

MINUTES OF THE MEETING OF THE HEALTH SCRUTINY STANDING WORKSTREAM HELD ON WEDNESDAY, 5TH OCTOBER, 2016

COUNCILLORS: Abdul Abdullahi, Christine Hamilton, Terence Neville OBE JP, Anne-Marie Pearce, Guney Dogan and Doris Jiagge

Officers: Andy Ellis (Scrutiny Officer), Clare Bryant (Committee Secretary)

Also Attending: Councillor Gideon Bull (Haringey Council), Richard Gourlay (Director of Strategic Development, NMUH), Dr Turan Huseyin (Clinical Director – Emergency Department, NMUH), Libby McManus (Chief Executive, NMUH), Andrew Hines (NHS Improvement), Jane Pike (Enfield CCG), Graham MacDougall (Enfield CCG), Helen Kania (Co-Optee Haringey Adults and Health Panel), Mike Wilson (Health Watch, Haringey), Christian Scade (London Borough of Haringey), Parin Bahl (Health Watch, Enfield).

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, especially the Councillors from Haringey's Adults and Health Scrutiny Panel and representatives from the Hospital Trust, NHS Improvement and Enfield CCG.

2. DECLARATIONS OF INTEREST

No declarations of interest were received.

3. NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Libby McManus (Chief Executive of North Middlesex Hospital), Richard Gourlay (Director of Strategic Development) and Dr Turan Huseyin (Clinical Director, Emergency Department) provided a presentation on the interventions made at North Middlesex Hospital in the last four months following recent issues with their performance.

The key points highlighted in the presentation are as follows:

- A&E waiting times began to increase rapidly in August 2015. The department has a four hour target which reached a low of 65% in early 2016 against the expected standard nationally of 95%.
- In April 2016, a warning notice was issued to the trust by the CQC following concerns they had raised.

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- A new clinical leadership team for the emergency department was recruited this includes a new medical director, clinical director, director of nursing and matron in addition to other medical staff.
- Safer, better, faster programme was set up to improve the flow of patients out of A&E and to the most appropriate area.
- An ambulance divert takes place from 10pm to 6am. This affects approximately 2 patients per night who are taken to different hospitals. This is a self-imposed arrangement which will be removed when senior management are satisfied that the correct staff and processes are in place.
- Since August 2016, waiting times have seen improvements and are now at the target of 90% or above.
- The CQC held a full inspection on the 20th September 2016 for 3 days. During this period, staff, patients and carers were spoken with to gain further information.
- NNUH is currently considering working with the Royal Free London Group, this would help support the ongoing leadership development whilst improving knowledge and expertise.

Dr Turan Huseyin stated that when he joined NNUH the emergency department was in a poor state and staff were feeling unappreciated. A key part of the improvements in performance seen in recent months have been made by enhanced staff morale, having better expertise and creating a strong direction for the department.

Andrew Hines explained what NHS Improvement is responsible for, including, performance and financial accountability, with an improvement role to support organisations. The key challenges for NNUH from the NHS Improvement point of view has been culture change, retaining staff and making staff feel important.

The following questions were asked by members of the workstream:

Q) Sustainability is a key element for the improvements seen at NNUH. What is being done to keep doctors long term?

A) The doctors at the hospital are a mixture of permanent, temporary and those on secondments. Vacancies are being advertised and it is being looked into how the NNUH can become more attractive to staff. There is a shortage in doctors available to work in A&E departments nationally. It is hoped that two paediatric emergency consultants will be recruited permanently to allow other options to be considered.

Q) Was NNUH Board aware of how bad things were at the hospital before the CQC stepped in?

A) The NNUH Boards were aware of the situation and procedures were put into place. Unfortunately, these did not have the impact needed. The CQC uncovered other areas for the hospital to focus on which have been incorporated into the action plan.

Q) How many child patients and how many adult patients does the department see?

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A) 27% of all the patients at A&E are paediatric, 73% are adults

Q) How many doctors are on loan?

A) Three doctors are on secondment from other trusts.

Q) What incentives are put in place for doctors to join the NMUH trust?

A) Consultant positions have been offered to qualified staff at the Hospital with the opportunity to work one day a week with the London Ambulance Service.

Q) How has the closure of Chase Farm Hospital's A&E department affected NMUH and Barnet Hospital?

A) Additional staffing and funding was put into hospitals. The challenges have come from the national shortage of medical and nursing staff. 25,000 additional patients have attended the hospital since the closure of Chase Farm's A&E. The new director of nursing meets with new staff on a regular basis to set standards and provide support.

Q) How do staff feedback comments to the senior management?

A) 3,000 staff are currently employed by the hospital. The values of the hospital are discussed with the staff and the staff survey allows views to be expressed.

Q) Do the hospitals liaise with councils to raise awareness of alternative services rather than hospitals such as the 111 number?

A) Hospitals advertise urgent care and 111 numbers so patients are aware of alternative services. There are integrated urgent care services which ensure anyone over 80 years old or less than 5 years old has a clinical consultation over the phone.

Q) It would be useful to see how the staff surveys are used and the impact they have on the hospital?

A) Staff and patient surveys are used to constructively inform the hospitals boards. Staff are also invited to engagement events where they can raise issues. These events encourage staff to support changes as they have been involved.

Q) How is NMUH informing other London hospitals about what they have learnt?

A) With regards to whether the indication was noticed early enough and whether the actions were good enough there was a need for better dialogue between organisations, looking at why these did not happen early will be key to the learning process. NMUH has made significant improvements and concerns raised by the panel over sustainability are valid. A communication plan will be established for the hospital,

Q) What is being done to involve patients in NMUH plans as there is currently a lack of trust between the public and the hospital?

A) The patient engagement group will be re-established and that can look at what can be done to rebuild the relationship. There will be changes to

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patient engagement as patients should be the heart of everything in a hospital.

Q) What could possibly impede the hospitals progress over the next six months?

A) The variation in patient numbers over colder months may affect the hospital. The ability to recruit will be a factor and once sorted will encourage sustainability.

Q) Is it the view that a merger is the only option for North Middlesex Hospital?

A) The Board feel that it would become part of something bigger which would provide better efficiencies and care for patients through standardised procedure.

The following questions were asked by members of the public:

Q) Why is North Middlesex Hospital not a trauma centre?

A) The hospital deals with trauma patients. The ambulance divert does not affect the trauma levels as most of those suffering do not arrive by an ambulance but walk in. Patients have a higher chance of survival if the ambulance takes them to a specialist centre

Q) Is the A&E department at NMUH going to be closed or downgraded?

A) There are no plans to close the emergency department or hospital. The walk in centre and the A&E department look similar but patients are separated between the two departments although patients wait in the same area.

Q) Where is the additional hub GP surgery which is going to provide support to North Middlesex Hospital?

A) There will be one in Enfield and one in Haringey.

A comment was noted that the location of the hub GP surgeries would be vital. They will only provide adequate support if they are located extremely close to the hospital.

The chair thanked the representatives for the health service for attending.

4. WORK PROGRAMME

The work programme for 2016/17 was **agreed**.

5. MINUTES OF THE MEETING OF THE 9 MARCH 2016

The minutes of the meeting on 9 March 2016 were **approved**.

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6. DATES OF FUTURE MEETINGS

The next meeting of the Health Scrutiny Standing Workstream will be on Thursday 5th January, 7.30pm.