15. Questions

Questions were asked by Mr Karl Kember. A summary of these is attached at Annex 1 to the minutes.

16. Apologies for absence and attendance of substitute members

Apologies were received from Councillor Linsey Cottington and Patricia Turner, Advisory Member, Kingston Voluntary Action.

17. Declarations of Interest

There were no declarations of interest.

18. Minutes

Agreed that: the minutes of the meeting held on 24 May 2016 are confirmed as a correct record.
19. Update from the Chair

The Chair updated the Panel on the following matters:

- Arrangements are being made for a meeting of the South West London Joint Health Overview and Scrutiny Committee on Tuesday 11 October to begin consideration of the SWL Sustainability and Transformation proposals. The meeting will take place at the Guildhall, Kingston at 7.00pm.

- Councillors Andrew Day, Linsey Cottington and the Democratic Services Officer attended a timely seminar on scrutinising Sustainability and Transformation Plans run by the Centre of Public Scrutiny on Wednesday 14 September.

- Councillor Day attended the Quality Summit at Kingston hospital which followed the CQC Inspection.

- A visit to the community mental health services for adults at Tolworth Hospital is being arranged

20. Care Quality Commission Inspection of Kingston Hospital NHS Foundation Trust (January 2016)  

Appendix A

The report provided a summary of the Care Quality Commission (CQC) inspection report published on 14 July 2016, following the CQC’s visit to Kingston Hospital NHS Foundation Trust in January 2016. All providers are required to be registered with the CQC before they can offer regulated care activities. The registration process ensures that providers reach specified standards concerning the care facilities, policy systems and procedures and how they are run. Once registered all providers are regularly monitored by the CQC.

During the course of inspections five key questions are pursued: Are Services Safe, Effective, Caring, Responsive and Well-led? Inspections of hospitals consider eight core services and the ratings given to each service are below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Medical care (including older people’s care)</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Good</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>

The overall rating for the hospital was “requires improvement”. The CQC made a number of recommendations and these were included in the section of the CQC report “Outstanding practice and areas for improvement” (see Annex 2 to the Panel report). Whilst there were some shortfalls notably in the Emergency Department and to a lesser extent in medical care and outpatients and diagnostics, the CQC inspection identified a lot of good and excellent practice. It highlighted the strengths of the Surgery Department, the success of the Dementia Strategy, the
professionalism and care provided by the Specialist Palliative Care Team and the Sexual Health Services at the Wolverton Clinic particularly those for young and vulnerable people with a learning disability. An initial report including next steps was considered by Kingston Hospital’s board at their July meeting (see Annex 3). A more detailed action plan was taken to the Board on 28 September and a verbal update was given to the Panel.

The report to the Panel also included details of service ratings of other nearby hospitals and Kingston Hospital compared favourably with these. Notably the “good” rating for Surgery and Critical care was better than at Croydon, Epsom and St Helier who were all rated as requiring improvement. For maternity & gynaecology and children and young people only Kingston and Croydon were rated as “good”.

Duncan Burton, Director of Nursing and Patient Experience gave a detailed presentation to the Panel. This included the ratings), areas of praise from the inspectors and full details of outstanding practice. Notably the care was rated as good across all eight service areas.

He confirmed that a Quality Summit was held on 19 September attended by the CQC, the Trust, NHS Improvement, NHS England, Richmond, Kingston and Wandsworth CCG’s, Healthwatch Kingston and Richmond, the General Medical Council, Health Education South London, the Chairs of the Health Overview & Scrutiny Panels for Kingston and Richmond and the Chair of the Health & Wellbeing Board for Kingston. The Summit considered the findings of the inspection, the planned actions across the Trust in response to the findings, and discussed areas where the assembled partners could potentially provide support.

He also outlined the actions taken by the Trust since the inspection including:

- Appointment in January of a new A&E clinical director
- Additional funding to provide 7 day a week palliative care service on site (previously 6 days)
- Remodelling/rebuilding - a new 6 bed clinical decisions unit in A&E, outpatients, transport lounge and radiology waiting areas, a new dementia friendly unit (to be completed in November) and approval for changes to the MRI/ICT waiting areas in 2017

A detailed report on the Hospital’s response to the inspection report (including detailed actions related to the formal Requirement Notices) had been considered and approved by the Trust’s Board on 28 September prior to this meeting of the Panel. The planned actions approved by the board would form the formal response to the CQC. Duncan Burton confirmed that the main areas of focus were on ensuring consistent compliance with systems and standards and improving the culture, leadership and systems within the emergency department. He confirmed that whilst the national standard of 95% was not achieved, 91-92% of patients are seen and treated within 4 hours. He added that there has been a 4.8% increase in A&E attendances and this increase is in the categories of the sicker patients. He referred to the national shortage of middle grade A&E doctors and explained that the Trust was exploring new approaches to extend roles within the A&E department eg including nurse practitioners. However, the overall staff turnover and vacancy rates in the hospital as a whole had reduced.
Duncan Burton outlined the actions taken and planned on the seven “must do” areas identified by the Inspection. The must do items were:

- All patients without mental capacity area are assessed and if restraint is required this is recorded in the patient’s record (Note - restrain primarily referred to the use of mittens to prevent removal of IV lines etc).
- Ensure medicines are secured and stored safely and not accessible to unauthorised persons
- Improve the system for monitoring equipment maintenance and safety checks
- Ensure Duty of Candour is followed and include a formal apology within correspondence and keep a record
- Ensure the management, governance and culture in A&E supports the delivery of high quality care
- Improve the quality of performance data in A&E and use it effectively to improve performance
- Record all identified risks in A&E on the department’s risk register and take action to manage the risks

The seven “must do” actions will be completed by December 2016 and the majority of the 47 “should do” items will be completed by March 2017.

A number of questions were asked by the panel. In response to a question about what improvements would be made to the critical care unit, Duncan Burton stated that whilst this was not a “must do” item, the Trust is aware that the environment of the CCU impacts on patient safety. Work is underway at designing and costing a number of modifications including the addition of bathroom facilities. In response to a question about the role of mental health professionals in A&E, Duncan Burton responded that it was important that any medical or organic conditions are ruled out before mental health advice is sought. A number of medical conditions can present with delirium etc. In response to a question about safety of medicines, he confirmed that the number of lapses were very small, but the Trust was aiming for 100% safety at all times.

A question was asked about whether like OFSTED inspections could be unannounced. Duncan Burton confirmed that the CQC was changing its inspection processes and unannounced visits will be more routine in the future. The Panel’s GP Advisor asked why the average length of stay was longer for cardiology. Duncan Burton explained that the cardiology ward included patients with haematology conditions who generally required longer stays and as the data was ward based it skewed the results for cardiology.

AGREED that:

1. The report of the CQC inspection, the presentation and details of progress are noted; and

2. The report to the Kingston Hospital Board on 28 September and presentation are circulated to members of the Panel.
21. **Mums for Mums Scheme at Kingston Hospital**

Members of the Panel had requested information about the Mums for Mums initiative and details obtained from Kingston Hospital’s website were circulated as part of the agenda.

Duncan Burton confirmed that unfortunately the information which had been circulated was out of date and had now been withdrawn from the website. Whilst there was recruitment taking place for a number of volunteering roles across the hospital (e.g. emergency department, hospital home, admin support), the role profile of volunteers for the Mums for Mums initiative was being changed. He agreed to share the revised role profile.

Comments made by the Advisory Member, KVA, who was unable to attend the meeting were read out to those present. KVA has a volunteer project “Go Kingston Volunteering” and both volunteers and organisations are invited to register. KVA has assisted the hospital in recruiting volunteers and would be happy to provide further assistance.

Members asked a number of questions:

In response to a question about whether volunteers could help with translation, Duncan Burton explained that only qualified translators can undertake this function and this was a requirement of the Care Quality Commission.

In response to a question about whether volunteers provided a cheap service, Duncan Burton confirmed that the Trust was careful that career roles were not replaced by volunteers and that the role of volunteers was to supplement the patient experience. An advisory member asked whether volunteers underwent training in safeguarding and Duncan Burton confirmed that the induction process for volunteers covered how concerns could be escalated. A question was asked about volunteers assisting with patients discharged from hospital and Duncan Burton explained that there was a need for boundaries and the Trust’s volunteers worked in the hospital or under supervised discharge programmes such as the Trust’s volunteer Hospital to Home scheme. A member suggested that more publicity is needed about volunteering opportunities. Duncan Burton stated that the hospital had increased the number of volunteers from 300 to 700 in just 2½ years.

**AGREED that:** the information is noted and the revised role profile for Mums for Mums initiative would be circulated when available.

22. **Copying letters to patients initiative**

This item had been requested by members of the Panel. Duncan Burton explained that the process of copying letters to patients had been introduced under the NHS Plan in 2001/02 and it is now standard practice. Members commented that this is very helpful for patients as quite often patients do not take in all the information which is given during a consultation.

**AGREED that:** the information is noted.
The Minutes of the Health and Wellbeing board held on 7 June 2016 were noted and some of the business from the meeting held on 22 September were highlighted, notably the Kingston Co-ordinated Care update. Councillor Day drew attention to Adults and Children’s Committee on 29 September 2016 considering a report on options and recommendations on the delivery of additional bed capacity as part of this and that the Panel would be considering this topic in March 2017.

Councillor Mary Clark raised a number of questions relating to the Kingston Health Profile which was included on the Health and Wellbeing Board agenda for the meeting on 22 September. In response Dr Hildebrand stated that whilst infant mortality was slightly higher for Kingston, the numbers involved were very small and there is no significant difference from the national picture. In relation to TB, Dr Hildebrand stated that the Kingston health profile drew on 2012/14 data but a report published this week by NHS England which was based on more recent 2013-15 data showed that the rate of TB in Kingston (14.1 per 100K population) was less than half the rate for London as a whole. In response to a further question about excess winter deaths being high in Kingston, Dr Hildebrand confirmed that the rate had reduced from 27 per 100K population to 19.1 per 100K population in the past year. Winter deaths were primarily due to older people living in cold homes and the local Fuel Poverty Prevention Service provides help to older people including support to access grants and advice on reducing fuel bills.

A question was asked about the preparations for winter and publicity about winter services and GP hubs. Fergus Keegan, Director of Quality confirmed that the new walk in service at Surbiton Health Centre would open on 1 October and a communication strategy had been developed to ensure there is good publicity about winter services. This would be discussed in more detail at the next meeting of the Health Overview Panel on Tuesday 22 November. A member requested that information be sent to the four Kingston Neighbourhoods.

AGREED that: the minutes and information are noted.

The work programme (subject to variation):

**Tuesday 22 November**
- SWL and St George’s CQC Inspection, March 2016
- Kingston Clinical Assessment Services
- Update on preparations for winter

**Thursday 12 January 2017**
- Air Quality

**Tuesday 14 March 2017**
- Kingston Co-ordinated Care
• Communications and publicity about Kingston Coordinated care and direct payments
• Community arrangements to support discharge processes
• Public Health Report
• Update on commissioning the integrated Diabetes Service

A member requested visits be arranged to Surbiton Health Centre and a GP practice.

AGREED that: the work programme is noted and the Director of Quality and governance arrange the visits to Surbiton Health Centre and a GP surgery.

Signed…………………………………………………….Date…………………
Chair
QUESTIONS from Mr Kember

Question 1 - What progress has the HOP made on the questions about the Eye Unit at Kingston Hospital which Mr Robb and I asked at the last meeting?

It was explained that a response had been drafted to follow up on questions raised initially at the CCG board but in the light of the subsequent further questions below a communication was sent to Mr Kember that a more detailed response would be provided in the near future.

Question 2 - KENCOS: What is the status of KENCOS at Kingston hospital’s Eye Unit? How is this organisation funded? How much are Kingston Hospital and KCCG paying (in percentage terms)? How many appointments at the Royal Eye Unit have been postponed in the last 3 months to 30 Sept?

Fergus Keegan stated that this was an initiative involving a partnership between General Practitioners and Kingston Hospital to bring services closer to patients. A detailed response to these questions will be provided. Duncan Burton explained that the Ophthalmology service at Raynes Park had been introduced to provide more capacity to reduce waiting times.

Question 3 - Where does the HOP stand on the matter raised previously about intoxicated patients in the A&E department? (This question had been asked by Mr Kember at previous meetings).

Duncan Burton explained that the Hospital has good security measures in place. There is 24 hour security based in the A&E department and the hospital has a zero tolerance to poor behaviour. If people accompanying patients are disruptive then the Hospital would ask them to leave. He confirmed that incidents are rare in Kingston’s A&E compared to other London hospitals. The ethos of an Emergency Department is to treat all patients. He explained that apparent intoxication can be a symptom of a number of medical conditions and it was therefore essential to assess and treat all patients to ensure they received the appropriate care. In response to further questions Duncan Burton stated that it would be inappropriate to treat ED patients in ambulances etc.

Question 4 - Can the HOP comment on the article in the Comet on 23 September about “Council and Health Merger”?

Councillor Cathy Roberts, Portfolio Holder stated that the Communications Department had been in touch with the Surrey Comet about inaccuracies contained in the article. She confirmed that there are closer working links to streamline systems between the Council and health partners. There was no formal merger. However there will be reorganisation of CCGs in due course led by NHS England.

Question 5 - What is the current waiting time for assessment of autistic children especially those who have Asperger’s Syndrome?

Information could not be provided as the relevant officer was not present. A member stated that she was aware of a case at Moor Lane where the system had responded very fast. Details would be sent to Mr Kember once the information was available.