MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Havering Town Hall
12 January 2016 (7.00 - 8.50 pm)

Present:

Councilllors Nic Dodin (Chairman), Dilip Patel (Vice-Chair), Gillian Ford, Jason Frost, Linda Hawthorn and Carol Smith

Ian Buckmaster, Director, Healthwatch Havering was also present.

Officers present:
Surraya Richards, Head of Communications (London) NHS Property
Andrew Ulyett, Area Strategic Estates Planner, NHS Property
Sarah Tedford, Chief Operating Officer, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Scott Fitzgerald, Director of Productivity
Dr Sue Milner, Interim Director of Public Health, London Borough of Havering

37 **ANNOUNCEMENTS**

The Chairman have details of action to be taken in case of fire or other event that should require the evacuation of the meeting room.

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

There were no apologies for absence.

39 **DISCLOSURES OF INTEREST**

There were no disclosures of interest.

40 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 19 November 2015 were agreed as a correct record and signed by the Chairman.

41 **NHS PROPERTY SERVICES UPDATE**

Hulse Avenue Clinic, Collier Row

Officers from NHS Property Services (NHSPS) explained that, as a public body, NHSPS was required to advertise spare NHS properties in the first

instance to other Government departments. Havering Clinical Commissioning Group (CCG) had advised NHSPS that this site was surplus to requirements.

The building could not be directly offered to a GP as a GP was not a public body. A GP could take a lease on the building from NHSPS if requested. NHSPS were to consider whether to continue to auction the property.

Victoria Hospital, Romford

The NHSPS officers explained that the Victoria Hospital site was now 50% vacant. NHS Property were the guardians of the site and wished to establish from Havering CCG what future use was foreseen for the site. Disposal of the site was not being undertaken at this stage but this was one option, depending on the views of the CCG.

The Interim Director of Public Health added that the Health and Wellbeing Board wished to see the most cost effective of estate such as this but felt that decisions such as this should be fully connected between the Council and the NHS. In response, it was confirmed that NHSPS had discussed strategy for the site with Council officers and that a joint group had met on two occasions the future of the Victoria Hospital estate. Barking, Havering and Redbridge University Hospitals' NHS trust were also part of the local estates group.

It was clarified that NHSPS was only responsible for part of the local NHS estate and that property could not be disposed of without an explicit instruction from the CCG that it was not required for health purposes.

St George's Hospital, Hornchurch

Planning applications for both housing and health facilities on the St George's site had been recommended for approval. The housing proposal had however been rejected whilst the health facility application had been deferred due to the Regulatory Services feeling there was insufficient parking provision. Further discussions were in progress with Council planning officers and it was hoped to resubmit the planning applications in mid-February. Specific details of changes to the schemes were not available at this stage.

Work on the Outline Business Case for the project was continuing and this was not directly affected by any delays in the planning process.

Harold Wood Clinic

Officers confirmed that there had been issues with parking at this site with members of the public not inputting their car registration details into the machine in the clinic entrance or inputting them incorrectly. It was accepted that signage for this was may not have been sufficiently clear. A meeting with the parking contractor was due to be held in the next week and the NHSPS officer would speak to the facilities manager at the site and report back on any outcomes.

Members felt that poor visibility in the clinic car park may also have been an issue and that the contractors should be more lenient in issuing tickets. Other issues raised included receptionists at the clinic not helping patients who reported parking issues and a lack of motorcycle parking. There were also reports that people simply visiting the pharmacy on the site had received parking tickets.

The Sub-Committee **NOTED** the updates and thanked the NHSPS officers for their input to the meeting.

42 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) IMPROVEMENT PLAN

The BHRUT Chief Operating Officer confirmed that the Trust had originally been placed in special measures following an inspection by the Care Quality Commission (CQC) in late 2013. A re-inspection by the CQC in March 2015 had been very positive but some areas of concern still remained.

In response, a new clinically led management structure had been introduced at the Trust and also present at the meeting was the Trust Head of Productivity who had been recruited to support the improvement work. The most recent CQC inspection had identified 30 new areas requiring work. Of these, 19 had now been delivered and evidenced and a further 4 had been delivered. Ten other areas were also on target for delivery.

There were two other areas were delivery was at risk. The first of these were workforce issues in the emergency department where there was a lot of reliance on locums to cover shortages of consultants and middle-grade doctors. The other issue concerned access for patients and issues with waiting times and meeting the 18 week target for elective care treatment.

Current projects being worked on at the Trust included work to keep patients records secure, document patient care plans, revisions to the induction process for locum & agency staff and training speck and language therapists on tracheostomy skills.

Recent improvement included better auditing of prescriptions and that drugs were dispensed as need, the appointment of a new chief nurse, quicker discharge times from maternity and programme of work to improve the experience and treatment of children and young people.

An assurance framework had been introduced throughout the Trust. Key performance indicators were monitored and report on at Board level. Performance was also monitored at divisional level and improvement teams regularly walked the hospital looking at cleanliness issues etc. Peer reviews were undertaken on a monthly basis and the Executive Team also undertook regular inspection walks around the hospital.

The CQC was expected to inspect again in March 2016 and it was hoped that the Trust could move out of special measures at that point. Trust officers were keen to continue stakeholder engagement and show people around the hospital. Although already rated good by the CQC under the 'caring domain' the Trust was keen to continue this and had recently introduced feeding buddies for patients.

The Chief Operating Officer was aware of issues around communication difficulties and the bedside of some agency staff at the Trust. The Trust had a very diverse workforce and was in the process of setting up an equalities and diversity group that would include patient representation.

It was confirmed that there was a clear process for dealing with emergency arrivals by ambulance and that this was closely monitored. Officers were happy to receive further details from Members of any specific problems in this area.

A Member felt that it was often confusing for patients as regards what medications they were having and the Chief Operating Officer confirmed that this was also monitored. There was also a new chief pharmacist at the Trust who was investigating the issue of drugs that were wasted.

It was accepted that the target of treating or admitting 95% of patients within four hours was not being met consistently. There had however been a 10% improvement in performance over the last year. The rise in number of patients treated over the Christmas had gone smoothly and no black alerts had been declared by the Trust. There remained however a reliance on agency staff in the department. The recent strike by junior doctors had not caused any major issues in A & E.

The Trust had established links with UCL as regards medical staffing and had recruited abroad. The Chief Operating Officer would provide further details of the other universities that BHRUT recruited from.

It was confirmed that the Trust had a DNR policy. This would be discussed with the patient, usually with the involvement of the patient's family. The level of involvement a family had in these decisions would however up to

the patient. It was also pointed out that many terminally ill patients were not in fact suitable for resuscitation in any case.

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

43 CORPORATE PERFORMANCE REPORT QUARTERS 1 AND 2

The Interim Director of Public Health explained that there were indicators reported on that related to the work of the Sub-Committee:

Accepted offers of HIV tests – This target had been met and there were no major issues or concerns.

Schools achieving levels of healthy schools award – It was noted that a Havering had become the first in the borough to receive a gold healthy schools award. The Interim Director of Public Health explained that this may become a traded service where schools could decide whether to but this as a support service.

Patients offered an NHS Health Check – This target had not been met but it was explained that there were also concerns nationally over this programme. Doctors were paid £25 for each Health Check completed but GPs did not feel that this was sufficient. It was clarified that the Health Check was offered every 5 years between the ages of 40 and 74. Health Checks were based on the GP's own register of patients and usually carried out by a Practice Nurse. GPs were also encouraged to offer opportunistic Health Checks to patients who were attending their Practice for other medical reasons.

Officers explained that it was very difficult to commission Health Checks other than from GPs. Pharmacist had been commissioned in some other parts of the UK but this had not proved cost effective. It was clarified that prostate cancer checks were part of the main GP contract rather than included in the Health Check programme.

Percentage of women smoking at time of delivery – It was noted that this proportion was higher in Havering than a number of other London boroughs. Pending the decision of Cabinet, it was possible that Council smoking cessation services would be decommissioned. This figure was now validated by midwives using carbon monoxide monitors as part of the Baby Clear programme. It was possible therefore that this figure may increase but the Interim Director of Public Health added that the rate had in fact fallen in the latest quarter's figures. It was also possible that smoking cessation services could be spot purchased as required in future.

It was suggested that a review of the use of the public health budget could be an agenda item for the next meeting of the Sub-Committee.

44 APPOINTMENTS CANCELLATION TOPIC GROUP

It was **AGREED** that the proposed scope of the topic group be adopted with the addition that the review should also consider the impact of the continued delay in the Monitor investigation into the tendering process for the Elective Care Centre at King George Hospital on the backlog of patients needing such procedures. The final scope of the topic group review is appended to these minutes.

It was noted that the clerk to the Sub-Committee and a director of Healthwatch Havering would now seek to meet with the Director of Communications at BHRUT in order to explain the review and then seek to set up the first meeting.

45 URGENT BUSINESS

There was no urgent business raised.

Chairman

HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE AND HEALTHWATCH HAVERING

DELAYED TREATMENTS JOINT TOPIC GROUP REVIEW

Scope and Objectives

- To understand the reasons for the backlog of appointments at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and how this situation arose.
- To understand the issues regarding the reported delays of 93,000 outpatient appointments, in addition to the normal workload.
- To ascertain what measures are being put in place to improve the situation.
- To investigate how IT and new technology can be used to improve the appointments backlog.
- To clarify at what stage Havering Clinical Commissioning Group (CCG) became aware of the backlog and how the CCG is monitoring progress with this area.
- To establish to what extent the backlog of appointments has now reduced and the impact this had had on other parts of local health services.
- To address the issues regarding why patients are waiting longer than 18 weeks for elective and day case surgery.
- To confirm the proportion of delayed or cancelled appointments that resulted in non-routine interventions for the patient concerned.
- To consider the impact of the continued delay in the Monitor investigation into the tendering process for the Elective Care Centre at King George Hospital on the backlog of patients needing such procedures.

Witnesses to be called

- Dr Maureen Dalziel, Chairman, Dr Nadeem Moghal, Medical Director and Steve Russell, Deputy Chief Executive (BHRUT)
- Dr Gurdev Saini, Local Authority Lead, Alan Steward, Chief Operating Officer Havering CCG or Conor Burke, Accountable Officer, Barking & Dagenham, Havering and Redbridge CCGs
- Trust Development Authority (if possible)
- Caroline O'Donnell, Integrated Care Director – Havering, North East London NHS Foundation Trust (NELFT)

Target Timescale

- To complete work within six months of commencement of the review.

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