

# Health and Social Care Scrutiny Sub-Committee **AGENDA**

**DATE:** Monday 4 February 2019

**TIME:** 7.30 pm

**VENUE:** Committee Rooms 1 & 2, Harrow Civic Centre,  
Station Road, Harrow, HA1 2XY

## **MEMBERSHIP** (Quorum 3)

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**Chair:** Councillor Mrs Rekha Shah

**Councillors:**

Michael Borio  
Maxine Henson

Vina Mithani (VC)  
Chris Mote

## **Reserve Members:**

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1. Honey Jamie
2. Natasha Proctor
3. James Lee

1. Chetna Halai
2. Dr Lesline Lewinson

**Advisers:**

Julian Maw  
Dr N Merali

Healthwatch Harrow  
Harrow Local Medical Committee

**Contact:** Daksha Ghelani, Senior Democratic Services Officer  
Tel: 020 8424 1881 E-mail: [daksha.ghelani@harrow.gov.uk](mailto:daksha.ghelani@harrow.gov.uk)

## **Useful Information**

### **Meeting details:**

This meeting is open to the press and public.

Directions to the Civic Centre can be found at:  
<http://www.harrow.gov.uk/site/scripts/location.php>.

### **Filming / recording of meetings**

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Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

### **Meeting access / special requirements.**

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An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

**Agenda publication date: Friday 25 January 2019**

# **AGENDA - PART I**

## **1. ATTENDANCE BY RESERVE MEMBERS**

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

## **2. DECLARATIONS OF INTEREST**

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

## **3. MINUTES (Pages 5 - 18)**

That the minutes of the meeting held on 16 October 2018 be taken as read and signed as a correct record.

## **4. PUBLIC QUESTIONS \***

To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

**[The deadline for receipt of public questions is 3.00 pm, 30 January 2019. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)**

**No person may submit more than one question].**

## **5. PETITIONS**

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

## **6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS**

To receive any references from Council and/or other Committees or Panels.

**7. CQC PROGRESS REPORT INCLUDING ACTIONS FROM THE QUALITY SUMMIT** (Pages 19 - 36)

Report of the London North West University Healthcare NHS Trust

**8. ALEXANDRA AVENUE GP ACCESS CENTRE - CHANGES TO WALK-IN SERVICES AND THE IMPACT OF CHANGES** (Pages 37 - 40)

Report of the NHS Harrow Clinical Commissioning Group.

**9. UPDATE FROM NW LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** (Pages 41 - 44)

Report of the Divisional Director of Strategic Commissioning, Harrow Council.

**10. MEETING DATES FOR MUNICIPAL YEAR 2019/20**

Wednesday 12 June 2019 (7.30pm, Harrow Civic Centre)  
Tuesday 5 November 2019 (7.30pm, Harrow Civic Centre)  
Monday 3 February 2020 (7.30pm, Harrow Civic Centre).

**11. ANY OTHER BUSINESS**

Which cannot otherwise be dealt with.

## **AGENDA - PART II - Nil**

**\* DATA PROTECTION ACT NOTICE**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[**Note:** The questions and answers will not be reproduced in the minutes.]

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 16 OCTOBER 2018

**Chair:** \* Councillor Mrs Rekha Shah

**Councillors:** \* Michael Borio \* Vina Mithani  
\* Maxine Henson \* Chris Mote

**Advisers:** \* Julian Maw - Healthwatch Harrow  
\* Dr N Merali - Harrow Local Medical Committee

**In attendance:** Graham Henson Minute 20  
**(Councillors)**

\* Denotes Member present

### 13. Attendance by Reserve Members

**RESOLVED:** To note that there were no Reserve Members in attendance.

### 14. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Items 6 and 7- Reference from Cabinet – Response to the Scrutiny Review on Dementia Friendly Housing and Draft Dementia Strategy 2018/2021

Councillor Chris Mote, a member of the Sub-Committee, declared a non-pecuniary interest in that a member of his family suffered from dementia. He would remain in the room whilst the matters were considered and voted upon.

Agenda Item 10 - London North West Healthcare NHS Trust and Care Quality Commission Inspection Report

During consideration of the item, Councillor Chris Mote, a member of the Sub-Committee, 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.

All Agenda Items

Councillor Maxine Henson, a member of the Sub-Committee, declared an interest in that she was a Portfolio Holder Assistant to the Portfolio Holder for Adults and Public Health. Her remit was Adult Social Vision. She would remain in the room whilst matters were considered and voted upon.

Agenda Item 8 - Changes to Walk-in Services at Alexandra Avenue Health and Social Centre

An attendee, Dr Genevieve Small, Chair of Harrow Clinical Commissioning Group (CCG), declared an interest in relation to the item. She participated in the discussion and responded to questions from Members of the Sub-Committee, including the Leader of the Council who was invited to speak on this item.

**15. Minutes**

**RESOLVED:** That the minutes of the meeting held on 2 July 2018, be taken as read and signed as a correct record.

**16. Public Questions**

**RESOLVED:** To note that no public questions were received.

**17. Petitions**

**RESOLVED:** To note that no petitions had been received.

**RESOLVED ITEMS**

**18. Reference from Cabinet - Response to the Scrutiny Review on Dementia Friendly Housing**

Members received a reference and report considered by Cabinet in relation to the responses to the recommendations made in the Dementia Friendly Housing Report from the Sub-Committee.

**RESOLVED:** That the reference and report be noted.

**19. Draft Dementia Strategy 2018 - 2021**

The Sub-Committee received the Draft Dementia Strategy 2018-2021, prepared jointly by Harrow Clinical Commissioning Group (CCG), Harrow Council and Public Health Harrow, which was committed to improving the patient's journeys in terms of living well with dementia. There had been an

increasing focus on the Dementia Diagnosis Rate, to enable easy access to care, support and advice following diagnosis. The intention of the Strategy was to increase the level of diagnosis to ensure appropriate post diagnostic support for patients and carers with a view to creating a more Dementia friendly borough.

A representative from Harrow CCG introduced the Draft Strategy and outlined, in brief, its key components. He explained that the original Strategy had been refreshed and invited questions and comments from Members of the Sub-Committee and other partners present at the meeting.

Members of the Sub-Committee asked questions relating to:

- the status of the Draft Strategy prior to its adoption and how it would be launched;
- the plans in place to help raise awareness about dementia, the support available locally and the cultural and stigma barriers associated with the illness;
- the support available to carers;
- the gap between the current position and one that the partners would want to be in with regard to the Strategy and local actions.

Representatives from the CCG responded as follows:

- the CCG would initiate meetings with the Council with a view to drilling down some 50 recommendations which needed addressing. Additional funding was required and needed to be approved, including the commissioning intentions of the partners. For example, a balance between the use of Admiral Nurses or Enhanced Practice Nurses would need to be considered;
- work to raise awareness in the community was underway and a launch was being planned;
- guidance from NHS England had been sought regarding the issues surrounding cultural and stigma barriers and boroughs with diverse populations, such as Newham, were cited and were being studied. Harrow too had a diverse population in that it had a large BAME group with 50% of the group being made up of people from South Asia. Some work had been done on how residents could be educated and these measures would be included as part of the recommendations and action plan;
- carers would be suitably supported and work with Age UK would continue in this regard.

A Member stated that scrutiny was a 'critical friend' and that, in that capacity, he was concerned that the Council's website did not make reference to the work being undertaken in relation to dementia. It was important that both the

CCG and the Council sign posted this key document on their respective websites. Another Member asked if any gaps had been identified. Officers took note of the importance of using the website as a vehicle to ensure public awareness. It was noted that joint working amongst partners was helping to identify gaps and work with the providers was underway.

Another representative of the CCG reported that the information and services available to people with dementia would be promoted through the Harrow Health App but due to some technical difficulties this would not be achieved until December 2018. It would also be promoted through other mediums. The representative identified two areas of importance in relation to dementia – a formal diagnosis and the support provided thereafter. She highlighted the importance of integrated care and the work being undertaken in this area, such as the partnership working to develop and deliver integrated care initially for a subset of older adults, one group being the 65 plus with dementia. Various work programmes had had different timelines but it was expected that they would all come together and ensure that all services were fully supported.

In response to a question from a representative from the LNWUHT regarding care homes and the Red Bag scheme, the CCG agreed to share information in relation to the engagement with the 13 care homes which were part of the scheme, how often the scheme had been used when patients were admitted from those care homes and what the training needs were for those care homes that needed to be provided, such as dementia awareness training.

**RESOLVED:** That

- (1) the Draft Dementia Strategy 2018 – 2021 and the contributions from Members and Partners be noted;
- (2) it be noted that the CCG would share information within care homes for dementia awareness training as set out in the preamble above.

## **20. Changes to Walk-in Services at Alexandra Avenue Health and Social Care Centre**

The Chair reported that the Council had recently learnt that:

- from 1 November 2018, the Alexandra Health and Social Care Centre would become a GP Access Centre dedicated to treating patients registered with a Harrow GP practice only;
- the new service would require patients to have booked an appointment before arriving at the Centre and this would ensure that patients would not need to spend time in the waiting area in order to be seen by a GP. Appointments would be available from 8.00 am – 8.00 pm on all days of the week and could be made by patients by either contacting their GP surgery or calling 111 for an appointment;



- patients who had used the Centre but were registered with a GP in other boroughs such as Ealing or Hillingdon would be able to book a same day appointment in a GP Access Centre located in their respective boroughs on all days of the week, including weekends and evenings, by calling their own GP or 111.

The Chair stated that the Council was extremely disappointed that it had not been consulted and asked representatives of the NHS Harrow CCG about the consultation exercise. It was unfortunate that the implementation dates were close and that the Council had not been given any opportunity to voice its concerns on behalf of its residents.

Having been invited to speak, the Leader of the Council cited examples of how the new service would impact adversely on the residents of Harrow and was concerned that the appointment process would reduce the number of available appointments drastically. He added that the Centre was situated in one of the most deprived areas of the borough and the new service would have an adverse impact on the disadvantaged.

The Leader stated that there had been a form of an engagement exercise with the Council's Health and Wellbeing Board but that the CCG was not able to share some of the information at that time due to commercial sensitivity. It was essential that the CCG consulted in a meaningful way with the appropriate bodies of the Council on such important issues and that the relationship between the Council and the CCG needed to improve. There were a number of opportunities for partnership working and these ought to be explored. The CCG ought to have engaged fully with the Council in this regard as free and easy access to health was important.

Members of the Sub-Committee also expressed their disappointment about the lack of any meaningful consultation and made comments and asked questions as follows:

- the proposal went against the direction of travel;
- what was the rationale behind the reduction in walk-in centres, why and how had this Centre been selected as it was in a deprived area and whether other options had been explored;
- was the lack of funding a major driver;
- who had the CCG consulted;
- would the CCG be proposing other changes and when would these be rolled out;
- the borough had a high number of transient residents and how would the proposal impact upon them;
- there were a number of residents who lived in South Harrow who were registered with doctors just over the border in Hillingdon or Ealing and who had previously used this walk-in Centre. Many of these residents

had been allocated these practices as the surgeries in the locality within Harrow were to capacity. How would these Harrow residents continue to access the service at the Centre in the future;

- at the last meeting of the Sub-Committee, the CCG had noted that walk-in centres helped manage care outside of the hospital environment, with an estimated 7% transfer of cases from the Accident and Emergency (A&E) Services. What would be the impact of the proposed changes at Alexandra Avenue at Northwick Park Hospital.

Representatives of the CCG acknowledged the different points made by Members and apologised on the lack of information made available. A representative added that she had attended a meeting in July 2018 with a colleague to explain the rationale behind the change and stated that there had previously been discussions, albeit brief, at meetings of the HOSC and the Health and Wellbeing Board. The EIA and the EqIA processes carried out to assess the proposed changes confirmed that the CCG was not required to carry out a formal consultation. However, as with any change, the CCG had tried to engage with various bodies/communities and had continued to do so widely since the proposals to go ahead had been approved.

The same representative added that:

- that the driver behind the change was not linked to withdrawal of funding. Currently, there were three walk-in centres in Harrow which did not meet the core criteria required by the Minor Injury Unit or Urgent Treatment Centre. NHS England required all CCGs to develop a GP Extended Access Model of care. NHS England required every CCG to every improve access to primary care, seven days a week until 8.00 pm, and this was one of the drivers behind the change;
- the change would ensure timely access and make better use of the available facilities in Harrow;
- the CCG was a public body that was accountable and as such it was required to make effective use of the available finances;
- a meeting had been held with the Leader of the Council and two local MPs to explain the proposals in detail;
- the CCG had received communication from the GLA London Assembly Member for Brent and Harrow and had offered a meeting to discuss the local changes should this be helpful. She explained that the Assembly Member had asked why these changes had not been discussed at the Assembly and the CCG had clarified that it was not required to consult the London Assembly on local changes;
- she would welcome the opportunity for her team to attend meetings should Members feel that this would be helpful in order to explain the rationale behind the change but emphasised that the changes were planned to proceed on 1 November 2018;

- the usage of the Centre had been a consideration. Patients used the Centre at certain times of the day only. The configuration of the building had also been a factor. An option appraisal had been undertaken to determine the most appropriate location and, as part of the appraisal, all three local Hubs has been considered. The service at Belmont Walk-in Centre had only recently been opened and needed embedding. Any other plans that would involve the rolling out of any further changes would be reported back;
- the impact of the change would be monitored and reported to the next meeting of the Sub-Committee. The impact of the change on transient patients had been considered. Non-Harrow patients would need to de-register and register again in a Harrow Practice should they want to continue to use Alexandra Avenue for GP appointments or they could use one of the two alternative Walk-in Centres in Harrow. The options appraisal, EIA and EqlA were intended to minimise and mitigate the impact.

The Leader of the Council was concerned about the post code lottery in healthcare and that he had previously been informed that anyone registered in Harrow would also be able to access the appointment system and even if they were registered in another borough.

Another representative of the CCG reported that it was important that the GPs in walk-in centres were able to access medical records of patients but that they could only access these if the patient was registered with a GP in the borough. This pathway was the preferred option and followed the national directive. For example, the medical records of those registered with a GP in Ealing or Hillingdon would not be available to the GPs at Alexandra Avenue Health and Social Care Centre. Patient care and the quality and safety of care provided were important. Continuity of care was crucial, especially for patients with long term or terminal conditions.

Members and advisers of the Sub-Committee, including the Leader of the Council, made the following comments and asked additional questions:

- patients were not always able to telephone during working hours. How would they be able to make appointments;
- would the change require additional GPs to be employed at the Centre;
- it was appreciated that the GPs needed to know a patient's background to make an informed diagnoses but this issue could have been resolved by the provision of printed notes until an all inclusive electronic access system was available;
- would the change result in increased costs;
- what would happen to those who would no longer be able to walk-in to the Centre to obtain medical care;

- how was the issue of provision of parking being addressed and had any representations been made to the Transport for London (TfL) for additional bus routes;
- the number of appointments at the Centre would drop from 40,000 to 20,000 which would result in a large number of patients being disadvantaged by the change.

A representative of the CCG explained that primary care services could be accessed in two ways – an online appointment system via the GP or by telephoning the 111 service which would prioritise sick or injured people according to the seriousness of the condition or injury (triage) and allocate an appointment. Overall, it was expected that this would result in better use of a patient's time. The number of appointments available was not expected to reduce but that the new system would mean that people could not walk-in for an appointment. It was essentially redirecting individuals to their own GP. The change would not result in increased costs. It would create extra capacity to support Primary Care for Harrow registered patients.

Members were informed that should individuals walk-in to the Centre from 1 November, their clinical needs would be assessed. If they were in need of immediate care, it would be provided. Any person attending with an immediate, urgent or life threatening condition would be treated immediately in any setting as part of the CCGs duty of care. Otherwise, they would be directed to their own GP or the 111 service. Members noted that the CCG would support any lobbying for additional bus routes.

An officer asked if an impact assessment had been carried out. A representative of the CCG replied that an Equality Impact Assessment (EqIA) and an EIA had been carried out and could be shared with the officer. She invited information on any communities impacted upon.

In concluding the discussion, a representative of the CCG stated that she understood the concerns expressed by Members and that her colleagues had had similar conversations prior to proposing the change. She assured Members that the impact of the provision would be monitored.

**RESOLVED:** That

- (1) the verbal report be noted;
- (2) the concerns expressed by the Sub-Committee and the assurances provided by Harrow CCG be noted.

## **21. Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018**

Members received a report of the Interim Director of Adult Social Services, which provided an overview of safeguarding adults activity undertaken in 2017/2018 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It set out the progress made against objectives, analyses the referrals received and outlined priorities for the

current year (2018/2019). The report also included the Harrow Safeguarding Adults Board (HSAB) Annual Report 2017-18.

An officer introduced the report and informed Members that, overall, Harrow was performing well against the national average. She invited questions from those present at the meeting.

Members of the Sub-Committee asked questions relating to:

- areas of safeguarding where reported incidences had noticeably increased or decreased over the last year and why this had been the case;
- the training provided to the professionals in identifying victims of modern slavery, sexual exploitation and domestic violence and mechanisms for referrals;
- how Councillors could support the safeguarding agenda. Were there any particular areas of concern that Councillors could assist with as part of their role as community leaders?

In response to the questions, the officer reported that there had been a year on year rise in referrals from 2009/2010 which indicated that more professionals were identifying abuse and/or neglect. There then followed a 38% rise in concerns for the financial year 2015/2016 due to the threshold being lowered and widened with Care Act 2014 implementation. There had been an increase in referrals when the Care Act 2014 was implemented but referrals had since levelled off.

The officer acknowledged that modern slavery was a new issue and therefore more awareness raising was needed but that there had been four concerns 2017/18 which suggested that staff were more confident in this area of work than previously. She cited an example of a case for 2018/19 which, unfortunately, the National Referral Mechanism had declined to pursue. The Council had picked up this case to ensure that the vulnerable person concerned was placed in a safe environment.

Members were asked to support in their safeguarding role by bringing the booklet titled “The Little Book of Big Scams” to the attention of their constituents. The booklet had been produced by the Metropolitan Police and the Home Office and it covered such issues as distraction burglary/door step crime and scams. The officer undertook to provide the booklet to Members and to share these widely to help ensure community safety. A Member referred to the services provided by the Fire Brigade to sections of the community such as fitting smoke detectors and making available Smart Water kits. He acknowledged that raising public awareness was a challenge for public bodies.

**RESOLVED:** That the work undertaken by the Harrow Safeguarding Adults Board (HSAB) in 2017/18 and the action plan for 2018/19 be noted.

## 22. London North West Healthcare NHS Trust - CQC Inspection Report

The Sub-Committee received a report of the London North West University Healthcare NHS Trust in response to the Inspection Report of the Care Quality Commission (CQC). In addition, the Trust also tabled a document setting out the context, ratings, responses to warning notices, steps proposed and its Transformation Programme to help make improvements in the way care was provided. The Sub-Committee accepted the additional document as the slides provided context to the documents circulated with the agenda.

Representatives of the Trust introduced the report and informed Members that the CQC had undertaken an announced inspection of London North West University Healthcare NHS Trust for three days from 5 to 7 June 2018. Scheduled inspections took place across four sites: Northwick Park, Ealing, Community Inpatients-Willesden and Clayponds and Community Dental.

The CQC had also undertaken a 'Well-Led' specific inspection of the entire service from the 3 to 6 July 2018 through tours and scheduled interviews with senior managers, service leads and the Executive team. An unannounced inspection took place between 8 to 18 July 2018.

Members noted that, as part of the inspection, the CQC spoke to patients, visitors, carers and staff (in the hospitals, in focus groups and formal interviews) to gain a view of London North West University Healthcare NHS Trust's 8 core services; Surgery, Critical care, Maternity/Gynaecology, Services for Children and Young People, Medical care, Urgent & Emergency Care, Community and Community Dental Services.

A representative of the Trust stated that it was disappointed with the report of the CQC and identified the opportunities provided to put measures in place. The majority of the areas had improved significantly since the last CQC Inspection in 2015. He drew attention to the overall ratings and outlined issues at Ealing Hospital's Emergency Department and Medical Services, and Critical Care at Northwick Park. He outlined the measures that had been put in place, details of which were included in the tabled document.

The representative identified the steps that the Trust would be taking forward to address the recommendations of the CQC and the following measures were planned:

- a Quality Summit would be held at Ealing Hospital on 6 November 2018. He alluded to the proposed programme and informed Members that key stakeholders had been invited to the Summit;
- work would continue with various sectors of the hospitals to develop and implement action plans, identify further improvements, design suitable solutions and carry out governance reviews;
- move forward with the Transformation Programme to embed quality improvement methodology across all services. The Transformation Programme would look at the following areas:

- (a) innovation and improvement: developing staff to lead on improvements which would include training to help develop long-term solutions to local issues as well as championing a culture of quality improvement across the Trust;
- (b) work on core safety issues to offer safe and a high quality of care;
- (c) a seamless care service for patients across acute and community services assisted by new technology;
- (d) ensure that the Trust was fit for the future and worked efficiently.

Members asked the following questions:

- were there any surprises in the CQC's report or were the judgement as expected;
- over the years, the Maternity Service had continued to concern the Sub-Committee and the CQC report had not alleviated these concerns. What measures would be put in place to address the CQC's concerns and were these different from previous action plans;
- would the Council and Councillors have an opportunity to input into the future direction of the Trust at the Quality Summit;
- post natal care was considered to be poor, especially for new mothers.

In response, representatives of the Trust stated that:

- they were disappointed with the report of the CQC, particularly in relation to the ratings for Ealing Hospital. They had been surprised that basic issues had been identified;
- that the issues identified in relation to the Maternity Service were different and related to safety and security. Clinical performance at Northwick Park Hospital was good but that technical issues had been identified which had since been resolved;
- that some of the ratings in a number of areas had been classified as 'Good' and the Trust was proud of its achievements and that it was pleased that the rating 'Inadequate' in relation to safety at Ealing Hospital was not linked to its clinical services;
- the issues around the culture within the Trust were being addressed as part of its training programme and the CQC had acknowledged that the staff at the Trust were better at reporting incidents. It was important that staff were able to speak openly on issues. In relation to the Maternity Service, it was expected that an obstetrician would be trained to deliver training to other staff;

- significant changes had been put in place for post natal care but surveys had shown that more work was required. The results from the surveys would feed into the improvement plans and it was essential that correct staffing levels with appropriate skills were available. The Trust was also resolving issues at local level – local resolution. It was essential that the Trust worked with its Commissioners. The Maternity Voices Forum met on a monthly basis and regular meetings were held between midwives and users to allow issues to be captured early.

An adviser to the Sub-Committee pointed out that it was important to note that the CQC had not been critical of clinical care within the Maternity Service and it good to note that the outcomes were positive. The majority of users had had good experiences and further training would help. The collaborative work with the national regulator NHSI (Improvement) had shown that handovers had been seamless. It was important that staff were involved and empowered to make improvements in services. The high rate of miscarriages related to the deprivation and early interventions were required to improve the care.

Another representative of the Trust reported that the midwives were accessible in clinical areas and that they worked cohesively. A cultural shift in the way that staff worked was underway and the support of NHSI provided an opportunity to learn and share different ways of working. She was of the view that, overall, the services provided was good but the Trust was not complacent. The consolidation of the Maternity Service at Northwick Park Hospital had been successful and had helped to provide a greater resource base.

A Member asked how the key aspects of the action plan would be prioritised and whether these were achievable. She also enquired about the timelines set. A representative of the Trust stated that the Quality Summit would help answer these questions and that the outcomes would be shared with stakeholders. Some actions would require longer time frames and that the Trust would work with the CCG and NHSI to finalise timelines.

The same Member reported that her constituents had complained about the lack of responses from the Trust in relation to complaints about post natal care. Representatives of the Trust reported that it was important that the complaints system was used by users but that the Trust was working hard to ensure that responses were sent out in a timely fashion. He asked if the Member could ask her constituents who had complained about the lack of responses to send the complaints to him personally. They acknowledged that the Trust needed to explore different ways in which it could reach out to its services users.

Another Member asked if the Trust's satellite sites such as the outreach clinic at Hammersmith Hospital had been part of the inspection by the CQC. He was informed that the inspection of such sites would form part of the assessment of that hospital.

Members were informed that they should contact the Chief Nurse of their desire to attend the Quality Summit as places were limited.



Members complimented the Trust for the improvements made in Urgent Care which they felt was delivering a better service. They added that their constituents had also complimented on the improvements made to the Maternity Service.

**RESOLVED:** That the report of the Care Quality Commission (CQC) on the inspection of the London North West University Healthcare NHS Trust be noted, including the actions and next steps being taken by the Trust to address CQC's recommendations.

**23. North West London Joint Health Overview and Scrutiny Committee - Update**

The Chair reported that the North West London Joint Health Overview and Scrutiny Committee (JHOSC) had met on 19 September 2018 and that the meeting had been hosted by Brent Council. She reported that:

- JHOSC would be extending its terms of reference to include scrutiny of regional Sustainability and Transformation Plans;
- Councillor Mel Collins from Hounslow Council had been re-elected as Chair;
- Hillingdon Council would be invited to join JHOSC;
- the next meeting of the JHOSC would be hosted by Westminster Council on 4 December 2018;
- Harrow Council would be hosting the JHOSC on 12 March 2019.

**RESOLVED:** That the verbal report be noted.

**24. Date of Next Meeting**

**RESOLVED:** To note that the next meeting was scheduled to be held on Monday 4 February 2019 at 7.30 pm (Harrow Civic Centre).

(Note: The meeting, having commenced at 7.30 pm, closed at 9.40 pm).

(Signed) COUNCILLOR REKHA SHAH  
Chair

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## **CQC Progress Report including Actions from the Quality Summit**

### **1. Purpose**

- 1.1. Give a brief update on the recent unannounced CQC visit on the 10<sup>th</sup> January 19
- 1.2. Provide an update on completion of the MUST DO Action Plan
- 1.3. Share an overview of the developed of Composite Improvement Plan
- 1.4. Give a progress update on the Actions from the Quality Summit
- 1.5. Outline a proposal of the CQC preparation plan

### **2. Background**

- 2.1. The CQC inspected the Trust in June and July 2018 and rated it as 'Requires Improvement' overall.
- 2.2. During the inspection, the CQC issued 5 warning notices, 1 of which was later withdrawn following provision of satisfactory evidence by the Trust. Immediate swift action was taken to address the issues raised by the warning notices.
- 2.3. The final report was published in August 2018 and outlined 39 MUST DO actions and 74 SHOULD DO required Actions to improve overall quality. Comprehensive Divisional Action Plans were developed by the Trust with ongoing monitoring and seeking of assurance by the Executive Team as we embark on an Improvement Journey
- 2.4. The CQC made an **unannounced visit to the Trust on the 10<sup>th</sup> January 2019** to test out implementation of the action plans from the warning notices. They visited Maternity, Switchboard and Critical care at NWP, A&E and Medical wards in Ealing.
- 2.5. Interviews were held at NWP site with the Head of Estates, Interim Chief Nurse, Estates team, Natasha Beech, Security staff, head of unified communication and the Divisional General Manager and Head of Midwifery for Maternity.
- 2.6. A range of from line staff were interviewed at Ealing Hospital including ward managers, clinical leads for A&E, supported by the Operational Manager for Ealing and the Deputy Chief Nurse based at Ealing.
- 2.7. Preliminary feedback has been positive and a few further information requests are being processed with ongoing submissions. An example being nurse staff ratios on the

medical wards at Ealing Hospital. The CQC is currently formulating their findings into a report which the Trust expects to receive shortly.

- 2.8. **Comprehensive Divisional Action Plans** were developed by the Trust with ongoing monitoring and seeking of assurance by the Executive Team as we embark on an Improvement Journey
- 2.9. A Trust wide CQC Composite Action Plan (see Appendix 1) has now been developed supported by the NHSI Improvement Director Sheila Adam and shared with key stakeholders including CCG and CQC. Monitoring and Assurance is sought at the dedicated ETM for Quality Improvement and Transformation Programme. Following the 16<sup>th</sup> January 19 meeting, both Composite Action Plans for Must Do and Should Do are being refreshed to incorporate progress, areas of challenge alongside the submitted evidence.
- 2.10. The table below provides an overview of the progress made on completion of both the MUST and SHOULD DO actions as of 16<sup>th</sup> January 19;

Must Do	November 18	December 18	January 19
Green	21 (54%)	22 (56%)	23 (59%)
Amber	18 (46%)	15 (39%)	14 (36%)
	0 (0%)	2 (5%)	2 (5%)
<b>Total Actions</b>	<b>39</b>	<b>39</b>	<b>39</b>

Based on advice from the NHSI Director of Improvement, the two red must Do's remain on red because they have gone beyond the initially set delivery date. However, there is sufficient evidence of progress that suggest these could be moved to amber status. This would require a change in the expected date of delivery; therefore following a discussion with SA NHS Director and the Interim Chief Nurse, the proposal is to be taken to the executive for consideration on 23rd January 19 and then reported to relevant committees including Trust Board in January 19. The red Must do's are;

- Must do **3.01 The Bleep systems in Maternity**- the SMT does not have the assurance that the escalation process is robust enough. Exec. Team notified. Further audits required.
- Must do **11.01 Mental Health Needs for Inpatients in the Community (Willesden) including security risk**- Clinical Model is under review and Security team is leading on improvements initiatives including collaboration with the police.

It is proposed that this process be also undertaken against a number of the should do's, examples being: **4.02 Staff Mandatory Training, 5.02 Fluid balance and Nutrition assessment, 12.05 Alert systems for community midwives** etc.

Should Do	November 18	December 18	January 19
Green	28 (38%)	30 (41%)	30 (41%)
Amber	45 (45%)	33 (45%)	30 (41%)
Red	1 (1%)	11 (14%)	14 (18%)
<b>Total Actions</b>	<b>74</b>	<b>74</b>	<b>74</b>

2.11. The Trust Risk Register has been thoroughly reviewed and updated with cross referencing of the CQC Composite Plan. Accordingly, new entries of identified risks which emanate from the CQC report have been made onto the risk register and await approval; this enables further monitoring and strengthens assurance. New Risk Register entries include Paediatric Anaesthetic cover at Ealing and Junior Doctors' compliance with mandatory training (Risks 909 and 910 respectively).

2.12. Actions from the **Quality Summit held on the 6<sup>th</sup> November 18** are steadily progressing and updates were given at the 16<sup>th</sup> Jan 19 ETM (see Appendix 2). The Quality Summit Themes were:

- Leadership, Culture, Patient Experience and Staff Engagement
- Maternity
- Ealing Hospital
- Continuous Quality improvement and Transformation
- Patient flow

2.13. Ahead of the upcoming CQC re-inspection anticipated during the 1<sup>st</sup> to 3rd Quarter of 2019/20, a Trust CQC preparation plan and calendar of activities is being developed for the Executive Team discussion and recommendations which will be shared with the Trust Board.

### 3. 2019/20 Trust wide CQC re-visit Preparation proposal

3.1. It is proposed that each Executive Team Member will adopt a site and lead oversight of CQC preparation with periodic updates at ETM and also take part in:

- Monthly Executive Led Staff open sessions on CQC – a draft generic presentation has been developed for adaptation by Divisions and will be sent out for comment
- Executive Walkabouts schedule has been drafted
- Mock CQC Inspections will be undertaken on an ongoing basis supported by key stakeholders

3.2. The proposed Executive area and site allocation will be confirmed at the Executive Team Meeting.

- 3.3. A Walkabout guide has been prepared so that teams are aware of what to look for including a template for providing feedback. The Staff handbook for a successful CQC inspection is under review and will be launched by March 2019 and printed copies disseminated to frontline staff; the handbook is a resource to support staff with expectations during inspection and how to manage them.
- 3.4. Currently all clinical areas are being reviewed using the Excellence Assessment Tool (EAT) via the Perfect Ward App. A review of the questions aligned with the updated CQC key lines of enquiries (KLOE) is ongoing and will be incorporated into the five CQC domains. Actions from findings, once developed by the unit/ward manager and matron will be approved and monitored by the Divisional Heads of Nursing (DHON/HON) whilst support and challenge meeting will be conducted by the Interim Chief Nurse, Deputy Chief Nurses and CQC Lead. The reviewers will not be operational in the area they assess to ensure an objective and impartial assessment.
- 3.5. Pre CQC Mock inspections will be carried out in collaboration and supported by NHSI and CCG colleagues. Every Division will be asked to nominate a CQC lead and CQC champion for each department and/or specialties.
- 3.6. Divisions will be required to review their PIR submissions for the 2018 CQC Inspection and guidance will be provided by the CQC engagement meetings led by the Chief Nurse, supported by the NHSI Improvement Director.
- 3.7. It is envisaged that this process of monitoring will continue for a further 6 weeks after the scheduled CQC visits in anticipation of unannounced inspections that will follow.
- 3.8. Monthly updates / reports will be provided to the Quality and Safety Committee and Integrated Governance Committee.

#### **4. Improvement Plan**

- 4.1. The CQC Action plan completion is progressing well with ongoing review at the dedicated CQC Executive Team Meeting (ETM) as part of the overall CQC Improvement and Transformation Programme. The process commenced in November 18 and enables the Executive Team to receive progress updates with exceptions, challenges and assurance.
- 4.2. The Quality Summit Actions are being progressed by the respective Executive Team Leads in collaboration with relevant stakeholders.

4.3. A deep dive is due to be undertaken in Maternity and presented at the Quality and Safety Committee. Current Maternity specific activity is as follows;

- NHSI Maternity Safety Support offer led by Barbara Kuypers NHSI Midwifery lead - she has just completed the maternity diagnostic phase which has been agreed by the Trusts CEO and is now moving to the next stage of the process.
- NHSI/NHSE Maternity Review and Support plan which includes Sheila Adams our NHSI Improvement Director looking at; assurance around Serious incidents and is due to complete this by end of January 19, review of safer staffing that is in its final stages, the Maternity CQC Improvement plan must and should do's, as well as Compliance with the Warning Notices.
- The Trust internal review of midwifery services which have been agreed with staff side and are just commencing (first open meeting with staff took place on 8<sup>th</sup> January 19)
- A Maternity Monthly Improvement Journey Newsletter is now produced and shared with the service and across the Trust.

4.4. There is a full report going to the Trusts' Quality and Safety committee in February and Trust Board in March 19 which will also cover assurance on progress against national, regional and local maternity policy such as Safer Births etc.

4.5. The CQC team is scheduled to visit Sherwood Forest on the 4<sup>th</sup> and 18<sup>th</sup> February 19, a Trust that moved from Requires Improvement to Outstanding from whom we hosted a visit to share their practice at the end of 2018, to identify transferable learning from their Improvement Journey.

## **5. Recommendations**

5.1. The Committee is asked to consider and note the actions taken in response to the CQC Report.

**Author:** Ted Nyatanga, CQC Lead and Barbara Beal, Interim Chief Nurse

**Date:** 22<sup>nd</sup> January 2019

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# LNWUH Composite Trust CQC Action Plan 21/01/2019

		<b>Overall Trust Rating</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well Led</b>	
		<b>Requires Improvement (RI)</b>	<b>RI</b>	<b>RI</b>	<b>Good</b>	<b>RI</b>	<b>RI</b>	
		<b>Progress Ratings</b>	<b>Total</b>		<b>Complete</b>	<b>On Track</b>	<b>Delayed</b>	
		‘Must Do’ requirements	39		23 (59%)	15 (36%)	1 (5%)	

The Trust was inspected by the CQC in June 2018 and rated as "Requires Improvement". The Trust received 4 section 29a enforcement notices and 1 section 31 decision notice which was dealt with and removed by the CQC in July 2018. Immediate actions were taken to respond to the warning notices and a comprehensive action plan was put in place in August 2018. This document reports progress for the Trust against the CQC Action Plan providing RAG ratings by each action, outstanding actions and expected completion date

Following actions are not progressing as expected and need plans:
Following actions are progressing but need revised date as expected missed

1.01,3.01,8.01,11.01,

Must do	CQC Recommendation	Trust Actions	Remaining actions/Escalation	Expected completion Date and RAG Status
1	Medical Care at Ealing hospital- Warning notice			
1.01	• Assess the risks to the health of service users on medical wards.	Task and Finish Group chaired by the Chief Nurse or their deputy Established 18th July 2018, The Terms of Reference were agreed. Key work streams; • Safer Staffing, Documentation, Safe Medicine Management  Documentation - Review the admission booklet with cross divisional representation - Commenced - <b>Update 10/09/18</b> - Feedback obtained - used to inform discussion in regard to re-organisation and content of booklet prior to a controlled trial.	needs plan and revised expected as expected compleieon date 30/12/18 is likely to be missed	<b>31/12/18</b>
1.02	• Have staff following policies and procedures about managing medicines on medical wards.	1. Expiry Dates: Each trolley and medicine cupboard, IV fluid stores but excluding Controlled Drugs across the entire Trust was thoroughly checked and all expired, patients own and medicines dispensed to patients' who are no longer on the ward removed and returned to pharmacy for destruction <b>COMPLETED</b> 2. Follow up Actions following Audit: Review stock lists on those wards identified in the audit as requiring review. 3. Follow up Actions following Audit: Develop a feedback form for ward/department nurse manager regarding findings from stock expiry checks. 4. Ongoing actions following audit: Monthly stock checks to be undertaken 5. Task and Finish Group to oversee the audit results and improve systems to support monthly checks of expiry dates 6. Oral liquid Controlled Drug expiry dates audit undertaken 5 July 2018 across the entire Trust. Pharmacy Department have amended the Standard Operating Procedure so that the date of issue is taken to be the date opened and an expiry date assigned accordingly by the Pharmacy. This will mitigate the risk as nursing staff will have an in use expiry date assigned. <b>COMPLETED</b> 7. Follow up actions following the audit: CD Quarterly audits to include 2 questions on oral liquid CDs to provide assurance of compliance 8. Expiry dates of all Controlled Drugs including expiry date checks to be completed. All medical wards on the Ealing site to be completed on 5 July 2018 and the rest of the entire Trust to be completed by 17 July 2018. <b>COMPLETED</b> 9. Immediate Action 'Fridge Temperatures: Pharmacy Department to audit all areas Trust wide with refrigerators every week to monitor compliance with the following standard. " 100% of refrigerators in clinical areas storing medicines have been checked for any temperature excursions within the last 28 days and any remedial action has been taken if excursions have occurred". When the clinical area has 100% compliance on 4 consecutive weeks, the audit will revert to monthly. When the clinical area has 100% compliance on 3 consecutive months, this audit will cease for these areas. Ongoing compliance will then be audited within the Quarterly temperature monitoring audit. <b>COMPLETED</b>	Develop Business Case for level 2 Care in designated area (EH) (no6). Due date changed from 30/11/2018 to 01/03/2019	<b>Overdue 01/03/2019</b>
1.03	• Have the sufficient numbers of suitably qualified, competent skilled and experienced persons deployed within the medical wards	1. Established a weekly escalation meeting to ensure early escalation of uncovered medical shifts 2. Introducing a handover log on 12 July at the Professional Awareness Day 3. Nursing have a robust daily safety brief. The Bank attend the safety Huddle 4. Immediate Action: Completed a nursing establishment review for 4 South <b>COMPLETED</b> (03/07/2018) 5. Develop a standard operating procedure (SOP) to ensure staffing levels is enhanced to deliver 24 hour Level 2 care if and when required. 6. Medium Term Action: Develop a business case for the expansion of ITU to deliver Level 2 care at Ealing Hospital 7. Weekly recruitment meetings chaired by Heads of Nursing and supported by HR to continue until vacancy rate drops below 12%. Deliver incremental improvements through the recruitment and retention strategy. 8. Immediate action: Recruitment strategy developed which include the following; Launch a targeted advertising campaign including social networking. Rolling recruitment interview days are now established 3 times per week Launched an open day in August, September and October Establish rotational education and development pathways	Develop Business Case for level 2 Care in designated area (EH) (no6) Establish rotational education and development pathways	<b>31/03/19</b>
2	Urgent and Emergency Care at Ealing hospital – Warning notice			
2.01	• Ensure that in the accident and emergency (A&E) department at Ealing hospital	1. Paediatric checks completed weekly by Resus nurse. This includes all equipment and grab bag. 2. Simulation trainings done forth nightly with ED reg/ Consultant, Nursing staff, PDN.		<b>completed 30/07/18</b>
2.02	• Support the provision of safe care and treatment and must demonstrate that there	1. Email send to staff from pharmacy, with ongoing pharmacy support to address changes. ( see attached). 2. Changes made have been discussed with nursing staff during daily communications.	3 month governance assurance to carried out February 2019	<b>completed 16/07/18</b>
3	Maternity at Northwick Park Hospital – Warning Notice			

3.01	<ul style="list-style-type: none"> <li>Ensure robust systems are in place to ensure that the correct staff are bleeped on an ongoing basis including a system of regular checks of the bleep system to ensure that the correct staff are bleeped at all times.</li> </ul>	Bleep system has been re-programmed. The emergency bleep list has been reviewed by the Clinical Director and confirmed that correct staff groups are enlisted. this has been triangulated with Obstetric guidelines including that for shoulder dystocia. PROMPT training incorporates obstetric emergencies which includes summoning for assistance.		completed 30/08/18
		Switchboard undertakes daily bleep testing and records outcomes.Exception reports provided to Head of Unified Communications who feeds back into maternity .	<ul style="list-style-type: none"> <li>Awaiting for assurance of real times escalation of non-responders before action can be closed</li> </ul>	30/08/18
		Process and governance map produced and communicated across the Directorate		completed 30/09/18
		<ul style="list-style-type: none"> <li>Bleep testing procedure has been compared to other Trusts and has been found to be similar standards. Bleep testing exception reports remains a standing agenda item at local risk management meetings in maternity for a minimum of 6 months</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting for assurance of real times escalation of non-responders before action can be closed</li> </ul>	31/03/219
		This item is shared with staff in the risk management monthly newsletter in order to raise staff awareness .		completed 31/10/18
3.02	<ul style="list-style-type: none"> <li>Ensure robust systems are in place to ensure unauthorised persons cannot gain access to theatres via use of the staff/ theatre lift.</li> </ul>	12/07/18 Temporary doors were installed which block any public access from the lift. SOP in place and circulated among staff . NHSI and CCG visit confirmed that public access had been blocked.		01/10/18
		02/10/18 Temporary doors removed. Override key of public lifts are with coordinator in the event of staff lift failure and the need to use public lift. If this happens security guard sits outside theatres		30/09/18
		Monthly Risk newsletter is sent to all staff. Security guards are available 7pm-7am OOH in main access area. Active monitoring and data reviews systems are in place.		30/06/18
		Tailgating signs have been put up with active monitoring		30/06/18
3.03	<ul style="list-style-type: none"> <li>Ensure the doors to the delivery suite from theatres are by secure access only.</li> </ul>	Staff ID Swipe access has been installed, weekly security reports are submitted to DGM for review		25/07/18
3.04	<ul style="list-style-type: none"> <li>Ensure the main doors to the maternity unit cannot be forced open at any time of the day or night.</li> </ul>	Locking Bolts activated on the doors to restrict risk of forced opening . There is a Buzzer system in situ at maternity entrance with CCTV link into Delivery Suite reception and Trust Security Control centre. Out of hours delivery suite administrator manages buzzer system and access into the maternity unit, in hours there is a receptionist located at the maternity entrance . OOH security presence reinstated since 17/09/18.	<ul style="list-style-type: none"> <li>An options paper for the longer term security in maternity has been drafted for longer term security planning</li> </ul>	30/06/18
		Replacement doors that cannot be forced open have been installed		31/10/18
		Security patrols are undertaken 4 times in each 24 hour period covering in hours and out of hours.		30/09/18
		security has designated slot at senior midwives and nurses meeting and is providing training	All staff to remain security aware. Assurance through CQ & R meeting	31/03/19
		Tailgating signs have been put up and remain in situ.NHSI and CCG visit confirmed visibility of tailgating notices		30/06/18
4	<b>Urgent and Emergency Care at Ealing hospital –Notice of Decision</b>			
4.01	<ul style="list-style-type: none"> <li>Stop treating children (individual aged under 16) in the Ealing Urgent and Emergency Department which is an emergency department for adults only except for clinically stabilising the child before transferring to an appropriate facility</li> </ul>	Evidence to show the communication of the paediatric policy to all staff members are attached. Datix and the resulting shared learning are communicated to all staff in the Emergency Department as well as at the following meetings: (EPiG Meetings, Joint ED and UCC ops meeting, clinical governance, Performance Meeting)  2.11.18 - Updated Paediatric attendances audit attached.	Ongoing monitoring of paed attendance and awaiting more current audits for resus and simulation 3 month governance assurance to be carried out February 2019	completed 20/07/18
4.02	<ul style="list-style-type: none"> <li>Develop a clear policy on the management of children who present to or are brought to the Ealing Urgent and Emergency Department stating in clear terms the extent to which staff in the Urgent and Emergency Department can be involved in the management and care of children</li> </ul>	The policy for ratification is embedded in evidence as well as the ongoing audit for paediatric patients to display ongoing shared learning of paediatric cases.	Ongoing monitoring, require more current data for paed grab bag audit and checklist. 3 month Governance assurance to be carried out February 2019	completed 20/07/18

4.03	<ul style="list-style-type: none"> <li>Place visible signs in the Ealing Urgent and Emergency Department informing members of the public that the department is not a paediatric emergency department.</li> </ul>	1. Signage in place.		completed 18/07/18
4.04	<ul style="list-style-type: none"> <li>Following actions taken by the trust and the submission of an ongoing action plan, CQC notified the trust that it had discontinued the notice of decision subject to the improvements set out by the trust's actions and action plans being sustained.</li> </ul>	notice discontinued	3 month governance assurance to carried out February 2019	Notice Discontinued
5	<b>Urgent and Emergency care- at Northwick Park Hospital Requirement notice</b>			
5.01	<ul style="list-style-type: none"> <li>Review the processes, implementation and recording of observations of mental health patients in the ED department.</li> </ul>	<p>Mental health processes within the Emergency Department reviewed</p> <p>Ensured that the documentation of observation is up to date in a timely manner, available on the patients records. (requires ongoing monitoring)</p>	3 month governance assurance to carried out February 2019	Completed 03/07/18
5.02	<ul style="list-style-type: none"> <li>Ensure that there are effective systems in place for learning from incidents.</li> </ul>	<p>Monthly cross site Clinical Governance meetings in place ensuring shared learning across the Trust.</p> <p>Agenda includes learning from serious incidents, complaints and the risk register. Minutes of these meetings are available and provided for all staff to read in the clinical governance folder. (Please see evidence).</p> <p>Feedback is provided to clinical team, through the staff newsletter and Divisional board slides.</p> <p>Updates on SI's, complaints and the risk register are provided by the clinical governance team at the Divisional Board meeting.</p> <p>Top 3 risks are updated and displayed for staff in the Emergency Department.</p> <p>Complaints champion has been nominated within the nursing team to work with the Clinical Governance team. The champion will disseminate feedback and action plans from complaints to all members of the team.</p> <p>Appointment of a cross-site governance lead consultant has been undertaken Process in place-plan for monthly assurance report for three months until Feb 2019</p>	<p>Awaiting more current clinical governance assurance in the form of minutes and Newsletters</p> <p>3 month governance assurance to carried out February 2019</p>	In Progress 28/02/2019
6	<b>Critical Care at Northwick Park Hospital- Warning Notice</b>			
6.01	<ul style="list-style-type: none"> <li>Have beds appropriately located within critical care to perform emergency lifesaving care and treatment.</li> </ul>	As per the warning notice the changes to the Level 5 Critical Care area has been completed. Two beds have been removed and the remaining furniture has been repositioned to deliver the required layout for optimal care and emergency management of patients.	ongoing monitoring	Completed and closed 10.8.18
6.02	<ul style="list-style-type: none"> <li>Have sufficient hand washing facilities to mitigate the risk of cross-contamination.</li> </ul>	As per the warning notice changes have been made to ensure compliance with sufficient hand washing facility provision and this is now completed. There are now sufficient hand washing facilities within Edison level 5 Critical Care Unit. Two extra wash basins have been installed into the ITU area and two extra wash basins have been installed into the HDU area of Edison level 5 Critical Care Unit.		Completed and closed 10.8.18
7	<b>Children and Young People Services at Ealing hospital – Requirement Notice</b>			
7.01	<ul style="list-style-type: none"> <li>Improve compliance with mandatory training especially for medical staff.</li> </ul>	Data on ELMS were cleansed, Improved monitoring and compliance systems have been put in place at divisional and Executive level. <b>Jan 2018 Over 85% of staff have had appraisals and are compliant with MAST (Appraisals at 91.7% and MAST at 87.1%)</b>	ongoing monitoring	31/10/18
		Ensuring Medical staff are compliant - work with clinical leads and supervisors, introduction of iPDF for pre-commencement completion of on-line mandatory training		31/10/18
7.02	<ul style="list-style-type: none"> <li>Provide nursing staff with training in the recognition and management of children with sepsis.</li> </ul>	All registered nursing staff working within acute in patients children's ward and day care at Ealing have been trained by the ward sister in the recognition and management of children with sepsis. Any new staff who join the department will have this training as part of staff induction by ward sister		30/09/18
7.03	<ul style="list-style-type: none"> <li>Provide nursing staff with clinical and safeguarding supervision.</li> </ul>	Supervision framework and guideline have been developed A formalised supervision framework is embedded and cascaded across children's services		31/12/18
		The Gibbs Reflective Practice cycle is used for reflection/supervision with the nursing lead at Ealing. <b>Clinical supervision is provided by Senior Nurse. Monthly report is produced to evidence clinical supervision.</b>		31/03/19
7.04	<ul style="list-style-type: none"> <li>Ensure a protocol is easily accessible and available for staff to follow if a child or young person became unwell unit.</li> </ul>	SOP has been revised and circulated. <b>Paedetric anesthetic cover at Ealing Hospial is on risk register Risk 909.</b>		30/09/18



7.05	<ul style="list-style-type: none"> <li>Have clear oversight of young people admitted to adult wards.</li> </ul>	The Head of Nursing for paediatrics based at Ealing Hospital attends the daily bed meeting at Ealing site. She offers advice if there is a paediatric or safeguarding concern. A log is kept of all cases.		30/09/18
7.06	<ul style="list-style-type: none"> <li>Improve staffing levels including staffing establishment on the children's outpatients and day care unit.</li> </ul>	RCN guidance for staffing a low risk daycare is agreed by local arrangements. We see on average 3.5 patients per day, and to support that we have 2 RN's (band 6) plus HCA support. Senior support increased by allocating the paediatric day care sister (band 7) one day a week. This change is effective from the 10th September 2018. We also evidence staffing on our safer staffing tool which was recently amended to reflect activity. Daily reporting of staffing activity completed.		30/09/18
7.07	<ul style="list-style-type: none"> <li>Ensure there are effective systems in place for sharing the learning from incidents.</li> </ul>	All SIs and datix are reported into quarterly Clinical governance meetings. Staff governance newsletter has been introduced and these incidences are shared with the staff through newsletter. The DHON holds meetings with nursing staff and those who cannot attend have emailed notes sent to them for information.		30/11/18
8	<b>Children and Young People Services at Northwick Park Hospital – Requirement Notice</b>			
8.01	<ul style="list-style-type: none"> <li>Ensure robust safeguarding systems and procedures are put in place to ensure children are protected from harm and abuse.</li> </ul>	Children Protection Information System (CPIS) implementation will be completed by 28/02/19. This allows transferring information to symphony (ED system) for safeguarding concerns on admission. This ensures CAS card is showing correct information on printing. Safeguarding checks are made by the paediatrician on clerking patient. Safeguarding named nurse attends the unit when there is a safeguarding issue and in her absence the Head of Safeguarding lead nurse provides required support.		28/02/19
8.02	<ul style="list-style-type: none"> <li>Ensure that nutrition and hydration assessments are routinely carried out and consistently reviewed.</li> </ul>	Weekly audits are undertaken by ward sister, who reports to matron. This is reported to DHON at monthly meeting with an action plan if required.	further assurance and monitoring with support from nutrition and hydration working group	30/11/18
		Audit are undertaken monthly and reviewed by the DHON		30/11/18
9	<b>Surgery at Northwick Park Hospital – Requirement Notice</b>			
9.01	<ul style="list-style-type: none"> <li>Improve medicines management to include regular, documented checks of the temperature in storage areas including refrigerators.</li> </ul>	Spot audit with Pharmacy was taken in real time after the Requirement Notice. We have increased surveillance from the Pharmacy Team to have more focus on this from the ward staff. The data-log from the fridges are in situ to help with this as well as helping where fridges are stored in areas that are higher ambient temperatures. The use of Omicell medication safety cabinet use is being explored - for areas that low air flow and high ambient temperatures as well as the use of high cost drug areas.	Ongoing spot checks and monitoring to continue. Outcome of Omnicell exploration to be established with the pharmacy team.	10/08/18
9.02	<ul style="list-style-type: none"> <li>Address the low levels of compliance with mandatory training amongst the medical team. We identified this as an area for the trust to improve in our last inspection in October 2015.</li> </ul>	Correspondence to the relevant persons in the Division (along with the areas they are non-compliant in) has been sent (via email) from the DGM to indicate the absolute requirement in this regard and how failure to comply will affect both appraisal success and pay-progression and result in meetings with relevant operational or clinical supervisors 16.01.19 Discussion about MAST training and Junior doctors. IPDF roll out with an app is in progress. 31 Drs to join in feb and for this to be started with them. Allows sharing of past and current training from previous Trusts. Face to face training to be completed on first day of induction. On Risk Register	December 2018 update: appraisal compliance 87%, MAST 84.3% Ongoing monitoring	31/01/19
9.03	<ul style="list-style-type: none"> <li>Ensure sufficient nursing staff have up to date training in basic and immediate life support.</li> </ul>	The main challenge here is the availability of these sessions - work has commenced with the RESUS team to look at setting up area specific training and maximising the utilisation of their time and resource as well as those who need to undertake this training	December 2018 update: Cleansing of BLS and ILS data as some staff were listed incorrectly for ILS Additional BLS sessions provided on site	31/01/19
9.04	<ul style="list-style-type: none"> <li>Implement a system to ensure all equipment is regularly inspected, safe and fit for purpose.</li> </ul>	EBME are doing this - alerts sent and shared with colleagues to note the need to ensure that all new equipment is PAT inspected	To understand the process EBME have in place and to establish if this includes routine servicing and calibration. To gain assurances on what audits are being undertaken to monitor this. New equipment, regular servicing and fault reporting.	10/08/18
10	<b>Surgery at Ealing Hospital – Requirement Notice</b>			
10.01	<ul style="list-style-type: none"> <li>Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.</li> </ul>	The Trust has an escalation process which will when in escalation result in needing to allocate, against a known discharge, an additional patient to a ward (in line with locally agreed risk assessment) - this arriving patient is placed in the acute setting with the discharge planned patient moved to an appropriate area on the ward for their ongoing care and management (until discharge). The Ward teams have been reminded of the need to follow this Policy but challenge when concerned about the risk - bearing in mind the shared risk in ED where there may also be need to management and mitigation. Ward 3 North Day Care Unit is also used for escalation.	December 2018: Ward 3 North used for escalation regularly as instructed and authorised by the COO. Need to seek assurances from DHoN and HoN that individual risk assessments for each area have been completed.	10/08/18
10.02	<ul style="list-style-type: none"> <li>Ensure proper and safe management of medicines. This includes avoiding practices that compromise safe medicines management including the use of pre-prepared medication in theatres.</li> </ul>	This issue has been discussed with staff and a reminder sent to colleagues to follow the agreed process for medicines management accordingly.	Ongoing spot checks. Spot audit and	10/08/18

10.03	<ul style="list-style-type: none"> <li>Ensure there are sufficient staffing levels on orthopaedic wards.</li> </ul>	<p>The orthopaedic ward vacancy has reduced from 47% to 24% which has allowed for consistent and competent staffing of these areas. The creation and appointment of a Practice Development Nurse has been implemented to help with development and training to assist with retention. Practice Development Nurse appointed to Ward 7 South Ealing and now in post.</p> <p>Trust recruitment campaigns: overseas, skype interviews, national recruitment events, on-going adverts on NHS jobs.</p> <p>16.01.19 - The Division report that all staffing was reviewed in budget setting meeting on 16/01/19 with the finance team. High Turnover of nursing staff identified at Ealing Hospital with new starters moving to NPH when opportunities arise.</p>	<p>Ongoing Trust recruitment campaigns: overseas, skype interviews, national recruitment events, on-going adverts on NHS jobs.</p> <p>December 2018 update: Resources still being identified. Ward instructed to increase staffing at night by a Bank HCA when required to accommodate increased acuity due to patient mix of trauma and medicine</p> <p>Action was originally due for completion 30/11/18; however has been extended to 31/01/2019</p>	31/01/19
10.04	<ul style="list-style-type: none"> <li>Work to improve access and flow within surgical services.</li> </ul>	<p>Review of OP clinic capacity and type.</p> <p>A weekly review of the RTT position is in place with oversight from the COO - actions for all SMs to work with the clinicians and look how to maximise lists and not waste operating time.</p>	<p>Seek assurances work is in progress. Review progress made on this.</p>	31/03/19
10.05	<ul style="list-style-type: none"> <li>Work to improve mandatory training completion rates for medical staff.</li> </ul>	<p>Reminders provided by DGM and DCD. Link between appraisal, revalidation and statutory mandatory training established.</p> <p>16.01.19 Discussion about MAST training and Junior doctors. IPDF roll out with an app is in progress. 31 Drs to join in feb and for this to be started with them. Allows sharing of past and current training from previous Trusts. Face to face training to be completed on first day of induction.</p> <p>On Risk Register</p>	<p>Divisional Data cleansed.</p> <p>Compliance is 82% at 06/11/18 (up from 75% 2 months ago). The main concerns are Junior Doctors – assistance requested from the Medical Director.</p> <p>☑ Discussion to check the actions and courses attended at Induction Week are being recorded is being undertaken via audit with Learning &amp; Development</p> <p>☑ Appraisals have, in the same time, achieved 86% (compliant)</p>	31/01/18
10.06	<ul style="list-style-type: none"> <li>Ensure staff on the Ealing site are engaged in planning and delivery of services.</li> </ul>	<p>Implementing fortnightly joint meetings with Clinical Leads for Ealing and NPH to discuss business matters. Establish monthly Ealing-business meeting.</p> <p>CQC Summit held in Ealing Hospital November.</p> <p>16.01.19 Transformation team have appointed improvement fellows from within the staff to carry out specific improvement initiatives. Perioperative Matron to lead on Improvement pathway in day surgery and perioperative assessment.</p>	<p>November 2018 update: the CQC Summit was held in Ealing with all CCG and other Health Economy Stakeholders and as part of the ICU works they are very much involved to reflect the vision of this statement</p> <p>Update on continued engagement of staff required.</p> <p>Assurances of information cascade to all staff levels</p>	31/01/18
10.07	<ul style="list-style-type: none"> <li>Improve theatre utilisation and efficiencies related to start and finish times.</li> </ul>	<p>Recruit additional scheduling staff. Review POA process to avoid OTD - this is part of a wider Transformation Work Stream looking at the whole pathway and focussing on the known pinch points to reduce the time scale but also improve quality in contact and delivery of services</p>	<p>November 2018 update: Dashboard in place with improvements in flow and utilization showing</p> <p>Continue to monitor.</p>	30/10/18
10.08	<ul style="list-style-type: none"> <li>Improve referral to treatment times in surgery.</li> </ul>	<p>WLI lists. Review of Consultant Job plans. Transfer of elective lists from NPH to Ealing to improve access to inpatient work and improve the admitted position for the Trust</p> <p>January 2019: A weekly review of the RTT position is in place with oversight from the COO - actions for all SMs to work with the clinicians and look how to maximise lists and not waste operating time.</p>	<p>November 2018: remains a real challenge and is one that has daily challenge and scrutiny with attention from the COO and NHSI</p>	01/02/19
11	<b>Community Inpatient</b>			
11.01	<p>The trust must ensure that mental health needs of its patients are met. The trust must ensure adequate security arrangements are in place on the premises to support staff when supporting agitated patients.</p>	<p>Psychology input to address patient psychological needs- Clinical Psychologist 8A is now providing, 0.5 WTE support to the Wards at Willesden including Robertson Ward. Clayponds cover is currently provided by Dr. Sara Banks while awaiting for Band 8a 0.5 WTE recruitment</p> <p>-Robust screening process for admission introduced with Matron and consultant reviewing patients for suitability to mitigate risks where current service provision may be insufficient to meet existing mental health needs</p>		31/12/18
		<p>Develop Psychiatry Pathway to support Patient need-On risk register 811</p>	<p>Pathway in place at Clayponds via the Single Point of Access for crisis team to assess patient at CPH. There are currently no plans for psychiatrist at Willesden. SOP to be agreed in a meeting with Triumvirate and Dr. Sara Banks</p>	31/12/18
		<p>Develop SOP to meet Security needs of the service</p> <p>-Security risk assessment has been completed by HoN and Matron</p> <p>-HoN,DGM met with Head of security on 10/01/19-zero tolerance posters now displayed on the unit to deter security incidences, police engagement through safer neighbourhood planned through local inspector, weekly security awareness training sessions are planned for staff to empower them and make aware of different pathways such as calling security and police on need basis, data on conflict resolution training awaited, on risk register 894</p>	<p>Challenges around 24 hours security cover are highlighted in Divisional CQ&amp;R meeting on 16/01/19</p>	31/12/18

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# Quality Summit Pledges update, Jan 2019

## Introduction

In line with the Trust CQC Governance arrangements progress against the pledges are reviewed and considered at the Monthly CQC Improvement and Transformation programme to confirm and challenge with the Executive and Divisional Triumvirates, second week of each month.

The key issue that emerged as part of the session on the 16<sup>th</sup> January 18 was specifically related to the Future of Ealing Hospital as set out below. The proposal is to provide an exception report to the committee on progress against the pledges going forward.

However it is important to assure the committee that the Executive team are held to account on their responsibilities for taking the pledges forward by the CEO and deputy CEO.

Update on Theme 3 Ealing Hospital

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## Theme 3: Ealing Hospital

**SRO:** Simon Crawford, Director of Strategy & Deputy CEO

### Pledge 1

Produce a new plan for Ealing Hospital with partners from the health economy based on a fresh evaluation of data on patient activity demand and capacity, noting:

- That NWL commissioners' intention to refresh activity modelling based on current levels and future forecasts of demographics and new models of care [to be procured commercially, with ambition to produce outputs in c3 months]
- The plan must set out both the need to continue to maintain safe services at Ealing Hospital for the next 5-7 years, including A&E as well as the potential for a new end state for Ealing Hospital

### Update

CCG has established a working group bringing together partners. First meeting of the Ealing Hospital Workshop was held on 9th January 2019. This group will oversee the development of the plan.

**Pledge 2**

To work with system stakeholders to maintain safe services at Ealing Hospital [recognising the need to retain acute services including A&E on site for at least 5-7 years], with a specific recognition that short- and medium-term solutions and investment are required for the following critical services:

- HDU
- Ambulatory care unit
- Frailty unit
- JAG accredited endoscopy unit

**Update**

Capital expenditure for developments identified for the Ealing site were not approved as part of wave 4 funding. Trust currently pursuing land sale at NPH to provide alternative source of capital for investment in improving hospital infrastructure. Operational plan for 2019/20 will include objectives to implement changes on the Ealing site aligned to this pledge.

Estates are supporting the surgery division in preparing a business case to create additional critical care and recovery beds at Ealing. The indicative programme of works would achieve this in over c11 weeks:

- Phase 1: Convert 4 HDU side rooms into 3 bedded open plan space
- Phase 2: Convert 6 Recovery beds to 4 HDU beds
- Phase 3: 3 North Ward into 8 recovery beds

**Pledge 3**

Establish a working group to oversee the development of the future plans for Ealing Hospital with representation from local stakeholders including:

- Ealing clinicians / staff
- Commissioners (Ealing & NWL)
- Ealing LA [observers]
- Patient Groups

Communicate the plan once developed for Ealing Hospital to staff and the local community to address uncertainty over the future of the hospital which is a barrier to recruitment and major factor public issue for staff local people and the Council.

**Update**

See pledge 1 update.

Ralph Elias

17 Jan 2019



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## Theme 1: Leadership, Culture, Patient Experience and Staff Engagement

**SRO:** Claire Gore, Director of Human Resources & Organisational Development

### **Pledge 1 –SRO working with HENWL**

HENWL to support the development of a diverse workforce

- Development of different workforce models by sharing best practice and successes across specialities and staff groups to enable creation of new roles such as Physician associates
- Treating our staff grade doctors as though on training programme; making ward managers supernumerary
- Enabling transfers into speciality roles then back into the organisation

### **Pledge 2-Board workshop held with ongoing steady progress**

NHSI to support the implementation of the patient experience framework

- Board leadership to ensure patient experience is a priority
- Empowering staff and leaders at all levels of the organisation to do more; by providing protected time to managers ('head space')
- Valuing staff
- Highlighting the strong link between staff experience and patient care – unlocking the culture that blocks communication, staff experience clinics and valuing staff
- Linking objective setting to professional development
- Refocus/labelling – emphasis on a culture of safety
- Resolving systems issues

### **Pledge 3-HR progressing it**

Trust to review and consider the implementation of the work of the Compassionate Mind Foundation to inform its OD strategy & Leadership Development plans

- Compassionate therapy approach to culture and values (Living the HEART Values)
- Relying on a strong evidence base to create a learning organisation through compassionate leadership, culture of safety and freedom to speak up
- Eliminating a culture of fear
- Unlocking the culture that blocks communication
- Undertaking staff experience clinics

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## Theme 2: Maternity

**SRO:** Barbara Beal, Interim Chief Nurse

### **Pledge 1-Progress has been made after the diagnostic phase by NHSI**

NHSI National Maternity Team offer to support the Trust in engaging with Epsom and St Helier Maternity Unit – Cultural work programme ‘Every Voice Heard’. Maternity to then consider and potentially build this into the wider Cultural programme

### **Pledge 2-Linked to Theme 3 work led by Simon Crawford**

NHSI and Local [NWL] Maternity System to support the Trust with an external peer review of maternity SIs

### **Pledge 3-Due to be discussed with the CCG on 15/02/19 at the NHS CQRM**

NHSI and Commissioners to engage in a workshop/s with the maternity service/Trust to understand further the actions and support required to assist the Maternity services/Trust with their improvement journey

### **Pledge 4-As for pledge 3 above**

NHSI/Commissioners to support the Trust with implementing, evaluating and learning from recording Cultural Issues on Datix

Additional points

Commissioners require the establishment of an additional group to provide constant dialogue, assurance and oversight of evidence/progress/learning. TOR to be jointly agreed and aligned with NHSI-related oversight and assurance to avoid duplication and diverting resources in maternity services from the delivering and sustaining of improvement.

All agreed on the need for the maternity services and the Trust to reclaim pride in areas of best practice with and through their staff and clinicians, especially to external parties.

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## Theme 4: Continuous Quality improvement and Transformation

**SRO:** Martin Kuper, Medical Director & Deputy CEO Transformation

**Updated at the CQC Improvement and Transformation Programme meeting (minutes awaited)**

### **Pledge 1**

To carry out regular ‘pulse checks’ with staff, external stakeholders and patients, to keep us grounded, by testing that our quality improvements linked to transformation themes are felt to be on the right track.

### **Pledge 2**

To involve patients in our programme and in particular to work with Brent CCG to explore using their Partners Forum as a route for patient engagement.

### **Pledge 3**

To work together with NHSI on Board Development in relation to Quality Improvement, and specifically for NHSI to provide a session for the Trust Board on Measurement for Improvement.

### **Pledge 4**

To explore developing live patient tracking visible both within the hospital and to both patients and their GPs as an aspirational but potentially extremely useful pledge.

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## **Theme 5: Patient flow**

**SRO:** Arshiya Khan, COO

### **Progressing and overseen by the COO**

#### **Pledge 1**

Reduce LOS – in particular for emergency admissions, with measures including:

- Changes to weekend working across the health and social care system including senior clinical decision-making
- Reaching a shared view with commissioners of the services and capacity required on each site and the best use of the Trust's assets / sites

#### **Pledge 2**

Continue to harness the relationship and engagement between clinicians and management for pathway redesign

#### **Pledge 3**

Use the Trust's estate as effectively as possible and be single-minded about those changes that we can make within our existing resources that we believe will have the greatest benefits for patients through enabling pathway changes

### **Overarching issues**

1. Taking ownership of our [LNWUHT staff] responsibility for improvement
2. Ambition to achieve demonstrable progress against all pledges before CQC visit expected in Sep. 2019 – especially in those areas where improvements are entirely within the gift of the Trust
3. Staff have to be engaged in change and empowered to make changes – we need to find ways to help all staff groups do this, with particular emphasis on the large cohort of middle management and bands 7-8a/b

4. Data needs to be deployed much more effectively both to support improvement and to inform discussions with external parties
5. Real commitment is needed from our external partners – in particular the three local CCGs – if we are to successfully tackle the biggest transformation and improvement challenges, like frailty, which are system-wide issues
6. We must set ourselves the ambition to achieve a rating of Outstanding, but to do this we have to hold ourselves to account and we need the ability to measure progress



## **ALEXANDRA AVENUE GP ACCESS CENTRE - CHANGES TO WALK-IN SERVICES AND THE IMPACT OF CHANGES**

This report has been prepared by the Harrow CCG to provide an update for the committee on the Alexandra Avenue GP Access Centre in relation to 'Changes to Walk in Services and the impact of Implementation of changes.

### **FOR INFORMATION**

**Meeting 4<sup>th</sup> February 2019**

### **Alexandra Avenue GP Access Centre**

In line with the NHS Long Term Plan, published in January 2019 which outlines the NHS strategy, the operating model for the Walk in Centre, located at Alexandra Avenue changed on the 1<sup>st</sup> November 2018 to become a GP Access Centre.

*“We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111. UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.”*

### **Promotion and patient feedback of the new GP Access Service**

The GP Access Centre provides patients in the Harrow area with the following benefits:

- Improving patient access to high quality urgent and routine primary care
- Improving patient experience of primary care
- Promoting the appropriate use of urgent and routine primary care services through the redirection of patients to the right service
- Extended hours during the weekends and evenings with availability from 8am-8pm, seven days a week and offers bookable appointments up to 48 hours in advance.
- Provides continuity of care for patients with long term conditions.

The new GP Access Centre is aimed at providing additional clinical capacity in general practice at a time when there is considerable pressure on healthcare services as a result of rising patient demand. The commissioning of the service will enable patients to receive high quality, responsive, urgent and routine primary care in a location closer to home and at a time that is more convenient to them.

Harrow CCG implemented an intensive marketing campaign which included, leaflets, posters and lamp post banners advising patients of the change during late September and October.

Harrow CCG held engagement events, meeting with the public at key local venues

- Tesco Express Rayners Lane – 18/09/2018 11/10/2018
- Sainsbury South Harrow – 09/10/2018
- Asda South Harrow – 30/11/2018
- Rayners Lane Station- 23/11/2018
- St Ann's Shopping Centre -21/08/2018

Visits were made to local schools, faith groups, libraries, local shops, community groups, pharmacies and GP Practices ensuring leaflets were left on site to be passed onto the public.

Here are some comments received back from the public.



IT Links are implemented ensuring GP Practices in Harrow can book an appointment directly into the Alexandra Avenue GP Access Centre.

NHS 111 can book an appointment directly into the Alexandra Avenue GP Access Centre.

New Signage for the site was implemented for Go Live. This signage included posters on the roads around the Alexandra avenue site, as well as updating existing signs on the building itself.

In conjunction with the launch of the new GP Access Service, NHS Harrow CCG has produced a patient information leaflet for Winter. This leaflet gives details of the urgent and unscheduled care services available within Harrow,

the type of care they deliver, and provides details on how they are accessed. The services listed include NHS 111, the Walk in Centres at Belmont Health Centre and The Pinn Medical Centre, The Urgent Treatment Centre at Northwick Park Hospital, and the GP Access Service at Alexandra Avenue.

### **Current Position:**

Access centre appointments have been utilised by General Practice and NHS 111, with the Urgent Care Centre, based at Northwick Park Hospital, also booking directly into the service.

Data collected from 1<sup>st</sup> November to end December shows the following:

Alexandra Avenue	November	December
Total Available	1470	1502
Total Unbooked	186	176
Total Booked	1284	1326
DNAs	110	112
Finished Appointments	1174	1191
Utilisation	80%	79%

A review has demonstrated that a number of Sunday afternoon and evening appointments remain unused and the CCG is working with NHS 111 and the Urgent Care Centre to ensure the capacity is effectively used.

All Harrow practices can book into the slots and we are monitoring usage to ensure appointments are available to every practice in Harrow.

NHS Harrow CCG will continue to monitor the activity at the Alexandra Avenue on a monthly basis, along with the activity at the UCC and remaining Walk in Centres. The CCG will be looking to identify what impact, if any the GP Access Centre is having on activity levels across the other sites. The information to date demonstrates that the change from Walk in Centre to GP Access Centre at Alexandra Avenue has not had an adverse impact on the activity at the Urgent Care Centre at Northwick Park Hospital over and above seasonal pressures.

**Report Author:** Tom Elrick, Assistant Managing Director for Planned and Unscheduled Care, NHS Harrow CCG  
Tel: 020 8966 1169



# **REPORT FOR: HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**

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<b>Date of Meeting:</b>	4 February 2019
<b>Subject:</b>	Update from NW London Joint Health Overview and Scrutiny Committee
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

This report provides an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 4 December 2018.

### **Recommendations:**

The Sub Committee is asked to consider the update and provide any comments / issues that are to be raised in advance of the next JHOSC meeting (12 March 2019, hosted by Harrow).

## **Section 2 – Report**

### **Background**

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. Harrow's member representatives on the JHOSC for 2018/19 are Councillors Rekha Shah and Vina Mithani.

### **JHOSC meeting 4 December 2018**

The last meeting of the JHOSC was held on 4 December 2018 at Westminster Council and attended by Councillor Shah. The agenda for this meeting included:

Health based places of safety in NW London - Section 136 is an emergency power of the Mental Health Act 1983 which allows a person to be taken to a place of safety from a public place, if a police officer considers they are suffering from mental illness and in need of immediate care. HBPoS suites are places where the police and ambulance crews can take people who have been detained under Section 136. At the place of safety they can be supported and looked after whilst they are assessed by a psychiatrist and an approved mental health professional. There is currently one HBPoS site in each NW London borough, with an average of 1600 recorded cases. Harrow's HBPoS is at Northwick Park Hospital. Of the five options for future delivery, four include Northwick Park Hospital. A business plan will be finalised by April 2019 with the aim of transitioning to the new service model by April 2020.

Update on the proposed reconfiguration of acute hospitals and the compliance with reconfiguration test - In July 2018, a request for capital funding for the majority of the transformation programmes underpinning the

Shaping a Healthier Future SOC (strategic outline case) 1 was submitted in a new Department of Health and Social Care process. This asks for a total of £260m for capital funding in NW London, of which £107m is for NW London University Hospital Trust. The reconfiguration test means that each reconfiguration programme needs to provide assurance on five tests, the latest added (April 2017) of which was around a reduction in beds. To date, the SaHF programme has provided compliance with all five tests and this is an ongoing process.

NW London joint committee of CCGs - As many of the items that the Joint Committee has considered or will be considering bear similarity with the work programme of the Joint Health Overview and Scrutiny Committee, it is observed that there is potential and scope to align the work of the Joint Committee with that of the JHOSC.

Winter plans - While there will always be winter pressures, it is possible to create robust and sufficient plans that can mitigate against the key risks and describe how the winter period will meet expected demand. The winter plans in NW London cover the period from the 3 December 2018 until 23 April 2019 (Easter holiday). However, it is expected that local systems will continue to build on these plans following a review of Christmas and New Year demand and to help support systems meet locally agreed trajectories throughout the following months. While NW London is not yet consistently meeting the operational standard for A&E waiting times - *95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department* – all four AEDB systems are working towards delivery of 95% of all type performance by March 2019.

### **Next JHOSC meeting 12 March 2019**

The next scheduled meeting of the JHOSC is on 12 March 2019, to be hosted by Harrow Council. The JHOSC's work programme gives an indicative agenda of:

- Mental health (Delivery Area 4 of STP) - including a focus on addiction, homelessness and 19-25 year olds with special needs
- Financial aspects of the Sustainable Transformation Plan (STP) including a consideration of the workforce, use of consultants and the risk register
- Shaping a Healthier Future Programme and SOC 1 (strategic outline case) funding
- Continuing Health Care and policy development

At the time of writing, consideration is being given to holding an extraordinary meeting of the JHOSC in February to consider:

- Royal Brompton move
- Congenital heart disease in London

If an extraordinary meeting does not go ahead, it is anticipated that the agenda for the March meeting will include these two additional reports.

Updates from this/these meeting(s) will be reported back to the next Health and Social Care Scrutiny Sub-Committee.

**Other updates**

The terms of reference for the JHOSC have been revised and expanded to include scrutiny of STPs at a regional level. These were ratified at full council meetings of the respective councils – Harrow agreed the revised terms of reference at full council on 29 November 2018.

**Financial Implications**

The costs of delivering the health scrutiny work programme will be met from within existing resources.

**Performance Issues**

There are no specific performance issues associated with this report.

**Environmental Impact**

There is no specific environmental impact associated with this report.

**Risk Management Implications**

There are none specific to this report.

**Equalities Implications**

There are a number of equalities implications that relate to the reconfiguration of health services in North West London as a whole. These implications form part of the ongoing considerations of the JHOSC.

**Council Priorities**

Protect the most vulnerable and support families.

**Section 3 - Statutory Officer Clearance**

Statutory clearances not required.

<b>Ward Councillors notified:</b>	N/A
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**Section 4 - Contact Details and Background Papers****Contact:**

Nahreen Matlib, Senior Policy Officer, [nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

**Background Papers:**

Agendas papers for the JHOSC meetings can be found at:

<http://www.harrow.gov.uk/www2/ieListMeetings.aspx?CId=1102&Year=0>