



## Health Partnerships Overview and Scrutiny Committee

**Thursday, 16 December 2010 at 6.00 pm**  
Brent Town Hall, Forty Lane, Wembley HA9 9HD

### Membership:

#### Members

Councillors:

Ogunro (Chair)  
Hunter (Vice-Chair)  
Adeyeye  
Beck  
Colwill  
Daly  
Hector  
Kabir

#### first alternates

Councillors:

McLennan  
Leaman  
Naheerathan  
Clues  
Baker  
Sheth  
Aden  
Mitchell Murray

#### Second alternates

Councillors:

Mistry  
Ms Shaw  
Oladapo  
Cheese  
BM Patel  
Van Kalwala  
Al-Ebadi  
Moloney

**For further information contact:** Peter Goss - Democratic Services Manager  
(020) 8937 1353 [peter.goss@brent.gov.uk](mailto:peter.goss@brent.gov.uk)

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:

**[www.brent.gov.uk/committees](http://www.brent.gov.uk/committees)**

**The press and public are welcome to attend this meeting**

# Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

| Item   | Page  |
|--|---|
| <b>1 Declarations of personal and prejudicial interests</b>  |   |
| Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.   |   |
| <b>2 Deputations (if any)</b>  |   |
| <b>3 Minutes of the previous meeting</b>   | 1 - 8   |
| <b>4 Matters arising (if any)</b>  |   |
| <b>5 North West London Hospitals NHS Trust Patient Experience report and update on the We Care Patient Experience programme</b>  | 9 - 40  |
| North West London NHS Hospitals Trust has provided the Health Partnerships Overview and Scrutiny Committee with a report on the We Care Patient Experience Programme, and on-going patient experience initiatives. |   |
| <b>Ward Affected:</b> All Wards;   | <b>Contact Officer:</b> Andrew Davies, Policy and Performance<br>Tel: 020 8937 1359<br>andrew.davies@brent.gov.uk |
| <b>6 Brent GP commissioning pathfinder</b>   |   |
| Details to follow.   |   |
| <b>Ward Affected:</b> All Wards;   | <b>Contact Officer:</b> Director of Strategy, Partnership and Improvement   |
| <b>7 Update on Brent Community Services</b>  | 41 - 50   |
| This report concerns NHS Brent's plans to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation.   |   |
| <b>Ward Affected:</b> All Wards;   | <b>Contact Officer:</b> Andrew Davies, Policy and Performance   |

Tel: 020 8937 1359

andrew.davies@brent.gov.uk

## **8 Respite care services in Brent for people who are carers**

51 - 56

The Health Partnerships Overview and Scrutiny Committee requested a report from NHS Brent on respite care services in Brent for people who are carers. They have provided a paper for the committee, which is included as an appendix to this report.

**Ward Affected:** All Wards; **Contact Officer:** Andrew Davies, Policy and Performance

Tel: 020 8937 1359

andrew.davies@brent.gov.uk

## **9 Recommendations to the Planning Committee**

In March 2010, the Health Select Committee made the following recommendation to the Planning Committee following discussion on the proliferation of hot food take away shops near secondary school premises. The select committee recommended that:

“The issue of restricting or reducing the number of hot food takeaways in close proximity to schools be referred to the Planning Committee for their consideration”.

The Planning Committee considered this recommendation and a report on the issue on 20 October. The committee agreed:

“That the appropriate way forward for reviewing the Council’s approach to the determination of planning applications for hot-food takeaways was to undertake this as part of the preparation of the Development Management Policies (DPM)”.

**Ward Affected:** All Wards; **Contact Officer:** Andrew Davies, Policy and Performance

Tel: 020 8937 1359

andrew.davies@brent.gov.uk

## **10 Recommendations to the Brent Pension Fund Sub-Committee**

The following recommendation was passed to the Brent Pension Fund Sub Committee about investments in tobacco companies:

“The Health Partnerships Overview and Scrutiny Committee recommends that the Brent Pension Fund Sub-Committee reconsiders the investments that Brent Council has in tobacco firms. The overview and scrutiny committee does not believe that the council should be investing pension fund money in companies that make profits at the expense of peoples’

health and that it contradicts the council's work to promote tobacco control and smoking cessation. The committee is encouraged that other councils, such as Harrow, have taken a decision to disinvest from these firms and hopes that the council can follow their lead particularly as Brent is launching its Tobacco Control Strategy on 29 November. Attached is a letter from Councillor Hunter who raised the matter, which was printed in the Willesden and Brent Times on 21 October".

The Brent Pension Fund Sub Committee considered the recommendation on 30 November. The response to the recommendation was:

"The Brent Pension Fund Sub-Committee agreed that its fund managers will take investment decisions on the basis of the best interests of the Fund, which is held for the best interest of beneficiaries, thus re-affirming the policy of the Council of non-political or administrative interference with investment decisions or involvement with companies in which the fund managers have acquired shares on behalf of the fund".

**Ward Affected:** All Wards; **Contact Officer:** Andrew Davies, Policy and Performance  
Tel: 020 8937 1359  
andrew.davies@brent.gov.uk

## 11 Work programme

57 - 66

The work programme is attached for consideration.

**Ward Affected:** All Wards; **Contact Officer:** Andrew Davies, Policy and Performance  
Tel: 020 8937 1359  
andrew.davies@brent.gov.uk

## 12 Any Other Urgent Business

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

## 13 Date of Next Meeting

The next scheduled meeting of the committee is on 16 February 2011.



- Please remember to SWITCH OFF your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

- Toilets are available on the second floor.
- Catering facilities can be found on the first floor near the Paul Daisley Hall.
- A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge

This page is intentionally left blank



## **MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE**

**Thursday, 14 October 2010 at 7.00 pm**

**PRESENT:** Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Beck, Daly, Hector and Kabir

**Also Present:** Councillors John, R Moher, Jones, McLennan and Butt

Apologies were received from: Councillor Adeyeye

**1. Declarations of personal and prejudicial interests**

None declared.

**2. Deputations (if any)**

None.

**3. Minutes of the previous meeting held on 15 July 2010**

RESOLVED:

that the minutes of the previous meeting of the Health Select Committee held on 15 July 2010 be approved as an accurate record of the meeting.

**4. Matters arising (if any)**

None.

**5. Order of business**

The Chair proposed, and it was agreed, that item 11 on the agenda be brought forward to be considered immediately after item 5.

**6. Update on Burnley Road GP surgery**

Summarising the report already circulated, Jo Ohlson (Director of Primary & Community Commissioning, NHS Brent) advised that Brent Community Services would no longer manage the Burnley Road GP practice and that the future of the practice was not currently clear. An application from the practice to run the service had been considered but rejected. She explained that there were currently three options being considered: the dispersal of the patient list to other local practices; a tender on the open market; or a closed tender to GP practices within the borough. In addition, the future of the service provided to homeless people through the practice would also have to be considered.

Jo Ohlson continued by explaining that councillors and patients' groups had expressed concern over the summer about the uncertain future of the practice. They had clearly stated that they did not want dispersal of the patient list to take place, and that they wanted GP services to continue to be delivered from the Willesden Centre for Health and Care.

Councillor Jones (Willesden Green ward) explained that she was a patient at the surgery which had been moved first from Burnley Road to Pound Lane and then to the Willesden Centre for Health and Care. She went on to say that patients' groups had had to press for meetings on the proposals to be held at a location in the Willesden area, and she reiterated that patients felt that they would prefer for the surgery to remain at the Willesden Centre for Health and Care.

Residents expressed their agreement with this last point, and they expressed their concern at the uncertainty of the future of the practice and the fact that, five years after the practice had been moved to its current location, a new transfer of patients was being considered. Councillor Butt (Tokyngton ward) reiterated that, although three options for the future of the practice were being considered, patients had clearly expressed their preference for the practice to remain where it was. In response, Mark Easton (Chief Executive, NHS Brent and Harrow) advised that a transfer of patients to another location would only take place if the proposal to disperse them to other surgeries was agreed; it was envisaged, however, that GP services would continue to be delivered from the current location if one of the other two options was implemented.

Mansukh Raichura (Chair, Brent Local Involvement Network) expressed concern that the practice could close in March 2011 before the new arrangements which would be agreed in November could be fully implemented. Jo Ohlson replied that the practice would only close in March 2011 if the proposal to disperse the patient list was implemented, in which case alternative arrangements would be made before the closure took place.

Councillor John (Stonebridge ward) thanked residents for attending the meeting and for expressing their views so clearly. She asked for clarification about the perceived timescale for decision making. Jo Ohlson replied that residents' views would be included in the Options Appraisal Paper which would be considered by the PCT's Executive Team at the end of October and that a decision would be taken by the Board of NHS Brent on the future of the practice in November. She added that, if it were decided that an open tender process should be undertaken, patients would be involved in the selection of tenders.

RESOLVED:

that the Health Partnerships Overview and Scrutiny Committee recommend that NHS Brent carry out an open tender process for the Burnley Practice registered patients service, to ensure that the service continues to be delivered from Willesden Centre for Health and Care and to avoid dispersal of existing patients in an area which already has fewer GPs per head of population than other areas of Brent.



## 7. **Equity and Excellence: Liberating the NHS**

Andrew Davies (Policy and Performance Officer, Policy and Regeneration) opened discussion of this item by explaining that the Government White Paper, "Equity and Excellence: Liberating the NHS" had been published in July 2010, and that consultation on it had closed at the end of the previous week. He explained that the Council's response had been sent to the Department of Health, in the form of a letter from the Lead Member for Adults, Health and Social Care.

Andrew Davies summarised the Council's response as follows: that the Council had serious concerns about giving untested GP consortia responsibility for spending £80bn of public money at a time when considerable cuts are being made to public spending; that the Council wanted an enhanced role in service commissioning; that the Council wanted an enhanced role in service commissioning; that the Council supported the establishment of health and wellbeing boards, although it had concerns about scrutiny powers being transferred to them; and that the Council welcomed having a greater role in public health which it could co-ordinate through its current activities.

Mansukh Raichura (Chair, Brent Local Involvement Network) noted that the White Paper envisaged the transferral of some responsibilities to local authorities, but he expressed concern that this would be without additional resources or without local consultation. Additionally, with GPs being providers and commissioners under the terms of a national GP contract, there would be limited or no local input into the way commissioning would be carried out. Mark Easton (Chief Executive, NHS Brent and Harrow) replied that the White Paper was ambiguous, as the new public health responsibilities of local authorities had not been clearly defined and it was not clear what funding would be given to local authorities to carry out these functions. Councillor John (Stonebridge ward) commented that public health had for many years been a difficult area to define, as Council functions and health service functions overlapped in some areas. She welcomed the fact that the Council would be given greater responsibilities in this area, and that this would increase the opportunities for the Council to co-operate with other bodies.

Councillor Kabir noted that it was not clear how health and wellbeing bodies would be constituted and would function, adding that it was important for the Council to do its best to ensure that the Brent health and wellbeing board would have the needs of Brent residents at a priority. The Vice-Chair expressed concern that the health and wellbeing board could see a conflict of interest between its executive and scrutiny functions and that the Council's role in scrutiny would remain vital.

Residents expressed concern with various aspects of the proposals, such as the role of GP consortiums in commissioning; and the fact that commissioning would be performed on a national basis, without a body to scrutinise it nationally.

Councillor Ruth Moher (Lead Member for Adults, Health and Social Care) then thanked Andrew Davies for the clarity which his report had brought to some of the arguments.

RESOLVED:

that the Committee endorse the Council's response to the White Paper, "Equity and Excellence: Liberating the NHS."

## 8. **Future of Brent Community Services**

Andrew Davies introduced this report, which had been previously circulated to members. He explained that, when members met with the Chief Executive of NHS Brent and Harrow and the Chief Executive of Ealing Hospitals Trust in September 2010, they had felt unable to support the proposals to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation.

Jo Ohlson (Director of Primary & Community Commissioning, NHS Brent) explained that NHS Brent would not manage community services after 1 April 2011. Dr Jahan Mahmoodi expressed his view that, while community services needed to be locally-based, GPs would bear the financial risks of providing these services once they took on commissioning responsibilities. However, were Brent Community Services to be managed by Ealing Hospitals Trust, there would be greater transparency and better management of finances. In addition, this transferral of responsibility could be implemented by the 1 April 2011 deadline.

Councillor Daly asked why plans in Brent had not been put together much earlier as in other boroughs. Mark Easton (Chief Executive, NHS Brent and Harrow) replied that it had been more difficult to reach a consensus in Brent about the best way forward. Councillor Daly responded by saying that the option of transferring Brent Community Services to Ealing Hospitals Trust seemed to represent a hastily considered proposal. Councillor Kabir concurred with this view, and she remarked that, as important stakeholders, the Council should have been informed of the proposals earlier. Mark Easton replied that Brent GPs preferred this option and that it had not proven possible to transfer the service to either the Inner North West London group of services or NHS Barnet. He added that discussions as to the future of Brent Community Services were ongoing.

RESOLVED:

that the Health Partnerships Overview and Scrutiny Committee not endorse NHS Brent's preferred option for Brent Community Services, integration with Ealing Hospital Trust and the creation of an Integrated Care Organisation;

that the Committee endorse Gareth Daniel's letter, sent to Mark Easton on the 21st September;

that the Committee continue an on-going dialogue with NHS Brent on this issue, and request a report for their next meeting, on 16th December 2011, setting out other options for Brent Community Services for their consideration, which should contain budgetary information on BCS, including spending on each of the services delivered by the organisation, as well as information on safeguarding services.

9. **Proposals to merge PCTs in North West London**

Mark Easton (Chief Executive, Brent and Harrow PCT) introduced this report which had been previously circulated. He explained that, in order to deliver the savings expected by the Government and prepare the way for the proposed abolition of PCTs in April 2013, it was expected that PCTs would merge. This would result in significant savings in management costs and provide a more stable platform on which to manage short- and medium-term finances and service performance.

Mark Easton continued by explaining that, from March 2011, it was proposed to continue to have a strong borough focus even though Brent and Harrow PCTs would have a shared management team and other back office functions. This would be achieved through a borough director, a borough Director of Public Health, joint commissioning arrangements, strong local partnership arrangements and a borough presence at a health and wellbeing board.

Councillor Beck asked for a breakdown of which boroughs would be subject to the largest reductions in funding. Mark Easton replied that Brent had a larger management team than Harrow and that consequently Brent's management team would reduce by a larger amount.

RESOLVED:

that the contents of the report, "Proposals to merge PCTs in North West London," be noted.

10. **Sexual health and HIV services in Brent**

Mary Cleary (Deputy Director, Strategy and Planning, NHS Brent) introduced the report which had already been circulated, "Sexual health and HIV services in Brent". Members heard that the data in the report had been taken from the latest draft of the Sexual Health Needs Assessment undertaken by the Public Health Department.

Members heard information about the 817 Brent residents who were HIV-positive and accessing services, and this information was presented in terms of the source of transmission; the ethnic origin of HIV-positive residents; and the areas of the borough where HIV-positive residents lived. Mary Cleary then described the work of the Pan London HIV Prevention Programme and the treatment offered by the London HIV Consortium, which was jointly procuring Anti-Retroviral Therapy on behalf of all London boroughs.

Outlining current issues for diagnosing and treating HIV in Brent, Mary Cleary then advised that there was a lack of HIV-positive people involved in service commissioning; that primary prevention services needed to be improved; that GPs were not routinely testing for HIV infection; and that a number of HIV-positive people in Brent had immigration status issues.

Mary Cleary then turned to the current situation surrounding sexual and reproductive health in Brent. She explained that there had been an 11 per cent decrease in the number of cases of sexually transmitted infections (STIs) being

diagnosed in the three clinics most used by Brent residents. She added that chlamydia remained the most commonly diagnosed STI, and that it was aimed that 35 per cent of people aged under 25 years would be screened for it in 2010-11.

Mary Cleary advised that of the 2,128 abortions provided by Mary Stopes International and BPAS in 2009-10 for Brent women, a high number (43 per cent) were repeat abortions. She explained that the rates of women who used Long Acting Reversible Contraceptives (LARCs) within London remained low compared to the national figure. Mary Cleary added that teenage pregnancy rates had declined slightly in recent years.

The Vice-Chair thanked Mary Cleary for her comprehensive report. She asked whether the under-representation of Asian people in the figures for STIs was the actual case, or whether it was due to the fact that fewer of them accessed sexual health services, perhaps for cultural reasons. Mary Cleary replied that the reasons for the under-representation was not clear.

Councillor Daly asked for further information about services offered to victims of sexual violence and for workers in the sex industry, and whether these services were integrated with other services. Councillor Kabir asked how many of the conceptions occurring to younger women were happening in the context of forced marriages. Mary Cleary undertook to find out this information.

RESOLVED:

that the information in the report be noted.

#### **11. Health Partnerships Overview and Scrutiny Committee work programme**

Andrew Davies (Policy and Performance Officer, Policy and Regeneration) introduced a report on the "One Community, Many Voices" consultation event which had been held on 28 September 2010 to launch the new overview and scrutiny structure. He then took members through the work programme for the Health Partnerships Overview and Scrutiny Committee, and he invited members to contact him with suggestions of items which could be added to the list.

Councillor Kabir asked whether a report could be presented to the Committee about healthcare in the Kingsbury and Queensbury area. Councillor Ruth Moher (Lead Member for Adults, Health and Social Care) suggested that the report could cover instead the spread of GPs in Brent and the steps taken by the PCT to mitigate the effects of GP retirement.

RESOLVED:

that the items on the work programme be noted.

#### **12. Public Health Annual Report**

Andrew Davies (Policy and Performance Officer, Policy and Regeneration Unit) drew members' attention to the "NHS Brent Public Health Annual Report 2009" which had previously been circulated, and he explained that the document would serve as a useful source of information for the Committee.

**13. Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for Thursday 16 December 2010.

**14. Any other urgent business**

The Vice-Chair announced that the Council's Tobacco Control Strategy would be launched on 29 November. She explained that she had recently written to local newspapers to publicise the fact that the Council still had some investments in the tobacco industry, and she added that, after Harrow Council had decided to disinvest in tobacco, some 64 per cent of Harrow residents who answered a survey expressed agreement with that decision.

Councillor Daly commended the Vice-Chair for writing to the press, and she asked for more information about the investment. Members recommended that the Brent Pension Fund Sub-Committee reconsider the investments that Brent Council had in tobacco firms, as they did not believe that the Council should be investing pension fund money in companies that made profits at the expense of peoples' health. In addition, it was noted that such investments contradicted the Council's work to promote tobacco control and smoking cessation. Members welcomed the fact that other London borough councils, such as Harrow, had taken a decision to disinvestment from these firms and it was hoped that Brent Council could follow their lead, particularly as Brent was launching its Tobacco Control Strategy on 29 November 2010.

The meeting closed at 9.15 pm

B. OGUNRO  
Chair

This page is intentionally left blank

|  |   |
|--|---|
|   | <p align="center"><b>Health Partnerships Overview and Scrutiny Committee</b><br/>16 December 2010</p> <p align="center"><b>Report from the Director of Strategy, Partnerships and Improvement</b></p> |
| <p>For Action</p>  | <p align="right">Wards Affected:<br/>ALL</p>  |
| <p><b>North West London Hospitals NHS Trust Patient Experience Report and update on the We Care Patient Experience Programme</b></p> |   |

## 1.0 Summary

- 1.1 North West London NHS Hospitals Trust has provided the Health Partnerships Overview and Scrutiny Committee with a report on the We Care Patient Experience Programme, and on-going patient experience initiatives. The previous Health Select Committee had taken an interest in patient experience at the hospital trust following disappointing in-patient survey results, which showed that patient satisfaction was below average.
- 1.2 NWL NHS Hospitals Trust has developed the We Care patient experience programme from stakeholder feedback on the issues they felt were important to ensure a positive patient experience. Three themes were identified by patients as being essential to ensuring a good hospital experience - caring with compassion, communication and consistency. The patient experience exception report has been developed to give assurance that patient experience is actively embedded across the Trust. The report at Appendix A sets out the latest position with regard to both of these initiatives.
- 1.3 The Hospital Trust has summarised the key developments with each of its programmes:

### **We Care Patient Experience Programme –**

- To date 20 wards/departments and 959 staff have undergone the We Care training and are working on action plans to implement the improvements identified.
- This programme has resulted in improved engagement from the wider multidisciplinary clinical teams as well as non clinical staff.

- A more detailed evaluation report will be available in January 2011 and will inform future actions to continue to strengthen the programme.
- Themes from patient feedback include:
  - Not feeling fully informed about what was happening with their treatment, or being involved as much as they wanted to be in decisions about their care
  - Food service
  - Communication
- Actions are in place to improve these and other aspects of the patients experience.
- There has been a reduction in complaints about staff attitude and an increase in compliments.
- The staff satisfaction survey, carried out pre and post commencement of the 3C training, shows a significant improvement in staff morale in some areas.

### **Patient Experience Initiatives –**

- The introduction of Trust wide real time patient feedback and monthly reports to all wards and departments from January 2011 will provide local personalised feedback which will inform local actions to improve the patient experience.
- The Royal College of Nursing dignity training is being rolled out to all disciplines throughout the Trust and dignity Champions have been identified on each ward.
- Patient surveys are being updated to incorporate all current performance management criteria.
- A new Trust core action plan has been devised which supports divisional performance management
- A new patient experience operational group has been formed and the current Patient Experience Committee meeting format is being reviewed to be more action focused.

- 1.4 The full report from North West London NHS Hospitals Trust is included at Appendix A. Carole Flowers, the trust's Director of Nursing will be at the meeting to introduce this item and answer questions from members.

## **2.0 Recommendation**

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report from North West London NHS Hospitals Trust on the We Care Programme and patient experience, and question officers from the trust on progress in implementing these programmes.

### **Contact Officers**

Phil Newby  
 Director of Strategy, Partnerships and Improvement  
 Tel – 020 8937 1032  
 Email – [phil.newby@brent.gov.uk](mailto:phil.newby@brent.gov.uk)


Andrew Davies  
 Policy and Performance Officer  
 Tel – 020 8937 1609  
 Email – [andrew.davies@brent.gov.uk](mailto:andrew.davies@brent.gov.uk)





This page is intentionally left blank

## Appendix A

|   |   |  |
|---|---|--|
| The North West London Hospitals <br>NHS Trust  | Agenda Item   |  |
| <b>Report to Overview &amp; Scrutiny Committee</b>  | Paper   |  |
| <b>Meeting on: 16 Dec 2010</b>  |   |  |
| <b>Subject: NWLH Patient Experience Report and Update on We Care Patient Experience Programme</b>   |   |  |
| <b>Director Responsible:</b><br><b>Carole Flowers,</b><br><b>Director of Nursing</b>  | <b>Author:</b><br><b>Susan Mackie,</b><br><b>Deputy Director of Nursing</b> |  |
| <p><b>Summary:</b></p> <p>Patient experience continues to be of increasing importance in the delivery of patient care and performance management of healthcare organisations, impacting on reputation, choice, national rating and income. The Trust is committed to improving the patient's experience.</p> <p>This report gives the committee an update on the We Care Patient Experience Programme, and informs the committee of on-going patient experience initiatives.</p> <p><u>'We Care' Patient Experience Programme</u></p> <p>To date 20 wards/departments and 959 staff have undergone the We Care training and are working on action plans to implement the improvements identified. This programme has resulted in improved engagement from the wider multidisciplinary clinical teams as well as non clinical staff. A more detailed evaluation report will be available in January 2011 and will inform future actions to continue to strengthen the programme.</p> <p>Themes from patient feedback includes them not feeling fully informed about what was happening with their treatment, or being involved as much as they wanted to be in decisions about their care, food service, and communication. Actions are in place to improve these and other aspects of the patients experience.</p> <p>Complaints and compliments metrics demonstrate there has been a reduction in complaints about staff attitude and an increase in compliments. The staff satisfaction survey, carried out pre and post commencement of the 3C training, shows a significant improvement in staff morale in some areas.</p> <p><u>Patient Experience Initiatives</u></p> <p>The introduction of Trust wide real time patient feedback and monthly reports to all wards and departments from January 2011 will provide local personalised feedback which will inform local actions to drive up the patient experience.</p> <p>The RCN Dignity training is being rolled out to all disciplines throughout the Trust and dignity Champions have been identified on each ward.</p> <p>Patient surveys are being updated to incorporate all current performance management criteria. A new Trust core action plan has been devised which supports divisional performance management, to support this a new patient experience operational group has been formed and</p> |   |  |

|  |
|--|
| the current Patient Experience Committee meeting format is being reviewed to be more action focused. |
|--|

## **The North West London Hospitals NHS Trust Patient Experience Report**

### **1 Introduction**

Patient experience continues to be of increasing importance in the delivery of patient care and performance management of healthcare organisations, impacting of reputation, choice, national rating and income.

The We Care patient experience programme was developed from stakeholder feedback on the issues they felt were important to ensure a positive patient experience. Caring with compassion, communication and consistency [3C's] were important themes identified as being essential to ensuring a good experience. These themes informed the philosophy of the programme which began in April 2009. This report provides the Trust Board an update on the We Care Programme.

The patient experience exception report [appendix 1] has been developed to give assurance that patient experience is actively embedded across the Trust. The exception report includes divisional reports on We Care activity, CQUIN National Indicators priority questions, core questions on privacy and dignity, Operating Framework Vital Signs questions, NHS London core questions, CQC Standards for Better Health patient experience questions, and other Quality work-streams reflecting the 10 national in-patient survey categories.

### **2 London In-Patient Experience Assurance Framework**

Providers who scored 'underperforming' or 'performance under review' in relation to patient [user] experience as part of the NHS Performance Framework score and CQC Registration, and who wished to improve their in year performance rating were invited to complete the London In-Patient Experience Assurance Framework. This framework was the only methodology that NHS London accepted in order to submit to the Department of Health [DH] to request an in year change of rating. NHS London was required to provide the Department of Health with assurance that the Trust is driving up the quality of patient experience.

The DH ready - reckoner tool and assurance statement was submitted to NHS London at the end of November 2010. The Trust was required to re-survey in-patients, out-patients and A&E attendees, using the CQC questions which the Trust failed previously, and was required to ensure that new data was collected in a robust way. In addition the Trust was required to complete a patient experience action plan [appendix 2] and forward planner [appendix 3].

Completion of the ready - reckoner tool [appendix 4] demonstrates an improvement in patient responses, and as a result has moved the Trust from red to green, in the RAG status. This work has been submitted to the North West London Commissioning Partnership prior to submission to NHS London.

### **3. National School of Government**

The Trust hosted visitors from the National School of Government Centre for Strategic Leadership. The National School of Government (previously known as the Civil Service College) is a non-ministerial department of the United Kingdom government that runs training, organisational development and consultancy courses for UK civil servant and private individual learners. The programme is aimed at high potential senior managers who are likely to reach the top of the Civil Service. As part of their programme participants are given the opportunity to explore real operational issues through working with real people and real problems in a front - line setting.

Two groups were invited to review the patient experience.

One group *The Customer Care Experience – First Impressions Matter* reviewed reception areas at Northwick Park Hospital. Recommendations included:

- The use clearer signposting to help customers find their way more easily
  - plain English on all signs
  - different coloured painted lines to help find most popular and difficult routes
  - consistent terminology
  - symbols as well as words on signs
  - remove unnecessary signs
  - more greeters at main reception
  - provide self service check ins
  - change main reception into a 'welcome space', remove desk
  - better A&E signage to navigate e.g. "just arrived?"
- The need for consistency in customer care by administrative roles.
  - common job role and title across the Trust e.g. 'Customer Care Officer'
  - application of common dress standards including third party provider
  - introduce a common set of Customer Care Standards that are incorporated into performance management
  - consistent recruitment process including use of role play
  - common customer care skills training package – needs to be part of wider skills strategy e.g. NVQ Level 2 in Customer Services
  - Board level champion for customer facing administrative employees

The second group considered *how to improve the CQUIN scores of the in-patient experience, specifically around care options and treatment.*

Recommendations included:

- everyone has a 'We Care' personal job objective
- multi-disciplinary participation in 'We Care'
- standard uniforms and titles to show one team
- evolve the 'We Care' package by extending it to everybody, action-orientation, regular refreshers at ward level, keeping patients informed and getting the basics right. Suggest rebranding to 'We ALL Care'
- sharing the best of what we do
- patient information booklets
- menus with pictures
- answering buzzers
- visiting other wards
- posters
- patient experience as everyone's responsibility
- we care and we show it
- sharing the best of what we do

In response to the feedback the Trust is developing a plan to take forward these recommendations.

## **4 Evaluation of Patient Experience Improvement Programme [We Care]**

### **4.1 Introduction**

Improving the patient experience programme consists of the following components:

- Delivering the 3Cs training – Compassionate care, Consistency & Communication
- Patient stories

- Nursing Promise
- Real time patient feedback
- Patient surveys on discharge
- PALS, Complaints and Compliments
- Bereavement care
- “Ask me 3” – increased patient involvement in their care
- Mystery shopping
- Staff engagement

#### 4.2 Delivering 3Cs –Compassionate care, Consistency & Communication training

The training was designed and facilitated by an external consultant. The aims of the training sessions were to engage senior management and front line staff enable them to understand the changing needs of patients and empower them to make the changes necessary to improve the patient experience. This would result in a re energised workforce when they saw patients more satisfied with their experience. Training commenced in June 2009 and to date 20 wards/departments and 959 staff have undergone training staff in their multi disciplinary teams.

All Ward Managers were sent outputs from the training sessions and asked to feedback the positive aspects and action improvements. Examples of issues raised in the training sessions include: introducing ourselves and listening to patients, being reassuring and caring and giving consistent information, also improving discharge planning and better communication and team building with the rest of the multi disciplinary team so we work in collaboration rather than isolation. A number of these issues are addressed in the RCN Dignity Training, and a Trust wide review of the discharge process is taking place.

Observations of Care and Patient stories are used to monitor progress, sustain the improvements and to provide feedback to all staff. These tools also demonstrate to patients and relatives that the Trust is constantly reviewing and improving its services. It is planned to display improvements and successes on the new Patient Experience Boards.

Staff that undertook the 3C training were recently sent an evaluation form to complete to demonstrate the impact of the session.

##### 4.2.1 What impact has the 3C training had on your team?

- “Staff felt more positive following the sessions and more aware of how important a good patient experience is”
- “It made us realise that we all have a part to play in making sure that the patient’s and families are treated as individuals”

##### 4.2.2 What initiatives have been implemented since the 3C training?

- “Debriefing of staff following adverse events”
- “New patient information leaflets”
- “Refurbishment of waiting rooms/day rooms”
- “Improved signage”

##### 4.2.3 How does We Care fit into your Ward strategy?

- “Highlights the need to share ideas and experience”
- “Brings the team together to think of issues and solutions”
- “Communication is more inclusive now”

##### 4.2.4 What do you think worked well?

- “Air thoughts and concerns and come up with solutions”
- “Spending time with other members of the team away from the clinical area”
- “It really made the team think what is important to patients”

#### 4.2.5 What can we do to improve sustainability?

- “Need resources to undertake the changes highlighted”
- “Involve the team and show small wins to encourage ongoing support to ‘buy in’ from them all”
- “Test how we are doing, but must include a broader remit than just complaints”

#### 4.2.6 Any other comments/suggestions?

- “We need to look at the format and content of the sessions, they need to be shorter and more accessible”
- “We need to get more doctors involved so they can see the impact and help with making things better”

### 4.3 Patient stories

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the story is that the content is led by the individual involved and so reflects the issues that they feel are important. The Matrons and 14 other staff, including a number of Executive Directors have undergone training, and 10 stories have been undertaken.

An action plan is developed based on the themes emerging from each story and key stakeholders are informed of the major themes for improvement and sharing good practice. Themes can be included in business planning and clinical governance, and also influence objectives for training and development. A patient now presents his/her story to alternate Trust Board meetings.

The main themes arising from the stories include: communication, written information meeting and greeting, attitude of staff, being involved and informed, privacy and dignity, and food. Improvements include: implementation of a new “Coming into Hospital” leaflet, introduction of Comfort Rounds on all wards, RCN Dignity training for all staff, roll out of a new “modesty gown”, new menu implemented. The Visiting Policy has been reviewed to ensure patient’s wishes are taken into consideration. We are currently reviewing meal times to ensure that patient receive adequate nutrition and hydration.

### 4.4 Real time patient feedback

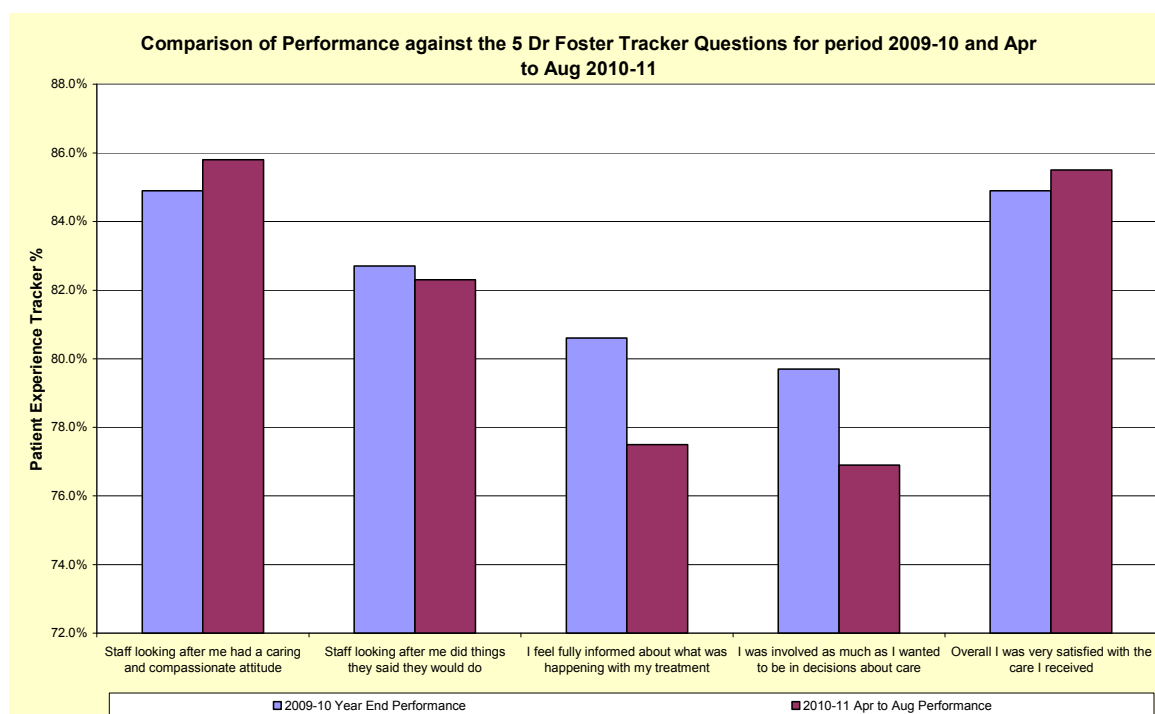
In order to help evaluate the impact of the programme, the Trust introduced Dr Foster Patient Experience Trackers (PETS) in 12 clinical areas. The questions are based on themes from the 3Cs in particular, Caring, Compassion and Communication. The question “overall I was very satisfied with the care I received” shows an improvement from 84.9% to 85.5%, and the question “staff looking after me had a caring and compassionate attitude increased from 84.9% to 85.8%. However, the questions “I feel fully informed about what was happening with my treatment” and “I was involved as much as I wanted to be in decisions about care” are disappointing and will be the focus for work in the coming months.

**Table showing real time patient feedback monthly responses**

|  | RAG Status | Proxy target | YTD target | YTD actual | Apr-09 | May-09 | Jun-09 | Jul-09 | Aug-09 | Sept-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Mar-10 |
|--|------------|--------------|------------|------------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|
| Staff looking after me had a caring and compassionate attitude   | G          | 80%          | 80%        | 84.9 %     | 94.1 % | 83.4 % | 84.0 % | 85.1 % | 85.7 % | 84.1 %  | 84.6 % | 84.7 % | 86.0 % | 86.8 % | 83.5 % | 87.7 % |
| Staff looking after me did things they said they would do        | G          | 80%          | 80%        | 82.7 %     | 83.8 % | 80.2 % | 81.7 % | 83.6 % | 84.8 % | 82.6 %  | 81.4 % | 83.7 % | 83.5 % | 83.8 % | 83.0 % | 85.4 % |
| I feel fully informed about what was happening with my treatment | G          | 80%          | 80%        | 80.6 %     | 75.0 % | 78.3 % | 80.2 % | 80.9 % | 82.7 % | 80.0 %  | 80.3 % | 83.3 % | 79.9 % | 83.0 % | 80.6 % | 79.5 % |
| I was involved as much as I wanted to be in decisions about care | R          | 80%          | 80%        | 79.7 %     | 73.5 % | 76.5 % | 79.4 % | 81.0 % | 82.9 % | 80.2 %  | 79.4 % | 83.0 % | 78.7 % | 82.8 % | 79.8 % | 75.8 % |
| Overall I was very satisfied with the care I received            | G          | 80%          | 80%        | 84.9 %     | 88.2 % | 83.4 % | 84.3 % | 84.2 % | 86.9 % | 83.9 %  | 84.6 % | 84.8 % | 86.0 % | 87.9 % | 82.7 % | 87.8 % |

|  | RAG Status | Proxy target | YTD target | YTD actual | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sept-10 |  | 2009 Actual | Dec-09 | Jan-10 | Feb-10 | Mar-10 |
|--|------------|--------------|------------|------------|--------|--------|--------|--------|--------|---------|--|-------------|--------|--------|--------|--------|
| Staff looking after me had a caring and compassionate attitude   | G          | 80%          | 80%        | 85.8 %     | 84.1 % | 86.6 % | 85.3 % | 88.8 % | 86.3 % |         |  | 84.9 %      | 86.0 % | 86.8 % | 83.5 % | 87.7 % |
| Staff looking after me did things they said they would do        | G          | 80%          | 80%        | 82.3 %     | 80.4 % | 85.4 % | 80.0 % | 82.5 % | 84.0 % |         |  | 82.7 %      | 83.5 % | 83.8 % | 83.0 % | 85.4 % |
| I feel fully informed about what was happening with my treatment | R          | 80%          | 80%        | 77.5 %     | 77.2 % | 79.2 % | 76.1 % | 80.4 % | 74.8 % |         |  | 80.6 %      | 79.9 % | 83.0 % | 80.6 % | 79.5 % |
| I was involved as much as I wanted to be in decisions about care | R          | 80%          | 80%        | 76.9 %     | 75.8 % | 78.5 % | 72.7 % | 77.7 % | 81.0 % |         |  | 79.7 %      | 78.7 % | 82.8 % | 79.8 % | 75.8 % |
| Overall I was very satisfied with the care I received            | G          | 80%          | 80%        | 85.5 %     | 84.2 % | 85.7 % | 84.0 % | 86.5 % | 88.7 % |         |  | 84.9 %      | 86.0 % | 87.9 % | 82.7 % | 87.8 % |





The Trust is about to implement a new system to measure patient feedback. There will be either hand held devices in all clinical areas or kiosks in A&E and in the outpatient departments from January 2011. This system will provide more flexible reporting, with an analysis of data displayed on patient experience notice boards for patients, staff and relatives to see the improvements to the patient experience.

#### 4.5 Mystery Shoppers/ Hospital User Bank

The North West London Hospitals NHS Trust [NWLH] User Bank [HUB] is made up of NWLH past and current patients and visitors who have volunteered to become involved in service improvement activity. The HUB database currently stands at approx 100 members. This involves HUB members observing various aspects of the Trust services to identify what can be improved. Audits include reviewing signage throughout the hospital, menu tasting and completing a patient journey through outpatients. This has resulted in improvements to existing signage and enabled us to give positive feedback to the Outpatients Reception staff about their helpful attitude. The HUB will be used as the core of the Foundation Trust shadow membership development.

#### 4.6 Patient surveys on discharge

All patients are given a paper survey to complete on the day of discharge which includes the 5 Commissioning for Quality and Innovation Scheme [CQUIN] questions:

- I found that there were members of the hospital staff that I could talk to about my worries and fears
- I was involved as much as I wanted to be about my care and treatment
- I felt I was treated with respect and dignity whilst on this ward
- I was told about medication side effects
- I was told who to contact if I was worried about my condition after leaving hospital

These questions are currently being analysed and will be incorporated in the in-patient survey on the new patient feedback devices.

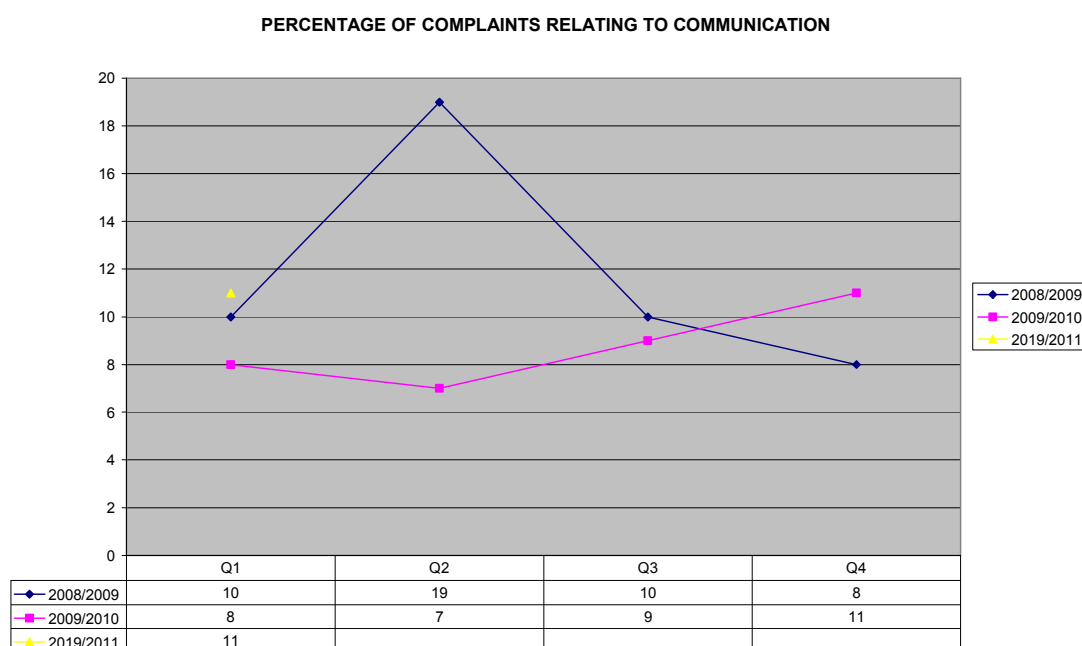
## 4.7 Complaints and Compliments

The impact and key improvement areas of the programme are reflected in the number of PALS issues, formal complaints and staff compliments.

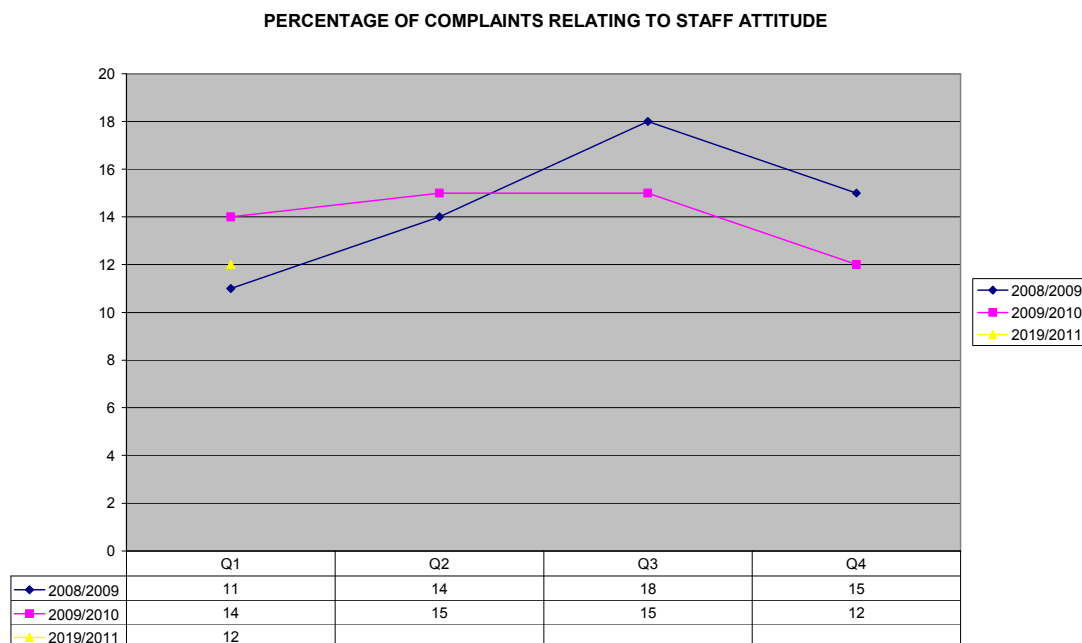
One of the key elements of the 'We Care' programme is to help staff to realise the importance of good attitude and communication skills when dealing with patients. The table below demonstrates that complaints related to staff attitude and communication are still issues that need to be addressed Trust wide. Staff awareness of the importance of good communication skills and a pleasant attitude when meeting and greeting patients and families is highlighted in the RCN Dignity Training which is being cascaded to all staff groups.

### 4.7.1 Communication and Attitude Complaints issues

| Issue                                 | Q1<br>08/09 | Q2<br>08/09 | Q3<br>08/09 | Q4<br>08/09 | Q1<br>09/10 | Q2<br>09/10 | Q3<br>09/10 | Q4<br>09/10 | Q1<br>10/11 |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total Communication complaints issues | 19<br>10%   | 33<br>19%   | 18<br>10%   | 14<br>8%    | 14<br>8%    | 12<br>7%    | 16<br>9%    | 22<br>11%   | 18<br>11%   |
| Total Attitude Complaints issues      | 21<br>11%   | 24<br>14%   | 32<br>18%   | 27<br>15%   | 24<br>14%   | 27<br>15%   | 26<br>15%   | 23<br>12%   | 20<br>12%   |
| Total number of complaints received   | 198         | 170         | 176         | 176         | 166         | 178         | 177         | 199         | 168         |



The number of complaints relating to attitude and communication remain fairly consistent but further work is required to extrapolate the relationship between the We Care patient experience programme and the number and types of complaints received.



#### 4.8 Compliments

The Trust received 220 formal compliments during the period 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010, which is in addition to the many thank you letters and notes received informally within wards and departments. This is an increase on the previous year when we received 161 formal compliments.

Below are some extracts from the compliment letters that the Trust has received during the past few months:

“each of the team members managed my daughters needs sensitively and with the upmost care.....I was particularly touched by the fact that they communicated all information not only to me but to my daughter directly..... this ensured my daughter’s anxieties were reduced enabling her to cope well with what is a very difficult situation. Although her prognosis was poor, I will always have the memory that during her final hospital stay she was cared for by an outstanding team of exceptional people”

“I wish to thank your organisation for the speed of response when dealing with our mother..... although she passed away 6 days later, it was not for want of care or concern. We were extremely impressed by the professionalism of all concerned.”

“I would like to give my heartfelt thanks to all the staff, in particular to those on night duty on 9 September 2010. I cannot praise them highly enough for the excellent care and the way they made you feel that nothing was too much trouble. What a fantastic, dedicated team of people, I hope they are given all the recognition they deserve. Many thanks once again”

“ I felt I should write to you to inform you of what a wonderful hospital NPH is.....I was seen without delay, investigations were prompt, the general day to day running of the ward was excellent as was the standard of hygiene and cleanliness ..... patients were kept fully informed and treated with the upmost respect and dignity”

“thank you most sincerely for the excellent medical care and attention you gave me..... I was very impressed at how dedicated you all were..... however what struck me most was the friendliness and pleasant atmosphere that permeated the ward.... It was like a strange and potent alchemy that helped in no small way. I am now convalescing nicely at home feeling like a 2yr old.”

## 4.9 PALS

Communication and Attitude PALS issues [Aug 09 – Sept 10]

|   | Q1<br>08/09 | Q2<br>08/09 | Q3<br>08/09 | Q4<br>08/09 | Q1<br>09/10 | Q2<br>09/10 | Q3<br>09/10 | Q4<br>09/10 | Q1<br>10/11 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 'Communication' PALS issues                   | 18          | 39          | 30          | 50          | 61          | 12          | 45          | 30          | 61          |
| 'Attitude' PALS issues                        | 27          | 36          | 50          | 43          | 46          | 17          | 22          | 50          | 46          |
| Total number of PALS received                 |             |             |             |             | 597         | 605         | 638         | 660         | 617         |
| Communication and attitude as % of total PALS |             |             |             |             | 18%         | 8%          | 11%         | 12%         | 17%         |

Further analysis is planned to draw inferences and conclusions from the PALS data.

## 4.10 Bereavement Care

The bereavement service at the Trust follows a pathway of advice, support and guidance for all those families affected by death. A generic bereavement information pack has been produced which contains useful and timely information for all the bereaved whether the death is expected or unexpected. This information includes:

- Local bereavement services
- Signposting to other services
- National guidance on what to do after death including the involvement of H.M. Coroners Services
- Bereavement benefits
- Postal services
- The Medical Certificate of the cause of death is offered within 1 working day [national standard is 2 working days]
- A Trust condolence card is offered

As part of the national framework for care of the dying and the bereaved, work is being undertaken, in conjunction with Macmillan services, to promote and ensure that all staff have skills to support the bereaved in all matters pertaining to their spiritual, cultural and emotional welfare needs. This work has been benchmarked against the National End of Life Care Programme – Achieving Quality in Acute Hospitals.

## Bereavement Complaints

| Time line                                     | Q1<br>08/09 | Q2<br>08/09 | Q3<br>08/09 | Q4<br>08/09 | Q1<br>09/10 | Q2<br>09/10 | Q3<br>09/10 | Q4<br>09/10 | Q1<br>10/11 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Number of bereavement complaints received     | 14          | 13          | 12          | 17          | 8           | 6           | 12          | 21          | 9           |
| Total number of complaints received           | 198         | 170         | 176         | 176         | 166         | 178         | 177         | 199         | 168         |
| % of bereavement complaints compared to total | 7%          | 8%          | 7%          | 10%         | 5%          | 3%          | 7%          | 11%         | 5%          |
| Number of bereavement meetings held           | n/a         | n/a         | n/a         | n/a         | 3           | 4           | 8           | 3           | 38          |

The complaints received, in relation to bereavement, cover all aspects of communication and documentation. There was an increase in the number of bereavement complaints received in quarter 4 in 09/10. This may be due, in part, to the secondment of the bereavement coordinator. On a positive note, the number of bereavement meetings held also rose significantly in the first quarter of 2010, and this corresponds to the introduction of the Trust bereavement card in April 2010. A key action is to continue the planned work in relation to developing a comprehensive Trust bereavement service, and working collaboratively with local partners.

#### 4.11 Patient and Public Involvement activity linked to the We Care project

- Several members of Trust staff are working with the Collaboration for Leadership in Applied Health Research and Care [CLAHRC] to develop patient pathways in conditions including Diabetes, Dementia, Chronic Obstructive Pulmonary Disease [COPD] and Community Acquired Pneumonia [CAP]. Patients and their carers are represented on all the work streams as the aim is to identify and implement best practice. Digital stories featuring patients, carers and staff have been recorded for all specialities. These provide a valuable resource for patient and staff teaching.
- Survey results from patients attending the Genito-Urinary Medicine [GUM] clinic indicated a need for more information. As a result of this, a volunteer attends the Central Middlesex Hospital site two mornings a week to give welfare and legal advice. An outreach project has also been set up for Asian women who contract Chlamydia.
- The PPI Lead and Speech and Language Therapists have facilitated a series of focus groups for Harrow patients affected by Stroke. The aim is to find out how patients feel about the service they received as inpatients and identify areas for improvement. Improvements include:
  - Folders for aphasia patients with information about personal goals, therapy advice and exercises
  - Weekly meetings with the patient's key worker and full family involvement to discuss goals and progress
  - Review of the key worker role
  - Development of an educational DVD for patients post stroke and their families
- The PPI Lead attended the Harrow Women's Association to talk about the We Care programme following a request from the Chair at the AGM.
- Maternity services are working with the Commission for Racial Equality [CRE] to encourage teenage mothers from disadvantaged backgrounds to give feed back on their experiences.
- Patient diaries are kept by staff and families of patients in Critical Care which are presented to patients in the recovery phase. There is also a nurse led clinic for patients to attend 6 weeks following discharge to find out what happened to them when they were unconscious. The feedback from patients and carers is currently being evaluated.
- The Cancer Support and Information Centre has developed a feedback form for patients using the service. Many of the comments are very positive e.g. "The service was very informative, it made us feel like someone cared."
- The Trust works closely with Harrow Carers to promote Carers' rights. They are represented at the Patient, Public and Partnership Committee and representatives visit Northwick Park Hospital every 2 weeks to promote the service. They also attend ward meetings to raise awareness amongst staff.
- Familiarisation ward visits with LINKs have been introduced to raise awareness and provide feedback. The key issues raised for action concern the environment, communication and information, all of which are addressed in the We Care training.

#### 4.12 Next Steps for the 'We Care' Programme

- Re launch and re brand the current programme as We All Care
- Establish a Patient Experience Board with Divisional leads responsible for patient experience
- Staff sign contract of responsibility at training to promote buy in and sustainability

#### 4.13 Conclusion

The 'We Care' programme at North West London Hospitals NHS Trust has given staff the opportunity to stand back from their areas of work and view the service, attitudes and behaviours of their teams from the patient's perspective. It has also reinforced the importance of small things in the patient's journey, and how improving these issues can make a huge impact on the overall patient experience. It has helped staff to understand each other's roles and the importance of working together as a cohesive team to make the necessary changes to the service. Patients can see that the Trust is endeavouring to make improvements to the environment as well as the attitudes and behaviours of the staff caring for them during their stay.

The focus will be on reminding staff of the original aims of implementing the original programme in 2009. It is essential to make explicit the improvements to date and to motivate and support staff to continue to recognise how the patient experience influences their perception of their care. The Trust must ensure that the 3C's Compassionate care, Consistency and Communication continue to be reinforced and embedded in the culture of the organisation.

Patient experience continues to be of increasing importance to the Trust in the delivery of patient care and performance management. It impacts on the reputation of the Trust, patient choice, our national rating and income. Actions include improving our patients' experience with a current focus on food service, nutrition and evaluating and strengthening the 'We All Care' Programme. The introduction of Trust wide real time patient feedback and monthly reports to all wards and departments will provide local personalised feedback which will inform local actions to drive up the patient experience. This information will support other evidence in the drive to improve the Trusts performance rating.

## Appendix 1

## PATIENT EXPERIENCE EXCEPTION REPORT

| <b>Division Report:</b>                              |  | Surgery                                  |        |              |            |
|--|--|--|--------|--------------|------------|
| <b>Lead:</b>   |  | Head of Nursing                          |        |              |            |
| <b>Reporting Month:</b>                              |  | 2010                                     |        |              |            |
| <b>Overall objective status</b>                      |  |  |        |              |            |
| Driver   | The higher the score the better.   | Measurement                              | Target | Position     | RAG Status |
| <b>"We Care"</b>                                     | Each Matron undertakes / facilitates at least one patient story a month.                             | Monthly                                  | 100%   | 100% ►<br>▲▼ |            |
|  | Each Matron undertakes / facilitates at least one observation of care a month.                       | Monthly                                  | 100%   |              |            |
|  | Each ward / area returns min of 20 discharge surveys a month   | Monthly                                  | 100%   |              |            |
| <b>CQUIN National Indicators Priority Questions.</b> | Patients were involved as much as they wanted to be in decisions about their care and treatment?     | Monthly<br>Real time feedback            | 75%    |              |            |
|  | Patients found hospital staff to talk to about their worries and concerns?                           | Monthly<br>Real time feedback            | 75%    |              |            |
|  | Patients were given enough privacy when discussing their condition and treatment? (Vital signs)      | Monthly<br>Real time feedback            | 85%    |              |            |
|  | Staff told patients about medication side effects to watch for when at home                          | Monthly<br>Real time feedback            | 75%    |              |            |
|  | Patients told who to contact if worried about their condition or treatment after they left hospital? | Monthly<br>Real time feedback            | 80%    |              |            |
| <b>Privacy and Dignity – core questions</b>          | Patients did not share sleeping accommodation with opposite sex?                                     | Monthly<br>Real time feedback            | 100%   |              |            |
|  | Patients did not share the bath or shower area with patients of the opposite sex?                    | Monthly<br>Real time feedback            | 100%   |              |            |
| <b>Operating Framework Vital Signs</b>               | Complaints resolved within first negotiated timescale  | Monthly                                  | 75%    |              |            |
|  | Patients family report they had the opportunity to talk to a doctor if they wanted to.               | Monthly                                  | 70%    |              |            |
|  | Patients could find a member of staff to talk to in A&E  | A&E survey<br>Real time feedback         | 80%    |              |            |
|  | Patients given enough privacy when being examined  | Real time feedback<br>Out-patient Survey | 95%    |              |            |
|  | Patients were asked to give their views on the quality of care                                       | Monthly<br>Real time feedback            | 50%    |              |            |
|  | Patients saw posters and leaflets telling them how to complain                                       | Monthly<br>Real time feedback            | 50%    |              |            |

|  |   |   |     |  |  |
|--|---|---|-----|--|--|
| <b>NHS<br/>London –<br/>Core<br/>Questions</b>   | Patients had confidence in the nurses treating them   | Monthly<br>Real time feedback               | 90% |  |  |
|  | When you had an important question to ask a nurse, always got answers that could be understood? | Monthly<br>Real time feedback               | 85% |  |  |
|  | Patients got enough help from staff to eat their meals?   | Monthly<br>Real time feedback               | 80% |  |  |
|  | Would recommend the hospital to family and friends  | Monthly<br>Real time feedback               | 80% |  |  |
| <b>CQC<br/>standards<br/>for better<br/>health –<br/>patient<br/>experience</b>  | Admission date was not changed?   | Monthly<br>Real time feedback               | 95% |  |  |
|  | Short length of time on waiting list  | Monthly<br>Real time feedback               | 75% |  |  |
|  | No delays in Discharge  | Monthly<br>Real time feedback               | 85% |  |  |
|  | Food was good or excellent  | Monthly<br>Real time feedback               | 70% |  |  |
|  | Offered a choice of food  | Monthly<br>Real time feedback               | 90% |  |  |
| <b>Other<br/>Quality<br/>work-<br/>streams<br/>Reflecting<br/>the 10<br/>national in-<br/>patient<br/>survey<br/>categories.</b> | Always got clear answers to questions from Nurses   | Monthly<br>Real time feedback               | 85% |  |  |
|  | Nurses did not talk in front of patients as if they were not there                              | Monthly<br>Real time feedback               | 90% |  |  |
|  | The anaesthetist explained how he or she would put you to sleep?                                | Monthly<br>Real time feedback               | 95% |  |  |
|  | Told how to expect to feel after surgery  | Monthly<br>Real time feedback               | 85% |  |  |
|  | Hospital staff did everything they could to control pain  | Monthly<br>Real time feedback               | 86% |  |  |
|  | Had confidence and trust in the doctors treating you  | Monthly<br>Real time feedback               | 90% |  |  |
|  | Doctors did not talk in front of patients as if they were not there                             | Monthly<br>Real time feedback               | 90% |  |  |
|  | When you had an important question for a doctor, always got answers that could be understood    | Monthly<br>Real time feedback               | 90% |  |  |
|  | Overall rate of care received as good or excellent  | National Survey<br>Bi-annual bedside survey | 90% |  |  |
|  | Given enough information about how to complain  | Monthly<br>Real time feedback               | 50% |  |  |





[illegible]

**Patient Experience ACTION PLAN 20010/11**

The aim of these actions are to improve the patients experience and the trust overall score as part of the national survey programme. The actions are focused on achieving the national CQUIN, Operating Framework Vital Signs and National In-patient Survey standards as well as key issues highlighted from patient's feedback. Wards and department are encouraged to have local patient experience work plans, which utilise local feedback e.g. real time survey, interviews and observations of care. Real time feedback will support a more robust performance management framework within the divisions, monitoring compliance trend and informing local and Trust wide actions.

To avoid some duplication core actions are detailed at the end of this plan.

| Standard / Target   | Action  | RAG | Lead                                 | Timescale   | Progress / Outcomes   | Assurance /Monitoring   |
|---|---|-----|--------------------------------------|---|---|---|
| <b>CQUIN – National standards, measured by annual National In-patient survey results</b>                        |   |     |                                      |   |   |   |
| 75% of patients were involved as much as they wanted to be in decisions about their care and treatment?         | Develop nursing ward round guidance ✓<br>Implement ward rounds ✓<br>Reflect in 'comfort round'<br>Include in current nursing documentation<br>Include in relevant multidisciplinary staff induction & training. ✓                                     |     | DoN<br>HoN<br>DDoN<br>HoN<br>DDoN    | July 10<br>August 10<br>Nov 10<br>Nov 10<br>Sept 10 | Actions as indicated (✓) taken by Leads.<br><br><b>Discharge survey results Oct 2010 - 84%</b>  | Bi-monthly reports to PIPCO, ¼ Matrons' report to Trust Board |
| 75% of patients found a member of the hospital staff to talk to about their worries and concerns? (Vital signs) | Question included in comfort rounds, nursing ward rounds and training as above.<br>Doctors, therapists and other staff are requested to use this language during patient conversations.<br>Tell Us posters to be reviewed to highlight this question. |     | As above<br><br>DoN<br><br>PPI Lead  | Ongoing<br><br>Nov 10                               | This was the main focus of action in August as improvement in this question will have the greatest impact in the overall cumulative score required to obtain the CQUIN allocation.<br>Positive feedback from both staff and patients during senior nursing tests of assurance<br><b>Discharge survey results Oct 2010 - 83%</b> | Bi-monthly reports to PIPCO                                   |
| 85% of patients were given enough privacy when discussing their condition and treatment? (Vital signs)          | Introduce privacy & dignity train the trainer programme ✓<br>Train all Matrons ✓<br>Dignity champion in all wards / departments<br>50% of all ward staff trained  |     | PPI Lead<br><br>PPI Lead<br>PPI Lead | August 10<br><br>Oct 10<br>Jan 11<br>Dec 10         | Actions as indicated (✓) taken by Leads.<br>30% wards have received dignity training<br><b>Discharge survey results Oct 2010 -</b>  | Bi-monthly reports to PIPCO<br>¼ Matrons' report to Trust     |

| Standard / Target   | Action  | RAG | Lead                                     | Timescale   | Progress / Outcomes  | Assurance /Monitoring                |
|---|---|-----|--|---|--|--------------------------------------|
|   | Dignity training all areas  |     | HoN                                      | March 11  | <b>95% of patients reported that they were treated with respect and dignity on their ward</b>  | Board                                |
| 75% of patients reported that a member of staff told them about medication side effects to watch for when they went home                                | Include in discharge checklist and audit tool ✓<br>Conduct random monthly audits<br>CLAHRC patient video stories to evaluate experience. ✓<br>Review medicine management process and training   |     | HoN<br>HoN<br>CLAHRC lead<br>CLAHRC lead | Nov 10<br>Jan 11<br>Oct 10<br>Jan 11  | Actions as indicated (✓) taken by Leads.<br>Continue to progress the CLAHRC medicines management project<br><b>Discharge survey results Oct 2010 - 57% were informed about drug side effects and what to look out for following discharge</b>  | Bi-monthly reports to PIPCO          |
| 80% of patients reported that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital? | Include in discharge checklist and audit tool ✓<br>Ensure all wards have discharge patient information sheet ✓<br>Include section in-patients booklet   |     | HoN<br>HoN<br><br>Comms Lead             | Sept 10<br>Nov 10<br><br>Jan 11   | Actions as indicated (✓) taken by Leads.<br>New in-patient booklet in first draft<br><br><b>Discharge survey results Oct 2010 - 59% patients were informed who to contact if worried</b>   | Bi-monthly reports to PIPCO          |
| <b>National Operating Framework – measured by annual National In-patient survey results</b>   |   |     |  |   |  |                                      |
| <b>Focus on the person (VSB16-01)</b>   |   |     |  |   |  |                                      |
| 25% or less of written complaints not resolved within the negotiated timeframe.   | Weekly meetings with Director of Nursing ✓<br>Develop shared drive to support 'live' performance, core action plan and evidence of learning / change ✓<br>Revised complaints policy ✓<br>Confirm points of complaint with complainant if not clear. ✓<br>Negotiate date of complaint response with complainant. ✓<br>Performance metrics agreed ✓<br>Collaborative help to support reduction of overall number of outstanding complaints within Divisions ✓<br>Temporary staff employed corporately and within Divisions. ✓ |     | DON<br>PRM &<br>LI                       | August 10<br>September 10<br><br>October 10<br>October 10<br><br>September 10<br>Sept 10<br>Ongoing | Actions as indicated (✓) taken by Leads.<br><br>Additional resources planned to help emergency & specialist medicine and survey ongoing until improvements seen.<br>Complaints policy complete – awaiting approval.<br><br>Weekly operational meetings with Heads of Nursing to drive up performance, share learning and follow through actions being held and | ¼ Complaint reporting to Trust Board |

| Standard / Target   | Action   | RAG | Lead  | Timescale  | Progress / Outcomes  | Assurance /Monitoring   |
|---|--|-----|---|--|--|---|
|   | Implement a 3 or more alert to trigger RCA investigation. ✓<br>Include complaints information on patient experience ward visual boards.  |     |   | October 10<br>January 11   | positively evaluated.<br>Core shared drive developed and action plan monitored corporately   |   |
| 30% or less of families report they did not have the opportunity to talk to a doctor if they wanted to. | Include in patient information sheet ✓<br>Include in patient in-patient booklet<br>Devise visitors information guidance<br>Include in visiting policy<br>Include in carers strategy  |     | HoN<br>Comms<br>Lead<br>PPI lead<br>DDoN                  | Nov 10<br>Jan 11<br>Jan 11<br>Dec10<br>Feb 11                        | Actions as indicated (✓) taken by Leads.<br>In-patient leaflet in draft format<br>First draft of revised visitors policy with emphasis on the role of the carer<br>Audit planned for March 2011<br><b>Discharge survey results Oct 2010 - 85% would recommend the Trust if a member of their family needed treatment</b> | Bi-monthly reports to PIPCO                                     |
| 25% or less of patients could not find a member of staff to talk to about their worries and fears.      | Develop nursing ward round guidance ✓<br>Implement ward rounds ✓<br>Reflect in 'comfort round'<br>Include in current nursing documentation ✓<br>Include in relevant multidisciplinary staff induction & training. ✓<br>All wards to have received dignity training |     | DoN<br>HoN<br>DDoN<br>HoN<br>DDoN<br><br>HoN              | July 10<br>August 10<br>Nov 10<br>Sept 10<br>Sept 10<br><br>March 11 | Actions as indicated (✓) taken by Leads.<br><br>Positive feedback from Matrons from Comfort rounds<br>Discharge and 'pilot' real time survey.<br>Real time survey roll out planned for November 2010<br><b>Discharge survey results Oct 2010 – 84% found a member of staff to talk to about their worries and fears.</b> | Bi-monthly reports to PIPCO<br>¼ Matrons' report to Trust Board |
| 20% or less of patients were not able to find a member of staff to help (A&E survey)                    | Feedback given to staff ✓<br>Review of patient information & signage<br>Patients survey ✓<br>Implement pilot Real Time Feedback to inform A&E actions.<br>Volunteers to undertake observation in A&E<br>All staff to receive dignity training                      |     | DoN<br>HoN<br>PPI lead<br>PPI lead<br><br>PPI lead<br>HoN | July 10<br>Nov 10<br>Nov 10<br>December 10<br>Jan 11<br>March 11     | Actions as indicated (✓) taken by Leads.<br>Monthly A&E survey from Nov 10   | Bi-monthly reports to PIPCO                                     |
| No patients when first admitted, share their sleeping area with a                                       | Feedback given to staff ✓<br>Training included on staff induction ✓  |     | DoN<br>DDoN   | July 10<br>Sept 10   | Actions as indicated (✓) taken by Leads.   | Bi-monthly reports to   |

| Standard / Target   | Action  | RAG | Lead   | Timescale  | Progress / Outcomes  | Assurance /Monitoring  |
|---|---|-----|--|--|--|--|
| member of the opposite sex.<br>(unless clinically justifiable e.g.<br>ITU / CCU                     | Review P&D policy in line with new guidance<br>Assess all 'non general areas'<br>Install opaque film to windows<br>Review documentation to record clinical rationale / patient consent to care in mixed sex bay ✓<br>Continue monitoring and feedback to wards via ✓<br>Nursing dashboard. ✓<br>Review essence of care plans✓<br>Undertake annual P&D audit<br>All staff to receive Dignity training  |     | DDoN<br>DDoN<br>DDoN<br>HoN<br><br>HoN<br>HoN<br>HoN<br>DDoN<br>HoN                  | Nov 10<br>Nov 10<br>Feb 11<br>Sept 10<br><br>Ongoing<br>Ongoing<br>Ongoing<br>Feb 11<br>March 11     | No breaches<br>New monitoring and RCA introduced as part of National monitoring requirement.<br><br>November plan to review again ITU/HDU/ CCU etc to ensure all action is taken to maximise the patients and carers experience. | PPIPCO<br>¼ Matrons' report to Trust Board                       |
| No patients had to use the same bathroom or shower area as patients of the opposite sex             | Feedback given to staff ✓<br>Covered during staff induction ✓<br>Annual manual discharge audit to inform local actions and RTF as implemented. ✓<br>Patient orientation included in to admission pack<br>As space becomes available additional toilet wash facilities installed.<br>Review essence of care plans<br>All staff to receive dignity training<br>With LINKs undertake a dignity audit<br>Observations of care by nurses and HUB members (ex patients) |     | DoN<br>DDoN<br>PPI Lead<br><br>DoN<br>DDoN<br><br>HoN<br>HoN<br>PPI Lead<br>PPI Lead | July 10<br>Sept 10<br>Nov 10<br><br>Jan 11<br>Ongoing<br><br>Ongoing<br>March 11<br>Jan 11<br>Feb 11 | Actions as indicated (✓) taken by Leads.<br><br>Reinforced essence of care standards   | Bi-monthly reports to PPIPCO<br>¼ Matrons' report to Trust Board |
| 15% or less of patients were not given enough privacy when discussing their condition or treatment. | Feedback given, staff asked to be sensitive to this need and implement standard✓<br>Reinforce standard & essence of care benchmark<br>Implement full trust roll out of Real Time Feedback to inform local ward actions  |     | DoN<br><br>HoN<br>PPI Lead   | July 10<br><br>Ongoing<br>Nov 10   | Actions as indicated (✓) taken by Leads.<br>Individual ward feedback will help influence local change.<br><br>Reinforced essence of care standards   | Bi-monthly reports to PPIPCO<br>¼ Matrons' report to Trust Board |
| 15% of patients or less were not given enough privacy when discussing their condition or treatment  | As above  |     | DoN<br><br>HoN<br>PPI Lead   | July 10<br><br>Ongoing<br>Nov 10   | Event themes of issues and solutions to assist in local action plan.   | Bi-monthly reports to PPIPCO<br>¼ Matrons'                       |

| Standard / Target   | Action   | RAG | Lead  | Timescale  | Progress / Outcomes   | Assurance /Monitoring  |
|---|--|-----|---|--|---|--|
| (out-patients)  |  |     |   |  |   | report to Trust Board  |
| 15% of patients or less were not given enough privacy when being examined or treated.<br>(out-patients) | Feedback given, staff asked to be sensitive to this need and implement standard✓<br>Local Action plan✓<br>Repeat survey✓<br>'Tell us' event<br>Real time feedback implementation<br>Revise local action plan<br>All staff to revive dignity training<br>Observations of care   |     | DoN<br>Matron<br>PPI Lead<br>PPI Lead<br>PPI Lead<br>Matron<br>Matron<br>PPI Lead   | July 10<br>July 10<br>Nov 10<br>Feb 11<br>Nov 10<br>Dec 10<br>March 11<br>March 11   | Actions as indicated (✓) taken by Leads.<br>Action plan monitored and presented to PIPPCO | Bi-monthly reports to PIPPCO<br>¼ Matrons' report to Trust Board |
| <b>Focus on improving s an organisation (VSB16-03)</b>  |  |     |   |  |   |  |
| 30% or less of patients during their stay were not asked to give their views on quality of care.        | Feedback given to wards✓<br>Pilot real time survey ✓<br>Implement full trust roll out Real Time Feedback<br>Local ward action plans ✓<br>Reinforce in revision of in-patient booklet ✓<br><br>Devise guidance for ward sister / matrons ward rounds✓<br>Patient experience boards – feedback results and actions   |     | DoN<br>PPI Lead<br>PPI Lead<br>HoN<br>Comms Lead<br>DoN<br><br>PPI Lead             | July 10<br>Ongoing<br>Nov 10<br>Ongoing<br>Jan 11<br><br>July 10<br><br>Jan 11       | Actions as indicated (✓) taken by Leads Ward  | Bi-monthly reports to PIPPCO                                     |
| 30% or fewer patients whilst in hospital did not see posters or leaflets explaining how to complain.    | Re-audit of how to complain posters on wards and put up if necessary ✓<br>Review text in in-patients booklet ✓<br>Monthly discharge survey ✓<br>Include as part of ward sisters / matrons ward round guidance✓<br>Review position / visibility and content of how to complain posters<br>Include complaints / PALS service on the patient information Boards<br>Include in new out-patient information leaflet |     | PPI Lead<br><br>DoN<br>PPI Lead<br>DoN<br><br>PPI Lead<br><br>HoN<br><br>Comms Lead | Nov 10<br><br>Nov 10<br>Ongoing<br>July 10<br><br>Dec 10<br><br>Jan 11<br><br>Feb 11 | Actions as indicated (✓) taken by Leads   | ¼ Complaint reporting to Trust Board                             |

| Standard / Target   | Action  | RAG | Lead  | Timescale  | Progress / Outcomes   | Assurance /Monitoring       |
|---|---|-----|---|--|---|-----------------------------|
| 48% or less of patients reported that they wanted to be more involved in decisions about their care | Feedback given to wards✓<br>Review text in in-patients booklet✓<br>Monthly discharge survey ✓<br>Implement real time feedback all wards etc<br>Include in core assessment booklet<br>All staff to have dignity training   |     | DoN<br>DoN<br>PPI Lead<br>PPI Lead<br>HoN<br>HoN                    | July 10<br>Nov 10<br>Ongoing<br>Nov 10<br>Jan 11<br>March 11                               | Actions as indicated (✓) taken by Leads   | Bi-monthly reports to PIPCO |
| 7% or less patients reported that their room or ward not very or not clean at all.                  | How to report problems and escalate included on ward patient information board<br>Include in admission core assessment booklet<br>Continued cleaning auditing, monitoring. ✓<br>Director of Nursing, Chief Executive walk rounds / inspections✓<br>Matrons / Heads of Nursing etc inspections. ✓<br>Mock peat visits – at least 2 a year<br>Mock CQC inspections – every 6 months |     | PPI Lead<br><br>HoN<br><br>HoN<br>CE<br><br>DoN<br>DoN              | Jan 11<br><br>Jan 11<br><br>Ongoing<br>Ongoing<br><br>Review<br>Jan 11<br>Review<br>Mar 11 | Actions as indicated (✓) taken by Leads<br><br>Nurse ward round guidance supports increased communication with patients, reactive action and documentation of trends to improve the patient's experience.                         | Bi-monthly reports to PIPCO |
| 17% or fewer patients reported hospital toilets not very or not clean at all.                       | As above<br><br>HUB inspections 'Good Loo Guide' - at least twice a year  |     | PPI Lead  | Review<br>Feb 11   | Actions as indicated (✓) taken by Leads<br><b>Discharge survey results Oct 2010 – 74% reported that the toilets and bathrooms were clean</b>  | Bi-monthly reports to PIPCO |
| <b>We Care</b>  |   |     |   |  |   |                             |
| Patient feedback  | Each ward / area returns min of 20 discharge surveys a month<br>Display results and actions on patients experience boards<br>Develop a patient communication plan<br>All relevant information will be included in a new trust in-patient booklet<br>Out-patient booklet<br>A&E Information sheet<br>Stroke and other local patient group feedback                                 |     | HoN<br><br>PPI Lead<br><br>Comms<br>Lead<br>“<br>“<br>“<br>PPI Lead | Ongoing<br><br>Jan 11<br><br>Jan 11<br>Jan 11<br>Feb 11<br>Feb 11<br>Ongoing               | Actions as indicated (✓) taken by Leads<br>The majority of wards are meeting the target of 20 returns.<br>The majority but not all wards currently have patient experience boards<br>The majority of ward have local action plans | Bi-monthly reports to PIPCO |



| Standard / Target                                 | Action   | RAG | Lead   | Timescale  | Progress / Outcomes   | Assurance /Monitoring  |
|---|--|-----|--|--|---|--|
|   | All 'Ready reckoner / CQUIN /We care questions included are included in the paper discharge surveys√<br>All national patient surveys e.g.: in-patient / out-patient / A&E as well as local priorities e.g. young person's & GUM will be analysed and followed up with sharing good practice and actions to drive up continuous quality improvement. √<br>Fully implement RTF<br>Patient stores /observations of care√<br>Focus groups / PIPPCO<br>Implement a '100 voices' |     | DDoN<br><br>DDoN<br><br>PPI Lead<br>PPI Lead<br>PPI Lead<br>PPI Lead | Nov 10<br><br>Ongoing<br><br>Nov 10<br>Ongoing<br>Feb 11<br>March 11 |   |  |
| Staff satisfaction                                | Develop collective nursing, midwifery and therapy strategy√<br>Introduce trust wide staff survey via real time feedback by ward / department<br>Staff focus groups<br>Nursing open forums √<br>Chief executive open forums<br>We care / 3 C training / action planning   |     | DoN<br><br>HR Lead<br><br>HR Lead<br>DoN<br>CE<br>PPI Lead           | Aug 10<br><br>Jan 11<br><br>Feb 11<br>Nov 10<br>Ongoing<br>ongoing   | Actions as indicated (√) taken by Leads                                     | Bi-monthly reports to PIPPCO<br>¼ Matrons' report to Trust Board |
| Improve performance management and accountability | Review KPI targets – develop exception report template √<br>Develop core action plan √<br>Establish operational patient experience committee√<br>Review PIPCO committee – action focused   |     | DoN<br><br>DoN<br>DoN<br><br>DoN                                     | Oct 10<br><br>Nov 10<br>Nov 10<br><br>Dec 10                         | Actions as indicated (√) taken by Leads<br>First operational committee held | Bi-monthly reports to PIPPCO                                     |
| Review nursing documentation                      | To include all current clinical requirements and reflect the key relevant CQC and national patient surveys standards   |     | CLAHRC lead  | March 11   | Review of current documentation has commenced.                              | Bi-monthly reports to PIPPCO                                     |

Key: DoN = director of Nursing    DDoN = Deputy Director of Nursing    HoN = Heads of Nursing    PRM; Patient Relations Manager    LI:lead investigators  
 CE = Chef Executive

Updated; 1<sup>st</sup> November 2010 - C. Flowers, Director of Nursing

## Appendix 3

## Patient Experience Forward Planner

|   | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>PPI Strategy</b>   |        |        |        |        |        |        |        |        |        |        |        |        |
| Review strategy and TOR   |        | √      |        |        |        |        |        |        |        |        |        |        |
| Annual PPI Report to Trust Board  |        |        |        |        |        |        |        | √      |        |        |        |        |
| Review Patient Experience Action Plan progress  |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| PPIPCO  |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| GCR reporting   |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| Trust Board Reporting   |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| We Care patient experience programme progress   |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| Monthly Operational group   |        | √      | √      | √      | √      | √      | √      | √      | √      | √      | √      | √      |
| <b>Learning from patient feedback</b>   |        |        |        |        |        |        |        |        |        |        |        |        |
| Monthly real time feedback reports  |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| Divisional reporting on local patient survey & monthly discharge surveys                  |        | √      |        | √      |        | √      |        | √      |        | √      |        | √      |
| Local inpatient survey [DoH Ready reckoner]   |        |        |        |        |        | √      |        |        |        |        |        |        |
| Quarterly complaints PALS report  | √ Q2   |        |        | √ Q3   |        |        | Annual |        |        | √ Q1   |        |        |
| PROMS   |        |        |        | √      |        |        |        |        | √      |        |        |        |
| National patient survey actions   |        | √      |        |        |        | √      |        | √      |        | √      |        | √      |
| Outpatient survey actions   |        | √      |        |        |        |        |        | √      |        |        |        |        |
| Maternity survey actions  |        |        |        | √      |        |        |        |        |        | √      |        |        |
| A&E survey actions  |        |        |        |        |        | √      |        |        |        |        |        | √      |
| Matron's report to Trust Board including monthly patient stories and observations of care |        |        | √      |        |        | √      |        |        | √      |        |        | √      |
| <b>Reports from other groups</b>  |        |        |        |        |        |        |        |        |        |        |        |        |
| End of Life care group  |        | √      |        |        |        |        |        | √      |        |        |        |        |
| Nutrition group   |        | √      |        |        |        | √      |        |        |        | √      |        |        |
| Learning disability group   |        |        |        | √      |        |        |        |        |        | √      |        |        |
| Productive ward group & Essence of Care   |        |        |        | √      |        |        |        | √      |        |        |        |        |
| Patient Environment Action Team   |        |        |        | √      |        |        |        |        |        | √      |        |        |

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Performance monitoring</b>                     |   |   |   |   |   |   |   |   |   |   |   |   |
| Same sex accommodation                            |   |   | √ |   |   | √ |   |   | √ |   |   | √ |
| Privacy and dignity                               |   |   | √ |   |   | √ |   |   | √ |   |   | √ |
| Complaints and compliments data                   |   | √ |   | √ |   | √ |   | √ |   | √ |   | √ |
| <b>Statutory Patient &amp; public involvement</b> |   |   |   |   |   |   |   |   |   |   |   |   |
| LINKs / OSC update                                |   | √ |   | √ |   | √ |   | √ |   | √ |   | √ |
| <b>Miscellaneous</b>                              |   |   |   |   |   |   |   |   |   |   |   |   |
| 100 voices initiative                             |   | √ |   |   |   | √ |   |   |   | √ |   |   |
| Patient focus group feedback                      |   |   |   | √ |   |   |   | √ |   |   |   | √ |
| Infection Control                                 | √ |   | √ |   | √ |   | √ |   | √ |   | √ |   |
| Bereavement                                       |   |   |   | √ |   |   |   |   |   | √ |   |   |
| Care Bundles                                      |   | √ |   |   |   |   |   | √ |   |   |   |   |
| Education   |   |   |   |   |   | √ |   |   |   |   |   | √ |
| Chaplaincy and Multi-faith User Group             |   |   |   | √ |   |   |   |   |   | √ |   |   |
| Patient Information Group                         |   | √ |   |   |   | √ |   |   |   | √ |   |   |
| Nutrition Steering Group                          |   | √ |   |   |   | √ |   |   |   | √ |   |   |

North West London Hospitals NHS Trust

View/ Hide CQC scoring system

EXISTING NATIONAL DATA



New data on individual questions



|   | National threshold | Your data   |  |    |
|---|--------------------|-------------|--|----|
| <b>Access &amp; waiting</b>   | 81.4               | <b>78.7</b> |  |    |
| Was your admission date changed by the hospital?  | 89.1               | 89.5        |  | Q1 |
| How do you feel about the length of time you were on the waiting list before your admission to hospital?                              | 78.7               | 71.3        |  | Q2 |
| From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?                   | 73.4               | 75.3        |  | Q3 |
| <b>Safe, high quality, coordinated care</b>   | 60.9               | <b>57.0</b> |  |    |
| Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you? | 76.4               | 74.2        |  | Q4 |
| On the day you left hospital, was your discharge delayed for any reason?/What was the MAIN reason for the delay?                      | 58.8               | 52.6        |  | Q5 |
| Did a member of staff tell you about any danger signals you should watch for after you went home?                                     | 44.6               | 44.1        |  | Q6 |
| <b>Better information, more choice</b>  | 63.3               | <b>63.8</b> |  |    |
| Were you involved as much as you wanted to be in decisions about your care and treatment?   | 67.1               | 63.9        |  | Q7 |
| Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?                    | 81.0               | 83.1        |  |    |
| Did a member of staff tell you about medication side effects to watch for when you went home?   | 40.5               | 44.5        |  |    |

| Enter new data: | New rating: |
|-----------------|-------------|
|                 | 84.8        |
| 92.79           |             |
| 81.15           |             |
| 80.58           |             |
|                 | 71.7        |
| 80.58           |             |
| 68.94           |             |
| 65.52           |             |
|                 | 71.1        |
| 85.56           |             |
|                 |             |
|                 |             |

|  |      |             |  |  |           |
|--|------|-------------|--|--|-----------|
| <b>Building closer relationships</b>   | 80.1 | <b>78.4</b> |  |  |           |
| When you had important questions to ask a doctor, did you get answers that you could understand? | 78.2 | 78.3        |  |  |           |
| Did doctors talk in front of you as if you weren't there?  | 80.0 | 81.3        |  |  |           |
| When you had important questions to ask a nurse, did you get answers that you could understand?  | 77.3 | 74.0        |  |  | <b>Q8</b> |
| Did nurses talk in front of you as if you weren't there?   | 83.4 | 80.0        |  |  | <b>Q9</b> |

|       |             |
|-------|-------------|
|       | <b>83.1</b> |
|       |             |
|       |             |
| 91.45 |             |
| 81.46 |             |

|   |      |             |  |  |            |
|---|------|-------------|--|--|------------|
| <b>Clean, friendly, comfortable place to be</b>   | 76.2 | <b>73.8</b> |  |  |            |
| Were you ever bothered by noise at night from other patients/ hospital staff?                   | 65.9 | 69.2        |  |  | <b>Q10</b> |
| In your opinion, how clean was the hospital room or ward that you were in?                      | 81.3 | 78.5        |  |  | <b>Q11</b> |
| How would you rate the hospital food?   | 48.2 | 46.3        |  |  | <b>Q12</b> |
| Were you given enough privacy when being examined or treated?                                   | 92.0 | 91.1        |  |  | <b>Q13</b> |
| Overall, did you feel you were treated with respect and dignity while you were in the hospital? | 85.4 | 80.8        |  |  | <b>Q14</b> |
| Do you think the hospital staff did everything they could to help control your pain?            | 80.2 | 76.7        |  |  | <b>Q15</b> |

|       |             |
|-------|-------------|
|       | <b>84.7</b> |
| 91.54 |             |
| 81.23 |             |
| 47.62 |             |
| 96.73 |             |
| 96.72 |             |
| 94.60 |             |


|  |      |             |  |  |  |
|--|------|-------------|--|--|--|
| <b>Focus on the person</b>   | 60.9 | <b>61.0</b> |  |  |  |
| WRITTEN COMPLAINTS: Percentage of written complaints about HCHS services resolved locally within the 25 day limit                | 49.2 | 67.0        |  |  |  |
| Patient's family or someone close had the opportunity to talk to a doctor if they wanted to                                      | 58.9 | 61.7        |  |  |  |
| Patients found a member of hospital staff to talk to about their worries and fears   | 53.7 | 46.4        |  |  |  |
| A&E DEPARTMENT: Whilst in the emergency Department, patients were able to get a member of staff to help if they needed attention | 70.5 | 68.9        |  |  |  |

|       |             |
|-------|-------------|
|       | <b>71.1</b> |
| 65.00 |             |
|       |             |
| 73.33 |             |
| 84.26 |             |

|  |      |             |  |  |  |
|--|------|-------------|--|--|--|
| <b>Learning organisation</b>   | 37.2 | <b>39.2</b> |  |  |  |
| STAFF SURVEY: Percentage of staff who reported that in the last month they had not seen any errors, near misses or incidents that could have hurt patients/service users | 73.8 | 77.4        |  |  |  |
| During their hospital stay, patients were asked to give their views on the quality of care   | 3.9  | 6.6         |  |  |  |

|  |             |
|--|-------------|
|  | <b>39.2</b> |
|  |             |

|  |      |             |  |  |     |             |
|--|------|-------------|--|--|-----|-------------|
| Whilst in hospital, patients saw posters or leaflets explaining how to complain about the care or treatment they received          | 29.7 | 33.7        |  |  |     |             |
| <b>Dignity and respect</b>   | 78.5 | <b>85.4</b> |  |  |     | <b>93.2</b> |
| When first admitted, patients did not share a sleeping area with a member of the opposite sex                                      | 65.7 | 80          |  |  | Q16 | 93.11       |
| Patients did not have to use the same bathroom or shower area as patients of the opposite sex                                      | 57.3 | 80.4        |  |  | Q17 | 93.36       |
| Patients were given enough privacy when discussing their condition or treatment  | 78.2 | 80.2        |  |  | Q18 | 93.75       |
| OUTPATIENTS: Whilst in the outpatients Department, patients were given enough privacy when discussing their condition or treatment | 90.6 | 92.7        |  |  |     | 95.88       |
| OUTPATIENTS: Whilst in the outpatients department, patients were given enough privacy when being examined or treated               | 92.9 | 93.7        |  |  |     | 89.77       |

|   |   |
|---|---|
|  | <p align="center"><b>Health Partnerships Overview and Scrutiny Committee</b><br/>16 December 2010</p> <p align="center"><b>Report from the Director of Strategy, Partnerships and Improvement</b></p> |
| For Action  | Wards Affected:<br>ALL  |
| <p><b>Update on Brent Community Services</b></p>                                  |   |

## 1.0 Summary – Creation of the Integrated Care Organisation

- 1.1 Members of the Health Partnerships Overview and Scrutiny Committee will be aware of NHS Brent's plans to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation. The committee has considered this issue twice already – at an informal meeting in September 2010 and at the committee's last meeting on the 14<sup>th</sup> October. At that meeting in October, the committee agreed the following:

*The Health Partnerships Overview and Scrutiny Committee does not endorse NHS Brent's preferred option for Brent Community Services, integration with Ealing Hospital Trust and the creation of an ICO. Instead, it agreed to endorse Gareth Daniel's letter (which set out the council's concerns in relation to the ICO), sent to Mark Easton on the 21st September.*

- 1.2 Mark Easton, Chief Executive of NHS Brent, has written to Cllr Ben Ogunro, chair of the Health Partnerships Overview and Scrutiny Committee and Andrew Davies, Policy and Performance Officer, outlining the current position with regard to the creation of the ICO. The letter is included as an appendix to this report, but the main points to consider in it are:

- NHS Brent and Ealing Hospital Trust are nearing the completion of plans to create an Integrated Care Organisation (ICO), incorporating Ealing Hospital and community services in Brent, Ealing and Harrow.
- The Boards of NHS Ealing, NHS Brent, NHS Harrow, and Ealing Hospital NHS Trust gave their go-ahead for the development of the plans for the ICO earlier this year and approved the ICO business case which was presented to the NHS Brent Board on 25 November.
- The business case will go to NHS London for final approval, and work on the formal legal transaction will take place over the coming month or so.

- When the NHS London considers the ICO proposal in January they will be made aware of the Brent council's position, and the reservations that have been expressed about the proposed transfer of Brent Community Services (BCS). They will also need to take account of the views of other stakeholders, who are in favour of the proposal. It is likely that the ICO proposal will be approved by the SHA.
- If approved the implementation date for the ICO will be 1 April 2011.
- If the proposal is approved, NHS Brent is keen to find ways of working with the council to address the concerns they have, specifically around governance, service specific issues and commissioning.

1.3 If the ICO plan is approved by NHS London as expected, then the council will want to ensure that the concerns that it had about the creation of the organisation are addressed. The Health Partnerships Overview and Scrutiny Committee should question officers from NHS Brent on how they intend to do this.

### **Children's Services**

1.4 At the meeting in October, members of the committee asked for some additional information on children's health services provided by Brent Community Services and the organisation's approach to safeguarding. Information has been provided by BCS, which is included on the committee's agenda and summarised below.

- 27,543 children aged 0-5 currently receive services from Brent Community Services
- 32,446 children aged 5-19 currently receive services from Brent Community Services
- 892 children with special needs currently receive services from Brent Community Services
- The number of Children with a Child Protection Plan aged 0 to 5 is 104. The number of children aged 5-19 who have a child protection plan is 143.
- 165 Brent Community Services staff work in partnership with schools, children's centres, social care, housing and voluntary organisations to deliver frontline services.

The key health issues affecting children have been identified by public health as:

- Obesity – 29% of children at reception and year 6 are classed as overweight or obese
- Tooth decay - The level of tooth decay in children aged 5 is higher (5.47 mean no of teeth per child which were decayed, missing or filled) than the England average (3.45)
- SMR - The SMR for children aged <15 is 131 and is significantly higher than England
- Teenage Conception and Abortion – although the teenage conception rate (40 per 1000) is lower than the national average (40.5 per 1000) 64% of all



teenage conceptions end in abortion which is significantly higher than the 50% national average.

- Immunisation - The level of immunisation (MMR at 2 yrs) is 81.1%. This is lower than the England average of 84.6%
- Infant Mortality - Infant mortality rate (6.5 per 1000 live births) is higher than the England average (4.7)

- 1.5 Members will be able to question officers from NHS Brent on this information at the committee meeting.

## **2.0 Recommendation**

- 2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers the latest information on the plans for the creation of an Integrated Care Organisation and questions officers from NHS Brent on how the council's concerns will be addressed as the organisation is set up.

### **Contact Officers:**

Phil Newby  
Director of Strategy, Partnerships and Improvement  
Tel – 020 8937 1032  
Email – [phil.newby@brent.gov.uk](mailto:phil.newby@brent.gov.uk)

Andrew Davies  
Policy and Performance Officer  
Tel – 020 8937 1609  
Email – [andrew.davies@brent.gov.uk](mailto:andrew.davies@brent.gov.uk)

This page is intentionally left blank



# Brent

Working with our partners for a healthier Brent  
**[www.brentpct.nhs.uk](http://www.brentpct.nhs.uk)**

Chief Executive's Office Brent Primary Care Trust  
Wembley Centre for Health & Care  
116 Chaplin Road  
Wembley  
Middlesex  
HA0 4UZ

Tel: 020 8795 6485

Fax: 020 8795 6483

E-mail: [mark.easton@brentpct.nhs.uk](mailto:mark.easton@brentpct.nhs.uk)

6 December 2010

Andrew Davies  
Policy and Performance Officer  
London Borough of Brent  
Brent Town Hall  
Forty Lane  
Wembley HA9 9HD

Dear Andrew,

## Update on ICO

Since the last meeting of Brent Health OSC there have been further developments, including a meeting with some senior Brent officers, and discussions continue.

We are nearing the completion of our plans to create an Integrated Care Organisation (ICO), incorporating Ealing Hospital and community services in Brent, Ealing and Harrow.

The Boards of NHS Ealing, NHS Brent, NHS Harrow, and Ealing Hospital NHS Trust gave their go-ahead for the development of the plans for the ICO earlier this year. They have now approved the ICO business case which was presented to the NHS Brent Board on 25 November.

Next, the business case will go to NHS London for final approval, and work on the formal legal transaction will take place over the coming month or so.

The business case will be considered by NHS London in the next wave of approvals during mid-January. If approved the implementation date for the ICO will be 1 April 2011.

Once we have NHS London's final approval, there will be a period of approximately two months while we put everything in place for formal implementation. This is planned for 1 April 2011.

When the SHA considers the ICO proposal in January they will be made aware of the Brent council's position, and the reservations that have been expressed about the proposed transfer of Brent Community Services (BCS). They will also need to take account of the views of other stakeholders. Currently the ICO proposal is supported by Ealing and Harrow councils, GPs in the three boroughs, and the three PCTs concerned. The Cooperation and Competition Panel has

already given its approval to the new body. The SHA will also be cognisant of the deadline of 1 April 2011 for transferring community services from PCTs, and the lack of a credible alternative home for community services, supported by stakeholders. I think it likely therefore that the ICO proposal will be approved by the SHA.

If the proposal is approved, then we are keen to find ways of working with the council to address the concerns they have. We are in the process of writing to the council chief executive about three areas that would be worth exploring.

### Governance

The ICO is keen that local interests are represented in its governance structure, and that it is seen as being a community, rather than hospital focussed organisation. As a result a Brent Councillor will be invited to be an observer on the ICO Board.

### Service Specific Issues

It is well known that the council has a particular interest in some services, such as health visiting and district nursing. It seems to me the newly formed Health and Well Being Board might wish to consider reviewing community services and the ICO's plans to improve them as an early item in its work programme.

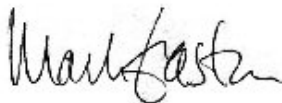
### Commissioning

We have perhaps not got across sufficiently strongly that although community services will be managed by a three borough organisation, the commissioning of those services remains a borough responsibility. Brent NHS resources remain ringfenced to Brent, and neither the ICO, nor the Brent & Harrow PCT cluster arrangements alter that. Responsibility for commissioning community services will rest with the PCT cluster borough director, and thereafter to GPs in Brent. It may be that the Health and Well Being Board wishes to discuss commissioning plans for community services, as well as examining the ICO.

As you are aware, one of the reasons for forming the ICO was to create an organisation that could become a Foundation Trust in due course, either independently, or in partnership with another organisation. Discussions have recently started with The North West London Hospitals Trust to explore mutually viable Foundation Trust futures. We will let you know about progress as these discussions go forward.

I would be very pleased to discuss these issues further with you.

Yours sincerely,



Mark Easton  
**Chief Executive**

c.c. Gareth Daniel

Responses to Cllr Mary Daly's information requests from Brent Community  
Services  
December 03 2010

1. Number of children aged 0-5 receiving services

The number of 0-5 Children currently receiving services is 27,543

2. Number of children aged 5-19 receiving services

The number of 5-19 Children currently receiving services is 32,446

3. Number of children with Special Needs

Number of children with special needs currently receiving services from Brent Community Services is 892

4. The number of children with safeguarding plans

The number of Children with a Child Protection Plan is 104 children aged 0-5 and 143 aged 5-19.

5. Number of staff delivering in partnership with agencies – Schools, Children's Centres, Social Care, Housing and voluntary organisations

The total number of frontline staff delivering services in partnership is 165

6. The key health issues affecting Children have been identified by public health as:

- Obesity – 29% of children at reception and year 6 are classed as overweight or obese
- Tooth decay - The level of tooth decay in children aged 5 is higher (5.47 mean no of teeth per child which were decayed, missing or filled) than the England average (3.45)
- SMR - The SMR for children aged <15 is 131 and is significantly higher than England
- Teenage Conception and Abortion – although the teenage conception rate (40 per 1000) is lower than the national average (40.5 per 1000) 64% of all teenage conceptions end in abortion which is significantly higher than the 50% national average.
- Immunisation - The level of immunisation (MMR at 2 yrs) is 81.1%. This is lower than the England average of 84.6%
- Infant Mortality - Infant mortality rate (6.5 per 1000 live births) is higher than the England average (4.7)

Chair: Geoff Berridge

Chief Operating Officer: Hussein Khatib

Brent Community Services is responsible for providing NHS services in the Brent area  
and is hosted by NHS Brent

This page is intentionally left blank



## Brent Community Services

### Declaration of Safeguarding Children

Brent Community Services takes Safeguarding of children very seriously and works hard to ensure that all patients including children are cared for in a safe and secure and caring environment. As a result a number of safeguarding arrangements are in place including staff receiving timely and relevant training, fostering and maintaining of a culture of sound practice and continual adherence to standards and procedures.

Brent Community Services meets statutory requirements in relation to Criminal Records Bureau checks – all eligible staff employed at the Trust undergo a CRB check prior to employment and those working with children undergo an enhanced level of assessment.

All the Trust Child Protection policies and systems are robust and are reviewed on a regular basis, ultimately by the Trust Board. A review of the Safeguarding Children policy is underway and will be ratified by the BCS following staff consultation.

The Policy for Following up Children, who miss Outpatient Appointments, within any speciality to ensure their care and ultimately their health is not affected in any way, has been completed and is awaiting ratification. In addition the organisation has a system in place for flagging children for whom there are safeguarding concerns.

Eligible staff have undertaken relevant safeguarding training and this is regularly reviewed to ensure it is up to date. The organisation has a robust training strategy in place with regard to delivering safeguarding training. In April 2010 all BCS staff received a letter requiring them to undertake safeguarding training.

- **89.5 % of eligible staff are up to date on level one training – the target is 80%**
- **81.3 % of eligible clinical staff are up to date on level two training – the target is 80%**
- **93 % of eligible clinical staff are up to date on level three training – the target is 80%**

The last Safeguarding training review occurred during May 2010. The outcome of this review was to increase the uptake of all safeguarding training from frontline staff to Board level members as evidenced in the above improvements of training at all levels.

The organisation has named professionals who lead on issues in relation to Safeguarding. All post holders are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other social and health care organisations - the total number of professionals in these roles are as follows:

|   |          |
|---|----------|
| Named Safeguarding Doctor                   | 1.00 wte |
| Named Safeguarding Nurse                    | 1.00 wte |
| Safeguarding Advisers *                     | 2.00 wte |
| Designated Doctor & Lead Consultant for LAC | 1.00 wte |
| Designated Nurse for LAC                    | 1.00 wte |
| Paediatric Liaison Nurse                    | 1.00 wte |
| Administrator LAC                           | 1.00 wte |
| Administrator/ secretary                    | 1.00 wte |

Chair: Geoff Berridge

Chief Operating Officer: Hussein Khatib

Brent Community Services is responsible for providing NHS services in the Brent area and is hosted by NHS Brent

The Director of Public Health for NHS Brent is the Executive Director Lead for Safeguarding Children and chairs the Safeguarding Children Committee, which report to the board on Safeguarding Children. (Please see the Declaration of NHS Brent). The Local Safeguarding Children's Board, Safeguarding Committee incorporates the Executive Director Lead for Safeguarding Children

In the Brent Community Services the Deputy Director of Nursing & Clinical Standards is the lead for Safeguarding Children she chairs the organisation's Safeguarding Committee which combines Safeguarding for Children and Adults. The Deputy Director of Nursing is a member of Brent LSCB Board

The Trust Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding children issues. The last Annual Report of NHS Brent was presented October 2009. (Please see NHS Brent's Declaration. Brent Community Services is in the process of producing an Annual Report for the year 2009/10 and will be presented to the BCS Committee 2010.

The organisation has robust audit programmes to assure it that safeguarding systems and processes are working.

All issues relating to safeguarding children are discussed with the Local Safeguarding Children Board every two months.



Hussein Khatib  
**Chief Operating Officer**

22<sup>nd</sup> July 2010

Chair: Geoff Berridge

Chief Operating Officer: Hussein Khatib

Brent Community Services is responsible for providing NHS services in the Brent area  
and is hosted by NHS Brent





## Health Partnerships Overview and Scrutiny Committee 16 December 2010

### Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:  
ALL

## Respite Care Services in Brent for people who are carers

### 1.0 Summary

- 1.1 The Health Partnerships Overview and Scrutiny Committee has requested a report from NHS Brent on respite care services in Brent for people who are carers. They have provided a paper for the committee, which is included as an appendix to this report.

### 2.0 Recommendation

- 2.1 The Health Partnerships Overview and Scrutiny Committee should consider the report provided by NHS Brent and question officers on respite care services in the borough for people who are carers.

#### Contact Officers:

Phil Newby  
Director of Strategy, Partnerships and Improvement  
Tel – 020 8937 1032  
Email – [phil.newby@brent.gov.uk](mailto:phil.newby@brent.gov.uk)

Andrew Davies  
Policy and Performance Officer  
Tel – 020 8937 1609  
Email – [andrew.davies@brent.gov.uk](mailto:andrew.davies@brent.gov.uk)

This page is intentionally left blank

|             |   |
|-------------|---|
| Report for  | Health Partnerships Committee                                     |
| Prepared by | Javina Sehgal, NHS Brent and Brent Council<br>Nick Pahl NHS Brent |
| Copied to   | Thirza Sawtell, ,NHS Brent  |
| Subject     | Respite Care arrangements in Brent for people who are carers      |
| Date        | 6 <sup>th</sup> Dec 2010  |

## **1 Purpose of the Report**

This report updates the Health Partnerships Committee on respite support for people who are carers in Brent.

## **2 Background**

Carers provide care and support to a variety of people including older people, adults and children who have disabilities, adults with learning disabilities, mental health and substance misuse issues. Whilst caring can be rewarding, it can be exhausting both emotionally and physically. Many carers can face multiple disadvantages of social isolation, ill health and long-term poverty. As a result carers may require help to sustain their caring role and to combine caring with other commitments and responsibilities, such as work, education, training and family life.

A new Brent Carers' Strategy for 2010-14 was agreed in 2010 by the NHS Brent Board and Brent Council Executive. The strategy summarised the needs of the 23,000 carers in Brent.

As part of consultation for the Brent Carers' Strategy, carers said they wanted a system that is on their side, one that responds in a timely and responsive way when it is most needed and treats them with respect; and where professionals understand their specific needs, as well as values their knowledge and expertise about the person they care for. One of the key things carers specifically asked for in the strategy was access to short breaks and respite.

## **3 NHS Brent and Brent Council respite care activity**

Whilst this report has been produced by NHS Brent, activity outlined as below aims to capture health and social care Investment:

### **3a NHS Brent and Brent Council Pooled fund support.**

NHS Brent and London Borough of Brent (LBB) have extended their existing partnership arrangements to include the development of a pooled budget for carers. NHS Brent aims to provide £200k per year for a period of three years into this fund, which totals £796k. Contracts are managed by LBB and used to deliver shared outcomes for health and social care.

Funding is provided to the following organisations for respite support:

| Recipient   | Total Allocation<br>2010/11 |
|---|-----------------------------|
| Brent Crossroads  | 149,943                     |
| Friends of African/Caribbean Carers and Sufferers of Dementia | 78,168                      |
| Asian People's Disability Alliance                            | 90,343                      |
| National Autistic Society                                     | 61,095                      |
| Brent Carers' Centre:   |                             |
| Carers Flexible Break Scheme                                  | 21,240                      |
| BCC - Outings & Support (leisure breaks)                      | 31,231                      |
| BCC - Young Carers Wk. Summer Holiday                         | 9,384                       |
| Elders Voice  | 39,196                      |
| Carers Self Directed Support                                  | 36,600                      |
| St Luke's Hospice   | 38,000                      |

Services are accessible to all, with the exception of the National Autistic Society allocation, which is only for carers of adults and children with Autism and the St Luke's Hospice, which is for carers of the terminally ill.

Waiting lists exist for some respite care services e.g. the NAS activity allows a break only once every 3 months.

On the positive side, Brent Carer' Centre has provided significant outreach support – its flexible break scheme supports 105 beneficiaries, its leisure breaks 255 beneficiaries and the young carers' week summer holiday consists of 178 break episodes.

### **3b Respite for continuing care patients**

NHS Brent provides respite care for all families identified as requiring respite. These are usually for patients who receive continuing care or whose respite needs are medically based. 617 days worth of respite care support were provided in the year to Sept 2010 and 8861 days of day care support for the year to April 2010. Additionally as part of the pooled fund, there is a new contract with the local hospice, to provide support for carer care and respite care is also provided to parents of children with disabilities receiving continuing healthcare. NHS Brent also provides £58k to support Brent Carers Centre core activities.

### **3c Respite for Mental health patients**

CNWL estimates it spends £2.3m on older adult's mental health day care in Brent – at the Belvedere Road Service. Brent Council also provides breaks to carers caring for people with dementia at Westbrook Day Centre.

As well as supporting carers respite breaks within the voluntary sector, Brent Council is developing a more personalised approach to providing services and support to

carers and the people they care for. Eligible carers and services users can also be given a budget to enable them to organise the type of respite break that best suits them through direct payments. Alternatively eligible carers and service users can get the council to organise the respite break for them at home or within a residential or nursing care home setting. Carers and the person they care for will need to have an assessment of their needs to be eligible for social care support.

Brent Council continues to provide emergency respite support to carers in an emergency - this is done by contacting the one stop service.

### **3d Respite for People with a Learning disability**

The vast majority of the spend and services for learning Disability respite is on independent sector placements ( residential respite care) arranged through the Community Team for People with learning Disabilities and paid for through the Council's main learning disability budget. The Council's Shared Lives project (Adult Placement Scheme) also provides respite.

## **4 Governance**

The Brent Carers' Partnership Group is the main delivery mechanism. It meets six times a year and is co-chaired by Brent Carers Centre and Brent Council. The forum is one in which the carer's strategy can be reviewed and monitored, services to carers improved, information about carers issues shared and new initiatives formed.

The Carers Partnership Group has made a difference over the last year by raising the profile of carers in the borough through Carers Week, providing a steer on strategic priorities, and facilitating training for carers through "caring with confidence".

A Carers Commissioning Forum has also been established to advice on priorities for funding of the pooled fund. This links to the Carers Partnership Group,

## **5 Future plans**

Respite care is a key part of the future strategic direction of the NHS Brent and Brent Council pooled fund. NHS Brent also wishes to provide further local support for people with dementia and their carers and will be outlining their plans in 2011.

One of the challenges that the Partnership Group faces is in developing a relationship with GP practices in Brent. A post is planned to be recruited by Brent Carers Centre to work with practices to ensure, for example, that a carers' register is being kept.

In November 2010 the government announced £400 million to be spent on respite for carers through the NHS over the next four years. This amount will be for those who care for vulnerable family members and friends so they can get a break for themselves. According to the plan, the state will also arrange a paid carer for the duration of the break. The money in the announcement was not ring fenced. In 2009-10 and 2010-11, £150 million was pledged for carers' breaks. Further details of this funding are yet to be received by NHS Brent.

This page is intentionally left blank

## Health Partnerships Overview and Scrutiny Committee Work Programme – 2010/11

| Meeting Date               | Item                                  | Issue for committee to consider  | Outcome   |
|----------------------------|---------------------------------------|--|---|
| 15 <sup>th</sup> July 2010 | Health Inequalities in Brent          | Report from Acting Director of Public Health. Context on health inequalities in the borough and a good introduction to the main issues that the Health Select Committee will need to address.  | Report noted, but will pick up issues raised in work programme throughout the year.   |
|                            | Obesity Strategy                      | The committee wants to look at the Obesity Strategy in the summer of 2010, prior to its approval in order to see how obesity in Brent is to be addressed. This follows on from previous reports considering childhood obesity in Brent and the MEND programme. | <p>The committee made the following suggestions for inclusion in the strategy:</p> <ul style="list-style-type: none"> <li>• More is done to influence food suppliers in the borough, e.g. the supermarkets, rather than only focussing on individuals making a change to their own behaviour.</li> <li>• There is a need for a greater focus on early years' provision given the impact it has on the long term health and wellbeing of children.</li> <li>• The strategy needs to better reflect people's lives, connected to the argument that fast food is tastier, easier and more filling than cooking a healthy meal with fresh ingredients and vegetables which is why people eat it.</li> </ul> <p>The committee will follow up the implementation of the strategy in April 2011.</p> |
|                            | Tobacco Control Strategy Presentation | The committee will be given a presentation on the Tobacco Control Strategy, currently being developed by NHS Brent and the council.  | Report noted. The committee will follow up the implementation of strategy in April 2010.  |

|  |   |  |  |
|--|---|--|--|
|  |   |  |  |
|  | Access to health services for people with learning disabilities | Final report of the task group, for committee endorsement once it is available.  | Endorsed by the committee and will be passed to the Executive for approval.  |
|  | Paediatric Services Implementation Plan                         | The Health Select Committee spent considerable time in 2009/10 scrutinising plans for changes to paediatric services provided by North West London NHS Hospitals Trust and responding to their public consultation on this issue. The committee should scrutinise implementation plans to assess how this project is running. This could be done in conjunction with the Harrow Overview and Scrutiny Committee, as they were also interested in this subject. | Report noted. Request for information on sickle cell patients in Brent and also to follow up implementation in April 2010. |
|  | Local Involvement Network Annual Report                         | The LINK should present its annual report to the local overview and scrutiny committee each year. The Health Select Committee receives this in Brent, and will do so again in July 2010.   | Report noted.  |

| Meeting Date                  | Item                                       | Issue for committee to consider   | Outcome  |
|-------------------------------|--|---|--|
| 14 <sup>th</sup> October 2010 | Equity and Excellence – Liberating the NHS | The health white paper, Equity and Excellence – Liberating the NHS sets out radical changes to the way health services are to be commissioned and also the role of local government in health services. The | The council's response to Equity and Excellence – Liberating the NHS, was endorsed by the Health Partnerships Overview and Scrutiny Committee. |



|  |   |  |  |
|--|---|--|--|
|  |   | committee will receive a report outlining these changes, which will also summarise the council's response to the white paper consultation.   |  |
|  | HIV / Sexual Health in Brent                              | The committee has requested a report on sexual health services in Brent from NHS Brent. Members want to know what services are provided, what the key issues are in relation to sexual health in Brent and specific information on services available for people with HIV. | <p>The committee noted the report but asked for additional information on services in Brent, including:</p> <ul style="list-style-type: none"> <li>• Services for those who have been victim of rape</li> <li>• Sexual health outreach services</li> <li>• Information on the number of married teenagers who become pregnant or seek terminations, if this is available</li> </ul>  |
|  | Public Health Annual Report                               | NHS Brent will present details of the Annual Public Health Report for the committee to consider and comment on.  | Report not discussed, but distributed to the committee for information.  |
|  | Burnley GP Practice, Willesden Centre for Health and Care | There are concerns that the Burnley GP practice at Willesden Centre for Health and Care is to close. NHS Brent will be asked to provide an update on this issue.   | <p>The committee made the following recommendation to NHS Brent regarding the registered patient list at the Burnley Practice (i.e. not the homelessness service):</p> <ul style="list-style-type: none"> <li>• That NHS Brent carries out an open tender process for the Burnley Practice registered patients service. This is to ensure that the service continues to be delivered from Willesden Centre for Health and Care and to avoid dispersal of existing patients in an area which already has fewer GPs per head of population than other areas of Brent.</li> </ul> |
|  | Proposals for   | The Health Select Committee will receive a   | It was agreed that:  |

|  |   |   |  |
|--|---|---|--|
|  | the creation of an Integrated Care Organisation | report setting out proposals for the creation of an Integrated Care Organisation based at Ealing Hospital Trust. The ICO will bring together Ealing Hospital Trust, Ealing, Harrow and Brent Community Services into one organisation. The committee should comment on the proposals and respond to NHS Brent with their views on this issue. | <ul style="list-style-type: none"> <li>The committee does not endorse NHS Brent's preferred option for Brent Community Services, integration with Ealing Hospital Trust and the creation of an ICO. Instead, it agreed to endorse Gareth Daniel's letter, sent to Mark Easton on the 21st September.</li> <li>It agreed to continue an on-going dialogue with NHS Brent on this issue. They have asked for a report to their next meeting (on the 16th December) on other options for Brent Community Services for their consideration. This report should contain some budgetary information on BCS, including spend on each of the services delivered by the organisation.</li> </ul>  |
|  | Merger of NWL PCTs                              | NHS Brent will be asked to update the committee on the plans to merger PCTs in North West London and the implications this has for Brent.   | Report noted.  |
|  | Tobacco Investments                             | Issue raised under any other business by Councillor Ann Hunter.   | <p>The following recommendation has been passed to the Brent Pension Fund Sub Committee:</p> <p><i>The Health Partnerships Overview and Scrutiny Committee recommends that the Brent Pension Fund Sub-Committee reconsiders the investments that Brent Council has in tobacco firms. The overview and scrutiny committee does not believe that the council should be investing pension fund money in companies that make profits at the expense of peoples' health and that it contradicts the council's work to promote tobacco control and smoking cessation. The committee is encouraged that other councils, such as Harrow, have taken a decision to disinvestment from these firms and hopes that the council can follow their lead particularly as Brent is</i></p> |

|  |  |  |  |
|--|--|--|--|
|  |  |  | <i>launching its Tobacco Control Strategy on 29<sup>th</sup> November. Attached is a letter from Cllr Ann Hunter who raised the matter, which was printed in the Willesden and Brent Times on 21<sup>st</sup> October.</i> |
|--|--|--|--|

| Meeting Date                   | Item  | Issue for committee to consider  | Outcome |
|--------------------------------|---|--|---------|
| 16 <sup>th</sup> December 2010 | NWL Hospitals Trust In Patient Survey Results | The committee has considered the results of the in-patient survey each year for the past three years. Results are available in the summer of each year. In addition, the trust has implemented its "We Care" patient experience programme in response to a poor in-patient survey score in 2008/09. Members should scrutinise progress on improving the patient experience at the hospital trust, via the 2009/10 patient survey and an update on "We Care". |         |
|                                | Brent GP commissioning pathfinder             | Brent GPs are planning to set up a commissioning consortium as part of the government's pathfinder programme. This is to encourage GPs to begin commissioning health services for patients as soon as possible. Brent GPs have requested that they attend the committee to explain to members what their plans are and how it will affect commissioning in Brent.  |         |
|                                | Brent Community Services                      | The committee has agreed to continue an ongoing dialogue with NHS Brent and  |         |

|  |   |  |  |
|--|---|--|--|
|  |   | Ealing Hospital Trust on the proposals for Brent Community Services. The committee has asked for a further report setting out alternative options for Brent Community Services for their consideration. This report should contain budgetary information on BCS, including spend on each of the services delivered by the organisation, as well as information on safeguarding services. |  |
|  | Respite Care                              | The committee would like a report on respite care arrangements in Brent for people who are carers. NHS Brent will be asked to provide a report on this issue for December 2010.  |  |
|  | Recommendations to the Planning Committee | The Committee made a recommendation to the Planning Committee in March 2010 in relation to the proliferation of hot food take away shops near secondary school premises. The committee should follow up the Planning Committee's response to the recommendation, after it has been considered in October 2010.   | <p>This reference was considered at the Planning Committee on 20<sup>th</sup> October. The resolution agreed was as follows;</p> <p>RESOLVED:-</p> <ul style="list-style-type: none"> <li>(i) that the proposed Local Development Scheme timetable at Appendix 3 be endorsed and recommended to Executive that it be agreed for submission to the Secretary of State and the Mayor of London.</li> <li>(ii) that the appropriate way forward for reviewing the Council's approach to the determination of planning applications for hot-food takeaways was to undertake this as part of the preparation of the Development Management Policies DPD.</li> </ul> |

|  |   |   |   |
|--|---|---|---|
|  | <p>Recommendation to the Brent Pension Fund Sub Committee</p> | <p>The following recommendation was passed to the Brent Pension Fund Sub Committee:</p> <p><i>The Health Partnerships Overview and Scrutiny Committee recommends that the Brent Pension Fund Sub-Committee reconsiders the investments that Brent Council has in tobacco firms. The overview and scrutiny committee does not believe that the council should be investing pension fund money in companies that make profits at the expense of peoples' health and that it contradicts the council's work to promote tobacco control and smoking cessation. The committee is encouraged that other councils, such as Harrow, have taken a decision to disinvestment from these firms and hopes that the council can follow their lead particularly as Brent is launching its Tobacco Control Strategy on 29<sup>th</sup> November. Attached is a letter from Cllr Ann Hunter who raised the matter, which was printed in the Willesden and Brent Times on 21<sup>st</sup> October.</i></p> <p>The committee will be updated on the council's position regarding tobacco investments.</p> | <p>The Brent Pension Fund Sub-Committee considered the committee's recommendation on the 30<sup>th</sup> November and agreed:</p> <p>"that its fund managers will take investment decisions on the basis of the best interests of the Fund, which is held for the best interest of beneficiaries, thus re-affirming the policy of the Council of non-political or administrative interference with investment decisions or involvement with companies in which the fund managers have acquired shares on behalf of the fund".</p> |
|--|---|---|---|

| Meeting Date                   | Item  | Issue for committee to consider  | Outcome |
|--------------------------------|---|--|---------|
| 16 <sup>th</sup> February 2011 | Access to health services for people with learning disabilities | The task group's final report was endorsed by the committee in July 2010. It is good practice to follow up recommendations 6 months after they have been approved to see how they are being implemented. This will happen in February 2011.  |         |
|                                | GP services in Brent  | The committee has requested a report on GP services in Brent following consideration of the Burnley Practice issue. The report should contain information on the spread of GPs in Brent and the steps taken by NHS Brent to mitigate the effects of GP retirement.   |         |
|                                | Immunisation Task Group   | Six month follow up of the immunisation task group in December 2010, to see how the recommendations have been implemented.   |         |
|                                | Housing and Health Inequalities Scrutiny Review                 | The Council is working with 6 other North West London boroughs on a housing and health inequalities scrutiny review. The final review report will be presented to the committee for endorsement.   |         |
|                                | Health Inequalities Performance Monitoring                      | The Health Select Committee should make health inequalities a major focus of its work in 2010/11. As part of this, a performance framework has been developed to monitor indicators relevant to the implementation of the health and wellbeing strategy, which relate to the reduction of health inequalities in the borough. This framework will be |         |

|  |  |   |  |
|--|--|---|--|
|  |  | presented to the committee twice a year, with a commentary highlighting key issues for members to consider. |  |
|--|--|---|--|

| Meeting Date               | Item                         | Issue for committee to consider  | Outcome |
|----------------------------|------------------------------|--|---------|
| 5 <sup>th</sup> April 2011 | Tobacco Control Strategy     | Health Select Committee has asked for report back in April 2011 on progress made in the implementation of this strategy, following presentation on key issues in July 2010.    |         |
|                            | Obesity Strategy             | The committee has asked for a report back in April 2011 on progress made in the implementation of this strategy, following presentation on key issues in July 2010.            |         |
|                            | Paediatric Services in Brent | North West London Hospitals NHS Trust has implemented the new arrangements for paediatric services in Brent and will update the committee on progress with this in April 2011. |         |

### Items to be timetabled

| Item   | Issue  | Possible date |
|--|--|---------------|
| Section 75 partnership arrangements for mental health services | The council and Central and North West London NHS Foundation Trust are entering into a S75 agreement for the provision of mental health services in Brent. The committee has asked for a report back in July 2010 on progress with this agreement. |               |

|  |   |  |
|--|---|--|
| Belvedere House                                    | That the consultation plan for Belvedere House will be presented to the Health Select Committee early in 2010/11. A visit will also be organised for members to Belvedere House to see the services delivered from the building and better understand the proposals for change. This follows on from discussions on Belvedere at the committee in March 2010. |  |
| Improving Access to GP Services Task Group         | This has been agreed as a task group for 2010/11. The scope of the review will be agreed in July 2010, with the work completed before the end of the municipal year. In addition, the committee should consider an update on access satisfaction results from the latest quarterly satisfaction survey.   |  |
| Smoking Cessation                                  | The committee wants to keep track of this issue and will receive regular service updates. The next is scheduled for October 2010. The importance of this cannot be overstated as smoking is the biggest cause of premature death and preventable illness in Brent.  |  |
| North West London Sector Integrated Strategic Plan | Plans for the acute sector in North West London will be published in the sector ISP. The Health Select Committee should continue to take updates on this plan, as well as respond to consultation, likely to happen towards the end of 2010.  |  |
| Access to Health Sites Task Group                  | Further follow up on this task group, following a report to the committee in March 2010 which revealed that implementation of the recommendations had been slower than expected.  |  |

#### Other issues:

1. Visit to St Luke's Hospice – Health Select Committee would like to accept the offer to visit the St Luke's Hospice in Kenton to understand more about the palliative care services on offer in the borough. This will be arranged for autumn 2010.