MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
25 June 2013 (7.00 PM – 8.35 PM)

Present:

Councillors Pam Light (Chairman) Sandra Binion, Wendy Brice-Thompson, Nic Dodin (Vice-Chair) Ray Morgon and Lynden Thorpe.

Also present:

Dr Mary E Black, Director of Public Health, London Borough of Havering
Neil Moloney, Director of Planning and Performance, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Fiona Weir, Mental Health Service Director, North East London NHS Foundation Trust (NELFT)
Ian Buckmaster, Healthwatch Havering

1 **ANNOUNCEMENTS**

The Chairman gave details of the action to be taken in case of fire or other event that would cause the evacuation of the meeting room.

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

Apologies were received from Councillor Fred Osborne, Councillor Lynden Thorpe substituting.

3 **DISCLOSURE OF PECUNIARY INTERESTS**

Councillor Binion declared an interest as a family member was on the Board of Barking, Havering and Redbridge University Hospitals NHS Trust.

4 **MINUTES**

The minutes of the meeting held on 18 April 2013 were agreed as a correct record and signed by the Chairman.

5 **CHAIRMAN'S UPDATE**

The Chairman explained that Members had recently visited South Hornchurch Clinic and were disappointed to note that a number of areas

that could be used for clinical purposes were in fact being used as offices and other administrative areas.

Members had also recently visited the new Sunflowers chemotherapy unit at Queen's Hospital and the Chairman recorded her congratulations to BHRUT staff on developing this new facility.

The Chairman and Vice-Chairman had also recently met with the Chief Operating Officer of Havering Clinical Commissioning Group (CCG) and discussed a number of issues including the condition of the estate at Victoria Hospital in Romford. These buildings were now under the control of NHS Property Services (formerly Propco) and it had been confirmed that crittall windows on the site would be replaced as well as other maintenance work including resurfacing of the car park.

The CCG planned to operate more services in the community as well as introduce more integrated care involving GPs, community nurses, consultants and other care professionals. The Chief Operating Officer had also confirmed he would investigate the underuse of facilities such as South Hornchurch Clinic.

Discussions with the CCG Chief Operating Officer had also covered the lack of a GP for walk-in patients at Harold Wood Polyclinic and reports that walk-in patients needing to see a doctor were being requested to attend Loxford Polyclinic instead.

It was **AGREED** that minutes of recent meetings of the CCG Board should be put on the agenda for future meetings of the Committee, for Members' information.

6 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

The Director of Planning and Performance at BHRUT explained that the Trust had admitted liability and apologised to the patient's family following the recent highly publicised case of a woman who had died during an operation to remove her appendix. The Trust had implemented a 30-point plan in response to the incident which included having a named consultant and clinical lead for all in-patients, ensuring that only a consultant surgeon and anaesthetist were allowed to operate on pregnant women and using the World Health Organisation surgical safety checklist at all times. All abnormal test results were now reported immediately and steps had also been taken to support and develop clinical leadership in practice.

The current performance of the Emergency Department showed that the four hour target for completing treatment in the department was being met on 88.59% of occasions. This compared to a target of 95% and the Trust was on target deliver this figure by the end of August. It was also noted that there had been a rise in the number of more complex patients received in the department with 9% more ambulances now arriving at Queen's.

The main reasons for breaches recorded in the four hour rule had been delays in assessments, bed waits and delays in specialised responses where e.g. consultants needed to carry out an assessment in the emergency department. A further report on Queen's A&E was expected from the Care Quality Commission in July 2013. The Director of Planning and Performance recognised that the Trust had made improvements in the operation of A&E but also accepted that there remained a long way to go.

If patients were delayed in the Emergency Department for a long time, arrangements were now being put in place to ensure these patients received a hot meal. The Trust was also gradually implementing seven day working in order to improve patient flow. Senior consultant input on wards would be made available on a seven day basis in order to improve the continuity of care.

The Trust aimed to reduce the number of patients having to be referred via A&E and it was clarified that GPs could refer directly to the surgical assessment unit at Queen's.

While A&E performance at King George Hospital was now operating ahead of target, Queen's remained some way below target. It was noted that record attendance numbers had been seen at Queen's A&E in the last few months but the Trust director felt that performance was gradually improving. The Rapid Assessment and Treatment (RAT-ing) system had now been extended in order to speed up the handover of patients from ambulances. The number of patients held in ambulances for more than an hour had reduced and the focus was now on those ambulance patients waiting in excess of 30 minutes. The Trust was also working with the London Ambulance Service to find out why more ambulances were arriving at Queen's.

Discussions were also under way with Barts Health who managed the renal dialysis unit at Queen's about moving this unit to another site which could potentially allow for an expanded A&E assessment unit.

The level of consultant input on the elderly care ward had been enhanced which had resulted in a reduction of two days in the average length of stay on the ward. Discussions were also being held with partners in an attempt to streamline the hospital discharge process. It was **AGREED** that the Trust Director should send to the Committee Officer the A&E action plan in order that it could be distributed to the Committee.

The business case for capital improvements in A&E had now been split into several smaller documents. These included the move of the cardiac catheterisation unit from King George to an unused ward at Queen's and works to the front entrance of A&E including separate entrances for paediatrics and adults.

The Director of Public Health confirmed that the Council was working with BHRUT and Havering CCG on developing a data dashboard for A&E. She felt that about 80% of the problems in A&E were issues the Trust could address internally while around 20% related to other partners. The Urgent Care Board, set up under the Integrated Care Coalition would also produce data regarding issues such as winter pressures. The Director of Public Health pointed out however that Queen's A&E remained one of the worst in the country. The BHRUT director agreed but felt that there was now more clinical engagement in the department.

The Director of Public Health felt it was good that BHRUT was bringing specialists from other areas into A&E but was concerned that A&E was still 50% understaffed at consultant level. The Trust Director of Planning and Performance agreed that it was a challenge to recruit and retain A&E clinicians and the Trust was therefore looking at the possibility of some joint appointments with a major trauma centre such as Barts Health. There was also a new senior nurse and clinical director in A&E as well as improved signage and chairs.

It was explained that the Trust was investigating a list of 20 high intensity users of A&E and seeing if these people could be treated elsewhere. Some A&E users exhibited mental health problems although the NELFT representative explained that this only applied to 6 of the 20 people on the BHRUT list. The NELFT care plan for patients of this type could also be shared with the Committee. A joint working protocol had been agreed between NELFT and BHRUT on dealing with mental health problems in A&E. The BHRUT director agreed to investigate how appointment letters were dealt with if for example they were for a family member suffering from dementia who could hide the letters. More funding had been received from commissioners this year to support Queen's patients with dementia. NELFT dementia specialists were also delivering training across acute sites. It was also pointed out that people with mental health issues often also presented with physical ailments.

Since the King George Hospital maternity unit had been closed in March, the revised services had been operating well. BHRUT met regularly with local CCGs and it was confirmed that population growth had been built into maternity capacity through, for example, use of the birthing centre at Queen's Hospital. Regular surveys of maternity patients had been undertaken showing a predominantly good experience for mothers. The Care Quality Commission cap and warning notice on BHRUT maternity had been removed for some time.

The new oncology day unit – Sunflowers Suite had recently opened and included a teenage and young adult area.

The Committee **NOTED** the update and the Chairman thanked the BHRUT officer for his input to the Committee and wished him luck in his new role.

7 HEALTH AND WELLBEING BOARD MINUTES

The Committee noted the minutes of the Health and Wellbeing Board and felt it was important that the Committee was aware of what the Board was working on. Members were pleased at the work to introduce discharge plans for people with learning disabilities.

8 COMPLAINTS INFORMATION

The Chairman thanked the Director of Public Health and her team for producing a diagram detailing where complaints about the various health services should be directed. This had been sent to all Councillors and the Chairman considered this a very useful document.

The Director of Public Health suggested that announcements could be made to Councillors when public health campaigns etc were being launched.

9 ANNUAL REPORT OF COMMITTEE

The Committee **AGREED** its annual report 2012/13 and that this should be referred to full Council.

10 NOMINATIONS TO JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES

It was **AGREED** that Councillors Pam Light, Wendy Brice-Thompson and Nic Dodin should be the Committee's representatives on the Outer North East London Joint Health Overview and Scrutiny Committee.

It was further **AGREED** that Councillor Light should be the Committee's representative on any pan-London joint scrutiny work that may be needed during the year.

11 COMMITTEE'S WORK PROGRAMME 2013/14

In addition to the suggestions shown in the report before the Committee, it was **AGREED** that a standing joint topic group be set up with the Children and Learning Overview and Scrutiny Committee to scrutinise issues relating to Children's Health. Councillor Light and Councillor Binion, as Chairmen of the two Committees, would meet informally to draw up a list of potential subjects for scrutiny. It was suggested that this could include health issues for children with special educational needs. Details of the topic group meetings would also be passed to Healthwatch Havering once these had been agreed.

It was agreed that representatives of NHS Property Services and the North East London Commissioning Support Unit be asked to address the Committee during the year on the roles of their respective organisations. It

was also suggested that statistical and performance information from the CCG and local Health Trusts could be scrutinised by the Committee.

Members wished to scrutinise the plans for St. George's Hospital but it was pointed out that regular updates to the Committee from the CCG had been scheduled which would also give an opportunity to scrutinise the latest position with St. George's.

Other suggestions for the work programme included the treatment in hospital of people with learning disabilities, oral health and NHS dentistry (the responsibility of NHS England) and, for 2014/15, physical accessibility issues at Queen's Hospital.

It was **AGREED** that the Committee Officer would circulate a revised version of the work programme for further discussion.

12 URGENT BUSINESS

There was no urgent business.

Chairman