

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
REDBRIDGE TOWN HALL, COUNCIL CHAMBER**

13 March 2014 (3.30 - 5.40 pm)

Present:

COUNCILLORS

Barking & Dagenham

Essex

Havering Pam Light and Nic Dodin

Redbridge Mrs Vanessa Cole (Chairman) and Stuart Bellwood

Waltham Forest Richard Sweden

Healthwatch representatives present:

Richard Vann Healthwatch Barking & Dagenham

(Frances Carroll was also present)

Joan Smith, Healthwatch Havering

Mike New, Healthwatch Redbridge

Scrutiny officers present:

Anthony Clements – Havering

Lorraine Hunter-Brown - Havering

Jon Owen and Jilly Szymanski – Redbridge

Corrina Young – Waltham Forest

Health officers present:

North East London Commissioning Support Unit – Neil Kennet-Brown, David Fish, Nadine House, Steve Jupp

Barts Health – Jo Carter, Lynne Hinton, Clare Morrell, Dr Clare Dollery, Dr Steve Ryan, Tracey Carter, Elaine Wall

BHRUT – Averil Dongworth

3 Members of the public were also present.

No decisions were taken with no votes against.

36 CHAIRMAN'S ANNOUNCEMENTS

The Chairman of gave details of action in the event of fire or other event that might require the evacuation of the meeting room.

37 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillors Sanchia Alasia and Syed Ahammad, Barking & Dagenham, Wendy Brice-Thompson, Havering and Chris Pond, Essex County Council.

38 DISCLOSURE OF PECUNIARY INTERESTS

There were no disclosures of pecuniary interests.

39 MINUTES OF PREVIOUS MEETING

The Committee considered and approved the minutes of the meeting held on 7 January 2014 as a correct record pending the following amendments:

It was noted that Professor David Fish represented UCL Partners rather than the North East London Commissioning Support Unit.

Item 32, paragraph 2 should note that "Surgeons would form part of the specialist teams working across different sites".

Item 32, paragraph 2 should read "the future of services at Chelmsford needed to be clarified as would the service covering Essex and Suffolk".

Item 32, paragraph 5 should read "the Trust CEO had confirmed that there was sufficient capacity for the service at Bart's Hospital site".

Item 32, paragraph 7 should read "Officers pointed out that events had been held at different times of the day and at different locations and had offered to run an event in the Loughton area if required".

40 CANCER AND CARDIO-VASCULAR PROPOSALS

The Committee received a presentation on the changes to Cancer and Cardiovascular services from a representative of the North East London Commissioning Support Unit who were overseeing the engagement process on behalf of NHS England.

Neil Kennet-Brown (NKB) of the North East London Commissioning Unit advised members that local services were not organised in a way that gives patients the best care with specialists, technology and research spread across too many sites. In order to address this, clinicians had recommended the following:

- Specialist cardiovascular services at The London Chest, The Heart Hospital and St Bartholomew's Hospital be consolidated to create an integrated cardiovascular centre at St Bartholomew's
- For specialist cancer care, the proposal was to consolidate only some of the specialist elements of five cancers which equated to 1% of all Bart's Health specialist cancer services and 2% of BHRUT specialist cancer services.

The Committee were asked to note that the majority of care would continue to be provided locally.

Formal support had been received from all Clinical Commissioning Groups bar one and the London Clinical Senate (LCS) was in the process of carrying out an independent clinical assurance exercise. The initial business case was expected to be published in April 2014. There would be further planning for implementation and engagement until a final business case was agreed in June 2014.

NKB noted the interest around the prostate cancer services at BHRUT and advised that the LCS were currently holding an independent review led by Professor Chris Harrison. Advice would be sought on the robustness of the clinical process to arrive at recommended options and depth of clinical involvement and support. In addition, advice would be sought on the future model and locations of radical prostatectomies, specifically:

- A comparative analysis of current outcomes data
- Which outcome measures should be used to compare radical prostatectomy performance
- Implications of recently published NICE prostate guidance

In addition to the Prostate Review, LCS was also carrying out a clinical wide review of the proposed changes using independent experts from the medical profession and lay senate members. Both the reports were to be concluded prior to April 2014 when the Senate reported to the NHSE.

A Commissioner Programme Board would have final approval of the initial business case. The Board will comprise NHS England representatives and six CCGs who are the majority commissioners for the proposed changes:

For **specialist cardiovascular** 59% of activity was CCG commissioned. Of this, 70% was commissioned by Haringey, City and Hackney, Enfield, Islington, Camden and Barnet CCGs

For **specialised cancer care** all the services were commissioned by NHS England, except acute myeloid leukaemia. This would particularly impact Enfield, Barnet, Haringey and Camden CCGs due to the proposed transfer of services to ULCH from other locations

Commissioners, clinicians, providers and the Trust Development Agencies would then commence planning for implementation.

With regards to Trauma Services a meeting was held on 16 December 2013 to identify and address issues. A further full day clinically-led workshop was held on 16 January 2014. The current trauma service was recognised for its excellence and there was a clear commitment to maintain services by working collaboratively between Trusts and promoting training opportunities.

A programme of work had commenced between the Trusts, UCL Partners and Commissioners to mitigate risks. This work would form part of the wider planning for implementation with commissioner and provider assurance and oversight frameworks to be established and completed prior to implementation, if approved.

When the final decision had been approved in June 2014, there would follow an engagement process which would include:

- Approach discussed with patient advisory groups and meetings scheduled to discuss approach with Local Healthwatch groups
- Engagement period commencing following approval of initial business case
- Plain English summary leaflet of proposals distributed to all stakeholders
- Information available online and cascaded via Trusts, CCGs and stakeholders
- Engagement events: 1x prostate discussion event in outer north east London
- 3x stakeholder advisory group meetings covering travel, whole pathway integration, and service impacts
- Open offer to attend meetings

The Committee were asked to note that a number of meetings had been organised with various Healthwatch Committees over the coming two weeks. There were also plans to run Prostate Events and to organise advisory meetings with regards to travel impacts on patients and proposals.

The Chairman thanked the Commissioning Support Unit Team.

Dr Jackie Appleby (Hackney BMA Chairman) addressed the Committee and stated that she wanted the best care for her patients, however, she wanted to express her concerns regarding the effect these changes would have on local services. Dr Appleby felt that there would be a knock-on effect for the specialist cancer services and did not feel that these concerns had been addressed. If the specialist teams left then expertise and skills would be

lost. Services would drift from Whipps Cross, Newham and no evidence had been put forward to prove that there would be better outcomes for patients if the services were moved. She also enquired whether the workshops had fully addressed the risks of the proposals. Dr Appleby also stated that at both BMA and public meetings, concerns had been expressed regarding the proposals and wanted to know how Barts Health could attract quality staff in the future. Patients would also have to travel to two Trusts and then return to Barts for the remainder of their care.

The Chairman invited Mary Burnett from the campaign group 'We are Waltham Forest: Save our NHS' to speak. Ms Burnett thought that the impacts on services were an unknown factor and that the potential risks to trauma care had not been fully investigated. Ms Burnet also expressed her concerns with regards to communications stating that Waltham Forest residents were only informed by letter. Ms Burnet said that she had no confidence in the consultation process and that there was no building space at UCLH to house new cancer facilities.

NKB responded that the number of cancer procedures was very small in number and that BHRUT and UCLH had published their recommendations and the business case. Brain surgery would move from its current three sites to be based at two sites. There was sufficient capacity at UCLH for the next three years with no additional building necessary, however, the rehousing of the Cancer Centre at the site would require additional capacity and building at a later stage which had been planned. Surgeons would spend 50% of their time at the centre and 50% back at their base hospital.

Concerns were expressed about vital information moving with patients and the Committee were reassured that this was already happening and that a pilot scheme was testing communications between London Cancer and GPs.

A member of the Barts team did acknowledge that the concerns raised must be addressed, however the different sites must start working in a more joined up and unified way to make services more excellent. If there were any risks involved in moving a service from one site to another, then clinicians would not allow this to proceed.

NKB stated that the consultation process had been thorough during his involvement with the Clinical Senate. The proposed changes have been widely publicised and consulted on and there was overall clinical support.

A Committee member enquired about the loss of skilled staff particularly from the Trauma Centre. Barts Health acknowledged that this was an important issue. Meetings were being organised as it was necessary to speak to staff about working in different places 50% of the time however, the Royal London was not the only Trauma Centre.

A member requested that the Commissioning Unit provide further data for all five London Boroughs as outlined on page 3 of the presentation and was advised that locality breakdowns were available.

The Committee noted the presentation and **agreed** to continue to support the proposals. The Chairman thanked all concerned in the presentation. It was suggested that it would be a useful exercise for the Commissioning Unit to contact the Healthwatch groups to discuss holding Prostate Events. It was also **agreed** any data on or outcomes from the Prostate Review would be sent to the Committee Clerk and be put on a future agenda for information.

41 **BARTS HEALTH - RESPONSE TO CQC REPORT**

The Committee received the Barts Health response to the CQC Report. The inspection was carried out in November 2014 and the subsequent report was published on 14 January 2014.

In general, there was much to be proud of as staff were commended for providing safe compassionate care in clean surroundings. Management structures around the Clinical Academic Groups and their abilities to implement change were also positively highlighted.

Since the last CQC inspection, broken equipment had been replaced and improvements made to the complaints handling process, leadership development, risk management/governance and organisational culture. The issues around bullying and harassment were also being addressed.

The Committee were asked to refer to the detailed action plans accompanying the presentation.

It was noted that there would be one high level plan covering Trust-wide actions and five site-specific plans covering actions at individual hospitals Trust-wide which included:

- Ensuring staffing levels meet patients' needs in medical and surgical wards
- Ensuring risk registers are managed effectively
- Improving staff morale, staff engagement and visible leadership
- Ensuring equipment is readily available when needed
- Ensuring learning from incidents and near miss events is shared with all staff
- Providing 24/7 consultant cover

The plans had now been agreed by the CQC, the Trust Development Authority (TDA) and the Board.

In addressing staff morale and engagement, Barts Health had undertaken a recruitment drive to achieve 95% permanent staffing levels by September 2014 thus reducing the need for temporary staff. In addition, an on-call Executive Director would be visiting the wards at weekends to obtain staff and patient feedback. An anonymous online system had been provided where staff could contact members of the Trust Board direct. Plans were also in hand to make necessary changes in the overall organisational culture.

To improve standards, the following actions had been put in place:

- Developing monthly reporting of actual staffing levels by shift and ward/department
- Introducing a new Trust wide e-rostering system to manage shifts, to include a patient acuity indicator to help plan staffing levels
- Rolling out leadership and skills programme based on the programme we ran last year across older people's services
- Developing stronger links between risk registers and the capital programme to target equipment replacement more effectively
- Multi-disciplinary working with commissioners and partners to develop new patient pathways to support more effective discharge planning
- Refurbishment work already undertaken in the Margaret Centre at Whipps Cross Hospital
- Working with Healthwatch, local patients and staff on a new PALS and complaints model

The Chairman remarked on the work that PALS carry out in trying to resolve issues immediately and that they are not a large resource.

A Committee member was pleased to note that there was an action plan for all Barts Health sites and requested sight of the action plan for Whipps Cross following concerns about maternity and obstetrics. The Barts Health representative **agreed** to the member's request that the Redbridge Overview and Scrutiny Committee be invited to visit Whipps Cross and would provide details and dates.

The Chairman thanked the Barts Health representatives for a most informative report.

In reference to the JOSOC visit to Whipps Cross, both visits were enjoyable and the Committee was impressed by the full walkarounds and to see the improvements made in maternity and emergency care. The CQC report had highlighted 9 areas for improvement. The member for Redbridge requested that factual evidence be provided in the next presentation from Whipps Cross so as to reassure him that the western side of Redbridge was being cared for.

The Committee requested that all reports provide more statistical data/evidence. It was **agreed** to forward Whipps Cross statistical information to the Committee Clerk.

42 **BHRUT - RESPONSE TO CQC REPORT**

The Committee received a presentation on the BHRUT response to the CQC inspection from Averil Dongworth, Chief Executive at BHRUT.

Following the CQC inspection in October 2013 and the subsequent report in December 2013, BHRUT had been put into Special Measures in order to

meet the scale of future challenges. The report recognised the good quality of care and the improvements made since the previous inspection, however long standing problems with performance and finance had not been effectively addressed and the Trust were now working with the Trust Development Agency (TDA).

An executive capability review was being carried out by Sir Ian Carruthers who would report back to the TDA. The name of a “Buddy Trust” had yet to be announced. A draft improvement plan was in place which had been developed with staff and health partners and an Improvement Director had been appointed. The improvement plan set out the issues with corresponding actions including the five work streams as follows:

Workforce

Recruitment, retention, development and deployment of the right number of permanent staff to provide high quality care 24/7.

Patient flow and emergency pathway

Ensuring patients were assessed and treated promptly and supported to return home as soon as they were medically fit and were cared for in the right environment with the appropriate follow-up care.

Patient care and clinical governance

Supporting care with effective management of patient notes and information systems so that problems were promptly addressed.

Outpatients

To ensure effective management of outpatient services so appointments run on time.

Leadership and organisation

Implementing the right systems, structures, checks and balances to make sure the Trust was properly managed from Board to ward.

In response to a query regarding A&E, members were advised that further improvements were being made to patient flows by streamlining care. A medical assessment unit was in place and short stay capacity was currently being developed. The Committee were asked to note the appointment of two new Paediatric A&E Consultants, and following a recruitment drive in India, further posts had been filled. Currently, 9 out of 21 consultant posts were filled and 2 out of 18 junior doctor posts. The Committee **AGREED** that a written response be forwarded to the Committee Clerk giving a full breakdown of staffing levels in A&E.

It was noted that the draft improvement plan had been forwarded to the CQC and the TDA and that feedback was expected shortly. The plan would be finalised before being presented to the Trust Board for approval by April/May 2014. The plan would be published on the Trust website with regular monthly updates to report on progress. The CQC would revisit the Trust in 12 – 18 months. It was **AGREED** that the Committee should have sight of the plan once available.

The Chief Executive acknowledged that it would be a challenge to retain staff particularly whilst under Special Measures. The Trust had introduced PRIDE workshops for staff looking at issues around culture, attitude and behaviours.

A member of the Committee expressed their concern regarding outpatient cancellations and high A&E attendance levels as well as issues around the transfer of patient information. The Chief Executive explained that a new computer system had been installed where patient information was in the process of being transferred and that there was a five year plan to improve technology at the hospital. There had been several serious cases where patient information had been lost and there was still currently a system of paper records at Queens and King Georges hospitals. Electronic communications and transfers of patient information electronically were planned and a system where GPs could order blood tests and x rays would be available from April 2014.

The Chairman asked the Chief Executive what she would recommend that the JOSCS continue to oversee and was advised as follows:

Looking at local systems and how they work together – Primary Care, Social Care and the local authority and that they need to ensure that they are modern and fit for purpose.

Special Measures – the Committee should keep challenging and supporting but note that there will be no quick fixes.

In response to a member query about medication prescribing, the Committee were informed that electronic prescribing will be available for outpatients and GPs and was part of the overall plan. It was **AGREED** that the Pharmacy programme, service and delivery should be a future agenda item.

Members of the Committee wished the Trust well with the improvement plan and noted that it was important that the Committee continue to monitor all NHS facilities within the JOSCS boroughs. The Chairman advised that the NHS as a whole had altered very much and that many hospitals were experiencing difficulties.

The Chairman and Committee members thanked the Chief Executive noting this was Ms Dongworth's last meeting before her retirement and wished her well for the future.

43 **MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST -
PROPOSED CHANGE OF LOCATION**

It was noted that the Committee members found their visit to Moorfields Eye Hospital most enjoyable and informative and had concluded that they fully understood the reasons why the hospital wished to move to a new site.

The Committee approved the contents of the letter to be sent on their behalf to the Programme Transformational Director at Moorfields. The letter noted the Committee's support for the site move and requested that it be kept informed of all proposals and developments including an annual update by a Moorfields representative.

The Committee **AGREED** to support the Trust's relocation plans and authorised the Chairman to sign the letter.

44 **URGENT BUSINESS**

No matters were raised.

Chairman