

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

12 JUNE 2019

Chair: * Councillor Mrs Rekha Shah

Councillors: † Michael Borio † Chris Mote
* Vina Mithani * Natasha Proctor

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

* Denotes Member present

† Denotes apologies received

35. Attendance by Reserve Members

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

36. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 13 – Information Report – Public Health Forward Plan

Councillor Vina Mithani, a member of the Sub-Committee, declared a non-pecuniary interest in that she worked for Public Health England. She would remain in the room whilst the matter was considered and voted upon.

37. Minutes

RESOLVED: That the minutes of the meeting held on 4 February 2019, be taken as read and signed as a correct record.

38. Appointment of Vice Chair

RESOLVED: That Councillor Vina Mithani be appointed as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2019/2020 Municipal Year.

39. Appointment of (non-voting) Advisers to the Sub-Committee 2019/20

RESOLVED: That the following nominees be appointed as Advisers to the Sub-Committee for the 2019/20 Municipal Year:

Mr Julian Maw (Healthwatch Harrow)
Dr Nizar Merali (Harrow Local Medical Committee).

40. Public Questions

RESOLVED: To note that no public questions were received.

41. Petitions

RESOLVED: To note that no petitions were received.

42. References from Council and Other Committees/Panels

None received.

RESOLVED ITEMS

43. RNOH Quality Account 2018-19

The Sub-Committee received a report of the Director of Nursing, Royal National Orthopaedic Hospital (RNOH) NHS Trust, which set out the Quality Account for the RNOH for 2018-19. The report set priorities for the RNOH for 2019-20 and identified the progress against the quality priorities set in 2017-18. It also identified performance against key indicators set by National Health (NH) Improvement.

The representative of the RNOH introduced the report and summarised the progress made against priorities set for 2018/19. She referred to the quality priorities set for 2019/20 as follows:

- develop and embed safety hurdles across all in-patient areas;
- develop and implement a Ward Accreditation Programme
- procure, develop and roll-out Electronic Prescribing and Medicines.

The representative was pleased to report that the RNOH had been rated 'good' by the Care Quality Commission (CQC).

Members of the Sub-Committee asked the following questions which were responded to:

Q - Construction of the new inpatient Stanmore Building was completed and opened for patients in December 2018. How had the first six months been, were there any emerging issues or improvements needed? What had been the impact of the new building on the quality of care that could be offered by the Trust?

In terms of the new building, a number of issues with the building needed to be resolved with the contractor. However, the new building provided a better environment for patients who had given positive feedback. Staff were settling into the new building.

Q - The Trust had been visited by the Care Quality Commission (CQC) in 2018. Overall the Trust had improved from a 'Requires Improvement' to a 'Good' rating. Had this helped maintain RNOH's position as the country's leading specialist musculoskeletal centre?

A – The Trust had improved vastly. Staff culture and experiences had both been improved but the Trust was not complacent and had recognised that there was room for further improvement. Staff morale was good and confidence needed to be improved.

In response to further questions from Members on the improvements made in the severe infection area and the outcomes of the clinical audits relating to the pharmacy department, the representative from the RNOH agreed to consult her colleagues and provide responses separately. She explained that audits were carried out with clinicians and with the support of the Corporate Management Team. Audits were conducted on a regular basis but there was always room for improvement.

Members' attention was drawn to pages 62 and 63 of the agenda which made reference to the conduct of various local audits, such as 'audit of anaemia and transfusion in spinal surgery', 'audit on the effectiveness of the green bag scheme' and 'audit on the pharmacy endorsements on drug charts'. The representative from the RNOH responded to further questions relating to the audits and reported that audits were carried out on a monthly basis and reported quarterly. In addition, observational audits were carried out. She explained that audits were carried out to measure compliance against the national guidance set by the World Health Organisation (WHO) and that compliance had been high.

Q – Could the Trust elaborate on performance against quality priorities for 2018-19, such as improving length of stay and developing staff capability and capacity in quality improvement? Could the Trust outline the experiences of staff working at the RNOH and the development

opportunities provided to them? What measures had been put in place to retain staff?

A – One of the priorities of the Trust was to ensure that patients did not remain in the hospital longer than necessary. The Trust worked with various services and partners to ensure a smooth transition. It was intended to maximise the flow of patients.

In terms of staffing, various initiatives had been put in place such as the VAL-YOU Programme which was intended to engage with staff and provide development opportunities. Staff experiences within the Trust continued to be a priority. By embedding Values: Patient First *always*, Excellence *in all we do*, Trust, Honesty and Respect *for each other*, and Equality *for all*, the Trust had continued to develop a culture within the organisation to help reach the goal of becoming the best place to work in the NHS, as detailed in our vision. Various taster sessions had been provided, including serving on the Board. Management Programmes had also been put in place.

The representative of Healthwatch Harrow reported that his organisation had carried out a patient survey at the RNOH. The results had been positive and he would circulate the ‘Experience of Services – RNOH’ report to the Sub-Committee. The feedback from patients had identified strong themes around staff attitude, quality of treatment and care, administration and levels of communication, involvement and support. The vast majority of feedback indicated an excellent level of service across the criteria tested. Members welcomed this positive feedback.

RESOLVED: That an assurance letter from the Chair stating that the draft Quality Account was reviewed by Members of the Health and Social Care Scrutiny Sub-Committee to their satisfaction be sent to the RNOH.

44. Quality Account Timetable for Imperial College Healthcare NHS Trust

The Sub-Committee received a report of the Medical Director, Imperial College Healthcare NHS Trust, which set out the Quality Account 2018/19 for the Trust. Quality Accounts were annual reports to the public from NHS Healthcare providers about the quality of services they delivered. Their purpose was to encourage Boards and Leaders of healthcare organisations to demonstrate their commitment to continuous, evidence-based quality improvement, to assess quality across all of the services offered and to explain their progress to the public.

The representative of the Trust (Deputy Medical Director) introduced the report and outlined the vision ‘Better Health for Life’ and the values, which were being embedded in everything the Trust did. He added that the Trust had worked with staff to co-design the vision and values and these had been linked to behaviours expected of all A behaviours framework had been developed which set out how the Trust expected staff to behave in order to put the values – Kind, Expert, Collaborative and Aspirational – into practice. Overarching strategic goals to create a stronger connection to the delivery of vision had been articulated.

The representative added that staff were encouraged to be curious about what was happening across the country and the world in relation to healthcare. Many improvements had been made but the Trust was very aware of how much work there was still to do and was on a journey of continuous improvement. For example, the Trust had launched a flow coaching academy, in partnership with Sheffield Teaching Hospitals NHS Foundation Trust, to improve care which had resulted in improvements for patients in several pathways, such as Sepsis and Diabetes. He outlined the work in relation to keeping mortality as low as possible, the establishment of a Strategic Lay Forum to involve patients in the strategic work of the Trust, and supporting improvements in patient care through innovation and by working with and learning from other Trusts.

Members of the Sub-Committee asked the following questions which were responded to:

Q - Was the A&E reaching its targets?

A - The Trust had been through a challenging period during the 2017/18 winter months and had set up a Care Journey and Capacity Collaborative which had helped to make significant improvements. Despite record numbers of ED attendances, there had been a reduction in 'black alerts' by over one third (169 in 2017/18, 11 in 2018/19). The Trust was also working with the Primary Care sector and nursing homes to improve patient experience.

Q - What were the Trust's priorities and what challenges was it facing? What improvements had been identified during 2019/20?

A - The Trust had a large number of priorities of which the following were key: continuing to improve patient safety, values and behaviours, improvements in patient flow through A&E, collaboration with other organisations such as GPs and the emerging Primary Care networks. The creation of an integrated care system, outstanding and sustainable services, learning and innovation were at the heart of the Trust's three strategic goals.

Q - What percentage of patients using the Trust's services were Harrow residents? Were these patients predominantly accessing any particular services?

A - The users of the Trust were mainly from the tri-borough and also the boroughs of Ealing and Brent. A little under 5% (3.6% last year) were from Harrow and these were largely people needing specific specialist services. The representative from the Trust gave a brief example of some collaborative working between paediatricians and the renal team from North West London Hospital NHS Trust.

Q - What was the performance against quality priorities for 2018-19?

A - A number of improvements had been made both with staff and the environment they worked in, details of which were set out in full within the report. The demand on services was high and more work was required to

ensure continuous improvements. The Trust was also targeting specific areas such as hand hygiene deteriorating patients and falls as part of its safety stream work. Observational audits were carried out on a regular basis.

Q - VTE – venous thromboembolism – had the targets been met? Had the infection prevention and control targets been met?

A - With regards to VTE, from April 2018, the Trust had met the 95 per cent target consistently until December 2018, with average compliance across the year of 95.42 per cent. The Trust was currently working with the areas that were below target to support staff to complete the assessment, including additional training for staff, and introducing VTE ‘champions’.

Overall, infection prevention and control targets had not been met as set out on page 172 of the agenda (page 56 of the Quality Account).

The representative from the Trust noted the correction required to the figure relating to the ‘turnover’ on page 122 of the agenda (page 6 of the Quality Account) where a comma had been used instead of a full stop and it was

RESOLVED: That the report be noted and the representative be thanked for attending the meeting.

45. London North West University Healthcare NHS Trust - Quality Account 2018 to 2019

The Sub-Committee received the Quality Account 2018-19 of the London North West University Healthcare NHS Trust, which had similarities with those of the reports considered at Minutes 43 and 44 in terms of the improvements made in the provision of care.

The representative of the Trust introduced the report and summarised the progress made. He stated that the Trust was placed 10th in the country in terms of mortality rates. Northwick Park Hospital was the second busiest in London but considered to be the most improved hospital in terms of its performance.

The representative added that the Trust’s Transformation Programme focused on its staff and provided development opportunities. Staff retention was also key. The Trust was working towards becoming a digital exemplar and praised the work carried out by Imperial College NHS Trust in this area. Work on a new electronic patient record was underway and he outlined the progress made in the various priorities of the Trust. He reported that it was important to ensure improvements were sustainable.

Members of the Sub-Committee asked the following questions which were responded to:

Q - In relation to the development of the workforce, had this been sustainable?

A - The Transformation Programme had helped to ensure the development of staff. Data was being used to compare services. Retaining staff was an issue but the situation was improving. Various measures such as health and wellbeing initiatives, effective communication, training and a zero tolerance approach to bullying had helped. New initiatives such as the introduction of 'speak up' guardians had helped to establish trust with staff and to show that they were being listened to. The Trust continued to use agency/bank staff. Staffing numbers were reported on a monthly basis. Safe rostering arrangements had also been put in place.

The Trust was undergoing a journey of continuous improvement and supporting staff to embed a 'can do' culture. Individual Wards were visited to monitor and resolve behavioural issues.

The Trust was experiencing problems when patients remained in the hospital(s) longer than required thereby creating blockages.

Q - Maternity services were flagged by CQC as needing attention. The Quality Account states that the physical environment in maternity services has improved – what are these changes and what does this mean for women using the service?

A - Another representative of the Trust reported on the provision of maternity services. She explained that a greater focus on staff working in this area, including their training needs, had helped deliver improvements in the care provided and there had been an alignment with national standards.

Members were also reminded that the majority of the recommendations in the CQC Inspection Report had related to security, operation of the bleep system and tailgating. These issues had been addressed and audits were undertaken to ensure that the measures put in place were working. Compliments and complaints were shared with staff, particularly in relation to 'after care'. All complaints were taken seriously and addressed. The intention was to ensure that staff in maternity services provided a consistent service and the Trust was looking at a revised model of care.

Additionally, the Trust was building a library of patient stories which would be used to educate and develop staff. Patient stories had proved to be a powerful tool in improving care.

Q - Emergency Department performance was the third most improved in the country since January 2017 and there had also been an increase in the number of attendances at A&E. How did this translate into an improved experience for patients?

A - A representative of the Trust outlined the following:

- patient and ambulance waiting times had been reduced;

- improved processing and pathways had helped to move patients out of A&E into Wards, where required. A better flow within the hospital system had been introduced;
- length of stay in hospitals had been reduced by working with clinicians and partners, such as the CCG and care homes. Earlier doctor visits to Wards (Ward rounds), improved working with hospital pharmacies, better management of prescription charts and improved transport facilities had also helped reduce waiting times and improve patient experience.

In relation to the question on warning notices issued by the CQC, some related to the critical care provided by the Trust. The notice focused on the number of beds provided and their location to perform emergency life saving care and treatment. Additionally, there were insufficient hand washing facilities to mitigate the risk of cross contamination. These matters including other warning notices were being addressed.

The staffing levels in A&E had been improved. The team had developed a 'WOW' campaign and awards to team members had been introduced for those who went the 'extra mile'.

Q - What measures had been put in place to improve communication?

A - The adviser on the Sub-Committee, Healthwatch Harrow, stated that his organisation had met with the Trust regarding this matter and he cited the examples of the poor telephone system and appointment letters. Discussion were continuing in this regard.

Generally, the care provided at Northwick Park Hospital was good but poor communication methods resulted in adverse comments from patients. A representative from the Trust acknowledged that the response rates of switchboard operators needed improving.

RESOLVED: That the London North West University Healthcare NHS Trust's Quality Account 2018 - 2019 be noted.

46. Update on Alexandra Avenue GP Access Centre - June 2019

Members received a report of the Harrow Clinical Commissioning Group (CCG), which provided a summary of the latest activity at the Alexandra Avenue GP Access Clinic in South Harrow.

Members were disappointed that the CCG had not been represented at the meeting and

RESOLVED: That consideration of the report be deferred to the next meeting of the Committee.

47. Information Report: Public Health Forward Plan

The Sub-Committee received a report of the Director of Public Health, which set out her Department's plans for 2019-20 and provided an overview of the budgets and the priority areas of work for the team.

Members were informed that prior to April 2018 (not 2019 as indicated in the report), public health in Harrow was a shared service with Barnet Council. This changed in April 2018 when the team became two separate teams, with a restructure of the Harrow team also occurring at that time. With a re-focused Harrow team, the plans and priorities for the coming year were before the Sub-Committee for their information.

The Consultant in Public Health introduced the report and outlined the work areas and priorities, encompassing some strategic work in the following areas: Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) and Annual Public Health Report (APHR), details of which were set out in the report. The Consultant reported on other priorities such as public health commissioning, health improvement, wider determinants of health and health care public health. She referred to table 1 in the report, which set out the use of the public health budget for 2019/20 and referred to the grant which was currently confirmed until 2020.

Q - If from April 2020, the public health national ring-fencing of the budget was lifted, what would that mean in Harrow?

A - The Consultant in Public Health reported that the public health ring fence was due to finish in April 2020 and, thereafter, the government expected public health services to be funded from the retention of business rates. Councils were lobbying for the ring fence to remain and, if they were unsuccessful, money would have to come from other sources, such as business rates, if the work was to continue.

Q - Given the Sub-Committee's work on dementia, what progress had been made, such as in the provision of a Dementia Hub?

A - The Consultant in Public Health reported that a new Dementia Hub had been launched in May 2019 and its impact would be monitored. Robust monitoring practices would be put in place and analysed. Details and data on the parameters set would be provided separately to the Sub-Committee.

The Sub-Committee requested that a report be submitted to its next meeting setting out which recommendations set out in the Scrutiny report on Dementia had been carried forward.

The Consultant added that dementia was a priority area of focus for integrated care and that the CCG were leading on the Dementia Strategy.

Q - Engagement plans for the Joint Health and Wellbeing Strategy for 2020-23 and the Obesity Strategy were expected to be refreshed this year. What would be scrutiny's input?

A - The Consultant in Public Health reported that the Health and Wellbeing Strategy workshops would be held in July 2019 and members serving on scrutiny bodies would be invited. Members of the Health and Wellbeing Board would also be invited to help shape the Strategy and decide on how best to engage with the community. Plans for engagement in the Obesity Strategy had not yet been fully developed.

Q - What actions were being considered around mental health, especially given that it was the focus of the Annual Public Health Report this year.

A - The Consultant in Public Health reported that cohesive thinking was required in this area with a view to bringing together various initiatives and to help identify gaps. A new Children's Mental Health Board had been set up.

Q - The London Assembly Health Committee's report 'Keeping the Tooth Fairy Away', as reported in the Evening Standard 5 June 2019, underlined massive inequalities between London boroughs in children suffering tooth decay by the age of 5. On average, a quarter of children in the capital were suffering from tooth decay. However there were huge differences between boroughs, as quoted in the report – 14% of 5 year olds suffered tooth decay in Bexley compared to 40% in Harrow. Was Harrow the worst in London? Why would this be? What actions were being taken to improve the situation – was it a priority? What was the uptake of free dental care in the borough? What work was ongoing with schools?

A - The Consultant in Public Health acknowledged the problem and considered Harrow's situation a high priority. Money from the Migration Fund was being used to educate people on the importance of oral health and outreach work with affected sections of the community was underway such as supervised brushing of teeth. The importance of weaning and oral health were being addressed. An oral health strategic group had been established to provide an oversight.

Q - Please identify local actions in public health that linked to the NHS 10-year Plan.

A - A Health Protection Board had been established and would meet quarterly with its first meeting scheduled in September 2019. The Board's remit would include oversight of outbreaks, infections and immunisation.

In conclusion, the Consultant in Public Health responded to questions on social prescribing and the need to set up a network which would involve the Third Sector. An adviser was of the view that prescribers should be at grass root levels – locally based.

RESOLVED: That the Public Health Forward Plan be noted.

48. Update from NW London Joint Health Overview and Scrutiny Committee

Members received a report of the Director of Strategy which provided an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 12 March 2019.

The Chair stated that she would not be able to attend the next meeting of the JHOSC on 21 June 2019. She referred to the Patient Transport Services and reported that each borough would be required to contribute to the scheme.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.30 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair