

**At an extraordinary meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on WEDNESDAY, 25<sup>th</sup> FEBRUARY, 2015 at 2.00 p.m.**

**Present:-**

Councillor N. Wright in the Chair

Councillors Davison, Howe, T. Martin, David Snowdon and Dianne Snowdon together with Mrs Blakey and Mr. Williamson.

**Also in Attendance:-**

Councillor Copeland and Mr. D. Tate

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillor Waller

**Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

**Sunderland Royal Hospital and City Hospitals Sunderland NHS Foundation Trust Inspection Reports**

The Head of Scrutiny and Area Arrangements submitted a report (copy circulated) which provided a summary of the CQC judgement of the quality of care at Sunderland Royal Hospitals and City Hospitals Sunderland NHS Foundation Trust following an inspection carried out on 17-19 September and 2 October 2014.

(for copy report – see original minutes)

The Chairman welcomed Ms. Karen Lapworth and Ms. Carole Harries, City Hospitals Sunderland NHS Foundation Trust, to the meeting who gave a presentation on the CQC judgement of care at the Sunderland Royal Hospital and City Hospitals Sunderland NHS Foundation Trust and the development of the action plan.

Members were advised that the CQC judgements were based on a combination of what was found during inspections carried out on 17-19 September and 2 October, 2014, information from the 'Intelligent Monitoring' system and information given to the CQC from patients, the public and other organisations. Sunderland Royal Hospital had received an overall rating of 'requires improvement' and City Hospitals Sunderland NHS Foundation Trust and Sunderland Eye Infirmary rated 'good' overall. The Committee were also informed of any outstanding practice that had been identified along with any areas for improvement, including compliance actions.

The Chairman commented that Scrutiny had a longstanding relationship with the organisation over the years as a critical friend, both challenging issues and recognising good areas of practice. With the agreement of the Committee she asked that a message be reiterated to the organisation for the fantastic job they continued to carry out and the services they continued to provide and commented that there must be some level of disappointment in the judgements.

In response to a question from Councillor Martin around the room for improvement needed with regard to 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders, Ms. Harries advised that there was sometimes an issue where a patient had been admitted from an emergency call out where discussions with individuals may have taken place but may not be recorded on the system and therefore resuscitation procedures could take place. Checks and balances needed to be put in place to ensure that patient requests were recorded.

With regard to a question from Councillor David Snowdon on staffing levels, Ms. Harries advised that staffing levels were looked at on a monthly basis, as required to do and at present there were 27 registered nurse vacancies with a number of new starters joining the organisation. She explained that there were some specialists in acute medicine where they had consultants on breaks which replacements had been needed to fill that gap which was nearly always done through an agency.

In relation to nurses working with elderly patients, Ms. Harries advised that nurses could pick and choose which area they wished to work in, although during their training they would experience a broad spectrum of patients. Work was being undertaken with Sunderland nurses to have nurses specifically targeted at working with divisions of patients, including elderly patients.

Councillor Snowdon referred to the trust failing to meet the standard 95% of patients to be admitted, transferred or discharged from accident and emergency within four hours and asked what effects on these figures the changes in the walk-in centres had had, if any. Ms. Harries advised that the centres now worked on an appointment system, although patients could still 'walk-in', and explained that the clock would not start for them until the patient arrived for their appointment. Unfortunately, at Sunderland Royal Hospital the clock would start as soon as the patient presented themselves at the Reception desk in accident and emergency. The service had found that when the walk in centres had first opened they had seen a drop in the number of cases, although there had been an incremental increase of 6% by the end of the year.

Ms. Harries advised that the Senior Nurse at Sunderland Royal Hospital would play a navigator role directing patients to the Pallion Urgent Care Centre for minor issues but paramount was the patients safety and making sure they were being treated in the right place. It was unfair to compare the hospital with the centres as they operated the appointment system and were not held to account in the same way the hospital was.

Councillor Davison raised concerns over the Hospital Standardised Mortality Ratio which was higher than expected for weekend mortality as well as for weekday mortality. Ms. Harries advised that the information used was fairly out of date and probably from 2012/13 and Ms. Lapworth commented that this had been raised at a national level and stated that their concerns did not take into account certain factors such as the history of the region.

Kathryn Bailey , Locum Consultant in Public Health, advised that there were four different methods for calculating the rates and that the information would probably not be published on how it had been worked out so it would be difficult to unpick their findings. She commented that rates regionally were higher and similar to that of Newcastle but higher than Northumberland, which reflects the general population. Ms. Harries advised the Committee that trusts in the region would be meeting collectively to review and discuss issues.

Councillor Copeland referred to the Urology department being the only service not to meet the Referral to Treatment targets of 90%, currently standing at 72% admitted and 84% incomplete and was informed that there had recently been two more consultants specialising in urology appointed. They had also invested in the da Vinci robot which would provide major medical advantages and help to give better outputs as it could reach parts that humans could not. Unfortunately, the level of training was quite lengthy for the equipment but they were hopeful to have the service back on track by the end of March, 2015.

In response to a question from Mr. Williamson, Ms. Harries advised that the service was very much that of a clinically led model within the hospitals structure but that if services delivered to targets and worked within budgets then incentives were given to develop them further.

Mr. Williamson went on to ask how lessons were being learned from other outstanding practices that were being recognised within the trust to ensure that they were looked to be replicated in other areas and was informed that the Eye Infirmary was seen as the 'jewel in the crown' for the trust, with achievements being felt better in the smaller, closer unit that it was. Sunderland Royal Hospital in comparison was a vast site, although a number of the good areas of practice should be replicated to achieve smaller wins in the short term and then ensure that they were shared through the hierarchy and staffing teams.

Mr. Williamson commented that he would be interested in the Committee hearing more about the improvement plans, in particular how things are now and how they move on. Councillor Wright suggested that the Scrutiny Officers pick up on the improvement plans and how the trust intend to take small things forward, she also advised that the structure of the Scrutiny Committee was very different to what it had been previously and opportunities the Committee had previously had to scrutinise the work of the trust were not there now.

Councillor David Snowdon asked how many complaints the trust received and on what topics and was advised that last year there had been 531 formal complaints made, which was a slight increase on the 490 made the previous year. Ms. Harries informed the Committee that they actively encouraged complaints and as such the PALS complaint service had moved to a more central location. With regards to the type of complaints the issues most ranged were around car parking, aspects of care and cancelled appointments.

Councillor Wright asked for an update in relation to the breast service and was advised that it was still closed to new referrals and that they were working with another provider looking to take over the service. Patients currently in the system were to be seen by the existing surgeon with surgeries been undertaken at Newcastle and chemotherapy being carried out in either Sunderland or Newcastle.

Ms. Harries explained the service was not where they wanted to be but that they were working with the CCG and Newcastle to try and get an early resolution.

Councillor Wright asked if the breast referral service would be available in the future for residents in Sunderland and Ms. Harried confirmed that it was the aspiration and preferred option to provide that service only not employed by Sunderland Royal Hospital.

In closing, Councillor Wright thanked Ms. Lapworth and Ms. Harries for their presentation and the opportunity to be asked questions of, and it was:-

2. RESOLVED that:-

- i) the information received within the presentation be received and noted;
- ii) an update from CQC be reported back to the Scrutiny Committee on an annual basis with details of areas of improvement and plans; and
- iii) further updates on the future of the breast care service be reported back the Committee as soon as developments are made.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting.

(Signed) N. WRIGHT,  
Chairman.