

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Dagenham Civic Centre  
21 July 2015 (2.00 - 3.15 pm)**

**Present:**

Barking & Dagenham:  
Councillor Eileen Keller (Chairman)  
Councillor Agegboyega Oluwole

Havering:  
Councillor Nic Dodin  
Councillor Gillian Ford

Redbridge:  
Councillor Stuart Bellwood  
Councillor John Howard

Waltham Forest:  
Councillor Richard Sweden

Essex:  
Councillor Chris Pond

Healthwatch co-opted Members:  
Manisha Modhvadia, Barking & Dagenham (substituting for Richard Vann)  
Ian Buckmaster, Havering

NHS officers present:  
Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge Hospitals' NHS Trust (BHRUT)  
Rachel Royal, Director of Communications and Marketing, BHRUT

Council officers present:  
Masuma Ahmed, Barking and Dagenham  
Anthony Clements, Havering (Clerk to the Committee)  
James Holden, Waltham Forest  
Bruce Morris, Barking & Dagenham  
Jilly Szymanski, Redbridge

Two members of the public were also present.

## **1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of arrangements to be followed in case of fire or other event requiring the evacuation of the meeting room or building.

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

Apologies were received from Councillors Peter Chand (Barking & Dagenham) Dilip Patel (Havering) Karen Packer (Redbridge) Gerry Lyons (Waltham Forest) and Gavin Chambers (Observer Member – Epping Forest).

Apologies were also received from Richard Vann – Healthwatch Barking & Dagenham (Manisha Modhvadia substituting) and Alli Anthony - Healthwatch Waltham Forest.

**3 COMMITTEE'S MEMBERSHIP**

The revised membership of the Joint Committee was noted and the Chairman welcomed those Members for whom this was their first meeting.

**4 DISCLOSURE OF PECUNIARY INTERESTS**

Councillor Oluwole declared an interest as he was an employee of Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

**5 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 14 April 2015 were agreed as a correct record and signed by the Chairman.

**6 HEALTHWATCH BARKING & DAGENHAM - REPORT ON VISIT TO FERN WARD, KING GEORGE HOSPITAL**

A representative of Healthwatch Barking & Dagenham explained that the organisation had, in October 2014, conducted a visit using enter and view powers to Fern ward at King George Hospital.

Healthwatch had found that patients were happy overall with the ward staff and with their treatment although there had been some issues with food. These included a lack of assistance with completing menu cards and staff only asking from the entrance to the ward and if patients would like tea or coffee leading to some patients missing out on this.

There had also been issues identified around incontinence with reports of incontinence pads not being changed overnight and relatives being concerned that patients were on occasion left on bed pans for some time.

Recommendations regarding these issues had been made to BHRUT who had supplied an action plan in response. Healthwatch Barking & Dagenham had undertaken a further unannounced visit to the ward in the last week. Whilst some concerns remained, it was not appropriate to give details of the findings from the latest visit until the Trust had been given a chance to respond.

The BHRUT chief executive recognised that there were still some improvements to make on the ward and looked forward to receiving feedback from the latest unannounced visit.

Members welcomed the report, feeling that it gave a very valuable insight into the actual experiences of patients. It was confirmed that visitors were allowed to stay and assist at mealtimes. The issue of matching ward staff to the culture of patients had not been specifically considered in the report. A Member also suggested that there was a lack of choice on hospital menus for diabetic patients.

The Joint Committee **NOTED** the report and thanked Healthwatch Barking & Dagenham for its work in compiling it.

## **7 BHRUT IMPROVEMENT PLAN**

The BHRUT chief executive explained that the Trust had been one of the first to receive a full inspection from the Care Quality Commission (CQC), in 2013. As a result of this inspection, the Trust had been placed in special measures in December 2013.

A reinspection had taken place in March 2015 and had found significant progress and some areas of outstanding practice. The chief executive accepted however that there also remained much to do. The overall Trust rating had improved one level to 'requires improvement'.

The Trust remained in special measures although the chief executive pointed out that it was unusual for a Trust to be removed from this status following a first reinspection. A further inspection by the CQC would take place within six months.

One third of the inspectors in the current inspection had also been involved in 2013 and a cultural change had been noted in the organisation which was now more patient centred. Areas of good practice included the radiotherapy centre at Queen's Hospital which was rated as one of the five best in the country, genito-urinary medicine and the oesophago-gastric department which had good outcomes. The elderly receiving unit at Queen's had been found to have improved care and there were also now better outcomes for stroke patients.

There were also however a number of areas where the CQC had found the Trust needed to do better. These included reducing the waiting time for outpatient appointments, and being more responsive around children's care in terms of theatre use and having a dedicated phlebotomy service. Out of

hours staffing in A & E was considered as too low and it was also a requirement that all shifts on wards be fully staffed.

Other issues reported by the CQC included too long waits for scans and results in the radiology service and a need to improve learning from mistakes, incidents and complaints. The responsiveness of the Trust had received the lowest rating of 'inadequate'.

Queen's Hospital had also received an inadequate rating for responsiveness but had been classed as good for care provided. The CQC felt that the A & E service had improved but there remained concerns about staffing levels out of hours. King George had received two inadequate ratings for outpatients and diagnostics/radiology.

The CQC had made 30 must do recommendations that had been split under the headings safe, effective, responsive and well led. The Trust was pleased that no recommendations had been made under the 'caring' heading. The Trust chief executive emphasised that the focus over the next six months would be on improving what the CQC had classed as priority areas. A new Improvement Director had recently started at the Trust.

The Trust would share details of the increasing number of diagnostic scans and tests requested. The issue of which areas had too much demand for diagnostics had been investigated and the Trust was also looking to recruit more consultant radiologists and radiographers. The new breast cancer centre at King George would allow the faster turnaround of scans and results.

A Member raised the issue of ward staff having to leave the ward in order to take patients for radiotherapy. The Trust chief executive responded that the Care Quality Commission had been more concerned about the wait between a patient's referral and their tests being carried out. He agreed however that staff should not have to escort patients to their tests. From 1 September protected mealtimes would be reintroduced on both hospital sites and this would mean staff not leaving wards at mealtimes.

Latest figures indicated the Trust had met the 95% target for treating A & E patients within four hours throughout the month of July thus far. The Trust wished for senior doctors to be available to assess patient seven days per week (16 hours per day) and this would require an additional ten consultants in each A & E. There were however currently only nine A & E consultants across both sites as well as a shortage of A & E consultants nationally. The Trust was likely to secure two additional A & E consultants shortly. Under Trust plans to replace the A & E at King George with an Urgent Care Centre, all A & E consultants would eventually move to Queen's.

It was clarified that the Trust target for meeting the 'four hour rule' had been reduced to 87% in March 2015 as a result of the special measures. This had

been increased to 91% and then reverted to the 95% standard by June. The Trust had met each of these targets.

The representative of Healthwatch Havering congratulated the Trust on its good rating for end of life care and felt this was reassuring given the high numbers of elderly people in the area.

The Trust improvement plan was currently being developed and could be brought to scrutiny from September. The Trust had also competed recently with 60 other Trusts to win mentoring support from the Virginia Mason Institute in Seattle, USA which had a reputation for improving patient safety and learning from incidents etc. The Trust chief executive felt this would be good for patients and also attract staff to the organisation.

The CQC had found a gap between phlebotomy services for children and adults and the Trust chief executive accepted that staff should have been more responsive to patients' needs in these areas,

The Committee **NOTED** the update.

## 8 COMMITTEE'S TERMS OF REFERENCE

The Joint Committee **NOTED** the Committee's terms of reference and the Clerk to the Committee would arrange for the amendment of clause 4 to reflect the fact that Essex County Council's nomination to the Joint Committee was made by its full Council.

A discussion covered where the power to refer matters to the Secretary of State sat within each constituent Council and the current position was as follows:

Barking & Dagenham – With the borough Health Overview and Scrutiny Committee

Havering – With full Council

Redbridge – With the borough Health Scrutiny Committee, as delegated by full Council.

Waltham Forest – With full Council

Essex – With the county Health Overview and Scrutiny Committee (subject to confirmation).

It was **AGREED** that officers would check with borough and county legal officers where it was felt this power should best sit. Additionally, the Clerk to

the Committee would seek to establish the position with boroughs involved in neighbouring joint health overview and scrutiny committees.

It was **AGREED** that the Clerk to the Committee would seek to contact Healthwatch Essex to invite them to send an observer to meetings of the Joint Committee and to be added to the relevant mailing lists.

## 9 **URGENT BUSINESS**

There was no urgent business raised.

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**Chairman**