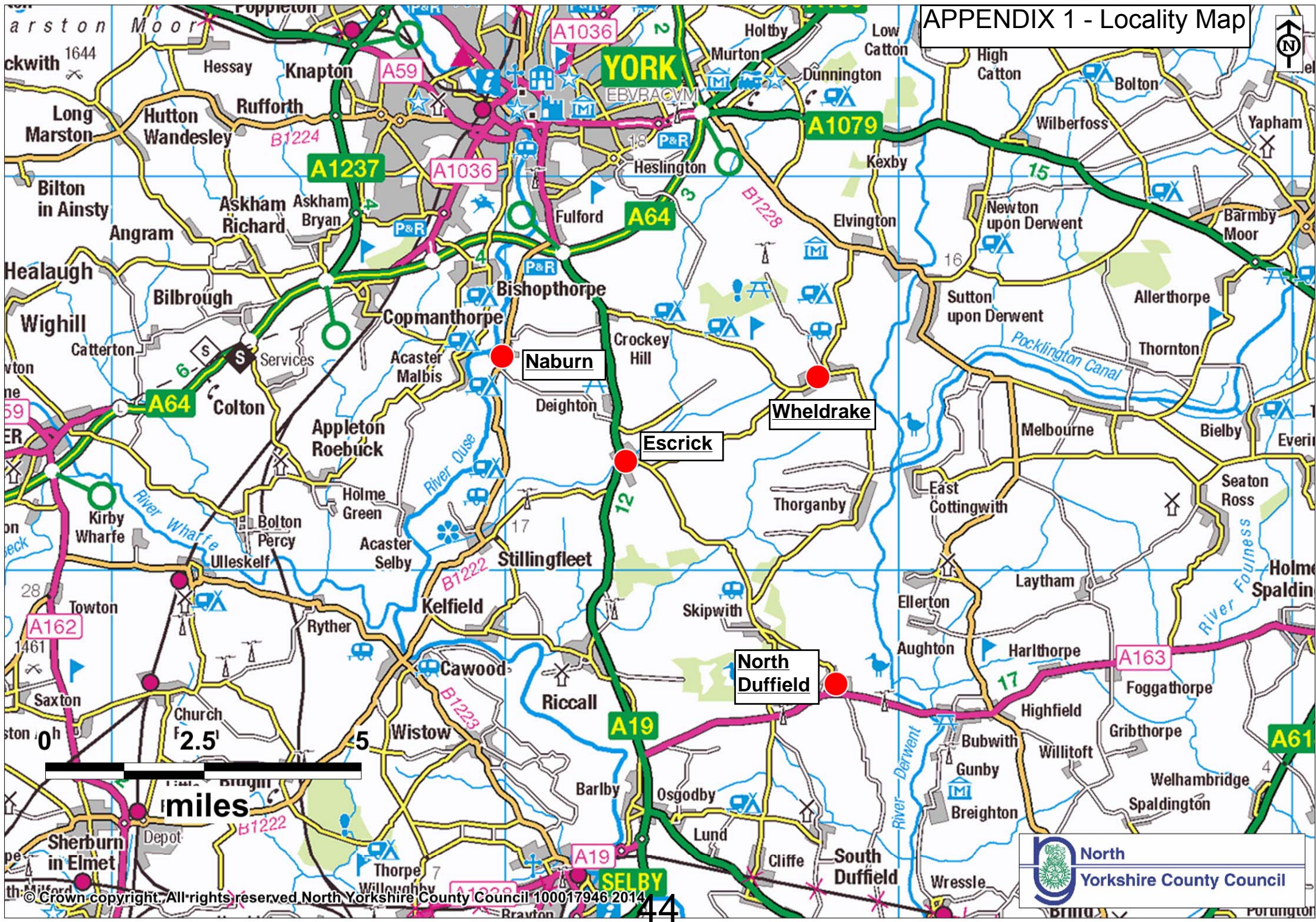
The villages are located to the northern end of the area covered by the practice and are close to the main surgery at Escrick and within approx. 5km from Naburn and 6 km to Wheldrake.

The Elvington Practice operates a branch surgery in Wheldrake.

Appendix 1 – Locality map .Location of the surgeries are highlighted for reference.

Date 30.9.2014

APPENDIX 1 - Locality Map



NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****7 November 2014****Remit of the Committee and Main Areas of Work****Purpose of Report**

1. The purpose of this report is to highlight the role of the Scrutiny of Health Committee (SoHC) and to review the work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Introduction

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) being consulted on the reconfiguration of healthcare and public health services locally;
 - b) contributing to the Department of Health's Quality Accounts initiative and the Care Quality Commission's process of registering NHS trusts;
 - c) carrying out detailed examination into a particular healthcare/public health service;
4. The Committee's powers include:
 - reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area;
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations;
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;
 - referring contested proposals to the Secretary of State for Health.

Scheduled Committee Dates

5. The Committee meetings up to May 2016 are:

2015

- 23 January
- 24 April
- 12 June
- 4 September
- 6 November

2016

- 22 January
- 22 April

6. All of the above meetings start at 10.00am. Venues are yet to be confirmed.

On-Going and Emerging Areas of Work

7. The Committee's work programme and areas of involvement are summarised in APPENDIX 1.

Recommendation

8. That Members review the Committee's work programme, taking into account issues highlighted in this report, the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

21 October 2014

Background Documents: None

NORTH YORKSHIRE COUNTY COUNCIL**Scrutiny of Health Committee – Work Programme/Areas of Involvement - 2014/15 (as at October 2014)**

(Note: Shading denotes period of involvement)

	2014	2015				
<i>Scheduled Committee Meetings</i>	7 Nov	23 Jan	24 Apr	12 June	4 Sept	6 Nov
1. South Tees Hospitals NHS FT - Investigation by Monitor and financial situation of the Trust						
2. Hambleton, Richmondshire & Whitby CCG: Whitby - "Fit 4 the Future"						
3. Hambleton, Richmondshire & Whitby CCG: Hambleton and Richmondshire - "Fit 4 the Future"						
4. Scarborough & Ryedale CCG: Integrated Urgent Care Model – Implementation						
5. Escrick GP Surgery						
6. National Review of Congenital Heart Surgery (Adults and Children)						
7. Outcome of Government Task Force on CAMHS – Local Implementation						
8. Mental Health services in the Craven area						
9. Health checks						
10. All Age Autism Strategy						