HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

20 OCTOBER 2014

Chairman:	†	Councillor Mrs Rekha Shah		
Councillors:	*	Michael Borio (Vice-Chair in the Chair)	*	Jean Lammiman (2)
			*	Chris Mote
		Niraj Dattani	*	Sasi Suresh (3)
Advisers:		Julian Maw	-	Harrow Healthwatch
	†	Dr N Merali	-	Harrow Local Medical Committee

* Denotes Member present
(2) and (3) Denote category of Reserve Members
† Denotes apologies received

18. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Councillor Mrs Vina Mithani	Councillor Jean Lammiman
Councillor Mrs Rekha Shah	Councillor Sasikala Suresh

19. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 - Care Quality Commission Chief Inspector of Hospitals Inspection Compliance Action Plan for the NWLHT

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst the matter was considered and voted upon.

20. Minutes

RESOLVED: That the minutes of the meeting held on 4 September 2014 be taken as read and signed as a correct record, subject to the following amendment:

Paragraph 2, on page 11 to read: 'A representative from Harrow's Clinical Commissioning Group (CCG) added that the Improvement Plan was owned by Brent and Harrow CCGs, which had joint monitoring responsibility.'

21. Public Questions, Petitions and References

RESOLVED: To note that no public questions, petitions or references were received at this meeting.

RESOLVED ITEMS

22. Appointment of Adviser

The Sub Committee received a report of the Director of Legal and Governance Services, which set out the nomination from HealthWatch Harrow for the position of non-voting adviser to the Sub Committee.

RESOLVED: That Julian Maw of HealthWatch Harrow, be appointed as a non-voting adviser to the Sub Committee for the 2014/15 Municipal Year.

23. Care Quality Commission Chief Inspector of Hospitals Inspection Compliance Action Plan for the NWLHT

The Sub Committee received a report of the Care Quality Commission's (CQC) Chief Inspector of Hospitals Inspection Compliance Action Plan.

The Deputy CEO and Chief Operating Officer of the London North West Healthcare NHS Trust provided a brief overview of the report and responded to the following questions from Members:

- Can you update on the progress made against the actions scheduled for completion in September and October 2014 that are not shown as completed?

- In relation to up-to-date protocols has a process been instituted to flag when these will need to be updated in the future?

- It looks as if the Compliance Action Plan seeks to develop a Women's Feedback Plan on the Maternity Pathway at the same time as updating the Women's Experience Improvement Action Plan. These two Plans could easily by mistaken as addressing the same thing. Could you please distinguish the purpose and function of each?

- Are there any proposals to address the culture of Maternity Services to ensure that it is caring? Action plans can only take a service so far and the comments of the CQC that "it was clear that the standard of care [in maternity services] was inadequate in a large number of cases" and that "Staff appeared to be unaware of the potential value of patient input into service improvement" seem to need a more fundamental response. Would you like to comment?

All items, bar those relating to the maternity unit had been completed. Issues at the unit remained an area of challenge and related mainly to the 'culture' at the unit. Nevertheless, obstetric services and management of midwifery vacancies at the unit had been deemed to be good.

The Trust was looking at how to better monitor and improve the experience of patients and their families at the maternity unit and how to survey this in real time. External support, which included new clinical leadership, had been implemented. The Trust was also evaluating how to better report improvements in culture at the maternity unit.

Subsequent to the publication of the initial Compliance Action Plan, all items in the Plan had been RAG rated. The updated version of the report would be circulated to Members after the meeting.

- Could you explain what the PLACE template is designed to monitor? Is it cleaning or clutter?

- In relation to page 10 of 13, neither of the "Action taken" documents appear to be available. Can you say in summary what they contain. If they relate to remedial action to add equipment to the asset register and conduct missing tests, what protocols have been put in place to ensure that further remedial action is not needed in future?

The template had been designed to enable monitoring of the quality of the physical environment at the Trust. This included updating and replacing equipment and ensuring that a rolling programme of renewal, as part of the local programme of governance, was in place.

- In relation to page 12 of 13 relating to inadequate staffing levels, the July Finance report (month 4) to the NWLH NHS Trust Board states "Pay costs are overspent by (£4,013K) with 180 more WTE employed than budget." How will the Trust be able to recruit to additional posts with this level of unbudgeted for staff already employed?

The Trust was confident that staffing levels in most areas were adequate. For example, changes to A&E provision in North West London had enabled the transfer and consolidation of A&E staff at Northwick Park Hospital. However, other areas would require additional measures. Staff shortages in some areas were due to national shortages in certain staff groups.

The budget had been set at an artificially low level and did not reflect the volume of patients and associated levels care required. The Trust therefore anticipated financial over performance to the value of £25m by the end of 2014. It would therefore be necessary to re-calibrate the budget to a more realistic level.

- Generally, the Compliance Plan is largely composed of actions to address specific failings identified by the CQC. What reassurance can you give that the underlying failings which seem to arise from the culture, the overstretched staff and management and the lack of resources to deal with routine regulatory issues can be addressed?

Some of the actions related to new bed capacity and staffing levels, while others related to more effective working relations and discussions with partners, such as the London Ambulance Service (LAS) and the Clinical Commissioning Groups regarding how to better manage non-urgent, out of hospital care provision. It was not simply a question of physical capacity but also of improved pathways for patients and better community based healthcare.

- How would the CQC recommendations relate to Jack's Place, which provided children and adolescent services at Northwick Park Hospital? What was being done about the extremely limited car parking facilities for the A&E unit?

Where admission rates outstripped discharge rates, this impacted on waiting times and cancellation rates and put additional pressures on staff. There were plans to build a 60-bed modular unit adjacent to the A&E site at Northwick Park Hospital, which would enable the trust to better manage demand. It should be noted that the length of stay at hospital at Northwick Park was in the top decile in England. Modelling based on population size and other demographic factors enabled annual forecasting, however, the figures could not be pinned down on a day-to-day or week-to-week basis.

The Estates and facilities manager at Northwick Park Hospital had a well developed plan for the site and the issue of car parking was being looked at.

- There was anecdotal evidence to suggest that the LAS reported a system of 'ramping' of urgent care patients, whereby, patients experienced delays in admission. Was this a common occurrence?

Staff in A&E would be made aware of the level of care required by a patient being transported by ambulance to the unit and would assess their capacity to respond. On a recent occasion, Northwick Park had been obliged to divert all

ambulances to other hospitals for a period of one hour as due to capacity issues at the resuscitation unit. It was important for the Trust to continually assess its capacity in relation to the volume of demand and to communicate this to LAS.

- There were recent reports regarding a female patient being transported to Northwick Park Hospital via ambulance, where the lift mechanism in the ambulance had broken down and the patient in question had later died. Could he provide more detail regarding this incident?

It was his understanding that the tailgate mechanism in the ambulance in question had malfunctioned and the patient could not be removed from the ambulance immediately. Clinical staff had taken prompt action and attended to the patient in the ambulance. The patient had been very unwell and had later died in the ambulance. It was not clear whether the malfunction in the tailgate mechanism had been a factor in the patient's death, however, an investigation was underway.

RESOLVED: That the report be noted.

24. NHS Health Checks Scrutiny Report

The Sub Committee received a report of the Director of Public Health which provided an update on progress resulting from the recommendations set out in the NHS Health Checks Scrutiny Report for Barnet and Harrow (January 2014).

Following a brief overview of the report by an officer, Members made the following comments and asked the following questions:

- Please can you provide some background regarding the outreach pilot programme for NHS Health Checks that has been agreed with a GP practice in Barnet?

Public Health assessed the value of the project and as this was a small pilot outreach project with a value below £5k only one quote was required.. Because the tariffs for Health Checks were fixed, carrying out a procurement exercise in this particular case would not have lowered the price. Many local GP practices had registered for the NHS Health checks in the past but had failed to follow through. Public Health were approached by a high performing, large local GP practice in Barnet that had indicated an interest in carrying out NHS Health Checks in the community. The size of the practice and its capacity to deliver had been main factors in its being chosen to carry out the pilot programme. To date no Health Checks had been delivered in Harrow through the outreach project.

- What lessons could be learnt from other London Boroughs with higher take up rates of Health Checks?

The officer stated that further discussion with Public Health England was planned regarding this issue. Harrow's model had been to roll out Health

Checks through GP practices only, whereas, other authorities had adopted other methods of delivery. However, there were plans to use other providers to deliver Health Checks and to promote the programme to improve take-up rates.

- How would NHS Health Checks be publicized to faith groups and hard to reach groups?

  The officer advised that there were plans to work closely with third sector organisations to target the above groups.

RESOLVED: That the report be noted.

25. Work Programme and JHOSC Update Report

The Sub Committee received a report of the Divisional Director of Strategic commissioning which provided an update on the work of the Joint Health and Overview Scrutiny Committee.

An adviser to the Sub Committee stated that, in his view, out of hospital services provided by Clinical Commissioning groups were crucial to service provision in North West London, and should therefore be included in the Sub-Committee's work programme. Members concurred with this view.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.50 pm).

(Signed) COUNCILLOR MICHAEL BORIO
Vice-Chair in the Chair