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02 October 2013

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Friday, 4th October, 2013

I attach copies of the following papers for the above-mentioned meeting which were not available at the time of collation of the agenda:

6. ACCIDENT AND EMERGENCY (A&E) (PAGES 1 - 16)

To consider the A&E performance of NHS acute provider trusts within the north central London area as well as any patterns or emerging issues.

10. MEETING OF MEMBERS FROM BARNET, ENFIELD AND HARINGEY TO CONSIDER ISSUES RELATING TO BEH MHT (PAGES 17 - 22)

To report back on the outcome of a meeting of JHOSC Members from Barnet, Enfield and Haringey to consider:

- Three recent CQC inspection reports relating to Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) and the action plans in response to them; and
- BEH MHT's Service Re-Design and Transformation project.

Yours sincerely

Rob Mack
Senior Policy Officer (Scrutiny)

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North Central London

A&E Performance at NHS Trusts and Foundation Trusts – October 2013

1. Barnet and Chase Farm Hospitals NHS Trust
2. North Middlesex University Hospital NHS Trust
3. Royal Free London NHS Foundation Trust
4. University College London Hospitals NHS Foundation Trust
5. Whittington Health

Barnet and Chase Farm Hospitals NHS Trust

Indicator	Performance 2012/13	Performance Q1 2013/14	Performance Q2 (July & August) 2013/14	National standard
Time to initial assessment	6 minutes	9 minutes	11 minutes	Median wait at or below 15 minutes
Time to treatment decision	72 minutes	78 minutes	65 minutes	Median wait below 60 minutes
Total time in A&E	95.2%	90.5%	89.9%	95% of patients to wait no longer than four hours from arrival to admission, transfer or discharge
Total time in A&E	345 minutes	259 minutes	258 minutes	95th percentile below 4 hours
Unplanned reattendance rate	6.90%	7.45%	7.41%	Rate below 5%
Left without being seen	3.49%	3.95%	3.44%	Rate at or below 5%
Attendance per 100k population (this is not a calculable figure as attendances cross borough boundaries, so actual attendance volumes have been provided instead)	158,489 attenders	40,598 attenders	26,550 attenders	

Barnet and Chase Farm Hospitals NHS Trust

BARNET SITE

- GP delivered UCC at Barnet AE (40% of attendances)
- Establishing PACE and TREAT at Barnet
- Introduction of Rapid access team for patients with MH problems
  - A&E
  - Dementia Patients on wards
- Introduction of emergency ambulatory care model
- PAU
- Flow Improvements
  - Home for lunch
  - DTOC

CHASE FARM SITE

- GP delivered UCC at Chase farm site (40% of attendances)
- Older peoples assessment centre at CFH
- Paediatric assessment centre at CFH
- Community Beds

Barnet and Chase Farm Hospitals NHS Trust

- Rapid Improvement Plan (RIP) led by Enfield CCG Urgent Care Board and Trust Development Agency Support
- Focus on delayed transfers of care and admission avoidance schemes – led by John Morton.
- Review of emergency pathway to include senior decision makers at the beginning of the patient journey

North Middlesex University Hospital NHS Trust

Indicator	Performance 2012/13	Performance Q1 2013/14	Performance Q2 (July & August) 2013/14	National standard
Time to initial assessment	9 minutes	11 minutes	11 minutes	95th percentile below 15 minutes
Time to treatment decision	68 minutes	78 minutes	65 minutes	Median wait below 60 minutes
Total time in A&E	96.16%	93.82%	96.64%	95% of patients to wait no longer than four hours from arrival to admission, transfer or discharge
Total time in A&E	240 minutes	343 minutes	240 minutes	95th percentile below 4 hours
Unplanned reattendance rate	3.53%	2.43%	2.66%	Rate below 5%
Left without being seen	2.37%	2.57%	2.40%	Rate at or below 5%
Attendance per 100k population (this is not a calculable figure as attendances cross borough boundaries, so actual attendance volumes have been provided instead)	150,131 attenders	39,037 attenders	25,822 attenders	

North Middlesex University Hospital NHS Trust

- Good performance in 12/13
- Achieving 13/14 YTD with improving performance in Q2
- Significant investment in new capacity and pathways from Dec 13 linked to BEH clinical strategy and London Quality Standards
- Member of Haringey UCB, receiving 3.8 M of central winter monies

Royal Free London NHS Foundation Trust

Indicator	Performance 2012/13	Performance Q1 2013/14	Performance Q2 (July & August) 2013/14	National standard
Time to initial assessment	19 minutes	22 minutes	18 minutes	95th percentile below 15 minutes
Time to treatment decision	54 minutes	48 minutes	45 minutes	Median wait below 60 minutes
Total time in A&E	95.71%	95.75%	97.09%	95% of patients to wait no longer than four hours from arrival to admission, transfer or discharge
Total time in A&E	239 minutes	239 minutes	239 minutes	95th percentile below 4 hours
Unplanned reattendance rate	7.54%	8.0%	8.1%	Rate below 5%
Left without being seen	3.35%	2.7%	2.7%	Rate at or below 5%
Attendance per 100k population (this is not a calculable figure as attendances cross borough boundaries, so actual attendance volumes have been provided instead)	92,472 attenders	23,624 attenders	15,688 attenders	

Royal Free London NHS Foundation Trust

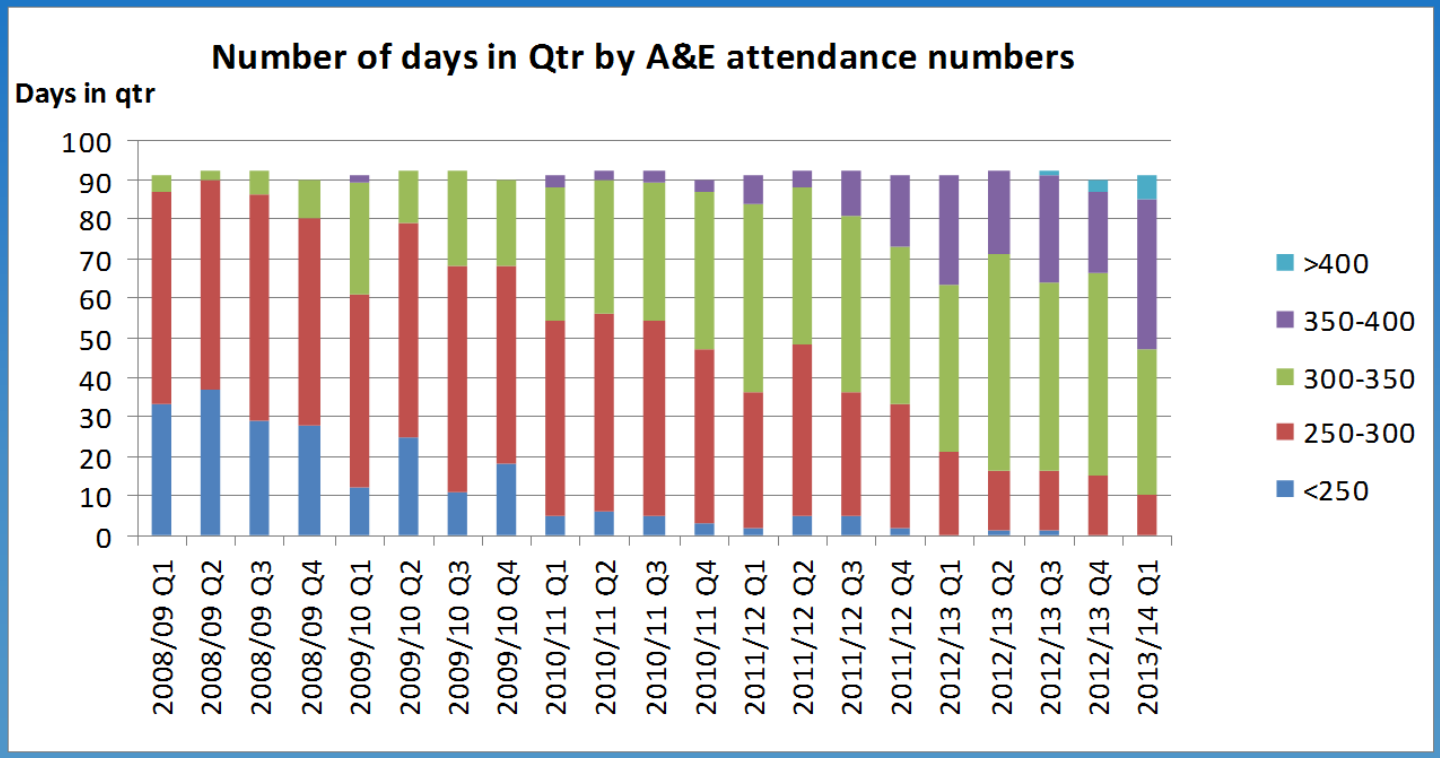
- The location and integration of the urgent care centre within A&E
- The TREAT service
- The PACE service
- Not just A&E, whole hospital
- Ownership
- Senior leadership and presence

University College London Hospitals NHS Foundation Trust

Indicator	Performance 2012-13	Performance 2013-14 Q1	Performance 2013-14 Q2	National Standard
Time to initial assessment	82	73	72	95th percentile below 15 minutes
Time to treatment	75	78	92	Median wait below 60 minutes
Total time in department	240	260	239	95th percentile below 4 hours
Unplanned re-attendance rate	7.5%	7.4%	7.9%	Rate below 5%
Left without being seen	2.4%	2.4%	2.8%	Rate at or below 5%
4 hr performance	95.4%	95.1%	96.1%	Rate over 95%
LAS performance	15 minutes – 82.5% 30 minutes – 97.8%	15 minutes – 87.8% 30 minutes – 99.3%	15 minutes – 85.2% 30 minutes – 99.4%	15 Minutes 95% (now 100%) 30 minutes 100%
Attendances	120,069	31,252	21,522 (mnths 4-5 only)	Comment: YTD 5.125% above same period last year
Senior clinician cover	ED Consultant M-F 08 – 23:00 Sat-Sun 09– 21:00			

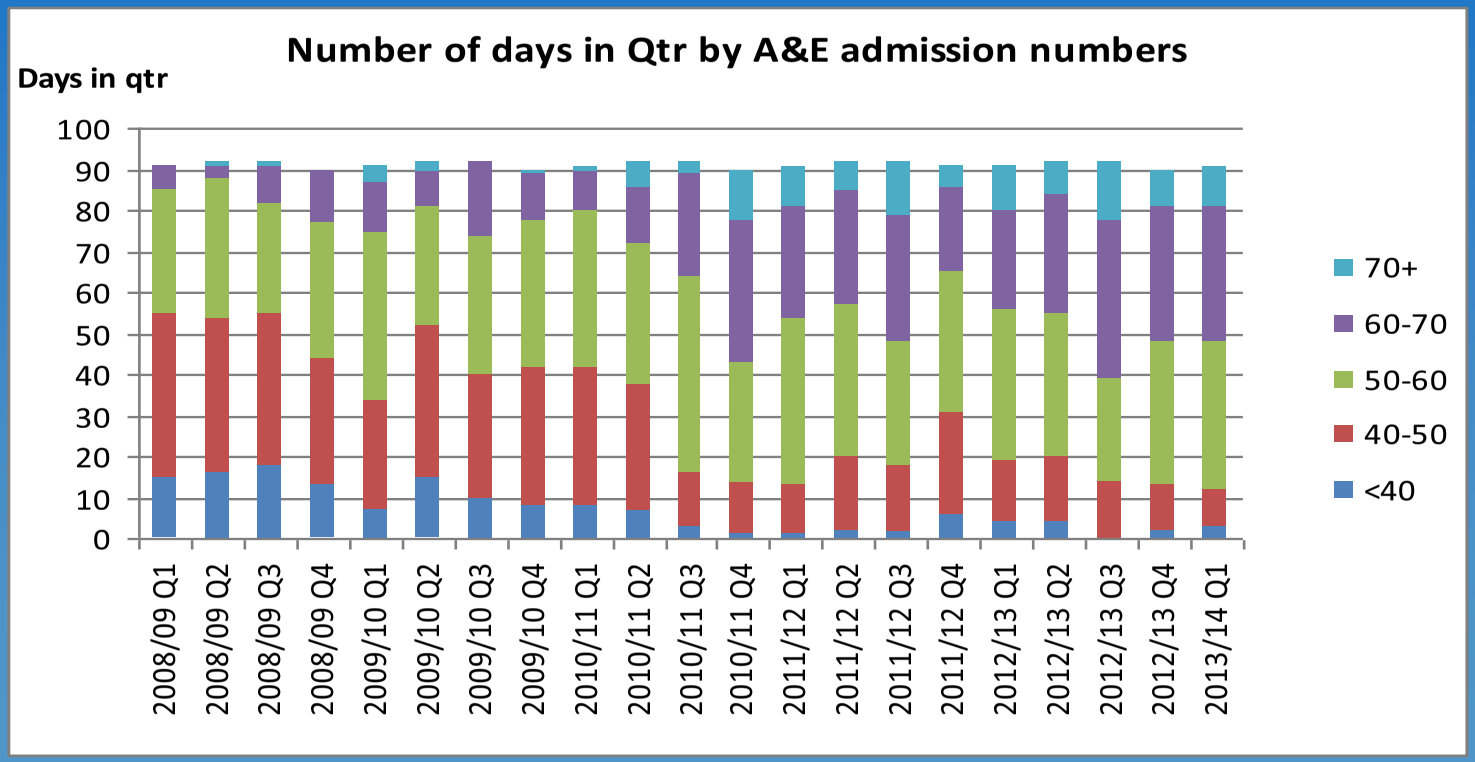
University College London Hospitals NHS Foundation Trust

Progressive increase in proportion of days with high or very high ED attendances



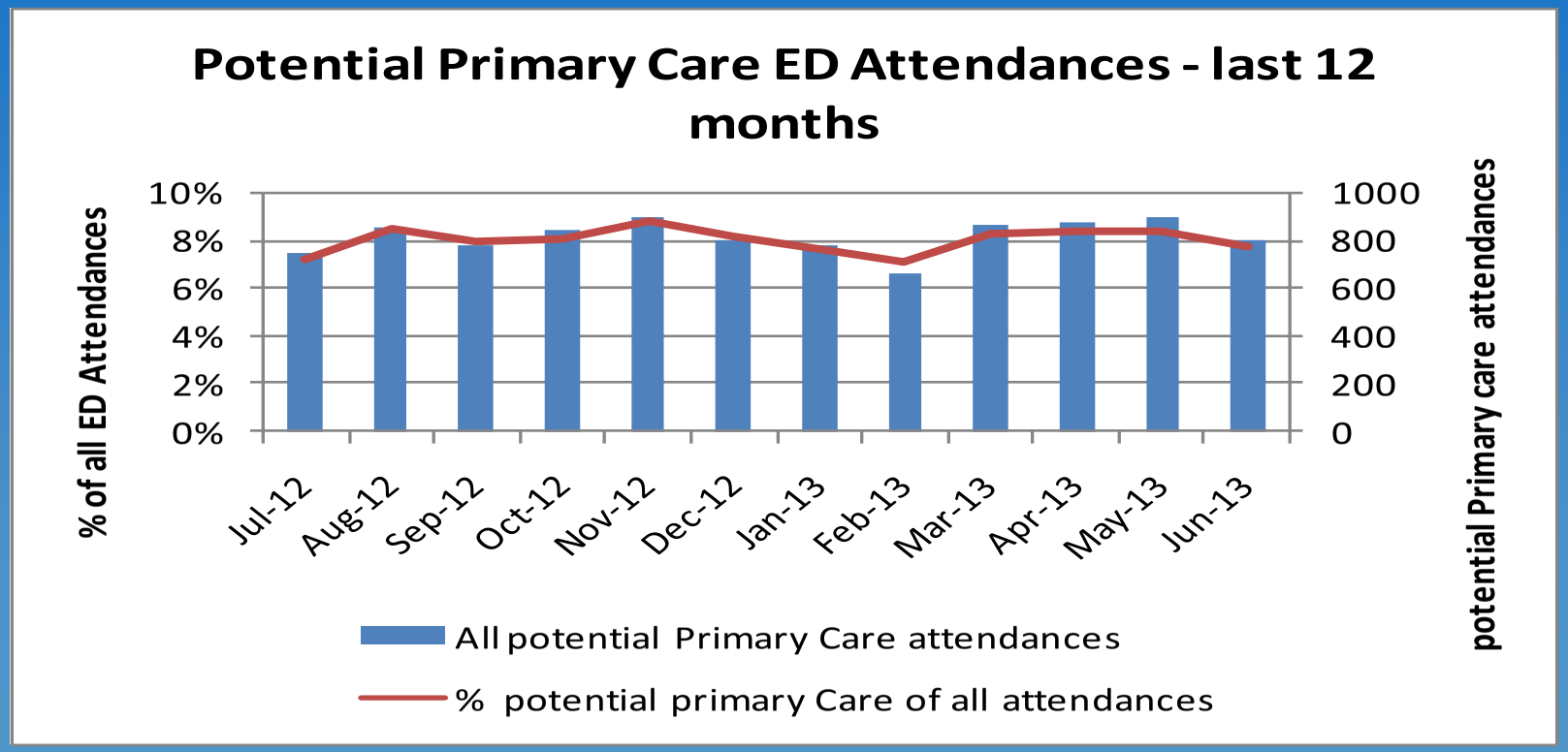
University College London Hospitals NHS Foundation Trust

Step change increase in proportion of days with high admissions in 2010/11 Q3 Increase in proportion of days with high / very high admissions in 2012/13 Q3



University College London Hospitals NHS Foundation Trust

Patients who might have been seen in primary care 07/12 – 06/13: total 9,760 (8%)



University College London Hospitals NHS Foundation Trust

Current issues:

- ED as barometer of the whole system
  - escalation triggers and actions
- Demand & capacity
  - ambulatory emergency care, step down facility
- Staff
  - ED staffing review
- Space
  - redevelopment project underway
- Transformation of model of care
  - Productive ED project

Whittington Health

Indicator	Performance 2012/13	Performance Q1 2013/14	Performance Q2 up to 9 Sept 2013/14	National standard
Time to initial assessment	9 minutes	11 minutes	12	95th percentile below 15 minutes
Time to treatment decision	86minutes	90 Minutes	69	Median wait below 60 minutes
Total time in A&E	95.03%	93.82%		95% of patients to wait no longer than four hours from arrival to admission, transfer or discharge
Total time in A&E	265 minutes	244 minutes	240	95th percentile below 4 hours
Unplanned reattendance rate	1.78%	2.2%	2.2%	Rate below 5%
Left without being seen	2.67%	4.4%	4.0%	Rate at or below 5%
Attendances	92,252	22,357		

Whittington Health

- Focus on time to treatment
- Workforce review / staffing strategy
- Ambulatory Emergency Care
- Access centre / flow and better us of beds
- Whole system approach to performance – hospital and community services
- New IT System

North Central London Sector Joint Health Overview and Scrutiny Committee
Meeting of Barnet, Enfield and Haringey Members
Friday 13th September 2013

Present:

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Alev Cazimoglu	LB Enfield
Alison Cornelius	LB Barnet
Anne-Marie Pearce	LB Enfield
Barry Rawlings	LB Barnet
David Winskill	LB Haringey

1. APOLOGIES FOR ABSENCE

None.

2. DECLARATIONS OF INTEREST

None.

3. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - RESPONSE TO CQC INSPECTION REPORTS

Oliver Treacy and Andrew Wright from Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) reported on the response by the Trust to three recent inspection reports by the Care Quality Commission (CQC).

They reported that the Trust worked in partnership with the CQC and had a very good relationship with them. The Trust was very open with them and did, on occasion, bring matters of concern to their attention. It was recognised by the Trust that the CQC had a positive role to play.

The three issues of concern that had been raised by the CQC were of a serious nature but it was not uncommon for mental health trusts across London to have similar issues raised with them. Almost all currently had outstanding issues that had been raised by the CQC and which they were currently acting upon.

Two of the issues had been raised by the CQC had been drawn to their attention by the Trust itself. These were the issues relating to the Oaks and the Home Treatment Teams.

The meeting considered the individual inspection reports as follows:

St Ann's: Two particular matters had been raised in respect of St Ann's. These were:

- The inappropriate use of seclusion rooms. If a patient required a bed, considerable efforts were made to find one. Should a bed not be available within the Trust, neighbouring trusts and then other providers outside London were tried. If there was no

other viable alternative, seclusion rooms had been used as a last resort. However, patients that were placed in seclusion rooms in these circumstances were not in seclusion. They were also moved out of them as soon as a bed became available. It was accepted that this was not NHS policy but the alternative would be not to admit people.

- Treatment of voluntary patients. It had been reported that staff had suggested to some voluntary patients that they could be detained under the Mental Health Act if they tried to leave the hospital as they were not yet ready to go home. It was more common for patients to complain about being discharged too early and it was always a balance for each individual patient.

There had been some situations where a bed had been required in the early hours of the morning and the choice had been to admit them to a seclusion room or move them to a hospital in the provinces. In terms of voluntary patients, the Trust had emphasised the need for a full assessment before decisions are taken and the correct use of procedures.

More patients were currently being referred to mental health services and this was causing greater pressure on beds. This was a trend that had been seen across London in the last two years and was linked to economic conditions. Similar pressures were being felt outside of London but not to the same extent. There was a need for pan London action on this issue.

Members noted that CQC inspections could focus on specific themes. Trusts would not be aware in advance of what these might be. Comment was made by Members that the methodology used in inspections was unclear. In particular, there was a lack of evidence of engagement with the Trust's partners, such as GPs. There was also a lack of evidence within the inspections reports of any systematic engagement with relatives of service users. In addition, some of the conclusions drawn did not appear to be consistent with the evidence as presented.

It was noted that a seminar for the JHOSC was planned on the implications of the Francis report. A representative from the CQC would be invited to this and this would provide an opportunity for Members to question them regarding the methodology used to reach conclusions within inspection reports. Officers from the Trust commented that inspections were only one means of addressing quality issues.

The Committee raised the issue of the high percentage of agency staff that were used on Finsbury ward and queried whether there might be a danger of patients rights being eroded due to staffing pressures. The Trust responded that efforts were made to ensure that wards were not staffed by a high proportion of agency staff.

In answer to a question, the Trust officers stated that there had been a substantial drop in demand for beds during the Olympic Games period in 2012, when 18-20 beds had been vacant. Since then, there had been a large increase in demand. Previously many patients had been unemployed but now the pattern was that many were employed and had previously been undertaking reputable jobs. This was part of an ongoing trend, linked to the wider economic conditions.

Chase Farm Hospital (The Oaks Ward): In respect of the issues raised concerning Chase Farm, the root cause of this was the mix of patients that there had been on the ward at that particular time. A number of actions had been taken to resolve the matters raised:

- Improvements had been made to the physical environment;
- Strengthening leadership. As part of this, a locum consultant had been appointed to oversee the ward;
- Support and development opportunities for staff; and
- Improving the level of activities for patients.

There was still work to be done but a lot of progress had already been achieved.

One important issue that had been raised was the need for information to be properly recorded. Not all action had been being recorded fully and the Trust was working to increase the awareness of staff – particularly junior doctors - of the need to do this.

The Panel noted that 37% of staff on the ward in question had been temporary. Such staff were often well known to Trust and could come from within the Trust's own workforce via the Trust's Staff Bank. There had also been a high level of sickness absence amongst staff on the ward. There was a full establishment now with all staff on full time contracts. The ward was therefore less reliant on agency staff.

Officers from the Trust reported that they had already undertaken service reviews of their own on the ward in question so the results of the inspection were of no surprise to them. Previously held concerns had been validated by the inspection. The high levels of sickness absence had been addressed. In some cases, this had been a reaction to the stress of working on the ward in question. In addition, new staff had now been recruited. This included a single permanent consultant – previously there had been two covering the ward. There was also a new ward manager.

The Trust had now been taking action to improve the ward for a year and had adopted a measured and considered approach. Their earlier concerns about the ward had been proven to be correct by the inspection and the subsequent action that had been taken to address them. They noted the Committee's concern in respect of the high levels of staff sickness.

Trust HQ (Community Mental Health Teams): In terms of the Haringey Home Treatment Service, Trust officers reported that some issues had been raised and action taken prior to the inspection. Team management was being strengthened as well as medicines management. Training was also being provided to relevant staff. In addition, there was an ongoing audit programme which was looking at the time that care workers spent with patients. There had been a specific issue within the team in question regarding leadership. The need to make specific appointments and to try to keep to them had been emphasised. There had also been issues in respect of the recording of visits and communication.

The Committee noted that vacancy rates were average for mental health trusts across London. There were currently no other services within the Trust that were currently a source of concern. They also noted that there were common issues in the three inspection reports, namely:

- Care and welfare issues;
- Record keeping; and
- Leadership.

AGREED:

That the above mentioned comments and observations of the Committee Members on the inspection report and, in particular, those relating to sickness levels and common issues be referred to the Trust as the Committee's response to the inspection reports.

5. SERVICE RE-DESIGN AND TRANSFORMATION

Simon Harewood, Interim Manager for Transformation at the BEH MHT reported on the current programme of service re-design and transformation.

There were currently 17 different pathways into the Trust's adult mental health services and this was a source of confusion. The new structure aimed to simplify this. The new structure would have only two routes into services. The new Crisis Resolution Home Teams (CRHT) would be available 24/7 for any urgent referral by patients or GPs and be borough based. The service would go to the patient rather than vice versa. The new Triage Teams would deal with all non urgent referrals in the first instance. It would be an assessment only service, based in each borough.

The changes aimed to remove the need for multiple assessments, with only one crisis assessment taking place. All existing staff posts had been deleted and new ones created, to ensure a fair and proper selection procedure for filling the new posts. It was predicted that there would be enough posts to accommodate everyone but this could not be guaranteed. There would no longer be an Acute Assessment Centre under the new system. Access to services would be easy and uncomplicated. Interim services were currently starting up.

The Committee noted that the grades of staff could be an issue. Although similar numbers of staff were still required, the new posts were not necessarily at the same grades. There were internal processes to deal with staff who were unsuccessful if applying for posts in the new structure. They could either be redeployed into a job on the same grade or on a lower grade but with protection.

The key message of the service re-design and transformation process was that, where possible, staff would now go to the patient. Mental health services across London were now working in this way and it had led to a big improvement in their quality.

In response to a question, it was noted that the Home Treatment Teams were not available on a 24 hour basis. However, the CRHT would be.

Committee Members made the following comments:

- The proposals appeared well thought out. However, partnership with adult social care services and the Police across the three boroughs was also important and needed to be taken fully into account. It was noted that the Trust were engaging fully with their partners. In particular, work was being done with the London Ambulance Service.

- It would be useful to have an update on progress in six months time, particularly on how the Trust was developing its work with partners.

In answer to a question, it was noted that the proposals would be more cost effective but their aim was, first and foremost, to provide quicker and easier access to services for patients. It was anticipated that the current number of beds would be maintained but that the proposals would help to avoid unnecessary admissions. A lot of work was being undertaken currently with GPs, who had been supportive. Engagement with the general public would follow. This would include promoting the new services and innovative methods of doing this would be looked at. The key message was that the changes were about improving, not about shutting, services.

Committee Members thanked officers from the Mental Health Trust for attending the meeting.

AGREED:

That the above mentioned comments be referred to the Trust and that health overview and scrutiny committees within Barnet, Enfield and Haringey be updated on progress in six months time.

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