

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Barking Town Hall
18 July 2017 (4.00 pm - 6.14 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Abegboyega Oluwole and Peter Chand (Chairman)
London Borough of Havering	Nic Dodin and Michael White
London Borough of Redbridge	Stuart Bellwood and Neil Zammett
London Borough of Waltham Forest	Peter Herrington and Richard Sweden
Essex County Council	Chris Pond
Epping Forest District Councillor	Aniket Patel
Co-opted Members	Mike New (Healthwatch Redbridge) Anne-Marie Dean (Healthwatch Havering)

Also present:

Sue Boon, Integrated
Care Director, NELFT
Kathryn Halford, Chief
Nurse, BHRUT

Masuma Ahmed, Barking & Dagenham
Anthony Clements, Havering
Jilly Szymanski, Redbridge
Tudur Williams, Barking & Dagenham

All decisions were taken with no votes against.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that should require the evacuation of the meeting room or building.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies for absence were received from Councillor Jane Jones (Barking & Dagenham) Councillor Dilip Patel (Havering) Councillor Suzanne Nolan (Redbridge) Councillor Mark Rusling (Waltham Forest) and Councillor Geoff Walker (Waltham Forest, Councillor Peter Herrington substituting).

Apologies were also received from Richard Vann (Healthwatch Barking & Dagenham) and Ian Buckmaster (Healthwatch Havering, Anne-Marie Dean substituting).

3 DISCLOSURE OF INTERESTS

Councillor Sweden declared an interest in item 6 (NELFT future plans) as he was managed, though not employed by, the North East London NHS Foundation Trust.

4 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 18 April 2017 were agreed as a correct record and signed by the Chairman.

5 BHRUT - UPDATE ON SAFETY OF SERVICES

The Chief Nurse at BHRUT advised that the Trust was now above the national average for incident reporting – an indication of a healthy organisation. Few of the reported incidents were serious or harmful in nature. The most common categories of incidents reported included pressure ulcers (which the Trust had done a lot of work to reduce the occurrence of) delays to treatment, falls within the hospital, medication errors (these were mainly of no harm/near miss incidents) and maternity services. The number of serious incidents reported had reduced.

Learning was undertaken from serious incidents with the Trust identifying root cause analysis and providing families with copies of reports at the conclusion of an investigation. Meetings were also held with local CCGs in order to discuss learning points from incidents.

All complaint responses were reviewed by the Chief Nurse. Complaints were now more focussed on the whole on specific issues and the Trust welcomed the chance to meet face to face with complainants. The Trust had recently received its first Regulation 28 report from a coroner in 18 months concerning a patient who had died following a liver biopsy.

Data could be circulated by the Trust giving comparisons of incident reporting against national averages. One maternal death had recently been reported by the Trust, the first such occurrence for two years although two terminally ill mothers who had given birth were also required to be included in the statistics.

The Trust had not received any reports of theatre equipment being used for anything other than medical use. There was a two hour window for the dispensing of prescriptions but these were still reported as near misses if not dispensed at the target time. Staff would be disciplined if necessary but only if incidents were sufficiently serious in nature.

The Trust Chief Nurse agreed that it was unacceptable that patients should develop pressure ulcers and investigated each such case with the appropriate team. It was aimed to improve such matters where possible via education, training and support to staff. It was clarified that the statistics covered formal complaints or incidents reported at all the Trust's hospitals and satellite clinics. Cases dealt with by the Trust Patient Advice and Liaison Service were not included. An initial response would be sent to a complainant within three days which sought to agree a timescale for the completion of the full investigation and response.

It was noted that Barking & Dagenham had not received the Trust's Quality Account and the Trust would aim to ensure the draft was sent to partners earlier in future years.

The Committee noted the position.

6 NELFT FUTURE PLANS

The NELFT Integrated Care Director confirmed that each borough Health Overview and Scrutiny Committee had scrutinised the outcome of the Trust's inspection by the Care Quality Commission (CQC) that had taken place in early 2016. The Brookside unit for young people had been rated as inadequate and other concerns had been raised over care planning and risk assessment on mental health inpatient wards.

The Brookside unit had been closed for a period in response and the model of care employed there had been fundamentally changed. A new model of service had now been agreed with commissioners – NHS England. The CQC had revisited the refurbished unit in October 2016 and was now happy with the services at Brookside although the unit was still closely monitored. It was clarified that the unit accommodated people aged 12-18 years and covered all four Outer North East London boroughs. The unit was based at Goodmayes Hospital. A shortage of adolescent mental health beds

nationally meant there had been pressure on the unit to admit patients from elsewhere. This had improved however and patients were mainly from the Outer North East London boroughs. Councillor Sweden congratulated the NELFT officer on the improvements at Brookside.

Most CQC recommendations had now been implemented by NELFT with the remainder in the process of being completed. Quality improvement work was under way to address the CQC findings around care planning and risk assessments. Work to eliminate ligature risks in the in-patient mental health unit would be completed by spring 2018 and the unit would be closed while this work was carried out.

The CQC would carry out a further inspection on the 'well led' domain in October 2017 when some other areas would also be assessed that had previously been found to need improvement.

It was hoped that the changes made would also improve corporate governance and vacancy rates at the Trust had been addressed. The exact position re the registration of non-executive directors at the Trust in relation to the Fit and Proper Person Test would be confirmed by officers.

A ward at Goodmayes that catered for patients with learning disabilities had originally been closed due to the presence of a very challenging patient on the ward, leading to safety issues for other patients. The unit was now open to admissions but a written response would be provided.

Officers agreed that earlier intervention in mental health conditions was usually better for patients. The Trust's Early Intervention in Psychosis service had a target of establishing a care package for psychosis within two weeks of a patient's referral. The Trust had also established the Improving Access to Psychological Therapies service which provided talking therapies for conditions such as anxiety and depression for patients who did not require secondary care.

The work to eliminate ligature risks had prioritised the higher risk, acute mental health wards. Whilst this risk could never be removed entirely, the Trust did aim to nurse patients in more ligature-free areas.

NELFT had community provision for eating disorders although it did not offer in-patient beds for this condition. Work would be undertaken with commissioners if an in-patient bed was required although this was unusual for patients with eating disorders.

The CQC report had made a total of 137 recommendations covering NELFT as a whole and 106 of these had now been completed. A quality improvement programme had been introduced to encourage clinicians to make small changes in order to improve services.

Reports on safer staffing levels were compiled by the Trust on a monthly basis and all staffing trends were closely monitored. The Trust had now reduced its previous reliance on agency staff.

It was noted that the NELFT Quality Account had not been received by the boroughs.

The Joint Committee noted the position.

7 HEALTHWATCH HAVERING REPORTS

A. In-patient meals at Queen's Hospital

The Chair of Healthwatch Havering explained that the organisation had received a number of complaints about meals at Queen's Hospital including lack of variety, portion size and lack of assistance offered to patients who had difficulty eating. This had led to enter and view visits being undertaken to three wards in October 2016.

The overall standard of food on Bluebell A and B wards had been found to be good but the standard had been much lower on Sunrise B ward which catered for patients suffering from dementia. There was only limited food on offer and a lack of staff available to assist patients at mealtimes (it was accepted by Healthwatch Havering that staff on the ward were under significant pressure).

Improvements since the visit had included relaunching of the hospital's Feeding Buddy scheme, referral to dieticians if necessary and adjustments to the food ordering system. At least two staff were now available on each ward to assist at mealtimes.

In response, the BHRUT Chief Nurse welcome the Healthwatch report and emphasised that work had taken place to improve the position on Sunrise ward. More mealtime assistants had been recruited and meals were now ordered by patients on the day. Findings of the enter and view visits had been responded to quickly and Healthwatch were welcome to return and reinspect.

Hospital volunteers were able to be trained as mealtime assistants and there was a formal induction programme for all volunteers. The overall number of volunteers had increased by 100 compared to last year. Volunteers supported ward staff by e.g. befriending patients and also worked on the hospital reception. Barking College students also assisted as volunteers and the Pets as Therapy scheme was also available to support patients.

The hospital was required to ensure wards were safely staffed each day and this was reported on a monthly basis. Staff now took their meal breaks at a different time to patients and relatives were also welcome to

assist at mealtimes where possible. Protected patient mealtimes had also been introduced which allowed more nurses to assist with meals. There were few staff vacancies in older people's services with the most recruitment difficulties occurring on surgical wards.

The Chief Nurse confirmed that she visited wards at different times and would use action plans, retraining etc to deal with problems but it could take time to effect improvements. The Chief Nurse also confirmed she had been aware of problems on Sunrise B ward prior to the Healthwatch visit.

B. NELFT Street Triage Service

Healthwatch was supportive of this service which it considered to be very innovative. The service was operated by NELFT, the Metropolitan Police and the British Transport Police with the aim of being able to intervene with people having a mental health crisis in a public area without their being criminalised.

Mental health staff were able to respond to requests from police and hence avoid people exhibiting mental health issues being taken to a police station or to A & E.

Recommendations made by Healthwatch Havering to NELFT included the extending of the service to a 24 hour operation, giving all police officers training in dealing with mental health crises and using London Ambulance Service vehicles to get NELFT staff to incidents more quickly. London Ambulance Service had been recommended to provide a dedicated vehicle and to attend street triage meetings. Healthwatch had also recommended that police officers should receive mental health training.

Commissioners (led by Waltham Forest CCG for this service) had been recommended to support the scheme, provide funding for police training and support the 24 hour expansion of the service and the provision of a London Ambulance Service vehicle.

In response, NELFT had welcomed the support given to the scheme by Healthwatch Havering. The local CCGs had confirmed the scheme was a priority area in the East London Health and Care Partnership and that options to invest in the service were being looked at.

It was noted that no response to the report had been received from the Metropolitan Police and that Havering's Crime & Disorder Overview and Scrutiny Committee would be seeking to obtain a police response. No response had been received from Waltham Forest CCG to the report.

Calls to the team came from shop staff, neighbours etc. NELFT staff tried not to use section 136 of the Mental Health Act where people could be moved to a place of safety but more information could be provided on this power. It was noted that each Healthwatch organisation worked in a different way but it was felt that each Healthwatch would be likely to support the scheme.

NELFT staff would work with police to provide a mental health assessment and it was hoped the scheme would lead to better joint working between mental health professionals and the police. It was felt that a similar scheme could be introduced to support Council staff who may also find themselves dealing with members of the public exhibiting mental health issues.

The Committee noted the reports presented by Healthwatch Havering.

8 COMMITTEE'S WORK PLAN

It was agreed that a standing item should be put on the agenda for future meetings for an update on developments with the East London Health & Care Partnership.

In addition to the proposed workplan submitted,, it was agreed that the following issues should be scrutinised, if possible, by the Joint Committee during the municipal year:

- Problems with supply of oxygen to patients
- Local delivery of chemotherapy treatments
- A Healthwatch Redbridge report on the discharge pathway
- An update on maternity services to cover responses to recent CQC reports and progress since the closure of the maternity unit at King George Hospital
- Clarification over which boroughs (if any) had formally signed a memorandum of understanding re the East London Health and Care Partnership.
- Procurement issues across the local NHS.
- An update on performance of the Health 1000 project.

It was also agreed that a visit to Whipps Cross Hospital should be arranged. This would cover, if possible, maternity, A & E, changes to the hospital environment, a briefing on the planned rebuilding programme and scrutiny of the Trust's work to prevent future cyberattacks.

9 **NEXT MEETING**

The next meeting would be held on Tuesday 10 October at 4 pm at Redbridge Town Hall.

10 **URGENT BUSINESS**

There was no urgent business raised.

Chairman