

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 17 March 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 17 March 2015 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Kaseki (Vice-Chair), Andrews,
Chowdhury, Gantly, Hamitouche, Heather and Turan

Also Present: **Councillors** Janet Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

81 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members of the Committee.

The Chair also welcomed Ron Jacob, Governor at Whittington Hospital, who he had invited to attend the meeting that evening.

82 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None

83 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

84 DECLARATIONS OF INTEREST (ITEM NO. 4)

Councillor Kaseki declared a non-pecuniary interest in agenda item B10 Camden and Islington Mental Health Trust and Councillor Kaseki declared a non-pecuniary interest in agenda item B11 as he was the Councillor representative for Moorfields Eye Hospital.

85 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda, however he would be taking the submission from Ron Jacobs on the Whittington Hospital as the first item on the agenda.

86 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)
RESOLVED:

That the minutes of the meeting of the Committee held on 10 February 2015 be confirmed and the Chair be authorised to sign them

87 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that he had invited Ron Jacob, Governor at Whittington Hospital to attend that evening in order that he could present the Governor perspective in relation to the current situation at the Whittington.

During consideration of the verbal submission the following main points were made –

- It was noted that there was a shadow Governing Body at the Whittington which had been set up when the Trust was bidding for Foundation status and that this had been continued with once the application had not gone forward

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- In response to a question about the Hearts and Minds campaign it was stated that it was felt that this was not about making financial savings by removing beds but more about enabling patients to recover at home where they would be more likely to progress and not pick up any infections
- Members expressed concern that the social care may not be available in the community and that patients would not get the care that they received in hospital
- It was stated that there had been additional community beds purchased so that patients could receive appropriate care prior to admission or before returning home
- The Whittington had benefitted from the opening of the Ambulatory Care centre and this had been successful and resulted in a reduction in A&E attendances
- The Whittington had applied for additional funding to upgrade maternity services at the hospital and a response was expected shortly on whether this would be successful
- The Trust had a number of financial challenges and there was a deficit of £7 million that needed to be addressed. The appointment of an interim Finance Director and a permanent Finance Director who would be starting in a few months time would be addressing this and it was hoped that improvements would be made
- It was stated that waiting time for A&E had improved since the difficulties experienced over the winter and a rapid access pathway had been introduced and this enabled patients to be seen more quickly
- In relation to patient feedback it was stated that the Trust were putting more effort in trying to gather patient feedback as it was proving difficult to get this information at present through the Friends and Families Test
- In response to a question about whether there was low staff morale at the Trust it was stated that the results of the annual staff survey were published openly and that the Trust did not do particularly well in relation to staff morale. The new Chief Executive was looking at measures to address this
- A Member expressed concern that the Hearts and Minds campaign was seen as a measure the Trust were adopting to cut costs. It was stated that the Trust had been looking at this for a few years, however there was a need to convince residents that this was in their interest as well. The Trust had held a series of meetings to explain the proposals and get the public views however these had not been well attended but where there was attendance it had largely proved positive. There had been improvements in the extension of hours of community nurses and Council support services and there was a need to develop these further to make them more effective
- It was also stated that Whittington had improved procedures for patient discharge and that there was now a weekend pharmacy to enable patients to be discharged at weekend. The Trust were also looking at year on year efficiency savings and the target is 6% for the forthcoming year
- The Whittington were looking at systems that could reduce bed demand however the primary concern was the best interests of patients
- A Member expressed the view that moving care into the community would necessitate the Trust presenting the rationale and how this would be achieved and it was hoped that the Trust would do this

The Chair thanked Ron Jacob for attending

PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for Public questions and filming and recording of meetings

89

HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

Councillor Janet Burgess, Executive Member Health and Wellbeing, was present for this item and outlined the recent work of the Health and Wellbeing Board.

During her verbal report the following main points were made –

- Additional beds had been purchased in order to support people coming out of hospital to be cared for in the community
- There was a social worker working in the Whittington to enable services to be put in place in the community for when patients were discharged
- A market management event had been held with local organisations and companies in relation to the Care Act and this had been positive
- A new Senior Commissioner for Older People was being appointed
- Islington had the worst rates of mental health psychosis in the country however waiting times for treatment were some of the best in the country
- There is a pilot scheme operating in 5 GP surgeries in the borough providing psychiatric, psychological support and this was being rolled out across the borough
- Islington had the best rating for admissions to emergency care residential and nursing homes

The Chair thanked Councillor Burgess for her update

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NHS TRUST - MOORFIELDS (ITEM NO. 11)

John Pelly, Chief Executive and Bill Tidmass, Governor Moorfields Eye Hospital, 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 the following main points were made –

- In A&E Moorfields achieved over 99% target within 4 hours despite consistent growth in activity and 82% within 3 hours
- Referral to treatment time (RRT) - 18 targets missed until final quarter
- Cancer – two week wait achieved other than in two cases where patients chose to wait longer
- Readmission within 28 days following cancellation of surgery was not achieved on three occasions
- No breaches of mixed sex accommodation
- No cases of MRSA or C difficile
- On A&E Moorfields would have featured as one of the top 10 Trusts but for responses to two questions, pain management and wait for first examination and the definition of this was being discussed further with the CQC
- On daycare there were generally good results- 98% of patients would definitely or probably recommend Moorfields
- Main negative comments concern wait for procedure and wait for discharge
- On outpatients there were generally positive results – 95% rated Moorfields as excellent, very good or good, and 97% would definitely or probably recommend Moorfields
- Negative feedback mainly concerned with waiting times and choice of appointment date/time
- Friends and Families Test – more than 25,000 patients -20% - responded in Q3 and 97% extremely likely or likely to recommend Moorfields and only 1% would not recommend Moorfields
- Patient led assessment of the care environment – cleanliness rated 99.6% as opposed to 97.3% nationally, Privacy, dignity and wellbeing 88.3% as opposed

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to 87.7% nationally, Condition, appearance and maintenance 99.1% as opposed to 92% nationally and food and hydration 100%

- On the NHS Choices website Moorfields has 4/5 stars based on 134 ratings
- The 2014 staff survey results are being analysed and based on 2013 results Health Service Journal rated Moorfields as one of the top 10 best places to work in healthcare, and one of only 2 hospitals to feature in the top 10
- Moorfields is in the Mutuals pathfinder programme
- There had been three new satellite locations established in 2014 in Croydon University and Purley War Memorial Hospitals, Darrant Valley Hospital, Kent and the Olympic Park, Stratford
- A new service had been established for Merton residents and ocular oncology service currently managed by Barts is to be taken over by Moorfields from April 2015 and will be a specialised service commissioned by NHS England and transferred to Moorfields as a result of concerns following a review
- In terms of financial matters there is likely to be only a £2 million surplus compared with a planned £5million with the principal cause being the pause in manufacturing production at Moorfields Pharmaceuticals following an MHRA inspection and the decision to close this facility. In response to a question it was stated that to meet regulations for inspections the facility was not viable however many of the drugs were still being provided through different providers
- The financial position was also impacted adversely by excess costs of carrying out additional activity to address the RTT 18 issues
- The monitor risk ratings remain strong
- The proposal is to develop with the Institute of Ophthalmology a unique state of the art, integrated ophthalmic treatment, research and education centre in the Kings Cross/Euston area
- The preferred site of the centre is at St.Pancras hospital and is currently in the ownership of the Camden and Islington Mental Health Foundation Trust and is in need of redevelopment. The site fully aligns with Moorfields selection criteria and the proof of concept feasibility study demonstrated it was a feasible and fit site
- In response to a question it was stated that the Trust did have alternative plans if the St.Pancras site did not go ahead, however it would be very difficult to redevelop the current site
- Patient, public and staff engagement exercise showed strong support for the move and the design brief will be ready for patient consultation with the earliest date for a move planned for 2022
- In response to a question it was stated that if the Trust moved to the same site as Camden and Islington Mental Health Trust there could be links made and the different faculties may be able to work together on some areas
- Bill Tidmass stated that Governors were being kept informed at all stages of the proposals for relocating the Trust and that Governors regularly visited all the clinics and spoke to patients on a regular basis. He added that it was important for Governors to challenge all aspects of the work of the Trust

The Chair thanked John Pelly and Bill Tidmass for attending

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CAMDEN AND ISLINGTON MENTAL HEALTH TRUST - 6 MONTH REPORT BACK (ITEM NO. 10)

Colin Plant, Clare Johnstone and Nyanin Akosa, Camden and Islington Mental Health Trust, were present for discussion of this item.

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David Barry, Governor, Camden and Islington Mental Health Trust was also in attendance.

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

- Since the original CQC inspection visit in May 2014 an action plan was now in place to address the findings of the CQC
- Whilst the CQC had found areas of good practice there were significant challenges, especially within the Trust's inpatient services
- The training provided would now be more linked to practice and would be delivered more consistently with groups of staff to ensure front line staff were confident and ensuring staff recorded information more effectively
- David Barry indicated that the Governors had been kept informed of the action plan for addressing the CQC report and the CQC had agreed to involve Governors in the process and they had supported the remedial actions proposed. Governors were getting regular progress reports on the work being carried out and this is expected to continue
- In response to a question it was stated that training would be better embedded in the future in the organisation and training would be recorded
- It was stated that the majority of the Governors were publicly elected and therefore needed training sessions and there needed to be a distinction of roles maintained. The term for Governors is three years but Governors could be re-elected
- The CQC process highlighted the importance of external scrutiny
- In response to a question it was stated that the recruitment of nurses was behind schedule although efforts were being made to recruit through Universities and from Ireland. There was however a need for experienced staff and the Trust were looking at measures for key worker housing with RSL's and providing more modestly accommodation
- It was noted that it was easier to recruit staff at entry level rather than experienced staff and there needed to be better career structures in place and the Trust's retention rates amongst staff were about average

The Chair thanked the representatives of the Camden and Islington Mental Health Trust for attending

92

SCRUTINY REVIEW - PATIENT FEEDBACK - WITNESS EVIDENCE (ITEM NO. 12)

The Chair stated that he had raised a number of issues on the report and outlined the responses received.

During consideration of this item the following main points were raised –

- Where the Families and Friends Test is well established, such as places like A&E, then all these departments, now display the monthly results, what they have heard in the narrative responses and what they are doing about it. For the areas that are just starting, such as GP's since April, out patients etc., they need to get into the habit of doing the same. The evidence is that by displaying results this encourages feedback from more and more patients and leads to more rapid service improvement. All providers should be encouraged to continually publish findings
- In relation to how many GP's and acute Trusts are using supplementary follow up questions it was stated that most should be using supplementary questions and they are encouraged to use the opportunity by leaving space for open comment. The standard supplementary question is 'Why have you given the rating you have' and this gives an opportunity to say things for fully and enables the practice to think about what they can change

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- In relation to timescale for practices to start displaying Families and Friends results it is expected that after the first year of operating, April 2015, that they would be displaying results but the onus is on them to do this and it is unsure if NHS England has any sanctions on those who do not do this
- In relation to the results of the trial at Camden and Islington Mental Health Trust it was stated that no mental health results in England had as yet been published
- In response as to whether the Islington CCG have an agenda to improve patient response to the FFT test it was stated that the focus is particularly on the services that the CCG commission and work has been carried out with local Trusts to improve their collection rates, improve the rapidity of collection (now monthly), and to improve the overall score although this is not necessarily the most important thing to concentrate on, and regularly at contract meetings ask the Trust to report on comments that they have received
- It was stated that supplementary questions, that allow patients to fully explain their experience, and say what they would like changing seem vital to the CCG. All those who use the Families and Friends Test should be able to get the most out of the feedback they receive.
- The Committee were of the view that consideration should be given to a recommendation to GP's and others to collect this information

RESOLVED:

That the report be noted and that draft recommendations on the scrutiny review be submitted to the next meeting of the Committee for consideration

93

WORK PROGRAMME 2014/15 (ITEM NO. 13)

During consideration of the report the following main points were made

- The 111 service specification and the draft recommendations would be considered at the next meeting of the Committee on 19 May
- A Member stated that it may be useful to look at standards of care provided in sheltered accommodation and that this should be considered for scrutiny next year. Other ideas for consideration were the Mental Health Capacity Act proposals, and how the impact of reducing NHS budgets were impacting on Patient Care

RESOLVED:

That subject to the above the work programme be noted

MEETING CLOSED AT 9.55 P.M.

Chair