

MINUTES OF THE MEETING OF THE HEALTH SCRUTINY PANEL HELD ON TUESDAY, 22ND JANUARY, 2019

Attendees:

Councillors: Huseyin Akpinar (Chair), Clare De Silva, Christine Hamilton, Terence Neville and Hass Yusuf.

Officers: Andy Ellis – Scrutiny Support Officer, Elaine Huckell – Scrutiny Secretary

Also attending: Maria Kane (Chief Executive NMUH), Deborah Wheeler (Director of Nursing & Midwifery NMUH), Deborah McBeal (Director of Primary Care Commissioning CCG), Dr Fahim Chowdhury (GP Member, Enfield CCG), Patricia Mecinska (Chief Executive Healthwatch, Enfield), Councillor Alev Cazimoglu (Cabinet Member Health and Adult Social Care) and 1 Enfield Youth Parliament attendee.

929. WELCOME AND APOLOGIES

The Chair welcomed all attendees to the meeting.
Apologies had been received from Councillors Kate Anolue and Vicki Pite.

It was noted that Healthwatch Enfield had prepared a report 'Accident & Emergency – a place of choice for addressing everyday healthcare needs' In January 2018, over a period of one week, Healthwatch Enfield engaged with more than 600 individuals attending A & E at NMUH. The report which was available at the meeting gave their findings.

930. DECLARATIONS OF INTEREST

There were no declarations of interest.

931. NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST

Maria Kane (Chief Executive NMUH) and Deborah Wheeler (Director of Nursing & Midwifery NMUH) presented this item on the achievements made by North Middlesex University Hospital following on from the CQC inspection report which was published on 14 September 2018.

The following was highlighted:

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- The inspection visit took place on 22 May 2018. It was a comprehensive inspection and there is likely to be a further one by the CQC in October or November 2019.
- The table circulated gave ratings of red (inadequate), amber (requires improvement) and green (good) comparing the CQC inspections of 2016 and 2018. From this it was possible to see the improvements that had been made. One service that had been rated as red in 2016 regarding 'well-led'- maternity and gynaecology service was now rated as good. The overall rating for maternity and gynaecology service was shown as good for 2018. Altogether, 21 services were rated as good in 2018 compared to 13 in 2016.
- One of the key areas of concern in 2018 was in the management of urgent and emergency care and was thought to be due to the high turnover of management staff. There is now thought to be more stability in the management team as new people have been recruited. Another point of concern was that a lock on a ward had failed which reflected negatively on the services for young people. This issue had been resolved.
- A new mental health suite is included in the £3 million refurbishment of the Emergency Department. Building work was undertaken whilst services remained operational, and this was to be commended. A registered mental health practitioner is now continually employed and based in the Emergency Department.
- A new improved mortality review process is now in place.
- A staff survey had previously referred to some staff saying they had been the subject of bullying. Staff Support Officers are now used to help assist people, however Deborah referred to the need for awareness of a balance between those that may feel bullied and for those where their performance is being questioned.
- Learning events are now being held to share learning across the Trust.

Work currently being undertaken includes:

- The implementation of quality reviews and ward accreditation. It was thought sometimes emphasis was placed on wards and not enough on 'back room' areas.
- Culture and leadership programme - it is necessary to encourage people to 'buy into' the culture of the organisation for them to embrace it.
- Listening into Action is a programme where staff are encouraged to look at areas where improvements can be made and work through solutions.
- The workforce redesign programme which is supported by Health Education England, looks to help in the retention of staff for them to train into new roles.
- The Global Digital Exemplar Fast Follower Programme (GDE-FFP). - working with the Royal Free hospital to enable delivery of good services in an efficient way, through using digital technology and information.

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- Using Quality Improvement Methodology for sustainable improvements. Aiming to ensure culture is more embedded into the organisation so that staff are continuously working to improve.
- The Single Improvement Plan sets out the 5 organisational priorities.

The following questions/ issues were raised:

- Councillor Yusuf referred to comments he had received from people who felt that often nurses were more in touch with patients' needs than doctors. He had also received comments from staff who had complained about some management styles which, he thought, seem to be of a bullying nature. He spoke of his experience of going to A & E some years ago when he was seen exactly on the '4 hour' deadline. He was pleased to see from the report that things look to have improved for NMUH. Maria Kane said that there is still work to be done to embed the culture throughout the organisation and spoke of there now being more opportunities for staff to learn and improve. She also referred to the 'Dragons Den' initiative for staff to input their ideas. She thought the 'Listening into Action' programme should show improvements over the next year. A staff survey in February will indicate if improvements are 'on course'.
- Councillor de Silva said that the improvements made in maternity services was impressive – and asked if this learning/ experience was being utilized to help other services?
An answer was given by Maria that the CQC baseline continues to go up, and we need to ensure continuous improvement. We help to ensure that people learn from each other, this can be progressed through the performance system and by use of 'peer reviews'.
- Councillor Hamilton referred to improvements in the booking system, where appointments had been brought forward, she said this was welcomed. She expressed concern however, about nurses pay and the fact that many nurses are struggling financially. She asked how stretched were NMUH budgets?
Maria Kane answered that there is a national agreed framework for nurses, but we do have training and career progression which is used as a way forward. There are a whole new range of nurses' roles where nurses now take on duties that in the past only doctors would have carried out. It should be noted that attendances have risen considerably in the last two years. The NMUH Trust are concerned about the potential high increases in population from Enfield's regeneration areas for example at Meridian Water. It may be necessary to look at further development on the existing site.
- Councillor Cazimoglu said there is a step change that we can see, and we would like to see this reflected in the next CQC report. She said we were keen to support the Trust. As there is expected to be an increase in Enfield's population the NMUH would need to have the capacity to

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improve and grow. There is thought to be funding available but it would be necessary for us to lobby for this funding. We need to be clear that we cannot accept any reductions in services. She referred to excellent 'discharge' rates which is a demonstration of the good working relationship between NMUH and LB Enfield.

- Dr Chowdhury was of the opinion, that in many ways NMUH has less space available than other hospitals and that it is underfunded.
- Councillor Cazimoglu said she would like to see consistent support for the hospital to be able to improve and she was pleased that there had been a shift towards more independence and away from the Royal Free authority towards more local control. Maria Kane said the Board made a decision in October to not move towards closer integration with the Royal Free to keep it more locally accountable and ensure service development for the local community. The Trust continues to work in alliance with other organisations and use integrated pathways for example in mental health.
- Councillor Neville spoke of his recent experience at NMUH which was perturbing, and which was noted by Maria Kane. He also referred to the issue of poor hand hygiene which was still an issue and which he considered was unacceptable. Deborah Wheeler agreed that hand hygiene was of great importance. She said she looks at these statistics every week and the emphasis is on washing at every stage of examination.
- Maria Kane spoke of the Emergency Department waiting area and said advice had been sought from the British Design Council - looking at how to redesign the area, especially as acoustics are poor. Dr Chowdhury said it is useful for doctors to go into the waiting room to ask for their patients – it is important that double checking takes place and enables them to keep a view of who is in the waiting area and how they appear. He pointed out that some people do not want their names to be called out.
- It was confirmed that there are metrics behind each of the 5 organisational priorities of the Single Improvement Plan, which would show how improvements are being made in each area. The detailed statistics can be shared as required.
- The EYP rep referred to the CQC inspection rating for services for 'safe' category for children and young people which had moved from green in 2016 inspection to amber in 2018. An answer was given that this was due to the lock issue which had quickly been resolved – Maria Kane stressed that the Paediatric Service was very good she said a lot of work was being undertaken developing safety within the hospital.

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- Reference was made to homeless people using the hospital as a place to stay at night and whilst there was sympathy for them, it was thought that this was inappropriate.

Maria Kane and Deborah Wheeler were thanked for their presentation.

932. PRIMARY CARE AND A&E WAITING TIMES

Deborah McBeal (Director of Primary Care Commissioning CCG), and Dr Fahim Chowdhury (GP Member, Enfield CCG) gave a presentation on this item. 'Primary Care in Enfield' which set out current Primary Care developments including:

- The NHS Long Term Plan
- NCL Primary Care Strategy Refresh and Enfield CCG Implementation Plan
- Quality Improvement Initiatives on Diabetes and Atrial Fibrillation
- Primary Care Extended Access Hubs
- Medicus Health Partners – Super partnership of 13 Enfield Practices
- General Practice Chase Farm Feasibility Study

The following was highlighted:

- Details of what the 'Long Term Plan' will deliver for patients was set out
- NCL Primary Care Strategy Refresh and Enfield CCG Implementation. A local plan is being developed for Enfield - key workstreams including the need to retain and recruit more GP's and looking at ways to attract them to Enfield.
- To make best use of digital technology for instance by using 'skype/ email for advice.
- There is a commitment to improve out of date premises/ estate.
- Quality improvement – initiatives to improve standards of care.
- Aiming to reduce health inequalities.
- Enfield Extended Access Hubs – Enfield have four extended access hubs i.e one in each locality - at Carlton House, Eagle House, Evergreen and Woodberry practices. They offer pre-bookable and walk-in services.
- Medicus Health Partners which is a super partnership of 13 Enfield practices.
- General Practice Chase Farm Feasibility Study – Consultants have been engaged to undertake a review of the need for a general practice facility on the Chase Farm hospital site.
- Additional services in the community were detailed which provide alternatives to using the A&E service.

The following issues were raised:

Councillor Hamilton thought that whilst 'Access Hubs' were good, she did not think that there were an adequate number of GP's in Enfield. She welcomed

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the 10 year plan but she was concerned whether there would be sufficient funding provided to deliver it.

Deborah McBeal said that through the Integration programme we have opportunities to look at 'pathways' for patients. CCG's in all boroughs are looking at this.

In response to the need to retain and recruit more GP's we are looking at the following:

- International recruitment from Europe
- Prepared a 'you tube' video extolling benefits of working in Enfield
- Use of additional trainee newly qualified GP
- Use of Health Education funding retention scheme
- Discussions undertaken with doctors to understand why they may be looking to leave and how we can support their careers
- Investigating whether doctors who have left might consider returning
- Pharmacists training programme and to look in general at how we can encourage professionals to practice at their highest levels.

Councillor Cazimoglu said there was no reference to Social Care, and it is essential that this is properly funded as it underpins the local plan. She was concerned that some commissioning funding is going to the private sector and some hospital sites sold. She questioned whether Chase Farm site is most appropriate for a GP surgery and thought that one would be useful in the North Middlesex hospital area.

Dr Chowdhury explained that a feasibility study is in development looking at whether the Chase Farm hospital site is the most suitable for locating a GP practice.

Councillor Neville thought this panel should focus on two key issues – the lack of GP's and pressures on the A & E service. A large number, of people who go to A & E should not be going there.

Deborah McBeal agreed and said they were working actively with NMUH communications with the aim of stopping people going to A & E and instead for them to use GP surgeries, access hubs and pharmacies. However, although these are advertised, and we signpost people to use 111 – a lot of patients continue to prefer to go to A & E. It was agreed that we need to change behaviours – 'grass roots' engagement required. She stressed that we are raising the status of community based care.

Deborah McBeal said we continue to work with our counterparts re healthwatch run programmes, we continue to advertise and promote our services. It may help for children to be informed at school about the use of the 111 service and GP practices in the hope that this information would be reported back to their parents.

Councillor De Silva suggested that it was important for GP Practices to look clinical and not, as in some cases, like homes. This may instil more confidence in the facility. Also booking GP appointments are often more difficult for those whose first language is not English.

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Deborah McBeal stated that the service would continue to be promoted and advertised.

Deborah McBeal and Dr Fahim Chowdhury were thanked for their presentation.

933. WORK PROGRAMME 2018/ 19

The Work Programme was NOTED.

934. PANEL DISCUSSION

An updated Action Plan for the Health Scrutiny Panel was discussed and is attached to the minutes. Members asked that visits take place at North Middlesex hospital to look at improvements. A visit was also requested for Chase Farm hospital
Action: Andy Ellis

935. MINUTES OF THE MEETING OF THE 10 OCTOBER 2018

The minutes of the last meeting were **AGREED**.

936. DATE OF FUTURE MEETING

The following meeting date for this municipal year:

Thursday 14 March 2019.

The meeting ended at Time Not Specified.

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