

MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

FRIDAY 10TH JUNE, 2016

AT 10.00 AM

VENUE

**COMMITTEE ROOM 1, ISLINGTON TOWN HALL, UPPER STREET,
LONDON N1 2UD**

**TO: MEMBERS OF JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
(Quorum 3)**

Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Alison Kelly (LB Camden)
Councillor Richard Olszewski (LB Camden)
Councillor Abdul Abdullahi (LB Enfield)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Pippa Connor (LB Haringey)
Councillor Charles Wright (LB Haringey)
Councillor Martin Klute (LB Islington)
Councillor Jean Kaseki (LB Islington)

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

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ASSURANCE GROUP

ORDER OF BUSINESS

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AGENDA ITEM 1



NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 10 JUNE 2016 AT 10.00 AM
COMMITTEE ROOM 1, ISLINGTON TOWN HALL, UPPER STREET, LONDON N1
2UD

Enquiries to: Vinothan Sangarapillai, Committee Services
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Fax No: 020 7974 5921

MEMBERS

Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Alison Kelly (LB Camden)
Councillor Richard Olszewski (LB Camden)
Councillor Abdul Abdullahi (LB Enfield)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Pippa Connor (LB Haringey)
Councillor Charles Wright (LB Haringey)
Councillor Martin Klute (LB Islington)
Councillor Jean Kaseki (LB Islington)

Issued on: Thursday, 2nd June 2016

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 10 JUNE 2016

THERE ARE NO PART II REPORTS

AGENDA

Wards

1. ELECTION OF CHAIR FOR MUNICIPAL YEAR 2016-17

To elect the Chair of the North Central London Joint Health Overview and Scrutiny Committee for the municipal year 2016-17.

2. ELECTION OF VICE-CHAIR FOR MUNICIPAL YEAR 2016-17

To elect the Vice-Chair of the Committee for the municipal year 2016-17.

3. DECLARATIONS OF PECUNIARY, NON-PECUNIARY AND OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

4. ANNOUNCEMENTS

5. NOTIFICATIONS OF ANY ITEMS OF BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

6. TERMS OF REFERENCE

(Pages 5 - 6)

To note the terms of reference of the North Central London Joint Health Overview and Scrutiny Committee.

7. MINUTES

(Pages 7 - 14)

To approve and sign the minutes of the meeting held on 11th March 2016.

8. MINUTES OF BARNET, ENFIELD AND HARINGEY MENTAL HEALTH SUB-GROUP

(Pages 15 - 38)

To note the minutes of the Barnet, Enfield and Haringey Mental Health sub-group meeting held on 13th May 2016.

9. NCL SUSTAINABILITY & TRANSFORMATION PLAN AND ESTATES DEVOLUTION PILOT (Pages 39 - 42)

To consider an update on the Sustainability & Transformation Plan and the estates devolution pilot.

10. WHITTINGTON HEALTH ESTATE STRATEGY UPDATE (Pages 43 - 44)

To consider an update on the Whittington Health Estate Strategy.

11. LONDON AMBULANCE SERVICE QUALITY IMPROVEMENT PLAN (Pages 45 - 66)

To consider a report on the London Ambulance Service's Quality Improvement Plan following on from the CQC inspection.

12. WORK PROGRAMME (Pages 67 - 68)

To consider the work programme for the Committee.

13. ANY OTHER BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

14. DATES OF FUTURE MEETINGS

Future meetings of the JHOSC will be on:

- Friday, 30th September 2016 (Haringey)
- Friday, 25th November 2016 (Barnet)
- Friday, 3rd February 2017 (Enfield)
- Friday, 24th March 2017 (Camden)

AGENDA ENDS

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North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

1. To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
2. To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
3. To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the area of Barnet, Camden, Enfield, Haringey and Islington;
4. The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
5. The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
6. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 11TH MARCH, 2016** at 10.00 am in the Committee Room 4, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillor Alison Kelly (Chair) (LB Camden)
Councillor Pippa Connor (Vice-Chair) (LB Haringey)
Councillor Martin Klute (Vice-Chair) (LB Islington)
Councillor Alison Cornelius (LB Barnet)
Councillor Graham Old (LB Barnet)
Councillor Abdul Abdullahi (LB Enfield)
Councillor Anne Marie Pearce (LB Enfield)
Councillor Charles Wright (LB Haringey)
Councillor Richard Olszewski (Substitute) (LB Camden)

MEMBERS OF THE COMMITTEE ABSENT

Councillor Danny Beales (LB Camden)
Councillor Jean Roger Kaseki (LB Islington)

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the. North Central London Joint Health Overview and Scrutiny Committee.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Jean-Roger Kaseki (Islington) and Councillor Danny Beales (Camden).

2. DECLARATIONS OF INTEREST

Councillor Pippa Connor declared that her sister was a GP in Tottenham.

Councillor Richard Olszewski declared that he was on the governing body of the Royal Free Hospital and that he gave communications advice to the Pharmacists' Defence Association.

Councillor Alison Cornelius declared that she was a trustee of the Eleanor Palmer Trust, which ran care homes.

3. ANNOUNCEMENTS

There were no announcements.

4. NOTIFICATIONS OF ANY ITEMS OF BUSINESS THE CHAIR DECIDES TO TAKE AS URGENT

There were no notifications of any items of urgent business.

5. MINUTES

Consideration was given to the minutes of the meeting of 29th January 2016.

Members enquired whether a letter had been sent on behalf of the Chair regarding support for the Committee. Members were informed that a letter had been sent to the Camden Chief Executive and a Camden strategy officer was liaising with the Haringey officer who had previously supported the Committee on this.

Members noted that information on the spend on preparing for inspections had been provided by two trusts. They welcomed this.

It was noted that reference to Councillor Cornelius as chairing the meeting on Barnet, Enfield and Haringey Mental Health Trust Quality Accounts at the bottom of page 12 should refer to Councillor Connor instead.

RESOLVED –

THAT the minutes be approved, subject to the amendment of ‘Councillor Cornelius’ to read ‘Councillor Connor’ at the bottom of page 12.

6. GPS IN CARE HOMES

Consideration was given to a report on Primary Care-related Support for Residential and Nursing Care Residents.

Members received a presentation from representatives from Barnet, Enfield and Haringey Clinical Commissioning Groups (CCGs) (Paul Allen, Raksha Kukadia and Cassie Williams). The presentation highlighted the differences between the boroughs, as some had much larger care home sectors than others. Barnet had more than 100 care homes, whereas Haringey had only 436 beds spread between 12 homes (10 nursing and 2 residential).

Mr Allen explained that Enfield CCG had created a Care Homes Assessment Team (CHAT) as a joint service to help support residents in care homes. Virtually all GPs and care homes in the borough had signed up to this, having rolled out from an initial 7 homes, and it seemed to be working well.

Ms Williams said that Haringey did not have a service such as CHAT; however, they had a plan to institute ‘ward rounds’ in care homes to identify incidents of poor health

which required primary care for residents. This proposal would be submitted to the CCG's Investment Committee for approval. It was noted that funding arrangements for GPs treating care home residents needed to be carefully designed so that GPs were not being paid twice for attending to patients there.

Ms Kukadia reported that Barnet CCG had had a pilot of an enhanced service for care homes from 2014-15. The pilot had not been renewed for future years, as they did not see a decrease in A & E visits or ambulance call-outs as a result.

It was noted that there was not a full list of Camden care homes in the report. The Chair noted that some care homes which had caused members concern were not on the list. She expressed disappointment that no one from Camden CCG was in attendance.

There was a discussion about training for care home staff. It was noted that some care homes did not take advantage of opportunities to train their staff, and that turnover of staff was high – so it was a constant task to train new staff as they started.

Members welcomed the Enfield approach and queried why it had not worked in Barnet. They were informed that there were more care homes in Barnet and that the Enfield scheme was multi-disciplinary, whereas the Barnet scheme was GP-led.

Members asked what the metrics of success were, and were informed that they were statistics such as: reductions in A & E visits, reductions in the number of cases of ulcers and fewer falls. Members asked that the 5 CCGs work together on standardising KPIs and driving improvements together. Officers said that commissioning of a large proportion of care home beds was done by local authorities, so aspects of the way they operated were driven by local authority procurement policies.

Members queried how enhanced payments to GPs operated. They were informed that the details varied from CCG to CCG, but enhanced payments were paid to cover the time involved in visiting care homes and seeing the residents. Councillor Klute expressed concern that this could take GPs away from their normal work in their surgeries and so have an adverse impact on their other patients. CCG officers said the enhanced payments enabled practices to employ locums or part-time staff to visit care homes or who could cover for colleagues who were doing the visits.

Councillor Connor welcomed the more multi-disciplinary, nurse-led approach taken by CHAT. She commented that the approach taken by Haringey CCG seemed to her to be too doctor-led. Haringey CCG commented that it did not employ nurses and so was not in a position to create a nurse-led team. Additionally, there were certain tasks that only doctors were authorised to perform and so a nurse-led team would not be able to tackle these as effectively.

Councillor Cornelius informed the meeting that Barnet Health Scrutiny had received information on the number of hospital admissions and what they were for from the largest 10 care homes. This was suggested as something that other borough health scrutiny committees could obtain information on for the care homes in their boroughs.

RESOLVED –

THAT the report and the comments above be noted.

7. WHITTINGTON HOSPITAL - DEVELOPMENT OF ESTATES STRATEGY

Consideration was given to a summary report from the Whittington Hospital.

Simon Pleydell, the Chief Executive of Whittington Health, addressed the Committee and made a number of points, including:

- The need for the Trust to have a modern estate that met the needs of patients.
- There were 38 premises in the Trust's "estate" – a number of which were shared with primary care services.
- The Trust wished to consolidate its operations into fewer, fit-for-purpose, buildings.
- The implementation of the estate strategy could be a 20 year process but the Trust wanted to establish the general parameters soon.
- The Trust was aiming to use IT to change working practices and enable more efficient use of resources.

Members noted Mr Pleydell's report and presentation and asked if a copy of the full Estate Strategy document could be circulated.

ACTION: Vinothan Sangarapillai (Camden Committee Services)

Councillor Klute mentioned that the estate strategy had been discussed at Islington's most recent Health Scrutiny meeting. He noted that there had been concern by members that the Trust would be working with outside companies and that there was a danger of being entangled in unsuitable PFI contracts. He highlighted a disadvantageous LIFT (Local Improvement Finance Trust) contract which the hospital had been tied into for 25 years.

Mr Pleydell said that there was a need for the Trust to work with firms that had expertise which the Trust lacked. He also noted that NHS England had told NHS trusts that they should not expect capital funding from the Treasury. It was therefore necessary to explore other options. He said that the Trust would not necessarily be entering into PFI arrangements with the private companies it was working with.

The Chair said that Camden Council, in its Community Investment Programme (CIP), had been able to finance developments through revenue from the sale of council land and of flats in mixed developments. She urged the Whittington to look at Camden's example from the CIP and see what could be done to maximise the value of sites the Trust wanted to dispose of and to minimise borrowing.

There was a discussion about the need to consolidate the buildings health services were provided from. It was reported that health visitors worked from 14 different sites in one borough.

There was a discussion about the estimate of a £6m backlog of capital works that was required. Members queried the source of the figures. They were informed that the Whittington was required to rate its buildings as a form of stock survey and that there were figures known as 'ERIC (Estates Return Information Collection) returns' to calculate backlogs.

It was noted that there was a high staff vacancy rate. A major factor in this was that many health workers could not afford to live in London. Hence, they were moving out of the city and not wishing to work for London institutions. The Trust needed a residential accommodation strategy to house its staff in shortage occupations. Members commented that health bodies should work with local authorities on their key worker housing strategy, as this was an issue that local councils in London were very concerned about as well.

A question was asked about how the estate strategy tied into the health devolution pilot. Mr Pleydell said that the Whittington was involved in the group, but its effectiveness depended on other bodies such as foundation trusts being willing to pool their assets. It was early days for this North-Central London pilot.

Members asked that local authorities be kept informed of what the Trust were trying to do. They were of the view that poor communications had caused a number of problems before.

Members asked how local authorities were involved in the Trust's consultation process outside of JHOSC and borough's health scrutiny bodies. They were informed that the Trust had a well-being board that included local authority representatives and other stakeholders.

Mr Pleydell agreed to provide a programme of updates to the Committee as the estate strategy progressed and to answer questions members wished to email him individually.

ACTION: Simon Pleydell (Whittington Health)

RESOLVED –

THAT the report and the comments above be noted.

8. PROCUREMENT OF URGENT INTEGRATED CARE SERVICE (111/OUT OF HOURS)

Consideration was given to a report on the Procurement of an Integrated Urgent Care Service for North Central London.

Dr Sam Shah and Dr Jo Sauvage addressed the Committee. Dr Shah was accompanied by his students who were specialising in public health.

Dr Shah and Dr Sauvage thanked the Committee for its input into the process. They said that they had had positive interactions with patients and the public and this had helped them design the questions to ask bidders. They had screened bidders and issued invitations to tender. A decision would be made on which provider to select at the end of March. The provider's contract would start in October.

Members welcomed the fact the procurement exercise had taken on comments from councillors, patients and the public.

Questions were asked about a number of KPIs (key performance indicators). With regard to KPI L5, Dr Shah said this was about ensuring that the out-of-hours provider had access to those GP records which they needed. With regard to KPI N9, he clarified that this was about identifying how long it took a patient to go through the clinical journey for a particular incident. KPI L13 was about reducing the number of cases where the OOH service referred someone for an ambulance but on re-triage an ambulance visit was felt to be not necessary.

Members asked about whether pharmacists and other related medical professionals would be being included in the service. They were informed that providers would not be being mandated as to how many and what type of staff they should employ, but that bidders had submitted a detailed workforce model which did show what specialists they would be employing.

A question was asked about how often the CCGs would meet with the provider. They were informed that, initially, there would be frequent meetings – more than one per week – but that they would become less frequent as the service stabilised and bedded in.

A member asked how they could measure whether people had equal access to the service. Dr Shah said that the CCGs would receive statistics on the population of the area and on service usage and could see if there were discrepancies.

It was suggested that a report could come back in a year's time on how the service had launched, what the issues that had arisen were and how they had been resolved.

ACTION: Dr Sam Shah & Jo Sauvage

RESOLVED –

THAT the report and the comments above be noted.

9. WORK PROGRAMME

Consideration was given to the work programme report.

Members were of the view that they wanted to see reports on health estates devolution, an update on the primary care 'case for change', the five-year NCL CCGs strategic plan and the London Ambulance Service for the next meeting. They also wanted an update on the LUTS clinic when the review had concluded.

There was discussion about items members wished to consider at meetings later in the year. Some members wished to have a report on sexual health services, but the majority view was that this was something that could be considered by borough health scrutiny committees.

Members wanted to have information about dementia and stroke pathways. They noted that GPs had been given targets to improve their diagnosis of dementia this year.

Members wished to see information about the plans for 7-day NHS services. The CCGs could be asked to provide information about the framework that would be implemented, and members could question them on it.

There was a discussion on CAMHS (Child and Adolescent Mental Health Services). A view was expressed by a member that it was not person-centred enough. Councillors Connor and Kelly agreed to liaise on this outside of the meeting to identify the best way of tackling the issue.

RESOLVED –

- (i) THAT it be agreed that items on health estates devolution, the primary care 'case for change', the five-year CCG strategic plan and the London Ambulance Service be put on the agenda for the next meeting;
- (ii) THAT the work programme report be updated to reflect the comments made above.

10. DATES OF FUTURE MEETINGS

Members agreed to move the June meeting to 10th June 2016 and the March 2017 meeting to 24th March 2017.

***North Central London Joint Health Overview and Scrutiny Committee - Friday, 11th
March, 2016***

RESOLVED –

THAT the meeting dates, times and locations for meetings in 2016-17 be:

- Friday, 10th June 2016 @ 10am (Islington)
- Friday, 30th September 2016 @ 10am (Haringey)
- Friday, 25th November 2016 @ 10am (Barnet)
- Friday, 27th January 2017 @ 10am (Enfield)
- Friday, 24th March 2017 @ 10am (Camden)

11. ANY OTHER BUSINESS THE CHAIR CONSIDERS URGENT

The meeting ended at 1.05pm.

CHAIR

Contact Officer: Vinothan Sangarapillai

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MINUTES END

Public Document Pack Agenda Item 8
NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE - 13.5.2016

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT
HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND
HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

MEMBERS: Councillors Abdul Abdullahi and Anne-Marie Pearce (LB Enfield) Pippa Connor and Charles Wright (LB Haringey) Alison Cornelius, Graham Old (LB Barnet) Councillor Alison Kelly (Chair of JHOSC)

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)

Andrew Wright Director of Strategic Development (BEH MHT),

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),

Jill Shattock, Director of Commissioning,

Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)

Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

1. WELCOME

Attendees were welcomed to the meeting.

Attendees were reminded of the policy for filming or recording the meeting as follows:

Please note, this meeting may be filmed or recorded by the host Council for live or subsequent broadcast or by anyone attending the meeting using any communication method.

Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that you will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

2. APOLOGIES FOR ABSENCE

**NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE - 13.5.2016**

No apologies for absence were received.

3. ELECTION OF SUB GROUP CHAIR

Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. DECLARATIONS OF INTEREST

Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

There were no disclosable pecuniary or prejudicial interests declared by members.

5. MINUTES OF MEETING OF 19 MAY 2015

The minutes of 19 May 2015 were **AGREED**.

(Actions previously agreed in the minutes are to be provided as a written update by those people named against each Action. These are shown at the end of the 13 May 2016 minutes)

**6. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST -
UPDATE**

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust presented an update on key issues following the last meeting on 26 February 2016. The following points were highlighted:

- A five year Sustainability and Transformation Plan (STP) is to be developed by 30 June 2016 to address three key gaps – health inequalities, care quality and financial sustainability.
- Latest projection shows a financial gap of £519m for North Central London (NCL) NHS by 2020/21.
- David Sloman, Chief Executive Royal Free Hospital is leading the process, the overall theme of the STP is about reducing numbers of people needing physical and mental care in hospital.
- Principle is for early intervention and to transfer care currently taking place in hospitals into community/ primary care settings.
- Mental health care is to be developed for more care to take place in primary care settings, and transforming mental health acute and recovery pathway through greater enablement and self- care. Also to invest in improved care within acute hospitals.
- CAMHS (Child and Adolescent Mental Health services) – more resources available from Central Government following a rising need for young people's mental health problems.
- Possibility of establishing a separate PICU (Psychiatric Intensive Care Unit) for females for North Central London so that they would not have to move away from their local area.
- David Sloman will be looking at Estates as part of the STP which will include the St Ann's site.

The following comments were then taken:

It was asked if it was realistic to look at transforming care to the community

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when looking at cuts that are being made to local services and also for GP surgeries to be expected to take on more of the primary care functions. Maria Kane answered that it was known that at present GP surgeries would not be in a position to take on extra functions, an effective structure would need to be developed and there would need to be a shift in the workforce before the reduction of hospital beds could take place.

It was stated that there is a cultural shift away from the treatment of people in large hospitals and towards more preventative and primary care, for example in respect of obesity and diabetes. The changes are ambitious, this is the start of a journey and we are being asked to show demonstrable change from this year. We would be exploring the possibility of linking services for example with Camden and Islington MHT and co-location of services provision. It may be possible to link together Mental Health and Social Care together.

Reference was made to the closure of Chase Farm hospital A&E and maternity services, and that we should ensure that any additional services/ people are in situ before there is a reduction in hospital beds.

Concern was also raised about whether GP's would have the necessary expertise in the treatment of mental health issues following the shift towards greater primary care. It was thought there would be more care through family/ nurse partnerships including looking at mental health issues in schools.

It was commented that the funding gap was very high, the Transformation and Sustainability Plan that would be developed by 30 June 2016 is the first step of putting forward options of how to meet the three gaps previously mentioned including financial sustainability.

Councillor Connor spoke of a letter that had been sent on behalf of the Sub JHOSC to the NHS Improvement Team outlining their concerns about the buildings at St Ann's hospital, we are awaiting a response from them. David Sloman will attend the 10 June meeting of JHOSC for an update on the STP and discussions that are taking place.

Financial / Contract Position

Maria Kane referred to the current contract position that the Trust is forecasting a £12.9m planned deficit for 2016/17, which includes the Trust making substantial cost savings. She said that in line with a lot of trusts a great deal of money is spent on agency staff and we are hoping to change this.

The Control Total is a £9.1m deficit, and we are working with NHS Improvement team to discuss the consequences of this and whether we need to meet this target in order for the Trust to be able to draw down funds/ cash support.

Contract negotiations are continuing and it was emphasised that the Trust is recognised as being an efficient provider of services and reasonably good value for money.

CQC Action Plan

Maria Kane spoke of the CQC Inspection of BEH MHT- report published on 24 March 2016. She stated that the Trust had found it to be a helpful and positive

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process and highlighted the following:

- The overall rating was 'Requires improvement', which is the rating for approximately 80% of trusts. A rating received of 'Good' for Caring in all services.
- It was highlighted that there was very positive feedback and high staff morale
- A Quality Improvement Plan (QIP) had been developed by the Trust, a number of the actions from this had already been taken.
- Temporary ward managers were in place at the time of inspection
- St Ann's hospital premises were of poor quality estate.
- There are four key themes for improvement - staffing, patient-centred care, leadership / management, premises and equipment.
- An improvement partner is being sought to help to further continuous improvement.
- The 'Live, Love, Do – model of care is being followed, enablement training taken place.
- Working with Middlesex university as an evaluation partner.
- Investigating ways of making savings regarding the use of agency staff

The following comments/ questions were then taken:

Maria Kane was asked if she had any further views on the inspection and she stated that the BEH MHT had had a good experience with the CQC, they had found it beneficial to be benchmarked with other trusts, although she understood that the process may be more difficult for others. Maria was commended as being listed as one of the top 50 Chief Executives.

The CQC report on page 15 refers to the lack of support – during and after discharge from hospital. Mary Sexton, (Executive Director of Nursing, Quality and Governance) said it was necessary for the team to look at how to manage expectations both pre and post discharge. She referred to the provision of services such as social care needs to link in with the MHT. There was a need for staff to ensure the plan for discharge is as effective as possible, it should also cover provision for what should be done if a person cannot cope when discharged.

Mary spoke of the high caseloads for home treatments and said appointment times may only allow for a 15 minute visit although an hour may be taken as this is required. It is important that communications are clear and if a visit is to be delayed we should ensure people are kept informed.

With staff absences it is a challenge sometimes to ensure services are maintained, they were looking at practical ways to facilitate this for example by using technology, talking to teams and looking at how to improve handovers. They were also looking at improvement in the management of self- medication.

Work is being undertaken with Managers to improve the conduct of practitioners through use of competency measures giving managers and interim managers greater confidence.

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An important issue for BEH MHT is to ensure discharge details are sent in a timely manner to GP surgeries.

It was thought CQC will return before the end of the year, it would not be a full inspection and is expected to focus on St Ann's Estate and Workloads. It was thought unlikely that everything will have been dealt with by this time although many improvements should be seen including those on communications. There should be proper mobile working access for client notes in future. It was pointed out that it was not expected to have resolution for these issues immediately, we need to know issues are being taken forward.

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Mary Sexton responded that the Action around patient and staff safety due to the poor quality of the ward layout would be taken forward to JHOSC on the 10th June.

Issues have been addressed i.e blind spots have been remedied. With reference to absconding - this often occurs when a person has been given leave and have chosen not to return. All cases are reviewed to determine what can be learnt especially if involves the Secure Unit, we have reviewed our practices accordingly.

NOTED

It was noted that that there are a number of issues arising from the CQC report inspection to be examined including staffing, environment, risk assessment and health records. Also communication with Service users, Carers, Community Care Teams and GP's. There are a large number of actions to be delivered resulting from the inspection and an update on this would be summarised and brought back to a future meeting of JHOSC.

7. CONTRACTING AND FUNDING ARRANGEMENTS – MENTAL HEALTH UPDATE

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG) had circulated an update briefing on the contracting and funding arrangements between the commissioning CCGs and Barnet Enfield Haringey Mental Health Trust.

The following was highlighted

- That the CCG had agreed a £2.6m growth funding for this year.

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- Enfield CCG had worked with the BEHMHT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.
- As part of this process there will be a reorganisation of mental health units on the Chase Farm site. The Secole centre will be redesigned to support a wider range of service users but would give opportunities for reduced costs.

The following comments/ questions were then taken:

It had been stated in the update briefing that as part of the 2016/17 contract with BEH CCGs, the Activity plan for 2016/17 showed no growth for the period. It was asked if this was realistic and does it apply to all three boroughs as it had been thought more people were accessing mental health services? It was answered that the data being recorded does not show any increases, this is being monitored on a monthly basis.

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It was thought the funding arrangements had provided a 'lever for change' to progress improvements in the service.

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That the recovery plan process should hopefully enable finances to become more 'in balance' we need to ensure a fairer share of funding – at present funding is provided of £96 per head in Barnet whilst it is approximately £200 per head for Camden. Reference was made to a discussion in Parliament about the funding allocation process which had been of interest because it is considered that BEH trust is underfunded. It was thought the 5 year allocation process should help to address this - 'To get CCG's in line with what their budgets should be' It was commented that this was needed as soon as possible, as it was considered work was urgently needed at St Ann's hospital.

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When asked whether it was known if the appointment of the new London Mayor would have an impact on health issues for the London area. It was answered that the Mayor's Office tends to focus on public health and wellbeing issues such

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as prevention and the improvement of green spaces/ cycling. He is also committed to mental health issues.

There would be further discussion at the parent JHOSC meeting in June but the sub group - with support from Cllr Kelly – would like to invite the new Mayor or suitable political adviser to a future NCL JHOSC meeting. This would be to look at London/ NCL wide health and wellbeing issues – open space, walking clubs, allotments etc in order to:

- Gain an understanding of the new Mayor's health/ wellbeing priorities
- How such priorities will be implemented/ over what time
- To ask what success will look like in 1, 5, 10 years time
- To ask how scrutiny – especially the parent JHOSC can help drive change.

It was commented that Perinatal services were essential as a means of helping to keep families together.

The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.

Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?

A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q: Smoking cessation – how is this defined?

A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

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Q: Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?

A: They meet every month. There were significantly less incidents than previous year.

Para 3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits'?

A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there

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were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on 'Resuscitation' however there is an issue of resources, release of staff to do this.

The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION:** Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. **DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST**

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly 'dashboard' - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

'Discharge of patients' - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been

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appointed. Of the thirteen senior establishment positions four remain to be filled. There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NMLH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.

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- The 'Cancer 62 Day Standard' figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term 'Shwartz Rounds' would be beneficial.

Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

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**Update on Actions from Meeting of North Central London Sector JHOSC
BEH Sub Group – 19 May 2015**

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

1. JHOSC AGENDA PACK 13 5 16

**MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT
HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND**

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HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

MEMBERS: Councillors Abdul Abdullahi and Anne-Marie Pearce (LB Enfield) Pippa Connor and Charles Wright (LB Haringey) Alison Cornelius, Graham Old (LB Barnet) Councillor Alison Kelly (Chair of JHOSC)

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)

Andrew Wright Director of Strategic Development (BEH MHT),

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),

Jill Shattock, Director of Commissioning,

Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)

Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

1. WELCOME

Attendees were welcomed to the meeting.

Attendees were reminded of the policy for filming or recording the meeting as follows:

Please note, this meeting may be filmed or recorded by the host Council for live or subsequent broadcast or by anyone attending the meeting using any communication method.

Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that you will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

2. APOLOGIES FOR ABSENCE

No apologies for absence were received.

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3. **ELECTION OF SUB GROUP CHAIR**
Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. **DECLARATIONS OF INTEREST**
Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

There were no disclosable pecuniary or prejudicial interests declared by members.

5. **MINUTES OF MEETING OF 19 MAY 2015**
The minutes of 19 May 2015 were **AGREED**.
(Actions previously agreed in the minutes are to be provided as a written update by those people named against each Action. These are shown at the end of the 13 May 2016 minutes)

6. **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE**

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust presented an update on key issues following the last meeting on 26 February 2016. The following points were highlighted:

- A five year Sustainability and Transformation Plan (STP) is to be developed by 30 June 2016 to address three key gaps – health inequalities, care quality and financial sustainability.
- Latest projection shows a financial gap of £519m for North Central London (NCL) NHS by 2020/21.
- David Sloman, Chief Executive Royal Free Hospital is leading the process, the overall theme of the STP is about reducing numbers of people needing physical and mental care in hospital.
- Principle is for early intervention and to transfer care currently taking place in hospitals into community/ primary care settings.
- Mental health care is to be developed for more care to take place in primary care settings, and transforming mental health acute and recovery pathway through greater enablement and self- care. Also to invest in improved care within acute hospitals.
- CAMHS (Child and Adolescent Mental Health services) – more resources available from Central Government following a rising need for young people's mental health problems.
- Possibility of establishing a separate PICU (Psychiatric Intensive Care Unit) for females for North Central London so that they would not have to move away from their local area.
- David Sloman will be looking at Estates as part of the STP which will include the St Ann's site.

The following comments were then taken:

It was asked if it was realistic to look at transforming care to the community when looking at cuts that are being made to local services and also for GP surgeries to be expected to take on more of the primary care functions.

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Maria Kane answered that it was known that at present GP surgeries would not be in a position to take on extra functions, an effective structure would need to be developed and there would need to be a shift in the workforce before the reduction of hospital beds could take place.

It was stated that there is a cultural shift away from the treatment of people in large hospitals and towards more preventative and primary care, for example in respect of obesity and diabetes. The changes are ambitious, this is the start of a journey and we are being asked to show demonstrable change from this year. We would be exploring the possibility of linking services for example with Camden and Islington MHT and co-location of services provision. It may be possible to link together Mental Health and Social Care together.

Reference was made to the closure of Chase Farm hospital A&E and maternity services, and that we should ensure that any additional services/ people are in situ before there is a reduction in hospital beds.

Concern was also raised about whether GP's would have the necessary expertise in the treatment of mental health issues following the shift towards greater primary care. It was thought there would be more care through family/ nurse partnerships including looking at mental health issues in schools.

It was commented that the funding gap was very high, the Transformation and Sustainability Plan that would be developed by 30 June 2016 is the first step of putting forward options of how to meet the three gaps previously mentioned including financial sustainability.

Councillor Connor spoke of a letter that had been sent on behalf of the Sub JHOSC to the NHS Improvement Team outlining their concerns about the buildings at St Ann's hospital, we are awaiting a response from them. David Sloman will attend the 10 June meeting of JHOSC for an update on the STP and discussions that are taking place.

Financial / Contract Position

Maria Kane referred to the current contract position that the Trust is forecasting a £12.9m planned deficit for 2016/17, which includes the Trust making substantial cost savings. She said that in line with a lot of trusts a great deal of money is spent on agency staff and we are hoping to change this.

The Control Total is a £9.1m deficit, and we are working with NHS Improvement team to discuss the consequences of this and whether we need to meet this target in order for the Trust to be able to draw down funds/ cash support.

Contract negotiations are continuing and it was emphasised that the Trust is recognised as being an efficient provider of services and reasonably good value for money.

CQC Action Plan

Maria Kane spoke of the CQC Inspection of BEH MHT- report published on 24 March 2016. She stated that the Trust had found it to be a helpful and positive process and highlighted the following:

- The overall rating was 'Requires improvement', which is the rating for

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approximately 80% of trusts. A rating received of 'Good' for Caring in all services.

- It was highlighted that there was very positive feedback and high staff morale
- A Quality Improvement Plan (QIP) had been developed by the Trust, a number of the actions from this had already been taken.
- Temporary ward managers were in place at the time of inspection
- St Ann's hospital premises were of poor quality estate.
- There are four key themes for improvement - staffing, patient-centred care, leadership / management, premises and equipment.
- An improvement partner is being sought to help to further continuous improvement.
- The 'Live, Love, Do – model of care is being followed, enablement training taken place.
- Working with Middlesex university as an evaluation partner.
- Investigating ways of making savings regarding the use of agency staff

The following comments/ questions were then taken:

Maria Kane was asked if she had any further views on the inspection and she stated that the BEH MHT had had a good experience with the CQC, they had found it beneficial to be benchmarked with other trusts, although she understood that the process may be more difficult for others. Maria was commended as being listed as one of the top 50 Chief Executives.

The CQC report on page 15 refers to the lack of support – during and after discharge from hospital. Mary Sexton, (Executive Director of Nursing, Quality and Governance) said it was necessary for the team to look at how to manage expectations both pre and post discharge. She referred to the provision of services such as social care needs to link in with the MHT. There was a need for staff to ensure the plan for discharge is as effective as possible, it should also cover provision for what should be done if a person cannot cope when discharged.

Mary spoke of the high caseloads for home treatments and said appointment times may only allow for a 15 minute visit although an hour may be taken as this is required. It is important that communications are clear and if a visit is to be delayed we should ensure people are kept informed.

With staff absences it is a challenge sometimes to ensure services are maintained, they were looking at practical ways to facilitate this for example by using technology, talking to teams and looking at how to improve handovers. They were also looking at improvement in the management of self- medication.

Work is being undertaken with Managers to improve the conduct of practitioners through use of competency measures giving managers and interim managers greater confidence.

An important issue for BEH MHT is to ensure discharge details are sent in a timely manner to GP surgeries.

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It was thought CQC will return before the end of the year, it would not be a full inspection and is expected to focus on St Ann's Estate and Workloads. It was thought unlikely that everything will have been dealt with by this time although many improvements should be seen including those on communications. There should be proper mobile working access for client notes in future. It was pointed out that it was not expected to have resolution for these issues immediately, we need to know issues are being taken forward.

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- Enfield CCG had worked with the BEHMT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG

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are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.

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The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.

Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?

A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q: Smoking cessation – how is this defined?

A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

Q: Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?

A: They meet every month. There were significantly less incidents than previous

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year.

Para3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits'?

A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and

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mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on ‘Resuscitation’ however there is an issue of resources, release of staff to do this.

The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION:** Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. **DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST**

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly ‘dashboard’ - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

‘Discharge of patients’ - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been appointed. Of the thirteen senior establishment positions four remain to be filled. There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at

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spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/ seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NCUH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.
- The 'Cancer 62 Day Standard' figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term 'Shwartz Rounds' would be beneficial.

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Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

**Update on Actions from Meeting of North Central London Sector JHOSC
BEH Sub Group – 19 May 2015**

**NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE - 13.5.2016**

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

The meeting ended at Time Not Specified.

North Central London Estates devolution pilot and STP work stream June 2016

1. Introduction and context

The North Central London (NCL) estates work stream has been established to develop the project plan and business case for the NCL Devolution Pilot and the estates element of the NCL Sustainability and Transformation Plan (STP). The partners in the work stream are the CCG's, Councils and NHS Provider organisations in NCL: Barnet, Camden, Enfield, Haringey and Islington. The NCL STP is based on the principle of subsidiarity. NCL level working in the estates work programme aims to enable local service improvement for the benefit of local residents, as well as leading work that will require action at the sub-regional level. The aims of the NCL collaboration are to improve the quality of care, wellbeing and outcomes for our population, to deliver sustainable, transformed local health and care services, to support a move to place-based commissioning, and secure access to national transformation funding to deliver our aims.

The population of NCL is approximately 1.44m. NCL has a £1.8bn health budget, with a circa £400m adult social care budget. There are five acute hospitals, one specialist eye hospital, community services and mental health services, 237 GP practices, five statutory adult social services and hundreds of adult social care providers in the independent and voluntary sectors. The majority of NHS commissioner expenditure is on acute care.

Aims and objectives of the pilot

The aims and objectives of the pilot are set out in the summary document published as part of the London devolution agreement. They can be summarised as:

- Enabling better health and care outcomes for residents through the development of the health and care estate, aligned to agreed service and clinical models;
- Closing the financial sustainability gap through optimising the use and costs of the estate;
- Meeting housing needs and population growth in each borough through the use of surplus health and care estate for housing.

The health and care estate is an enabler for service and clinical improvements. The estates work programme will be driven, as it is developed, by local and NCL plans to improve outcomes for patients and residents. The Estates Devolution Pilot is an opportunity to accelerate the local developments set out in each of the five NCL Health and Wellbeing Boards' Health and Wellbeing Strategies and Better Care Fund plans.

Governance

The work sits within the NCL STP Programme, governed by the NCL Transformation Programme Board. Three SROs for each of the partner groups oversee the programme: David Sloman, Royal Free Foundation Trust; Mike Cooke, Camden Council; Dorothy Blundell, Camden CCG. Each NHS provider trust, CCG and Council has identified a representative to be involved in the estates workstream.

Our work is part of the London Devolution Programme, which is governed by the London Devolution Programme Board, following the signing of the London Devolution Agreement at the end of 2015. A dedicated Estates Sub-Group of this Board has been established, along with a Sub-Group for all five devolution pilots in London.

Context

Our work on estates sits within the local context for each borough, the sub-regional context and the wider London context in relation to service transformation, housing development and the NHS estate. As our work programme develops it will be important to ensure alignment with local clinical and service strategies in each borough as well as key related initiatives, set out below.

The NHS Estate:

- London wide work on the NHS estate has been in train through the **Healthier London Partnership programme**, which has a dedicated **London Estates board** and work programme. This programme has issued guidance on the suggested estates elements of STPS;
- All CCGs have developed **Strategic Estates Plans (SEPs)**. These set out the estates impact of clinical and service strategies on the estate and give high level indications of where the estate should be reduced, increased or optimised. A summary of these plans for NCL is attached at appendix U;
- The **Carter review of NHS efficiency** has set out indicative ‘standards’ on the use of office accommodation and estate utilisation for providers and commissioners to adopt;
- The **Department of Health** has a surplus land disposal programme, with two aims: to release land to create 26,000 homes and to generate £2bn of capital receipts. A six month provider engagement programme is underway, with a core team visiting every trust in the country to consider estates options;
- **Sir Robert Naylor** has taken on a role as national advisor on NHS land and estates. His role includes advising on high value, complex disposals, which are likely to be predominantly in London;
- NHS planning guidance for 2016/17, **Delivering the five year Forward View**, sets out that the NHS commissioners and providers should be seeking to dispose of surplus estate and that barriers to this will be addressed;
- There is a current set of estates priorities for all NHS providers in the sub-region, with capital schemes in planning and in progress.

Housing and population growth:

- GLA population estimates show that the **population of north central London will increase by 9.7% by 2025**, with key growth areas in parts of Barnet, Camden, Haringey and Enfield;
- The NCL boroughs have a **collective new homes target of 68,017** by 2025 in the London Plan, representing 16% of the London total;
- The GLA has established the **London Land Commission** whose key role is to identify and enable the use of surplus land for development, with the objective of contributing to London’s ambition for 400,000 new homes by 2025;
- Each Council has a housing strategy and programmes to develop new homes; along with **significant regeneration schemes** across NCL, such as Kings Cross/St Pancras, Colindale and Meridian Water.

Devolution

- Capital and estates are a core theme of the **London devolution agreement**. The majority of the pilot projects are considered to have an estates element;
- The London devolution agreement sets out a clear ambition to improve the utilisation of the health and care estate, increase value and release land for health, public services and housing, through reaching a shared understanding of the systemic issues which may prevent best use of the estate.

2. The Health and Care Estate in London

Better Health for London, the Mayor of London’s review of the health of Londoners, was published in 2014. This work included a comprehensive analysis of the NHS estate in London. The quality of NHS estate in London is highly variable. 54% of NHS hospitals are over 30 years old, 19% are less than 10 years old and 28% of the estate pre-dates the founding of the NHS in 1948. The analysis suggested that 15% of the health estate in London is surplus.

Addressing the costs of significant, high and moderate risk backlog maintenance across this estate would cost £658 million, according to 2014/15 trust ERIC returns. A large proportion of existing primary care estate requires improvement – around 33% of GP premises require replacement, whilst 44% need significant upgrading to comply with Equalities legislation.

An early part of our work will be to analyse the NHS estate in NCL and identify opportunities for better utilisation and improved running costs.

Table 1. Snapshot of the NCL Health Estate (Source: local estate strategies)

Site type	Barnet	Enfield	Camden	Haringey and Islington
Acute	1	3	2	4
Health centres	4	4	4	13

GPs	67	49	36	76
Specialist			2	
Community	2	1		
Hospital				
Mental Health	2	1	1	1
Hospitals (sites)				

3. Devolved powers

The NHS estates system is complex. There are many organisations involved and decision making is spread across the system. The complexity of the system can create barriers to developing the estate needed for transformed care.

There is a lack of incentive in the current system for NHS Trusts to dispose of old estate, as the depreciation and finance charges on the estate are low. In addition, Trusts receive the same amount of income regardless of the condition of their facilities. However, old estate is inefficient and is less likely to enable productivity savings for financial sustainability.

Capital receipts above a certain level from non-Foundation Trust land sales are currently retained by HMT, whilst FTs retain their receipts. Capital receipts from estate owned by NHS Property Services (NHSPS) and Community Health Partnerships (CHP), which include community health and primary care buildings, are retained by those organisations themselves. Terms and conditions for NHSPS and CHP buildings, such as rents, are usually set by those organisations, which can lead to local issues in relation to occupancy.

There are multiple decision points for capital schemes, which can involve the Treasury, NHS Improvement and NHS England. Processes for agreeing business cases for investment and disposal can be lengthy, leading to situations where clinical change and improved outcomes for patients are slowed down.

There are few incentives for joined up strategic estate planning across health and care partners. Prior to the STP process, there has been no integrated process across NHS commissioners, providers and social care to consider estates needs.

The estates devolution pilot will develop a business case for submission to national bodies, such as the Treasury, for devolution of key estates powers to a more local level, to achieve the aims set out at the beginning of this report. The powers we are exploring include: local retention of NHS capital receipts; accelerating the business case approval process; accelerating the release of land for housing; local flexibilities in respect of the community and primary care estate. All five London devolution pilots are working up proposals for consideration by national bodies in 2016-17.

Dawn Wakeling, Barnet Council, and Cathy Gritzner, NHS Barnet CCG
June 2016

REPORT TITLE: Whittington Health Estates Strategy – Update Report

FOR: Joint Health Overview and Scrutiny Committee

DATE: 31 May 2016

This report provides an update on the Whittington Health Estates Strategy.

Our Estates Strategy, our work with local commissioners and stakeholders, and the developing North Central London Sustainability and Transformation Plan identified a number of Whittington Health estate investment requirements and possible opportunities to support us to deliver our mission to ‘help local people live longer, healthier lives’.

The Estates Strategy recommended that the Trust should consider entering into partnerships that will allow the Trust to secure the funding needed to improve services, within the current challenging public capital funding environment.

An option appraisal has been undertaken to select a preferred vehicle to support and enable the delivery of the Whittington Health Estates Strategy.

A number of key objectives for the delivery vehicle have been identified:

- To secure a delivery vehicle to drive the delivery of the estate strategy at pace.
- To create a long term, holistic, strategic estate master plan, and accompanying incentive based commercial master plan.
- To enable the Trust to access investment funding.
- To enable the better use of the estate, in line with the clinical strategy, to drive value. (The Trust currently operates community and hospital services from over thirty disparate premises in Islington and Haringey).
- To access commercial skills and expertise.
- To drive estate based efficiencies.
- To create the capacity to support wider local health and social care integration objectives.

Four delivery options have been considered:

- i) Traditional approach.
- ii) Joint venture for single site/development opportunities.
- iii) Joint venture for estate wide/development opportunities – Strategic Estates Partnership.
- iv) Developer role.

Consideration of the delivery vehicle options has taken place within a number of Trust forums, including at Trust Board seminar and at Executive Team. In addition, a soft market sounding exercise has been undertaken to better understand the Strategic Estates Partnership Vehicle.

The advantages and disadvantages of each option have been considered and a ranking exercise undertaken against the key objectives and a number of economic factors.

The findings of the option appraisal will be considered by The Trust public Board on 1 June.

The option appraisal will recommend the preferred delivery vehicle approach that the Trust should select to support and enable the delivery of the Whittington Health Estates Strategy is a Strategic Estates Partnership (SEP)

CONTACT OFFICER:

Philip lent, Director of Estates and Facilities
Whittington Health

RECOMMENDATION:

The Joint Health Overview and Scrutiny Committee are asked to take assurance from this report of the progress Whittington Health is making in securing value for money from its estate to enable high quality and modern working environments for staff and optimum care facilities for patients.

SIGNED:

Simon Pleydell, Chief Executive, Whittington Health

DATE: 31 May 2016



London Ambulance Service

Update on progress against our quality improvement plan

Background

- Visited by CQC in June 2015 - Report published on 27 November 2015.
- Trust received a warning notice on 01 October identifying issues related to staffing levels, medicines management and governance
- Good rating for care of patients but highlighted a number of areas of concern and judged the Service to be 'inadequate' overall.
- Recognised the care and compassion of staff
- The Trust was placed in special measures

Key issues identified within the CQC report

- **Workforce & morale** – insufficient frontline staff led to missing operational standards and impacting staff morale
- **Culture** – bullying and harassment and a perceived culture of fear was felt in some parts of the organisation
- **Medicines management** – medicines management was not sufficient, including Board level oversight, drug and medical gases storage and security and processes of checks and audit to ensure compliance
- **Risk and governance** – a lack of confidence that all risks were accurately captured and reviewed, or that all incidents were reported appropriately; and
- **Resilience functions** – insufficient staff to fulfil the Hazardous Area Response Team (HART) establishment and to fully comply with the national specification.

Support for the Trust

- Additional support is being provided to the trust **to strengthen its executive team**, with a substantive medical director appointed.
- A **buddying relationship** has been formed with the **Defence Medical Services** to provide training and development to senior and middle management.
- The **Improvement Director**, Lesley Stephen, began work with the Trust in January 2016.
- The deployment of **specialist expertise** in relation to **organisational development, medicines management, culture and governance**.
- The **new chair, Heather Lawrence**, took up the post on 1 April.

Quality Improvement Plan

Five themes in the plan – published in Jan 2016:

- Making the London Ambulance Service a great place to work
- Achieving good governance
- Improving patient experience
- Improving environment and resources
- Taking pride and responsibility

Progress against plan

- **Workforce and morale** – 717 new staff have been recruited in 2015/16. The Trust met its recruitment target to **hit full establishment** of 3,169 at end March 2016
- **Resilience functions - HART fully staffed**
- **Culture** – Phase 1 of the cultural change programme is complete, to date **326 managers trained in avoidance of Bullying & Harassment**
- **Medicines management** – communication to all frontline staff to outline the professional requirements and to clarify medicines management policies, and an **increased calendar of clinical audits** is underway. **Executive oversight has been formalised** under the Medical Director
- **Risk and governance** – 246 managers have been trained in risk management. A **baseline review undertaken of all local risk registers** has been completed
- **Fleet** – the profile of the fleet has changed with 60 new Fast Response Units on road by end June, taking available cars to 180, 104 new ambulances are in production that **by 31/3/17 half of the fleet's vehicles will be under 2 years old**
- **Vehicle Make Ready pilot underway** in NE sector, month 1 pilot data shows missing items decreasing and availability of vehicles improving
- **Deep cleaning of vehicles is now up to date**

Performance and demand

- Demand has risen significantly recently – with March 2016 seeing the highest number of incidents ever
- In 2015/16 we attended 20,000 more incidents than 2014/15
- Performance increased from 59.2% in 2014/15 to 63.3% in 2015/16 for Cat A8 calls (seriously ill and life threatening)
- Performance in April 2016 was 64.75%.

Next Steps

- Making the LAS great campaign launches internally on 7 June 2016
- NHSI reviewing progress of Trust in June through visits, information sharing and speaking to staff
- Ensure progress against QIP delivers at pace and changes are sustained and embedded in the organisation.



Moving Forward Together

2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report

April 2016

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







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Definitions

Project Delivery

-  All scheduled activities have been completed
-  The scheduled activities are on track for completion by the due date
-  The scheduled activities have been delayed and are no more than 4 weeks
-  The scheduled activities are at risk and have delays over 4 weeks

Project Performance

-  Performance has been met or is over 95% towards the agreed trajectory / target
-  Performance is between 85-95% towards the agreed trajectory / target
-  Performance is below 85% of the agreed trajectory / target

EXECUTIVE SUMMARY

April 2016



Moving Forward Together

Progress this month

- A key focus for the programme during April was to recover the delivery of activities reported in March 2016 as being delayed or at risk.
- There has been steady progress made on the programme during April resulting in 11 out of 14 activities delivered, with 79% of scheduled activities completed.
- Activities that continue to report at risk relate to:
 - the ongoing delay with the agreement of the 2016/17 contract with Commissioners, which is expected to be agreed as soon as possible
 - activities to be delivered by the Equality and Inclusion Team which has been affected by unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review.
- In response to feedback received from the Bullying and Harassment Awareness sessions, shadowing opportunities have been made available across the organisation for staff to experience “A day in the life of...” to learn and gain understanding about what other parts of the organisation are doing and to be part of making the Service a great place to work.

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Theme	Executive Director	RAG	% Complete
Making LAS a great place to work	Karen Broughton		0
Achieving good governance	Sandra Adams		86
Improving patient experience	Zoe Packman		100
Improving environment and resources	Andrew Grimshaw		100
Taking pride and responsibility	Fenella Wrigley	na	na



PROGRAMME SUMMARY

Forecast View



Moving Forward Together

Programme:

- The launch of the 'Making the LAS Great' campaign is scheduled to take place at the next management briefings on 18-20 May 2016.
- Preparation and planning for the TDA review of the Trust in June 2016 is underway.
- The number of activities to be delivered by the end of June 2016 is high comparative to previous months, therefore teams will need to focus on implementation of activities during May for successful delivery in June.

Workstream Challenges:

- There are currently two activities that are reporting at risk from March 2016 relating to the finalisation of the 2016/17 contract, and the baseline assessment against the Equality Diversity System 2 and Racial Equality. Further details of progress can be found in individual workstream reports.

		May 2016				June 2016			
Theme	Executive Director	Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Making LAS a great place to work	Karen Broughton		2				9		
Achieving good governance	Sandra Adams		3				19		
Improving patient experience	Zoe Packman		1				3		
Improving environment and resources	Andrew Grimshaw		2				6		
Taking pride and responsibility	Fenella Wrigley		1				5		
Total			9				42		

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Moving Forward Together

WORKSTREAM PROGRESS REPORTS

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1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Karen Broughton



Moving Forward Together

Although no deliverables were scheduled for delivery for Theme 1 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Retention

- Finalisation of the 2016/17 contract remains outstanding and delivery of this milestone is now showing at risk. Confirmation of contract funding is required to enable the Trust to move forward on its plans to implement a band 6 specialist paramedic role to further supplement the clinical career structure. Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.

Bullying and Harassment

- The provider procured to deliver training on difficult conversations has visited the Trust to gain an understanding of the requirements and to identify some of the potential pitfalls that managers may face when having difficult conversations. These factors will be incorporated into the training sessions scheduled for June 2016.
- A week long event of “a day in the life of” was held across the Trust during April, where 30 staff members from across the Trust had taken the opportunity to shadow key areas within the Operations Directorate. Informal feedback received from attendees has been positive and further consideration will be given to repeating the event.
- The Bullying and Harassment specialist is currently working with staff to encourage use of facilitated conversations as a first line of response to concerns raised, so that initial discussions can take place prior to the initiation of formal grievance processes.
- Planning has commenced with the People and Organisational Development Team to ensure Bullying and Harassment awareness is incorporated into the Trust induction programme to reaffirm the Trust values in line with the Dignity at Work policy.

Vision and Strategy

- Dates for the 2016/17 CEO Roadshows have been confirmed, with an implementation plan currently being coordinated. The plan will incorporate learning and feedback from previous sessions to ensure greater attendance from operational sectors and engagement from corporate departments.

Training

- Redesign of the corporate induction has been progressing, with process and content meetings held with all relevant subject matter experts in conjunction with the Skills for Health Core Skills Training framework to ensure all new staff are fully compliant with statute. All materials have been redesigned and formatted with corporate branding and is accessible through the Trust intranet site. In addition ownership for the induction process being transferred over to People and Organisational Development from Human Resources.
- A working group chaired by the Director of Transformation, Strategy and Workforce has been created to deliver the Electronic Staff Record Element (ESR) with a phased delivery project plan created. This will be led by a specialist ESR project manager who is due to be recruited in the next few weeks.

Supporting Staff

- Appraisal documentation and guidance notes have been redesigned, incorporating values based word clouds designed as part of the management briefing sessions and is due to be launched in May 2016 along with a new report which will state completion rates across the Trust.

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HIGHLIGHTS
THIS MONTH



1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Karen Broughton
Training	Karen Broughton
Equality and Inclusion	Andrew Buchannan
Vision and Strategy	Karen Broughton
Supporting Staff	Karen Broughton
Retention	Greg Masters
Workforce and Organisational Development	Karen Broughton

April 2016		
Complete	Delayed	At Risk
na		
na		
na		
		1
na		
na		
		1
na		

Outstanding actions
<p>At Risk:</p> <ul style="list-style-type: none"> Undertake baseline assessment against the Equality Delivery System 2 and Racial Equality Strategy. <p>This activity is at risk due to unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review, and will be clarified in mid-May.</p> <ul style="list-style-type: none"> Negotiate the funding for 'The London Package' as part of contracting round 2016/17 <p>Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.</p>

1 | MAKING THE LAS A GREAT PLACE TO WORK

Forecast View



Moving Forward Together

Focus for next month

- To scope the potential for some of the Bullying and Harassment functions to be incorporated as business as usual for the Human Resources team, so that the capacity of the specialist advisor is protected and remains focussed on delivering activities as part of the quality improvement programme.
- Arrangements for mediation workshops provided by an external supplier is underway for delivery in May 2016
- An away day has been arranged with GMB representatives to deliver bullying and harassment awareness training
- Completion of the statutory and mandatory training matrix and gain formal sign off
- Roll out of the new Personal Development Review (PDR) process and guidance documentation widely across the Trust

Key risks and challenges

- Limited involvement from Unison regarding the Dignity at Work programme despite active engagement from other Trade Unions. The Trust will continue to deliver the programme as planned.
- There continues to be priority placed on ensuring the principals of bullying and harassment awareness is embedded within the Trust culture. Numerous requests for training have been provided by the bullying and harassment specialist, which has resulted in reduced capacity for the specialist advisor. A review will be completed at the end of May 2016 to determine the ongoing support required by the Trust.
- Further development of the People and Organisational Development function requires funding to be agreed through the 2016/17 contract negotiations. Once confirmed, a team structure will be developed and work will commence on developing the strategy for People and Organisational Development.

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Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Karen Broughton
Training	Karen Broughton
Equality and Inclusion	Andrew Buchannan
Vision and Strategy	Karen Broughton
Supporting Staff	Karen Broughton
Retention	Greg Masters
Workforce and Organisational Development	Karen Broughton

May 2016			
Complete	On Track	Delayed	At Risk
na			
na			
	1		
na			
	1		
na			
na			
na			

June 2016			
Complete	On Track	Delayed	At Risk
	1		
	3		
	1		
	1		
na			
	2		
na			
	1		



2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



Moving Forward Together

- The delayed and at risk activities reported in March for risk management and the Health and Safety functions, have been deferred in order to realign dates with other dependent activities. These changes were presented and agreed by the Quality Improvement Programme Board.

Listening to Patients

- The scope, design and creation of patient information leaflets has been completed, with the final version being approved and ready for printing. Further conversations with fleet regarding distribution will be required to ensure these are accessible to patients and frontline staff
- The external website has been updated with changes relating to the complaints process so that patients and members of the public are provided with information about the complaints process, our responsibilities and details for the ombudsman. This activity due from March 2016 is now complete.
- The feedback process on the complaints process is behind on delivery due to the delay of the patient information leaflets being made available on vehicles, and confirmed mechanism for forms to be returned at no cost to the user to ensure maximum returns. The Patient Experiences Department have processes in place to ensure complainants are routinely informed of the progress on their complaint.

Risk Management

- A statement outlining the Trust's risk appetite has been agreed by the Executive Leadership Team, and further work on this will be done by the Trust Board.
- The alignment of the strategic risk review against local risk registers and the Board Assurance Framework is well underway for delivery by June 2016.
- The Trust Board completed a strategic risk review in line with the Trust's Business Plan for 2016/17 during their meeting in April 2016, and the Executive Leadership Team will continue to refine these risks

Improving Incident Reporting

- A Health and Safety bulletin published in April and was disseminated to all staff via the Pulse and emailed electronically to the Group Station Managers.

Operational Planning

- Two external reviews have been conducted in the Emergency Operations Centre, one by another ambulance service and one by Operational Research in Health (ORH) relating to the current operating model and establishment. A business case has been completed for the Trust Board with proposed recommendations to be taken forward

HIGHLIGHTS
THIS MONTH

Page 55



2 | ACHIEVING GOOD GOVERNANCE

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Risk Management	Sandra Adams
Capability and capacity of Health, Safety and Risk function	Sandra Adams
Improving incident reporting	Sandra Adams
Duty of Candour	Sandra Adams
Operational planning	Paul Woodrow
Listening to patients	Zoe Packman
Blue light collaboration	Karen Broughton
CQC reinspection	Fionna Moore
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

April 2016		
Complete	Delayed	At Risk
2		
na		
1		
na		
1		
2	1	
na		
na		
na		
na		

Outstanding actions
<p>Delayed:</p> <ul style="list-style-type: none"> Establish system to gain feedback from complainants on the LAS complaints process <p>Processes to facilitate the return of feedback on the complaint process is under development and will be implemented as soon as possible.</p>



2 | ACHIEVING GOOD GOVERNANCE

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> The focus for May is to recover deliverables in the Listening to Patients workstream to ensure no further slippage on actions due in June 2016. The proposed structure and consultation document for the Health and Safety team is due to be launched in May 2016 DatixWeb is scheduled for go live on 9 May 2016, therefore the roll out and subsequent training for Datix will be implemented, including wide ranging communications to all staff across the Trust The Audit Committee on 19 May 2016 will be provided with an update on progress against internal audit actions recommended by KPMG 	<ul style="list-style-type: none"> Capacity within the Patient Experiences Department continues to be a concern with unexpected staff absences. Work has been reassigned to ensure capacity remains focussed on priority work, however this impact remains a challenge for the team.

Deliverable	Lead
Risk management	Sandra Adams
Capacity and capacity of Health, Safety and Risk function	Sandra Adams
Improving incident reporting	Sandra Adams
Duty of Candour	Sandra Adams
Operational planning	Paul Woodrow
Listening to patients	Zoe Packman
Blue light collaboration	Karen Broughton
CQC reinspection	Fionna Moore
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

May 2016			
Complete	On Track	Delayed	At Risk
na			
	1		
	1		
na			
na			
na			
na			
	1		
na			

June 2016			
Complete	On Track	Delayed	At Risk
	4		
	3		
	5		
	1		
	1		
	2		
na			
	1		
na			
	1		
	1		



3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Zoe Packman



Moving Forward Together

Although no deliverables were scheduled for delivery for Theme 3 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Learning from experience

- The patient voice strategy outlines the Trust's commitment to patient and public engagement over the next four years to 2020. A draft document has been shared internally with the Patient and Public Involvement (PPI) Committee. Once final comments have been collated this will be presented to the Executive Leadership Team for approval at the end of May 2016.

Meeting People's Needs – Mental Health Patients

- The Mental Health Committee have provided additional input into the approved mental health protocols for staff. These revisions will be included in the policies and will be communicated to staff once ratified.
- It is proposed the survey to monitor staff feedback is extended over the lifespan of the programme, and a change request will be submitted to the Quality Improvement Programme Board for consideration at their meeting in May.

Meeting People's Needs – Bariatric Patients

Significant progress has been made in relation in this workstream:

- An aide memoire on the definition of Bariatric patients is being developed
- The Bariatric working group has been established and their first meeting is scheduled for early May
- Data has been requested from Yorkshire Ambulance Service who are also working on the management of bariatric patients in pre-hospital care. Additionally, data has been received from the Australian Ambulance service on the management of bariatric patients which will also be reviewed
- Assistance has been requested from Business Intelligence to review public health data regarding the profile of bariatric people to establish an imperial baseline and forecast to support the development of the operational plan for the future management of bariatric patients.

Patient Transport Service

- The delayed action from March 2016 regarding communication to patients and providers on estimated waiting times and action plans is now complete.

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HIGHLIGHTS
THIS MONTH



3 | IMPROVING PATIENT EXPERIENCE

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Fenella Wrigley/ Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Fenella Wrigley

April 2016		
Complete	Delayed	At Risk
1		
na		
na		
na		

Outstanding actions
There are no outstanding actions.

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3 | IMPROVING PATIENT EXPERIENCE

Forecast View



Moving Forward Together

Focus for next month

- The patient engagement strategy has been drafted and has been circulated for comments in readiness for approval by the Executive Leadership Team on 25 May 2016.
- Engagement with the Regional Oversight Group on hospital handover times is on going, and the next workshop is scheduled on 10/05/2016.

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Key risks and challenges

- June is expected to be a challenging month with a number of critical milestones to be completed, including ratification of the clinical guidance for bariatric patients which will define any operational requirements and processes.
- An Executive Lead for this theme needs to be confirmed following the departure of the Director of Nursing and Quality to lead and maintain momentum for this workstream. It is proposed that responsibility for Theme 3 is transferred to the Medical Director.

Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Fenella Wrigley/ Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Fenella Wrigley

May 2016			
Complete	On Track	Delayed	At Risk
	na		
	na		
	na		
	1		

June 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		
	1		
na			

4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



Moving Forward Together

HIGHLIGHTS
THIS MONTH
Page 61

Fleet/Vehicle Prep: Make Ready

- Work has started on the formal assessment of the pilot, and this will be completed for the end of May 2016.
- In parallel to this, the development of the Trust wide roll-out plan has commenced.
- Project management support has been engaged to support this.

Fleet/Vehicle Prep: Statutory Vehicle checks

- The existing Trust policy has been reviewed and seen to be adequate to support the delivery of statutory checks, with one minor change allowing FRU crews to have 15 minutes rather than 10 has been proposed. This has been discussed and agreed by the Director of Operations.
- Communication has been sent to all staff as a reminder that time is protected at the start of shifts to undertake checks, details provided of what constitutes a statutory check, and the recommended method of delivery.
- Further work to be undertaken to review how statutory checks can be integrated within the Make Ready Process, and to confirm a CAD process to prevent vehicles being dispatched within the 10/15 minute protected time.

Fleet/Vehicle Prep: Station responsibilities

- The Director of Finance chaired a meeting which included representatives from Operations, Fleet, Estates and IM&T to agree responsibilities at stations.
- Actions were agreed on all areas and taken back by respective leads to move forward in their areas.
- The established group have agreed to continue to meet to ensure compliance and to make any adjustments or address any emerging issues as they become apparent.
- Some further work is required to align financial flows and review policies to ensure they reflect agreed changes.

Infection Prevention and Control

- The guidance on Bare below elbow has been revised following comments from the Executive Leadership Team is being reissued with Managers briefings, a bulletin and publication on the pulse.
- The Uniform Policy has been updated to include this guidance.



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Grimshaw
Infection prevention and control	Zoe Packman
Facilities and Estates	Sandra Adams
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

April 2016		
Complete	Delayed	At Risk
3		
na		
1		
na		
na		
na		
na		
na		
na		

Outstanding actions
No outstanding actions

4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> A review will be completed on make ready and processes to enable compliance as part of the vehicle preparation workstream. It is planned for a trial to be undertaken to test the proposal and refine the offering. 	<ul style="list-style-type: none"> Confirmation of the 2016/17 contract funding is required to commence procurement of vehicles.

Deliverable	Lead
Fleet Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Grimshaw
Infection prevention and control	Zoe Packman
Facilities and Estates	Sandra Adams
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

May 2016			
Complete	On Track	Delayed	At Risk
	2		
	na		
	na		
	na		
	na		
	na		
	na		
	na		
	na		

June 2016			
Complete	On Track	Delayed	At Risk
	2		
	1		
	1		
	1		
na			
	1		
na			
na			
na			



5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley



Moving Forward Together

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HIGHLIGHTS
THIS MONTH

Although no deliverables were scheduled for delivery for Theme 5 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Medicine Management:

- In April the IRO “unannounced” audit process has been reviewed and refined to allow for better tracking of audit visits and any potential follow on actions. Audit visits take place with the outcomes submitted to the medicines management team, and any remedial actions to be followed up by the Quality, Governance, and Assurance Managers. These actions will also be escalated and tracked via the monthly Quality Governance meetings with Deputy Directors of Operations and Assistant Directors of Operations where Medicine Management is a standing agenda item. Following each audit, a RAG status will be applied to each station.
- An audit of code changes on medicine lockers due in April 2016 has been completed and resulted in 100% compliance.
- Terms of reference for the Medicine Management taskforce is being developed and the preliminary meeting of key members took place on 6 May 2016
- The newly appointed Head of Fleet and Logistics has been tasked to undertake the project lead for the logistics review.
- A meeting has taken place with a pharmacist from Ealing Hospital, North West London who has agreed to support LAS one day per week to oversee the changes in the logistics management of drugs working with the Head of Fleet and Logistics and the Chief Information Officer. Agreement through NHS Improvement and the LAS Improvement Director has been requested.
- Progress has also been made relating to the appointment of pharmacist to join the organisation with:
 - a review of the proposed job description by Health Education England which is ready for submission
 - discussions with pharmacists from Barts and North West London to provide assistance
 - funding agreed for the Darzi pharmacy fellow which is being progressed.

Safeguarding

- The job descriptions for the agreed posts have been sent to Human Resources for grading
- Recruitment is underway, and offers of appointment have been made.

Clinical Supervision:

- A full update report has been received for the number of CISO (Clinical Information and Support Overview) performance management reviews completed. This tool was implemented in November 2015, and over 1000 reviews have been completed to date .
- Operational Workplace Review (OWR) completion rates have increased ten-fold since the restructure, although an action plan has been developed to increase them further to achieve completion of two reviews per clinician annually.
- Clinical Performance Indicator (CPI) audit completion rates and staff feedback session rates continue. Plans have been requested from each sector to demonstrate how they will achieve the targets required.



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Zoe Packman
Medicine Management	Fenella Wrigley
Safeguarding	Zoe Packman
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical education & training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

April 2016		
Complete	Delayed	At Risk
na		
na		
na		
na		
na		
na		
na		

Outstanding actions
There are currently no outstanding actions

5 | TAKING PRIDE AND RESPONSIBILITY

Forecast View



Moving Forward Together

Focus for next month

- Regular meetings of the new Medicine Management task force to be scheduled, and for the terms of reference and proposed workplan to be agreed
- Mapping the logistics of a “drug pack journey”, and to review where improvements can be introduced.

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Key risks and challenges

- Addressing medicines management across the Trust remains a high priority, and it will be the role of the Medicines management taskforce to set and monitor delivery of a workplan to address concerns and improve medicines management processes across the Trust.
- Timely recruitment to the pharmacist post.

Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Zoe Packman
Medicine Management	Fenella Wrigley
Safeguarding	Zoe Packman
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical education & training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

May 2016			
Complete	On Track	Delayed	At Risk
	1		
na			
na			
na			
na			
na			
na			

June 2016			
Complete	On Track	Delayed	At Risk
na			
na			
na			
	5		
na			
na			
na			

Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London

10 June 2016

Work Plan

1. Potential Future Items

1.1 Members are requested to consider potential items for future meetings of the Committee. Issues already identified as potential future items for meetings are currently as follows:

30 September 2016

- LUTs Clinic – Outcome of External Review/Update on progress;

TBA

- Dementia Pathway;
- Stroke Services;
- NMUH – Achievement of Foundation Status;
- Patient safety;
- 7 day NHS;
- CAMHS - initial outcomes of the Transformation Plans and any learning arising from them (Jan 2017); and
- Stop Gap Services (Maternity)
- Whittington Hospital – Development of Estates; Update

1.2 It is suggested that a work planning meeting be arranged between the Chair, Vice Chair and relevant officers, including representation from the NHS, to develop further the work plan for the year.

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