

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE – COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION BY THE NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST

The comments made by the Overview and Scrutiny Committee in relation to core standards have come from all health scrutiny work that has been undertaken during the year. This includes specific feedback from the stakeholder conference that was held on 22 March 2007 and focussed reviews on specific topics. The Committee welcomed the positive and pro-active approach taken by Trust and the level of information provided and recognises the need and importance of working together to improve the health and well being of residents.

Core Standard	Comment
<p>C6: “Healthcare organisations cooperate with each other and social care organisations to ensure that patient’s individual needs are properly managed and met.”</p>	<p>The Committee notes that there are close working relationships with Barnet, Enfield and Haringey Mental Health Trust, including a liaison service with access to a psychiatrist. However, mental health partners have not so far implemented the recommendation of last years Scrutiny Review on Mental Health that consideration is given, as part of the process for determining the three year commissioning plan, to improving liaison between mental health services and the hospital in order to provide for the earlier detection of mental health needs. The Committee notes further developments will be considered when local reconfigurations of acute care have been completed and would hope that this will include the implementation of this recommendation.</p> <p>The Committee received evidence from the Council’s Adult, Culture and Community Services that hospital discharge arrangements generally work well. Discharge co-ordinator and rapid response teams have key roles and different types of support are discussed with patients and carers. Delayed discharges are monitored daily and lessons are learnt if things go wrong. Discharge information includes medication, what to do on discharge, action to take if condition deteriorates and on a healthy lifestyle. However, multi-disciplinary reports sent from the hospital are hand written and are sometimes illegible to partner agencies. The Committee is of the view that communication would be enhanced if all reports were typed.</p> <p>The Committee’s recent scrutiny review on improving the health of people with profound and multiple learning disabilities received evidence that there is a lack of</p>

	<p>clarity on the who should fund additional support required for people with learning disabilities when they hospitalised. This can result in a lack of such support being provided, resulting in additional burdens being placed on carers. The Committee concurs with the review's recommendation that this issue should be clarified in discussions between health and social care partners, including the North Middlesex Hospital, as part of the commissioning process.</p>
<p>C13; "Healthcare organisations have systems in place to ensure that: a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information; c) staff treat patient information confidentially, except where authorised by legislation to the contrary."</p>	<p>The Committee noted the close work that has taken place with the trusts PPI Forum on ensuring that patients are treated with dignity and, in particular, that their privacy is respected. For example, curtains have been installed with "no entry" signs on them and these are drawn around patients' beds when treatments and procedures are taking place. Similarly in the maternity ward there are "knock and wait" notices. In addition, the PPI Forum have worked with the trust to develop an in-patient visiting policy with a focus on protected meal-times and noise reduction.</p>
<p>C15; "Where food is provided, healthcare organisations have systems in place to ensure that: a) patients are provided with a choice and that it is prepared safely and provides a balanced diet b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day"</p>	<p>The Committee notes the fact that the hospital has protected and staggered meal-times, which helps to ensure that patients are able to receive proper nutrition. In addition, the trust has worked closely with the PPI Forum to develop a "red tray" system for patients with specific dietary needs or who need help with eating. The PPI Forum has also been instrumental in introducing the trial of the "Steamplicity" trial in the labour ward. This offers a considerable increase in choice for patients with 24 options available and it has been well received. A decision has not yet been taken about introducing it to the rest of the hospital. The Committee would welcome the extension of this scheme, provided that the nutritional quality of the food is of at least the same standard of currently available food.</p> <p>The Committee noted evidence from the PPI Forum that there can be long gaps between meals. Current evening meals normally consist of soup and sandwiches and these are served at 5:30 p.m. Breakfast is served at 8:30. This can particularly affect patients with diabetes. The Committee is of the view that this gap is excessive. It welcomes moves by the trust to now provide the option of a hot meal in the evening.</p>

<p>C16; “Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care”</p>	<p>The Committee notes evidence that a wide range of leaflets are provided by the Trust and that these have been produced in conjunction with the PPI Forum. All new leaflets have a strap line in 4 languages saying how to access leaflets in translation. In addition, Accident and Emergency and the maternity ward have a telephone line to access interpreters. There is also a database of multi-lingual staff including BSL users. In addition, pictorial aids are used for patients on ventilators in ITU. The Committee welcomes the fact that family members are never used as interpreters.</p> <p>The Committee undertook a scrutiny review that the Committee on improving the health of people with profound and multiple learning disabilities. As part of this, the Committee commissioned independent in-depth consultation with a representative group of local carers and received evidence that local hospitals, including the North Middlesex, did not always communicate effectively with people with learning disabilities and their carers. The Committee is therefore of the view that the trust could benefit from an increased awareness of the communication needs of people with learning disabilities and the challenges that there can be in meeting them..</p> <p>The Committee notes that national consent guidelines are followed and audit shows performance is improving.</p>
<p>C17; “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services”</p>	<p>The Trust has generally engaged effectively with the Overview and Scrutiny Committee when requested and links have been further developed. This has included assistance with the setting up of the annual Health Scrutiny Conference to which a wide range of stakeholder organisations were invited, and assistance with the creation of local protocols for the consideration of “substantial variations”, as defined by Section 7 of the Health and Social Care Act.</p> <p>However, the Committee expressed concern at the lack of consultation that took place over the proposed closure of the x-ray unit that the Trust operates from the St. Ann’s Hospital site. The Committee was left with a period of a week to respond to the proposals. However, the Committee is very pleased to note that the concerns of local residents and the Committee were taken into account by the Trust in reconsidering its decision.</p>

The Trust appears to work closely and well with its PPI Forum and takes on board its comments. Examples of this include the red tray initiative and changes to cleaning, services for older people and eye clinics.

The Trust has been proactive in seeking patient views through an initiative that has been set up called "*Look, listen, learn and do*" which seeks the views of patients on an ongoing basis and not just via the annual survey.

C18: "Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably"

The Committee notes evidence from stakeholders including the PPI Forum that the Trust's services are difficult to access for people within Haringey and particularly those who have to rely on public transport. There is no underground station in the vicinity and there is only one bus service that goes directly to the hospital from within the Borough. A new bus terminus is incorporated into the design for the new hospital and there is a plan to ultimately have at least three buses serving the hospital. The Trust's PPI Forum has approached Transport for London to ask them to extend the W6 or W4 bus routes to improve access and the GLA member is also being lobbied. Those attending the hospital by car currently face charges of as much as £10-£15 for a visit. The Committee notes that park charges are part of a transport plan to encourage bus use. Whilst this is a laudable aim, the Committee is of the view that this cannot be justified fully until there is more than one bus service serving the hospital from within Haringey.

Evidence obtained as part of the scrutiny review on improving the health of people with learning disabilities that both outpatient and inpatient departments are not geared up to effectively accommodate people who have specialised needs. People with a learning disability may have difficulty waiting for long periods of time, not understand why they are at the hospital and may find medical procedures alarming. This can manifest itself in behaviour that could be interpreted as challenging. In addition, there may also be communication difficulties which can make it more difficult for health professionals to reach a diagnosis. The view of carers that were interviewed was that local hospitals, including the North Middlesex, could assist by considering more flexible arrangements in order to accommodate their needs more effectively. In addition, carers felt that staff did not always fully appreciate the

	<p>challenges of meeting the needs of people with learning disabilities when they were hospitalised. This could mean that insufficient support was available and, in particular, signs and signals of distress were missed or misinterpreted. As a result of this, carers often did not feel confident to leave whilst they were an in patient.</p>
<p>C21: “Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises”</p>	<p>The Committee is of the view that the hospital’s current buildings are not conducive to good patient care and are in urgent need of replacement. It therefore welcomes the current scheme to re-build the hospital and believes that this should proceed as soon as possible. In addition, it notes that the current reconfiguration of local hospitals is likely to lead to an increase in patient numbers at the hospital which will necessitate increased capacity within the buildings.</p>