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Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 25 June 2019 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Sean Fitzsimons (Chair), Councillor Andy Stranack (Vice-Chair), Clive Fraser (part) and Scott Roche

Also Present: Councillors Margaret Bird, Yvette Hopley, Bernadette Khan and Louisa Woodley

Apologies: Councillor Patsy Cummings, Clive Fraser (lateness) and Andrew Pelling

PART A

14/19 **Minutes of the Previous Meeting**

The minutes of the meeting held on 13 May 2019 were agreed as an accurate record.

15/19 **Disclosure of Interests**

There were no disclosures made at the meeting.

16/19 **Urgent Business (if any)**

There were no items of urgent business.

17/19 **South London & Maudsley NHS Foundation Trust**

The Sub-Committee was presented with the Quality Report for the South London and Maudsley NHS Foundation Trust (SLaM) for their information and comments. A presentation summarising the Quality Report along with an update on the plans for SLaM in the forthcoming twelve months was given by the Interim Service Director for Croydon and the BDP Operations Directorate, Doctor Faisal Sethi. During the presentation delivered by Doctor Sethi the following points were noted:-

- SLaM was in the second year of a three year plan to deliver on identified priorities. These priorities included the reduction of violence, reducing restrictive practices, improving access to care, increasing the involvement of patients and carers in service improvement and planning, and improving the satisfaction of patients and staff.
- The report included a summary of the Care Quality Commission (CQC) inspection results. The overall rating for SLaM remained 'Good', but the

CQC had given a warning notice last year relating to acute pathways which required improvement to be made by April 2019. This had led to a range of planned work to deliver the required improvement, with the service recently re-inspected by the CQC. Initial feedback from the CQC indicated that the required improvement had been made, which once confirmed would mean that the service was no longer on notice.

- SLaM would be delivering a number of big programmes linked to the quality agenda in the forthcoming year. Key areas targeted in Croydon included improving the patient experience particularly the flow through the service and also the recruitment and retention of staff.

Following the presentation from Doctor Sethi, the Sub-Committee was given the opportunity to ask questions on the content of the Quality Report. The first related to the status of Croydon as one of the boroughs covered by SLaM as the Quality Report seemed to have less of a focus upon Croydon than other boroughs. In response Doctor Sethi highlighted that as Service Director for Croydon it had not been his experience that Croydon was treated differently. There was currently a lot of activity in Croydon involving work with stakeholders and in particular Community Care. It was noted that Croydon was at the start of its journey whereas other areas had progressed further, which may give the impression that they were being given a greater focus.

As a follow up it was questioned whether there were targeted local action plans for each directorate. It was confirmed that action plans were being developed in a number of different areas including patient flow. It was intended that these plans would have both a Trust wide and a local focus.

Members were pleased to note that the pace of change in delivering service improvement was starting to increase. However it was questioned when this would start to be seen on a practical level. It was advised that improvement could already be seen through changes in how staff dealt with violence intervention including a reduction in the use of restraint. In other areas initial work had focussed on implementing improved reporting, which would lead to more noticeable improvement in the longer term. It was recognised that the path to achieving most of the high level targets would span more than one year.

It was questioned whether patient feedback was used to influence service change, as this was not explicit in the report. In response it was highlighted that the Quality Report did reference the use of patient feedback. Going forward SLaM would be looking at a number of different ways of using feedback from both patients and their friends and families. There were two patient carer leads within the directorate who worked with the senior management team to review feedback which would lead to the creation of new objectives. As well as general feedback other data such as complaints was also being used to inform service delivery.

As the CCG and Croydon Health Service were proceeding with the alignment of their services with a view to delivering a more coordinated healthcare system in Croydon, it was questioned whether SLaM had any similar plans for

their own workforce in the borough. It was advised that community transformation was a key priority, with community care being looked at in every directorate. Work with stakeholders on designing this priority had commenced within the past three months, as there was an increasing need to look at other ways of delivering services due to ongoing workforce issues across the healthcare sector.

It was highlighted that the statistics included within the report seemed to indicate that the level of violence on wards was increasing rather than decreasing and as such it was questioned whether this should be a cause for concern. In response it was advised that the reduction of violence and the use of restriction was a complex area and in some instances an increase would not necessarily be negative if it led to a greater level of control. It would be of greater concern if the numbers were lower as this would not be a true reflection of what was happening on the wards and would raise concern about the reporting of incidents of violence.

The Chair thanked Doctor Sethi for attending the meeting of the Sub-Committee to present the SLaM Quality Report and his engagement with Member's questions. It was suggested that it would be useful for the Sub-Committee to visit SLaM services to gain a greater understanding of how they worked. It was agreed that opportunities for this would be explored outside of the meeting.

Conclusions:

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. As the Quality Report was written on a Trust wide basis, it was difficult to scrutinise the service provided on a local level.
2. The commitment to provide more local, qualitative data in future reports was welcomed.
3. That it would be informative for the members of the Sub-Committee to visit SLaM services in the borough, with arrangements for this to be made after the meeting.

18/19 Croydon Health Service NHS Trust

The Sub-Committee was presented with the Quality Accounts for Croydon Health Service NHS Trust (CHS) for their information and comments. In attendance at the meeting on behalf of CHS was:-

- Matthew Kershaw – Interim Chief Executive
- Dr Nnenna Osuji – Medical Director
- Elaine Clancy – Joint Chief Nurse

A presentation was delivered to the Sub-Committee on the Quality Accounts and the plans for CHS over the forthcoming twelve months. During the presentation the following points were noted:-

- The vision for CHS was to deliver integrated care at every stage of a patient's life, including at home, in the community and at the local hospitals. It was recognised that the changing needs of the population would increasingly be met through working with partners to deliver services.
- CHS had approximately 500,000 annual contacts with patients in the community, which was many more than through either emergency or in-patient care. In the past year 3,500 babies had been delivered in the borough including through the award winning home delivery service.
- More than a third of CHS staff worked in the community. This included the Community Nursing Teams, senior consultants and speciality doctors.
- Work had commenced on delivering closer alignment between the Croydon Clinical Commissioning Group (CCG) and CHS services which should lead to service improvements for residents and was seen as the next step on the journey to Total Place service delivery.
- CHS had performed better than the national average in three out of four national indicators, namely in cancer treatment being delivered within 62 days, carrying out planned surgery within 18 weeks and mental health therapy being provided within 6 weeks. The fourth indicator was treatment in Accident & Emergency (A&E) being within 4 hours which was at 84%.
- Previous inpatient survey results had shown improvement, but the results from last summer's survey had reported a slight deterioration. To address this the Executive Management team were meeting with staff to communicate expectations and were in the process of delivering an action plan targeted towards the areas highlighted in the survey.
- Areas identified for improvement included embedding patient safety and shared learning, continued improvement in the reporting of incidents and lessons learnt, continued improvement in listening to patients, improving patient flow through and discharge from hospital. There was also a need to improve the support and care provided for patients with mental health issues such as dementia and alzheimers.

Following the presentation the Sub-Committee was given the opportunity to ask questions with the first asking the representatives from CHS what they thought were the key areas of weakness within their service. In response it was advised that it was proving challenging to achieve the target for emergency care pathways of treating patients within four hours, however this was a common weakness experienced by health services across the country. Also within emergency care it was recognised that communication between staff, patients and other partners needed to be improved, particularly relating to general care and patient discharge. Although the patient outcomes for CHS were strong, there was a need to improve the overall quality of service

provided as the patient experience during their treatment did not necessarily reflect the level of outcome. Finally there was an ongoing concern regarding staffing levels, with recruitment and retention proving to be an ongoing challenge.

Although it was welcomed that CHS was meeting three out of the four national indicators, concern was raised that service improvement might not necessarily reflect the experience of patients on the wards. It was advised that while it was important that services were delivered safely, patient experience was also priority. Both staff and patient engagement was used as an indicator of the quality of service provided and would lead to further improvement going forward.

As it was noted that 14% of patients attending A&E were admitted, it was questioned whether this should be considered to be a normal level. In response it was confirmed that it was important to be able to turn people away safely. CHS worked hard to keep people out of hospital and it was a good indicator that people were being turned away safely, which was benchmarked by monitoring re-admittance rates. It was highlighted that the level of admission through A&E was at a similar level to other health care providers.

In response to a question about the areas to improve following a Care Quality Commission (CQC) inspection, it was advised that there were a number of actions concerned with increasing the level of audit within community services. There were also a number of actions for critical care related to the infrastructure and the need for investment. Another area highlighted for improvement was staffing for services such as speech and language therapy, with a number of steps being taken to deliver the required improvement.

The length of time taken to respond to complaints was highlighted as an issue. It was confirmed that the Interim Chief Executive both received and reviewed complaints received by CHS. The timeliness of responses could be effected by a number of factors including the availability of the correct person to respond to a complaint, as they were often involved in running services. Complaints could also often be complex and require a considerable amount of time to resolve.

An update was requested on the outcomes arising from the recent survey on the priorities for CHS. It was advised that a long list of priorities had been prepared based on discussions within CHS. A short list from this had subsequently been prepared based on patient feedback. It was agreed that further information on the survey and the resultant priorities would be circulated.

Members raised concern that anecdotal feedback from residents seemed to indicate that some patients found the process surrounding their stay in hospital confusing and as such it was questioned whether this was being addressed. It was advised that it was important to strike a balance as many patients went through the system smoothly. However part of this would be addressed through ensuring that staff were both supported and listened to as the environment could be challenging. Notwithstanding the often challenging

environment within hospitals, it was important to ensure that staff did not lose sight of the need for effective communication with patients.

In response to a question about the staffing levels in A&E, it was acknowledged that there were challenges in this area. Although there was funding available to fully staff the department, there was at present staff vacancies which were in the process of being recruited to.

It was noted that statistics provided from the Friends and Family feedback highlighted that the number of patients who would recommend the A&E service had dropped from 93% to 76% over the past two year and as such the reasons for this were questioned. It was advised that this could in part be attributed to the temporary A&E facility that was in use before the new facility was opened late last year. There had also been changes made to how feedback was gathered from friends and family which meant that it was now more accurate and comprehensive.

It was advised that a number of new staff initiatives had been launched as a result of CHS being ranked fifteenth out of sixteen Trusts in 2018. The next staff survey was due to be undertaken in the autumn and would be an opportunity to find out whether these initiatives were achieving the desired outcomes.

It was noted that the staff uptake of the influenza vaccine was 72%, which was a similar rate to peer organisations. However there was an ambition to increase the level of uptake of the vaccination amongst staff with work planned for this area.

It was agreed that a comment would be added to the quality accounts before being published to reflect that the Health & Social Care Sub-Committee had reviewed the document and looked forward to working with CHS in the forthcoming year on their priorities.

The Chair thanked the representatives from CHS for their attendance at the meeting and their openness in responding to the Sub-Committee's questions. It was also highlighted that it may be useful for the Sub-Committee to arrange a visit to the hospital in the forthcoming year as part of their work programme.

Conclusions

Following discussion of the report, the Sub-Committee reached the following conclusions:-

1. The Trust meeting three of the four national priorities was to be welcomed.
2. There was concern raised about the results from the patient and staff surveys which would need to be investigated in greater detail in the forthcoming year.

Gordon Kay, the Manager of Healthwatch Croydon provided the Sub-Committee with an update on the current activities of his organisation, which included a report on the results of a mystery shopper exercise on the ease of registering with GPs surgeries across the borough.

During the introduction of the report it was highlighted that undertaking a mystery shopping exercise was an unusual piece of work for Healthwatch. As part of the exercise each GP practice in the borough was telephoned three times over the course of three weeks. In total 150 calls were made to the 57 practices in Croydon, as there were some instances where calls could not be completed as it had been decided not to wait on the line more than 12 minutes. The exercise allowed Healthwatch to measure establish trends, which were then balanced against data on surgery websites and wider national trends. The average wait to get through to a surgery was 2 minutes 54 seconds. It was also found that the attitude of staff was positive at 70% of surgeries, with only 9% being found to be negative.

The exercise also found that 56% of surgeries provided consistent information about registration on their websites, while the other 44% did not have either the relevant information on their website or a website at all.

Arising from the exercise, a recommendation had been made for GPs to use the NHS General Medical Services standards to provide consistency across the borough. Another recommendations was made on the need to reinforce that address details were not required to register with a surgery. It was also recommended that dedicated staff and phone lines were used to improve the focus on the service provided. There were only four surgeries in Croydon that got everything right and these were all located in different areas of the borough. Initial feedback from the CCG to the exercise had been positive.

It was noted that the insight provided by the report was fascinating and the findings were a reflection of the variable performance that was experienced across the borough. It was agreed that it would be important going forward to track whether any long term changes were made as a result of the report, with it questioned whether the CCG would be providing a formal response. It was advised that there would be an opportunity to follow up on the report at the CCG board meeting in September, but any support from the Sub-Committee to reinforce the recommendations would be welcomed. It was also under consideration to carry out a follow up exercise at a later date to find out whether improvement had been made.

The Chair thanked Healthwatch for their informative report and advised that the Sub-Committee would follow up with the CCG about their response to the findings.

Conclusions

Following discussion of the report, the Sub-Committee welcomed the report and commended the findings contained within.

20/19 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 9.10 pm

Signed:

Date:

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