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Havering
LONDON BOROUGH

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Thursday 15 March 2018	Havering Town Hall

Members 6: Quorum 3

COUNCILLORS:

Conservative (3)	Residents' (1)	East Havering Residents'(1)	Labour (1)
Michael White (Chairman) Dilip Patel (Vice-Chair) Carol Smith	Nic Dodin	Alex Donald	Denis O'Flynn

For information about the meeting please contact:
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anthony.clements@oneSource.co.uk

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

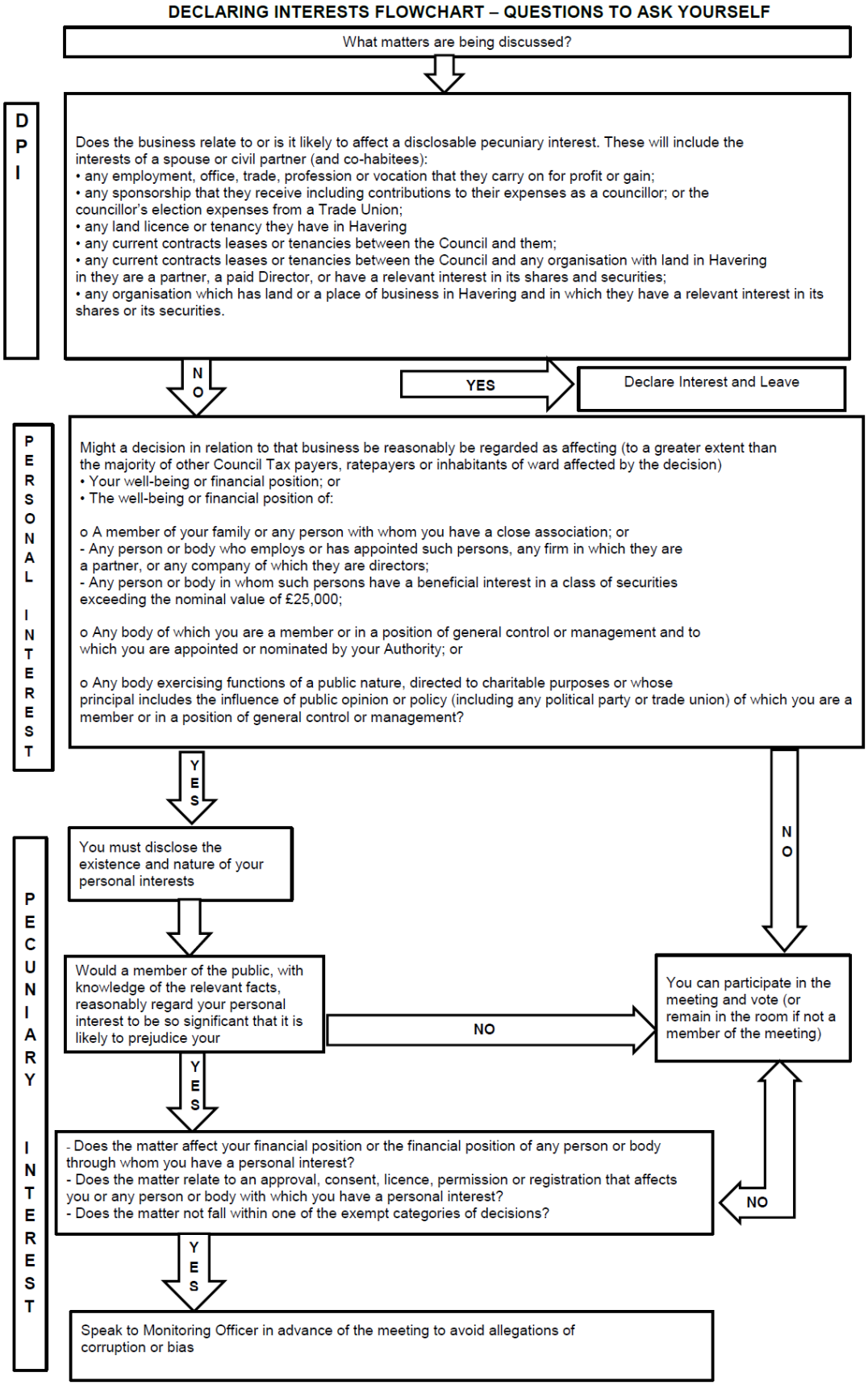
The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function


DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

AGENDA ITEMS

1 ANNOUNCEMENTS

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DECLARATIONS OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the meeting of the Sub-Committee held on 30 November 2017 (attached). And to authorise the Chairman to sign them.

5 HEALTHWATCH HAVERING - QUEEN'S HOSPITAL PUBLIC SPACES (Pages 7 - 32)

Report attached.

6 HEALTHWATCH HAVERING - UPDATE ON QUEEN'S HOSPITAL MEALTIMES (Pages 33 - 50)

Report attached.

7 QUARTER 3 PERFORMANCE INFORMATION (Pages 51 - 66)

Report attached.

8 UPDATE RE CARE HOME CHARGES (Pages 67 - 70)

Report attached.

9 DELAYED REFERRALS TO TREATMENT (Pages 71 - 80)

Report and presentation attached.

10 ANNUAL REPORT OF SUB-COMMIITEE (Pages 81 - 86)

Attached for approval by the Sub-Committee.

11 URGENT BUSINESS

To consider any items of which the Chairman is of the opinion, by means of special circumstances which shall be specified in the minutes, that the item be considered as a matter of urgency.

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
30 November 2017 (6.57 - 8.18 pm)

Present:

Councillors Dilip Patel (Vice-Chair), Carol Smith and Nic Dodin.

Also present:

Ian Buckmaster, Healthwatch Havering
Barbara Nicholls, Director of Adult Services
Mark Ansell, Interim Director of Public Health
Louise Dibsdall, Senior Public Health Strategist
Marie-Claire Irvine, Environmental Health Officer
Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Devika Deonarine, BHRUT Communications
Michael Kaiser, Programme Director, Urgent and Emergency Care, BHRUT and BHR Clinical Commissioning Groups (CCGs)
Rob Meaker, Director of Innovation, BHR CCGs
Peter Hunt, Director of Communications, BHRUT
Lee McConnell, Communications Manager, BHR CCGs

21 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillors Alex Donald, Denis O'Flynn and Michael White.

Apologies were also received from Carol White, North East London NHS Foundation Trust (NELFT).

22 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

23 **MINUTES**

The minutes of the meeting of the Sub-Committee were agreed as a correct record and signed by the Vice-Chairman.

24 **BHRUT WINTER PRESSURES**

BHRUT officers stated that the winter period was one of the busiest for the NHS and that a great deal of advance planning had therefore been

undertaken. It was hoped that initiatives such as the 'Not Always A&E' campaign would reduce demand for services. Annual attendance at A & E at Queen's Hospital was 169k with the overall A& E attendance figure for the Trust being 286k.

Bed occupancy levels were good overall but the Trust wished to reduce further the number of patients who no longer needed to be in hospital beds. Current vacancy rates for doctors were 44% and for nurses 24% although all vacant positions were filled with temporary staff.

Challenges included meeting the target of completing A & E treatment within 4 hours (across both Trust hospitals) confusing routes to access care, high ambulance conveyancing rates and the physical capacity of A & E in both hospitals.

Key actions the Trust has taken for the winter period included the establishment of a 24:7 urgent treatment centre at Queen's and reviewing community urgent care facilities with the local CCGs. Clinical capacity had also been released by not running outpatient clinics over the peak winter period and the Trust was continuing to move towards patient discharges at weekends.

The role of the hospital pharmacy in sometimes delaying patient discharge was also being worked on. Delays due to awaiting medication from the pharmacy were now minimal. It was accepted however that there remained patient experience issues with the pharmacy. The Trust was encouraging doctors to write up prescriptions the day prior to a patient's discharge.

It was confirmed that there were very few delayed transfers of care at the Trust that were the fault of social care in Havering and Trust officers felt this was a very positive position.

The Sub-Committee **NOTED** the update.

25 **DIGITAL ROADMAP FOR INTEGRATION BETWEEN HEALTH AND SOCIAL CARE**

The Director of Innovation for BHR CCGs explained that there was a lot of pressure on technology to ease demand for health services and this had led to the creation of a digital road map for the next 5 years. This had been developed with partners and looked at local IT projects.

It was planned to make access to information easier and for GPs to be able to work from any location including from a hospital environment. An on-line portal would also allow patients to see their care plans on-line and this had been piloted with the Health 1000 clinic of patients with several long-term conditions. These patients had however preferred to retain personal contact with their surgery. Care plan access would however be offered to all Havering GPs in due course. Video consultations were also being piloted to allow cardiology consultants to talk to a patient's GP.

A total of £1.5m funding had been received from NHS England to introduce self-check-in in GP surgeries and wi-fi access for patients waiting in GP surgeries would be rolled out by April 2018. A Member raised a concern however that young people could enter waiting rooms purely to use the free wi-fi services. GPs would also be issued with laptops allowing them to work remotely.

A Healthwatch representative confirmed that the organisation welcomed the digital roadmap work and it was clarified that the new systems were at least as secure as the previous ones and were as good technically as was possible. Work had been undertaken with Age UK to give training on how to use the technology and it was emphasised that the CCGs also wished for GPs to retain face to face contact with patients. It was accepted that systems for the on-line booking of appointments needed to be improved. The timescale for connecting social care to the new systems would be clearer once work on the East London Health & Care Partnership had progressed further.

The Sub-Committee welcomed the work on the digital roadmap and **NOTED** the position.

26 **AIR POLLUTION**

The Senior Public Health Strategist explained that there were a number of different air pollutants but that of particular concern were nitrogen dioxide and particulate matter. As well as irritating the nose and eyes, particulate matter could cause stroke and was also linked to conditions such as bowel cancer, stomach cancer and asthma. This was a particular concern for groups such as young children, the elderly and people working outside regularly.

There were two continuous monitoring systems for air quality in the borough – located in Waterloo Road and on the A1306. Further systems would be installed outside North Street bus garage and at an additional location that was yet to be determined. Each system cost £3-6k per annum and this was funded from the TfL Local Implementation Plan.

Diffusion tubes were also used to measure air quality which were cheaper and quicker to install. Tubes were left up for 2-4 weeks and cost around £2,700 per annum. There were currently 61 different tubes installed in Havering. Havering had not exceeded the 1 hour mean for nitrogen dioxide nor the 24 hour mean for particulate matter. Any high levels of nitrogen dioxide were centred around main road networks. Predicted readings for 2020 were expected to improve but this made a number of assumptions about cleaner fuels and an increase in the numbers of electric cars. Overall air quality targets around Havering's main road networks would not however be met by 2020.

Pollution hotspots in Havering included Romford Town Centre, Rainham, Rush Green, Gallows Corner and Roneo Corner. Whilst Havering did have better air quality than other parts of North East London, the borough did have very high car ownership levels.

Current work on air pollution included the introduction of four Public Space Protection Orders outside schools which allowed for £100 fines for illegal drop-offs in these areas. A phone app giving travel and pollution advice had been introduced at low cost to the council and electric vehicles had been introduced to the Council's parks department. It was however too expensive to switch school buses etc to electric vehicles.

Air quality policies had been included in the Local Plan and air quality projects were also part of the Youth Travel Ambassador Scheme. The Miles the Mole campaign to introduce air quality issues in schools had been a finalist in the national air quality awards.

An air quality action plan was due to be brought to Cabinet in December 2017 and other future plans included delivering schemes to promote sustainable travel such as walking, cycling and the use of public transport and working to incorporate energy usage and sustainable travel in development projects. Air quality monitoring would continue and cross-departmental working on air quality would be increased. It was noted however that air quality was a London-wide issue.

Officers agreed that it was important to avoid both speeding of cars and also idling of traffic in order to reduce pollution. Members felt that it was important that utility company works should be coordinated better with the Council's highways department.

The Sub-Committee **NOTED** the report.

27 PERFORMANCE INFORMATION

Some 10.8% of Havering school children were obese which was above the England average. There was a long-term target to reduce this but solutions to this issue were complex in nature.

67% of Havering patients were satisfied with their GP out of hours service which was above the target of meeting the England average.

Officers added that the way in which delayed transfers of care was measured had been changed and a national definition of this indicator was awaited. The number of days delayed per 100,000 population was currently measured and the latest figure for Havering was 566.52 days per 100,000 population.

The Sub-Committee **NOTED** the performance information.

28 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Healthwatch Havering – Report on Queen's Hospital Public Areas
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises work undertaken by Healthwatch Havering regarding public areas at Queen's Hospital.**
Financial summary:	**No financial implications of the report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached report of Healthwatch Havering details the work carried out by the organisation in scrutinising the condition of public areas at Queen's Hospital.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering report and takes any action it considers appropriate.

REPORT DETAIL

The attached report and presentation details work undertaken by Healthwatch Havering to scrutinise the condition and quality of public areas at Queen's Hospital. A representative of Healthwatch Havering will be present at the meeting to give further details of the organisation's work on this area.

A presentation (attached) will also be made at the meeting.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Enter & View

Queen's Hospital, Romford

Rom Valley Way
Romford RM7 0AG

Public areas

21 November 2017

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

Queen's Hospital – background

Queen's Hospital is one of the largest and busiest hospitals in London, if not in the UK. As such, many thousands of people pass through it daily, as patients (both in- and out-), as friends and relatives of patients, as clinical staff, as administrative staff and as visitors for other purposes. There is a large entrance area or Atrium that leads to various out-patient departments and wards, which are accessed by corridors, with upper floors accessed by lifts or stairways. The Emergency Department (A&E) has its own, rather smaller, entrance some distance from the main entrance.

Queen's Hospital was provided though a PFI arrangement and much of the hospital's non-clinical staffing is contracted to Sodexo, which employs staff such as cleaners and porters rather than the hospital's managing Trust, the Barking, Havering and Redbridge University Hospitals Trust (BHRUT).

For the purposes of this report, "public areas" means the Atrium and the associated adjacent public area (including café/restaurant facilities, public conveniences and general waiting areas), the corridors, lifts and stairways leading from the Atrium to out-patients' department areas, wards and office accommodation (but not those areas and wards themselves, nor the administration areas that are not open to the public) and the external approach to the main entrance. The team also assessed signage within the public areas to ascertain how user-friendly it was for people with impaired hearing or vision.

Following reports that some of these areas were in a less-than-desirable condition, Healthwatch Havering decided to carry out an

Enter & View visit to see conditions for themselves. A team of Healthwatch members thus attended the hospital for the visit; they split into three groups for the task.

External entrance area

The main entrance to the hospital is approached through a large, open area beyond which are access roads, car parks and a bus station. The hospital has good public transport links with several bus routes running through its grounds, some of which terminate there. The buses serve a wide area within Havering and beyond, to destinations including Barking, Brentwood, Canning Town, Claybury, Dagenham, Ilford and Stratford. More bus routes pass within walking distance of the hospital without entering its grounds.

In the past, the entrance area was used extensively by smokers (despite many signs asking them to refrain from smoking – and including many patients who were able to walk out of their wards) and although there is evidence that the incidence of smoking has reduced, it clearly continues and discarded cigarettes still litter the area. During this visit, members of the team approached an individual about their smoking in the area, and were met with blank incomprehension as to why smoking was discouraged there.

There is a stall selling fresh fruit and vegetables in the area, and recently installed at the time of the visit was a mobile optician's unit. The team observed that there was a flight of three steps leading up to its entrance – when they enquired about access for people with a mobility impairment, they were told that a ramp would need to be 30ft long and would completely block the entrance.

There is a drop-off point for people arriving by car but it provides only 5 spaces, which at the time of the visit was clearly inadequate as cars were using adjacent parking spaces reserved for Patient Transport Ambulances. The remainder of the parking area in front of the entrance is restricted to Blue Badge holders, although (as elsewhere)

non-Blue Badge holders to park there without authority, denying use of the area to legitimate users. Parking for all other visitors is available in a multi-story car park, although that is often full. The issue of charges for parking in the hospital is outside the scope of this report but it is relevant to record here that charges for parking are levied and are often the subject of criticism by visitors, patients and staff.

The main entrance

The hospital is accessed through two sets of electronic doors with dirt-absorbing floor surfaces between them. There is a bank of hand sanitisers situated between these doors but, at the time of the visit, very few visitors appeared to avail themselves of them. Although there is a large notice encouraging visitors to use the sanitisers, not only is it located inside the interior door, but it also faces inward, so that people entering the hospital are unlikely to notice it; for those leaving, the notice serves no practical purpose.

Wheelchairs for less mobile visitors are supposed to be in this area but, at the time of the visit, only one was available, the upholstery of which was badly damaged, although attempts had been made to patch it.

The Atrium

The Atrium is a large, open area, containing a Reception Desk, two café/restaurants (one an outlet for a large chain of coffee shops, which is very popular and rarely less than full), a newsagents/convenience shop, and access to wards, departments (including Pharmacy and Phlebotomy) and administrative offices. A popular feature is a grand piano that was donated to the hospital and is available for use by anyone who can play it and wishes to entertain passers-by (it was not in use at the time of the visit).

Public convenience facilities

The Atrium is also the location for the only publicly available toilet facilities in the hospital. Unfortunately, although segregated from it, they share an entrance with one of the café/restaurants.

When checked, it was found that the ladies' toilets were generally clean, although there was some litter on the floor. However, three out of the four hand sanitisers were empty. There was a unit on the wall stating that the toilets would be checked in 1hr. 24mins. The team approached a Sodexo employee and advised her about the empty sanitiser units, and she agreed to deal with them. When asked about the frequency of checking, she said that the toilets were checked every hour; when asked about the wall unit she appeared not to know its purpose. The team was later advised that the wall unit showed when the next supervisory check was due as they were undertaken less frequently than the cleaning. There were only four cubicles in this facility which, given the number of footfalls through this area, seemed rather few.

There was no evidence of check sheets or of information about how to report any cleaning needs or any malfunctioning units.

There was only one disabled toilet, which doubled as a baby changing area: it appeared to be clean. The team noted, however, that there was no facility for changing of adults: while this is understandable in general public conveniences, where adult changing is rarely necessary, in a hospital frequented by adults with all manner of special needs, the absence of dedicated changing facilities can lead to distressing and embarrassing situations arising unnecessarily.

The team was unable to visit the male facilities but observed that they were constantly in use during the visit. Users of these facilities before the visit have reported that they were generally clean, but it had often been observed that wash basin taps and hand-driers were not working properly.

Reception Desk

The reception desk staff comprise both BHRUT-recruited volunteers and employees of Sodexo. The staff seen there were helpful and friendly but the team felt that, resources permitting, it would be helpful to those callers unfamiliar with the layout of the Atrium if a small number of staff could be on hand, nearer to the entrance and walking rather than seated, to "meet and greet" them and direct them as necessary.

The desk area was clean and tidy, with a lower surface for wheel-chair users.

Main floor area

The visit coincided with the weekly fire alarm test, and the team noted signs advising that fire testing was in progress. The escalator leading to the first floor had, however, been taken out of use and visitors were directed to use lifts instead; this was apparently due to the fire test in progress. There were, however, no signs directing people to the lifts and, whilst the need for regular fire testing is obvious and acknowledged [1], there did not appear to be any sound reason for inconveniencing people by taking the escalator out of use, especially as the lifts are some distance from it. Although a flight of stairs adjoins the escalator, not everyone is comfortable using stairs of the length of those in the Atrium.

The Atrium appeared bright and open but, although at the time of the visit, the temperature was acceptable, the team wondered whether the vast expanse of glass at the entrance meant that the internal temperature would rise when external temperatures were high. There were two stalls selling various items in spaces rented out by the Trust; the team was told that, in general, they did not present any operational problems and were a useful service to staff, patients and visitors.

[1] See also "Queen's Hospital: Outpatients' Department – Fire Evacuation Procedure" Healthwatch Havering, October 2015

The team was unable to find any obvious information for people with hearing impairment other than one small notice near the reception area, which could easily be missed. Reception staff advised that they "believed" that they had an induction loop but that they "did not think" that it was functional, and that they had received British Sign Language (BSL) training about 5 years ago but felt that they would have difficulty using it as there was little demand and they had become rusty. It was disappointing to learn this, given that colleagues from Healthwatch Redbridge had visited the hospital in April 2015 [2] specifically to see how well visitors and patients with hearing impairments were catered for, and had recommended then that improvements be made to enable reception staff to communicate better with deaf visitors and patients, which BHRUT had accepted at that time; and indeed, for which BHRUT subsequently received an award.

There was a communication book on the reception area for staff and the team was advised that, although no pay phone was available, there was a free taxi phone for those needing transport (other than buses) and reception staff would allow visitors who did not have access to a mobile phone to use their desk phone for brief calls.

Signposting to wards was good in general although the design of the hospital can be very confusing, not just for first-time visitors but for those who have been there before and even, occasionally, for those who work there. There were no visible fire alarm buttons in the Atrium, but the team was assured that, in the event of a fire, the fire warden system would be deployed quickly to ensure that members of the public were made aware of any problem and of the process for evacuation. There also did not appear to be any directional signs to fire exits, which may be a breach of fire regulations.

The food outlets in the area were very busy and the team noticed some food debris that had clearly been lying under the bench areas for

[2] "Deaf Inclusion Project - Enter & View Reports", Healthwatch Redbridge (on behalf of Healthwatch in North, Central and East London), April 2015

some time. There was evidence of a lack of cleaning around the edges of floors in the food outlet run by Sodexho, although tables and equipment all appeared to be well maintained.

A water dispenser (but no cups) was available but the team had to ask where it was; it was situated outside the PALS office, partially hidden behind a wall that runs along the left side of the Atrium. This hidden area also proved to be a treasure trove of information leaflets and advice on myriad topics, but its concealed location and the absence of any sign pointing to it probably meant that it was rarely visited.

It was noted that two public telephones were available near the Phlebotomy area but they appeared to be inappropriately placed there, as they were in a very public, noisy position making confidentiality and privacy impossible; one was out of order. Although most people may have access to mobile telephones and generally have no need of a public telephone, the two in question clearly provide a service but, to do so, need to be operational and perhaps either re-sited or provided with hoods to so that passers-by cannot overhear conversations.

Corridors, escalator, lifts and stairs

Corridors

All corridors and public areas appeared clean and well maintained.

However, in the corridor leading through to MAJORS, near the blue lifts, a fire door had been left open, although there was a clear and substantial sign on it stating that doors must be kept closed. Given that just one fire door being open could compromise fire safety within the hospital, the team considered that all staff should be reminded not to leave fire doors open.

In the first-floor corridor where there was clear **LFB** (London Fire Brigade) signage with arrows. A Sodexo member of staff questioned as to the meaning of one of these signs, which had an arrow pointing upwards, told the team "that means Lower Basement Floor". Clearly,

a misunderstanding of the meaning of key fire precautions signage is worrying. While it may have been a "one-off" situation, for any member of staff not to be aware of the importance of fire safety messages could compromise the safety of everyone and steps need to be taken to ensure that all staff – BHRUT and Sodexo – are fully aware of fire safety and precautions.

There is inadequate provision of seating in the corridors, and the direction indicators give no idea of actual distance to the destinations. People with ambulatory difficulties would benefit from knowing the distance they might have to walk between available seating. An arrow is not enough.

The corridor leading to the Lavender Garden would benefit from more seating and more interesting information and cheerful pictures and drawings.

Escalator

As noted earlier, the main escalator to the first floor was out of service, with very unclear signage of alternative ways of reaching upper floors, bearing in mind that the out-patients' area it leads to includes a clinic for people with eye conditions

Lifts and Stairs

All lifts that the team checked were clean and in good working order. Lifts arrived promptly when called.

In each stair well, there were charts indicating the number of calories burned while using each flight of steps (rather than the lift). While informative, the team questioned whether providing this information was a good use of hospital finance, and whilst encouraging staff to walk is a healthy option, there might be occasions when taking the lift would save time and money.

Recommendations

Entrance area

1 While accepting that people have a right to smoke if they wish, it is reasonable that they should be discouraged from doing so within the environs of a hospital – particularly where the smoker is a patient. BHRUT should consider whether more could be done to discourage smokers from congregating near the entrance to the hospital; not only does that create a bad impression but it inconveniences the many people arriving at the hospital who do not wish to inhale others' smoke or witness the mess created by discarded cigarette ends.[3]

Car park area

2 Consider whether the "drop-off zone" in the car park can be enlarged to provide more space for patients being dropped off.

3 Consider whether more can be done to enforce parking restrictions to ensure that only Blue Badge holders park in designated disabled peoples' parking spaces.

Cleanliness, hygiene and fire safety

4 Consider whether the hand sanitiser at the entrance is in the best location; irrespective of that, review the signage to ensure, on arrival, that patients, visitors and staff are strongly encouraged to use the sanitiser.

5 Ensure that all cleaning staff are trained fully in hygienic practices and cleanliness. Staff should know how frequently to check the condition of public conveniences and ensure that the facilities are thoroughly clean, that basin taps, soap dispensers and hand driers are working (and how to ensure that any defects

[3] Healthwatch Havering stands ready to assist in this process, for example by sponsoring a schools' competition to create "No smoking" posters

are attended to with urgency); staff should also ensure that eating areas are checked for food debris and full clean at all times.

Given the need to eradicate hospital-acquired infections, staff should be encouraged to report (anonymously if need be) any uncleanliness they observe so that it is attended to promptly.

6 Consider the provision of changing facilities for adults in addition to those available already for children.

7 Whilst acknowledging that fire tests and drills are essential:

- Consider whether it would be preferable and possible to hold them at times when fewer members of the public will be in the hospital;
- Irrespective of the time of the drill/test, consider whether it is essential to take the escalator out of use for the duration of that test/drill
- If the escalator is out of use, rather than simply re-directing people, consider whether a sign should be provided indicating when service will be resumed so that people have the option of waiting if they so prefer

8 Ensure staff are reminded not to leave fire doors open.

9 Ensure all staff are familiar with fire safety notices, including the meaning of the initials "LFB" and their importance.

10 Review the existing Fire Exit notices and consider whether more should be provided.

Signage and information

11 Re-visit arrangements for assisting people with a hearing impairment:

- Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the "hearing impaired

friendliness" within the hospital have been fully implemented, reviewed and updated as necessary

- Consider whether staff should be offered training/re-training/enhanced training in the use of BSL and
- Ensure that the hearing-aid loop system is fully functional and operating.

12 Review signage generally to ensure that there are clear directions both within the hospital and outside; and consider whether to display a detailed site map or maps of the hospital on the BHRUT website and within the Atrium (preferably in more than one location, and particularly in the vicinity of lifts and staircases).

13 Consider relocating the information leaflet stand in a more visible, prominent location; alternatively, if relocation is not practicable, provide clear signposting so that people know where to find the leaflets.

14 Consider whether the privacy arrangements for the payphones in the Atrium could be improved.

15 Consider whether, staff resources permitting, some reception staff could be on hand in the entrance area to "meet and greet" people and give them directions as necessary.

General

16 When additional facilities are provided in the external entrance area, such as the mobile optician's unit there at the time of the visit, consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility, and take such steps that are reasonably

practicable to provide that assistance [4].

17 Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination.

18 Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition [5].

19 Consider providing "how far to" signs as well as direction signs so that people have some idea of how far they are from their destination.

20 Consider providing more cheerful pictures in the corridor leading to the Lavender Garden.

The Appendix sets out the formal response of BHRUT to this report and includes a further Action Log arising from this visit and report.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 21 November 2017 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

[4] While a failure to provide such assistance for temporary facilities may not be a breach of the Disability Discrimination Act, it would certainly be in keeping with the spirit of that legislation to consider doing so and acting where practicable.

[5] BHRUT indicated subsequently to the visit that they intended to acquire a "buggy" for use by patients with limited mobility. Healthwatch welcomes this development and will be working with the Trust to see it come to fruition.

healthwatch Havering

APPENDIX

Barking, Havering and Redbridge NHS University Hospitals NHS Trust

FORMAL RESPONSE TO ENTER AND VIEW VISIT

1 INTRODUCTION

Healthwatch Havering is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

2 HEALTHWATCH HAVERING REPORT

The visit was completed on Tuesday 21 November 2017, Healthwatch authorised representatives spilt into three groups and undertook visits to several public areas of Queen's Hospital to observe what condition the areas were in. This visit was announced and this response should be read with the report on Queen's Hospital public areas.

3 BACKGROUND

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

4 BHRUT RESPONSE TO HEALTHWATCH HAVERING REPORT

Recommendation - Entrance area

While accepting that people have a right to smoke if they wish, it is reasonable that they should be discouraged from doing so within the environs of a hospital – particularly where the smoker is a patient. BHRUT should

- Consider whether more could be done to discourage smokers from congregating near the entrance to the hospital; not only does that create a bad impression but it inconveniences the many people arriving at the hospital who do not wish to inhale others' smoke or witness the mess created by discarded cigarette ends.

Response

The Trust has a smoking cessation group, the issue of visitors and patients smoking around the hospital site has been considered on many occasions and actions have been taken for example putting up signs up around the hospital exterior asking visitors not to smoke and offering support to quit.

Staff and security regularly approach smokers to highlight that we are a smoke free trust and ask them to put out their cigarettes. There is further ongoing discussion about the best way to progress this issue particularly in light of the new guidance that has been released by NHS Public Health England. We would welcome the support of Healthwatch to lobby the Council to make smoking in outdoor public spaces unlawful.

Recommendation – car park area

- Consider whether the "drop-off zone" in the car park can be enlarged to provide more space for patients being dropped off.
- Consider whether more can be done to enforce parking restrictions to ensure that only Blue Badge holders park in designated disabled peoples' parking spaces.

Response

There is currently space for between four to five vehicles in the pick-up and drop off zone. The area is clearly sign posted as a drop off only and vehicles should not wait in the area. To increase the number of spaces in this area would require losing disabled car parking spaces or would encroach in to the ambulance area. Parking enforcement officers patrol the car park to ensure that visitors are not parking illegally across drop curbs.

Recommendation - Cleanliness, hygiene and fire safety

- Consider whether the hand sanitiser at the entrance is in the best location

Response

The bank of hand sanitisers was originally situated in the middle of the main atrium. Our Infection Control team recommended locating the bank to its current area to encourage visitors to use before entering and before leaving. This also allows more space within the main atrium and better visibility to see the stairs and signage providing clearer pathways for visitors to move through the atrium.

- Ensure that all cleaning staff are trained fully in hygienic practices and cleanliness.

Response

All sodexo staff receive training on hand hygiene and personal hygiene. Infection control passports are issued to Sodexo staff. Infection control is on staff induction and Sodexo induction

- Consider the provision of changing facilities for adults in addition to those available already for children.

Response

There is a working group established which includes staff and representatives of Positive Parents to look at provision of adults changing facilities. Currently if adults require changing facilities then a room can be made available and a hoist can be accessed from the wards.

Recommendation – escalator

Whilst acknowledging that fire tests and drills are essential:

- Consider whether it would be preferable and possible to hold them at times when fewer members of the public will be in the hospital; Irrespective of the time of the drill/test,
- Consider whether it is essential to take the escalator out of use for the duration of that test/drill
- If the escalator is out of use, rather than simply re-directing people, consider whether a sign should be provided indicating when service will be resumed so that people have the option of waiting if they so prefer.

Response

The escalator is isolated during fire testing so does continue to work however on the day of the visit, the escalator was out of use for maintenance. In an event of a fire, the escalator would cease to work. Signage is placed at both ends of the escalator when it is out of use. Due to the nature of repairs it would be difficult to advise patients of how long the escalator might be out of action.

Recommendation – staff training and signage

- Ensure staff are reminded not to leave fire doors open.
- Ensure all staff are familiar with fire safety notices, including the meaning of the initials "LFB" and their importance.
- Review the existing Fire exit notices and consider whether more should be provided

Response

All Trust and Sodexo staff complete mandatory fire training on a yearly basis and Trust is fully compliant with regard to fire safety notices.

The LFB signs that were commented on are present for the use by Fire Brigade and not for Trust staff.

During Healthwatch visits if there are any fire/health and safety queries the Trust would welcome the opportunity to debrief post visit, as this may help any immediate concerns to be alleviated.

Recommendation – signage and information

- Re-visit arrangements for assisting people with a hearing impairment: Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the "hearing impaired friendliness" within the hospital have been fully implemented, reviewed and updated as necessary
- Consider whether staff should be offered training/re-training/enhanced training in the use of BSL and ensure that the hearing-aid loop system is fully functional and operating.

Response

Although a significant amount of work has taken place to ensure the right information and support is available for our deaf community, we recognise further improvements can be made. The Trust has a Deaf Patient Access Group arranged by the Patient Experience Team where a quarterly work plan is produced based on what matters to our deaf community the most. At our last meeting, it was agreed we need more support from the community, we are doing a recruitment drive to encourage more people to get involved in being a member of the Deaf Patient Access Group.

We will be approaching established groups and schools/colleges to ensure we have a varied aged group going forward.

As a Trust, we are committed to making improvements and educating our members of staff and volunteers to be deaf aware, we offer Deaf Awareness Training supported by the Royal Association for Deaf People. We are in process of producing British Sign Language clips for the community and a digital animated clip for our staff and volunteers to reinforce what support is available and to ensure we ask how you wish to communicate. The Trust will complete a review of the 2015 visit to assess the hearing impaired friendliness within our hospitals and request a review of hearing loops to ensure the system is fully functional.

All other recommendations regarding signage have been addressed in the action log attached.

Recommendation – general
When additional facilities are provided in the external entrance area, such as the mobile optician's unit there at the time of the visit,

- Consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility and take such steps that are reasonably practicable to provide that assistance.

Response
The Trust works with external providers to deliver these services, we will continue to ask for accessibility to be factored in when booking trailers, although this may not always be possible.

- Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination
- Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition.

Response
The corridors are circulation corridors and fire safety cannot be blocked with seating or additional furniture. However in most departments there are waiting areas if patients require to rest. We are looking to introduce buggies, similar to those in airports which will be able to transport patients and relatives to their destination in the hospital. It is hopeful that charities will fund these buggies.

- Consider providing "how far to" signs as well as direction signs so that people have some idea of how far they are from their destination.

Response
We are currently reviewing the signage across the Trust and where it's not feasible to put information up in the hospitals, we will aim to put this on our website for patients to access when planning their visit.

5 CONCLUSION

We would like to take the opportunity to thank Healthwatch Havering for undertaking this Enter and View visit and for the feedback provided in the report. We are aware of some of the issues identified and are managing these as part of the on-going aim to improve patient experience in relation to meal times.

ACTION LOG FOR MATTERS ARISING FROM HEALTHWATCH ENTER AND VIEW INSPECTIONS

Item No.	Area	Issue	Lead	Target closure date	Action	Status
1	**Cleanliness and hygiene**	Ensure that eating areas are checked for food debris and full clean at all times.	Sodexo/Estates	18 February 2018	Estates to add food areas to regular monitoring. Estates to request that Sodexo to add food areas to their self-monitoring contract	
2	**Signage and information**	Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the "hearing impaired friendliness" within the hospital have been fully implemented, reviewed and updated as necessary.	Patient Experience Team	27 February 2018	Deaf awareness training sessions have taken place since the last visit. Queen's has been awarded the RAD charter mark for services to our deaf and hard of hearing patients and visitors. A further four sessions will be taking place in 2018 to ensure that training is kept up to date.	
3		Ensure that the hearing-aid loop system is fully functional and operating.	Estates	18 February 2018	Loops to be tested to ensure they are functional.	
4		Consider whether to display a detailed site map or maps of the hospital on the BHRUT website and within the Atrium (preferably in more than one location, and particularly in the vicinity of lifts and staircases).	Estates	February 2018	Maps are available at the main reception and on our website. Action completed.	
5		Consider relocating the information leaflet stand in a more visible, prominent location; alternatively, if relocation is not practicable, provide clear signposting so that people know where to find the leaflets.	Comms/Estates	April 2018	To improve the signage to the information area.	
6		Consider whether the privacy arrangements for the payphones in the Atrium could be improved.	Estates	April 2018	Estates to review usage of the phones as both have been out of service for some time. Review if phones should be removed.	
7		Consider whether, staff resources permitting, some reception staff could be on hand in the entrance area to "meet and greet".	Voluntary services manager	April 2018	To explore the development of this role based on public and volunteer feedback.	

Item No.	Area	Issue	Lead	Target closure date	Action	Status
8	**General**	When additional facilities are provided in the external entrance area, such as the mobile optician's unit there at the time of the visit, consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility, and take such steps that are reasonably practicable to provide that assistance.	Comms	February 2018	Comms team to add this to booking request for providers.	
9		Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination.	Estates	February 2018	Estates, Fire Safety and PE team met 02/02/18. The corridors are circulation corridors and fire safety cannot be blocked with seating or additional furniture Action completed.	
10		Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition.	Estates	February 2018	Estates, Fire Safety and PE team met 02/02/2018. We are looking to introduce buggies, similar to those in airports which will be able to transport patients and relatives to their destination in the hospital. Action completed.	
11		Consider providing "how far to" signs as well as direction signs so that people have some idea of how far they are from their destination.	Estates/Comms	April 2018	To incorporate this suggestion when reviewing signage.	
12		Consider providing more cheerful pictures in the corridor leading to the Lavender Garden.	Charity/Patient Experience Team	February 2018	We have considered this recommendation but the pictures were provided by local children at the time and also progress of the work undertaken.	

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

Healthwatch Havering is the operating name of
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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Healthwatch Havering – Second Enter and View Visit to Queen's Hospital at patients' mealtimes
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises further work undertaken by Healthwatch Havering to scrutinise in-patient meals at Queen's Hospital.**
Financial summary:	**No financial implications of the report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached report of Healthwatch Havering details the work carried out by the organisation in follow up visits to review the quality of in-patient meals at Queen's Hospital.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering report and takes any action it considers appropriate.

REPORT DETAIL

At the ONEL Joint Committee's meeting in July 2017, Healthwatch Havering presented a report of an Enter and View visit carried out in October 2016. The findings were, in short, that although the serving of meals was generally satisfactory, there were shortcomings in the serving of meals to patients on a ward for people with dementia.

Healthwatch decided to carry out a further visit, over two days, in October 2017. Again, although the serving was satisfactory overall, there remained areas of concern. Barking, Havering and Redbridge University Hospitals Trust subsequently produced a formal response, including an action plan to deal with the issues identified in the report and the Healthwatch recommendations.

A presentation (attached) will be made at the meeting.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

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healthwatch Havering

Enter & View

Queen's Hospital, Romford

In-patient meals

Second visit
4 & 5 October 2017

Findings of visit, 6 October 2016:

"The conduct of the mealtime at both the Bluebell and Harvest wards was satisfactory: food was served in adequate portions, seemingly in accordance with patients' orders and assistance with eating was available to those needing it. In Sunrise B ward, however, the story was very different: the food on offer was limited to "meatballs and potato", there were insufficient staff available to assist all patients with feeding, some patients' ability to move had been restricted for their own safety (but, by doing so, their ability to take food had been likewise restricted), and the food was indifferently served because the nursing and HCA staff were too stretched to attend properly to every patient."

NHS England Nutritional Standards (1)

1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).

NHS England Nutritional Standards (2)

6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance-managed in line with local governance, national standards and regulatory frameworks.
9. Food, drinks and other nutritional care are delivered safely.
10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

Visit on 4 and 5 October 2017:

- To follow up 2016 visit
- To observe current meal service arrangements in wards
- To observe collection of food from storage and its distribution to wards
- We visited **Harvest A, Sahara A and B,** and **Sunrise B on 4 October**
- A team accompanied food distribution on 5 October

Findings of visit, October 2017:

Mealtime arrangements greatly improved - but:

- Drinks containers and cutlery inadequate for some patients
- No encouragement for some patients to take regular drinks
- Confusion about range of menu choices
- "Hostesses" seemingly unaware of key issues such as infection control
- Lack of teamwork between Sodexo and BHRUT staff
- Lack of flexibility over food available – no small portions, special dietary requirements (catered for but in an unimaginative way)
- Confusion over ordering deadlines
- Failure to enable patients to make informed choice of food

healthwatch Havering

Recommendations:

- Improve training for hostesses – especially infection control and general approach to tasks
- Improve co-operation between Sodexo staff and BHRUT staff
- Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices
- Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice
- Accord greater priority to maintaining hydration

BHRUT response and actions:

Recommendation: *Improve training for hostesses – especially infection control and general approach to tasks*

- Additional training programmed for Sodexo staff, with Ward Manager tasked to supervise and report failings
- Training programme for new hostesses being introduced, with particular attention to hygienic food handling and standardised approach
- Sodexo introducing “infection control passports”: all hostesses to be trained by end of May

BHRUT response and actions:

Recommendation: *Improve co-operation between Sodexo staff and BHRUT staff*

- To be discussed at liaison meetings
- Hostesses to be invited to ward huddles and team meetings
- Patient Experience team attending meal tasting sessions and feeding back to Sodexo and ward

BHRUT response and actions:

Recommendation: *Review food ordering procedure, clarify deadlines and enable capable patients to make their own choices*

- Clarified that deadline for ordering is **10:15am**
- Menus on every bedside locker, with additional options in holders in central ward area
- Supervisors to check daily availability of menus
- Mealtime testing by Sodexo and Patient Experience team to check patients have menus in advance

BHRUT response and actions:

Recommendation: *Review food on offer to address special dietary requirements flexibly and avoid overwhelming food choice*

- Menu options are reviewed monthly
- 17 menu ranges available

BHRUT response and actions:

Recommendation: *Accord greater priority to maintaining hydration*

- Water jugs are topped up regularly
- Ward staff to monitor and refill if needed
- Reminders to be added and documented as part of morning huddle
- Management to check regularly

BHRUT response and actions:

Other issues identified in report (1):

- Catering Department corridor has been cleaned: scrubbed at weekends and mopped daily
- Additional scrubbing arranged as required
- Sodexo to check monthly

BHRUT response and actions:

Other issues identified in report (2):

- Faulty dishwasher repaired
- Reminder given of correct procedure for reporting defects via host huddles

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Quarter 3 performance information
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Thomas Goldrick, Senior Policy and Performance Officer (x4770)
Policy context:	The report sets out Quarter 3 performance relevant to the Health Overview and Scrutiny Sub Committee
Financial summary:	There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council. All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas (including adult social care) continue to experience financial pressures from demand led services.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[X]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 3 (October 2017- December 2017).

RECOMMENDATIONS

That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for tracking by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. The report and presentation identify where the Council is performing well (**Green**) and not so well (**Red**). The ratings for the 2017/18 reports are as follows:

   - **Red** = off the quarterly target
   - **Green** = on or better than the quarterly target

3. Where performance is off the quarterly target and the rating is '**Red**', 'Improvements required' are noted in the presentation. This highlights what action the Council will take to address poor performance.

4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:

   - Short-term performance – with the previous quarter (Quarter 2 2017/18)
   - Long-term performance – with the same time the previous year (Quarter 3 2016/17)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. In total, 3 Performance Indicators have been included in the Quarter 3 2017/18 report and presentation. Performance data is available for 2 of the 3

indicators. Of these, one has been given a '**green**' status, the other a '**red**' status. This is consistent with the position reported at the end of Quarter 2.

7. Data is now available for the indicator "The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population". However due to a change in methodology, no target has yet been agreed for this PI.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no financial implications arising directly from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Further information on the financial performance of the Council has been reported as part of the Medium Term Financial Strategy (MTFS) report to Cabinet in February.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress regularly.

Human Resources implications and risks:

There are no HR implications or risks arising directly from this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

None

Havering

LONDON BOROUGH

Quarter 3 Performance Report 2017/18

Health O&S Sub-Committee

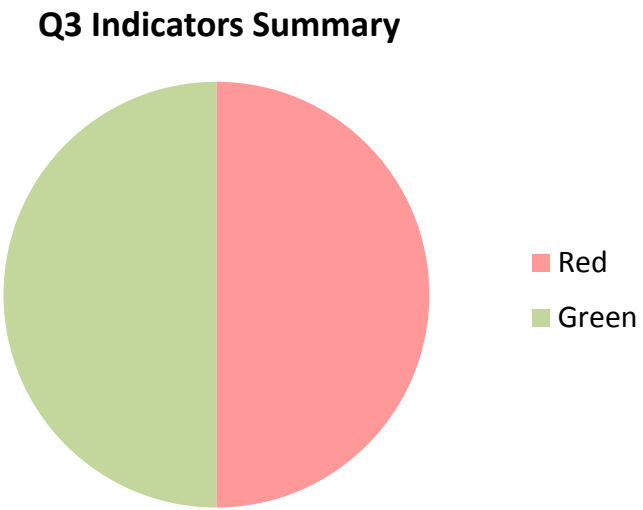
1 March 2018

About the Health O&S Committee Performance Report

- Overview of the key performance indicators as selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**) and not so well (**Red**).
- Where the RAG rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for 2 of the 3 indicators.



In summary, of the 2 indicators:

1 (50%) has status of Green (on target)

1 (50%) has a status of Red (off target)

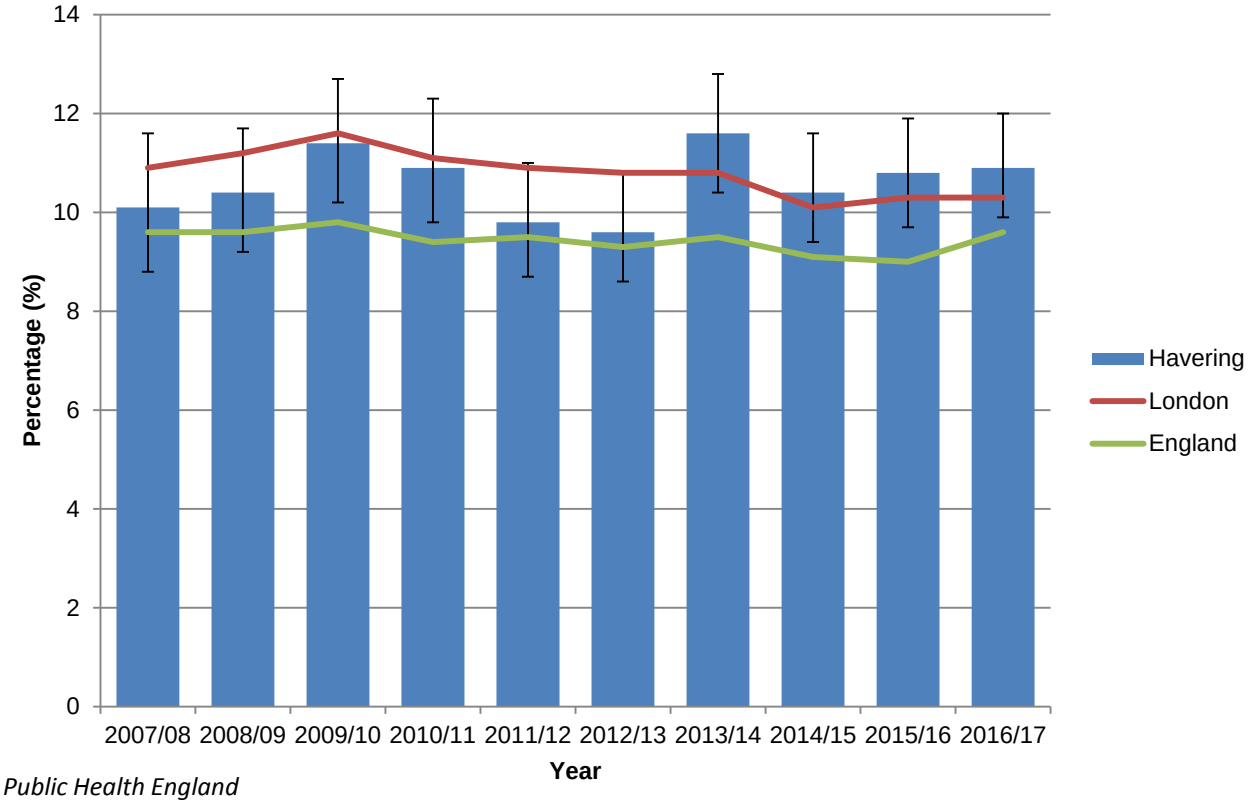
Quarter 3 Performance

Indicator and Description	Value	2017/18 Annual Target	2017/18 Q3 Target	2017/18 Q3 Performance	Short Term DOT against Q2 2017/18		Long Term DOT against Q3 2016/17		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to or better than England (9%)	N/A	10.9% (2016/17) RED	↓	10.8% (2015/16)	↓	10.4% (2014/15)	**Public Health**
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Better than England (66%) (TBC by Havering CCG)	N/A	67% (2017) GREEN	-	N/A	→	67% (July 2016) (National rate 67%)	**Havering CCG**
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	TBC	TBC	5.92 (as at end of Nov 2017)	↑	6.3	-	N/A	**Adult Social Care**

About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2016/17 Havering's rate of childhood obesity remained significantly worse than England's but similar to London's

Percentage of Obese Children, Havering, London & England, 2007/08 – 2016/17



Source: Public Health England

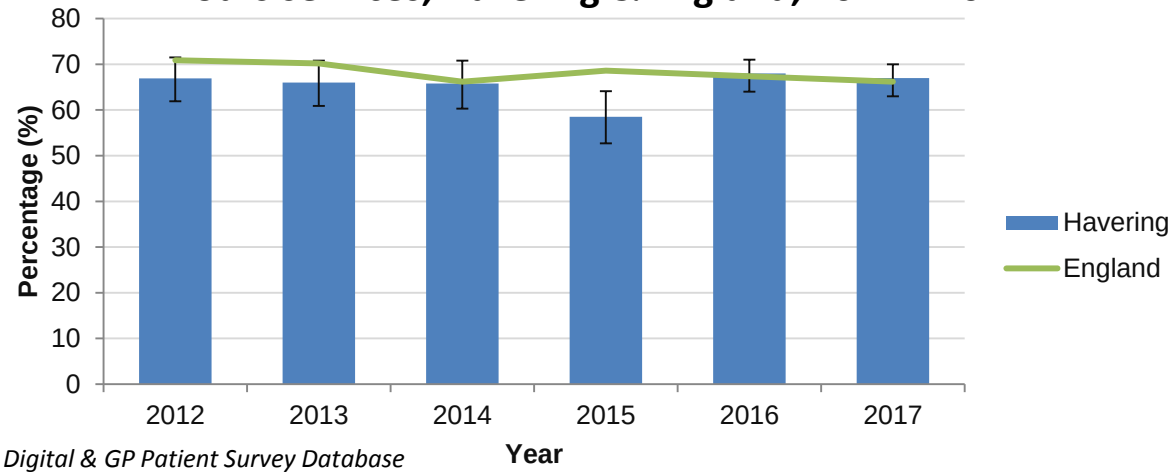
Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
- Progress on actions since the last update are as follows:
  - Webpages are currently being drafted and promotional materials have been ordered for the Breastfeeding Welcome scheme for local venues and businesses to sign up to.
  - The session plan and resources for the 'Starting Solid Foods' workshop are being finalised. The first session was co-delivered by Health Visitors and Early Help Practitioners at Collier Row Children's Centre on 31st January.
  - The Health and Wellbeing in Schools Service, Havering Catering Services, Havering Sports Collective and School Nursing Service have met for a second time to progress streamlining of the healthy eating and physical activity support they offer to children and families via schools.
  - A local social media campaign began in January 2018 to promote the new Change4Life healthy snacks campaign, and additional publicity coincided with the Change4Life roadshow visiting The Brewery shopping centre on 24th and 25th January.
- The group meets quarterly and at the March meeting will be reviewing progress of actions over the past year, and refreshing the action plan for 2018/19.
- Work continues at national level, guided by 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

About Patient Experience of GP Out-of-Hours Services

- The latest available data (July 2017) shows no significant difference between the percentage of patients who are satisfied with the service in Havering (67%) and the England average (66%). Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (55% and 33% respectively) of the 882 Havering respondents who answered this question say they did.

The percentage of patients who are satisfied with the GP out of hours services, Havering & England, 2012 – 2017



Source: NHS Digital & GP Patient Survey Database

Considerations for: Patient feedback on Out of Hours Services

- When practices are closed (outside of 8 am – 6.30 pm) they can provide their own Out of Hours cover or 'opt-out'. If a practice 'opts out' the commissioner is responsible for ensuring appropriate OOHs cover is in place.

- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provide

- The survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes

- Changes took place in questions used in July-Sept 2015 reflecting changes to the way OOH services were provided. Looking at the longer term chart can therefore be misleading. Trends are only shown on OOHs from the July 2017 data collection point on.

- At 67%, the CCG's experience is in line with national results . The performance of local CCGs ranges from 51-74%.

About Delayed Transfers of Care

- There is no target for this indicator as the definition was not approved until well into 2017/18. There is also no long term direction of travel as the measurement methodology for this indicator changed from 2016/17 to 2017/18.

- To the end of November 2017, there has been an average of 11.69 days delayed (5.92 per 100,000). This is an improvement on Q2, when there was an average of 12.4 days delayed (6.3 per 100,000).

- Data for this indicator is likely to change for the positive going forward due to resubmissions of Non Acute data.

Any questions?

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Update re Care Home Charges
CMT Lead:	Daniel Fenwick
Report Author and contact details:	**Anthony Clements, 01708 433065, Anthony.clements@onesource.co.uk**
Policy context:	**The document attached gives an update on the level of charges paid to care homes.**
Financial summary:	**No impact of presenting of information itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

As requested by the Sub-Committee, the attached information gives details of the rates paid by the Council to care homes.

RECOMMENDATIONS

1. That the Sub-Committee note the information and take any action it considers appropriate.

REPORT DETAIL

The attached document gives details of the charges by the Council to care homes where Havering residents are living. An update on the charge levels has been previously requested by the Sub-Committee and the latest rates for the various charge bands etc are detailed on the attached document.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 1 MARCH 2018

AGENDA ITEM 8: UPDATE RE CARE HOME CHARGES

With regard to the usual rates, an uplift to older people's residential and nursing care rates was agreed for the 2017/18 financial year to recognise the additional pressure faced by providers such as the national living wage and support the Council to remain competitive as a purchaser in the market. The usual fees changed as follows:

	Current usual rate	Percentage increase	New increased usual rate
Residential Frail rate	£471.51	7.3%	£506
Residential dementia rate	£545.46	4%	£568
Nursing frail rate	£502.58	2%	£513
Nursing dementia rate	£518.66	2%	£529
Nursing Higher rate	£528.31	2%	£539

Providers had fed back that the Council's lowest rate, supporting frail elderly, was unsustainable. Residents moving into a care home now have higher needs and whether they have dementia or not they are so frail that there is less difference in the amount of support they need compared to those with dementia. Therefore the Council increased this rate significantly to recognise this issue and ensure those homes that have taken our lowest rate will benefit most from the uplift.

The dementia rate rose by 4% to maintain Havering as reasonable within its comparator groups, to respond to feedback from providers and meet the needs of residents.

The nursing market fed back that all homes are required to provide the living wage, pensions and absorb inflation but in addition nursing homes have seen a 16% increase in nursing wages. The cause for this is the shortage of nurses meaning homes are reliant on expensive agency staff. This was a key consideration in the Council approving a 2% increase to all nursing rates.

Through 2017/18 the Council have been working with care homes to agree a breakdown of costs in residential care. This will be used to develop a long term strategy for fees.

Ben Campbell

Older People and PSD Commissioning Manager

Adult Services

Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Update re Delayed Referrals to Treatment
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Duncan Jenner, BHRUT Communications**
Policy context:	**The information presented summarises the latest position with delayed referrals to treatment at the Hospitals' trust.**
Financial summary:	**No financial implications of the report itself which is presented for information only.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached information details work carried out by Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) in reducing the length and instances of Delayed Referrals to Treatment.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached information from BHRUT report and takes any action it considers appropriate.

REPORT DETAIL

Members will be aware that the Sub-Committee has recently undertaken a very positive joint review with Healthwatch Havering of the reasons for previous problems at BHRUT with Delayed referrals to Treatment. The attached information from the Trust details the current situation with this issue.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

REFERRAL TO TREATMENT UPDATE

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

HISTORY

- Significant issues were identified with how the Trust had historically reported RTT with reporting suspended in 2014
- Robust and credible RTT recovery plan approved by NHS England in February 2017
- We delivered 92% (the national target) of patients being seen within 18 weeks in June and July
- The last time the country hit the national target was February 2016
- Subsequently our performance has been narrowly below 92% - November 2017 national Incomplete Standard was 91.5%

IMPROVING CARE

We have adopted a system-wide approach to improvements, working together to treat patients who had been waiting too long.

The range of things we have had to improve include:

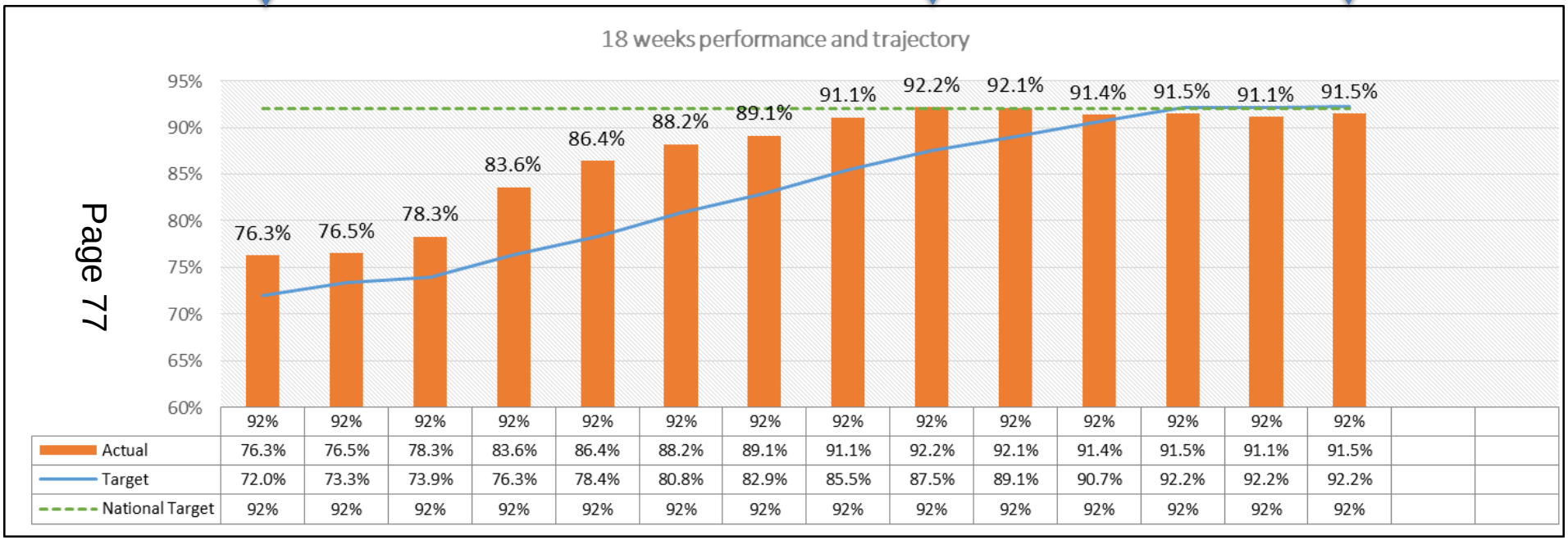
- Validation
- Outsourcing
- Theatre productivity
- Enhanced resource
- Demand and capacity work
- GP Pathway Improvement Programme.

CLINICAL HARM PROGRAMME

- A comprehensive clinical harm programme has been undertaken
- Five phases of reviews have focused on patients waiting
- To date, no evidence of clinical harm as a result of additional waiting has been found

RECENT RTT PERFORMANCE

October 2016 | June 2017 | Nov 2017



	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Actual	76.3%	76.5%	78.3%	83.6%	86.4%	88.2%	89.1%	91.1%	92.2%	92.1%	91.4%	91.5%	91.1%	91.5%
Target	72.0%	73.3%	73.9%	76.3%	78.4%	80.8%	82.9%	85.5%	87.5%	89.1%	90.7%	92.2%	92.2%	92.2%
National Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

DEMAND MANAGEMENT

- A continued priority for all three BHR CCGs
- CCGs and BHRUT jointly working on a clinically-led 'Improving Referrals Together' programme
- Clinically designed new patient pathways focusing on the most 'pressured' specialties within the system
- Clinical leads (both Consultants and GPs) identified for all pathway design work
- Community providers also engaged for maximum impact across the system.

NEXT STEPS/ONGOING ASSURANCE

- We have developed a revised RTT recovery plan which is being implemented to return to delivering 92% in April 2018.
- We are able to take much more effective action now, and know which specialties are busy, due to the work which has been done
- A Governance and Assurance Framework has been developed with a clear reporting line and for governance.
- RTT assurance and governance is managed through the Planned Care Programme Board.
- External assurance is also provided through meetings with NHSE and NHSI.
- The Trust also has a weekly Access Board that feeds into the Planned Care Programme Board, chaired by the Deputy Chief Operating Officer.

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Havering
LONDON BOROUGH

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 1 MARCH 2018

Subject Heading:	Health Overview and Scrutiny Sub-Committee – Annual Report 2017/18
CMT Lead:	Daniel Fenwick
Report Author and contact details:	**Anthony Clements, 01708 433065, Anthony.clements@onesource.co.uk**
Policy context:	**As required under the Council's constitution, the document attached summarises the work of the Sub-Committee during the 2017/18 municipal year.**
Financial summary:	**No impact of presenting of information itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The annual report of the Sub-Committee is attached for approval.

RECOMMENDATIONS

1. That the Sub-Committee notes and approves the Annual Report 2017/18.

REPORT DETAIL

The attached document summarises the work of the Sub-Committee during the 2017/18 municipal year.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Health Overview and Scrutiny Sub-Committee
Annual Report 2017/18

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended March 2018.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Sub-Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor Michael White (Chairman)
Councillor Dilip Patel (Vice-Chair)
Councillor Alex Donald
Councillor Nic Dodin
Councillor Denis O'Flynn
Councillor Carol Smith

During the year under review, the sub-committee met formally on four occasions and dealt with the following issues:

1. East London Health and Care Plan

The Sub-Committee was briefed by senior plan officers on this important programme which sought to redesign health services across North East London. The plan sought to involve all relevant parties including Councils, NHS bodies, carers and the voluntary sector in the improvement of the provision of local health services. Whilst specific proposals impacting on Havering were not yet available, it was possible that plans for the relocation of GPs or the reprovision of the NHS 111 service could be brought forward. It was likely that the East London Health and Care Plan would be scrutinised further, including via the Outer North East London Joint Health Overview and Scrutiny Committee.

2. Public Health Budget

The Council's Director of Public Health briefed the Sub-Committee on how the Council's public health budget was used. Government funding for public health in Havering had been reduced and the Sub-Committee discussed savings made including from the Council's Drug and Alcohol Action Team. The rationale for the

ending of the Council's main smoking cessation service was also explained to the Sub-Committee.

3. Performance Information

Throughout the year under review, the Sub-Committee reviewed performance information within its remit, focussing on areas including childhood obesity, delayed transfers of care and patient experience of primary care.

4. Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) Winter Pressures

Senior BHRUT officers briefed the Sub-Committee on the Trust's plans for coping with the peak demand levels expected over the winter period. This included discussion of vacancy rates at the Trust and how non-urgent cases could be diverted from A&E and treated in other parts of the health service. Other initiatives included a move towards having more patient discharges at weekends and encouraging doctors to write up prescriptions prior to the day of a patient's discharge.

5. Digital Roadmap for Integration between Health and Social Care

Work on upgrading and integrating NHS IT systems was explained to the Sub-Committee including plans to allow GPs to work from any location, including from a hospital environment. A pilot of video consultations was also under way, allowing cardiology consultants to more easily contact a patient's GP. NHS funding had also been received for the introduction in GPs of patient self-check-in and Wi-Fi availability.

6. Air Pollution

Public Health officers also briefed the Sub-Committee on air pollution in the borough and its links to conditions such as asthma and diseases including bowel and stomach cancer. The locations of pollution hotspots such as Romford Town Centre and Gallows Corner were also scrutinised as were the number of pollution monitoring stations within Havering. Other initiatives to combat pollution included the introduction of four Public Space Protection Orders outside schools and the launch of an app giving travel and pollution advice. The Council had also introduced the Miles the Mole campaign to raise awareness of pollution issues within schools.

7. Healthwatch Havering

The Sub-Committee continued to enjoy a productive working relationship with Healthwatch Havering, an organisation representing users of local health and social care services. A director of the organisation attended most meetings of the Sub-Committee and was allowed to ask questions of witnesses. The Healthwatch

Havering annual report was presented at the September meeting of the Sub-Committee.

Members of the Sub-Committee worked closely with Healthwatch Havering volunteers to conduct a joint topic group review of delayed referrals to treatment at BHRUT. This was believed to be the first such joint Overview & Scrutiny-Healthwatch review in the UK and the review made a number of recommendations which have now been responded to in detail by the health bodies. Responses to the report, in particular from BHRUT, were reviewed by the Sub-Committee at its September meeting and the issue of delays in referral to treatment continues to be scrutinised by both the Sub-Committee and Healthwatch.

The Sub-Committee has also received updates from Healthwatch during the year on its work scrutinising the quality of in-patient meals at Queen's Hospital.

8. Outer North East London Joint Health Overview and Scrutiny Committee

Throughout the year under review, the Sub-Committee was represented by Councillors White, Patel and Dodin on the Joint Health Overview and Scrutiny Committee covering Outer North East London. This Committee allows scrutiny of health service issues covering more than one Council area and, in addition to Havering, includes representation from Barking & Dagenham, Redbridge, Waltham Forest, Essex and Epping Forest Councils.

Among the issues scrutinised by the Joint Committee, which met on four occasions during the year, were the following:

BHRUT Safety of Services – The Joint Committee scrutinised, with BHRUT officers, the Trust's complaints process and learning from complaints.

Single Accountable Officer – The Joint Committee was addressed by the Single Accountable Officer covering all Clinical Commissioning Groups in North East London. This covered initial plans to meet targets to bring together health and social care budgets and dealing with financial challenges in the local system by addressing costs and the quality of care.

Clinical Commissioning Groups (CCGs) – Financial Recovery Programme – The Joint Committee also scrutinised plans by the local CCGs to recover a serious deficit across the local area. This work included ensuring better value for money in contracts, supporting provider efficiencies and improved use and disposal of estates.

North East London NHS Foundation Trust (NELFT) Future Plans – Senior NELFT officers explained to the Joint Committee, at its July meeting, the future plans of the Trust. The decision to close and then re-open the Brookside Unit for young people with mental health issues was scrutinised in some detail. The Trust's strategy to intervene as early as possible with people exhibiting mental health issues was also explained with the introduction of the Improving Access to Psychological Therapies service which allowed patients to self-refer if they were in need of Talking Therapies.

Whipps Care for Patients with Dementia – The Joint Committee was addressed at its October meeting by a member of the public who explained the poor treatment experienced by her mother, who suffered with dementia, on being admitted to Whipps Cross Hospital. The Joint Committee was then able to discuss in some detail with Barts Health NHS Trust officers how patients with dementia were now cared for. This included dementia screening for all admitted patients over 75 years of age and initial dementia awareness training for all staff, regardless of post or grade.

Spending NHS Money Wisely 2 Consultation – The Joint Committee was briefed by NHS officers on proposals to cease, on financial grounds, the funding of certain NHS treatments and procedures. Whilst the Joint Committee was supportive of most plans, proposals to restrict the availability of cataract surgery did raise concern and this was fed back to commissioners as part of the Joint Committee's response to the consultation.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Sub-Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Sub-Committee's work over the past year.

BACKGROUND PAPERS

None not already in public domain.