

## Summary Report to Policy & Resources Scrutiny Committee 13<sup>th</sup> October 2016

At the Council meeting in May 2015, Council agreed to make it a requirement that the Council nominee(s) to four specific outside bodies shall submit summary reports to the Policy & Resources Scrutiny Committee. The specific bodies identified were: -

- Essex Fire Authority
- Southend University Hospital - NHS Foundation Trust
- Essex Police and Crime Panel
- Kent & Essex Inshore Fisheries & Conservation Authority

In your response, please indicate which Group / Body this report relates to.

Notes:-

- *Where there is more than one nominee, a joint report shall be submitted.*
- *Council has agreed that updates shall be submitted to every other ordinary meeting of the Scrutiny Committee.*

**Name of Group / Body:-** Southend University Hospital - NHS Foundation Trust

### Update on Key Issues

Although I was appointed by the Council in May 2016 to be the Council's representative on Southend Hospital's Council of Governors, it only took effect in September once the annual elections for the Trust's publicly elected governor positions had taken place.

So far I have attended an induction session for new governors (21<sup>st</sup> September 2016) and the Trust's Annual General Meeting and a meeting of the Council of Governors (28<sup>th</sup> September 2016).

The main item at the AGM was the review of the past year and the presentation of the Annual Report and Accounts 2015/16. There was a series of presentations by Alan Tobias, Chairman of the Trust, and a number of Executive Directors.

2015/16 was described as a very challenging year for SUHFT:

- The Trust's financial deficit at year end was £19.5m, considerably higher than the original target of £7m. (Note: all acute hospital trusts are currently in deficit and have had to negotiate additional financial support from the Dept. of Health. SUHFT's deficit is the lowest of the hospital trusts in Essex.)
- The Trust's overall rating from the Care Quality Commission (CQC) inspection which took place in January 2016 was "requiring improvement". The Trust has now implemented the actions required by the CQC

- Some national Dept. of Health performance targets have been missed, most notably the A & E four hour standard (87.5% against a national target of 95%)
- Huge amount of work to formulate and implement the Success Regime (now morphing into the 5 year Sustainable Transformation Plan)
- Increasing number of attendances at A & E (up to 98,000 in 2015/16 and still rising).
- Pressure on bed availability has been almost continuous with the hospital on “black alert” (the highest level of alert) much of the time.

The relentless rise in A & E attendances and emergency admissions is behind many of the pressures experienced by acute hospital trusts.

- It leads to cancellations of elective surgery etc. and consequent loss of income (£7m in 2015/16)
- Cancellations lead to longer waiting times for treatment
- The Trust makes a financial loss for every patient admitted via A & E as they receive only 70% of the tariff payable for planned admissions.

I asked about the effects of the closure of the Walk-In Centre at St Luke’s Health Centre earlier this year. I was told that patients presenting at A & E are now seen initially by a GP based in the dept. Currently 15-20 patients a day are being redirected elsewhere (e.g. own GP). I was also told that the hospital has found that some patients who previously would have attended the Walk-In Centre seem to be delaying seeking help until their condition has worsened. They are then presenting at A & E. It is early days for the new arrangements, but if this proves to be a regular occurrence, it will need to be addressed.

#### **Person / Persons Making Response:**

Councillor Meg Davidson

Date 3<sup>rd</sup> October 2016.....