

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

26 April 2016

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

#### **Committee Members Present:**

Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Brian Crowe, Phoday Jarjussey (Labour Lead), Allan Kauffman, John Oswell and Michael White

#### **Also Present:**

- Graham Hawkes, (Chief Executive Officer - Healthwatch Hillingdon), Healthwatch Hillingdon
- Nicholas Hunt, Director of Service Development, Royal Brompton & Harefield NHS Foundation Trust
- Richard Connett, Director of Performance & Trust Secretary, Royal Brompton & Harefield NHS Foundation Trust
- Dr Christopher Jowett, Vice Chair, Local Medical Committee
- Kim Cox, Central & North West London NHS Foundation Trust
- Ela Pathak-Sen, Associate Director for Quality Assurance, Improvement & Involvement, Central & North West London NHS Foundation Trust
- Dr Pramod Prabhakaran, Divisional Medical Director, Central & North West London NHS Foundation Trust
- Joan Veysey, Acting Chief Operating Officer, Hillingdon Clinical Commissioning Group (HCCG)
- Claire Lamb, Assistant Director Quality and Safety, Hillingdon Clinical Commissioning Group (HCCG)
- Zoe Packman, Director of Nursing and Quality, London Ambulance Service
- Briony Sloper, Deputy Director of Nursing and Quality, London Ambulance Service NHS Trust
- Shane DeGaris, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust
- Jacqueline Walker, Deputy Director of Nursing and Integrated Governance, The Hillingdon Hospitals NHS Foundation Trust

#### **LBH Officers Present:**

Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)

#### **Press and Public: 1**

54. **EXCLUSION OF PRESS AND PUBLIC** (*Agenda Item 3*)

**RESOLVED:** That all items of business be considered in public.

55. **PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS** (*Agenda Item 4*)

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Jacqueline Walker, Deputy Director of Nursing and Integrated Governance at THH, advised that there had been a range of quality achievements in 2015/2016 which

included:

- Levelling of weekend / weekday mortality which had achieved the 'lower than expected' SHMI band (Summary Hospital-level Mortality Indicator);
- 30% reduction in Clostridium difficile since 2014/2015 - there had been 12 reported cases during 2015/2016. Root/cause analyses had been undertaken which had shown that only one case had been as a result of a lapse in care;
- one case of MRSA attributed to THH during the year which had been as a result of a contaminated culture rather than the patient actually being infected;
- Continued high performance in relation to the 18 week target for referral to treatment and the national waiting time standards for key cancer performance indicators;
- Reduction in the number of hospital acquired pressure ulcers and inpatient falls - although this was just shy of the target; and
- Improved patient safety incident reporting rate - this was better than the London average and had received a 'good' rating in the 'Learning from Mistakes League' published by Monitor and the NHS Trust Development Authority.

Members were advised that more than 25,000 responses had been received in relation to the Friends and Family Test (FFT) and that 93% of inpatients had been happy to recommend THH services. The number of FFT respondents that would recommend A&E and inpatient service was higher than for London and England.

The annual staff survey had shown that 65% of staff would recommend THH has a good place to work. This was 4% higher than the average acute Trust score. This survey had also shown that staff engagement was 3.86 out of 5 which was above the national average. The Trust had also received national recognition for outstanding core skills compliance by the London Streamlining Programme.

Insofar as CQUIN (Commissioning for Quality and Innovation) was concerned, THH had achieved 100% of its requirements in the following areas:

- Developing IT systems to support integrated care;
- Reducing unnecessary admissions and A&E attendances;
- Reducing unnecessary follow-up appointments for outpatients;
- Improving communication with GPs for patients who have long term conditions;
- Timely referrals to specialist cancer centres; and
- Recovery at home for appropriate elderly patients (Homesafe).

However, THH had received partial achievement in the following areas:

- Improving services for patients with dementia (96%);
- Working towards implementation of 7 day services (70%); and
- Improving services for patients with a sepsis (70%).

More than £3m had been invested in the improvement and expansion of THH's children's services as part of the *Shaping a healthier future* programme. In addition, more than £1m had been invested in establishing a new Nuclear Medicine Facility to house the latest SPECT CT scanner and a £240k simulation suite had been created to ensure that staff could develop their skills in a safe and supportive environment.

There were a number of areas where THH's performance had not met the agreed targets in 2015/2016. These were:

- A&E performance - 92% (target was 95%). There had been a 43% increase in blue light activity during the period and, in March alone, there had been an additional 619 patients which had stretched resources;
- Readmission to hospital within 28 days - 105.3 (which was above the London

and national average). A lot of work had been undertaken in the last year to look at the reasons for readmission and consideration was being given to what action could be taken to manage long term conditions;

- VTE (Venous Thromboembolism) - 94.5% (which was below the 95% target and below the London and national average);
- FFT response rates: Inpatients - 21% (although this had risen to 26% in March, the target was 30%), A&E - 10% (target was 20%) and Maternity - 16.4% (although the target was 20%, THH had achieved 32% in March);
- PROMS knees - performance was below the national average and there had been a reduction in performance on the previous year. A detailed investigation was underway regarding patients' expectations about post surgery quality of life; and
- Complaints response targets - 70.7% (target was 90%). There had been a reduction in the performance figures during June/July 2015 which had been as a result of staff shortages.

Following the October 2014 inspection, the CQC had undertaken its re-inspection of the Trust on 5 and 7 May 2015. As a robust improvement plan had been put in place, this visit had resulted in a de-escalation of warning notices in relation to regulations 10 and 12. Although there had been significant improvements with regard to Safe Care and Treatment for Cleanliness and Infection Control in relation to bare below the elbows and hand hygiene since the last CQC visit, the Trust had received a requirement notice against regulation 12. The four 'inadequate' ratings in the safety domain (A&E, Medicine, Surgery and Services for Children) had been changed to 'requires improvement'.

The Trust had been working through the detailed improvement plan which was regularly audited and monitored and presented to the Trust Board and commissioners on a monthly basis. Consideration had been given as to how to communicate with patients, particularly with regard to delays, and a lot of work had already been undertaken across divisions in relation to 7 day working. THH was awaiting its next re-inspection and was striving for an 'outstanding' CQC rating (with 'good' as a minimum).

Ms Walker set out the Trust's performance against its Quality Priorities for 2015/2016. She noted that THH was behind on its targets with regard to communication with patients.

THH had engaged with stakeholders and staff with regard to setting its 2016/2017 quality priorities and had used the feedback from patient experience surveys, complaints and PALS themes. As a result, the priorities for 2016/2017 would be:

1. Achieving NEWS compliance to support early escalation of the deteriorating patient;
2. Achieving improvement in relation to seven day working priorities;
3. Delivering compassionate care and improving communication; and
4. Safer staffing-improved recruitment and retention to ensure delivery of safe care.

Mr Shane DeGaris, THH Chief Executive, advised that 2015/2016 had been a tough but good year. He noted that there had been a significant increase in activity at the Trust in the last two years and that THH had one of the smallest A&E departments in London. As Hillingdon's A&E department was working at capacity, the Trust was having to work more smartly whilst also being conscious of keeping the momentum going in relation to the drive for quality and delivering against financial targets.

Members were advised that there had been a huge increase in the number of patients that the Urgent Care Centre (UCC) was contracted to see and it regularly became very busy, which had a knock on effect on A&E. If patients found it difficult to access their GPs, they might come to A&E instead of waiting for a GP appointment. The UCC had seen a 32% increase in the number of children that were being seen which, it was thought, might be as a result of the changes at Ealing Hospital.

The number of patients arriving via ambulance was increasing across London and it was unclear as to the cause. Ms Zoë Packman, Director of Nursing and Quality at the London Ambulance Service NHS Trust (LAS), advised that there had been an increase in the number of patients calling the ambulance service in particular in the evenings and at weekends which had started at Christmas and been sustained throughout Q4. She noted that the Trust was currently receiving up to 1,800 calls some days which was higher than New Years Eve and that there had been an increase in the volume of calls from those aged 25-45. The LAS had requested support to achieve system wide change from NHS England and NHS Improvement which had resulted in a workshop being held. It was noted that a follow up workshop would be held in May 2016 to establish whether the actions taken to address the phenomenon had been effective.

Ms Joan Veysey, Acting Chief Operating Officer at the Hillingdon Clinical Commissioning Group (HCCG), advised that an audit would be undertaken in the next few months in relation to the patient pathway from blue light arrival through to discharge so that this could be analysed. It was suggested that, when looking at patient pathways, consideration be given to what had happened prior to a patient being transported under blue lights. Members were assured that everything that could be done to resolve this issue, was being done.

In the Picker results of the National Patient Survey, THH had been rated as worse than other trusts in relation to questions on admission, environment and food, clinical care, surgery and discharge. Although these results were disappointing, Mr DeGaris noted that the only around 400 people had been surveyed in comparison to the 25k that responded to the Trust's FFT.

#### Central and North West London NHS Foundation Trust (CNWL)

Ms Ela Pathak-Sen, Associate Director of Quality at CNWL, advised that, as a result of stakeholder feedback, this year's Quality Account had struck a balance between the inclusion of local and corporate information. To understand whether or not the actions taken by CNWL in 2015/2016 were having an effect, the Trust had tested whether:

1. patients felt involved in their care or treatment - 82% of CNWL patients had reported that they were definitely involved (target was 75%);
2. patients had received care or treatment that helped them achieve what mattered to them - CNWL achieved 91% against its target of 85%; and
3. support had been provided to carers to be involved in care or treatment - this issue had been overseen by the Carers Council (which was chaired by a Hillingdon resident) and had resulted in the co-production of the carers survey and the carers information leaflet, co-delivery of training, an increase in the number of Carers Forum meetings and a Carers Conference.

Feedback sought through surveys, telephone surveys undertaken by service users and the FFT had resulted in 97% of respondents advising that they had been treated with dignity and respect and 92% advising that they would recommend CNWL services to their friends or family. However, this feedback also highlighted that further work was need in relation to: mental health inpatient risk assessments being linked to care plans (achieved 90% against a 95% target); mental health inpatients receiving medical physical assessments on admission (achieved 93%); and improving the response rate

to the patient and staff FFT. Work was already underway to broaden the media used to solicit feedback and could include SMS text messaging, electronic surveys and paper surveys.

The recent CQC assessment of CNWL had identified the Trust as being 'outstanding' in the caring domain but also showed that its London mental health inpatient services required improvement. CNWL had developed an action plan which was being closely monitored and the Trust continued to report to its commissioners.

CNWL had held a stakeholder consultation event on 4 March 2016 to discuss possible Quality Priorities for 2016/2017. When choosing its priorities, the Trust had established that less was more (in terms of the number of indicators) and had learned from previous years that it was not just about metrics but also about the actual service delivery. The event was attended by Dr Kate Granger who led the 'Hello my name is' campaign and talked frankly about her own experiences. It was anticipated that this campaign would be rolled out across the Trust.

It had been decided that key areas of focus for 2016/2017 would be around staff engagement and patient and carer involvement. Ms Pathak-Sen set out what it was that CNWL wanted to achieve, what action would be taken and how success would be measured. Although the Trust had received a good response to the staff survey, the response had not been so good in relation to the FFT. Consideration would also be given to staff recruitment and retention (there was an 18% turnover in Hillingdon which included internal moves and promotions), particularly in relation to mental health community and inpatient staff and that staff engagement would be an important factor in this. Dr Pramod Prabhakaran, Divisional Medical Director at CNWL, advised that the Trust was looking at the reasons for individuals leaving in the first year of employment as this and retention were key aspects of employee engagement.

One comment in the staff FFT summed up the need for good staff engagement succinctly: "to care for others, we need to feel cared for ourselves". It was noted that the NHS was under huge pressure nationally and this, coupled with the systems and processes changes made by CNWL had meant that some staff had felt destabilised. The Trust recognised that it was important to nurture its staff and take action to ensure that they felt valued and cared for and, as such, now undertook exit interviews with staff that left CNWL.

It was noted that there was a lack of mental health nurses and that, to address this, the Government had looked to make more training posts available. In addition, CNWL was now interviewing potential new staff first before asking them to complete the literacy, numeracy and language tests.

Ms Kim Cox, Hillingdon Borough Director at CNWL, advised that there had been a number of highlights in 2015/2016 in relation to Hillingdon Community Services including 96% of young people in secondary schools rating the service as high. She noted that a lot of work had already been undertaken or was planned in relation to pressure ulcers, complaints and mental health care plans. With regard to staff engagement and recruitment, there had been changes to some posts (to make them rotational) and recruitment fairs would be held in the Borough shortly. Insofar as complaints were concerned, work had been undertaken to reduce response times (the Trust had achieved 100% in the last six months) and either speaking to the complainant on the telephone or face-to-face.

Approximately 4,600 individuals had used the Improving Access to Psychological Therapies (IAPT) speech therapy service in the last year. Three years ago, this

number had been around 400 so it was evident that GPs were referring to the service. There had also been significant improvements in single point of access (SPA) for community patients.

#### Royal Brompton and Harefield NHS Foundation Trust (RB&H)

Mr Richard Connett, Director of Performance and Trust Secretary at RB&H, advised that the CQC would be inspecting the Trust between 14 and 17 June 2016. RB&H had set six quality priorities in 2015/2016:

1. improving our organisational safety culture - the Trust had undertaken the Safety Climate Survey with 865 members of front line staff and the results were used by each ward/department to select one area of improvement. Quarterly executive led patient safety walk rounds were undertaken, there had been an increase in the reporting of incidents via the DATIX system and a range of training sessions had been held;
2. improving the patient experience cardiac surgery pathway - at Harefield Hospital, there had been a significant increase (43%) in the cancellation of cardiac surgery for non-clinical reasons and a small reduction (5%) in the number of patients whose pathway exceeded the 18 week target. Conversely, at Royal Brompton Hospital, there had been a 49% reduction in cancellations and a 6% increase in the number of patients exceeding the 18 week target. This would continue to remain a priority in 2016/2017;
3. improving the identification and management of patients at risk of pressure ulcers and falls in hospital - there had been a 36% reduction in the number of hospital acquired ulcers during 2015/2016 and a number of initiatives would be continued with a view to reducing patient falls;
4. improving the management of patients with cancer - although improving overall waiting times for the 62 day cancer pathway was challenging, RB&H would continue to work with its referring partners to assist in improving the lung cancer pathway for all patients. Members were advised that a significant number of patients were referred after day 62 had already passed. These referrals were often from hospitals in Hertfordshire, Buckinghamshire, Bedfordshire and Berkshire. The Trust had worked with these hospitals to reduce the referral delays by doing things to help speed up the diagnostic part of the patient pathway. It was noted that a more complicated system of breach allocation would be introduced during 2016/17 which would focus on RB&H's performance for its part of the pathway. Although no penalties had been exacted for failing to meet the pathway target so far, the Trusts' reputations could be damaged and RB&H was keen to improve outcomes for patients. It was noted that MONITOR had not changed RB&H's governance rating from green, despite not meeting the target for a year;
5. improving the management of the deteriorating patient; Acute Kidney Injury (AKI), SEPSIS, NEWS and PEWS (Neonatal and Paediatric Early Warning Scores) - monthly AKI reporting had started at the end of November 2015 and a number of initiatives and pilots had been introduced. It was anticipated that monthly audits of the modified observation chart would start in June 2016; and
6. Safer uses of medicines and medical devices - the Trust was pleased with the 9% increase in the number of medication incidents reported in 2015/2016 as this indicated that it was not being underreported.

As part of the Trust's Quality and Safety Strategy 2015-2018, RB&H had joined the NHSE 'Sign up to Safety' initiative. The Trust aimed to reduce avoidable harm by 50% and continuously measure the quality of care that it provided throughout the next three years and beyond. It was noted that the three year initiative would form the basis of the Trust's 2016/2017 quality priorities which would be:

1. Reducing acute kidney injury particularly in diabetic patients

2. Reducing sepsis including surgical site infection
3. Improving detection and management of the deteriorating patient
4. Reducing the incidence of pressure ulcers
5. Reducing in-patient falls
6. Improving medication and device safety

RB&H was also working to reduce cancellations and reduce the complications of interventions and procedures.

Mr Nick Hunt, Director of Service Development at RB&H, advised that the Trust was the biggest transplant centre for heart and lung and that patients could arrive at any time of day or night. Although Harefield Hospital had emergency access, Royal Brompton Hospital did not. There had been delays in the development of the critical care unit which, it was hoped, would be in place next year to relieve pressure on the service.

With regard to the number of patients being seen by the Trust, NHSE had advised that there was no ring holding with regard to who got transferred to which hospitals. Members were advised that there was significant evidence to show that, although University College London Hospital (UCL) had moved the Heart Hospital to St Bartholomew's Hospital, many patients had actually gone to Imperial and RB&H hospitals as the journey was more straightforward. NHSE had recognised the additional pressure that had been placed on RB&H as a result of this and had provided additional funding to help the Trust alleviate the 18 week pressure. Dr Chris Jowett, Local Medical Committee, advised that GPs held RB&H in the highest regard and did not perceive the Trust to be a slow operator.

Cancer and Coronary Heart Disease (CHD) networks had been disbanded as a result of NHS funding cuts. Mr Hunt noted that the hospitals involved would be attempting to revive these networks but that this would be at their own volition.

Ms Joan Veysey, Acting Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), advised that wider cancer standards looked at the patient journey. This could be supported by increasing opportunities through HCCG's commissioning intentions, 5 year plan and Sustainability and Transformation Plan.

#### London Ambulance Service NHS Trust (LAS)

Ms Zoe Packman, Director of Nursing and Quality at LAS, advised that 2015/2016 had been an extremely challenging year with a continued increase in demand, workforce pressures, an increased terrorism threat (following the incidents in Paris and Brussels) and being put into special measures following the CQC inspection. However, quality had remained a significant priority for the Trust.

During 2013/2014, there had been an average of 8,830 incidents per week. By 2014/2015, this had risen to 9,374 and in 2015/2016 it was 9,652 with a 19 week period where activity ranged from 10,007 to 10,983 incidents per week. It was noted that six of the seven busiest ever months for the LAS had occurred since November 2015, with March 2016 being LAS's busiest month on record.

The CQC had undertaken its inspection of the LAS in June 2015 in relation to four core services: Emergency Operations Centre (call centre); Urgent and Emergency Care (ambulances); Patient Transport Services (a small part of the LAS's business); and resilience planning, including the Hazardous Area Response Team (responding to incidents at places like the Underground, etc). The CQC inspection report was published on 27 November 2015 and, overall, the Trust was rated by the CQC as

'inadequate'. The failings identified during the inspection had been recognised and action had been taken to improve compliance. Five areas identified for improvement were:

- Making the LAS a great place to work;
- Achieving good governance;
- Improving patient experience;
- Improving environment and resources; and
- Taking pride and responsibility.

The LAS had received an NHS Improvement review of actions taken to date which was generally pleased with the progress that the Trust had made since its CQC inspection. Furthermore, it was anticipated that the action taken meant that the Trust was on track to come out of special measures at the earliest opportunity.

For 2016/2017, the Trust had set its priorities (which were linked to the CQC findings) as:

1. Patient Safety - to build on the progress already made in relation to the 'Sign up to Safety' campaign, review medicines management (including the appointment of a pharmacist) and infection control (ensuring that meaningful and reliable audits were undertaken and processes in place with regard to the cleanliness of stations, bare below the elbow and blankets). Members were advised that the LAS currently used red blankets but consideration was being given to using disposable blankets and/or using a managed blanket service. Arrangements were also being discussed with some hospitals with regard to blankets;
2. Patient Experience - to focus on mental health (dementia and patients detained under Section 136, which had been a priority for the last two years), bariatric care (although the number of patients was small, this number was growing) and end of life care (great progress had been made in North West London in the last year in relation to training, incident review, patient/carer experience and stakeholder engagement). Insofar as bariatric patients were concerned, the LAS experienced difficulties with regard to safely removing patients in particular, from confined spaces; and
3. Clinical Effectiveness and Audit - as well as looking at Exercise Unified Response 2016, continuous re-contact, Sickie Cell crisis, hypovolaemic shock and the Mental Capacity Act, work would continue in relation to the Paediatric Conveyance Review and heart failure.

Ms Briony Sloper, Deputy Director of Nursing and Quality at LAS, advised that the Trust had enrolled on the 'Sign up to Safety' campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.

With regard to the 2015/2016 quality priorities, the LAS delivered more babies than the average maternity unit. As such, a consultant midwife had been employed and paramedics had undertaken training with local maternity units. Insofar as frequent callers were concerned, a Darzi Fellow had been appointed who had mapped and stratified the cases and action was being taken to quantify the problems posed to the service. A review of current processes had been undertaken and a new reporting system introduced. The information now available identified how many calls were received from frequent callers, the reasons for the calls and the location of the caller and was split by CCG area. Consideration would now need to be given to how the frequent caller volume could be reduced.

Members were advised that a number of Frequent Caller Forums had been set up and



were focussed around particular acute trusts. Where these existed, they had a significant impact. If the calls were in relation to:

- single diseases (e.g., asthma), the LAS worked with primary care;
- malicious callers, the LAS worked with the police to get Community Behaviour Orders in place;
- social isolation, the LAS worked with social care and organisations such as Silver Line to look at loneliness and befriending services; and
- multiple co morbidities (e.g., complex mental health needs or substance misuse) - although these frequent callers took up a lot of resources from a number of agencies, no solution had yet been found.

In 2015/2016, improvements had been made in relation to safeguarding training and supervision and partnership working. With regard to mental health:

- Dementia care - focus groups had been held and partner engagement undertaken;
- Training and education - mental health/psychiatric liaison nurses were present in the control centre which had resulted in a very good 'close, hear, treat' rate;
- Parity of esteem - appropriate mental health care pathways had been put in place;
- Care of patients detained under the Mental Health Act 1983 - work had been undertaken with regard to the Newborn Emergency Transport Service (NETS) and a Section 136 audit. NETS had been introduced in June 2015 to increase the availability of frontline staff to attend life threatening calls made to the service and ensure lower acuity patients received transport within an agreed timeframe for a better patient experience. The service had received positive feedback; and
- Mental health and wellbeing of LAS staff - 'Hear Us' and MIND training had been put in place.

The deep dive and process review that had been undertaken in relation to the complaints backlog, systems and processes had identified some areas for improvement. A comprehensive action plan was subsequently developed which had been integrated into the Trust's Quality Improvement Plan.

The LAS had positioned an additional 717 frontline staff in 2015/2016 and increased the number of paramedics in training places with universities from 150 to 590. It was noted that a number of staff had taken retirement soon after the 2012 London Olympics at the same time as other areas started recruitment drives which further impacted on LAS staffing levels.

To help with retention, the Trust had introduced non pay benefits, appraisals and leadership training for clinical team leaders. Road shows, a new intranet, VIP awards and CEO video messages had been introduced and executive visibility had improved. Staff training had also been improved with the introduction of an 8 week core skills refresher course and e-learning courses and time was now built into the rota for staff to practice their skills.

The staff survey results had been significantly better in 2015 in comparison to the previous year. However, the four areas identified by staff as being worse than the previous year (despite the Trust making every effort to address the issues) were:

- Acting upon concerns raised by patients and service users;
- Managers taking a positive interest in the health and wellbeing of their staff;
- Staff looking forward to going to work; and
- Happiness with the standard of care provided by the organisation.

It was noted that the staff survey showed that 38% of staff had experienced harassment, bullying or abuse from staff in the last 12 months, compared to the Trust's 2014 score of 31% and the 30% national average in 2015. The Trust was disappointed with this result and was now working with a bullying and harassment specialist and had produced a Dignity at Work policy. However, it was acknowledged that managers performance managing their staff was sometimes deemed to be bullying or harassment. Going forward, a non-executive Director had been appointed as the Bullying and Harassment Champion to provide staff with independent assurance.

The Trust had also reduced from 63% in 2014 to 60% in 2015 in relation to the percentage of staff that believed that the LAS provided equal opportunities for career progression or promotion (against a national average of 71%).

Despite the increase in the number of calls received by the LAS, the volume of complaints had dropped from 1,403 to 1,050 in 2015/2016. The majority of these complaints were in relation to delays/staff conduct, involved multiple issues across multiple agendas and alternative pathways (patients were not always particularly happy about being advised that an ambulance would not be dispatched to them). It was acknowledged that the LAS needed to undertake a communication exercise regarding the expectation that an ambulance would be dispatched to them if an individual called 999.

Members were advised that a number of improvements had been initiated following patient feedback. These included:

- Elderly fallers protocol;
- Children that had swallowed a foreign object;
- Diabetes and ketone levels;
- Non weight bearing injuries; and
- Deep lacerations.

The LAS had undertaken a range of patient engagement activities including: Patient Representative Reference Group; Mental Health Focus Group; Dementia Focus Group; Friends and Family Test (FFT) (although this was not working well); taxi usage (patient survey); and feedback from an extensive range of events attended by LAS staff.

Ms Packman stated that a new Chief Executive had been appointed and a new Chairman of the Board had been put in place three weeks ago. It was anticipated that these changes would prompt further changes at the Trust. Appointments had been made to all of the leadership posts: governance manager, operations manager and a stakeholder engagement manager in each area. As team leaders now spent 50% of their time supervising and 50% doing clinical work, more appraisals had been undertaken and better support was being provided for staff. Although investment had been made in a team leader development programme, it was acknowledged that there was still more work to do.

The LAS employed paramedics and emergency ambulance crews who drove the ambulances and regularly received training in relation to driving standards. It was suggested that the LAS undertake a publicity campaign to encourage drivers to move out of the way of ambulances ("Pull to the left - tomorrow it might be you!"). Members were advised that education campaigns such as 'Safe Drive, Stay Alive' had helped to improve the driving of younger motorists.

Ms Joan Veysey, Acting Chief Operating Officer at HCCG, advised that HCCG would be reviewing all of the providers' Quality Account reports for 2015/2016. She noted that HCCG had a good working relationship with the providers and that a Sub Group of its Governing Body reviewed any quality issues.

#### Healthwatch Hillingdon (HH)

Mr Graham Hawkes, Chief Executive Officer at HH, advised that the organisation worked closely with colleagues throughout the year and that HH's comments were welcomed by them. He noted that, during their regular meetings, HH received updates on performance against quality indicators and, as such, HH's comments on the Quality Accounts would not be a surprise to the Trusts.

The areas of concern to HH were in relation to:

1. Access to GPs (especially in relation to UB7);
2. Domiciliary care provision - HH was working with the local authority on this; and
3. Customer service skills of the individuals that provided health and social care services - the agencies involved were working to resolve this issue but it was noted that agency staff often had a negative impact on the patient experience.

Mr Hawkes advised that there had been an increase in the number of issues raised in relation to self funders being discharged from hospital (those individuals who were known to Social Services but who did not meet the criteria for funding).

It was recognised that this annual meeting to discuss the Trusts' Quality Account reports tended to be very long. As such, the Chairman advised that consideration would be given to how this could be split over two meetings in 2017.

#### **RESOLVED: That:**

1. the information received be used to help to inform the Committee's response to the Trust's Quality Account reports for 2015/2016; and
2. the presentations be noted.

#### 56. **WORK PROGRAMME 2015/2016** (*Agenda Item 5*)

It was agreed that the Democratic Services Manager would collate comments from the Committee in relation to the Royal Brompton and Harefield NHS Foundation for submission to the CQC prior to its inspection of the Trust starting on 14 June 2016.

Suggestions for future reviews included:

- Female Genital Mutilation (FGM);
- Hospital discharges; and
- Frequent callers.

#### **RESOLVED: That:**

1. the Democratic Services Manager collate comments from the Committee in relation to the Royal Brompton and Harefield NHS Foundation for submission to the CQC; and
2. the Work Programme be noted.

The meeting, which commenced at 6.00 pm, closed at 8.48 pm.

---

resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.