

Agenda



AGENDA for a meeting of the HEALTH SCRUTINY COMMITTEE in the Council Chamber, County Hall, Hertford on THURSDAY 15 MARCH 2018 AT 9:30AM and THURSDAY 29 MARCH 2018 AT 10:00A.M.

Please note start times

Members please note that at 8.45am on the 15 March 2018, prior to the start of the formal meeting, briefings will be held for each morning evidence gathering group in the allotted rooms as detailed in the attached programme (Appendix 1)

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)

S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart; M S Hearn; D J Hewitt; S Quilty (*Chairman*); N A Quinton (*substituting for R G Tindall*); C J White (*Vice Chairman*);

DISTRICT/BOROUGH COUNCILLORS (10)

A Alder (*substituting for N Symonds (East Herts)*); J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); F Thomson (Welwyn Hatfield)

Meetings of the Scrutiny Committee are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

The Council Chamber is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

- (1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;**

- (2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a Declarable Interest they should consider whether they should participate in consideration of the matter and vote on it.

PART I (PUBLIC) AGENDA

THURSDAY 15 MARCH 2018

1. MINUTES [SC.8]

To confirm the Minutes of the meeting held on 18 January 2018.

2. PUBLIC PETITIONS [SC.11]

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Committee and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their [local member of the Council](#). The Council's criterion and arrangements for the receipt of petitions are set out in [Annex 22 - Petitions Scheme](#) of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

At the time of the publication of this agenda no notices of petitions have been received.

3a. ANNUAL SCRUTINY OF HEALTH ORGANISATIONS QUALITY ACCOUNTS 2018/19

Report of the Head of Scrutiny

Appendices

- Appendix 1 Programme for 15 March and 29 March 2018
- Appendix 2 Allocation to Member Groups, Group Chairs, Graduate support, Room Allocation, Health organisation representatives
- Appendix 3 Questions to health organisations
- Appendix 4 Response from HPFT
- Appendix 5 Response from ENHT
- Appendix 6 Response from WHHT
- Appendix 7 Response from HCT
- Appendix 8 Response from EEAST
- Appendix 9 Response from PAH
- Appendix 10 Glossary
- Appendix 11 Quality Accounts Presentation

THURSDAY 29 MARCH 2018

3b. SCRUTINY OF NHS IN HERTFORDSHIRE'S QUALITY ACCOUNTS FOLLOW UP: DRAFT REPORT

Report of the Head of Scrutiny

Report to be circulated to Members of the Committee on/after 21 March 2018 by email (hard copies of the report will also be available at the meeting on 29 March 2018).

Note: A form requesting feedback on the Committee's scrutiny, will be distributed electronically at the end of meeting. Members will be asked to complete it and to return it by 20 April 2018.

4. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

5. ITEMS FOR REPORT TO THE COUNTY COUNCIL (Standing Order SC. 7(2))

To agree items for inclusion in the Committee's report to County Council. In the absence of a decision, a summary of all items will be reported

PART II ('CLOSED') AGENDA EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II (Confidential) business on this agenda. If items are notified the Chairman will move:

“That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph ... of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require a copy of any of the reports mentioned above or require further information about this agenda please contact Elaine Manzi, Democratic Services Manager, Legal, Democratic and Statutory Services, on telephone no. 01992 588062 or email elaine.manzi@hertfordshire.gov.uk

Agenda documents are also available on the internet at

<http://cmis.hertfordshire.gov.uk/hertfordshire/CabinetandCommittees.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

THURSDAY, 29 MARCH 2018 AT 10:00AM

**SCRUTINY OF THE QUALITY ACCOUNT PRIORITIES 2017/18 - 2018/19: REPORT
OF THE HEALTH SCRUTINY COMMITTEE**

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of report

- 1.1 To provide the Committee with the recommendations from the Quality Accounts evidence gathering undertaken by members on 15 March 2018.

2. Summary and Background

- 2.1 The Committee's scrutiny of the Quality Account priorities 2017/18 - 2018/19 was conducted over two days. On 15 March 2018 members of the Committee, board members of Healthwatch Hertfordshire and other participating County Councillors gathered evidence from selected health providers regarding the health trusts' Quality Account priorities. The session will conclude on 29 March 2018, when the Committee will agree its recommendations, risks and scrutiny activity.

3. Recommendations

- 3.1 The Committee agrees its recommendations to providers (Appendix 1). Trusts are expected to provide a response by 20 April
- 3.2 The Committee agrees the scrutiny activity (Appendix 2)
- 3.2.1 scrutinies to be added to the work programme
- 3.2.2 lunchtime seminars
- 3.2.3 bulletins
- 3.2.4 site visits

3.2.5 to achieve a balanced future work programme

3.3 The Committee agrees the risks (Appendix 3) for response by 20 April

3.4 The Committee notes the provider observations (Appendix 4)

4. Financial Implications

4.1 There are no financial implications rising from this report.

5 Equalities Implications

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered, the equality implications of the decision that they are making.

5.2 Rigorous consideration will ensure proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the County Council, when exercising its functions, to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex and sexual orientation.

5.4 There are no equalities implications attached to this report.

Background Information

Reports & Minutes of the Health Scrutiny Committee meetings held in December 2017 and January 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/685/Committee/12/Default.aspx>

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/686/Committee/12/Default.aspx>

Link to the Quality Account papers [Health Scrutiny Committee- Agenda- 15 & 29 March 2018](#)

1. RECOMMENDATIONS FROM THE QUALITY ACCOUNTS SCRUTINY

That the Hertfordshire health system gives consideration to the Quality Account recommendations to ensure that patient experience aspirations and outcomes are realised for 2018/19 and beyond

2. SYSTEM WIDE RECOMMENDATIONS

- 2.1 That health and social care partners in Hertfordshire learn from ENHT's experience of implementing major changes to IT systems infrastructure.

3. RECOMMENDATIONS TO SPECIFIC TRUSTS

3.1 EAST OF ENGLAND AMBULANCE SERVICE (EEAST)

- 3.2 None identified

3.3 EAST & NORTH HERTS TRUST (ENHT)

- 3.3.1 That ENHT continues its efforts in successfully reducing ED (Emergency Department) admissions for frailty via the STP (Strategic & Transformation Partnership) and work with Hertfordshire County Council (HCC); and further, shares this as a model of best practice across the Hertfordshire health and social care system.

3.4 HERTFORDSHIRE COMMUNITY TRUST (HCT)

- 3.4.1 Members expect next year's papers from HCT to include more detail and evidence of monitoring (including targets, performance measures and benchmarking) and statistics showing patient outcomes for the actions taken in support of the priorities given.
- 3.4.2 HCT's move towards promoting and allowing for greater self-management by patients is welcomed; however, Members would like to see any changes to care or to patient responsibilities communicated very clearly to patients to ensure their effectiveness.

3.5 HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST (HPFT)

- 3.5.1 Members would like to see the HPFT pilot being trialled with GP practices in Watford and Stevenage being rolled out across Hertfordshire over the next 12 months.

- 3.5.2 HPFT to consider ways of raising awareness of the Trust's Single Point of Access (SPA), specifically with GPs and schools as key sources of referrals. A breakdown of the current sources of referrals to SPA should also be provided to the Committee by 20 April.

3.6 PRINCESS ALEXANDRA, HARLOW (PAH)

- 3.6.1 The Committee recommends that PAH remains focussed on maintaining the quality of care provided for current patients and that demand management remains a priority, irrespective of any future plans for new facilities.

3.7 WEST HERTFORDSHIRE HOSPITAL TRUST (WHHT)

- 3.7.1 WHHT to review discharge arrangements to ensure timely administration of medication, to effect expeditious discharge of patients.

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SCRUTINY ACTIVITY

1. SCRUTINIES

- 1.1 That Trusts attend a future committee and provide an overview of respective workforce strategies including turnover
- 1.2 Review of PTS performance since moving to EEAST; and clarification of the future commissioning intentions of the lead CCG for Hertfordshire (HVCCG) at the end of EEAST's 12 month contract
- 1.3 End of Life Care across Hertfordshire be undertaken to assess the effectiveness and quality of the current provision across all organisations involved

2. SEMINARS

- 2.1 None identified

3. BULLETINS

- 3.1 **HPFT** to provide an outline of its perinatal depression service
- 3.2 **HPFT** shares information on performance against targets and nationwide comparisons for its priorities to demonstrate its progress.
- 3.3 **ENHT** provides an outlines of the organisation and remit of its patients' experience committee.
- 3.4 **ENHT** shares information regarding its sepsis pathway. This should include recent media material showcasing changes and statistics relating to the pathway's performance.
- 3.5 **ENHT** provides an update to HSC in 6 months on the implementation of its new IT systems.
- 3.6 **HCT** shares more detailed information surrounding pressure ulcers including the number of cases, where these occurred, and data on whether the Trust manages to successfully reduce pressure ulcers as expected.
- 3.7 **HCT** provides an electronic copy of My Health Plan Booklet and information on what this is and what it is hoped to achieve.

4. SITE VISITS

4.1 None identified

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RISKS**1. SYSTEM RISKS**

- 1.1 Rise in demand and changes in demography were identified by all organisations. This creates risk for the affected organisation and the wider system.
- 1.2 Implementation of major initiatives such as IT innovations creates risks for the organisation and for the wider system. Both require attentive project management by the organisation and by the NHS.
- 1.3 Sharing of patient information across the health and social care system remains an issue and risk for patients receiving treatment from a number of providers
- 1.4 The lack of alignment between partner organisations is a risk to integrated working.
- 1.5 EEAST assumed a one-year mobilisation contract to provide PTS (Patient Transport Services) when the private contractor failed. There is uncertainty as to finances for the future contract and there is a risk that the CCG will procure a private provider that will deliver the service on a lower budget irrespective of clinical effectiveness or patient safety, as was the case with the previous provider.

2. EAST OF ENGLAND AMBULANCE SERVICE (EEAST)

- 2.1 Delayed ambulance handover creates a risk to EEAST meeting its response times. The inability to discharge patients from vehicles, with particular problems faced in West Herts, is a concern. [scrutiny of discharge at both ENHT and WHHT is on the scrutiny work programme]
- 2.2 EEAST faces significant pressure and risk due to staff vacancies in Hertfordshire with a 44.09% vacancy rate in Herts NE and 18.73% in Herts W. (Dec 2017 A&E Frontline Staff bands 3-6).
- 2.3 EEAST is experiencing rising demand from both demography (ageing population etc.) and non-demographic pressures such as increases in mental health and alcohol related issues etc. Funding increases do not match the rise and this is coupled with recruitment and retention pressures.

3. EAST & NORTH HERTS TRUST (ENHT)

- 3.1 The implementation of the 'Lorenzo' IT system has had a major impact on ENHT and it will continue to do so during the 12 month stabilisation period. Affected areas include: reduced staff morale, problems requesting income for the Trust, an increased waiting list and growing referrals to PALS due to communication issues with patients. However, it was noted that these problems are not uncommon for other trusts and that ENHT lacked central support.
- 3.2 Members noted that, comparatively, staff turnover at ENHT was good at 12% as opposed to a regional average of 16%. However the Trust's specific workforce problems regarding stroke consultants, phlebotomists and early career nursing staff were noted as having potential impact on patient care and outcomes.
- 3.3 There is an inherent risk to patient outcomes, especially those admitted with co-morbidities in that not all IT systems are joined up at ENHT.

4. HERTFORDSHIRE COMMUNITY TRUST (HCT)

- 4.1 The recommissioning of adult services by HVCCG is a risk if HCT is not successful in winning the contract.
- 4.2 Demographic pressures, including a rising elderly population and more people with long-term conditions, are increasing demand at a time of restricted funding and a staff vacancy rate of 11% are a potential risk to HCT.
- 4.3 Differing practices and expectations exist between HCT and partners, for instance acute discharge when HCT staff are not available. This will have an impact on patient experience and outcomes.

5. HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST (HPFT)

- 5.1 HPFT recognises the significant risk posed by increasing demand for mental health services in Hertfordshire above demographic trends (e.g. 25% for children and young people and 10% for adults). It was recognised that HPFT is well aware of the challenges posed and is taking actions to address them but the sheer size of the increased demand could create risks for all the quality account priorities.
- 5.2 The increase in demand creates additional risks for HPFT as the budget has not increased to match demand and nor has staffing.

6. PRINCESS ALEXANDRA, HARLOW (PAH)

- 6.1 Members acknowledged the great work achieved under the current leadership at PAH; however, they raised the issue of contingency arrangements should strategic leaders leave the organisation. There is a risk that a change in leadership may compromise the improvements achieved.
- 6.2 Concern was raised over capacity based on the number of beds within the PAU as there are too few beds to meet current demand. With projected future demographic changes and the increase in the population in the wider surrounding area this increases the severity of that risk.
- 6.3 Members were disturbed by the current number of vacancies within PAH and the difficulties in recruiting to certain posts (e.g. Band 5 nurses) and the impact this will have on patient outcomes.
- 6.4 The reliability of IT systems at PAH was also noted as an issue of concern.

7. WEST HERTFORDSHIRE HOSPITAL TRUST (WHHT)

- 7.1 There is a significant risk if WHHT does not receive the required funding to redevelop its estates. Without this, maintaining services and service improvement in west Hertfordshire will be adversely impacted, to the detriment of patients and residents.
- 7.2 Staffing remains a considerable risk to WHHT. It is carrying a high vacancy rate when all other organisations are seeking to recruit similarly qualified staff. Whilst there is an appreciation of the clearer pathways for nurses to progress into different roles, e.g. registrars, this appears to be a short-term solution which may result in a wider risk of staff shortages elsewhere in the organisation.

TRUST OBSERVATIONS**1. EAST OF ENGLAND AMBULANCE SERVICE (EEAST)**

- 1.1 Members would like to thank EEAST for its continual 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.
- 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 the EEAST there is still much work to be done in the area of digital transformation. Particular work streams 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 HSC 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 & SHMI).

3. HERTFORDSHIRE COMMUNITY TRUST (HCT)

- 3.1 Congratulations are extended to HCT for its successful Children's Services bid, and 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.

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.
- 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 the Chief Executive Officer.
- 6.2 Members were pleased to note the progress 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 continues to support the Trust's aspirations to develop the WHHT estate. The Committee urges NHSE 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).