TRUST OBSERVATIONS

1.   EAST OF ENGLAND AMBULANCE SERVICE (EEAST)

1.1   Members would like to thank EEAST for its continued hard work, noting the candid and open response to the challenges being faced. In particular, they were pleased to hear of the swift action being taken in light of the Risk Summit concerning patient safety. The Trust is especially commended for the prompt and effective assumption of the PTS contract on the winding up of the previous private contractor in October 2017.

1.2   There is much work being undertaken to mitigate the risks around staff recruitment and retention including a focussed recruitment drive presently taking place in Hertfordshire. Members would like to thank EEAST for tackling this and the associated issues with vigour.

1.3   Whilst there is a strong command and control infrastructure at EEAST there is still much work to be done in the area of digital transformation to improve patient-facing aspects of IT that were deemed weak. Particular work steams are being undertaken to improve the patient experience including the launch of a clinical app. The Trust has stated that at present available funds are focussed towards front line services and not I.T. systems.

1.4   APR (Ambulance Response Programme) is a new triaging system that was introduced at EEAST in October 2017. It had been discussed with the Committee in October 2017 and Members were pleased to hear that there has been a low failure rate since its implementation.

2.   EAST & NORTH HERTS TRUST (ENHT)

2.1   Members commend ENHT's commitment to partnership working. This has facilitated improved working and the development of examples of good practice such as working with Hertfordshire County Council (HCC) to prevent hospital admissions. These should be shared with other health organisations in Hertfordshire.

2.2   ENHT is firmly committed to realising long-term benefits from digital technology. This includes the implementation of 'Lorenzo', 'nerve centre' and digitally recording patient's conditions.

2.3 ENHT has introduced new staff motivation techniques to improve patient flow and speeding up hospital discharges. This is demonstrated by 'Red to Green' and 'Always' initiatives.

2.4 Members welcomed the positive trends in reducing mortality rates relevant to the Trust i.e. HSMR (hospital standardised mortality ratios) and SHMI (summary hospital-level mortality indicator).

3. HERTFORDSHIRE COMMUNITY TRUST (HCT)

3.1 Congratulations are extended to HCT for its successful Public Health nursing contract; for the good work it is doing to improve access to school nurses and the use of the Lancaster Model to improve outcomes for children.

3.2 HCT's submission lacked targets, performance measures and statistics showing patient outcomes. It was noted that the language used was often difficult, especially for those not from a medical background.

3.3 It was observed that system difficulties affecting HCT, especially around partners differing working practices and expectations could have an impact upon patient experience, for example, in relation to acute discharge to community care.

3.4 Members welcomed the clear commitment by HCT to better engagement with patients and staff and moving from clinical to patient centred outcomes.

3.5 HCT is commended on achieving a rating of 'Good' overall and in most service areas in its latest CQC inspection; however Members were concerned to note that End of Life Care was rated as 'requires improvement.'

3.6 Members applauded HCT's commitment to supporting whistleblowing.

4. HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST (HPFT)

4.1 Members were impressed with HPFT officers' open and candid responses to their questioning and believe they showed a strong commitment to continuing to deliver and improve mental health services in Hertfordshire.

4.2 The group regarded the quality account priorities as sound and based on thorough consultation with service users, carers and staff. However, in last year's scrutiny of HPFT's quality account the committee requested that year-on-year performances and nationwide comparisons should be provided alongside the Trust's priorities to demonstrate its progress. This was again not provided in this year's written report.

4.3　Members were impressed by the Primary Care Mental Health Clinic pilot. This is a partnership between primary care and HPFT. A HPFT professional works within a GP practice to support practices within that GP locality and will support:-

- Reducing access time for advice from the current (up to) 28 days to an anticipated (up to) seven days for non-urgent referrals to both the primary care as well as the service user.
- Service users being screened by a HPFT professional within a GP practice.
- Instant updating to primary care via System One (information system used in primary care) on the outcome of triage screening and advice via a drop in session.
- further assessment and treatment, if needed, the service user will be offered a mutually convenient date for an initial assessment by the HPFT secondary care team. This will further support attendance at initial assessment clinics.

4.4　HPFT's SPA consists of a multidisciplinary team of qualified mental health professionals and trained referral advisors offering telephonic triage for all referrals for mental health and learning disabilities services in Hertfordshire. Referrals can be made through GPs and other health professionals or through self or carer referrals. SPA operates 8am – 7pm Monday to Friday.

5.　PRINCESS ALEXANDRA, HARLOW (PAH)

5.1　PAH was commended for the great improvements that had been made by the Trust since going into special measures and were reassured that the Trust had plans in place to continue to drive this improvement. Subsequent to the scrutiny Members were pleased to hear that PAH is no longer in special measures (CQC report published 21 March 2018)

5.2　Reflecting on the previous observation Members raised their concern over the Trust retaining the current strategic leaders within the executive board. Staffing levels more generally were also noted to be of concern, with high numbers of vacancies in certain posts.

5.3　The Committee praised the efforts of current leadership to address the shortcomings of the previous CQC report, namely staff engagement. A desire to create a culture of openness and transparency was clear and there were encouraging signs that the opinions and feedback of staff were important to PAH.

6.   WEST HERTFORDSHIRE HOSPITAL TRUST (WHHT)

6.1   The Group commends the joined-up leadership and expertise of the senior executive team and in particular Katie Fisher, the Chief Executive Officer. The Committee has subsequently been informed that the CEO is leaving WHHT.

6.2   Members were pleased to note the progress made by the Trust and that it is no longer in special measures.

6.3   The Group welcomes WHHT's collaboration with other local NHS trusts and the Royal Free Hospital and the subsequent improvements to patient care. An example being the opportunity for Band 5 nurses to have rotations at external organisations, including the Royal Free Hospital, to develop their skills and knowledge.

6.4   HSC (Health Scrutiny Committee) continues to support the Trust's aspirations to develop the WHHT estate. The Committee urges NHSE (NHS England) and the Treasury to bring forward the decision regarding the funding for the SOC (strategic outline case). Without this funding, service improvements in west Hertfordshire will be adversely impacted to the detriment of patients.

6.5   The Group are confident that WHHT have taken appropriate measures to comply with the General Data Protection Regulations (GDPR).