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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on, **12 October 2017 at 7.30 pm.**

Yinka Owa
Director of Law and Governance

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Despatched	:	4 October 2017

Membership

Councillors:
Councillor Martin Klute (Chair)
Councillor Jilani Chowdhury
Councillor Gary Heather
Councillor Michelline Safi Ngongo
Councillor Nurullah Turan (Vice-Chair)
Councillor Troy Gallagher
Councillor James Court

Co-opted Member:
Bob Dowd, Islington Healthwatch

Substitute Members

Substitutes:
Councillor Alice Perry
Councillor Clare Jeapes
Councillor Satnam Gill OBE
Councillor Angela Picknell

Substitutes:
Janna Witt Islington Healthwatch
Phillip Watson, Islington Healthwatch

Quorum: is 4 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Order of business	
6.	Confirmation of minutes of the previous meeting	1 - 8
7.	Chair's Report	

The Chair will update the Committee on recent events.

8.	Public Questions	
9.	Health and Wellbeing Board Update	
B.	**Items for Decision/Discussion**	**Page**
10.	London Ambulance Service - Perfromance update	9 - 14
11.	Scrutiny Review - Health Implications of Air Quality - witness evidence - Verbal	15 - 16
12.	Work Programme 2017/18	17 - 18

The next meeting of the Health and Care Scrutiny Committee will be on 14 December 2017

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Director of Corporate Resources

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London Borough of Islington

Health and Care Scrutiny Committee - Thursday, 14 September 2017

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Thursday, 14 September 2017 at 7.30 pm.

Present:	**Councillors:**	Klute (Chair), Chowdhury, Heather, Ngongo, Turan (Vice-Chair) and Gallagher
Also Present:	**Councillors**	Janet Burgess
	Co-opted Member	Janna Witt (sustitute) - Healthwatch

Councillor Martin Klute in the Chair

29 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced those present at the meeting

30 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Bob Dowd - Healthwatch

31 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

32 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

33 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda

34 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:
That the minutes of the meeting of the Committee held on 6 July 2017 be confirmed and the Chair be authorised to sign them

35 CHAIR'S REPORT (ITEM NO. 7)

The Chair informed the Committee that Olav Ernstzen, the substitute co-opted Member of the Committee for Healthwatch had resigned and was being replaced by Janna Witt. The Committee wished to place on record their appreciation for the work done by Olav in the past.

RESOLVED:

That Janna Witt be appointed substitute Member on the Committee for Healthwatch for the remainder of the municipal year or until her successor in office is appointed

The Chair also referred to the discussion at a previous meeting in relation to the Government's pharmacy proposals and that a response had been sent to the consultation proposals. Whilst no pharmacies had closed at present it was anticipated that the proposals would lead to closures in the future and have a detrimental effect on the local economy

36 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for Public questions

37 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting and updated the Committee.

During discussion the following main points were made –

- A more detailed report will be submitted to the next meeting of the Committee
- It was noted that the Haringey and Islington Board had now merged and was working well

The Chair thanked Councillor Burgess for attending

38 NHS WHITTINGTON TRUST - PERFORMANCE UPDATE/ESTATES STRATEGY (ITEM NO. 10)

Siobhan Harrington, and Carol Gillen, Whittington Hospital was present for discussion of this item and made a presentation to the Committee, copy interleaved.

During discussion the following main points were made –

- The Trust's score of 3.83 is above the national average of 3.8 and a local improvement from 3.79 in 2015 on the staff engagement indicator and is an improvement on last year
- However, for the first time the percentage of staff experiencing harassment, bullying or abuse from service users has been highlighted as a cause for concern and this will require specific attention later in the year
- With regard to the CQC a formal inspection of Whittington Health NHS Trust between 8-11 December 2015, with further unannounced inspections taking place on 14,15 and 17 December and the findings published in July 2016 gave a Good rating overall and Outstanding for Caring
- The Trust met all its last year targets except – 75% of staff who work in Emergency Department to have specific training in the care of patients with Learning Disabilities. The Trust is working towards this target – the Trust needs to reduce its in patient falls that result in severe/moderate harm by 25%. This target has not been met however a new 'falls bundle' was introduced which provides more comprehensive risk assessments and care plans for our patients. Selected as one of only 20 Trusts to participate in the NHSi falls

collaborative – no avoidable grade four pressure ulcers target not met as despite zero in the acute setting there were five in the community. This is being targeted for 2017/18

- The Sepsis target was achieved over the target ED96 against 90% and has been an important safety initiative and success for Whittington Health
- The Trust has set targets re: patient experience and these priorities were determined through triangulation of information from complaints, local and national surveys, including Family and Friends Test, and the very useful feedback from service users via the engagement and workshop event with Islington Healthwatch
- The Committee noted the Quarter 1 performance data as outlined in the presentation
- Key priorities are – urgent and emergency care admitted pathway – discharge to assess, reducing DTOCS – improving mental health pathway in ED – Islington and Haringey Wellbeing Partnership and Community Services alignment with CHINS – Winter resilience – workforce – staff engagement and morale – community engagement and delivering the estates strategy
- The Panel noted that funding had been obtained for a mental health recovery room
- Workforce recruitment and retention is crucial and this would be a priority for the Trust
- The Estates strategy was an exciting development for the Trust and a final decision would be taken by the Trust Board in October and a potential partner had been identified. Community engagement would take place on the proposals
- It was stated that Whittington were committed to the NHS and private health provision would be minimal if at all
- The Trust stated that the new strategy would involve the creation of a new maternity unit, community centre and provision of nursing accommodation
- The Panel noted the measures being taken by the Trust to reduce bullying and harassment for staff
- Reference was also made to the proposal for mental health beds to be relocated at the Whittington and that the Committee welcomed this
- It was stated that work is taking place with Local Authorities on discharge of patients and generally this is not a significant problem
- The Committee welcomed the increase in responses from patients in the FFT

RESOLVED:
That the report be noted and the Committee be kept informed of development on the Estates Strategy in the future

The Chair thanked Siobhan Harrington and Carol Gillen for attending

39 HEALTHWATCH ANNUAL REPORT (ITEM NO. 11)

Emma Whitby and Janna Witt, Healthwatch, were present for discussion of this item.

During discussion the following main points were made –

- Achievements included autism and reasonable adjustments, social workers phones, developed a consultation consortia and now developing its scope,

better links with care homes and allocated GP's, better information for podiatry patients, volunteering award

- Current and future work includes mystery shopping for autism friendliness, increasing diversity for the Islington Patient Group, Supporting Community mental health services engagement, considering social isolation, influencing ADHD assessment and safeguarding sharing of information
- Behind the scenes achievements include investing in volunteers, strengthening links with London Met and Training Parent champions
- Reference was made to difficulties in clients accessing accurate podiatty information and that Healthwatch is in discussions with Whittington NHS Trust in this regard
- Work is taking place to look at how current services can be used to tackle social isolation
- Healthwatch would be actively engaged in the Whittington Estates strategy consultation
- Work ís being undertaken with Clare Henderson where additional resources and use of the voluntary sector could be used to achieve better outcomes for residents
- In response to a question it was stated that care home had a dedicated GP who visited the home on a set day per week

The Chair thanked Emma Whitby and Janna Witt for attending

40 PERFORMANCE UPDATE (ITEM NO. 12)

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item.

Julie Billett, Director of Public Health, was also present.

During consideration of the report the following main points were made –

- Delayed discharge figures were quite good however figures for MMR were below target due to the reluctance of parents to allow children to be vaccinated
- Discussion took place as to alcohol reduction and that this is on target and Public Health often commented on licensing applications

RESOLVED:
That the report be noted

The Chair thanked Councillor Burgess and Julie Billett for attending

41 NEW SCRUTINY TOPIC - AIR QUALITY AND HEALTH - PRESENTATION AND APPROVAL OF SID (ITEM NO. 13)

Julie Billett, Director of Public Health, Ian Sandford, Public Health Strategist, and Paul Clift, Environment and Regeneration Department were present for discussion of this item and made a presentation to the Committee, a copy of which is interleaved.

During consideration of the presentation and SID the following main points were made –

- Air Pollution is a gas (or a liquid or solid dispersed through ordinary air) released in a big enough quantity to harm the health of people or other animals, kill plants or stop them growing properly, damage or disrupt some other aspect of the environment or cause some other kind of nuisance. It is the quantity or concentration of the chemicals in the air that makes the difference between harmless and polluted air
- Particulates are sooty deposits in air that blacken buildings and cause breathing difficulties. In London, most particulates come from traffic fumes, brake and tyre wear and increasingly wood burning. Most worrying are the fine PM 2.5 and ultrafine PM1 particulate matter as these can enter deep into the lungs and into the bloodstream. Particulates of different sizes are referred to by the letters PM followed by a number so PM10 means particles of less than 10 microns – less than 10/1000ths. Of a millimetre
- South of the Borough is the most pollute, 60% of the borough is over EU limits and every school is near an area of high pollution
- Another major source of pollutants are nitrogen oxides N0x and both nitrogen oxide and nitrogen dioxide are gas pollutants, made as a result of burning when nitrogen and oxygen react together. They are harmful to health and a big source of N0x is from vehicle engines
- At ground level, ozone is a toxic pollutant that can damage health. It forms when sunlight strikes a cocktail of other pollution and is a key ingredient of smog
- Islington NOx emissions by source type are – major roads 43%, minor roads 6%, domestic gas 13%, commercial gas 17%, NRMM 2%, Industry 1%, and other 18%
- Further from the Environment and Regeneration Scrutiny into Air Quality in 2014 the Council has been and is active in work to improve air quality. Further measures are challenging as many sources of pollution are from outside Islington or traffic passing through
- Further measures are needed in order to reduce air pollution and the Council need to work with other boroughs, TfL, and the GLA to improve air quality and the Council still needs to further improve how different departments and teams work together to improve air quality
- Poor air quality impacts from early life – before birth high levels of PM2.5 are associated with low birth weight and children are particularly at risk due to immaturity of their respiratory organ systems. Infants have a high metabolic rate, so they breathe a greater volume of air per minute than an adult relative to their size
- Infants are also within greater proximity to air pollution sources – vehicle exhausts and research into early exposure to air pollution effects on lung function and respiratory infections, asthma exacerbation cognitive development and development of the brain and co-ordination. There is some evidence that air pollution plays a part in causing asthma, but more research is needed
- PM2.5 is attributable to mortality equivalent to 88 deaths in Islington and NO2 to 164 deaths in Islington. There is an estimated overlap of 30% in the effects of PM2.5 and NO2 underlying the need to reduce both
- The cause of death is not recorded as air pollution, rather heart or respiratory disease
- Air pollution exacerbates heart and lung conditions which hasten death. The above deaths represent an average of 8.9 months lost attributable to PM2.5

and 4.8 months lost attributable to NO2 across all deaths, although this will be greater for people who died of heart or lung disease

- Short term effects of poor air quality on deaths and hospital admissions in London as a result of PM2.5 are 818 deaths brought forward, 2072 respiratory hospital admissions, 769 cardiovascular hospital admissions and and as a result of NO2 461 deaths brought forward, and 419 respiratory hospital admissions. There are no estimates at local level
- Other impacts on health and wellbeing include an increased risk of early death and hospital admissions time off school or work due to illness, economic impact of long term conditions including loss of earnings and increased costs of keeping the home warmer for longer, deterrence of engaging in physical and/or social activities, particularly amongst people with existing conditions and poor air quality impacts negatively on self- reported wellbeing
- The entire population is exposed to air pollution, but the health impacts of this exposure are experienced much more commonly in vulnerable people, particularly those with pre-existing heart or respiratory conditions
- The most deprived 20% of areas in London had 8.6% more PM10 compared with the least deprived 20% and 8.1% more NO2 in 2001 the most recent high resolution air quality data available to the study authors
- Areas of London with more than 20% of now-white residents had 6.6% more PM10 compared with areas with less than 20% non-white residents and 8.1% more NO2 in 2001
- Local programmes to improve air quality include a combination of policies at a national level, such as vehicle and fuel taxes, policy to promote uptake of cleaner technologies, city wide such as congestion charging, low emission zones, investment in public transport and borough level e.g. local travel infrastructure, parking policy) have been influencing trends to date and will continue to do so. The impact of such policies is cumulative
- Improving air quality can include – promotion of active travel and public transport, higher parking charges for the most polluting vehicles, energy efficiency schemes to help reduce NO2 from boilers, electric charging points along Regents Canal, idling action, and low and zero emission networks
- Healthy Streets is the Mayor's framework of 10 indicators for healthy streets, including local borough streets. The approach aims to encourage everyone to walk, cycle and use public transport, reduce road danger, tackle air quality and noise, reduce car dependency, improve the environment and deliver an accessible and inclusive transport system
- Local programmes to mitigate poor air quality include – Air Text which forecasts high pollution to enable subscribers to take action to avoid exposure or reduce the impact – GP and hospital services for early diagnosis and better management of COPD – Whittington Health 'Asthma Kite Mark' scheme in schools supports better management of condition – Air Quality learning in schools as part of KS2 and planning policies to limit air pollution from developments
- Key barriers and challenges to further improvement are pollution sources outside the Local Authority control such as transboundary – international, national, and regional sources – through traffic, diesel sources such as freight, buses and taxis. Air Quality is a cross cutting issue which impacts on multiple and diverse policy areas across the Council, e.g. through a corporate board or steering group. There is a need to improve and target public awareness and change attitudes and for additional funding and resources to develop new initiatives and apply enforcement
- Reference was made to the 2014 report of the Environment and Regeneration Scrutiny Committee and that the Committee should look at these recommendations and the progress made in order to inform their current

scrutiny review. It was requested that progress on the recommendations to date be submitted to the next meeting of the Committee

- Members referred to the short timescale for the review, given the Council elections in May 2018, and there will be a maximum of 3 Committee meetings in order to take evidence, that consideration would need to be given as to who gave evidence in person to the Committee and what written evidence is taken by the Committee
- Members expressed the view that it would be useful if Kings College could attend the next meeting in order to give evidence as to the health implications of poor air quality to the next meeting of the Committee
- It was stated that allergies could be aggravated by poor air quality/pollution and if there is any evidence to substantiate this it would be useful if it could be submitted to the Committee

RESOLVED:

(a) That the SID be amended as follows –
Delete bullet point 3 and replace with – To make recommendations for increasing the impact of local measures to improve health in relation to air quality and make local resources more effective

(b) That an additional point € be added to types of evidence to be assessed as follows – Progress on the recommendations of the Air Quality scrutiny carried out by the Environment and Regeneration Scrutiny Committee in 2013

(c) That a progress report on the recommendations of the Air Quality Scrutiny Review carried out in 2013 be circulated to the next meeting for Members of the Committee

(d) That Kings College be invited to the next meeting to give evidence on the health implications of poor air quality

The Chair thanked Ian Sandford, Paul Clift and Julie Billett for attending

MEETING CLOSED AT 10.00p.m.

Chair

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London Ambulance Service NHS
NHS Trust

The London Ambulance Service in 2016/17:

In 2016/17, we handled over 1.8 million emergency calls from across London - approximately 5,000 calls every day. This is a 1.4 per cent increase on 2015/16. We attended more incidents than ever before. In real terms this means we are now handling nearly 200 more incidents a day across the capital, compared with 2015/16. The increased threat of terrorism and focus on resilience has been important for us and we've been working closely with other emergency services and partners in London.

In 2016/17 improving the quality of our services remained a key focus and we were delighted to receive a rating of "Good" from the Care Quality Commission (CQC) for our NHS 111 service for South East London in February 2017. In June 2017 the Service's 999 CQC rating moved from inadequate to requires improvement reflecting the fact that significant improvements have been made in all of the five areas that make up the rating. We recognise there is still work to do over the next few months and we will continue to work with our NHS partners and our staff to improve.

Quality Priorities 2016/17

- Patient safety
- Patient experience
- Clinical effectiveness and audit

1. Patient Safety

Sign up to Safety Campaign

In 2015/16 the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This meant signing up to five specific pledges:

1. **Putting safety first**. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learning**. Making our organisation more resilient to risks, by acting on feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families fi something goes wrong
4. **Collaborating**. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

In 2016/17 we introduced the Learning from Experience Group chaired by an assistant medical director with input from across the organisation including Patient Experiences, Governance and Assurance, Paramedic Education, Legal Services and the Medical directorate. The group discusses recent themes in complaints, serious incidents, Patient Advice and Liaison Service (PALS), claims and inquests has used the Sign up to Safety pledges to help inform its agenda.

We also continued to publish a quarterly "Trust Learning from Experience" report, identifying themes from across serious incidents, complaints, inquests, incidents and claims.

Throughout 2016/17 we continued our work to integrate Duty of Candour into the culture of the organisation. We have ensured that 92% of incidents that have involved patient harm have been fed back directly to patients and apologise and explanations given. Staff involved in Serious Incidents are offered support throughout the process. We have also introduced the ability for our staff to 'positively report' instances where great care was given to help promote the importance of celebrating what we do well.

Medicines Management

2016/17 has seen significant improvement in medicines management within the Trust, building upon measures put in place during 2015-16 in response to the CQC inspection findings. Processes and procedures have undergone review to ensure that these provide traceability of medicines from receipt in our Logistics Department through the point at which they are administered to patients. We have also developed a range of technological solutions to support the supply, administration and audit of medicines.

In February 2017 the Trust appointed a full time pharmacist to lead and develop medicines management within the Trust. The Trust medicines management group continues to meet regularly and provide advice and support to all areas of the organisation.

During 2017/18 further medicines management developments will be led by the Trust pharmacist to ensure consistent, safe and secure medicines management throughout the organisation.

Infection Control

Our Quality Improvement Plan highlighted a number of key areas associated with infection prevention and control that the Trust focussed on throughout 2016/17 with services making significant improvements to complete the 2016/17 Infection Prevention and Control (IPC) Work Plan.

- The IPC Team structure has been reviewed to support a business partner model from 2017-18. This interim support has raised the profile of the team and engagement across the Trust with specifically in the area of audit and development of the IPC Champion network

- The delivery of the IPC Work Plan has enabled collaborative working across the Trust. The Head of IPC attends local Quality Meetings and Group Station meetings to ensure that key messages are shared. Local engagement the Champion Network has resulted in improvements with good practice examples including waste tagging and IPC information sharing at station level.

- The IPC team meets with both the IPC lead from our Commissioners and the London Public Health England (PHE) attending PHE Workshops, and National Ambulance Group meetings.

2. Patient Experience

Mental Health

The Trust has seen an increase in mental health activity year on year with a continued positive impact on service delivery outcomes since the introduction of dedicated mental health nurses in the service two years ago.

- MH (mental health) Calls have increased by 6.9% and MH incidents have increased by 10.3% compared to last year
- A total of 1,421 mental health calls were managed by the mental health nurses between April 2016 and March 2017 compared to last year, an increase of 52.3%
- 10.7% of all Mental Health Hear and Treat patients were managed through Hear and Treat without requiring the dispatch of ambulatory resource
- 68.1% of all MH incidents (96,944) were conveyed

The introduction of Registered Mental Health Nurses (RMNs) into the control room has proven to be effective for both staff and patients, and was shortlisted for a National Patient Safety Award in 2016. Plans are underway to trial a specific mental health car that will respond to calls from patients in mental health crisis staffed by a paramedic and mental health nurse to improve the quality of care and help alleviated distress.

There are plans to increase the number of mental health nurses further in 2017-18 to support 24/7 access to specialist support and a formal proposal is currently in development.

Training and Education
The Trust participated in the development of a one day simulation course for both the Metropolitan Police Service (MPS) and paramedics in collaboration with the South London and Maudsley Mental Health Foundation Trust. The course was designed to improve knowledge and confidence in how to help, assess and manage presenting in a mental health crisis. Plans are underway to develop more similar courses due to the overwhelming demand and positive feedback.

Dementia care
In 2016/17 the Trust led on developing and delivering a collaborative Dementia awareness training in partnership with UCL partners which was funded by Health Education England.

A DVD entitled 'Dementia care matters in the Ambulance Service' commissioned by NHS England and London Ambulance Trust was launched and disseminated across the Trust. It features a series of 4 short films real Ambulance staff highlighting key skills needed in achieving positive communication, through assessments and appropriate action to support and safeguard people living with dementia. The DVD has been shortlisted for a National Patient Safety award.

Other innovative work which the Trust is involved with, in collaboration with the Metropolitan Police is the development of an App for use when dealing with vulnerable patients. It is intended to enable easier identification and enhancing quicker, better interventions. The app is currently being tested with some focus groups and is due to go live in July 2017.

Care of patients detained under the mental health act (1983)
The service responds to two types of patients detained under the mental health act 1983 (MHA), emergency detention which constitutes section 136 MHA and the planned mental health act assessments.

Planned Mental Health Act Assessments
Following the successful trial of our Non-Emergency Transport Service (NETs) to attend pre-planned mental health community assessment journey requests within the Camden and Islington area, we have been rolling out the system to all other Mental Health Trusts across London. The project has been successful with majority of users now seeing transport arriving at the commencement of the AMHP assessment or within 30 minutes.

Section 136 MHS (1983)
We have been working closely with the Healthy London Partnership as members of the 136 improvement programme as well as Mental Health Trusts, Social Care and the third sector to improve our response to section 136 incidents.

Therefore we have concentrated our efforts on a detailed review of section 136 responses, specifically how these are triaged and how the service meets the response times allocated to these calls. Work is in progress to validate and improve the data collection for this patient group as well as raising awareness on accurate documentation of section 136 attendances with crews. A dashboard specifically for mental health has been developed and 136 presentations are captured within this to allow ease of reporting and review.

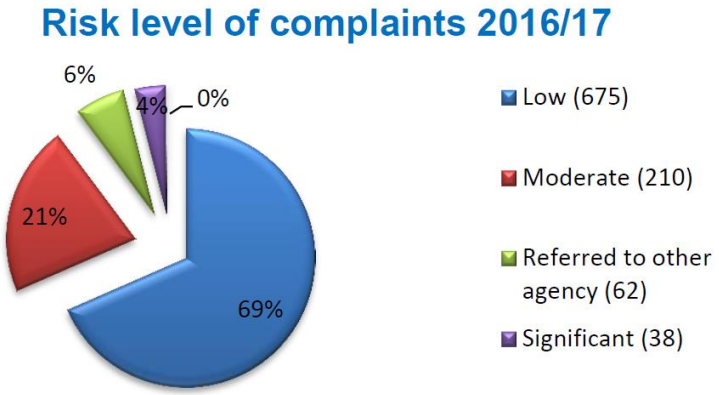
Mental Health and wellbeing of staff
The Service has continued to uphold the Blue Light Time to Change pledge, engaging with other Blue Light Organisations to learn and share good practices to benefit staff's wellbeing and mental health. The programme and continued engagement with Mind for call handler specific courses has allowed us to dedicate wellbeing support to our staff as they work round the clock to keep patients safe.

Mental health awareness training was delivered to over 400 of our staff in the EOC environment. Both mental health and personal well-being training has been incorporated into our new entrants programme.

Complaints and PALS
We have been able to achieve a significant improvement in throughput performance in achieving the 35 day response time target to complaints. This has been achieved by improved resourcing in to Quality Assurance Team, closer relationship with Quality and Governance Assurance Managers and changes in administrative practice within the Executive Office.

Year ending March 2017 the volume of complaints dropped slightly, totalling 1016 against 1040 in 2015/16. The daily average for 999 calls is currently 4934 and the average percentage of complaints received against calls attended is 0.09%.

Pie chart showing risk levels of complaints 2016/17:



Serious Incidents (SIs)
In total across 2016/17 (as of 14/03/2017) out of 495 cases reviewed 103 incidents were deemed to meet the criteria to be declared as serious to NHS England (London). The Trust has demonstrated a better understanding and use of the internal incident reporting process, enhanced by the implementation of Datixweb and a firm organisational commitment to improve the channel for identifying Serious Incidents. The increase in numbers may also reflect a more open reporting culture that has been noted by the CQC. As in previous years, the number of ambulance delay related SIs has remained a consistent theme, although in 2016-17 we have seen a wider range of incidents declared including issues with clinical assessment and call handling.

3. Clinical Effectiveness and Audit

In 2016/17 the Service examined the care provided to a wide range of patients including elderly fallers and pain management in children and those patients who had a; myocardial infarction; cardiac arrest; stroke, trauma; sickle cell crisis. Our research programmes continue to grow and alongside our existing cardiovascular studies we launched a new clinical drug trial aimed at improving the outcomes for stroke patients.

Exercise Unified Response (EUR) 2016
The Trust is currently conducting a clinical audit which was triggered by a request from the London Resilience Partnership and feedback from the Care Quality Commission and the Coroner following the inquest into 7/7.

The clinical audit will include all patients that were assessed and/or treated by LAS during a major incident training exercise, covering a range of clinical conditions

The documented triage, assessments, medication administration and management of these 'patients' was assessed for compliance with clinical practice guidelines and incident response procedures. Data analysis is on-going with the full report expected to be released Q2 2017/18.

Sickle Cell Crisis
In response to a request by the LAS Patient's Forum to review the care provided to sickle cell patients a re-audit of the care provided to patients who contacted the LAS during a sickle cell crisis was conducted and the outcomes are contained within the overall CARU report on P15.

Hypovolaemic Shock

Following a patient safety incident and revised internal guidance we assessed the LAS management of hypovolaemic shock. Working backwards from Emergency Department diagnosis of a medical conditions which may cause catastrophic fluid loss (for example gastrointestinal bleed, obstetric haemorrhage, ruptured ectopic pregnancy, abdominal aortic aneurism (AAA), recurrent vomiting and profound diarrhoea) this clinical audit examined the recognition, assessment and medication administration to patients with hypovolaemic shock. Data analysis is on-going with a final report to be released in Q1 2017/18.

Mental Capacity Act

The Care Quality Commission found that many staff lacked confidence working within the Mental Capacity Act 2005. Therefore, following a programme of training on the Mental Capacity Act assessment, this documentation audit examined appropriateness of completion of the LAS Capacity Tool (documentation for the treatment of patients who are unable to consent). The report is in final draft stage we identified that improvements are needed in completing the mental capacity assessment form (LA5). A review of the form will be undertaken as part of the ePRF development process. In the meantime, guidance will be issued to staff regarding the principles of the Mental Capacity Act and how to undertake (and document) a thorough assessment.

Our Quality Priorities for 2017/18

During the year the Trust has been monitoring progress against the targets set in our 2015/16 Quality Report. Due to progress made, the Trust has chosen for 2017/18 to set out new targets in areas which are our current priorities. These priorities are aligned with our clinical strategy, business plan and CQUIN priorities. All of the areas chosen have key performance targets set and these will be monitored through relevant sub groups and the newly formed Quality oversight Group (QOG) on a monthly basis and reported to the Board monthly.

Table 1: Quality Projects: 2017-18 priority topics

Rationale	Outcomes 2017-18	KPIs	Reporting
SAFE			
1. Review and increase Sign Up to Safety Pledges to ensure that pathways for patients are available to provide timely and appropriate care	Develop Pathways for patients who fall, have mental health issues, are at the end of life and who are bariatric. ***On-going are of focus from 2016/17***	No (%) of patients managed through alternative pathways during 2017-18	Clinical Safety Group/Quality Oversight Group (QOG)/Quality Assurance Committee (QAC)
2. Improve outcomes for patients with critical conditions, particularly patients with sepsis currently this area requires focus and improvement	Introduce best practice guidance to improve care delivery for patients with critical conditions **NEW ACTION**	% improvement in completed assessments	QOG/QAC and Board
3. Improve and embed learning from incidents to ensure we reduce the risk or same theme incidents, our identified thematic review will be the focus of this work.	Develop learning framework supported by communication strategy **NEW ACTION**	Reduction in number of same theme SI incidents from April 17 baseline	QOG/QAC and Board
CARING			
4.Effective and consistent risk assessment completed for patients presenting with a mental health crisis is not currently being identified, this	Revised risk assessment tool and associated training materials embedded across the organisation developed in partnership with patients and other	% increase in completed assessments for patients in mental health crisis	Mental Health Committee QOG/QAC and Board

needs to improve to ensure the appropriate care is given to this cohort of patients	providers Re-design PRF forms to prepare for e-PRF in 2017-18 and ensure documentation is monitored and reported ***On-going area of focus from 2016/17***		
5. Infection Control target has been chosen to ensure that our patients and staff are safe from infection, at present we are not meeting our hand hygiene compliance targets.	To address infection control issues identified internally and through CQC feedback. ***On-going area of focus from 2016/17***	Improved IPC audit compliance and demonstrable improvements Improved hand hygiene and bare below the elbows compliance	IPC Committee QOG/QAC
6. Due to current demand and capacity issues, some patients wait longer than we would like. We need to ensure patients have timely and appropriate access to services.	Implement demand management projects to improve care and experience for example: Care Homes Health Care Professionals Frequent Callers **NEW ACTION**	% increase in response time to 75% by April 2018	Performance Group QOG/QAC and Board
EFFECTIVE			
7. Currently we are below national targets for stroke; STEMI reported in national AQI standards, improvements are required.	Implement and measure best practice models of care ***On-going are of focus from 2016/17***	% increase on all AQI indicators from April 2017 baseline	Performance Group QOG/QAC and Board
8. Standardise hospital handovers including the use of NEWs for the sickest patients will ensure that patients waiting in A&E are monitored and prioritised.	Implement National Early Warning system (NEWs) handover for pre-alert patients to test suitability pre hospital **NEW ACTION**	% quarter on quarter increase in patients receiving handover using NEWs checklist	Clinical Effectiveness Group Group QOG/QAC and Board
9. Develop a mortality and morbidity review process to ensure we learn from all incidents to make improvements to our service.	Introduce a mortality review group and ensure information is available in relation to specific groups to target learning and improvement. **NEW ACTION**	No of mortality meetings increased from April 2017 baseline evidenced via minutes	Mortality group QOG/QAC and Board

SCRUTINY REVIEW INTITATION DOCUMENT

Review: The health impacts of poor air quality

Scrutiny Committee: Health Scrutiny Committee

Overall aim: To understand the scale and nature of the negative health and wellbeing impacts of poor air quality in Islington, and the effectiveness of current arrangements and measures for tackling poor air quality and its adverse impacts on health.

Objectives of the review:

- To understand the relationship between poor air quality and health and wellbeing in general, and specifically the impact of poor air quality on Islington residents' health and wellbeing.
- To understand the direct benefits of improving air quality in Islington, including the wider health co-benefits of actions taken to address it including increased physical activity, reduced obesity, reduced social isolation.
- To make recommendations for increasing the impact of local measures to improve health in relation to air quality and make local resources more effective

Duration: Approx. 6 months

How the review will be conducted:

Scope: The review will look at the issue of poor air quality and its impact on health and wellbeing

Types of evidence to be assessed:

- National and local data on
    a. Scale and location of poor air quality in Islington, including information on the different pollutants, severity etc., as well as the limitations of what is known.
    b. Health and wellbeing impacts of poor air quality, including understanding evidence of causation and association.
    c. Overview of local programmes and interventions to improve air quality in Islington, and information on their impact and effectiveness.
    d. Overview of the health co-benefits of improving air quality, including increased physical activity, reduced prevalence of obesity, reduced social isolation, school absences etc.
    e. Progress on the recommendations of the Air Quality Review scrutiny carried out by the Environment and Regeneration Scrutiny Committee in 2013

- Witness evidence from a range of relevant individuals and organisations

    a. LBI
        i. Public Health (health impacts, effective interventions, JSNA/HWB)
        ii. Clinical Commissioning Managers (interventions, policy initiatives, targeted groups)
        iii. Environmental Health (trends, apportionment, air quality projects, policy)
        iv. Transport Planning (local implementation plan, traffic schemes e.g. Archway, modal shift)
        v. Education (absenteeism due to poor air quality – HeadTeachers; school awareness campaigns incl. school gate engine idling – LBI School Travel Plan Officer/Public Protection

vi. airTEXT

b. External partners
   i. King's College London (Ian Mudway/Frank Kelly – also from COMEAP)
   ii. Imperial College London (Audrey de Nazelle – modal shift & health)
   iii. Representatives from Local GP consortia or Health/MedicalCentres
   iv. Transport for London (Public Health – Lucy Saunders)
   v. Whittington Health (CV & respiratory health overview, ie, Asthma kite mark in schools)
   vi. Breathe Easy Groups
   vii. Business engagement (ZEN; CRP)
   viii. Campaigning organisations – Simon Birkett (Campaign for Clean Air in London); Doctors against Diesel; ClientEarth; Friends of the Earth (Jenny Bates/Quentin Given); Greenpeace (school campaign); Better Archway Forum; Barbecue Action Group

c. Residents
   i. Residents – open call for those interested to attend and give evidence
   ii. Residents identified via members' casework
   iii. Islington HealthWatch

Additional information:
To note the 2013 Regeneration and Environment Scrutiny Committee report on air quality
https://democracy.islington.gov.uk/Data/Regeneration%20and%20Employment%20Review%20Committee/201303051930/Agenda/Air%20Quality%20draft%20report%20including%20amendments%20made%20at%20Committee%20on%205%20March%202013.pdf

HEALTH SCRUTINY COMMITTEE
HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2017/18

06 JULY 2017

1. Camden and Islington Mental Health Trust Performance update
2. Scrutiny Review – IAPT Scrutiny Review – Final report
3. New Scrutiny Topic
4. Annual Public Health report
5. Health and Wellbeing Board update
6. Work Programme 2017/18
7. Membership, Terms of Reference

14 SEPTEMBER 2017

1. NHS Whittington Trust – Performance update/Estates strategy
2. Scrutiny Review – New topic – Approval of SID/witness evidence
3. Healthwatch Annual report
4. Healthwatch work programme
5. Health and Wellbeing update
6. Quarter 4 performance report
7. Work Programme 2017/18

12 OCTOBER 2017

1. London Ambulance Service – Performance update
2. Scrutiny Review – witness evidence
3. Health and Wellbeing update
4. Work Programme 201/18
5. Performance statistics - update
6. Work Programme 2017/18

14 DECEMBER 2017

1. Presentation – Executive Member Health and Social Care
2. Health and Wellbeing update
3. Annual Adults Safeguarding report/Local Account
4. Alcohol and Drug Abuse - update
5. Work Programme 2017.18
6. Scrutiny topic – witness evidence

22 JANUARY 2018

1. UCLH Performance update
2. Scrutiny topic – witness evidence
3. Health and Wellbeing Strategy – Progress report
4. Health and Wellbeing Update
5. Work Programme 2017/18
6. Whittington Estates Strategy??

01 MARCH 2018

1.Scrutiny topic – Final report – Air Quality and Health
2.Moorfields Performance update
3. Health and Wellbeing update
4. Performance update
5. Work Programme 2017/18

MAY 2018

HEALTH IMPLICATIONS OF DAMP PROPERTIES – 12 MONTH REPORT BACK ON SCRUTINY REVIEW