REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 23 SEPTEMBER 2008

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Mrs Margaret Davine	* Janet Mote
	* B E Gate	* Mrs Rekha Shah (4)
	* Mitzi Green	* Dinesh Solanki
	* Manji Kara	* Yogesh Teli
	* Salim Miah (6)	* Mark Versallion
	* Mrs Vina Mithani	
Voting Co-opted:	(Voluntary Aided)	(Parent Governors)
	† Mrs J Rammelt	† Mr R Chauhan
	† Reverend P Reece	† Mrs D Speel

* Denotes Member present
(4) and (6) Denote category of Reserve Members
† Denotes apologies received

PART I - RECOMMENDATIONS - NIL

PART II - MINUTES

391. **Welcome:**

The Chairman welcomed representatives of North West London Hospital NHS (National Health Service) Trust, namely, Fiona Wise, Chief Executive, Liz Robb, Director of Nursing, Professor Mitch Blair, Consultant Paediatrician, and Tony Caplin, Chairman of the Trust, to report on various items relating to the operation of Northwick Park Hospital. Also present was Sarah McKellar, Communications Director at NWLH NHS Trust.

Seated in the public gallery were Councillors and an Officer from Brent Council and the Chief Executive of Harrow Primary Care Trust.

The Chairman thanked Fiona Wise, Chief Executive, for hosting the Overview and Scrutiny Committee at the Hospital. The Chairman stated that the Committee was pleased to be holding its meeting at the Hospital instead of the Civic Centre. It was a very good example of scrutiny being a critical friend to its health service colleagues.

The Chairman advised housekeeping arrangements and informed those present that the Committee would go through some formal business on the agenda before inviting the Trust to introduce its reports and respond to Members' questions.

392. **Attendance by Reserve Members:**

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member	Reserve Member
Councillor Jerry Miles	Councillor Rekha Shah
Councillor Anthony Seymour	Councillor Salim Miah

393. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

Agenda items 10-16 – Maternal Care/Infant Mortality/Cleaning Services/Infection Prevention and Control/NWLH National Adult Inpatient Survey/The NHS in Brent and Harrow and Acute Strategy

The following Members declared personal interests for the reasons given below and remained in the room to take part in the discussion and decision relating to these items:-

(i) Councillor B E Gate stated that his wife worked in a General Practice (GP) and that his daughter occasionally worked as a receptionist in a GP Practice;

(ii) Councillor Janet Mote stated that her daughter was a paediatric nurse;

(iii) Councillor Vina Mithani stated that she was worked for the Health Protection Agency Centre for Infection which liaised with hospitals;

(iv) Councillor Rekha Shah stated that she was employed by Brent Council;

(v) Councillors Yogesh Teli and Stanley Sheinwald stated that they were patients at Northwick Park Hospital.

394. **Arrangement of Agenda:**

RESOLVED: That (1) in accordance with the Local Government (Access to Information) Act 1985, the following items be admitted to the meeting by virtue of the special circumstances and grounds for urgency stated below:

Item	Special Circumstances/Grounds for Urgency
10. Change in Sub-Committee Membership	This report was not available at the time the agenda was printed and circulated as it was being consulted on.
11. Maternal Care	This report was not available at the time the agenda was printed and circulated as the Trust had indicated their wish to review the report prior to its publication. Members were requested to consider this item, as a matter of urgency, to allow them to scrutinise an area of concern.

(2) item 12 – Infant Mortality – be considered prior to item 11 – Maternal Care;

(3) it be noted that during the course of the meeting, items 15/16 – NWLH National Audit Inpatient Survey 2007/The NHS in Brent, Harrow and North West London Acute Strategy – were considered after item 17 – Question and Answer Session;

(4) all items be considered with the press and public present.

395. **Minutes:**

RESOLVED: That the minutes of the meeting held on 4 September 2008 be taken as read and signed as a correct record.

396. **Public Questions/Petitions/Deputations:**

RESOLVED: To note that no public questions were put, or petitions or deputations received at this meeting under the provisions of Overview and Scrutiny Procedure Rules 8, 9 and 10 (Part 4B of the Constitution) respectively.

397. **References from Council/Cabinet:**

RESOLVED: To note that there were no references from Cabinet or Council.

398. **Report from Lead Members:**

RESOLVED: To note that there were no reports from Lead Scrutiny Members to this meeting.

399. **Change in Sub-Committee Membership:**

RESOLVED: That Councillor John Cowan replace Councillor Robert Benson as a Reserve Member on the Call-In (Education) Sub-Committee.

400. **Infant Mortality:**

Professor Mitch Blair, Consultant Pediatrician, NWLH NHS Trust, introduced the report which responded to a question on the number of births that had taken place in the last 3 years and the rate of infant mortality during this period with the number of staff on duty at the times of these deaths. He outlined how infant mortality was being tackled in Harrow and made the following comments:-

- there had been enormous changes in the population during the past 50 years and Infant Mortality rates had declined. Infant mortality cases were mainly due to premature births or congenital malfunction;

- infant mortality rates were influenced by a number of other factors. In Harrow the population had changed drastically in the past 5-6 years. Immigration from countries with poor health care had resulted in high child death rates. This was an important contributory factor to the Infant Mortality rates in the borough. 1 in 5 children died in countries such as Somali and Afghanistan;

- infant mortality figures were cyclical and a rise in deaths, as seen in 2005, was also previously seen in the borough in 1988. Whilst the hospitals were supportive, many infant deaths were experienced 'outside' of the service and that the borough had a large part to play in areas such as housing and education, which were key to ensuring good health.

In response to questions on his presentation on 'What are we doing about infant mortality in Harrow?', Professor Blair replied as follows:-

- the incidence of Measles, Mumps and Rubella (MMR) was very low in London. However, there were sporadic clusters and it was imperative that the rates of MMR were reduced. There was also a need to engender trust in the community over the safety of methods of immunisation. He was of the view that immunisation in the first year of a baby's life was important and discussion on this suggestion were continuing with the Immunisation Co-ordinator at the Trust;

- Harrow appeared to have a higher infant mortality rate than its neighbours, with a similar ethnic diversity, due to the timeframe covered. It had been recorded that one third of all infant deaths were as a result of first cousin marriages (consanguinity families) and discussions to address this issue were continuing with genetic experts;

- Harrow had pockets of deprivation and this was a contributory factor. Education was a key instrument in reducing infant mortality. Midwifery support was also an essential element. The Chief Executive of the Trust stated that joint working with partners was a key ingredient in reducing infant mortality. She considered that improved housing allocation for pregnant women was essential, but expressed concern about the diminished ability of the Trust to contribute as a result of the proposed new partnership arrangements through the Harrow Strategic Partnership and the memberships of the new bodies proposed by the Council;

- cases of Infant Mortality also stemmed from women who made their antenatal bookings late, there were problems with nutrition and obesity, and smoking;

- smoking cessation had been effective with a drop in the number of pregnant women smoking from 6% to 3%. However, the figures rose to 9% after the birth of the baby. Smoking was also associated with sudden infant death;

- rates of teenage pregnancy were low in Harrow. A breastfeeding co-ordinator had been appointed with a view to promoting the importance of breastfeeding. The Trust also targeted pregnant women who were in high risk situations;

- data quality was not just a London-wide issue, but a nation-wide one. The Trust had developed a scorecard and needed to improve on the recording of its data;

- negative publicity on maternal deaths at Northwick Park Hospital had not had an effect on the number of women choosing to give birth at the Hospital. There was a greater demand than the Hospital could cope with.

RESOLVED: That (1) the report and the presentation be noted;

(2) the concerns expressed by the Chief Executive of the Trust regarding the diminished ability of the Trust to contribute to joint working as a result of the proposed new Harrow Strategic Partnership arrangements proposed by the Council be conveyed to the appropriate officers of the Council.

(See also Minute 393)

401. **Maternal Care - Review of Maternal Deaths/Independent Review:**
Fiona Wise, Chief Executive of the Trust, provided an overview of the findings and conclusions of an independent review into clinical governance systems within maternity services at the North West London Hospitals National Health Service (NWL NHS) Trust, which had been widely reported in the Press. She stated that the review had been independent and robust.

Since the report had been published, the Trust had devised an action plan developed in response to the recommendations made by the Investigating Panel and the Healthcare Commission, a body whose remit was to promote improvements in the quality of healthcare and public health in England and Wales.

The outcomes of the independent review were positive although the Trust continued to receive negative publicity in this regard. The review had stated that the environment and working conditions at Northwick Park Hospital had been good and clinical guidelines had been of the highest standards. The maternal deaths were not due to standards of care being compromised. The barriers to good practice were similar to those experienced by many other hospitals such as recruitment of midwives and the physical capacity of the Trust's anti-natal unit.

The Chief Executive of the Trust stated that the action plan was time limited and that she would be chairing the body that would oversee its implementation. It was intended to improve access to midwives, improve training and development in primary care, and there was a need to establish a risk management process. The Trust was not complacent about the work that lay ahead.

In response to questions, Fiona Wise, Chief Executive, and Liz Robb, Director of Nursing, of the Trust stated that:-

- in relation to non-attendance of pregnant women at antenatal classes after they had registered and the levels of out-reach work, Fiona Wise replied that it was about the relationship between primary and secondary care and the investment in community midwives. The situation was compromised in London. The hospital was currently trying to attract more experienced midwives;

- there was a problem with recruiting staff and the Trust might look to recruit staff from other parts of the country and even abroad. The independent report would help instil confidence and attract more midwives to the vacancies. However, the continued negative publicity did not help the Trust. The cost of living in London and the time taken to train midwives were contributory factors. The Trust was working with the PCT by offering attractive employment packages. Northwick Park Hospital had the lowest vacancy rate in all of London, although there was a need for more experienced midwives;

- the move of the Brent Birthing Centre to Northwick Park Hospital had allowed the hospital to triage patients. The number of births at the hospital had risen and it was not intended to exceed the figure of 5,700 births whilst there was a review being conducted in London;

- in relation to the recommendation about urgent strategies to address concern about delays between arrival on the delivery suit and the assessment/admission arrangements, there were 2 issues – physical capacity and flow of patients. Dedicated midwives, known as key workers, were charged with monitoring the flow of patients and their discharge times. On average, women in the Maternity Unit stayed for 24-48 hours. The Hospital applied a flexible policy and tried to accommodate those that wanted to stay in the hospitals longer and those that wanted to leave early;

- professional development of GPs who provided maternity care would be addressed by a multi-disciplinary action group. Various elements would be discussed including whether maternity care ought to be provided in the community;

- leadership and management in midwifery were good but there was a need to recruit supervisors. The Trust was fortunate to have highly skilled clinicians and their dedication was impressive in spite of the pressures and the constant negative attention of the local and national media;

- the issue of negative publicity would be addressed by the Trust and it was considering a high-profile Open Day to which key political figures would be

invited. However, the Trust was mindful of the recent maternal deaths which would be investigated by the coroner shortly. The families involved were also considering legal action against the Trust. The Trust's perception was that it had been assumed guilty before the 'trial' and it was doing its best to improve its profile in difficult circumstances;

- there was excellent communication between the hospitals and community midwives;

- strong governance arrangements were in place at the Trust's hospitals to deal with high risk pregnancies.

RESOLVED: That the report be noted.

(See also Minute 393)

402. **Cleaning Services and Monitoring at Northwick Park and St. Mark's Hospitals:**
The Committee received a report from the Chief Executive of NWLH NHS Trust setting out the organisation of cleaning services, monitoring standards and the challenges to improving standards at Northwick Park and St. Mark's Hospitals.

Tony Caplin, Chairman of NWLH NHS Trust, supported by Fiona Wise, Chief Executive of the Trust, and Liz Robb, Director of Nursing, informed Members that:

- that Central Middlesex Hospital was doing better as it had newer buildings designed to make cleaning easier and that the comparison with Northwick Park Hospital was unfair as complex number of factors needed to be taken into account. A "like for like" comparison was not possible. Moreover, many of the variables/cleaning tactics had changed;

- the Trust was working hard to raise cleaning standards at the hospitals and that the change would take time. There was a lot of good work being done to improve the cleaning standards, which were measured subjectively. The Trust was piloting a new technique with a view to measuring standards objectively. The new technology would objectively measure dust in specific areas. Frequency could not mitigate against all problems. The hospital wanted to be 'the flagship site with new products and technology and it was the sixth site in the NHS for trialling new technology in controlling cleanliness. Moreover, from November 2008, the Trust was changing its cleaning contractor and using the same contractor as Central Middlesex Hospital. The new contractor would be working to an agreed specification;

- the technology in this area had moved on and the Trust needed to explore ways of benefiting from the changes. In addition, Matrons were responsible for ensuring that the terms of the cleaning contract were being met and they were expected to carry out regular walkabouts with the cleaning contractors. Matrons had a key role in monitoring standards, infection and its control. The Trust Board held the Director of Infection Control to account. It was acknowledged that a couple of the Wards at Northwick Park Hospital were not managing the issue of cleanliness effectively. Supervision and monitoring were key aspects to ensuring that the specific standards set out in the contract were being met. It was important to note that the Northwick Park Hospital was not dirty and that where problem areas existed, these were not substantially below standards. Robust systems were in place, including training for cleaning staff.

RESOLVED: That (1) the report be noted;

(2) the differences in levels of cleanliness between Northwick Park Hospital and the Central Middlesex Hospital be submitted to Members.

(See also Minute 393)

403. **Director of Infection, Prevention and Control Annual Report 2007/08:**
Liz Robb, Director of Nursing at the Trust, introduced the report, which summarised the incidence and trends for MRSA (Methicillin-Resitant Staphylococcus Aureus) bacteraemia and Clostridium Difficile (C-Difficile) together with activity within Infection Control over 2007/08. She acknowledged that the report was out of date and agreed to provide an update on the current situation.

In response to questions, the Director of Nursing stated that:

- hand hygiene was at the top of the Trust's agenda and each department was expected to monitor this area. With 60-70% compliance, the Trust was making progress. Individual gel sprays had been introduced for clinicians. There was a low compliance rate amongst visitors and it would be helpful if Members of the Overview and Scrutiny Committee took this message back to their constituents;

- in order to reduce the incidence of ESBL (Extended – Spectrum Beta-Lactames) bacteria related infections in the Maternity Unit, all pregnant women were screened. Infections had changed in line with patterns in immigration. Patients were also screened for MRSA. Treatment through the use of antibiotics was being examined;

- a visiting policy had been introduced in order to help control infection and Ward Sisters were charged with its implementation. Two visitors per patient were allowed into the Ward, visitors and staff were discouraged from sitting on patients' beds, cut flowers had been banned and food for patients had to be supplied by 'known' suppliers only;

- the purpose of screening was to check for colonisation and the Trust had a good record in this area;

- it was essential that the various authorities worked together to help prevent infections and education was crucial in this area, such as the need to wash hands and for pregnant women to ensure that their care was not comprised by registering late;

- a general public health campaign would help prevent infections.

RESOLVED: That the report be noted and that the current "status of deaths" as a result of infection be received.

(See also Minute 393)

404. **Question and Answer Session:**

Members of the Committee together with those in the public gallery took the opportunity to ask questions of the representatives of Northwick Park Hospital NHS Trust. In response to the various questions, Fiona Wise, Chief Executive of the Trust, Liz Rob, Director of Nursing, and Tony Caplin, Chair of the Trust Board, responded as follows:

- the cleaning and catering services provided at the Trust's hospitals were carried out by the same company but there was a clear separation of roles;

- mixed-sex wards were in place at Northwick Park Hospital. The bays were separated with each having their own toilet facilities. With respect to intensive care and coronary care wards, these were also mixed. The Trust was working towards a workable solution in a difficult environment;

- the Trust had recorded 17 cases of MRSA since April 2008. The Clostridium Difficile cases during April 2007 and March 2008 were high amongst the elderly because of their complex needs. A resistance to antibiotics was also an issue. Steps were being taken to address the problems. Work with the PCT was also in progress to ensure that the MRSA infection level did not exceed target levels. It was important to treat MRSA prevalent in the community whilst it was in the community. However, blood-borne MRSA was an issue for the hospital and was a direct result of various medical practices. Screening of patients, a reduction in the use of cannulae and increased staff hygiene would help tackle this issue. The measures would help ensure that the infection was not being introduced through skin contact;

- central government required hospitals to record MRSA and C-Difficile infections only. They were not obliged to record other infections;

- the data on fatalities as a result of contracting MRSA/C-Difficile would be sent to Members;

- training of staff in infection control was an issue. It was difficult to release all staff for training purposes, especially those from clinical care. All staff were

inducted in preventing and controlling infection. A Training Tracker was being used to monitor compliance, and there had been a measure of success in introducing mandatory training days for clinical staff. E-Learning would also be introduced;

- issues relating to sitting on patients' beds and the numbers of visitors to a patient were also being addressed with a view to reducing infection control.

A Member asked a question about the number of MRSA cases that had resulted in deaths. The Trust agreed to ascertain the exact figures before replying.

The Chairman thanked the representatives from Northwick Park Hospital for answering the questions.

RESOLVED: That the Trust supply details of how many of the 33 MRSA cases from 2007 had ended in the patient dying.

405. **NWLH National Adult Inpatient Survey 2007:**

The Committee received a report of the Chief Executive of NWLH NHS Trust on the National Adult Inpatient Survey undertaken in 2007 and overseen by the Healthcare Commission, a body whose remit was to promote improvements in the quality of healthcare and public health in England and Wales.

Fiona Wise, Chief Executive of NWLH NHS Trust, referred to the level of press coverage received following the announcement of the survey results. She stated that whilst the Trust's performance was rated low (25th out of 30 London Hospitals), 86% of the patients surveyed had generally been satisfied with the care received. She explained that the survey questions had not been weighted in terms of ethnicity and that some of the 68 questions were complex to answer. As a result, the Trust was working with the Healthcare Commission with a view to obtaining a 'true' picture. Having recognised that importance of responding to the high expectations that patients have, the Trust had developed an action plan, which would be overseen by its Patient and Public Involvement Partnership Committee, which had a wide membership and included local stakeholders. The Committee would initially report to the Trust's Governance and Audit Risk Committee and thereafter to the Board.

The Committee was informed of the valuable work being carried out with patients. Active work with the staff was being done through the promotion of the 3Cs - Communication, Confidence and Caring. In response to a question from a Member, the Chief Executive stated that positive staff behaviour was a key ingredient of staff development process but was considered to be a long-term task. A clear message had been sent to staff about the need to 'care' for the patients and to build-on the good work being done.

The Chief Executive of the Trust felt that the survey results had shown the importance of learning together and that all organisations, including local authorities and the police, had a great deal to learn from the survey. Cohesive weighting was essential to any survey to ensure that the results were robust. She added that:

- it was essential to note that the sample of the survey conducted was small when compared with 800,000 interactions at the hospitals. However, there were a number of outcomes from which lessons could be learnt. In addition, the NHS was developing a constitution setting out patients' rights. The Trust was also reviewing its booking patterns alongside the volumes;

- a particular problem faced by hospitals unlike other authorities was that customers arriving were at their most vulnerable at the point of service delivery. She acknowledged that the issue of continuity in care would worsen when the European Working Time Directive was in force.

In response to additional questions from Members, the Chief Executive of the Trust and the Chairman of the Trust stated that:

- it was important to appreciate that the differential between the highest and the lowest performing hospitals in London was only 4% and that the highest performing authorities were either specialist or teaching hospitals where because of the nature of specialist treatments provided, they would always outperform the local district hospitals. In the case of the NWLH Trust, which was made up of three hospitals, St Mark's Hospital, which was a specialist hospital, had outperformed both the Northwick Park and Central Middlesex Hospitals;

- the margins between the highest and the lowest performing hospitals were small. However, the Trust faced the problem of serving two district hospitals in constrained environments, which were diversely situated and where the volumes of 'traffic' were high. The Trust needed to understand the issues before changes could be made;

- at a practical level, and to improve patient experience, communication with staff was carried out on a weekly basis and regular 'walk about' encouraged, which were carried out by the Executive Directors. Red/Yellow cards were also being issued with a view to improving performance;

- the Trust was proud that standards were being raised.

RESOLVED: That the report be noted.

(See also Minute 393)

406. **The NHS in Brent, Harrow and North West London Acute Strategy:**

Fiona Wise, Chief Executive for NWLH NHS Trust, introduced the report, which set out the intention by the NHS in Brent and Harrow to devise a strategy that would maximise the health and well-being of local residents. The project would look towards an integrated strategy for acute services across Brent and Harrow which was consistent with plans for developing community and primary care services and supported by clinicians, local people and their representatives.

The strategy would set out how and where services would be provided in the future and determine how services ought to be provided from both Northwick Park and Central Middlesex Hospitals. It would also take into account the facilities required to provide an excellent service to the communities. The Committee was informed that a consultant had been appointed with a view to developing a vision by January 2009 for future years with the involvement of the Healthcare Professionals, and that the need for public consultation would be considered in January 2009.

In response to questions from Members of the Committee, Fiona Wise and Tony Caplin joined by Sarah Crowther, Chief Executive of Harrow PCT, :

- acknowledged that poor perception of Northwick Park Hospital was an issue for the Trust, which needed addressing. The Trust suffered from negative publicity in the press, the inpatient survey had shown that Hospital staff created a bad impression, and that poor perception was often influenced by particular age group(s). The Trust had carried out its own consultation and had placed positive messages in the press with a view to attracting staff. Reasons why Northwick Park Hospital ought to be a 'work place of choice' had been developed and promoted;

- stated that the aim of the Trust was to ensure that patients chose to have their treatment at the Hospital because of its excellence/on its merit. The Trust wanted to ensure a process of continual improvement and that partnership working was one way of achieving this and help improve the 'status' of the Hospital;

- the Trust would be guided by the London-wide strategy, Healthcare for London. As the Trust developed its services, it would ensure that the requirements of the London-wide strategy were met. There was confidence that the "direction of travel" indicated was correct;

- in relation to the proposals from Healthcare for London, the PCT would lead on a formal consultation process and report back on the outcome in due course.

RESOLVED: (1) That the report be noted;

(2) to note that the NHS Trust would consider the need for formal consultation with local (health) scrutiny committees once proposals on the strategy to maximise the health and well-being of local residents had emerged;

(3) to note that the Harrow PCT would consult formally on the proposals from Healthcare for London.

(See also Minute 393)

407. **A 'Thank You' from the Chairman:**
The Chairman thanked everyone for their contributions, particularly colleagues from NWLHT and members of the audience. He added that although a number of challenges remained, the National Health Service (NHS) was the best health service in the world. It was the duty of elected Councillors to be a 'critical' friend to the key decision makers and service providers in order to encourage continuous service improvements and to ensure that the residents of Harrow received quality services that they deserved.

(Note: The meeting, having commenced at 7.00 pm, closed at 9.42 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman