

MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 21 October 2020
(6:00 - 8:05 pm)

Present: Cllr Paul Robinson (Chair), Cllr Donna Lumsden (Deputy Chair), Cllr Abdul Aziz, Cllr Peter Chand, Cllr Adegboyega Oluwole and Cllr Chris Rice

Also Present: Cllr Maureen Worby

6. Declaration of Members' Interests

There were no declarations of interest.

7. Minutes (7 September 2020)

The minutes of the meeting held on 7 September 2020 were confirmed as correct.

8. North East London Foundation Trust's Response to Covid-19

The Chief Executive Officer (CEO), Integrated Care Director (ICD) and Associate Director of Quality and Patient Safety (ADQPS) of North East London Foundation Trust (NELFT) delivered an overview presentation on the Trust's response to the Covid-19 pandemic.

In response to questions relating to the first wave of the Covid-19 pandemic, the NELFT representatives stated that:

- NELFT had implemented a command structure that had allowed for rapid changes to services as and when required. The Trust produced daily reports on the situation including business continuity status noting that in late March and early April, there was a higher than average staff absentee rate. These reports were used to determine which services could be reduced and those that could be stood down completely without compromising patient safety.
- The district nursing service had continued throughout the first wave of the pandemic whilst a limited safeguarding service continued to be provided. NELFT was able to maintain these services despite staff being unavailable owing to self-isolation or redeployment.
- Staff were provided with PPE and, in addition to this, wellbeing support was provided including 'wobble rooms' for time out. Team reflective sessions were held, and wellbeing podcasts were made available. Communications consisted of providing briefings to staff, a dedicated intranet section, weekly videos by the CEO and setting up a WhatsApp group.
- NELFT had invested in agile working and this was useful in enabling staff to work from home where necessary. This had also facilitated the provision of services to patients via the use of Microsoft Teams, for example, although it

was acknowledged that this did not help patients who lacked access to IT or could not use it. Virtual meetings could also create complications relating to confidentiality.

- Sadly, the Trust had lost three members of staff following positive Covid-19 tests, which had had a profound effect on their colleagues.

As part of discussions around other issues faced by the Trust which needed addressing moving forward, it was highlighted that:

- NHS England issued an edict stating that vital services should be maintained, where possible, via the use of redeployed staff. This was ascertained by taking a risk-based approach. Approximately 55 of the 700 Barking and Dagenham based staff, who worked as school nurses, health visitors and nursery nurses were subject to this edict and were redeployed. Although, there were issues with redeployment with some staff struggling in their temporary roles in the first wave, all redeployed staff had since returned to their usual roles.
- Patient survey feedback showed that some patients felt isolated owing to NELFT's focus on those with the highest risk.

In response to comments around health inequalities and Covid-19, the CEO stated that NELFT had established an Inequalities Committee as part of the preparation for the second wave which included incorporating lessons learned. A strategic operational command group met on a weekly basis to ensure that the system adequately served the communities that NELFT was responsible to. This group included NELFT's partners to ensure continuity of quality and that any issues did not affect the wider service.

In response to a question regarding the very significant delays residents were facing in receiving blood test results, the CEO acknowledged the issues, explaining that as services were suspended between March and June due to the first wave of COVID-19, the delay was down to pent-up demand which was proving difficult to meet and was compounded by the fact that not all NELFT partners resumed blood testing at the same time. A major incident had been declared in relation to the issue of blood testing and action was being taken to clear the backlog which included commissioning tests from the independent sector. The Chair of the Health and Wellbeing Board had requested that a full update be given to the Board in November.

In response to questions, the ICD stated that:

- The Child and Adolescent Mental Health Service (CAMHS) had been restored; however, services were being delivered virtually owing to social distancing requirements. Where virtual appointments were not possible, an appointment-based system replacing the drop-in based system, was available.
- The Mental Health Direct line continued to operate throughout the pandemic. However, school nurse provision was affected, whilst the national child measurement programme had been suspended.

- Waiting times in relation to responding to initial referrals had not increased. The national five-day target was being met and enquiries were dealt via the triage service. However, waiting times had increased in relation to certain types of specialist intervention, for example, family therapy.
- Staff had been trained in infection control and training was delivered locally. The training related to the dangers of microbes forming on gloves and masks and to ensure that staff wash their hands in the recommended manner. Support had also been given to care homes as well. A regular audit was undertaken to ensure that staff continued to adhere to the regulations.

Following further questioning from the Committee, the CEO explained that:

- PPE policy was developed in association with black and ethnic minority staff, adding that PPE supply issues were a nationwide problem. Individual risk assessments were undertaken, and staff deemed most a risk were not deployed in patient facing roles. NELFT had undertaken action to mitigate the PPE risk going forward and had stockpiled PPE as well as developing its own distribution network.
- The CEO was confident that NELFT had the systems and resources in place to deal with the second wave of Covid-19. However, staff were working under considerable pressure going above and beyond what was required of them. Additionally, should staff fall ill in large numbers this could pose major challenges, which was why NELFT was making staff wellbeing a priority.

The Committee **noted** the report.

9. North East London Foundation Trust's Response to Regulation 28 Reports

The Committee noted that this item had been due to be considered at the meeting scheduled for 24 March 2020, which was cancelled due to the lockdown imposed in response to the COVID-19 pandemic.

The ADQPS presented a report on the NELFT's response to Regulation 28 reports, which were issued when a coroner believes that shortcomings in care identified during an inquest may reoccur and cause or contribute to the deaths of patients in the future.

The ADQPS stated that videos were in the process of being produced to teach staff on coroner court processes and these would be shared with other organisations. Future changes were also likely under coronial law and NELFT would update its processes accordingly. A survey of staff found that most believed that they were sufficiently supported in reporting to coroners' courts. Learning was cascaded through NELFT based on an action plan and a learning event was planned to familiarise staff. Partner organisations would be invited to take part.

The ADQPS stated that in the last six years, NELFT had contributed to 362 inquests and had been issued with 10 Regulation 28 reports. A thematic review

was undertaken to ensure that there were no recurring issues. Two reports related to the recording and handing over of information between the police, the ambulance service and mental health crisis services. Action was being undertaken to address these issues including making information sharing a standing item on Police Liaison Meetings, whilst training was arranged for London Ambulance staff.

NELFT's Integrated Care Director (ICD) stated that one Regulation 28 report was still outstanding, and 15 actions had been raised of which 10 had already been addressed. The remaining five were ongoing as they related to work with Barking and Dagenham Clinical Commissioning Group and the mental health transformation programme. The implementation plan was being reported to the NELFT Quality and Safety Committee and an audit would be undertaken to ensure that the actions were being implemented.

In response to questions, the ADQPS assured the Committee that all staff were trained in using Datix and had been trained in incident reporting via the system that also included reports on near misses. All incident and near miss reports were reviewed on a weekly basis for any thematic issues and reports were also referred to the senior management responsible for the area where the issue(s) had arisen.

The Committee **noted** the report.

10. North East London Foundation Trust's Care Quality Commission Inspection Update

The Committee noted that this item had been due to be considered at the meeting scheduled for 24 March 2020, which was cancelled due to the lockdown imposed in response to the COVID-19 pandemic.

The CEO of NELFT introduced a report updating the Committee on the Care Quality Commission's (CQC) inspection of NELFT in June 2019. The CQC identified 22 actions that the Trust was required to undertake to improve. NELFT was also issued with a Section 29a warning due to issues at Goodmayes Hospital's acute inpatient services. The CEO expressed disappointment that NELFT's CQC rating had been downgraded from 'good' to 'requires improvement.'

The CQC had described NELFT as a trust with major contrasts in service quality. Whilst some areas were rated as 'outstanding', there were issues of concern; inpatient mental health services were under pressure, unsafe practices had been observed at Sunflowers Court and there were concerns about staff morale, especially in relation to junior doctors. Regarding leadership, the CQC did not believe that the executive team was working in a cohesive manner and felt that the governance structure needed strengthening.

The CEO stated that since the CQC report, NELFT had sought to address the issues relating to acute inpatient services at Goodmayes and, as a result, the CQC withdrew the Section 29a warning notice in March 2020. In relation to the executive team, a development programme was implemented to ensure cohesion and he was confident that the Trust had addressed the CQC's concerns.

The CEO assured the Committee that the concerns of junior doctors were addressed with the support of Health Education England and an action plan was

put in place to ensure that junior doctors had a channel in which to air their concerns. He also acknowledged that issues remained and highlighted the implementation of Workforce; a management software system that would improve staff communication and information. NELFT's CEO said he was confident that the next CQC inspection would show that NELFT had improved considerably.

The Committee **noted** the report.

11. Work Programme

The Committee **noted** the latest version of the Work Programme.