Brent

MINUTES OF THE SCRUTINY COMMITTEE
Wednesday 26 November 2014 at 7.00 pm

PRESENT: Councillor Colwill (Vice Chair in the Chair) and Councillors Allie, Colwill, Daly, Oladapo, Van Kalwala, J Mitchell Murray and Nerva, Van Kalwala, together with Mr Alloysius Frederick (Co-opted Member).

Also Present: Councillors Chohan, S Choudhary, Conneely, Filson, Hector, Kabir, Khan, Mahmood and Pavey

Apologies were received from: Councillors Southwood, Co-opted Members Ms Christine Cargill and appointed observer Mrs L Gouldbourne.

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 3 November 2014 be approved as an accurate record of the meeting.

3. **Matters arising**

None.

4. **Care Quality Commission Quality Compliance and Quality Improvement Action Plan**

The Chair advised that the London North West Hospital Trust (LNWHT) had been subject to an inspection by the Care Quality Commission (CQC) in late May 2014. The subsequent report published by the CQC on 20 August 2014 had identified a number of areas where the LNWHT and Northwick Park Hospital (NPH) were found to require improvement. The findings in relation to the A&E service at NPH were particularly concerning and in recent months the length of wait times at the unit had been amongst the worse in the country. The reports before the committee updated members on the progress achieved by LNWHT against the CQC Compliance Improvement Plan and the development of the Trust Quality Improvement Plan. Representatives of the LNWHT were present to address the committee's queries.

Carol Flowers (Chief Nurse, LNWHT) introduced the Compliance Improvement Plan and advised that the recommendations of the CQC had been grouped into actions that had to be completed within three months and those that should be taken with a

longer time frame. It was emphasised that the 'must do' actions had all either been completed or were on track to be completed by the deadlines set. This included the creation of a new database to capture information on the safety and quality of care and treatment provided within critical care and the appointment of a lead clinical officer to oversee this. A series of actions had been undertaken in response to concerns that the maternity service did not actively seek women's feedback including the appointment of a designated Patient Experience and Quality Improvement Lead and the development of a Women's Feedback Plan. The Trust Quality Improvement Plan would be made available to the committee following its circulation to the CQC in the coming week. The Plan had been submitted to the LNWHT Board earlier that day and included actions such as increasing compliance with mandatory training rates and integrating policies and procedures across the Trust. It had been agreed with CQC that monthly meetings would be held to monitor improvement at the Trust and provide assurance to providers and stakeholders. A compliance manager would be appointed to sustain this work. In concluding the presentation, Carol Flowers advised that the issues raised by CQC regarding the A&E unit at NPH had principally related to the need to appoint permanent staff into several posts. These issues had largely been addressed by the transfer of staff from CMH A&E to the unit at NPH.

In the subsequent discussion, a member queried how many reports had been received as a result of the 'see something say something campaign' which had been launched to encourage staff to raise their concerns. It was further queried how the campaign worked in practice and to whom staff were asked to report their concerns. Comment was sought on the findings relating to the maternity service. A question was raised regarding whether LNWHT had been challenged on their Whistleblowing Policy. An update was sought on the low levels of medical staffing in critical care which had been identified by the CQC and further details were requested regarding the employment of locum staff. It was queried whether the staffing levels in the A&E unit at NPH were sufficient and an update was sought on the performance of the unit. The Committee queried the total number of beds at NPH and CMH and requested a breakdown of this latter figure by category of use. Concerns were raised regarding the poor waiting times, including for patients arriving by ambulance, paramedics being overstretched and confusion regarding which hospitals patients should be directed to. In light of these concerns, the committee queried whether there had been any impact on the hospital's mortality rates. It was queried what steps had been taken locally to manage the additional pressure on A&E services and an update was sought on improving patient access to primary care. The committee questioned whether the number of beds to be removed via the Shaping a Healthier Future (SaHF) programme had been reviewed in light of the shortage of beds described and a request was made for confirmation of the current planned figure to be provided in writing. Queries were raised regarding the process of discharging a patient and whether consideration was given to the time of day or night and the condition of the patient. An update was sought on Delayed Transfers of Care

Responding to the committee's queries Carole Flowers advised that the CQC had commented on the open and frank culture amongst staff. There had been approximately twelve reports made thus far as a result of the 'see something say something' campaign and staff were encouraged to report their concerns to their managers, or directly to either the Chief Nurse or the Director of HR as appropriate. The campaign was linked with the re-launch of the Trust's Whistleblowing Policy.

There had been no challenge of this policy but it had been recognised internally that the Trust could take a more robust approach and learn from best practice. There had been some feedback from patients on the Maternity Ward that they felt that the service they had received was not satisfactory. The Midwives had been quite upset at the feedback and had developed their own standards of behaviour to be implemented alongside the existing Trust guidelines. These standards sought to help staff be more sensitive to a patient's feelings and help them manage stressful situations with this in mind.

Carol Flowers further explained that a recruitment plan was being enacted to combat low levels of permanent staff in Critical Care and the majority of positions had now been filled. Where there were delays in filling some posts, a locum would be employed until the relevant appointments had been made. The preference was to utilise locum staff with experience of working in the particular hospital to ensure familiarity with the Trust's policies. With regard to the medical staffing in the A&E unit, this comprised 180 nursing, 60 doctor and 16 consultant positions. There were approximately 20 nursing vacancies at the current time. It was emphasised that the A&E unit was one of the best staffed units at NPH.

Chris Pocklington (Chief Operating Officer, LNWHT) advised that there was significant pressure on the emergency pathway at NPH. The principle issue underlying this was a lack of bed capacity. Plans were in place to address this bed gap, some of which would come into fruition in the current year. However, a substantial increase in bed capacity was not planned to be delivered until the autumn of 2015. Whilst NPH was already a pressured site, it had been subject to increased pressure from late August 2014 due to a rise in the number of hospital admissions. It was emphasised that the increase in admissions were not the result of an increase in the number of patients attending the site, but rather a reflection of the acuity of the patients' conditions. Steps were being taken to manage the increased pressure within the local healthcare system, including the addition of 32 new beds at the NPH site and 20 beds at Ealing Hospital. Work would be undertaken with partners to ensure that patients could be discharged into different healthcare settings as appropriate. Rob Larkman (Accountable Officer, Brent, Harrow and Hillingdon CCG) added that Brent CCG was investing £10m into the local healthcare system to ensure a high quality range of services was available. Dr Ethie Kong (Chair, Brent CCG) advised that there were 4 locality GP hubs and a Saturday walk in centre to which patients were directed if they could not be provided with appointments at their GP practices.

Chris Pocklington continued that there were 600 beds at NPH, though not all of these were acute medical beds, and bed occupancy was currently tracking at 98 per cent. Tina Benson (Director of Operations, LNWHT) advised that there were 168 acute medical beds at CMH and a breakdown of the number of beds by category of use could be provided. The other beds at the site were utilised for those undergoing elective surgery. Chris Pocklington acknowledged that the pressures described had a broad impact across the healthcare system including on patients not on the emergency pathway and this was in part mediated by channelling a lot of elective surgery through CMH. He confirmed that mortality rates at NPH were routinely monitored by the Trust Board and there was no evidence that they were increasing. Dr Susan LaBrooy (Medical Director, Shaping a Healthier Future) added that NPH's mortality rates were amongst the best in the county.

Professor Ursula Gallagher (Director of Quality, Brent, Harrow and Hillingdon CCGs) advised that there were sound clinical reasons which underpinned the decision to close the A&E unit at CMH and patient safety was paramount. With regard to concerns raised about times at which patients were discharged from hospital, it was confirmed that this was monitored. NPH's performance for Delayed Transfers of Care was amongst the best in London. Addressing the committee's queries regarding SaHF, Ursula Gallagher emphasised that it was a five year strategy which would direct future action but the bed capacity and clinical model were under constant review.

The Chair thanked colleagues from LNWHT and Brent CCG for addressing members' queries. He advised that the committee would need to be reassured that the recommendations of the CQC were being addressed within the timescales set and in view of the risks posed to Brent residents would require a further update on the progress made at a future meeting.

RESOLVED:

That an update on the progress made in addressing the recommendations of the CQC be presented to a future meeting of the committee.

5. **Local Impact resulting from Changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital**

Dr Susan LaBrooy (Medical Director, SaHF) introduced a report detailing the process by which approval was granted for the consolidation of inpatient paediatric services and maternity and neonatal services in North West London, and outlining the anticipated impact of these changes on Brent residents. Encompassed within these changes was the cessation of the interdependent maternity and paediatric services at Ealing Hospital. It was explained that the decision to consolidate these services had been clinically driven and had been approved by the Secretary of State in 2013. The maternity service at Ealing Hospital had been declining and the hospital was only able to achieve 60 hours of consultant presence on the labour ward; this did not provide enough activity to allow medical professionals to remain validated as practitioners and was therefore unsustainable without significant further investment.

Dr Susan LaBrooy further explained that in 2013/14 only 1 per cent of Brent women chose to use maternity services at Ealing Hospital. The majority of Brent women chose to North West London Hospitals (43 per cent) or Imperial College Healthcare (41 percent), both of which had sufficient capacity to accommodate the additional numbers of births following the closure of the service at Ealing Hospital. Modelling conducted regarding usage of maternity services following the proposed closure at Ealing Hospital had identified that West Middlesex and Hillingdon Hospitals would receive the greatest increase in use of their maternity services. Further modelling was underway with data being collected from expectant and new mothers via GPs and Children's Centres. This data would inform the decision of the Ealing Clinical Commissioning Group as to when the transfer of services would take place, as would evidence from site visits conducted by NHS England and the NHS Trust Development Authority to assess the assurance provided. Members were further advised that a North West London maternity booking service had been commissioned which would allow women to choose their preferred hospital and

would ensure that priority was given to local women. This booking service would provide valuable monitoring information for maternity services.

During members' discussion, the committee sought confirmation that NPH would be able to cope with additional pressure on their maternity services, given the findings of the recent Care Quality Commission (CQC) inspection and the high birth rate in Ealing. Further information was sought regarding the capacity of Imperial College Healthcare to accommodate additional deliveries. A query was raised regarding the number of consultant hours on the maternity ward at NPH and how this compared to the recommended figure. The committee questioned what contingency plans were in place if it was found that the proposals were not feasible or appropriate. It was questioned whether similar modelling had been undertaken regarding the anticipated dispersal of service pressures for A&E units following the closure of the unit at Central Middlesex Hospital (CMH).

In response to the queries raised, Dr Susan Labrooy advised that the Borough of Ealing had a large birth rate but maternity services were accessed by women at a variety of different hospitals. It was not anticipated that NPH would experience a significant increase of women using its maternity services as a result of the proposed closure at Ealing Hospital, particularly in light of the declining numbers of Ealing women choosing to use NPH in recent years. However, NPH was able to accommodate an increase in use of its maternity services without any changes to infrastructure. Similarly, and to a greater extent, St Mary's Hospital and Queen Charlotte's and Chelsea Hospital could also increase the capacity of their Maternity Services without any changes to their infrastructure. Indeed, even if all of the assumptions drawn from the modelling were incorrect, there still remained capacity in every affected hospital to accommodate greater usage of their maternity services than was expected. Dr Susan LaBrooy added that modelling work was being undertaken for A&E usage but emphasised that hospitals were currently facing an unexplained increase in attendances at A&E which was occurring on a national scale.

Commenting on the CQC findings, Dr Susan LaBrooy advised that though areas for improvement had been identified, at no time had the CQC raised concerns regarding the safety of maternity services at NPH. Simon Crawford (Deputy Chief Executive, LNWHT) advised that the delivery suite at NPH maintained 106 consultant hours. The Royal College of Obstetricians recommended that this figure should stand at 168 consultant hours and a workforce strategy for maternity services was in place. Most London healthcare trusts were now delivering over 100 consultant hours and were working towards increasing it to the recommended figure. Dr Susan LaBrooy advised that the assurance process being undertaken would highlight the balance of risk between proceeding with the proposals and maintaining the current configuration of services. Professor Ursula Gallagher further explained that the maternity booking service would act as a contingency to help alleviate pressures across maternity services in North West London by allowing these to be managed.

A subsequent request was made for information to be provided in writing to Councillor Daly regarding the workforce planning work that had been undertaken with regard to maternity services.

The Chair emphasised that the committee remained concerned about whether sufficient consideration had been given to potential future pressures on maternity and paediatric services in North West London and would therefore require a further update at a future meeting of the committee.

RESOLVED:

That the committee be provided with an update on the implementation of the proposed changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital at a future meeting.

6. **Developing Central Middlesex Hospital**

Rob Larkman (Accountable Officer, Brent, Harrow and Hillingdon CCGs) introduced a report updating members on the work being undertaken to develop Central Middlesex Hospital (CMH), including consultation and engagement activities. It was explained that the plans to develop CMH were underpinned by the acknowledgement that the CMH site had been underutilised for many years. The intention was to provide a range of additional services at CMH to ensure that the site was clinically viable and financially sustainable in the long-term.

Rob Larkman advised that CMH had been defined as a local and elective hospital under the acute services reconfiguration set out in the Shaping a Healthier Future (SaHF) programme. Amongst the services it would provide would be a 24/7 Urgent Care Centre, outpatient services, diagnostics, elective services and primary care hub. Further work to build on the services to be offered had resulted in the development of a Strategic Outline Case (SOC) in 2013, which had subsequently been agreed by the relevant Boards in 2014. The SOC encompassed a preliminary assessment of costs, benefits, risks and funding in scoping the possible range of services that could be provided at CMH and proposed services such as an Elective orthopaedics centre, Mental health inpatient facility, primary care 'hub' and genetics laboratory. An Outline Business Case (OBC) was now being developed which built upon the SOC to further refine and develop proposals. It was anticipated that the OBC would be completed by the end of 2014 and that it could then be taken through the approval procedures to obtain the necessary capital investment. Rob Larkman highlighted that the OBC would no longer include a mental health in-patient facility as the ward configuration and open space required could not be accommodated.

The Chair thanked Rob Larkman for his presentation. The committee requested that the proposals be provided in greater detail, including a financial breakdown of costs and the investment configuration for the proposed services. Members then raised several queries. With reference to the proposal to relocate rehabilitation beds from the Willesden Centre to CMH, a member questioned the implications for Willesden Centre. It was further queried what services were located at the Willesden Centre and a concern was raised regarding the costs to the tax payer of an underutilised site. It was subsequently proposed that the committee undertake a site visit to the Willesden Centre. The committee sought further information regarding the provision of in-patient mental health service at the Park Royal site. Queries were raised regarding the consultation activities undertaken, including the number held and how they were advertised. Further details were sought regarding the services available in the North of the borough and the procedures in place to

deal with large scale health emergencies. A view was put that consultation on changes to primary care had been poor. Councillor Daly requested that details of the number of beds to be removed across North West London under SaHF be provided to her in writing.

In response, Rob Larkman and Ethie Kong (Chair, Brent CCG) advised that the development of the Willesden Centre formed part of the Primary Care Strategy and the services to be offered were being reviewed in conjunction with the plans to develop CMH. Willesden Centre had also historically been underutilised and work was underway to explore how best to develop the important local facility and support the delivery of the out-of-hospital strategy. A range of community services were currently offered at the site, including GP services and the rehabilitation beds. The cost of the Private Finance Initiative (PFI) for the Willesden site was approximately £2m and was met by the NHS. It was acknowledged that the site did not provide sufficient revenue to cover the cost of the PFI and therefore additional services needed to be provided to address the underutilisation of the site. There had been three main consultation events held on the development of services at CMH and these had been widely advertised. The Brent Youth Parliament had been engaged but schools had not been directly approached.

Rob Larkman confirmed that in-patient mental health services would continue to be delivered at the Park Royal site and the future of the site would be considered. With regard to services available in the North of Brent, the committee was advised that a walk in centre was available in Wembley and this was supported by the Urgent Care Centre at CMH and the Primary Care Hubs. Emergency Planning for healthcare in North West London was captured by the system wide resilience strategy for North West London. There also existed a North Central London resilience strategy, as well as a London-wide strategy.

The Committee advised that Wembley did not constitute the north of the borough and Ethie Kong stated that Brent CCG would work collaboratively regarding points of service across the borough.

RESOLVED:

(i) That the update report be noted

(ii) That further information regarding the proposals for Central Middlesex Hospital be provided to the committee in writing and include a breakdown of the financial implications of the proposals.

7. **Promoting Electoral Engagement - Scrutiny Task Group report**

Councillor Nerva (Task Group Chair) presented the final report of the Task Group ‘Promoting Electoral Registration’. The Task Group had been established to examine the transition to Individual Electoral Registration (IER), which had been described as the most significant change to the electoral system in the last 100 years. IER went live in June 2014 and was expected to fully supplant the current Household Electoral Registration system on 1st December 2015, with the aim of making the process of registration more convenient and secure. IER differed from the previous system by requiring each person to register individually by providing

personal identifiers (National Insurance number and date of birth). Online registration had also been enabled under the new system and had been available since June 2014. It was recognised that IER presented significant challenges for the council, as well as opportunities to improve voter registration across Brent.

Councillor Nerva thanked the members of the task group and the supporting officers for their work. He then highlighted the key findings of the task group. It was emphasised that Brent was an incredibly diverse borough and the task group had identified that even within neighbourhoods and polling districts, there was significant variance in voter registration. It was considered therefore that a bespoke plan to target those most at-risk of not registering was required and efforts needed to be concentrated in the areas most in need to make the best use of communications tactics that target those hardest to reach. Consequently, to achieve a successful transition to IER, a joint effort was needed across council services, local stakeholders, partner agencies and community organisations. In concluding his presentation, Councillor Nerva drew the committee's attention to the task group's recommendations detailed in the report, which had been grouped into three broad themes: the need for a comprehensive IER roll-out programme and communications strategy; the need for more effective working of partners including the voluntary and community sector, housing and other statutory and non-statutory partners; and, the need for enhanced civic engagement with the community.

With the permission of the Chair, a member of the public suggested that sixth form pupils at secondary school be engaged directly and that parents of children of all ages be targeted via groups run by schools such as parents' forums.

Councillor Pavey (Deputy Leader) commended the task group for their work and expressed his commitment to ensuring the recommendations set out in the report were implemented. The committee similarly welcomed the report of the task group and added their thanks to the members and officers responsible.

RESOLVED:

That the recommendations of the 'Promoting Electoral Registration' task group as detailed in the report be endorsed.

8. **Scrutiny Committee Forward Plan**

Members noted the committee's forward plan.

9. **Any other urgent business**

None.

The meeting closed at 9.22 pm

R COLWILL
Chair