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HILLINGDON
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A

External Services Scrutiny Committee

Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Ian Edwards (Vice-Chairman)
Councillor Teji Barnes
Councillor Mohinder Birah
Councillor Tony Burles
Councillor Brian Crowe
Councillor Phoday Jarjussey
Councillor Michael White

Date: **WEDNESDAY, 14 MARCH 2018**

Time: **6.00 PM**

Venue: **COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW**

Meeting Details: Members of the Public and Press are welcome to attend this meeting

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Terms of Reference

1. To scrutinise local NHS organisations in line with the health powers conferred by the Health and Social Care Act 2001, including:

   (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;

   (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act); and

   (c) respond to any relevant NHS consultations.

2. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

3. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.

4. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

13 February 2018

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Mohinder Birah, Tony Burles, Brian Crowe, Eddie Lavery (In place of Teji Barnes) and Michael White **Also Present**: Barry Drake, Heathrow Fire Station Manager, London Fire Brigade - Hillingdon Colin Wingrove, Borough Commander, Hillingdon Metropolitan Police Service **LBH Officers Present**: Dan Kennedy (Deputy Director, Housing, Environment, Education, Health & Wellbeing), Jacqui Robertson (Service Manager for Community Safety) and Nikki O'Halloran (Democratic Services Manager) **Press and Public: 1**
42.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor Teji Barnes (Councillor Eddie Lavery was present as her substitute) and Councillor Phoday Jarjussey. On behalf of the Committee, the Chairman wished Councillor Jarjussey a speedy recovery.
43.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
44.	**MINUTES OF THE PREVIOUS MEETING - 11 JANUARY 2018** *(Agenda Item 4)* The Chairman noted that the meeting on 11 January 2018 had been a single meeting review of the provision of GP services in Heathrow Villages. The meeting had enabled Members to gain an understanding of the issues faced by residents in the area. The Chairman advised that this issue would be revisited by the Committee in future to ensure that action was being taken to provide sustainable health services in Heathrow Villages. It was anticipated that a final report on the Committee's findings and recommendations would be presented to Cabinet on 19 April 2018. The Chairman thanked those witnesses that had taken part in the review. **RESOLVED: That the minutes of the meeting held on 11 January 2018 be agreed as a correct record.**
45.	**SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING** *(Agenda Item 5)* The Chairman welcomed those present to the meeting. Mr Dan Kennedy, the Council's

Deputy Director, Housing, Environment, Education, Health & Wellbeing, advised that the report included on the agenda had set out key indicators for the Safer Hillingdon Partnership (SHP). Some Q3 data had not yet been received so had not been included in the report but would be reported to the next SHP meeting on 13 March 2018. A copy of the report would be forwarded to the Committee Members who would then be able to pose supplementary questions. It was noted that some police data was available online.

The key indicators included in the report were reflective of the priority areas identified by the SHP. Actions in response to the two Domestic Homicide Reviews (DHRs), such as risk assessment tools and the provision of training for partner agencies, had also been included. Progress on these actions would be reported to the SHP.

Ms Jacqueline Robertson, the Council's Service Manager - Community Safety Team, advised that training sessions had been taking place on a bi-monthly basis for Domestic Abuse Sub Group members as well as other professionals. These sessions had included training on the Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification, Assessment and Management Model and mental capacity.

The DHR reviews had highlighted the fact that reporting instances of domestic abuse was not someone else's job. As such, it was important that anyone who came into contact with a victim (for example, school staff, police, fire) needed to know how to refer a victim to support services. London Crime Prevention funding had also been secured to strengthen the MARAC in Hillingdon.

Mr Colin Wingrove, Borough Commander of Hillingdon Metropolitan Police Service (MPS), advised that Safer Schools Officers had a presence in all schools in the Borough. Programmes such as *Operation Sceptre* (the prevention and pursuit of knife crime offenders) and *Your Life, You Choose* (to educate young people about the consequences of crime, not only for the offender but their family and friends, victims and the wider community) were taking place in schools. In addition, knife arches had been taken to some schools where follow up talks also took place.

The MPS offered a supporting hand to any school in the Borough to help reduce knife crime. Conversations had taken place with those schools that wanted to provide a safer environment for their pupils and the MPS would continue to work with schools around all crime. More schools had been working with the MPS than ever before.

The SHP *Access* project had been in effect for about three months and looked to identify those at risk of knife crime by compiling a profile of what someone felt when they carried a knife. As well as reinforcing the fact that carrying a knife was socially unacceptable, the project also looked to identify the drivers for young people to carry a knife.

Mr Wingrove noted that there had been around 14,500 knife crime incidents in London in the last year (an increase of 27%) and 328 offences in Hillingdon in the same period (an increase of 16%). 26.2% of offences in Hillingdon had been detected which was one of the best detection rates in London. Although rates of knife crime had increased in the Borough, MET had been actively engaged in a joint working approach with other boroughs to address this and knife crime levels were stabilising.

The knife bins in Hillingdon had been very successful. Approximately 350 knives had been emptied from the bin in Uxbridge and this initiative was set to continue. Mr Wingrove had initiated two or three press releases with photos of the knives to promote

positive messages.

Robbery was a local crime priority in Hillingdon. Many of these offences involved the use of a knife (or implied the presence of a knife) or were drug related. There was a correlation between knives, gangs, drugs and robbery. *Operation Starbrook* had been a Yeading-wide joint initiative between local police and Hillingdon Council to drive out crime and improve the area. It had become a community effort which had yielded positive results. Mr Wingrove advised that weekly meetings continued to take place, focussing on reducing knife crime in the Borough.

Mr Kennedy advised that the Council funded a drug intervention programme which provided very good outcomes and fitted with the MOPAC priorities, providing strong intervention and prevention processes. A range of alcohol misuse prevention and support services were available in the Borough.

It was noted that the Mayor of London and the Home Secretary had supported an increase in the use of Stop and Search. However, although Hillingdon was on an upwards trend in terms of Stop and Search, the Borough seemed to lag behind other London boroughs. Mr Wingrove noted that Stop and Search was often driven as a result of intelligence from the public and that Tasking Teams could be deployed to hot spots to undertake Stop and Search. Mr Wingrove had attended a number of public meetings where residents had indicated that they would like to see more Stop and Searches undertaken, which then gave the police a mandate for increasing the number. However, he advised caution in setting targets for a specific number of Stop and Search actions as this power should be used in a targeted way which produced outcomes. Stop and Search was a good tactic but results should be analysed in terms of there being a broad spread and good outcomes and this should be compared to the London average. Although Mr Wingrove wanted to drive improvements and Hillingdon would continue to do more Stop and Searches, he was aware of resource limitations. It was suggested that consideration needed to be given to making it clearer to residents that Stop and Search was intelligence driven (rather than random) and to publicising the results of this action.

Members were advised that some instances of anti social behaviour (ASB) were dealt with by the Council and some were dealt with by the MPS. 8 Criminal Behaviour Orders (CBOs) had been issued by the MPS in Hillingdon which was the highest number issued within London. Mr Wingrove advised that officers always called back regarding reports of ASB to get more information about the offence. As well as increasing contact and presence in the community, the Community Risk MARAC Coordinator post had been filled. The MARAC looked at referrals on a multi-agency basis to deal with repeat and long term issues.

Whilst, in comparison to the rest of London, Hillingdon was generally doing well in terms of burglary, there seemed to be Ward variation with Yiewsley seeing a significant increase over the last 12 months. Mr Wingrove advised that there had been a month on month reduction in burglaries in the Borough over the last five months with Hillingdon producing the best results in London and excellent detection rates. This had been helped by initiatives such as the Council providing free burglar alarms for those aged over 65. Burglary was a priority that had been agreed with MOPAC so was a key issue for Hillingdon MPS. Hot spots and Ward data was regularly reviewed where trends and practices were linked to offenders. 'Cocooning' (a reactive strategy to protect against the reoccurrence of residential burglary) was undertaken by local officers and forensic opportunities were being maximised.

It was noted that February/March 2017 had been a challenging time with regard to the increase in burglaries in the Borough. However, the increase was now down to 2% and it was expected that Hillingdon would be back on trend by next year (which would buck the London trend).

The 'use of force' figures included everything from the use of handcuffs to the use of a taser or baton. Although the figure for Hillingdon was high, Commander Twist had deemed that this was a recording issue rather than Hillingdon figures being extreme. It was anticipated that the figures would even out over the next twelve months.

Mr Wingrove extended an invitation to all Committee Members to accompany police officers on patrol.

With regard to the Basic Command Unit proposed for Hillingdon, Ealing and Hounslow, it was suggested that the test of the effectiveness of this merger would be how much change was noticed by the general public. It was noted that the changes were expected to take effect from June 2018 and would be predominantly structural, with each borough retaining its own parade site and its own radio channel. The merger would enable the boroughs involved to share and learn from each others' good practice. This would work particularly well with issues such as knife related crime which could cross borders.

For effective policing outcomes, it was important to ensure that a good operating model was in place. It would also be important that the existing localism of the police was not lost. Concern had been expressed in the north of the Borough regarding the possibility of coverage and response times getting worse and the need for a consistent presence and service provision. The perception was that residents of Hillingdon would not be getting a very good deal with the new arrangements. Mr Wingrove assured Members that the two Dedicated Ward Officers would be retained in each Ward and that bases would be retained in Ruislip and Hayes (there were ongoing issues with regard to the Uxbridge site). In addition, the Response Teams and their roles were getting bigger with officers taking responsibility for visible tasking. It was not anticipated that Hayes police officers would be patrolling Acton High Street. Officers' 'normal place of duty' would be Hillingdon but there would be flexibility to earmark officers to go to one of the other boroughs if needed. As there were buildings in the Borough with security and front desks, it was suggested that consideration be given to approaching these businesses regarding the colocation of the police.

Concern was expressed that the new tri-borough arrangement would result in a downgrade of the service received in Hillingdon and assurance was sought that the main driver for the change was an operational one. It would be important to ensure that the changes were reasonably expedited and that communication and reassurance to residents about the changes were robust. Members were assured that the communication about the changes would identify the need to make savings and operational efficiencies (for example, in relation to management and the use of the fleet) but also the MPS's ambition to improve the service. Consideration would need to be given to a public information event and a briefing for Councillors prior to the 'go live' date in June 2018.

It was noted that this was the first time that the MPS had looked at this structure and every effort would be made to ensure that the service was as stable as possible with minimal disruption. The effectiveness of this transition would be reflected in whether or not members of the public noticed any difference in the service provided. It was noted that a lot would be learnt from those boroughs that had acted as early adopters.

Members requested that they be regularly provided with firm statistics on local response and detective teams to compare the current situation with the post merger situation in due course. Mr Wingrove was not aware of team numbers currently being published but could see no reason why this information could not be provided to the Committee. However, it was important to note that team numbers would fluctuate to meet demand, shift patterns, etc. It was also noted that the three boroughs (Hillingdon, Ealing and Hounslow) differed in population, size and crime numbers.

Mr Wingrove was responsible for monthly intelligence meetings where tasking decisions were made. It was important that an even handed approach was taken with regard to resource allocation. Regular meetings were held with the police services in Thames Valley, Hertfordshire and Heathrow Airport and it was thought that Hillingdon might attract more resources than other boroughs as a result of things such as protests against a third runway at the airport. It was noted that innovation, collaboration and smart partnerships made the MPS greater than the sum of its parts.

Mr Barry Drake, Heathrow Fire Station Manager at the London Fire Brigade (LFB), provided an update. He advised that the cladding used on Grenfell Tower had been different to that used on buildings in Hillingdon. Although not the same material, the LFB was working with the Council to replace the cladding on four tower blocks in the Borough as well as working with two hotels in Hillingdon near the airport to replace cladding and fire doors.

LFB had been working with the MPS with regard to Home Fire Safety. This initiative looked at home security, fire risks, safeguarding and health and wellbeing. Fire officers had been trained to identify, flag up and refer those at risk so that further action could be taken by the most appropriate organisation/s.

Beds in sheds could cause the LFB some issues as fire officers were not able to enforce these buildings. However, fire officers were mindful of the whole footprint of properties that they visited and worked collaboratively with housing officers and other partners to flag up possible beds in sheds.

The Junior Citizens event would be held at Brunel University between 5 March 2018 and 25 March 2018. During this period, approximately 3,800 students were expected to participate and nine strategies would be covered. Resilience work had also been undertaken recently through a multi agency simulation exercise. This training had been very successful, particularly with regard to the expectations of local authority officers. Officers from RAF Northolt had also attended and participated in this incident training exercise.

Mr Drake advised that there had been a recent spate of fake acid attacks which had prompted the need to identify the difference between real and fake incidents. Work had been undertaken elsewhere in London which highlighted the need to use copious amounts of water to rinse the affected area/s and the need to cut off a victim's clothes. Mr Drake was not aware of any action being taken by the London Ambulance Service in relation to acid attacks.

It was agreed that fire stations would be ideal for the colocation of services. Members were supportive of the colocation of services and believed that the fire and ambulance service were a good fit. However, it was noted that there had previously been some resistance about ten years ago regarding colocation at Ruislip fire station as the London Ambulance Service (LAS) preferred to have its own space. Action had been

	undertaken with MPS motorcycles being located at Hillingdon Fire Station and the LAS sharing the Heathrow Fire Station site. However, logistical challenges had arisen with regard to issues such as shift patterns. In addition, events such as carol concerts for the elderly had been staged at the station. Mr Drake advised that there was one aerial ladder (ALP) in Hayes and another in Wembley. When this equipment was available, it was able to get to the required destination quickly. The apparatus could reach six floors but there were times when its effectiveness was restricted as it had to be placed within 12 metres of the base of the building. Dry risers were used in buildings that were over 12 metres high. Although the ALP equipment would be automatically dispatched as a matter of course, risk assessments were undertaken and, if the unit was not needed, it would be returned to base. It was noted that blocks of flats should have approximately two hours fire safety time and the policy was still to tell residents to 'stay put'. Any information from callers reporting a fire within their block would be relayed directly to the crews attending the fire to ensure that they knew the callers' exact locations. It was suggested that the fire cadet opportunities be targeted at looked after children and those children that wouldn't usually be offered this type of experience. Mr Drake advised that the cadets provided a taste of the work undertaken by the fire service and a career insight with the opportunity to use things like breathing apparatus. This opportunity was open to anyone from any background with no barriers. A recruitment drive was due to start in March 2018. Mr Drake would be happy to come back to a future meeting with additional information. It was noted that the London Fire Brigade had the ability to undertake urban search and rescue. These resources, technology and equipment could be mobilised in the UK or abroad to help with overseas disaster activity. The team comprised specialist officers and could be mobilised very quickly. **RESOLVED: That the presentation be noted.**
46.	**COMMUNITY SENTENCING WORKING GROUP FINAL REPORT** *(Agenda Item 6)* The Chairman praised Liz Penny, the Democratic Services Officer that had supported the Working Group, for producing such a great report on a review that had faced significant challenges. The Vice Chairman advised that the review had been a non event where the chief witness, the London Community Rehabilitation Company (CRC), had refused to engage in terms of attendance at meetings or providing written answers to questions. The Working Group's findings suggested that the CRC had not been working as well as anticipated and problems had been identified with the service provision nationally. It was noted that the Vice Chairman had attended a workshop set up by a Select Committee that had been looking into the effectiveness of local government scrutiny. This review had highlighted the inability of scrutiny committees to hold external organisations to account in terms of there being no legislative requirement or enforcement. The Select Committee determined that councils needed to be able to 'follow the pound'. Its report and recommendations had been passed to Government for a response. The Vice Chairman advised that the Working Group had not been able to conclude that

	the London CRC was not working effectively as representatives had not attended any of the meetings. However, it was suspected that the London CRC had not been working as well as anticipated and the report recommended that Cabinet engage with the NPS, HM Inspector of Probation and the Ministry of Justice to highlight the lack of engagement and the Council's inability to hold the body to account. It was hoped that additional powers would be afforded to local government scrutiny committees to enable them to scrutinise those external organisations that delivered public services. The Chairman acknowledged that this had been an interesting review which had highlighted the need to scrutinise the work of publicly funded organisations on behalf of residents. It was important to have an effective non-custodial system where prison was an absolute last resort. The report highlighted the value of what could be done by local authority scrutiny and provided a good example of detailed local work that could be clearly translated to other areas. It was noted that other organisations had expressed an interest in this review and the Working Group's findings. The Committee was advised that the Working Group had been unable to conclude that the London CRC was not doing its job. However, after some discussion amongst Members of the Working Group when reviewing the draft final report, it had been agreed to strengthen the wording. As the London CRC had not engaged in the review, the report could not be overly critical or conclusive and there was no information or evidence to support this. It was thought that, if the experience of other councils was not dissimilar, it was likely that action would be taken by the appropriate authorities to resolve the issue. The Chairman thanked those Members, officers and external witnesses that had been involved in the review. **RESOLVED: That the Community Sentencing Working Group final report be agreed and forwarded to Cabinet.**
47.	**WORK PROGRAMME 2017/2018** *(Agenda Item 7)* Consideration was given to the Committee's Work Programme. It was noted that the local Trust Quality Account reports were likely to be submitted to the Council at some point in April 2018. It was agreed that the Democratic Services Manager would draft responses to each of the reports and circulate them to the Committee for comment. It was hoped that this would be completed before the election but that this would depend on when the reports were received from the Trusts. At the External Services Scrutiny Committee meeting on 11 January 2018, Hillingdon CCG had advised that a procurement exercise was underway in relation to the provision of GP services in Heathrow Villages which was expected to conclude in early to mid March 2018. The CCG would be asked to provide an update at the Committee's next meeting on 14 March 2018. **RESOLVED: That the Work Programme be noted.**
	The meeting, which commenced at 6.00 pm, closed at 7.55 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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EXTERNAL SERVICES SCRUTINY COMMITTEE: PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Royal Brompton & Harefield NHS Foundation Trust - The Patient Experience Annual Report 2016-2017
Appendix B: Hillingdon Clinical Commissioning Group Update

REASON FOR ITEM

To enable the Committee to receive updates from local health organisation as well as comment on the progress being made by Trusts with regard to their Quality Account reports. The Committee's comments on the performance of the local NHS Trusts may be submitted to the Care Quality Commission (CQC). The Committee will receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

1. That Members question the Trusts on their Quality Account reports for 2017/18 and, where possible, identify issues that they would like included in the Committee's statement for inclusion in the final report.
2. That Members use information from their work during the course of the year to question the Trusts on issues measured by the CQC.
3. That Members decide whether to use information received to submit a commentary to the CQC.
4. Members may also request further information from witnesses.

INFORMATION

Quality Account Reports

As the Committee will not be meeting in April 2018, Trusts are asked to share any information that they are able to with regard to the progress they are making in drafting their Quality Account reports for 2017/2018. Once the reports have been shared with the Committee, Members' comments will be collated and a response drafted outside of the formal Committee meetings and sent to the relevant Trusts, ideally before 2 May 2018.

The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centered around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing.

Quality Account reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Account reports were designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of

England. This involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.

For the first year of Quality Accounts (2009/2010), providers were exempt from reporting on any primary care or community healthcare services. During the second year, the community healthcare service exemption was removed. We are now in the ninth year of Quality Account reports and providers are expected to report on activities in the financial year 2017/2018 and publish their Quality Accounts by the end of June 2018.

Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the overview and scrutiny committee (OSC) in the local authority area in which the provider has a registered office and invite comments prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement of no more than 1,000 words indicating whether they believe that the report is a fair reflection of the healthcare services provided. Scrutiny Committee's can also comment on the following areas:

a) Do the priorities of the provider reflect the priorities of the local population?
b) Does the Quality Account provide a balanced report on the quality of services?
c) Are there any important issues missed in the Quality Account?
d) Has the provider demonstrated they have involved patients and the public in the production of the Quality Account? and
e) Is the Quality Account clearly presented for patients and the public?

The OSC should return the statement to the provider within 30 days of receipt of the Quality Account report to allow time for the provider to prepare the report for publication. Providers are legally obliged to publish this statement as part of their Quality Account report.

Providers must send their Quality Account report to the appropriate OSC by 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account report ready for review by its stakeholders.

The primary purpose of Quality Account reports is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. If designed well, the reports should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

It should be noted that Quality Account reports and statements made by commissioners, Healthwatch, OSCs and Health and Wellbeing Boards will be an additional source of information for the CQC that may be of use operationally in helping to inform local dialogues with providers and commissioners.

Where available, draft copies of the Trusts' Quality Account reports have been appended to this report for consideration.

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals NHS Foundation Trust (THH) provides services from both Hillingdon Hospital and Mount Vernon Hospital. THH delivers high quality healthcare to the residents of

the London Borough of Hillingdon and, increasingly, to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people. Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency department, inpatients, day surgery and outpatient clinics.

THH provides some services at the Mount Vernon Hospital, in co-operation with the East & North Hertfordshire NHS Trust. Mount Vernon Hospital has a modern Diagnostic and Treatment Centre and new buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

Earlier in the year, a pioneering new partnership between Brunel University London, THH and Central and North West London NHS Foundation Trust (CNWL) was announced which aims to revolutionise the way health and social care is delivered in the community. Brunel and the two NHS Trusts will work together to launch the new Brunel Partners Academic Centre for Health Sciences – providing the perfect setting for researching and developing new methods of healthcare delivery, while training future generations of healthcare professionals who will be ready to succeed in the changing landscape.

Focusing on allied health, nursing, social care and medicine, the centre will support ambitious plans to educate the current and future health and care workforce, supporting the delivery of radically transformed integrated physical and mental health and care provision.

In a joint statement, THH Chief Executive, Shane DeGaris, and CNWL Chief Executive, Claire Murdoch, said, "We are delighted to be embarking on this exciting new venture with Brunel University London. The centre will be at the cutting edge of healthcare thinking and provide a golden opportunity to shape the way health services are designed and delivered in the future. This will benefit not only the health and wellbeing of local people but the wider health community."

Healthcare delivery is expected to change considerably in the future, with developments in digital health technologies and other transformational approaches to health and care delivery. The Academic Centre brings together the expertise and ambition to develop improved outcomes in care delivery at both pace and scale. Other innovations in disciplines such as healthy ageing and biomedical engineering will be central to improving patient outcomes.

Funded by the three partners, in July 2017, it was reported that the Brunel Partners Academic Centre for Health Sciences would be officially launched later in the year and that recruitment of a Centre Director would begin shortly.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff to provide more than 300 different health services across 150 sites and in many other community settings. CNWL services in Hillingdon cover a broad range of both mental health and physical health community services as follows:

a) Mental health - Adult mental health both inpatient services and community based services, older adult mental health services including inpatient services, community based provision and specialist memory service, psychiatric liaison services with in-reach

to Hillingdon Hospital A&E and wards, IAPT, mental health rehabilitation, addiction services, (drugs and alcohol), and child and adolescent mental health services (CAMHS).

b) Community physical health - including Rapid Response service to prevent unnecessary hospital admission, both adult and paediatric speech and language therapy, specialist community dentistry, home-based children's nursing service, adult district nursing, specialist community paediatricians as part of the Child Development services, school nursing service, specialist wound care services, adult home-on and rehabilitation services, wheelchair service, health visiting, Hillingdon Centre For Independent Living (HCIL), Looked After Children specialist team, community based palliative care team, inpatient intermediate care ward (Hawthorn Intermediate Care Unit), podiatry and musculo-skeletal (MSK) physiotherapy services.

CNWL services are delivered in a variety of settings; predominantly in patient's homes but also in hospital settings, GP practices, health centres, schools and children's centres. Approximately 1,000 CNWL staff work across the London Borough of Hillingdon with around 600 of these living in the Borough.

Child & Adolescent Mental Health Services (CAMHS)

Following the Anna Freud National Centre for Children and Families (AFNCCF) seminar on 18 July 2017 (involving key stakeholders such as parents and young people), a set of recommendations for a comprehensive care pathway for children's mental health in Hillingdon has been produced. The key priority areas identified by AFNCCF were:

1. Thriving: Prevention and mental health promotion
2. Advice and Support
3. Getting help in mainstream settings
4. Getting help in targeted and specialist settings

The identified action areas have been prioritised into key actions which will help to implement a model of care for CAMHS following key principles of the Thrive Model of Care:

1. Actions required to deliver a comprehensive care pathway
2. Development of a Hillingdon Single Point of Access (SPA)
3. Programme of Support within Schools - Mental Health Coordinators (MHeNo)
4. Early Intervention and Peer Support - Clinical Peer Support Lead
5. Hillingdon Specific Website

The aim of the comprehensive care pathway is to ensure mental health services and support is accessible to all children, young people and their families within Hillingdon. It is proposed that the pathway will be made up of a range of providers from the voluntary and statutory sector. The pathway takes an asset based approach, ensuring accessible information and support is available at all levels, i.e., public health, early intervention, early identification, prevention and intervention.

It is a stepped model of care ensuring children and young people can access the pathway at any stage dependant on their mental health needs with the primary focus being that children, young people and their families are supported at the universal level within their communities.

Royal Brompton and Harefield NHS Foundation Trust (RBH)

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK, and among the largest in Europe. The Trust works from two sites: Royal Brompton Hospital in Chelsea, West London; and Harefield Hospital near Uxbridge.

RBH is a partnership of two specialist hospitals which are known throughout the world for their expertise, standard of care and research success. As a specialist Trust, it only provides treatment for people with heart and lung disease. This means that its doctors, nurses and other healthcare staff are experts in their chosen field, and many move to the RBH hospitals from throughout the UK, Europe and beyond, so they can develop their particular skills even further. The Trust carries out some of the most complicated surgery, offers some of the most sophisticated treatment that is available anywhere in the world and treats patients from all over the UK and around the globe.

The organisation has a worldwide reputation for heart and lung research. It works on numerous research projects that bring benefits to patients in the form of new, more effective and efficient treatments for heart and lung disease. The Trust is also responsible for medical advances taken up across the NHS and beyond. Each year, between 500 and 600 papers by researchers associated with the Trust are published in peer-reviewed scientific journals, such as *The Lancet* and *New England Journal of Medicine*.

In February 2017, NHS England (NHSE) launched a consultation to review the provision of paediatric congenital heart disease services in England. The proposals included the withdrawal of these services from the Royal Brompton Hospital. The consultation ended on 17 July 2017.

NHS Hillingdon Clinical Commissioning Group (HCCG)

The proposal for new clinical commissioning groups was first made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS' as part of the Government's long-term vision for the future of the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning services was devolved to local groups of clinicians. The role of CCGs is set out in the Health and Social Care Act 2012 and specifies that CCGs will:

- Put patients at the heart of everything the NHS does
- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

The CCG has a governing body which meets in public each month and the agendas and papers for these meetings can be found on the CCG website. The governing body is made up of GPs from the Hillingdon area and at least one registered nurse and one secondary care specialist doctor. It is responsible for planning, designing and buying/commissioning local health services for Hillingdon residents including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

The organisation covers the same geographical area as the London Borough of Hillingdon and is made up of all 48 GP practices in the Borough. It works with patients and health and social care partners (e.g., local hospitals, local authorities and local community groups) to ensure services meet local needs.

Better Care Fund (BCF)

The CCG is working with the Council and key voluntary and community sector organisations to provide more services that cover both health and social care. Government funding has been made available through the Better Care Fund to support specific services that are provided to patients using health and social care, in the first instances, targeted at services for the over 65s. For 2017-2019, the focus has been narrowed further to reduce Delayed Transfer of Care (DTOC).

Accountable Care Partnership (ACP)

In June 2016, the Hillingdon vision for accountable care was that, by 1 April 2017, Hillingdon would have a formally constituted ACP Joint Alliance, comprising four partners (H4All, the Hillingdon GP Network, CNWL and THH) ready to receive an outcome based capitated contract from the CCG for delivering integrated care for people over 65 years. The aim was to develop this Alliance to become an organisation that could deliver Hillingdon health and care services for agreed populations through a fully capitated budget.

Hillingdon's ACP is known as Hillingdon Health and Care Partners (HHCP). HHCP moved to the testing stage in September 2017 following an assurance process which was approved by the HCCG Governing Board in May 2017 and an alliance agreement was approved by each constituent ACP member board in May 2017. This agreement enables HHCP to formalise a joint commitment to test out new collaborative working arrangements which deliver agreed outcomes for the care of people aged 65 and over, and to deliver the requirements of the ACP testing phase. Consideration is now being given to whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability.

Sustainability and Transformation Plan (STP)

STPs are five year plans covering all aspects of NHS spending in England from October 2016 to March 2021. 44 areas were identified as the geographical 'footprints' on which the plans were based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). The scope of STPs is broad and covers: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. The key priorities needed for each local area to meet these challenges and deliver financial balance for the NHS had to be identified and the plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services. This new approach is being called 'place-based planning'. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services to patients - for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

Primary Care Commissioning

From 1 April 2017, NWL CCGs took on delegated Primary Care Commissioning from NHS England. It is anticipated that there will be a direct positive impact on patient services with benefits that include:

- a greater autonomy from NHSE with a much clearer remit and mandate to support and develop primary care that CCGs did not previously have;
- CCGs being able to invest in primary care through formal mechanisms that are available through fully delegated co-commissioning;
- a team that knows the local practices and knows local issues, and can provide support with local sensitivity.
- A local team that supports practices, is responsive to needs and has local knowledge, resourced to provide help and advice to practices, to be available for crisis support and day-to-day assistance.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK, providing healthcare that is free to patients at the time they receive it. The Trust works closely with hospitals and other healthcare professionals, as well as with the other emergency services and is the only NHS Trust that covers the whole of London. It is also central to the emergency response to major and terrorist threats in the capital.

The 999 service LAS provides to Londoners is purchased by Clinical Commissioning Groups and its performance is monitored by NHS England but, ultimately, LAS is responsible to the Department of Health. LAS has over 5,000 staff, based at ambulance stations and support offices across London and its accident and emergency service is split into three operational areas: west, east and south. Each of these areas is managed by an assistant director of operations, and each ambulance station complex has its own ambulance operations manager.

The Care Quality Commission (CQC) inspected the LAS in June 2015 and rated the Trust as *Inadequate*. Following much improvement work, the CQC reinspected the LAS in February 2017 and rated the Trust as *Requires improvement*.

Healthwatch Hillingdon

Healthwatch Hillingdon is a health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and care services and gives them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

From April 2013, Healthwatch Hillingdon replaced the Hillingdon Local Involvement Network (LINk) and became the new local champion for health and social care services. It aims to give residents a stronger voice to influence how these services are provided. Healthwatch Hillingdon is an independent organisation that is able to employ its own staff and volunteers.

Healthwatch aims to listen to what people say and use this information to help shape health and social care services. It will help residents to share their views about local health and social care services and build a picture of where services are doing well and where they can be improved. It will use this information to work for improvements in local services. Healthwatch Hillingdon will also provide residents with information about local health and care services including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Healthwatch Hillingdon produces evidence based reports for commissioners and providers, to inform them of the views and experiences of people who use health and social care services in the London Borough of Hillingdon. The most recent reports produced include:

- Expecting the Perfect Start - A report on maternity care in Hillingdon (March 2017); and
- Safely 'home' to the right care - The experiences of Older People being discharged from Hillingdon Hospital and the onward care they received in the community (February 2017).

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased, and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Care Quality Commission (CQC)

The role of the Care Quality Commission (CQC) is to make sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage these organisations to make improvements. The CQC does this by inspecting services and publishing the results on its website to help individuals make better decisions about the care they receive.

Inspecting all health and social care services in England is not the only role the CQC undertakes. To make sure people receive safe and effective care, the CQC also takes enforcement action, registers services and works with other organisations. The CQC believes that everyone deserves to receive care that is safe, effective, compassionate and high-quality. For this to happen, the CQC inspects hospitals, care homes, GPs, dental and general practices and other care services all over England.

A CQC consultation was started in December 2016 regarding *CQC's next phase of regulation: New models of care, assessment frameworks, registering services for people with a learning disability and/or autism, and changes to our regulation of NHS trusts*. In June 2017, the CQC undertook a second consultation regarding: *Our next phase of regulation - A more targeted, responsive and collaborative approach to regulating in a changing landscape of health and social care.* It is anticipated that a third round of consultation will take place in 2017/2018 which will include specific proposals for how the CQC will regulate and rate independent healthcare services starting during 2018/2019. In developing these proposals, the CQC will take account of the decisions it has made about the next phase approach for NHS trusts as well as the feedback received from independent healthcare providers and stakeholders to the first consultation.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RBH)
- Hillingdon Clinical Commissioning Group (CCG)
- The London Ambulance Service NHS Trust (LAS)
- Healthwatch Hillingdon
- Hillingdon Local Medical Committee (LMC)
- Care Quality Commission (CQC)

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

To consider and agree the Committee's comments for inclusion in the Trusts' Quality Account reports.

BACKGROUND INFORMATION

None.

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A lifetime of specialist care

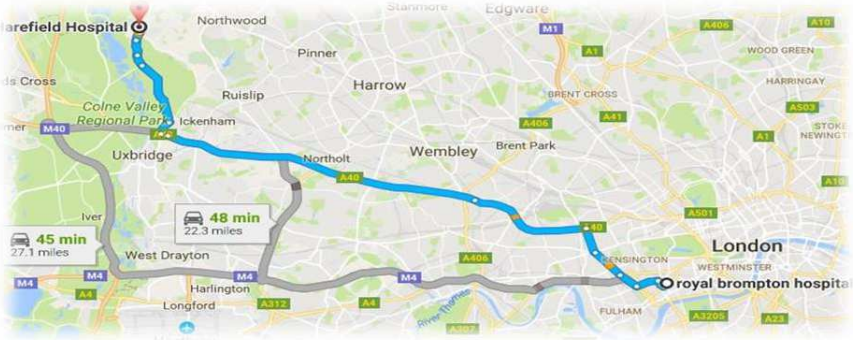
Appendix A

In a typical year, 5,000 people will take part in one of the many events organized by rb&hArts team; from singing in the courtyard to stitches on scrubs; for many people (patients and staff) this is their first access into the arts.

The Compassionate Care programme, in collaboration with the Royal College of Nursing (RCN), is designed to support nurses to strengthen their leadership capabilities in order to lead and improve the care and services for patients, their families and staff.

The top five areas our patients would like us to improve on:

1. ***Information & Communication***
2. ***Waiting***
3. ***Food***
4. ***Care***
5. ***Cleanliness***



The Patient Experience

Annual Report 2016-2017

Acknowledgements

This report is a consolidation of information and efforts from a variety of sources across the Trust. Through their actions these individuals and many others, including our patients and their relevant partners, demonstrate continuous dedication to service improvement and the experience of care.

Name	Position	Contribution
John Pearcey Mathew Johnson	Assistant General Manager Lung Division Lead Cancer Nurse	National Cancer Survey Cancer Services
Lisa King	Programme Manager Patient Experience	Inpatient Survey Friends and Family Test (FFT) Interpretation Services
Oliver Wilkinson	Deputy Director Communications	Social Media Monitoring
Kathryn Farrow	Director of Nursing Development	Compassionate Care Program
Eve Cartwright	Manager of PALS	PALS Inquiries
Steve Moore	Director of Facilities & Estates	PLACE Assessment
Helen Stokes	Co - Chair of Patient Advisory Group	Patient Advisory Group
Karen Taylor	Manager of Arts Program	rb&hArts 2016-17 Activity Report
Joy Godden	Director of Nursing & Clinical Governance	Patient Fund
Mr. Wajid Hussain Mark Bowers	Consultant Cardiologist HH, Interim Director CCL CCL Service Manager HH	Cardiac Catheterization Laboratory (CCL) Patient Survey
Julie Cannon	CNS Occupational Medicine	Occupational Medicine Outpatient Clinic Team
Alison Pottle; Paula Rogers;	Consultant Nurse Cardiology HH Research Nurse Manager Cardiology HH	PROMS Feasibility Study
Karthik Viswanathan Sue King	EP Consultant HH (Locum) CNS Arrhythmia service	Atrial Fibrillation patient support group
Jo Tillman	Matron AICU RBH	RB AICU Patient and Family Day
Dr. Milissa Sanchez Catherine Scott	Psychologist Transplant Program Trust Lead for Older People and Professional lead for OT	Lung Transplant web enabled referral; part of Hospital to Home platform expansion
Dr. Gillian Halley Julie Combs	Consultant Lead Hospital to Home National Clinical Programme Manager at Hospital to Home	Hospital to Home Team

Table of Contents

Executive Summary

For the Royal Brompton and Harefield Hospital NHS Foundation Trust (RBHT) there has been a continued focus in 2016-17 on three important objectives with respect to patient experience:

1. **Actively seek out** input and feedback from patients, their families and carers.
2. Work in **partnership** with service users to **co-design solutions** to issues and areas of concern identified and **strengthened by real-time tracking, trending and analysis of input.**
3. **Transformational change** to produce **exemplary care experiences** for both patients and staff that will sustain the Trust moving forward.

This report is intended to demonstrate evidence of progress against these 3 objectives.

In 2016-17 RBHT participated in three national surveys; The National Inpatient Survey, The Children and Young People's Survey, and the National Cancer Survey; each with response rates of 50%, 36% and 67% respectively. On a monthly basis the Trust participates in the Friends and Family Test (FFT); with a response rate of 30% or better and an average score of 96%, i.e. 96% of respondents would recommend the Trust.

In 2016-17 the RBHT received well over 10,000 comments from patients with over 90% of them positive. However some are not positive and remind us that we need to consistently look at ways to improve our services.

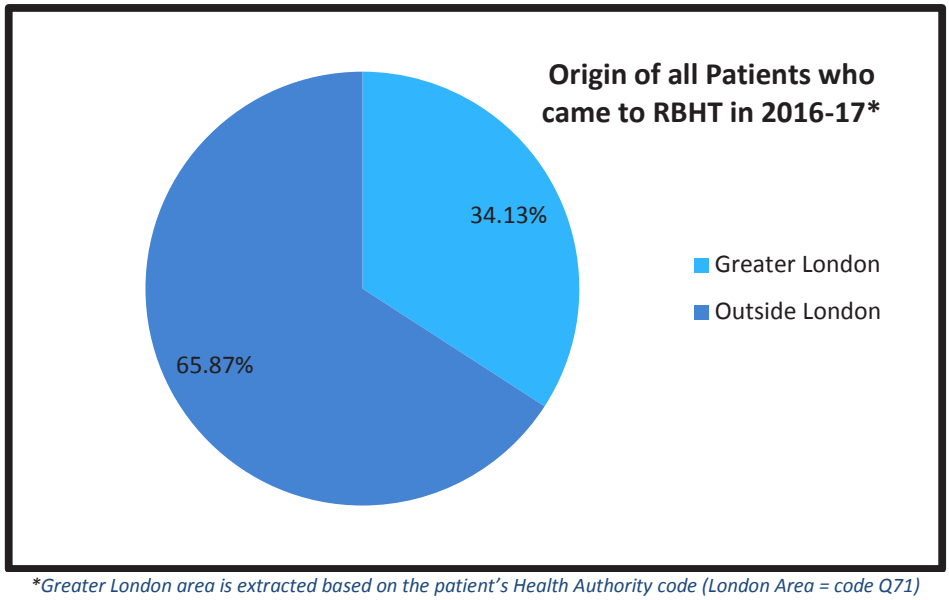
Accounting for all sources (national surveys, social media, Patient Advisory Liaison Services (PALS) inquiries, FFT) the top 5 improvement themes identified are related to: Information and Communication (478), Waiting (386), Food (384), Care (general, attitude) (178) and Cleanliness/Toilets/Facilities (104).

The 2016-17 Patient Experience Annual Report includes three new additions; The Private Healthcare Information Network (PHIN), Patient Related Outcome Measures (PROMS) and a Recognition section.

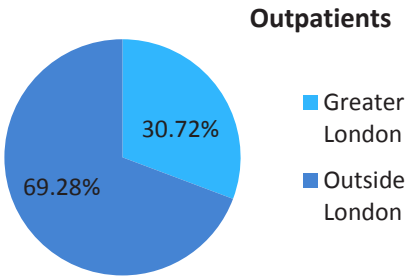
A Patient Experience Headline Tool has been created by NHSI to showcase in one location all patient experience published measures. It allows for comparing RBHT with other providers. It is available at:
https://tableau.monitor.gov.uk/t/Public/views/PatientExperienceHeadlinesTool/CoverPage?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3AusingOldHashUrl=true

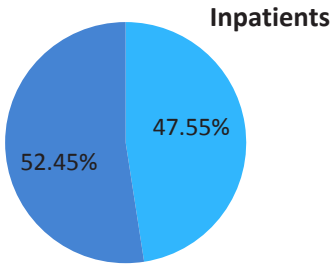
Introduction

Royal Brompton & Harefield NHS Foundation Trust (RBHT) is a national and international specialist heart and lung centre. Some of the most complicated surgery and sophisticated treatment take place at the Trust. Consequently, our patients come from all over the United Kingdom (UK) and internationally; not just from our local areas. We help patients of all ages who have heart and lung problems; from pre-birth to end of life; the focus is always on the patient.



**Greater London area is extracted based on the patient's Health Authority code (London Area = code Q71)*





The Trust's internationally acclaimed multidisciplinary clinical and research teams have become established over many years and they work together to deliver seamless co-ordinated, specialist care to each and every patient. Each member of staff is dedicated to patient care, from the very first contact a patient has with the Trust to follow-up care at home or in the community; their experience is a priority.

For the Royal Brompton and Harefield Hospital NHS Foundation Trust (RBHT) there has been a continued focus in 2016-17 on three important objectives with respect to patient experience:

4. **Actively seek out** input and feedback from patients, their families and carers.

5. Work in **partnership** with service users to **co-design solutions** to issues and areas of concern identified and **strengthened by real-time tracking, trending and analysis of input.**
6. **Transformational change** to produce **exemplary care experiences** for both patients and staff that will sustain the Trust moving forward.

This report is intended to demonstrate evidence of progress against these 3 objectives.

Objective 1 – Input and Feedback from Service Users

2016 National Inpatient Survey Results RBHT

RBHT has participated in the National Inpatient Survey since 2005. In 2016 the RBHT had 1229 patients (based on a July 2016 admission) eligible to receive surveys. Of those sent, 612 surveys were returned completed which resulted in a 50% response rate (54% in 2015), 9% points higher than the national average response rate of 41%.

Key points from RBHT 2016 Inpatient Survey:

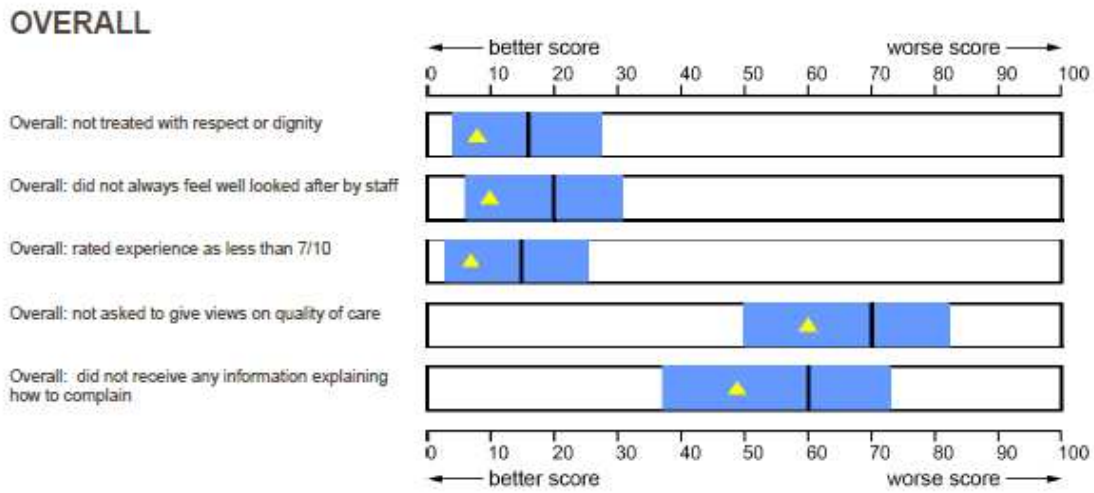
- 94% of respondents rated care 7+ out of 10.
- 92% of respondents believed they were treated with respect and dignity.
- 93% always had confidence and trust in their doctors.
- 99% believed Hospital room or ward was very/fairly clean.
- 95% believed Hospital: toilets and bathrooms were very/fairly clean.
- 96% of respondents thought they always had enough privacy when being examined or treated.

Over 800 comments were collected from the RBHT 2016 inpatient survey. The majority (67%) were positive however 272 were not. This compares to 880 comments in 2015 with 84% positive and 144 negative. The following table illustrates the categories of comments for the last two years:

Table 1 – Comments from Inpatient Survey 2015 compared to 2016

Area of Improvement	2015 comments	2016 comments
Food – poor choice, temperature	80 comments	46 comments
Toilets and Bathrooms in poor condition	28 comments	27 comments
Waiting (includes waiting on procedure list)	17 comments	14 comments
Communication	10 comments	17 comments
Noise	9 comments	9 comments
Discharge		21 comments
Staff – general care comments, rudeness,		20 comments

When RBHT is benchmarked externally with other Trusts the results in all categories and overall (RBHT is indicated below as yellow triangle) are better than the average of most other NHS Trusts.



2016 Children and Young People's Inpatient & Day Case Survey

The results presented here are from the 2016 Children & Young People's Inpatient & Day Case Survey, carried out by Picker on behalf of the Royal Brompton & Harefield NHS Foundation Trust. This survey is part of a series of annual surveys required by the Care Quality Commission (CQC) for all NHS Acute trusts in England. Picker was commissioned by 71 UK trusts to undertake the Children and Young People's Inpatient and Day Case Survey 2016, which is 54% of all eligible trusts in England. The purpose of the survey was to understand what young inpatient and day case patients and their parents/carers think of the healthcare services provided by the Trust. Picker has offered their paediatric inpatient and day case survey on a voluntary basis to NHS Trusts annually since 2010. In 2014, the CQC licenced the existing Picker paediatric inpatient and day case survey tools to use as part of the NHS patient survey programme. Running for the second time as a national survey in 2016, there is now the opportunity for significant historical analysis which can help the Trust to understand how they have developed in their delivery of paediatric services.

In 2016 a total of 494 patients from the Trust were sent a questionnaire. 487 patients were eligible for the survey, of which 177 returned a completed questionnaire, giving a response rate of 36%. The average response rate for the 71 trusts that Picker collected results for was 26%. For the purposes of this survey results from children (8-11 years), young people (12-15 years) and parents are distinguishable.

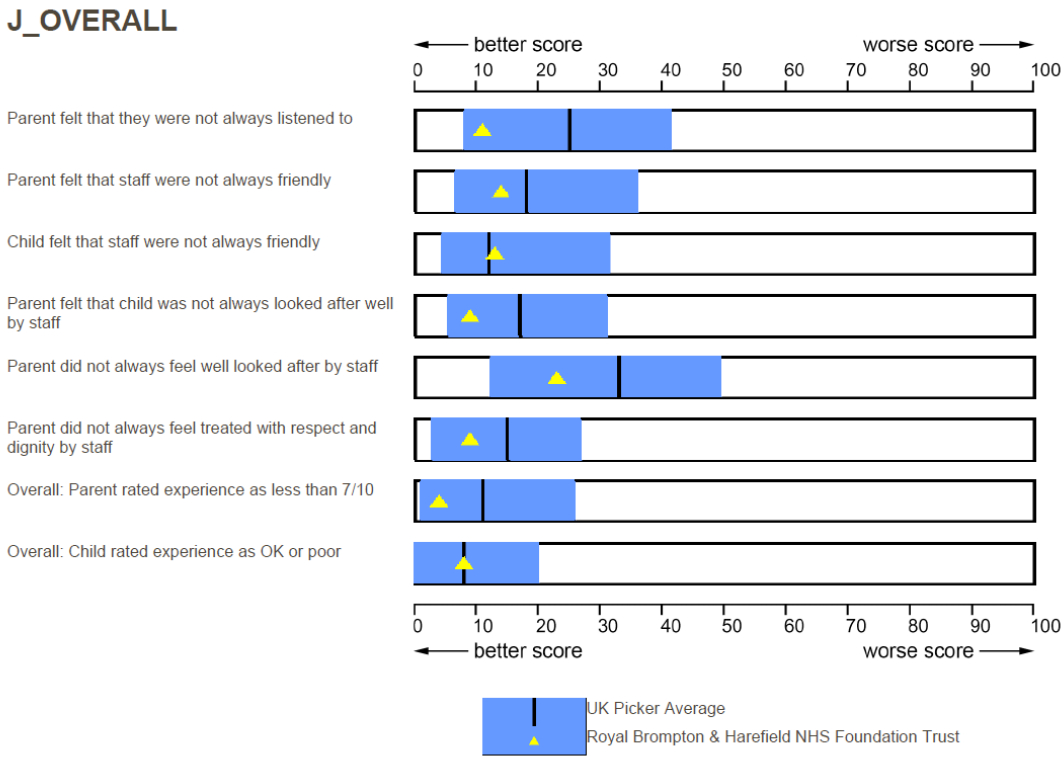
Key facts about the 177 who responded to the survey:

- 66% of returned questionnaires were the parent/carer version (0-7 years), 14% were the Children's survey (8-11 years), and 20% were the young person's questionnaire (12-15 years).
- 13% of admissions were emergency whereas 87% of attendances were planned.
- 69% had an operation or procedure during their stay.
- Overall: 96% of parents rated care 7 or more out of 10.

- Hospital staff: 85% of parents always had confidence and trust in the members of staff treating their child (0-15 years).
- Overall: 91% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years).

RBHT improved significantly on 7 questions and did not do significantly worse on any question when compared to the other "Picker" Trusts and results from 2014. The statement the Trust scored less than the average was: "Parents not able to prepare food in the hospital but wanted to."

When RBHT is benchmarked externally with the other 71 "Picker" Trusts the results in all categories and overall (RBHT is indicated below as yellow triangle) are better than the average of most other NHS Trusts



2016 National Cancer Survey Results RBHT

NHS Trusts that provide cancer services participate in a national cancer patient survey every year; RBHT have participated annually from 2010. The 2016 National Cancer Patient Experience Survey (NCPES) is currently underway. It is being led by a third party provider - Quality Health and undertakes an exercise of sending questionnaires to all patients who have received a first time treatment for cancer across 148 Acute Trusts in England. As of February 2016 the overall national response rate was 67%, the response rate for RBHT was 67%. The final 2016 results of the survey are due to be published in August of 2017.

The cancer dashboard, co-produced by NHS England and Public Health England, is intended as a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. This can be done by comparing performance against other similar organizations or the England average (overview tab) and tracking progress over time where data are available (trends tab). Further details on RBHT cancer dashboard metrics can be found here: https://www.cancerdata.nhs.uk/dashboard/lung.html#?tab=Trends&provider=RT3

National Cancer Survey Results Review 2010 to 2015

The following table provides a review of some of the key metrics from the Trust's cancer survey since 2010. Unfortunately due to the relatively small sample size the Trust often does not achieve a result for every question (minimum of 20 responses required for each question):

Table 2 – Cancer Survey comments and response rate 2010 to 2015

Year	2010	2012	2013	2014	2015
Trust Response Rate (RR)	24/41 63% RR	42/63 70% RR	41/61 69% RR	32/52 64% RR	21/30 70% RR
National RR	67% RR	67% RR	64% RR	64% RR	66% RR
Overall rate care as excellent or very good		90%	85%	93%	89%
Overall they were always treated with dignity and respect	95%	88%	91%	90%	Insufficient responses
Total number of Comments	22	47	48	46	37
% negative	23%	19%	25%	30%	22%

National Cancer Survey Patient Comment Themes 2010 to 2015

A review of the comments submitted by patients completing the cancer survey illustrates some common themes seen in other surveys; food, transport, discharges as examples. One comment mentioned a few times, which appears unique to cancer patients, is the level of sensitivity displayed at certain key points on the care pathway. The patient's comments provide great detail around their journey especially how and when they were told they had cancer and whether or not it was operable; sensitive delivery of that message being extremely important.

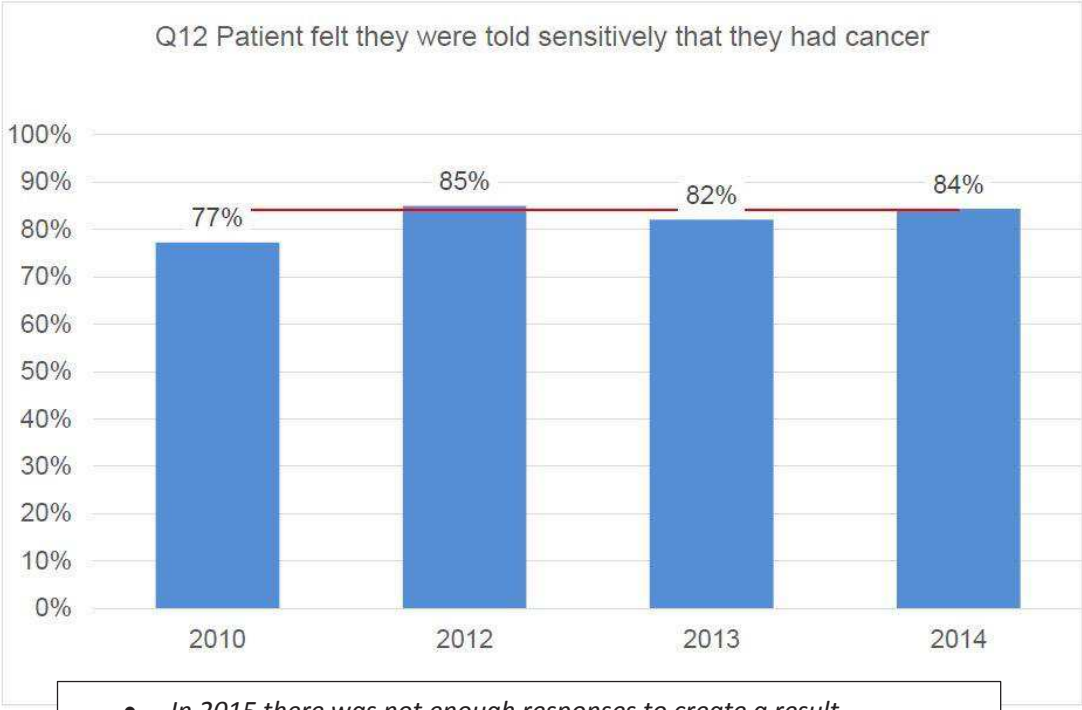
Another consistent comment was lack of support or information with respect to financial matters. Low numbers of eligible responses and comments and lots of questions left blank as a result of that makes trends difficult to assess.

Table 3 Cancer patient comments 2010 to 2015 by theme

Theme	2010	2012	2013	2014	2015	Total
Insensitive communication	2	1	1	2	2	8
Food	1	0	4	2	0	7

Waiting time in clinic	0	1	1	2	1	5
Communication (GP to hospital, general)	0	1	2	2	0	5
Discharge	0	1	0	2	1	4
Information (financial, clinical)	0	1	0	1	1	3
Transport	0	1	0	1	0	2
Toilets in poor condition	0	1	0	0	1	2
Nurse	0	0	1	1	0	2
Noise	0	0	1	0	1	2
Post op follow up	0	0	2	0	0	2
Parking	1	0	0	0	0	1
GP care at referral	1	0	0	0	0	1
HDU to ward	0	1	0	0	0	1
Doctor	0	1	0	0	0	1
Pain management	0	0	0	0	1	1
Cancellation theatre	0	0	0	1	0	1
Totals	**5**	**9**	**12**	**14**	**8**	**48**

Table 4 – Cancer survey Q12 response on sensitivity 2010 to 2014



- *In 2015 there was not enough responses to create a result*

2016 – 2017 Friends and Family Test Results

The Friends and Family Test (FFT) was introduced by the UK Government in May 2012. All hospital trusts are mandated to ask all inpatients (including Day case patients as of May 2015): "How likely are you to recommend our ward/clinic to friends and family if they needed similar care or treatment?" Royal Brompton & Harefield NHS Foundation Trust started using the Friends

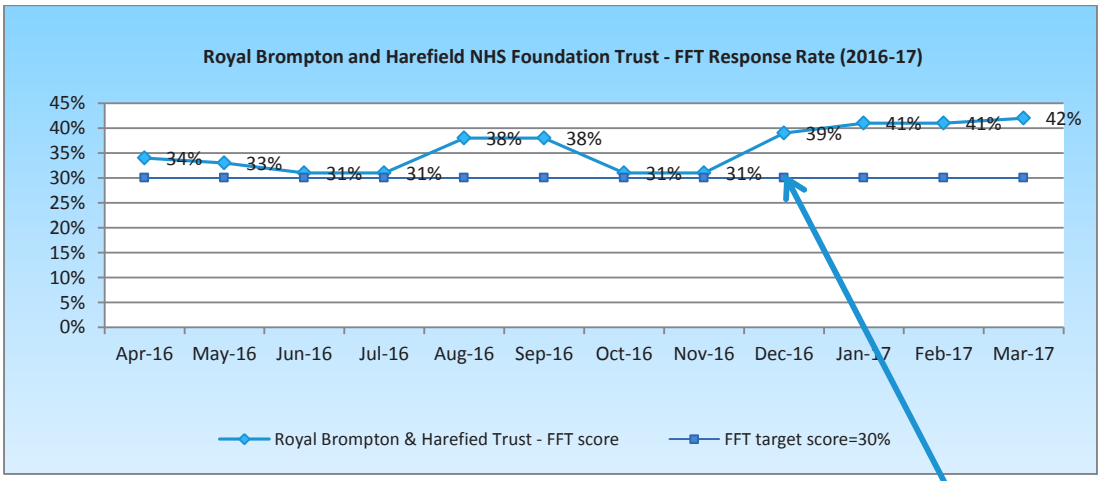
and Family Test in December 2012. From 1st January 2015 the FFT required response target has been 30%; the Trust has consistently met that target.

This year the Trust underwent a tender process to select a new FFT provider. The successful supplier provides a service which allows for responses in near "real time" through the use of text messaging and interactive voice response; set to be delivered automatically at 48 hours post discharge. In addition online results are immediate and gathered in real time at discharge via a mobile device. Less reliance on paper comment cards has been much more cost effective and in line with the Trust's "paper light" agenda. Since data is entered and analyzed automatically focus can now go to determining priorities and making improvements to care; not on collecting and entering data.

Since implementation of the new platform in December 2016 the response rate improved approximately 10% and has maintained that gain. Our results are more in line with both Liverpool Heart and Chest and Papworth and we are consistently in the top twenty Trusts with respect to response rate. There is better reporting functionality including sentiment, word and theme analysis. There is capacity to add other local surveys. As a result post roll out of FFT we have used the portal to add an AICU local survey at Harefield Hospital, converted a long standing paper based PICU survey to online collected via a mobile device, converted the cardio-oncology outpatient clinic paper based survey, and added private patients to meet their new requirements.

The best improvement however is that we monitor on a daily basis and ensure that there is immediate follow up to any negative comments as soon as they come in as opposed to having to wait a month for a comment card to be processed.

Table 4- FFT response scores for 2016-17

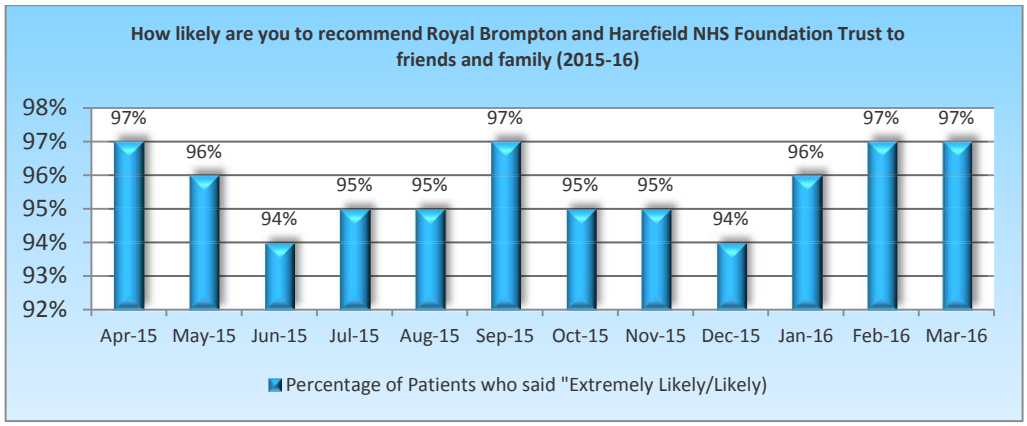


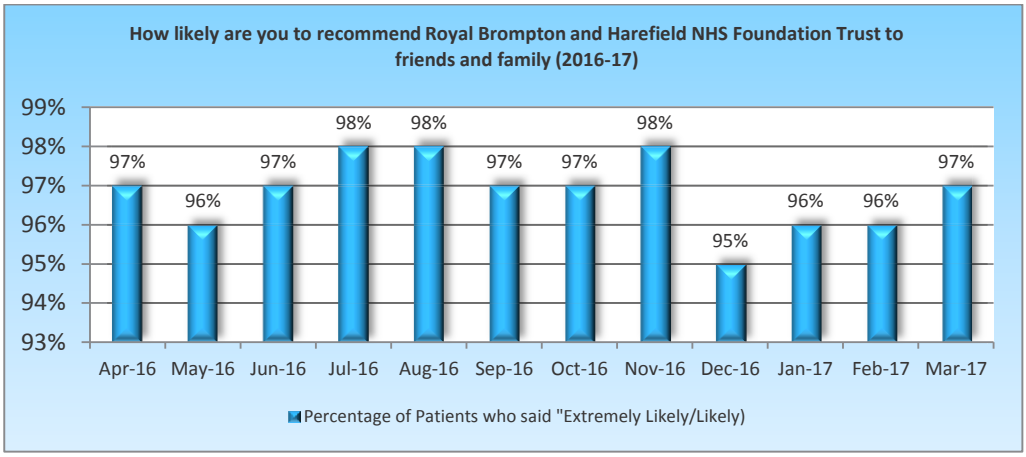
The FFT recommend score for Royal Brompton & Harefield NHS Foundation Trusts has been consistently

Implementation of new FFT provider contract

high = >95%, with an average of 96%. The tables below note the similarities year to year

Table 5- FFT recommend scores for 2015-16 and 2016-17





A Patient Experience Headline Tool has been created by NHSI to showcase in one location all patient experience published measures. It allows for comparing RBHT with other providers. It is available at:
https://tableau.monitor.gov.uk/t/Public/views/PatientExperienceHeadlinesTool/CoverPage?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3AusingOldHashUrl=true

Each area of the Trust participating in FFT receives their comments on a regular basis. They are expected to share with staff and take appropriate action. The following table shows the main recurring themes to the question "Was there anything that could be improved?"

Table 6 – FFT Improvement Comments by Themes 2015-16 and 2016-17

FFT Improvement Comment Theme	2015 -16	2016 -17
Food	**408**	**297**
Waiting	**333**	**164**

Information & Communication	**159**	**111**
Cleanliness	**80**	**73**
Nurses	**91**	**46**
Doctors	**39**	**30**

2016-2017 Social Media Monitoring

Each month the Communications Team at the Trust produces a report about social media (includes NHS Choices) activity related to RBHT. Analysis of 2016-17 shows that there are on average approximately 16 comments per month about the care received at the Trust. The majority (96%) is positive; this is an increase from 2015/16 which saw 87% of comments as positive. However some are not and fall into familiar themes that are seen with FFT and Inpatient survey comments and PALS informal complaints (inquiries).

Table 7– Social Media Improvement Comments by Themes

Social Media Improvement Comment Theme	Number of comments 2015/16	Number of comments 2016/17
Waiting	9	2
Communication	6	1
Care (general)	6	2
Doctors	6	0
Nurse	3	0
Food	3	2
Facilities	2	3
Transport	0	1

2016-2017 Patient Advisory Liaison Services (PALS) Comments

In 2016-17 the number of formal complaints and PALS inquiries for the top 5 themes was analyzed. The table below illustrates the results and continues to show that lack of effective communication and providing the right information as well as waiting times are the areas of largest concern for patients and their families.

Table 8 - 2016/17 Complaints and PALS Concerns Top 5 Subjects

Inquiry	Formal Complaint	PALS Inquiry
Admission, Discharge, Transfer	10	63
Waiting times/Delays	11	203
Hotel Services (catering)	3	5
Clinical care	27	136
Communication and Information	17	356
Total	3	844

Objective 2 - Co-design by tracking, trending and analysis of feedback

When we combine and analyze multiple sources of patient feedback (Inpatient Survey, FFT, Social Media and PALS) we start to see common themes. This gives us more intelligence to focus our improvement efforts.

Table 9 – Comparison of improvement comments from all sources

Improvement Comments	Inpatient Survey 2016	FFT 15/16	FFT 16/17	Social Media 15/16	Social Media 16/17	PALS 15/16	PALS 16/17	Total 15/16	Total 16/17
Waiting	17	333	164	9	2	322	203	681	386
Food	80	408	297	3	2	N/A	5	491	384
Information & Communication	10	159	111	6	1	535	356	710	478
Cleanliness/ Toilets /Estate	28	80	73	2	3	30	N/A	140	104
Nurses	N/A	91	46	3	N/A	N/A	N/A	94	46
Doctors	N/A	39	30	6	N/A	N/A	N/A	45	30
Noise	9	N/A	33	1	N/A	N/A	N/A	10	42
Care (general & attitude)	N/A	N/A	40	6	2	181	136	187	178
Patient Transport	N/A	N/A	20	N/A	1	59	N/A	59	21

** Social media includes Twitter and NHS Choices*

This list of improvement categories and comments will be taken to the RBHT Comments & Complaints Working Group to review in detail and then set Trust wide priorities and actions for improvement. In addition the information is made available to staff working on Quality Improvement (QI) projects, applying for Patient Fund monies, and the Trust's Darwin Transformation Program. This level of tracking, trending and analyzing patient and family feedback from various sources begins to give a better understanding of what concerns our service users. This way we can begin to bring focus to improvement efforts.

New Surveys in 2016-17

The Private Healthcare Information Network (PHIN) Survey

The Private Healthcare Information Network (PHIN) is the independent, government-mandated source of information about private healthcare, working to empower patients to make better-informed choices of care provider.

PHIN is a not-for-profit organisation that exists to make more robust information about private healthcare available, and to improve data quality and transparency.

Effective from 2016 all private hospitals (including NHS private patient units) are legally required to send PHIN data on safety and quality indicators. PHIN has selected seven patient feedback questions to ask private patients. The questions are derived from a combination of the NHS Friends and Family Test and the NHS Inpatient Survey in England (see Appendix A for details).

PROMS – Patient Related Outcome Measures

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to patients from the patient perspective. Currently the NHS only requires 4 clinical procedures, hip and knee replacement, groin hernia repair and varicose veins, to submit PROMs data. The data is used to calculate the health gains after surgical treatment using pre- and post-operative standardized surveys. The survey tool utilized is the EQ 5D5L and EQ VAS (EQ5D5L) (see Appendix B for an example copy) along with condition specific questionnaires for all four procedures.

At the present time Royal Brompton and Harefield NHS Trust (RBHT) are not required to do PROMS however commissioning through evaluation schemes often requires patient satisfaction metrics. Whether this is strictly PROMs or something similar, it is not stipulated quite that clearly in the contract. As a result going forward it would be ideal to have a systematic and standardized short and long term approach for the collection of required/desired Patient Related Outcome Measures (PROMS). There is a strong desire by the Medical and Divisional Directors as well as other clinical leaders to select specific procedures at the Trust that would be appropriate for PROMS.

This year progress (albeit on a small scale) in relation to PROMS was made in five areas:

1. PROMS collected retrospectively for PFO closure patients at HH and RB (see Appendix B for further details)
2. Trans Aortic Valve Implantation (TAVI) is under scrutiny as numbers are increasing and costs are high so it would be valuable to have additional outcome measures to evaluate value. The TAVI team CQUINN results provide patient experience metrics (see Appendix B for more details)
3. Participation in a PROMS related research trial at HH. The study involves feasibility testing of the collection of PROMs in two different medical and surgical emergency

admissions; i.e. Emergency Laparotomy and acute myocardial infarction. This project will be conducted by the London School of Hygiene and Tropical Medicine (LSHTM) and data will be collected in participating NHS sites (See Appendix B for further details)

4. Consideration of using PROMS for Atrial Ablation procedures – At HH Dr. Wajid Hussein has suggested the collection of PROMs using the Cardiff Cardiac Ablation Patient Reported Outcome Measure (PROM) questionnaires and EQ5D5L and VAS acuity index (see Appendix B for further details)
5. Exploring cost effective options to collect data

Objective 3 - Transformational change **to produce** exemplary care experience

Improvement to Patient Experience at the Trust Level

During 2016-17 several Trust wide initiatives were implemented to improve the experience of care for all patients and their relevant persons. Some were part of national initiatives and others were responses to patient feedback.

Compassionate Care Programme

The Compassionate Care programme, in collaboration with the Royal College of Nursing (RCN) and now running for the 4th year at the Trust, is designed to support Band 6 and 7 nurses to strengthen their leadership capabilities in order to lead and improve the care and services for patient, their families and staff.

The approach to the programme is experiential and utilises Appreciative Inquiry, a philosophy and methodology for promoting positive organisational change. Leading Change, Adding Value (2016) launched by the chief Nurse, Jane Cummings is a key policy document and will act as a framework for the service improvement component of the programme.

This exciting programme provides a unique developmental opportunity which is underpinned with action learning, a vehicle for supporting individuals to bring about transformational change. It is anticipated that the successful completion of the programme will enhance the valuable contribution nurses make to how healthcare is delivered at the Royal Brompton and Harefield NHS Foundation Trust, whilst also transforming the way they think, reflect and respond to the needs of patients, their families and staff members. Finally the quality improvement tools used within the programme enable participants to identify, develop and lead change in their area of practice, no matter how small because it is sustainable and contributes to the Trust's overall quality improvement agenda.

The programme is designed and delivered in collaboration by Christine McKenzie, Royal College of Nursing Professional Learning and Development Facilitator, Fiona Cook, RCN Associate Consultant and Nicola Nation, Senior Nurse Royal Brompton and Harefield NHS Foundation Trust.

Projects submitted as part of the Compassionate Care Program for 2016-17

Examples of 12 projects implemented across the trust from nurses who attended the 2016-2017 course in response to patient feedback can be found in Appendix C.

Patient Fund

Each year the Royal Brompton and Harefield Hospitals Charity has generously made £100,000 funding available for enhancing patient experience within the Trust. The Patient Fund (formerly called Patient Amenity Fund) encourages all staff to submit their ideas for projects to improve patients' and visitors' experience in both hospitals. A committee of staff from both sites, chaired by the Director of Nursing and Clinical Governance, reviews each application and awards funds.

In addition to a new name (Patient Fund) the RBHT Charity has also introduced monthly donations; for as little as 5 pounds per month people can contribute. These monthly donations will in future be used to support the Patient Fund. It is very early days however there has been over £18,000 raised since the launch in March 2017. For a complete list of the 2016 awards please see Appendix D.

Patient-Led Assessments of the Care Environment – (PLACE)

April 2013 saw the introduction of PLACE by the government. PLACE is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors but others are also encouraged and helped to participate in the programme. On an annual basis RBHT participates in two assessments; one for the Royal Brompton Hospital and one for Harefield Hospital.

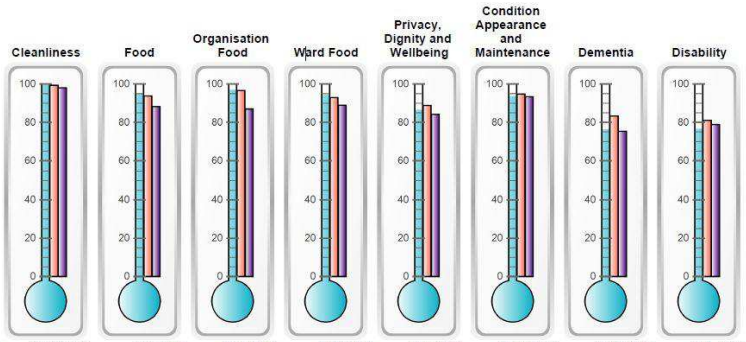
The assessments involve local people (known as Patient Assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently (2015), the extent to which the environment is able to support the care of those with dementia. From 2016 the assessment will also look at aspects of the environment in relation to those with disabilities.

Recruitment and training of Patient Assessors is the responsibility of those organisations undertaking assessments. For RBHT Healthwatch in the borough of Kensington and Chelsea and Hillingdon are contacted to provide lay assessors from local communities. The assessments take place every year and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services.

It should be noted however that the assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision or how well staff are doing their job.The Trust has performed well in the 2016 PLACE assessment, the results of which were recently published by NHS England. Overall, the Trust performed better than the national average in the majority of the assessment areas, showing a major improvement in food and hydration and how well equipped our hospital sites are in meeting the needs of people with dementia.

Table 10 – Harefield Hospital 2016 PLACE Assessment Results

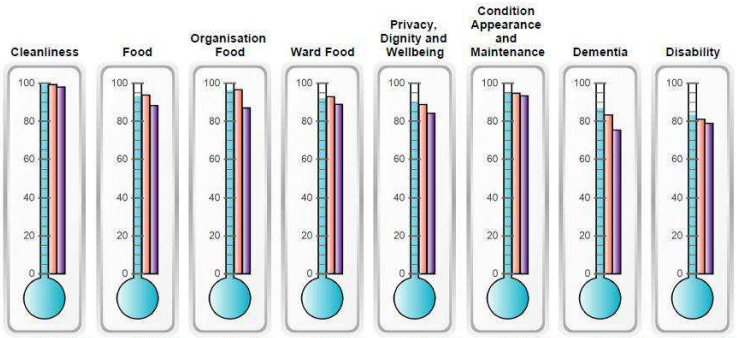
HAREFIELD HOSPITAL- Collection: 2016



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	2509.0000	443.7014	111.1847	332.5167	315.5000	1228.0000	637.4537	351.4789
Available Score (Actual)	2522.0000	466.7224	114.5880	352.1344	364.0000	1310.0000	834.8571	458.3697
Site Score	99.48%	95.07%	97.03%	94.43%	86.68%	93.74%	76.35%	76.68%
Organisation Average	99.30%	93.84%	96.60%	92.92%	88.82%	94.79%	83.25%	81.06%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

Table 11 – Royal Brompton 2016 PLACE Assessment Results

ROYAL BROMPTON HOSPITAL- Collection: 2016



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	2714.0000	427.6090	110.4284	317.1806	327.5000	1314.0000	611.1974	343.9789
Available Score (Actual)	2736.0000	458.9409	114.5880	344.3529	364.0000	1378.0000	702.8571	412.3697
Site Score	99.20%	93.17%	96.37%	92.11%	89.97%	95.36%	86.96%	83.42%
Organisation Average	99.30%	93.84%	96.60%	92.92%	88.82%	94.79%	83.25%	81.06%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

When we compare PLACE scores from 2015 to 2016 (Table 12) we note improvement in food and dementia. This was the result of some specific improvement work which included:

- A task and finish group involving catering teams, nurse and dieticians to review issues relating to food, in the light of the Hospital Food Standards report 2014.
- The estates maintenance team working closely with the Capital projects team to make sure that any new build or refurbishment project automatically incorporated the requirements of the Dementia care standard. This includes suitable flooring and colour schemes, improved signage and details like large clocks, and the use of dark blue toilet seats which provide suitable contrast to white sanitary ware.

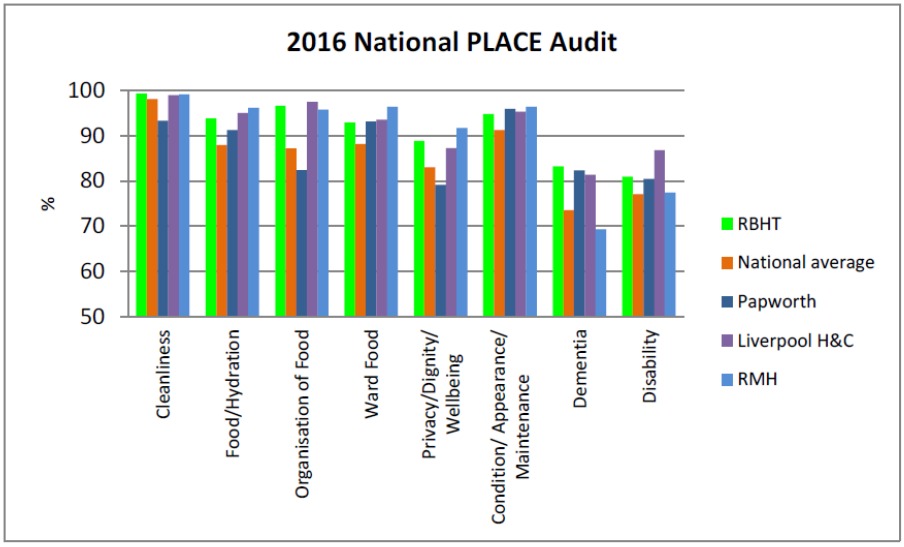
Table 12 –PLACE Assessment Results 2015 compared to 2016

	Cleanliness	Food	Food Organisation	Ward Food	Privacy, Dignity Wellbeing	Condition Appearance Maintenance	Dementia
2015 National Average	*97.5*	*88.4*	*87.2*	*89.2*	*86*	*90.1*	*74.5*
2015 Trust Scores	96.6	89.6	88.9	89.9	87.2	86.1	65.4
2016 Trust Scores	99.3	93.8	96.6	92.9	88.8	94.7	83.2

As seen above, the Trust demonstrated improvement against all areas, and in particular was pleased to see the work undertaken to embed the needs of Dementia patients into the routine activities of the estates teams reflected in the scores for the 2016 review. For this year, the focus on Dementia will remain, and a further focus on disability issues will be included in this work. Internal benchmarking against the performance of similar specialist Trusts is also helpful, and can identify where there may be areas of significant difference where learning between organisations could drive improvement.

Figure 1 below identifies Trust performance compared to three other specialist trusts, and also identified the national Average for all acute trusts for 2016.

Fig 1



rb&hArts 2016-17 Activity Report

rb&hArts (The Trust's art program) is supported by Royal Brompton & Harefield Hospitals Charity (see Appendix E for a complete list of donors) to bring the benefits of the arts into our Trust and the local communities surrounding each hospital. The program has 3 main aims:

1. Increase levels of wellbeing,
2. Enhance the patient experience and
3. Improve the healthcare estate

This is accomplished by delivering high quality creative arts. In a typical year, 5,000 people will take part, many accessing the arts for the first time.

rb&hArts sits within the Patient Experience & Transformation Directorate at the Trust. It is a small team (2.4 FTE) and their core activities include:

- Managing the Trust's permanent art collection of 1,200 pieces
- Organizing temporary art exhibitions in public spaces. Artworks are often for sale, and a 30% fee is used to continue the programme
- Commissioning bespoke and embedded artworks as part of refurbishments or capital developments
- Developing and managing opportunities for inpatients to experience live music across the hospital
- Running "Singing for Breathing", 2 weekly vocal coaching projects for outpatients living with COPD.

For a complete list of all the projects rb&hArts has been involved in for 2016-17 please see Appendix E.

Patient Advisory Group

In January 2017 the RBHT Patient and Family Advisory Group (PAG) celebrated their first year anniversary. The group is composed of representatives from both sites; patients and carers, adult and paediatric programmes. The group meets on a quarterly basis and sets priorities for the upcoming year at the July meeting. This year four areas of focus are intended; infection prevention and control, psychology of having a chronic illness, safeguarding, and the consent process. After having presentations by experts on these topics the group will provide unique insights and awareness as a result of their personal experiences as a patient, carer or both. The primary purpose will be to support a consistent Trust wide approach to delivering patient centric care as a result of listening to the voice of service users and co-designing solutions in partnership with all relevant stakeholders. Members of the PAG are also members of the Trust. In addition to being a member of PAG they volunteer their time to participate in activities such as the PLACE assessment, input into other Trust committees, and initiatives such as capital development projects, web redevelopment, relevant policies (e.g. Accessible Information Standards).

Improvement to Patient Experience at the Local Level

Survey results and findings can be somewhat limited when it comes to making specific programme or specialty level change to improve services for patients and their families. Surveys often can give a high level indication of where there is need for improvement but lack specificity to make change(s). As a result the various care groups, sub specialties, wards, departments, and

individuals at RBHT have developed ways and opportunities to listen to their patient populations and then work with them to co-design solutions to improve the experience of care for both patient and staff. The following illustrates some of the work that occurred at the RBHT in 2016-17.

Atrial Fibrillation (AF) Support Group

Karthik Viswanathan, Locum EP Consultant at Harefield hospital had been working with Wajid Hussein (EP Consultant and CCL Director) and HH's arrhythmia nurse team on setting up an AF patient support group. He had the opportunity to speak to Arrhythmia Alliance UK who are extremely supportive. There are currently no arrhythmia or AF patient support groups anywhere in North-west London, Berkshire, Buckinghamshire and Hertfordshire, so this was seen as a great opportunity to meet a need.

On January 11th 2017 the group held the first meeting; which was very successful. Some of the comments included:

> *"I feel more prepared to support my Mum going forward for ablation and the questions to ask"*
> *"I think when you suffer from AF all sorts of scenarios go through your mind. This has put my mind at ease"*

The group plans to meet on a regular basis; the next meeting will focus on anticoagulation therapy.

Takotsubo Day – 14/07/2016

On July 14 2016 Dr. Alex Lyon hosted a patient information workshop on Takotsubo Syndrome or sometimes known as "*Broken heart syndrome*". It is a temporary heart condition that's often brought on by stressful situations, such as the death of a loved one. The condition can be triggered by a serious physical illness or surgery. People with broken heart syndrome may have sudden chest pain or think they're having a heart attack.

In broken heart syndrome, there's a temporary disruption of your heart's normal pumping function in one area of the heart. The remainder of the heart functions normally or with even more forceful contractions. Broken heart syndrome may be caused by the heart's reaction to a surge of stress hormones.

The symptoms of broken heart syndrome are treatable, and the condition usually reverses itself in days or weeks. One person who had experienced the condition after the death of their partner told their story to the group. Feedback from the session was very positive.

RB AICU Patient and Family Day

Over 50 former critical care patients, their families and members of staff came together for Royal Brompton's annual adult intensive care patient day on Saturday (3 June 2017).

The day, now in its third year, is a chance for staff to hear directly from patients and their relatives about their experiences of critical care, including what they found good about our services and – importantly – where further improvements could be made.

It also gives patients and their families the opportunity to meet each other outside of hospital, share their experiences, and hear from the team who cared for them, including senior nurses, critical care consultants, consultant psychologists and occupational therapists.

Previous improvements that have been made to the intensive care unit as a result of patient feedback include:

- creating a new, brighter and larger waiting room
- designing a new quiet room where staff can talk to relatives with increased privacy and fewer interruptions, equipped with computers so scans and images can be explained
- a new 'buzzer' system that lets relatives know when they can visit their loved ones without having to repeatedly check, meaning they can spend time in the café, canteen, or multi-faith room
- re-launching patient diaries to record their time in critical care.

Speaking at the event, former patient Glynn Seal explained how he had recovered from pneumonia, which had led to four months in hospital, 11 weeks in intensive care and five weeks on extra-corporeal membrane oxygenation (ECMO) at Royal Brompton. Following his recovery, he ran a marathon, raising nearly £2,000 for the intensive care unit which saved his life.

Another former patient, Simon Reuter, shared his

experiences of paranoia and hallucinations while in intensive care, providing an insight into the psychological impact of critical illness and being in an intensive care environment.

Husband Martin Beadle talked of his experience of his wife, Amanda, being on the unit, and commented: "You can teach nursing, but you can't teach kindness, empathy, caring, all of which they showed day in, day out… the NHS is a superb institution, the support we received was fantastic, and it's great that we were listened to."

Jo Tillman is one of the matrons in charge of the unit and helped to organise the event. Jo said: "The day was a chance to spend time with patients and their families, away from the obviously busy and pressurised world of the intensive care unit itself. The feedback we received is absolutely invaluable when it comes to improving what we do.

"We're already looking at how we can improve 'handovers' between departments, and when patients are repatriated back to their local hospitals, to ensure continuity of evidence-based, individualised care. We're also working to ensure that, when patients are transferred out of the unit, the receiving areas obtain all the key information about their experience to date."

Occupational Medicine Outpatient Clinic Team

The Trust's occupational and environmental lung disease service is the largest in the UK, and is the longest established unit for the investigation of occupational asthma in Europe. The unit is led by specialist clinicians Professor Paul Cullinan, Dr. Jo Feary and Dr. Jo Szram and supported by clinical nurse specialists, Julie Cannon and Bernadette Fitzgerald as well as a dedicated laboratory team, Dr. Meinir Jones and Jennifer Welch. The team sees nearly 400 new patients each year at both hospital sites, carries out workplace visits and trains and consults on aspects of occupational respiratory surveillance, reaching large groups of people at risk of work-related lung disease.

For many years the team has collected feedback from their patients in order to improve the service. This includes an annual patient questionnaire, and a project following patients in a "shadowing" exercise as they experience their appointment; tracking time and activities and ad hoc interviews immediately following appointments. The goal each year is to decrease the length of time patients spend in clinic while still providing high quality care. Last year the team was awarded money from the Trust's Patient Fund and made a short film for new patients explaining what to expect from their clinic visit – an online link will be sent to them at the time of booking.

Cardio Oncology Clinic

The Cardio Oncology Clinic at the Royal Brompton has since first opening over three years ago surveyed all of their new patients. Consistently the clinic receives a score of 9+ out of 10 for their services plus many positive comments.

Recognition

The following is a list of individuals and teams who were internally or externally recognized for extraordinary efforts as it relates to improving the patient experience. This list is not all inclusive and no doubt there are many more people who do much more each and every day.

RBHT Hospital to Home team

The Royal Brompton's Hospital to Home service received the award '*Highly commended*' at the Health Services Journal (HSJ) - Value in Healthcare Awards, category ***-'The Use of Information Technology To Drive Value in Clinical Services'.***

> Trust develops an integrated web-based pathway that supports extended hospital stay for children requiring long-term ventilation via tracheostomy, reducing length of stay

Sarah Todd and Sarah Akers, Physiotherapists

Quality Improvement (QI) Project Winners 2016

Patient governors Brenda Davies and Tim Mack presented the award to Sarah Todd and Sarah Akers

Since 2015 staff has been invited to take part in a Trust-wide quality improvement (QI) competition. The teams showcase their outcomes and winners are chosen based on pre-determined criteria; one of which is how much patient involvement was included in the project.

An initiative to improve the exercise programme for respiratory inpatients at Royal Brompton, developed by physiotherapists Sarah Todd and Sarah Akers, was chosen as the 2016 winning project. A series of changes to improve referrals, intervention times and access to daily exercise classes was trialled, and regular feedback invited from patients and colleagues.

More details on the project can be found here: http://www2.rbht.nhs.uk/news/archive/quality-improvement-projects-showcased-at-awards-ceremony/

Melissa Rochon, Clinical Nurse Specialist in Surveillance

Patient Safety Awards

Photo At Discharge, an initiative inspired and led by Melissa Rochon has been shortlisted for a Patient Safety Award. At the event in Manchester in July 2017; nominees will find out who has won.

SSIs (surgical site infections) are linked with significant clinical and economic burden. The process of wound assessment at the point of discharge is an important factor. The

implementation of wound photo at discharge (PAD) demonstrated 5 times less readmissions for SSIs. Excellent patient feedback was noted.

Catherine Philpott – Emergency Planning Officer

Quality Interpretation /Services

In the early spring of 2016 Catherine noticed there appeared to be more and more requests for staff with specific language skills to provide interpretation. These requests were made via "all user emails" Catherine was concerned that our patients who did not speak and understand English were not getting a good quality experience.

Catherine is the Trust's Emergency Planning Officer – in that role she would not have any direct responsibility for interpretation services. Catherine, as do many other staff at the Trust, believes all staff are responsible for ensuring our service users have a quality experience. As a result of this dedication to doing the right thing, Catherine helped support the selection and rollout of a new Translation and Interpretation service available 24/7. Almost a year after noticing the increasing number of email requests, the Trust's new translation and interpretation service provider; The Big Word was launched on 1 March 2017.

One of the key benefits of *The Big Word* system is that staff will be able to speak to an interpreter over the phone in a matter of seconds. Face-to-face appointments will still be available via an online booking form, but if patients need to speak to someone urgently, they will no longer have to wait for an emergency interpreter to be found. The Trust has the assurance to know that every interpreter will be highly qualified - ensuring a quality experience for all our patients.

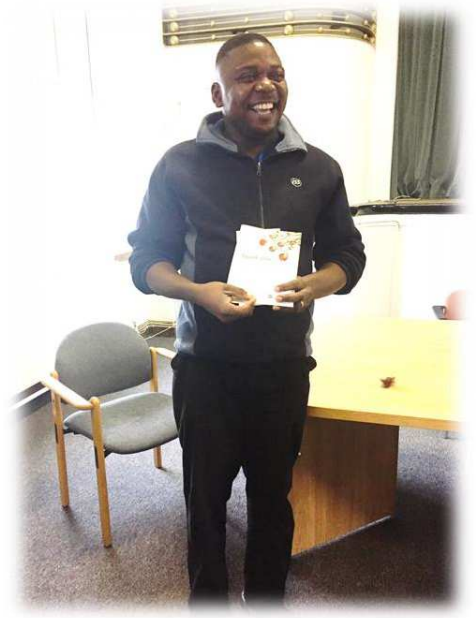
Eric Muskitelle – Catering Host ISS HH

ISS Apple Award

Eric was nominated and awarded the "Apple of the month" award for December 2016. Eric is a catering host at Harefield Hospital. The Apple award is part of ISS UK's People Recognition Scheme. Eric was given an Apple IPAD and was delighted with the recognition. The ISS executive board recognized how much Eric had gone above and beyond his duty and made such a difference to one particular family.

The daughter of one of the HH Heart patients wrote a letter about how Eric had gone the extra mile for her father. Eric made special arrangements for food for her father; nothing being too much trouble. Eric took the time to update her on what her father had eaten before she got to the hospital; especially important as her father's diet had been poor.

Unfortunately, her father passed away. It was during the night but because of the shift system, when the family arrived in the morning they were now dealing with a team of doctors and nurses that they had not seen previously. However as she walked through the hospital she met Eric in the corridor. He made a special effort to tell her about her father's last night and what he had eaten. This small act of kindness moved her to write a letter of appreciation.



"I cannot express strongly enough how comforting it was to know that someone was so caring and interested in my father. And he wasn't doing this just for my dad - he had a warm and generous manner with all of the patients. In situations such as ours where my father was so unwell, you want to know that everyone caring for him feels this way. And whilst the medical teams undoubtedly do, there is an element where you feel that you are just part of the big NHS machine. People like Eric bring a much needed human element and warmth to an otherwise stressful and traumatic experience, and it was a comfort to see him on Monday as a point of consistency in my father's care."(Sarah Baxter).

Dr. Milissa Sanchez and Catherine Scott

In November 2015 Dr. Milissa Sanchez (psychologist in the HH Transplant program) and Catherine Scott (OT and Trust Lead for Older people), along with Susan Talbot (CNS in Cystic Fibrosis) participated in an Innovation Program sponsored by Imperial College Health Partners and facilitated by What If. Their project focus was to improve the lung transplant referral process of CF patients from RB to HH.

Now almost two years later and after many many meetings, conversations, hard work and support, the Hospital to Home program is

leading the development of a web enabled platform that will support referrals for Lung Transplant assessment. The team announced that testing of initial software development of the referral section is completed and functional testing is underway

Milissa, Catherine and Susan (who has since resigned her position at the Trust) consistent determination to improve the experience of these patients who were spending a third of their remaining lives waiting to get their first assessment appointment inspired this work.

Additionally Gillian Halley, Julie Coombs and the Hospital to Home team should also be acknowledged for their support and desire to spread their knowledge and skills to transform the pathway for long term ventilation, ECMO and now Lung Transplant.

Screen shot – Lung Transplant Referral pathway

Conclusion

This report was intended to demonstrate evidence that the Trust as a whole and each member of staff is dedicated to ensuring an exemplary patient experience. From the very first contact a patient has with RBHT to follow-up care at home or in the community; their experience is a priority. Sometimes we don't get it right but there is a spirit to listen and keep trying together to improve services.

References

NHS England (2016) Leading Change, Adding Value: A framework for nursing, midwifery and care staff. NHS Commissioning Board

NHS England (2012) Compassion in Practice. NHS Commissioning Board

PROMS - Contact the EuroQol Group http://www.euroqol.org/faqs/__eq-5d-web-version.html

Appendix A – PHIN Patient Feedback Questions for survey

1. How likely are you to recommend our hospital to friends and family if they need similar care or treatment?
2. Were you involved as much as you wanted to be in decisions about your care and treatment?
3. Did you find someone on the hospital staff to talk to about your worries and fears?
4. Were you given enough privacy when discussing your condition or treatment?
5. Did a member of staff tell you about medication side effects to watch for when you went home?
6. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
7. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Appendix B - PROMS

EQ5D5L and EQ VAS – European Quality of Life tools for PROMS collection

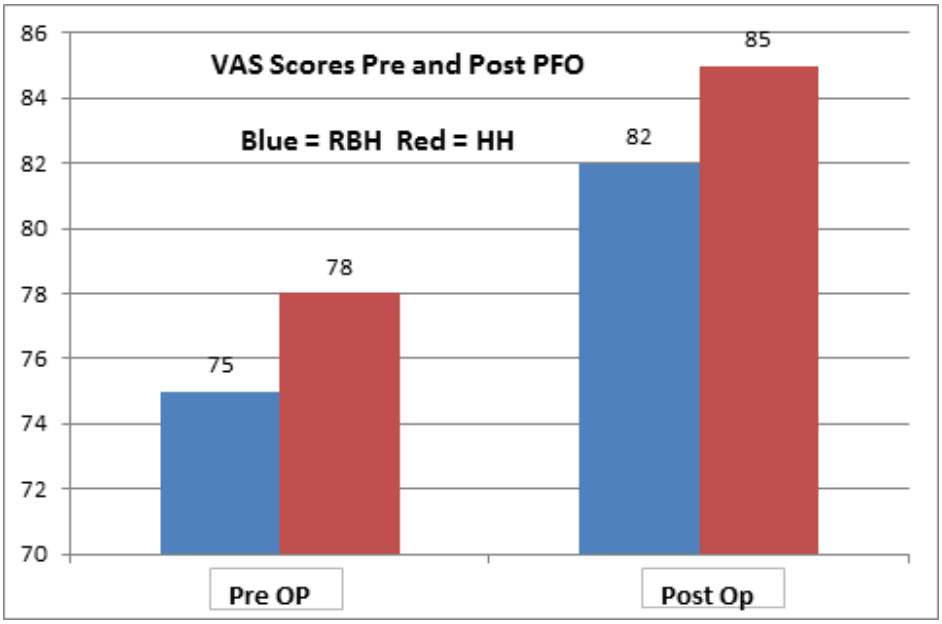
Effective_UK_English
_EQ_5D_5L Paper_Se

PFO Closures PROMS collection and results

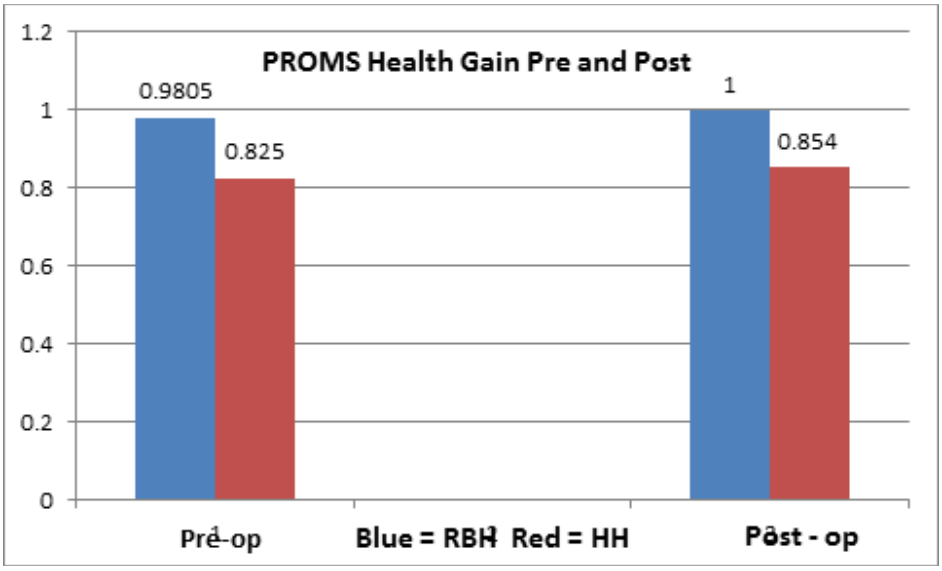
A retrospective mail out to all patients of Drs. Anselm Ubing (RBH) and Charles Isley (HH) who underwent a PFO closure, was sent to patients. A covering letter was provided by the respective consultant asking the patient to complete the enclosed surveys (VAS acuity index and EQ5D5L) based on how they felt pre procedure and then how they feel now (one year post procedure at the minimum). A freepost envelope addressed to the Trust was enclosed for them to send completed questionnaires back.

The response rate for RBH patients was 33%; slightly higher than HH at 28%
As expected the health gain was minimal (.020), HH was similar at .029

Here are RBH results compared with HH:

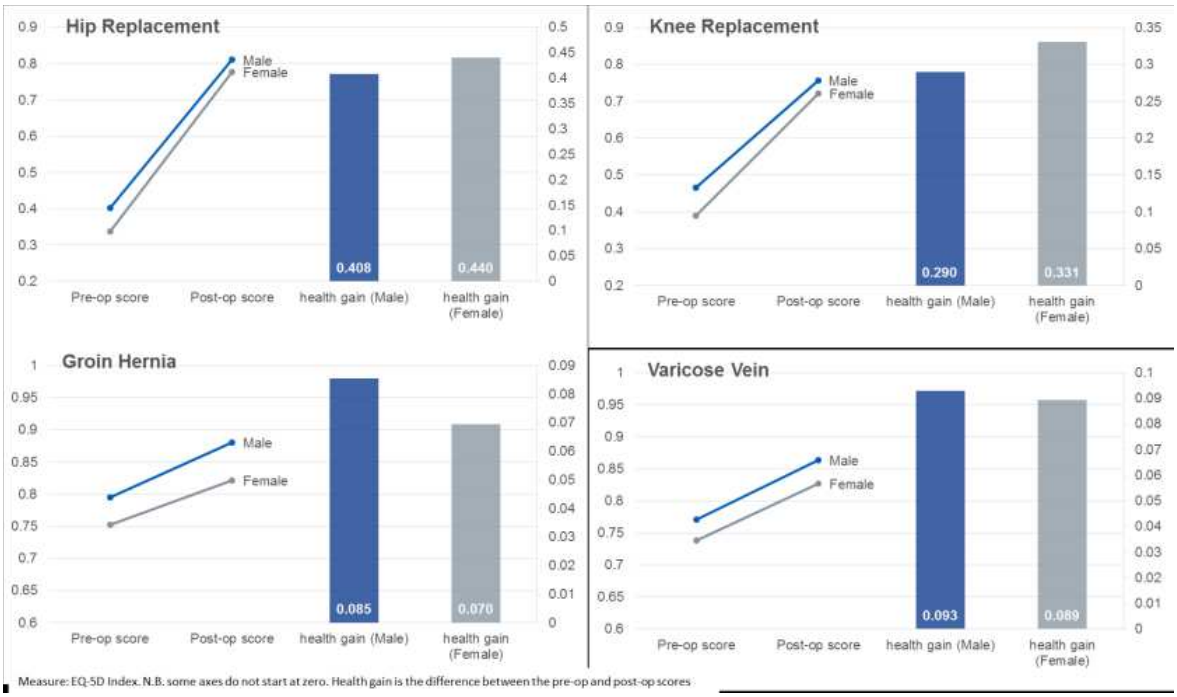


*VAS score is the patient rating themselves pre and post procedure on a scale of 0 to 100 – 0 being poor health; 100 being optimum health



*These are the EQ5D5L questionnaire results – patient assesses themselves on a scale of 1 to 5 in these domains: mobility, self-care, usual activities, pain, and anxiety/depression.

To give some context the graphs below show VAS scores via line chart and health gain via bar graph for hip and knee replacement (average for England – 2014/15 PROMs results).



TAVI – Patient Satisfaction input

RBHT CQUINs 2016 17 NHSE.pptx

PROMS Feasibility Study at HH

Emergency admissions account for 40% of hospital admissions and are an area of increasing resource usage. This is also an area where the NHS knows least about the quality of its outcome, and whether we are using resources effectively.

Patient Reported Outcomes Measures (PROMs), by measuring the patient's reported health change allows the NHS to measure clinical effectiveness rather than just its inputs and activities, and heralds a way forward for understanding the effectiveness and cost effectiveness of health services.

This study involves feasibility testing of the collection of PROMs two different medical and surgical emergency admissions in Emergency Laparotomy and acute myocardial infarction. This project will be conducted at the London School of Hygiene and Tropical Medicine (LSHTM) and data will be collected in participating NHS sites. Study lead is **Dr. Esther Kwong** Department of Health Services Research & Policy London School of Hygiene & Tropical Medicine **Alison Pottle**; consultant nurse cardiology HH **Paula Rogers**; Research Nurse Manager Cardiology HH

IRAS Phase 4
Protocol Feasbility stu

Atrial Ablation PROMS condition specific questionnaire

C-CAP scoring
instructions v1.0.pdf

Appendix C Compassionate Care Program

12 Compassionate Care Projects

Examples of 12 projects implemented across the trust from nurses who attended the 2016-2017 Compassionate Care course:

1. **Marcos Ferreira**
   Improving Out-of-Hours Care for Non-English Speaking Patients (Sir Reginald Wilson Ward, RBH)
   Evidence suggests that communication barriers in healthcare can lead to poor outcomes such as inappropriate diagnosis or poor adherence to treatment by the patients (Kaur 2014). A large majority of the private inpatient admissions on Sir Reginald Wilson Ward come from the Middle East and a great number of these patients don't speak English. During the day time (from 8am-8pm) professional trained interpreters are available on the ward, but during the night time no facilities were currently available. The aim of this project encompassing all of the 6C's, was to develop a quick interpretation tool, with the assistance of the professional interpretation team, to allow both patients and nurses to communicate and understand the main needs of the patients out of hours following patient feedback.
2. **Deborah Luff**
   Identifying the Need for a Telephone Follow up Service Following Discharge from Surgery (Cedar Ward, HH)
   Prior to going home patients often spend some time in the discharge lounge on Cedar Ward. The discharge lounge, funded by the Patient Amenities Fund, provides beverage and comfort while waiting for discharge. Staff used the discovery tools of quick feedback sheets and observation from the Compassionate Care programme to understand what was working well in the discharge lounge for patients and what could be done to improve their experience. From patient feedback the need for a telephone follow up service following discharge was identified as patients commented on feeling 'worried about going home so soon after my operation' and 'concerned about taking my medication when I get home'. It was felt that the telephone follow up would help bridge the gap between home and hospital for certain patients.
3. **Linda Freeman**
   Compassionate Care Programme: A Journey of Discovery – The Impact of the McKinley T34 in Practice (Specialist Supportive and Palliative Care)
   End of Life care (EoLC) is everyone's business (DoH 2015). The CME McKinley T34 syringe pump is a portable, battery operated device for delivering medication by continuous subcutaneous infusion (CSCI). There is Trust training and policy for using the McKinley T34 syringe pump in end of life care. This project involved the 6C's in conjunction with appreciative inquiry (Dewar 2013) introduced on the Compassionate Care Programme.
   Emergent themes from feedback were that staff found caring for a dying patient can leave them feeling isolated and alone, especially when using a McKinley T34 Syringe

Pump. Also, patients and family stated when given information about end of life they often found it hard to recall what has been said. This project has developed a multi-faceted approach to training involving development of a training programme for staff that recognizes the emotional burden when they are dealing with McKinley pumps and end of life care and development of a patient information leaflet. Feedback from patient/carers/family/staff has led to small yet important service development needs.

4. **Kumari Kalubowilage, Deepa Suresh, Joseph Viana**
   Importance of Transportation Times for Specimens in Theatres (Theatres, HH)
   This project reviewed the transportation time for specimens in Theatres at Harefield. It is recognized that contaminated samples can lead to misleading results, inappropriate antibiotic use and unnecessary laboratory work (GOSH 2014). The service improvement incorporated the 6C's to achieve regular, timely collection and delivery of specimens from theatres and increased staff awareness. Initial comments on the new system are positive and staff is more proactive in monitoring specimens going to the laboratory and providing out of hours service.
5. **Ramani Annalingam**
   Time to Take Care of the Working Service Users in the Apheresis Unit (Apheresis Unit, HH)
   This service improvement project aimed to provide an apheresis service from 08.00 to 20.00 on Fridays for those patients who were finding the usual apheresis service hours difficult to attend due to work commitments. The outcomes of the project were to improve patient satisfaction, and to reduce patient stress and non-compliance with treatment by addressing a more flexible approach to patient care.
6. **Caroline Vimbainashe Chinondo**
   Using Patient Experience to Improve the Quality of Care and Safety when Performing Lateral Transfers (Transplant Unit, HH)
   In the past 2 years the transplant unit has noted that patient co-morbidities are increasing the length of stay pre and post Ventricular Assist Device (VAD) implantation and Transplant. As a result patients are immobile for long periods requiring more intense rehabilitation and an increased number of staff to enable them to be transferred, repositioned and mobilized without harm. This project addressed finding an innovative solution to meeting patient's safety, handling and lateral transfer using one specific product, thereby, increasing efficiency by reducing number of staff required to transfer patients and reducing staff sickness as a result of straining / injury related to moving and handling. After considering patient feedback and increased staff workload and patient dependency, a successful bid to the patient amenities fund was made to purchase a pump and HoverMatt Air Transfer System for the Transplant Unit.
7. **Nyengeterai Tandy Bevan**
   Releasing Time to Care through Organised Documentation Folders (Cedar Ward, HH)
   This project identified areas where service improvement could be achieved on Cedar Ward by use of a questionnaire and feedback form to staff. Staff feedback centred on improving the nursing documentation folder in the way paperwork was filed on the ward. The 6 C's framework was incorporated to take action around re-organization of nursing documentation. The outcomes so far are that staff have reported paperwork is

now easy to find, the files are more organized which aids documentation in a timely manner allowing staff to give more attention to delivering high standard patient care.

8. **Noelli Marie Padilla, Sandra Brown**
   An Innovative Approach in Preparing and Administering Intravenous Medication (Foulis Ward, HH)
   Aggressive treatment of pulmonary bacterial infection with antibiotics is the most important and effective intervention in the treatment of Cystic Fibrosis (CF). Patients with exacerbations of their CF condition are admitted to Foulis Ward to receive intravenous (IV) antibiotics and can have a minimum of 3-5 IV medications 3 to 4 times daily. The immense volume of IV antibiotics can impact of the quality of patient care due to the amount of time required for nurses to prepare and administer the medication safely. This project involved collaboration with all multidisciplinary team members to achieve the project aim acronym of DRUGS - D-Drug administration standardized approach, R-Reduce delays in administration and eliminate medication administration errors, U-Utilization of resources efficiently, G-Guidelines availability and accessibility and S-Safe and efficient drug administration.
9. **Bernie Ortega**
   Improving Information Gathering (Children's Sleep and Ventilation Unit, RBH)
   The lead nurse in the Children's Sleep and Ventilation Unit adapted the emotional touch point tool used on the Compassionate Care Programme for her paediatric population. Images of the emotional words were added to help the children to more easily recognise their feelings when describing their experience in hospital to staff. The emotion and feeling images were also used with the children's parents and other family members to understand their experience and to reflect the application of the 6C's framework at all times. This project proved a powerful way of improving information gathering in the unit by listening, learning and responding to others' experiences and enabling staff to make appropriate decisions and allow choices for children and their families. Comments from the patient and families on using the feelings and emotion card have been that they: 'felt supported'; 'found it easier to talk about concerns'; 'had fun with the cards'.
10. **Jill Dunning**
    Improving Referrals to the Anticoagulation Clinic at Harefield Hospital for Commencing Warfarin (Anticoagulation CNS, HH)
    The anticoagulation clinic at Harefield has 342 outpatients, aged between 10-94 years. There are 3 clinics running weekly and approximately 30 patients seen per clinic. Indications for patients to receive anticoagulation therapy include those with atrial arrhythmias; cardiomyopathy; mechanical heart valves; DVT/PE; cardiac thrombus. This service improvement project following patient feedback addressed the concerns of patients who felt they were waiting unnecessarily for referral to the anticoagulation clinic. The project aimed to update teachings to both nursing staff and at doctors' induction to improve the timely referral of patients to the anticoagulation clinic and to reinforce correct completion of the referral form to reduce the fears and anxiety for patients and also to reduce any delays for procedures.

11. **Denise Percival**
    Improving Care for Patients with Dementia (ACCU, HH)
    This project looked at improving patient outcomes for people with dementia with regards to activities they could do, such as puzzles, games, reading stories, to keep them mentally active whilst inpatients on ACCU.
12. **Lilian Leite**
    Improving the Interview Process (Rose Ward, Paediatrics, RBH)
    This project looked at improving the interview process in Paediatrics. Senior staff on the paediatric ward acknowledged that the interview process is changing and prospective employers require more information than interview alone. Assessment days were initiated for the interviewees prior to the interviews and a group introduction with image cards (a discovery tool from the Compassionate Care Programme) used as an icebreaker exercise. This project connected with the 6C's of, commitment, courage and care: to help break the ice at interview; to help the interviewees relax into conversation; to encourage communication; to enable observation of interactions with others and to support the recruitment selection process. This project will be sustained by continuing to use the image cards at interview assessment days; to roll out to other paediatric staff development days and to share information with other clinical areas and encourage use of the image cards.

Outcomes of the Compassionate Care Programme

The intended outcomes of the *Compassionate Care programme* in line with the Trust Nursing Strategy 2015-2018 are to:

1. Always strive to do our best for patients
   - Gain further insight into knowing self, patients, colleagues and the organization
   - Develop leadership skills to become more effective nurse leaders
   - Use the findings from patient / staff feedback and measurements to continually improve patient care and develop a service improvement around the 6C's in clinical area; care, compassion, competence, communication, courage, commitment.
2. Always speak in the patient's best interest
   - Strengthen your courage to speak up for patients when you have concerns
   - Clarify expectations of patients / relatives / colleagues
3. Be open and transparent with patients and colleagues at all times
   - Cultivate an open and transparent relationship with patients at all levels of their care and with colleagues
   - Deepen your relationship with patients and their families
4. Treat people with kindness and respect at all times
   - Professionalism in handling challenging situations with patients / relatives / colleagues
5. Continually develop our nursing knowledge and skills
   - Develop your presentation skills and design and prepare a service improvement poster
   - Share best practice across the Trust with a poster presentation celebration event
   - Consider how you will sustain your service improvement following the end of the programme

- Recognise the different approaches to clinical and management conversations
- Become more confident in dealing and managing the unexpected that is not a clinical situation

Appendix D – List of Patient Fund items for 2016

1. Privacy screen to provide dignity to patients awaiting procedure or waiting return to ward, beside Cath Lab 3 and 4. The current screen is not very tall and has a wide leg base which narrows the corridor.
2. 15 static bikes for multiple wards at Harefield to provide exercise and getting patients fitter for discharge. Bikes can be left in patients rooms therefore reducing infection spread and it is easier access for patients with multiple lines and attachments.
3. 20 parent camp beds to give parents the opportunity to stay with their child during admission. A decent night's sleep will improve the parent's experience in a stressful situation and help patients to feel safe.
4. Hovermatt Air Transfer System and pump to enable easier and safer moving of immobile patients and to reduce staff absences due to injury. A Barton chair requires 4 staff but with a Hovermatt only 2 are required.
5. Provide replacement and additional seating for imaging department waiting area, currently patients have to stand due to lack of chairs.
6. AtmoseAir 300 Seating System with Reliant IS2 cover (for Princess Alexandra Ward). These cushions will be used for vulnerable patients at high risk of developing pressure sores and will be used on top of standard chairs.
7. Dialysis-type treatment chair for patients in the transplant unit for comfort and safety to patients and for patients who become unwell it can be laid flat.
8. Apple ipad 2 64G to help engage and educate young people in the Familial Hypercholesterolemia service to help reduce the risk of early heart disease in this population and also improve patient experience during clinic.
9. Patient paging system to give to patients in clinic when they come for their numerous tests (Echo, MRI, exercise) and allow them freedom of movement so they can be called when the consultant is ready to see them.
10. 2 Lenova Think Pads as Tablets provide more efficient and professional ways to work and help patients to complete their online applications for benefits by their bedside and many require assistance as they are not computer literate and the benefits system is complex.
11. 2 Braden 'light up' mannequins for resuscitation training which is provided to relatives. These mannequins show the effectiveness of compressions to improve the skills necessary to provide circulation to the brain.
12. 2 Phlebotomy chairs for CT to replace broken one, to reduce waiting times to cannulate patients on the CT bed and provide safer working environment for the staff and the patients.
13. SIT STOP Chairs to be installed in stairwell on Sydney street levels 3 - 6 to provide safer sessions with physio stair assessments and eliminate the need for staff to carry heavy chairs from the ward to the stairwell.
14. 6 eClean Polymer patient bedside cabinets to replace worn out stock and which may be used either side of patient’s beds for comfort and ease and which has a lockable middle draw for valuables, using a card system rather than key.
15. 3 iPods for loan to family members of patients with dementia to enable them to create personal playlists as music helps people to reconnect with their identity and alleviate anxiety and agitation.
16. Stryker Prime Series patient trolley/stretcher to replace second hand one which is faulty and damaged and a comfortable and safe trolley will improve the patient journey.

17. Toilet seats and hand rails on Oak Ward to be replaced with coloured items to aid orientation and prevent falls and assist dementia patients with deteriorating eyesight.
18. Lifting chair to provide fast, safe, comfortable support in moving conscious patients who fall on the ground and can be placed into a sitting position within minutes.
19. Television with built in DVD / USB facility and wall bracket for the Cardiology dept to put in front of the CPEX treadmill machine to motivate patients during testing.
20. 200 Bespoke patient diaries to record ITU patients' journey and help them and their families to understand their treatment care and explain reasoning for decisions taken. These would replace the plain hardback notebooks which are clinical and impersonal.
21. 10 chairs and 1 bariatric chair for cardiac rehab waiting area to provide comfort for patients and improve infection control and as the chairs are stackable more space for better use of the gym area.
22. 50 Handheld fans to help patients through the home oxygen and assessment service for the Hillingdon Borough to reduce breathlessness as a significant number of patients find it difficult to go out and buy a fan.
23. Electronic bed with detachable head cushion to help get patients on and off the bed when they have scans, this will help the staff and patients and is more professional than manually adjusting the bed.
24. Comfortable and child friendly seating area for new designated paediatric waiting area as highlighted as a requirement by CQC.
25. 4 Vitalograph aerosolised inhalation machine (AIM) and accessories for COPD clinic to help guide appropriate medication prescription and the device it is delivered in and to increase patient compliance with inhaler therapy as part of inhaler counselling.
26. AtmoseAir 300 Seating System with Reliant IS2 cover (for Elizabeth HDU). These cushions will be used for vulnerable patients at high risk of developing pressure sores and will be used on top of standard chairs.
27. Exercise equipment for patients on intensive care to receive exercise programmes with physio assistants.
28. 7 x 16 inch wall mounted oscillating fans for the Pulmonary Rehab Unit to circulate the cool air around the room from 3 air conditioning units, and would replace the 3 standing fans to reduce cluttering and the trip hazard and more space to move around.
29. 2 x Integrated height and weight machines to accurately measure patients and enable doctors to make more informed decisions when monitoring patients, approx. 60 patients a day are treated so two machines are needed.
30. Funds to support a 'Dream ceiling and windows' project to improve patient experience during their stay in ITU.
31. 3 computer tablets to provide information especially videos on procedures such as catheter ablation to give patients a better understanding of the procedures.
32. Patient information packs and 20 hand held fans to give out at workshops held for patients diagnosed with Idiopathic Pulmonary Fibrosis and their carers.
33. 2 Air Flex 14000 air conditioner dehumidifier and heat pump to create a cool environment for patients in summer and a warm environment in winter. It benefits patients with chronic respiratory conditions that are affected by room temperatures.

Appendix E – rb&hArts 2016-17 Activities

rb&hArts Donors:

1. Royal Brompton & Harefield Hospitals Charity
2. Arts Council England
3. The Brompton Fountain
4. Co-op Community Fund
5. Doyle Carte Charitable Trust
6. Heathrow Community Fund
7. ReBeat, Royal Borough of Kensington & Chelsea – Arts Grants Scheme
8. Samuel Gardiner Memorial Trust and
9. Youth Music

**Karen Taylor, manager of arts program has received an award of £30,000 (£10K/year for 3 years) from BBC Children in Need (http://www.bbc.co.uk/programmes/articles/psvxkB6QDMK63pgHmP5RJF/who-you-help) for Vocal Beats the Trust's youth music project on Rose Ward. This will pay for a "music Assistant" who will support the delivery of the project – and provide support for resources for the young people to take home.

The Hospital Estate & Visual Arts – Improving the Healing Environment

rb&hArts has been exploring creatively what it means to be an inpatient or outpatient at the Trust and examined this across a number of visual arts projects:

Botanical Mandala, 2016 by SDNA - Harefield Theatres Patients Reception

The Theatre's team contacted rb&hArts with a small budget to replace the existing artwork which was understood by staff and patients as 'outdated'. Back in 2003, when commissioned, the piece by ALLOFUS was very cutting edge but making any changes would cost at least £30K. The Arts Department worked collaboratively with digital art studio SDNA to develop a new project.

Initially, it was envisaged that the project would incorporate imagery of tools used in theatres and nurses in scrubs to create a meditative and evolving digital artwork. The artwork was tested through consultation with patients and staff in May 2016. Feedback was mixed and rb&hArts felt that it was having the reverse effect to the one intended. After a creative review with the artists, a second work followed the same principles using instead botanical flowers and medicinal plants, and this has been positively received by both patients and staff.

The CQC team apparently commented that the artwork was one of the best things they'd seen, and all hospitals should have one. The artwork was featured in What's New 'How We Listen' and Nick Hunt has said 'this beautiful artwork is a great example of how we respond to patients' needs creatively'.http://movingimage.art/botanical-mandala-harefield-hospital/

Island Collaborations, 2016 by Kate Hughes

Kate Hughes is both a CF patient and a visual artist. In 2015, in partnership with rb&hArts, she devised a collaborative project to depict the experience of CF patients on Foulis, living under the cross-infection rules. From other CF patients' photographs and sound recordings, she created

short animated videos and drawings, which were exhibited at Chelsea Old Town Hall, Royal Brompton Hospital coffee shop, and Foulis Ward in 2016.

Now in its second year, Kate Hughes has received a 'Bright Ideas' award from the CF Trust to continue the project, which is on display at Royal Brompton's Fulham Wing, before moving to a poetry festival.

Developed in partnership with rb&hArts, presented as part of InTRANSIT, Creativity & Wellbeing Week, and CF Week. https://islandcollaborations.wordpress.com/

Everyday Landscapes, 2016 by Jacqueline Seifert

'Everyday Landscapes' aimed to "bringing the outside in" to help the ward's patients who stay regularly and for long periods feel more positive emotions. The project was developed between 2012 and 2016 by rb&hArts and the artist, in consultation with patients and clinical staff through conversations, questionnaires, brainstorms and mood-boards. As part of the initial creative design, the artist consulted the ward on interior design to ensure the colour of the walls and public spaces fitted the art scheme. The first phase was such a success that the ward invited the artist back to continue her project and create more designs, such as the reception area and corridors, as well as refresh the philosophy of the ward. The result is an uplifting and vibrant artwork providing a positive and calm atmosphere for patients and a refreshing ward. The response was excellent.

'The art is fabulous, it's vibrant, and opens up the ward. The use of colour is uplifting, which is essential in helping the patient's healing and recovery time.'
Lauren Judd, CF patient, 2016

'Everyone on the ward is delighted with Jac's artwork. It is bright, cheery, and it has got the WOW factor. It has definitely put a smile on our faces'.
Vivienne Green, Sister in Charge

Architectural Landscapes, 2017 by Will Clarke
Outpatients, Fulham Wing

In 2016, Will Clarke led outpatients on a coherent journey through the Fulham Wing's ground floor. Visitors can now follow the blue themed artworks from main reception to Outpatients East's reception and waiting room. His London architectural landscapes wrap around the pillars of the waiting room, lifting the mood with its bright block colours and clean lines. Golden artworks lead patients to Outpatients West. Additionally,

Will Clarke created a bespoke illustration of Royal Brompton's Fulham Road building that embellishes the front desk. Will Clarke is returning in 2017 to add his artistic touch to the Transport waiting room, behind the main reception desk to complete the patient journey

Rose Ward commission, 2017, by Made by Prosper

rb&hArts has worked with the design company to create a bespoke new identity for Rose Ward. All bays and individual rooms, entrances and corridor will receive a graphic design treatment, including renaming the bays. With the help of the Brompton Fountain, the Hospital Community School and Play services, young patients created characters that will feature within the themed landscapes for each room. In partnership with the Brompton Fountain.

RBHH Specialist Care, 77 Wimpole Street diagnostic clinic

Signage by Design by Praline and new art collection

rb&hArts worked closely with RBHH Specialist Care to devise and commission bespoke signage for the new diagnostic clinic in Wimpole St. Design by Praline created a theme based on brass and corian white stone to compliment the building's heritage features and add a touch of elegance to the building's beautiful interior design. The Wimpole team also selected a number of artworks to adorn the walls of the entrance, waiting areas and consultants' rooms to give patients a welcome distraction and the centre a wow factor. The courtyard was designed to be appreciated from all internal windows and waiting rooms, creating a haven of peace and quiet.

Arts and the Patient Experience

Transplant & Life by Wynne & Wainwright

At Hunterian Museum, Royal College of Surgeons, November 2016 to May 2017

Artists often make artwork exploring the human experience and issues pertinent to health. Transplant & Life was a sonic and visual arts project investigating the experience of transplantation and organ donation with patients from Harefield and Royal Free Hospitals. It featured 5 Harefield transplant patients who had taken part in the artists' previous project in 2006, providing a unique longitudinal study of people living with transplantation.

Hosted in the magnificent Hunterian Museum for 7 months, it was seen by 50,000 visitors. It received very positive feedback from a range of visitors and had positive reviews in The Lancet, UCL, Arts+ Health, the BMJ and others.

An interactive digital guide and catalogue enables the work and issues to still be explored online www.transplantandlife.uk. It received 7,380 unique visits (to end of May 2017) and Harefield patient experiences can be viewed there.

Justine, a Harefield patient who took part said,

"My life has been like a rollercoaster, with highs, and lows. I've managed to achieve incredible feats, that never would have happened if I hadn't have had my transplant. Highlights being … competing in the Transplant Games; I've also sailed round part of the world. And if I hadn't had my transplant, I never would have done that."

#Scrublife by Harriet Riddell

Performance artist Harriet Riddell has spent time absorbing the life and spirit of the hospitals, lifting words and imagery from conversations with patients and members of staff and observations. She then set up her mobile station to stitch a narrative onto scrubs. Stitched scrubs represent visually the Patient and staff experience in a non-clinical way, adding a bit of art, poetry, and uniqueness to an otherwise uniform outfit worn in a distressing environment. It will bring a smile to faces, act as conversation starter and soften the emotions felt by patients.

Live Music – In Residence

Throughout 2016 two musicians-in-residence, Adrian Garratt and Mark Levin, played live music weekly for adults across both sites. They provided 250 hours of music, reaching 500 patients. Live music in hospitals transforms the patient experience, aids recovery and soothes pre and post-operative patients, providing distraction, amusement and joy.

Music is particularly effective in supporting patients during their stay in hospital with evidence showing it improves the body's immune system, reduces stress and has been found to be more effective than prescription drugs in reducing anxiety before surgery.

It also acts as a conversation starter and many patients have commented how a performance has provided relief from the boredom, loneliness and anxiety of being in hospital. During an afternoon, each artist will engage with at least 20 patients. Music also has the benefit of being able to engage people of all ages whilst transcending the need for language – which means it can reach people of all ages and cultures.

Below is a selection of responses:

Barbara was recovering from major heart surgery on the Adult Surgical Wards. She had been there for 17 nights and led the singing in her bay with Mark. She told us, "It was absolutely lovely. Takes the boredom and monotony out of sitting around on a ward all day. Really cheered us all up".

"I was on Paul Wood Ward during the summer and the harpist came in and played, it was fantastic, really therapeutic and calming. All the patients seemed to relax and benefit from it and it made a real difference to our day. Thank you Brompton and to the wonderful musician that shared his time and talent to help us", Patient, Lisa Higgins

"Such an amazing and invaluable part of holistic care for patients on the Ward, Debbie Booth, Staff

Vocal Beats

This project builds on a creative music-making pilot on Rose Ward and PICU, supporting young patients develop and appreciate music. Heather McClelland, professional singer-songwriter and ukulele player leads the work on the ward, with support from Maxine Ovens and the Play Team.

In early 2017, with the support of Brompton Fountain and Youth Music, the project was expanded to include beat boxing activities (to encourage more boys to take part) and now runs two afternoons per week, providing 8 hours provision. It includes:

Bedside-Singing with babies/pre-school age patients with singing and playing music. It utilises song, props and instruments to offer distraction therapy - a recognised approach to helping a child cope with pain or a difficult medical procedure. Research has shown that bedside singing is an effective technique for reducing pain and suffering in young patients.

Parent Emma Corder, mother of 10-year-old Elisha, commented*: "Hearing Heather sing to Elisha was lovely and it's taken her mind off being in pain". Hin Ali, whose seven-month-old baby Khadijah is here for*

treatment, added: "It's definitely a good idea to have someone based here singing with the children, and I think it will be especially nice for long-term patients".

For children able to leave the bed (or if a whole ward wishes to join in), we deliver creative music-making and lyric writing activities. With a range of percussion instruments and drums, this activity aims to develop confidence, self-esteem and life skills in a fun and inclusive approach for children. It sparks imagination and creates a playful space to promote wellbeing

Vocal Coaching provides one-to-one singing and/or beatboxing workshops for patients with respiratory conditions, including cystic fibrosis. It teaches key skills (diaphragmatic breathing, relaxation, posture and singing) to bring therapeutic benefits for patients by strengthening their lungs. The workshop encourages them to focus on breathing techniques and using their (often limited) lung capacity as best they can.

rb&hArts - Improving Health Outcomes

Singing for Breathing

Singing for Breathing provides two hours of vocal coaching every week to support people living with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory diseases.

Research shows singing improves health, increases happiness and even extends life. As singing requires deep concentration on breathing, it works major muscle groups in the upper body and provides a great workout for lung and cardiovascular health. Singing is also fun! It releases endorphins which in turn diminishes stress and anxiety. It decreases feelings of depression and loneliness, making beneficiaries feel more connected with the world, which is precisely why singing with other people feels even better.

Current workshops are highly valued by beneficiaries as they include warm ups, relaxation and the teaching of new breathing techniques through breath workouts and vocal exercises, as well as singing a wide range of songs – often chosen by the singers. They are also cost effective – with evidence that they reduce dependency on drugs and visits to GPs/A&E.

It continues to be very popular and from April 2016 to end of March 2017 we recorded 1,303 instances of participation with 71 singers having registered to take part. During this time we have run 96 workshops which are attended by (on average) 13 people on each occasion.

Our on-going audit of the programme indicates that 95% of attendees feel happier after a workshop and 88% feel physically better, while 92% feel the workshops teach them something useful about breathing. Participants tell us:

'My breathing seems to be much improved. I can now walk up a hill and not get too breathless and daily feel an improvement. The singing also makes me feel better in myself'

'I would have never realised that singing could help breathing – it did!'

'I normally panic with breathing, so the singing & breathing really helped'

Rhythm and Song

rb&hArts is committed to exploring the role of arts in health and its contribution to wellbeing. In 2016, the arts team supported Anne-Marie Russell, Clinical Research Fellow and Phoene Cave, Arts Therapist on Rhythm and song, deliver a 12 week singing and vocal coaching project for Royal Brompton patients living with Idiopathic Pulmonary Fibrosis. The sessions based on Singing for Breathing techniques ran for 90 minutes each week for 12 weeks and included a programme of music (listening, playing, composing), relaxation, awareness and correction of posture, breathing exercises, vocal technique and singing together.

Nine patients and one caregiver attended. The research conducted by Anne-Marie Russell showed the group overwhelmingly agreed that the course was a positive experience physically, emotionally and socially. The questionnaire data demonstrated that participants felt their breathlessness improved following the training. Participants also recorded lower scores for depression, anxiety and the need for help at the end of the programme and an improvement in their overall quality of life according to the St Georges respiratory questionnaire (SGRQ). There was no meaningful change in FVC as measured by spirometry, although further work is needed to confirm these findings in a larger population.

Since this project, 1 singer has become a volunteer for rb&hArts – and runs our bi-weekly Arts Market. Another entered and won a prize in the 2017 Staff & Patient Show.

Akademi & Dance Well

From 27th April to 13th July 2016 Dance Well, in partnership with rb&hArts delivered 12 weeks of South Asian dance and creative movement workshops for cardio and pulmonary outpatients and older adults in the local community.

Akademi is a South Asian Dance organisation and leading producer of South Asian dance in the UK. With funding from the Big Lottery Fund, Dance Well provides regular opportunities for older adults to attend dance and movement sessions to improve levels of health and wellbeing.

The aims of the DanceWell workshops were to increase levels of physical activity (and promote awareness of the DoH's recommended 150 minutes of moderate activity per week) and through this improve levels of fitness, mobility and posture. The workshops were inclusive and offered peer-support, opportunities to increase social capital and promote mental wellbeing.

Over the 13 weeks, the project was evaluated through weekly self-reporting. All participants were given diaries, which included healthy recipes, exercises to complete at home, and ideas for keeping active locally once the project was completed. Participants recorded the minutes they spent during the week on physical activity, and this, combined with the Warwick Edinburgh Scale, provided an insight into how effective the intervention has been.

The workshops have proven popular (with a regular core attendance of 30 people per week) and participants reported they were feeling engaged, happier, fitter, energised and more confident about themselves.

What participants said:

- *"I find South Asian dancing really enjoyable, I don't understand how much exercise I am doing […] I feel fitter and happier at the end of the session"*
- *"The workshops are an important and much anticipated part of my weekly routine"*
- *"I come out of the sessions feeling more flexible, my energy is boosted and it is hugely uplifting mentally"*
- *"I realised that exercise doesn't have to be a chore"*
- *"The classes not only helped me with my breathing, they helped me open up and mingle as my confidence grew"*

It was also featured on the BBC Asian network

www.akademi.co.uk/akademis-dance-well-news/

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HILLINGDON CCG UPDATE TO ESSC

Finance and planning

The CCG is forecasting (at M10) that it will be on target to achieve its financial control total for 17/18.

Work on planning for 18/19 is well underway and the CCG has identified the full range of savings required to deliver against our QIPP target (£15m). Many of these savings relate to the full impact of work commenced in previous years however in addition we are working with provider partners to identify areas where transformation of pathways and processes will have a system-wide benefit. This approach builds on the integrated work underway for the over 65 population described below.

Accountable Care Partnership

Hillingdon is currently in year one of the two year testing period (2017 – 19) of the development and implementation of an integrated care system for people age 65 and over. Work has accelerated on the capitated payment model and risk /gain share approach, with the CCG and Hillingdon Health and Care Partners (HHCP) working jointly to develop arrangements for scaling up in 18/19. This includes HHCP and CCG testing how to share collective responsibility for risk and gain which is proportionally shared between partners based on the ability of each party to impact on costs and savings. This will enable greater focus on managing risk as an integrated care system rather than transferring risk between parties. When developed and tested, these features will enable care to be organised and delivered regardless of provider/organisation, with ability to flex resources to secure the best outcomes, based on agreed population outcomes.

Work is also progressing on the development of both the care model with Care Connection Teams fully recruited to, and the population outcomes framework.

The mid-year review of progress for 17/18 has been completed. As well as highlighting significant progress, the mid-year review has identified learning and areas where pace and scale can be accelerated to embed improvements for residents. This will include greater alignment of clinical transformation programs across HHCP and CCG commissioners where these can address system challenges. Hillingdon will continuing to develop and test capitated payment, risk share and outcomes in 18/19, the learning from which will inform the development of longer term arrangements for an integrated care system (accountable care) in Hillingdon by 2021 as part of our Sustainability and Transformation Plan.

Musculo-skeletal (MSK) pathway redesign

Hillingdon CCG is re-designing the MSK services' pathway. The proposed MSK service will be delivered as a single service, this will address the current challenges of fragmentation and duplication of referrals which impacts patient experience and leads to inefficiencies in the health system. The CCG plans to commission a seamless, pathway-based model, which would deliver the full spectrum of services from acute orthopaedic to community-based services as part of a single specified contract. The implications of the changes for patients are captured below:

Changes to access to MSK services:

- Single Point of Access: Patients will be referred to a single triage point to ensure that they access the most clinically treatment in a timely manner. The CCG is also looking at ways to speed up access to physiotherapy and avoid unnecessary GP appointments.
- The current proposals seek to increase the opening times available as these are currently limited.
- There will be no withdrawal of in-patient, out-patient, day patient or diagnostic facilities
- The current service is delivered from hospital and community sites. It is possible that the locations of service delivery may change depending on which provider is awarded the contract following the procurement process. .
- It is not anticipated that the changes will unduly affect access to MSK services for people with protected characteristics. An Equality Impact Assessment is currently being undertaken and will be presented to the March Patient and Public Involvement/ Engagement Committee

Changes to the methods of service delivery:

- We are exploring a model of self-referral which will involve initial telephone triage, followed by a booking into face to face physiotherapy if patients require it.
- There will be provision in the new specification for the potential development of new technology methods of service delivery (e.g. Skype consultations, apps, web-based information/support)

It is envisaged that the proposed changes to the MSK pathway will not affect the type of services and/ or the range of services available to local people. However, the manner in which patient access the service is likely to change and therefore, the CCG will shortly be commencing engagement during February and March to ensure that individual service users and patient groups potentially affected by these changes are engaged in order to inform the service specification and contribute to the on-going development of the local MSK service. Prioritised groups for engagement include:

- Patients using current MSK services (and who have done so within the last 12months) and Current Service Providers
- Local groups supporting residents who are likely to have particular conditions relevant to MSK services e.g. Pensioners, over 50 clubs, residents with arthritis, joint pain and/ or similar conditions
- Carers/families
- Local residents/ Members of General Public
- GPs

Following the engagement process a report will be compiled incorporating all responses with the findings fed into the service specification.

Collaborative working

Hillingdon CCG has been working with the other 7 NWL CCGs to further develop and strengthen collaborative commissioning across our eight CCGs. In September we agreed in principle to establish a Joint Committee and to appoint a shared Accountable Officer (A.O.) and a shared Chief Financial Officer (C.F.O.), as well as to carry out further detailed design work in relation to:

- The operating model for a Joint Committee
- The current operating models of the Governing bodies and associated committees
- A refreshed financial strategy for NW London
- Developing the organisational design of CCGs in support of more collaborative working

In January CCGs agreed the remit of collaborative working (set out below) and approved the establishment of a Joint Committee that will oversee those areas in shadow form (without formal decision making powers). It is anticipated that the Joint Committee will go live with joint decision-making following CCG member votes no earlier than 1st April 2018.

The single C.F.O. for NWL has been confirmed as Neil Ferelly (previously C.F.O. for Brent, Harrow and Hillingdon CCGs). The recruitment process for the single A.O. is underway.

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EXTERNAL SERVICES SCRUTINY COMMITTEE - WORK PROGRAMME 2017/2018

Contact Officer: Nikki O'Halloran
Telephone: 01895 250472

Appendix A: Work Programme 2017/2018
Appendix B: Work Programme 2018/2019

REASON FOR ITEM

To enable the Committee to track the progress of its work in 2017/2018 and forward plan its work for the current municipal year.

SUGGESTED COMMITTEE ACTIVITY

1. To agree (in principle) the proposed Work Programme for 2018/2019, attached at Appendix B, and make any amendments as necessary. This Programme will be subject to review once the new Committee has been appointed at Annual Council on 10 May 2018.

INFORMATION

1. This is the final meeting of the Committee during this municipal year.

2. Members are asked to suggest possible future review topics for consideration by the External Services Scrutiny Committee during the next municipal year.

3. The new membership of the Committee for 2018/2019 will be appointed at Annual Council on 10 May 2018 and will be able to consider any suggested review topics at its first meeting on 13 June 2018.

SCRUTINY REVIEWS

1. The Constitution allows for only one report from each Policy Overview and Scrutiny Committee to be considered by Cabinet at each of its meetings. As the Community Sentencing Working Group report has been deferred to the Cabinet meeting on 19 April 2018, the Committee's report on the provision of GP services in Heathrow Villages will now need to be considered by Cabinet in the new municipal year.

BACKGROUND DOCUMENTS

None.

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APPENDIX A

EXTERNAL SERVICES SCRUTINY COMMITTEE

2017/2018 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
14 June 2017 ***Report Deadline**:* *3pm Friday 2 June 2017*	**Update on the implementation of recommendations from previous scrutiny reviews:** • Alcohol Related Admissions Amongst Under 18s **Major Review (2017/2018):** Consideration of scoping report.
11 July 2017 ***Report Deadline**:* *3pm Friday 30 June 2017*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon **NHS England Consultation on the Future of Congenital Heart Disease Services** **CQC Consultation Response**
6 September 2017 ***Report Deadline**:* *3pm Friday 25 August 2017*	**NHS England - Proposals to Implement Standards for Congenital Heart Disease (CHD) Services for Children and Adults in England** To provide Members with an opportunity to speak to representatives from NHS England about the proposals for children's congenital heart disease services in England.
14 September 2017 ***Report Deadline**:* *3pm Monday 4 September 2017*	**Crime & Disorder** <u>MOPAC - Public Access and Engagement Strategy</u>: To review the consultation document and provide comment. <u>LAC offenders</u>: To scrutinise the issue of crime and disorder in the Borough: 1. Community Safety 2. Youth Offending Service 3. Corporate Parenting 4. Public Health

Meeting Date	Agenda Item
	How many LAC offend as a result of substance misuse? What proportion of young offenders are LAC? What proportion of LAC offenders go on to reoffend?
11 October 2017 ***Report Deadline**:* *3pm Friday 29 September 2017*	**Update from Utility Companies on Plans to Accommodate Increasing Demand on Services** To receive an update on plans to accommodate the increasing demand on services that has resulted from increased housing development in the Borough. **2017/2019 Better Care Fund Plan** To receive an update on the Better Care Fund (BCF).
14 November 2017 ***Report Deadline**:* *3pm Thursday 2 November 2017*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
11 January 2018 ***Report Deadline**:* *3pm Tuesday 2 January 2018*	**GP Service Provision in Heathrow Villages** To scrutinise the issue of GP service provision in Heathrow Villages: 1. Hillingdon Clinical Commissioning Group (CCG) 2. Public Health 3. Hillingdon Local Medical Committee 4. Healthwatch Hillingdon 5. Service Users
13 February 2018 ***Report Deadline**:* *3pm Thursday 1 February 2018*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon **2. Metropolitan Police Service (MPS)** 3. Safer Neighbourhoods Team (SNT) **4. London Fire Brigade** 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health **Major Review (2017/2018) - Community Sentencing:** Consideration of final report from the Community Sentencing Working Group

Meeting Date	Agenda Item
14 March 2018 ***Report Deadline**:* *3pm Thursday 1 March 2018*	**Health** Quality Account reports, performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
• Telecommunications - plans in place by BT regarding advancements made in mobile technology • Mental health discharge • Update on the implementation of recommendations from previous scrutiny reviews: Hospital Discharges (SSH&PH POC) • Post Offices	

PROPOSED MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors Edwards (Chairman), Allen, Dann, Higgins, Khatra and Palmer

Topic: Community Sentencing

Meeting	Action	Purpose / Outcome
ESSC: 14 June 2017	Agree Scoping Report	Information and analysis
Working Group: **1st Meeting -** 5pm 28 June 2017	Introductory Report / Witness Session 1	Evidence and enquiry: • National Probation Service ○ How does the management split work in practice?

Working Group:
2nd Meeting -
CANCELLED
5pm 20 July 2017
	Witness Session 2 (Management)	Evidence and enquiry:
		• Magistrates
		  ○ How many community sentences given? For what duration?
		  ○ How many repeat offenders?
		  ○ Magistrates' expectations of community sentences?
		  ○ Standards expected from offenders (e.g., behaviour, attendance)?
		  ○ Do Magistrates think community sentencing works well? How could it be improved?

Working Group: **3rd Meeting -** **CANCELLED** 5pm 1 August 2017	Witness Session 3 (Operational)	Evidence and enquiry: • Community Rehabilitation Company ○ What community sentence work is done in LBH and how often? • Community Safety Team
Working Group: **4th Meeting -** 5pm 21 September 2017	Witness Session 2	Evidence and enquiry: • National Probation Service • West London Local Justice Area • Community Safety Team
Working Group: **5th Meeting -** 5pm 29 January 2018	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 13 February 2018	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 19 April 2018 *(Agenda published 11 April 2018)*	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.

APPENDIX B

EXTERNAL SERVICES SCRUTINY COMMITTEE

2018/2019 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
13 June 2018 ***Report Deadline**:* *3pm Friday 1 June 2018*	**Update on the implementation of recommendations from previous scrutiny reviews:** • Criminalisation of Looked After Children • Child Sexual Exploitation • Hospital Discharges (SSH&PH POC)
10 July 2018 ***Report Deadline**:* *3pm Friday 29 June 2018*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon **Major Review (2018/2018):** Consideration of scoping report.
13 September 2018 ***Report Deadline**:* *3pm Friday 31 August 2018*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health
10 October 2018 ***Report Deadline**:* *3pm Friday 28 September 2018*	

Meeting Date	Agenda Item
13 November 2018 ***Report Deadline**:* *3pm Thursday 1 November 2018*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
15 January 2019 ***Report Deadline**:* *3pm Thursday 3 January 2019*	**Major Review (2018/2018):** Consideration of final report.
12 February 2019 ***Report Deadline**:* *3pm Thursday 31 January 2019*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (CCG) 8. Public Health
13 March 2019 ***Report Deadline**:* *3pm Thursday 28 February 2019*	
10 April 2019 ***Report Deadline**:* *3pm Thursday 28 March 2019*	**Health** Quality Account reports, performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon

Meeting Date	Agenda Item
Possible future single meeting or major review topics and update reports	
• Telecommunications - plans in place by BT regarding advancements made in mobile technology • Mental health discharge • Update on the implementation of recommendations from previous scrutiny reviews: Hospital Discharges (SSH&PH POC) • Post Offices	

PROPOSED MAJOR SCRUTINY REVIEW (WORKING GROUP)

Members of the Working Group:

- Councillors TBA

Topic: TBA

Meeting	Action	Purpose / Outcome
ESSC: 13 June 2018	Agree Scoping Report	Information and analysis
Working Group: **1st Meeting -** TBA	Introductory Report / Witness Session 1	Evidence and enquiry
Working Group: **2nd Meeting -** TBA	Witness Session 2	Evidence and enquiry
Working Group: **3rd Meeting -** TBA	Witness Session 3	Evidence and enquiry
Working Group: **4th Meeting -** TBA	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 15 January 2019	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 14 March 2019 *(Agenda published 6 March 2019)*	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings and site visits can also be set up to gather further evidence.