

Health and Social Care Scrutiny Sub-Committee Agenda

Date: Tuesday 21 February 2023

Time: 6.30 pm

Venue: Auditorium - Harrow Council Hub, Forward Drive,
Harrow, HA3 8NT

Membership (Quorum 3)

Chair: Councillor Chetna Halai

Conservative Councillors: Govind Bharadia
Vipin Mithani

Labour Councillors: Maxine Henson
Rekha Shah (VC)

Conservative Reserve Members: 1. Samir Sumaria
2. Yogesh Teli
3. Kuha Kumaran

Labour Reserve Members: 1. Simon Brown
2. Natasha Proctor

Advisers: Julian Maw – Healthwatch Harrow

Contact: Kenny Uzodike, Senior Democratic & Electoral Services Officer
E-mail: kenny.uzodike@harrow.gov.uk

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Useful Information

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Agenda publication date: Monday 13 February 2023

Agenda - Part I

1. **Attendance by Reserve Members**
To note the attendance at this meeting of any duly appointed Reserve Members.
2. **Declarations of Interest**
To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from all Members present.
3. **Minutes** (Pages 5 - 12)
That the minutes of the meeting held on 29 November 2022 be taken as read and signed as a correct record.
4. **Public Questions**
To note any public questions received.

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, 16 February 2023. Questions should be sent to 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.
6. **References from Council and Other Committees/Panels**
To receive any references from Council and/or other Committees or Panels.
7. **Review of Current Community Outpatient Services** (Pages 13 - 20)
Report of the Harrow Borough Director, North West London Integrated Care Board.
8. **CQC Inspection of Community Nursing Services in Harrow** (Pages 21 - 32)
Report of the Acting Director of Operations (Outer North West Division), Central London Community Healthcare NHS Trust.
9. **Childhood Immunisations Review - Initial Headlines (Verbal Update)**
10. **Any Other Business**
Which cannot otherwise be dealt with.

Agenda - Part II - Nil

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



Health and Social Care Scrutiny Sub-Committee

Minutes

29 November 2022

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Vipin Mithani
Maxine Henson Rekha Shah

Apologies received: Julian Maw - Adviser

13. Attendance by Reserve Members

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

14. Declarations of Interest

Councillor Maxine Henson declared a non-pecuniary disclosable interest in that she was mentioned in the reports.

15. Minutes

RESOLVED: That the minutes of the meeting held on 27 June 2022, be taken as read and signed as a correct record.

16. Public Questions

RESOLVED: To note that no public questions had been received.

17. Petitions

RESOLVED: To note that no petitions had been received.

18. References from Council and Other Committees/Panels

RESOLVED: To note that no references from Council or other committees/Panels had been received.

19. System Winter Plan

Members received a report from the Deputy Chief Executive of North West Hospitals. Mr Simon Crawford. The report and supporting appendix set out the progress made in preparation of the Trust's winter plans in recognition of the on-going emergency demand and pressures faced by acute Trust hospitals.

Members asked the following questions:

A Member asked if there was a follow up after the patient was directed to the community as detailed on page 16 of the agenda. It was explained that they working was done with patients and community or social services to confirm that care was in place before a patient was discharged. There were house visitations once a patient is discharged and an advance package of care for them to go back into the community.

A Member questioned about what would happen if the patient was alone. It was explained that an assessment of patient's dependencies would be made in advance, by health and social services and if house visits were required, they would be arranged in advance so there was a service in place which could give additional care and support.

The chair commented that it would be interesting to review the data at some point for future purposes. It was explained that in Northwick Park site in a week, 65 and 100 patients were discharged everyday over these different part pathways:

- Pathway 0, - would be those who could go home without a package of care,
- Pathway 1 - Community Package of care in their own home
- Pathway 2 - a typical low-level care - care homes or social services provision
- Pathway 3 – this was more complex.

There were discharge meetings with the local authority, with community providers as well, around talking and discussing the package of care needed, so there was a robust process in terms of engagement, assessments, chasing up care homes to assess a patient in terms of whether they could take them, given their care criteria. All that was done through daily escalated discharge calls between health, social care and A and R discharge statistics could be

shared with the Committee perhaps in future during a review of the Winter Plan.

It was agreed that a review of system plan would be beneficial.

Another Member asked about reports that patients were being discharged after 10pm. The Member was concerned about the impact on elderly patients. It was explained that it was not a policy or the intention to discharge patients late at night. Though there were exceptional cases, where patients had been discharged between 8 and 10pm. Efforts were made to discharge many patients by 5pm at the latest. In some cases, patients could still be around waiting for transport. It was the practice to avoid discharges after 5pm.

A member questioned about waiting times at the A&E and clarity was provided. It was confirmed that the standard waiting time was about 12 hours. Pre-covid such a wait would have been for a bed for a mental patient. It was explained that patients were waiting longer because the hospital was under pressure.

A member raised concerns about a particular case where a stroke patient was negatively impacted after driving themselves to the A&E due to the lateness of the ambulance and was subjected to a long wait that meant they missed their heart medication. Concerns were expressed about the incident and offers were made to make the necessary enquires if further details on the patient could be provided as this was not the performance the hospital was striving towards.

A member concern was raised about lack of waiting places for patients receiving Chemotherapy to recover. Simon explained that there was limited space in the Urgent Treatment Centre (UTC). They would be exploring options such as limiting number of relatives to try and create space, but it was difficult.

A Member questioned about reason for the significant growth in walks in at Northwick Park Hospital over the last three months as stated on page 22 of the agenda and what the situation was in other boroughs. It was explained that Northwick Park has the busiest it had gone up because of the introduction of same day emergency care and new pathways for frailty and diabetes and a direct booking referral system to divert patients from the UTC to alternative pathways. This was being done across various boroughs in North West London.

A Member questioned and explanations were provided about the demand monitoring process, and targets as detailed on page 23 of the agenda.

The chair questioned about the reports of residents finding it difficult to get GP appointments as not all surgeries were operating extended hours. It was explained that CCG was responsible for GP contracts and implementing service and success to GP appointments. The same issue was being experienced at the Urgent Treatment Centre that relied on GPs to run the service. There were capacity constraints, and it could be due to staffing issues. The report from the emergency care board was that there was good utilisation of the available GP appointments especially on Saturdays.

A Member commented that from her experience, Northwick Park Hospital was better than Ealing Hospital. It was explained that Ealing Hospital was on a smaller site, small staffing capacity and smaller departments so it could feel more pressurised quickly there were efforts not to overload the hospital and maintain a balance across departments.

The Chair questioned about the efforts were being made to reduce non-emergency walks in and was enough being done to engage newly arrived communities to increase use of primary care rather than working into the A&E which they may do in the communities they come from abroad. It was explained that more could be done to encourage GP registration and reduce fear of attending and communicate that registration was not necessary to access services. A lot had been done through communication in the communities.

A Member asked what plans were there to increase hospital staffing and could fuller use not be made of pharmacies. It was agreed that pharmacies were a good resource, and the Communities Team were best placed to discuss this. Staff were willing to do extra shifts due to goodwill and there had been success recruiting into new and innovative pathways.

The Chair asked if there was enough robust evidence that the remote emergency access co-ordination hub reach model would not place vulnerable individuals at greater risk and what risk mitigating measures would be in place if this was going to be trialled? It was explained that there was a Consultant led patient assessment service and other risks would be mitigated by applying lessons learned from where the model had been successfully implemented such as in bath, from implementation of similar services and monitoring patients 'review of the service.

The Chair thanked the Deputy Chief Executive of North West Hospitals. Mr Simon Crawford for his report and answers.

RESOLVED: That the progress made in preparation of the Trust's Winter Plans be noted.

20. LNWHT Strategy

Members received the report with an introduction from the Deputy Chief Executive of North West Hospital. Mr Simon Crawford. The report and supporting appendix set out the progress with the Trust's development of its new five-year strategy with the following highlights:

- A three phased approach had been adopted to help build a strategy to overcome the critical obstacles facing LNWHT; diagnose, focused response and actions.
- The strategy had been informed by extensive input from our employees, local population and employees and input was gathered through online events, in person events and a multilingual community survey. A diverse

set of respondents completed the survey which showed they valued the latest treatments, improved timeliness of follow ups and results.

Members asked the following questions:

A Member questioned if more administrative staff would be needed when the system was implemented or would doctors access patient's information directly. It was explained that the information would be on an electronic system and easy to access. A completely integrated process that would be updated every step of the patient's journey that would feed into bed management and share the discharge list everyday with partners. In future would reduce the demand for administrative resources but create different roles.

The chair questioned how implementation of the strategy would affect the backlog and waiting lists. It was explained that the backlog was already being dealt with and the Trust was already delivering more activity month on month than it was Pre Covid, there were more elective operations, more first outpatients and diagnostic activity, national targets were yet to be achieved but activity was at 100%. There was a lot being done to reduce inefficiencies, improve effectiveness, quality, and communication. This should lead to more outpatient appointments, diagnostic testing, and elective care on operations.

A Member asked and received clarity on the diversity of the survey response statistics. It was explained that efforts were made to increase representation from underrepresented groups through community partners which led to a significant increase.

The Chair asked about the timing for training staff for the new systems and the challenges facing the Trust in the attraction, support, and retention of staff. overall vacancy rates compare favourably with other Trusts in North north-west London, they were not significantly better, but neither were they significantly worse, at staff retention. A big focus in the Strategy was the health and wellbeing of staff and support and career development. Improvement was needed with staff retention and there were efforts being made such as recruiting staff from local population, improving the ethnicity representation of our staffing profile, apprenticeships, and development programmes collaborative appointments for more senior staff such as secondment, training or joint working or joint appointments so that staff do not necessarily need to leave the Trust to get that experience.

A Member raised concerns that the impact of Covid-19 had on hospital staff especially doctors and nurses could not be underestimated. It was horrific experiencing frontline work during the pandemic and burnout would be a real issue. It was explained that staff were provided with access to health and wellbeing counselling and psychological services too. There were also some bespoke initiatives in place to try and alleviate some of the pressure and impact on staff.

The Chair asked if there were any key learnings from previous strategies were applied to this strategy especially maternity services. Lessons learned included, not to use external consultants, staff engagement, clarity on actions

needed to deliver the strategy. Efforts were being made to address the impacts of the pandemic. Some ratings dated back to 2017 due to infrequent nature of CQC inspections. The ratings were expected to improve once the CQC inspects. The Trust had recently been subject to an academic review after the Auckland Review of Kent and the recommendations made thereafter, the Trust came out of that extremely well, mainly as a result of all the improvements that had been put in place over the last 18 months such as the recruitment of many new senior staff into the leadership of the Trust. Also, there had been a lot of focus on the improvement of maternity services over the past 18 months to improve the quality, staffing levels, interaction with patients, and language barriers. As a result, there was now an increase in referrals and mothers booking in at Northwick Park so the maternity service was in a much stronger position and delivering a better service.

A Member asked that since the CQC rarely conducted inspections if there was a process of internal inspection. It was explained that there was a quality Committee, and the board that received monthly reports in terms of quality, key metrics it reviewed

A&E performance, waiting lists, risks, lesson learned from incidents and benchmarking against other Trusts and external support was sought if particular concerns were identified.

The chair thanked the Deputy Chief Executive for the reports and commended the identified improvements.

RESOLVED: That the progress with the Trust's strategy development be noted.

21. Update on St Mark's Hospital - Relocation of Services

Members received an introduction to the report by Mr Simon Crawford, the Deputy Chief Executive, London North West University Healthcare NHS Trust and a presentation from Mr John Watson, the divisional director of operations for St Mark's services.

Members asked the following questions:

A Member questioned how the c50 in-patient beds released at NPH would be targeted and when as the emergency departments was under unrelenting pressure. It was explained that the beds were converted to additional non-elective emergency admission capacity.

The chair questioned if the success of the move was corroborated by feedback from residents who may have had concerns about the increased travel time. It was explained that as St Marks was a national service, patients came locally, and from all over the country. Often, chronic patients were treated with long term conditions, for whom Northwick Park was a preference, where it was possible, people were allowed to attend the site of their preference, the main benefit of moving to Central Middlesex was to protect that capacity, so people have waited less time because of the move than they otherwise would have.

The Chair questioned about the expected net impact of the additional capacity that would be created by the £10m capital redevelopment, for five new endoscopy rooms. It was explained that At Northwick Park had a facility with six rooms, which were too small and no longer met the requirements for a big endoscopy suite. There was not enough recovery space. The overall scheme would result in only Four rooms at Northwick as a result, more rooms were being built at Central Middlesex, an additional 5 overall as a trust we go up by three rooms in total because we got two rooms at Ealing as well, and we already have two rooms at say, a match and, as I said earlier, this was based on some population modelling.

The Chair questioned about the terms of the importance of JAG accreditation for endoscopy services. It was explained that JAG was a national accreditation system for endoscopy services involved inspection of physical facilities, the way the service was run and patient feedback. The Trust now had full accreditation for Central Middlesex hospital and for Northwick Park hospital conditional on the capital scheme that was outlined over the course of the next 12 months. Every other element of the Trust's services had been reinspected and has passed the accreditation. The Trust was awaiting a date from JAG for inspection of the Ealing service and £350,000 had been spent refurbishing the units and full accreditation was expected by early 2023.

The chair commended the significant results and asked if this success which had reduced waiting times be applied to address inefficiencies and replicated across the Trust. It was explained that the Transformation Team, was looking at different pathways to improve services such as plans to develop the Central Middlesex Hospital as a high volume, low complex site for elective orthopaedic centre.

RESOLVED: That the success of the move of non-complex St. Mark's surgery and supporting services to Central Middlesex Hospital in response to Covid-19 be noted.

22. Any Other Business

There was none.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.30 pm).

(Signed) Councillor Chetna Halai
Chair

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**Report for: Health and Social Care
Scrutiny Sub-Committee**

Date of Meeting:	21 February 2023
Subject:	Review of Current Community Outpatient Services in Harrow
Responsible Officer:	Isha Coombes, Harrow Borough Director, North West London Integrated Care Board
Scrutiny Lead Member area:	Health – Councillor Chetna Halai Councillor Antonio Weiss
Exempt:	No
Wards affected:	All Wards
Enclosures:	Appendix 1 – Review of Current Community Outpatient Services in Harrow

Section 1 – Summary and Recommendation

This report describes the purpose and the approach to the North West London Integrated Care Board's review of community outpatient services within the context of all outpatient services in Harrow.

Recommendation:

The Health and Social Care Sub-Committee is requested to note the purpose and approach of the North West London Integrated Care Board's review of community outpatient services.

Section 2 – Report

Introductory paragraph

In Harrow a range of community outpatient services are currently being provided through a community contract with Harrow Health Community Interest Company (HHCIC). This contract has been in place for ten years and its latest extension is coming to an end on 30 September 2023.

During the tenure of this contract Harrow CCG became part of NHS North West London. This means that as part of the forward planning for these services, some are being reviewed and will be procured across North West London while others will be reviewed locally (see table below).

Service name	What is provided	Review
Community Ophthalmology	Clinics for acute and chronic eye conditions including: glaucoma allergies and inflammation	NW London wide
Community musculoskeletal (MSK) services	Clinics to help with joint and back problems	NW London wide
Community Physiotherapy	Physiotherapy services GPs can book into directly	NW London wide
Community Neurology	Headache clinic	Harrow
Community Gastroenterology	Clinics for stomach and bowel check-ups	Harrow
Community Out-patients paediatrics	Children's clinics	Harrow
Community Ear, Nose & Throat (ENT)	Ear, nose and throat clinics	Harrow
Attention Deficit Hyperactivity Disorder (ADHD)	Clinics to provide assessment and support for patients with ADHD	NW London wide

A key priority for the review and provision of future services is to ensure that all patients/residents in Harrow have access to an equitable provision of service, no matter where they live in the borough, or which GP practice they are registered with.

The review will focus on understanding of the data and information on local health inequalities and their impact on service delivery and transformation, as well as current evidence of best practice. Feedback and engagement with current service users will be built into the review process and any subsequent procurement.

Ward Councillors' comments

Not applicable as report relates to all wards.

Financial Implications

None for Council

Performance Issues

None for Council

Environmental Impact

None for Council

Risk Management Implications

None for Council

Equalities Implications / Public Sector Equality Duty

The NWL ICB will ensure that its Equality Health Impact Assessment (EHIA) process is used to assess the potential impacts of the recommended option to ensure services provide equal access, care and quality of services to all the patients it serves.

Council Priorities

Putting Residents First – As the key priority for the review and provision of future services is to ensure that all patients/residents in Harrow have access to an equitable provision of service, no matter where they live in the borough, or which GP practice they are registered with this puts Residents first.

Section 3 - Statutory Officer Clearance

Not required for this report.

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards.

Section 4 - Contact Details and Background Papers

Contact: Isha Coombes, Harrow Borough Director North West
London Integrated Care Board i.coombes@nhs.net

Background Papers: Appendix 1 – Review of Current Community
Outpatient Services in Harrow

APPENDIX 1



North West London

Review of Current Community Outpatient Services in Harrow

1. Introduction

In Harrow a range of community outpatient services are currently being provided through a community contract with Harrow Health Community Interest Company (HHCIC). This contract has been in place for ten years and its latest extension is coming to an end on 30 September 2023.

During the tenure of this contract Harrow CCG became part of NHS North West London. This means that as part of the forward planning for these services, some are being reviewed and will be procured across North West London. Details are provided in the table below.

A key priority for the review and provision of future services is to ensure that all patients/residents in Harrow have access to an equitable provision of service, no matter where they live in the borough, or which GP practice they are registered with.

The review will focus on understanding of the data and information on local health inequalities and their impact on service delivery and transformation, as well as current evidence of best practice care pathways. Feedback and engagement with current service users will be built into the review process and any subsequent procurement.

2. Service being reviewed

The services that are being reviewed are listed in the table below. Where services are currently being provided across a number of North West London boroughs the reviews are being led by the Integrated Care Board (ICB) programme teams. Where services are unique to Harrow the reviews are being led by the Harrow Borough Team.

Service name	What is provided	Review
Community Ophthalmology	Clinics for acute and chronic eye conditions including: glaucoma allergies and inflammation	NW London wide
Community musculoskeletal (MSK) services	Clinics to help with joint and back problems	NW London wide

Community Physiotherapy	Physiotherapy services GPs can book into directly	NW London wide
Community Neurology	Headache clinic	Harrow
Community Gastroenterology	Clinics for stomach and bowel disorders	Harrow
Community Out-patients paediatrics	Support and treatment for children with low level and routine paediatric conditions	Harrow
Community Ear, Nose & Throat (ENT)	Ear, nose and throat clinics	Harrow
Attention Deficit Hyperactivity Disorder (ADHD)	Clinics to provide assessment and support for patients with ADHD	NW London wide

3. What we would like to improve for patients and GPs

We want to make sure the services listed are equitable, in terms of access and provision for all patients across Harrow and NW London. In terms of access we mean, route into the services, not all GPs currently refer into community services, instead referring to hospital contributing to increased waiting times.

There are currently two different settings of care in which outpatient services are provided in Harrow; in hospitals or in community outpatient services across a number of sites across Harrow.

Currently there is inequity for patients receiving these types of services. Individual GP practices will refer to different services and in some cases individual GPs will have a preferred referral route as well. In some cases, we also see bookings being made for both services which is inefficient and confusing for patients as well as driving up waiting times.

Outpatient services and in particular the waiting times for services provided in hospitals have a high level of regional and national scrutiny and we need to ensure the same level of scrutiny is applied to patients waiting to be seen in the community so that there are no hidden waits. Services are reviewed on a NW London level to allow us to allocate resources to ensure waiting times and services are equitable for all patients.

NHS NW London is committed to ensuring that the quality and waiting times for all services, in hospitals and the community, are equally scrutinised and inequitable waiting times are addressed. This review aims ensure that access to services is simplified for GPs to use and provides the same level of access and provision for all patients in Harrow and NW London.

4. Engagement and opportunities for patient and public feedback

A public survey is open until 25 February (four weeks) for feedback on ENT, gastroenterology, paediatrics and neurology services.

The survey is to ensure people have an opportunity to share their views on the current services and to gather their feedback on future service provision. The feedback will be used to inform the service reviews and will form part of the recommendations.

Information for the public on this survey can be found on our website:

[Reviewing access to NHS community outpatient services in Harrow \(jotform.com\)](https://www.jotform.com)

The survey and opportunities to comment have been communicated and shared with the public through the following channels through January and February 2023.

Engagement activities:

Text message with survey link sent to all patient and/or service users sent through Harrow Health CIC
Survey and information shared with 150 community groups in Harrow for onward circulation
Healthwatch Bulletin
Shared with Harrow Council for onward promotion through existing channels
Harrow (Nextdoor) post opened 1036 times
Engagement stands - Wealdstone Library, Greenhill Library and Pinner Libraries
GP Bulletin – to all practices and to share with patients
Social media, Twitter Facebook (LNWHUT and partners shared)
Letters to stakeholders including Cllrs and MPs
Information on the ICS website

As at 9 February, approximately 182 survey responses/comments have been received.

Alongside this engagement, clinical leads will review the performance, access and outcomes from the current services to inform the outcomes of the review. GPs and other clinical stakeholders will also be asked to provide feedback into the review.

5. Next Steps

- For each community outpatient service, the review will assess a number of options for the future provision of services to patients.

- The NWL ICB will ensure that its Equality Health Impact Assessment (EHIA) and Quality Impact Assessment (QIA) processes are used to assess the potential impacts of the preferred options.
- A final decision on the preferred option will be made by the NWL ICB Executive by the 31 March 2023.



**Report for: Health and Social Care
Scrutiny Sub-Committee**

Date of Meeting:	21 February 2023
Subject:	CQC inspection of Community Nursing services in Harrow
Responsible Officer:	Jackie Allain, Acting Director of Operations (Outer North West Division), Central London Community Healthcare NHS Trust
Scrutiny Lead Member area:	Health: Councillor Chetna Halai Councillor Antonio Weiss
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1: CLCH CQC Inspection Harrow Debrief (October 2022)

Section 1 – Summary and Recommendation

This report provides an overview of the CQC’s findings following their inspection of the Community Nursing service in Harrow in October 2022, and the Trust’s planned action to meet the required areas for improvement

Recommendation:

To note the contents of the report and discuss the areas for improvement.

Section 2 – Report

Introductory paragraph

In October 2022, CQC visited the three locality Community Nursing teams in Harrow to undertake a focused inspection on the ‘Safe’ domain having given 36 hours’ notice. CQC also spoke to staff in the Harrow Tissue Viability, Podiatry and Rapid Response services.

In December 2022, CQC published a report of their findings which was largely positive but highlighted that the service did not have enough nursing staff; that all locality teams had high vacancies which were putting staff under pressure; and that clinical records were not always completed with enough detail.

The rating in the ‘Safe’ domain for Community health services for adults changed from ‘Good’ to ‘Requires Improvement’. The overall rating for the core service remained ‘Good’ and the overall rating for the Trust remained ‘Good’.

CQC have set the Trust two actions that it ‘must do’ to improve and three actions that it ‘should do’ to improve. The Trust’s plans for addressing the ‘must do’ actions was submitted to CQC on 20 January 2023, and the plans to address the ‘should do’ actions are being constructed.

The full report can be viewed at:

<https://www.cqc.org.uk/provider/RYX/inspection-summary#chsadults>

Ward Councillors’ comments

Not Applicable as report impacts on all Wards

Financial Implications

None for Council

Performance Issues

None for Council

Environmental Impact

None for Council

Risk Management Implications

None for Council

Equalities implications / Public Sector Equality Duty

To ensure that the Trust’s planned actions for the improvements required by CQC have taken account of community, patient and staff views to avoid adverse impact on patient care and outcomes.

Council Priorities

Putting residents first – the Trust’s planned action to meet the required areas for improvement and consider, community, patient and staff views aligns with the Council’s priorities to put residents first.

Section 3 - Statutory Officer Clearance

Not required for this report.

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards.

Section 4 - Contact Details and Background Papers

Jackie Allain, Acting Director of Operations (Outer North West Division),
Central London Community Healthcare NHS Trust
Email: j.allain@nhs.net

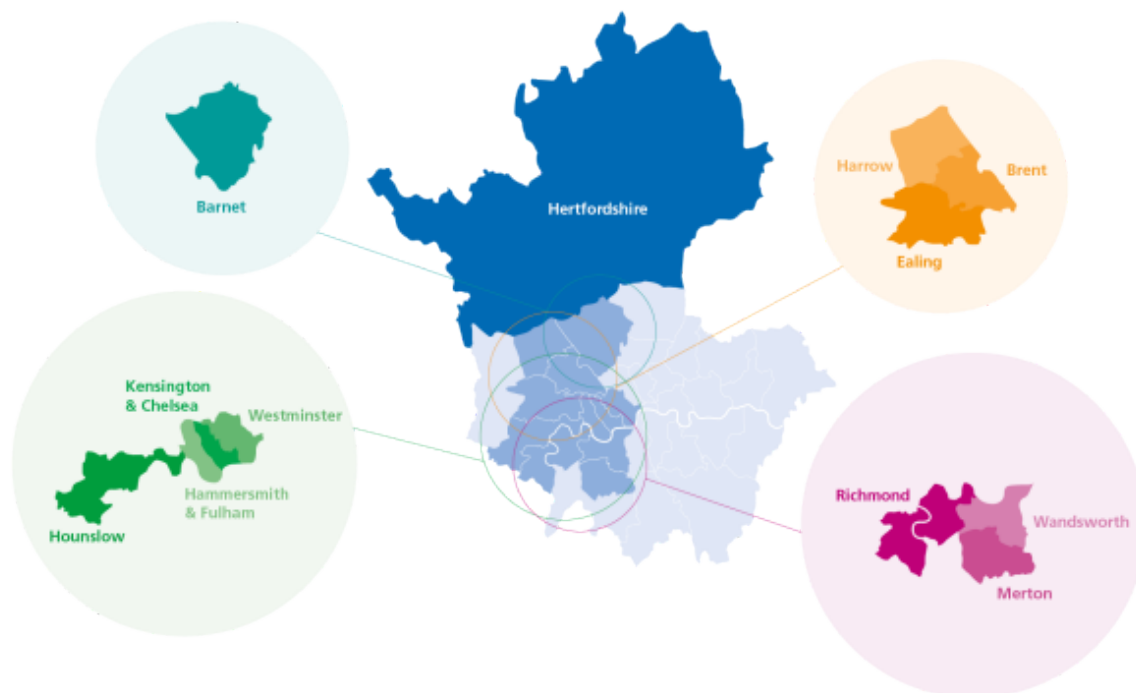
Appendix 1: CLCH CQC inspection Harrow debrief (October 2022)

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CQC Inspection overview

CLCH Community Nursing (Harrow): 19-26 October 2022

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Inspection scope

- Community Nursing teams in Harrow (all 3 localities)
- Focused inspection on the '*Safe*' domain
- To review how improvements had been implemented following an incident in 2021 where a member of staff did not follow the correct procedures.
- 36 hrs notice provided
- Visited two major staff bases
- Also spoke to staff in the Harrow Tissue Viability, Podiatry and Rapid Response services

Inspection content

- Staff (x25) at all levels in all localities interviewed
- Focus groups held with nurses
- Observed care provided to patients at home (x3)
- 27 Attended handover meetings and Quality Forum
- Patient records (x19) reviewed
- Staffing, Vacancies and Caseloads reviewed
- Policies and procedures reviewed
- Training records reviewed
- Cleaning records reviewed
- Data requests (x20) submitted after the inspection

Positive findings

- Statutory and mandatory training uptake was high
- Staff were trained how to protect patients from abuse
- Infection risk was managed well and appropriate controls were in place
- 28 Clinical waste was managed well by staff
- Staff took precautions and actions to protect themselves and patients
- Medicine storage and prescription systems/processes were in place
- Staff knew how and when to report patient safety incidents
- Managers investigated incidents and shared lessons learned
- When things went wrong staff apologised and gave suitable support
- Actions from patient safety alerts were implemented and monitored

Areas for Improvement

- The service did not have enough nursing staff
- All locality teams had high vacancies which put staff under pressure [CQC noted that staffing levels had recently been increased and that there was an active recruitment campaign]

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Records not always completed with enough detail

- Some handover meetings were brief and lacking in detail.
- Lack of leadership oversight on a case of neglect [which should have been reported to the local authority]
- Audits and supervised visits were not occurring regularly
- Capacity decisions were not consistently documented
- Referrals for potential neglect not always made to the local authority

Improvements identified

CQC set the Trust two actions that it *'must do'* to improve and three actions that it *'should do'* to improve. Action plans have been created to achieve the improvements required.

Must Do	Should Do
30 ensure that robust processes and systems are in place to safely meet the needs of the patients	ensure that all handovers include all necessary key information to keep patients safe.
ensure that clinical documentation is completed in sufficient detail in the Harrow community nursing teams	ensure that formal assessments of patients capacity are appropriately recorded.
	ensure staff report safeguarding concerns to the local authority when they are required to do so.

Inspection outcome

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for adults	Requires improvement	Good	Good	Good	Outstanding ★	Good

- 31 • The rating in the ‘*Safe*’ domain for Community health services for adults has changed from ‘*Good*’ to ‘*Requires Improvement*’
- The overall rating for the core service remains ‘*Good*’
- The overall rating for the Trust remains ‘*Good*’
- The full report can be viewed at:
<https://www.cqc.org.uk/provider/RYX/inspection-summary#chsadults>

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