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**MINUTES OF A MEETING OF THE OUTER NORTH EAST LONDON  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Council Chamber - Town Hall  
8 October 2013 (3.30 - 5.15 pm)**

**Present:**

**COUNCILLORS**

**London Borough of  
Barking and Dagenham**

Sanchia Alasia

**London Borough of  
Havering**

Wendy Brice-Thompson, Nic Dodin and Pam Light  
(Chairman)

**London Borough of  
Redbridge**

Stuart Bellwood, Filly Maravala and Joyce Ryan

**London Borough of  
Waltham Forest**

Richard Sweden

**Essex County Council**

Chris Pond

Healthwatch co-optees:

Ian Buckmaster, Havering  
Mike New, Redbridge  
Richard Vann, Barking & Dagenham  
Jaime Walsh, Waltham Forest

Councillor Winston Vaughan, London Borough of Newham was also present.

Officers present:

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT):  
Mike Gill, Medical Director

Barts Health:

Len Richards, Chief Operating Officer  
Alastair Chessier, Group Director, Emergency Care and Medicine CAG  
Sandra Reading, Deputy Director, Women's and Children's CAG  
Jo Carter, Stakeholder Relations and Engagement Manager

Care Quality Commission (CQC):

Seaton Giles, Compliance Officer  
Margaret McGlynn, Compliance Officer

Commissioning Support Unit:  
Neil Kennett-Brown, Programme Director – Transformational Change

Scrutiny Officers present:  
Barking & Dagenham: Glen Oldfield, Michael Tyson  
Havering: Anthony Clements (clerk to the Committee)  
Newham: Luke Byron-Davies  
Redbridge: Jilly Szymanski, John Owen  
Waltham Forest: Corrina Young

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

## 11 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of arrangements in case of fire or other events that may require the evacuation of the meeting room. The Chairman also explained that, whilst the meeting was being held in public, only Members and nominated Healthwatch co-optees would be able to ask questions. On this occasion any Members present from Councils outside the region covered by the Committee would also be allowed to ask questions.

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

Apologies were received from Councillors Syed Ahammad (Barking & Dagenham) Hugh Cleaver (Redbridge) Khevyn Limbajee (Waltham Forest and Sheree Rackham (Waltham Forest).

## 13 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

## 14 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 2 July 2013 were agreed as a correct record and signed by the Chairman.

## 15 **CARE QUALITY COMMISSION INSPECTIONS OF LOCAL HOSPITALS**

Care Quality Commission (CQC) compliance officers explained that the A&E at Queen's Hospital had been inspected in May 2013 by a team consisting of A&E consultants and Experts by Experience who were trained members of the public. The main concerns identified had been over patient care and welfare and over staffing issues. Similar concerns had been raised in the CQC's previous inspection in December 2012.

It was accepted that staff now gave more time and attention to people waiting in A&E. Nursing staff levels were acceptable but there were not enough permanent consultants in A&E and this had been the position for the last two years. Patient feedback about A&E staff was now more positive and a recent inspection of five elderly care wards at King George Hospital had found that staff there knew the patients and their needs.

A series of inspections had also recently been carried out across Barts Health looking at areas including A&E, outpatients and maternity. This had found that the Trust was not meeting ten of sixteen essential standards. Poor staff attitudes had been found in Whipps Cross maternity and warning notices had been issued over areas such as baby resuscitation units not being ready for use.

Inspectors had also found that elderly patients were not always getting pain relief and that handover of patients from ambulances at the Whipps Cross A&E and Urgent Care Centre was not good enough. A lack of equipment had been noted on elderly wards and warning notices issued concerning a lack of staff appraisals and supervision.

The Chairman noted that there was now a new maternity unit at Whipps Cross and this had recently been visited by members of the Committee.

Following the Francis Report, the CQC recognised that hospital inspections had to be more in-depth. As such, larger inspections teams were being formed that would be on site at a hospital for 5-7 days. Listening events would be held with the public and the CQC would publish performance ratings for hospitals from April 2014. Failing Trusts could be referred to the Trust Development Authority for the implementation of a failure regime. A new inspection of BHRUT was due to commence on 14 October with a listening event in Ilford scheduled for 15 October.

#### Response from Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

The BHRUT officer was pleased that elderly care at King George had recently received a good assessment from the CQC. It was accepted that there remained a lot of challenges in the Emergency Department and this was a long-standing issue. Current performance on the four-hour rule at Queen's A&E was only 88%.

Overall attendance numbers at Queen's A&E were about the same but cases received had got more serious. There had been an increase of 15% in the number of ambulances coming to A&E and a total of 32 ambulances had been received at Queen's in a 2 hour period the previous Saturday.

There was a national shortage of A&E doctors and BHRUT had lost four further consultants from A&E in the last three months. Recruitment was currently in progress to a series joint appointments with Barts Health but only 7 of 21 A&E consultants across both sites were filled by permanent

staff. Work was also in underway with UCL partners to increase recruitment options.

Plans had been drawn up to improve the A&E department at Queen's which was now seeing in excess of 130,000 patients per year despite having been built for only 90,000 patients. Seven day working had commenced from September 2013 for the frail elderly, gastroenterology, and chest medicine departments. Care planning and discharge procedures had also improved.

The CQC had raised concerns about staffing on both sites and it was confirmed that the London Clinical Senate had advised against the proposed night closure of A&E at King George. Staffing levels in A&E were reviewed by senior officers on a weekly basis.

#### Response from Barts Health NHS Trust

Following criticism of cleanliness by the CQC, all senior staff in maternity had received enhanced training on how to inspect cleaning. All midwives and support staff had also received enhanced training in infection control. Maternity equipment was now replaced in a more timely fashion and Whipps Cross now had two brand new maternity operating theatres and new high dependency beds. Two bereavement suites had also recently been opened. Officers agreed that poor staff attitudes reported by the CQC had not been acceptable and action plans had been drawn up to address this.

More doctors and nurses had been recruited to the A&E department at Whipps Cross and a new Acute Assessment Unit had been opened ten days previously. It was also planned to improve the hospital discharge process.

Whipps Cross had received good scores on patient satisfaction and on the friends and family test. Officers felt it was also important to ensure staff felt valued by Barts Health.

A lot of work was being undertaken on the hospital cleaning contract. Work was done in partnership with commissioners, the Trust Development Authority and Healthwatch. This also meant there were regular peer review inspections across the Barts Health sites. A new Care Campaign at Whipps Cross ensured team meetings were in place and appraisal rates had been raised.

#### Questions and discussion

CQC officers were disappointed that some Members had not received details of the planned listening event and agreed to circulate details of this. Members did feel that some local hospital services e.g. maternity at Queen's had improved and that there should be more media coverage of positive developments in the NHS.

Members also reported very mixed feedback of other services such as the elderly care wards at Whipps Cross. Issues such as a lack of timely administering of pain relief had been addressed some years previously but were now reoccurring. The CQC representative agreed, having found that patients were not appropriately cared for at the Urgent Care Centre at Queen's and that, in some cases, patients should have been referred to A&E sooner.

Barts Health officers emphasised that they were not trying to defend bad behaviour on wards. While most staff were good, it was also important to eliminate bad behaviour. The Barts Health merger had created challenges for staff but it was not correct to suggest that Whipps Cross was not a major focus for Barts Health. Members felt that not giving pain relief or taking patients to the toilet was simply bad practice. Barts Health officers accepted that some wards were better organised than others and did take these sort of incidents seriously when they occurred.

Officers accepted Members' reports of staff attitudes being variable at best. It was also agreed that it was sometimes unclear who was in charge of a ward etc. Staff should introduce themselves and phones should be answered. It was also accepted that delayed discharge was a problem at Whipps Cross, particularly as Waltham Forest was an elderly borough. This was a shared responsibility across partners.

Smoking cessation was a key priority for both staff and patients at Whipps Cross and officers were disappointed at reports that hospital staff were leaving discarded cigarette butts on the path between the bus stops and the main hospital entrance. Officers would confirm whether Barts Health had spoken to TfL re helping patients or relatives from Redbridge to get to Whipps Cross.

A Member suggested that the CQC should publish advice for Councillors on what to look out for when they visit hospitals and the CQC officers agreed to take this back. Information on what the CQC looked for during its inspections was available on the organisation's website. It was noted that Healthwatch also had the power to undertake enter and view visits to hospitals. It was also suggested that the CQC programme of inspections should be more widely publicised.

The Committee **NOTED** the presentation and responses.

## 16 **CHANGES TO CANCER SERVICES**

The officer from the Commissioning Support Unit explained that a reconfiguration of cancer and cardiac services was being proposed across Central, North and East London as well as part of Essex. It would however only be specialist services that would be affected. The launch of the public engagement process had been delayed slightly so it was not possible to discuss the proposals in detail at this stage. The engagement process would run until the end of November at which point views would be sought from the Committee (as well as the equivalent bodies for Inner North East and North Central London) on whether the changes were considered to be substantial and hence whether formal consultation would be needed. Initial letters to the Chairmen of all the affected borough Health OSCs would be sent shortly after the case for change had been signed off.

If formal consultation was required, a super-JOSC covering all effected boroughs and counties would need to be formed in order to give the final response. Work would be undertaken with the existing JOSCs initially but the final response would need to be submitted by the super-JOSC.

NHS England had taken the decision to combine consultation on the cancer and cardiac proposals. The views of the JOSC that had been previously expressed on the cardiac proposals had been noted.

The Committee NOTED the situation and AGREED to hold an additional meeting in order to be briefed on the proposals and to seek to reach a view on whether they constituted a substantial variation.

*Note: The meeting has since been confirmed for Wednesday 20 November at 3.30 pm in Redbridge Town Hall, Ilford.*

## 17 **STROKE REORGANISATION AT WHIPPS CROSS HOSPITAL**

Officers explained they were proud of the stroke services at Whipps Cross but that patients with stroke now generally spent less time in hospital and length of stay was predicted to continue to fall further. For this reason, the number of stroke beds at Whipps Cross had been reduced from 26 to 19 as there was no longer sufficient demand in the system.

It was accepted that this development could have been publicised better and more positively by the Trust. Approximately one third of stroke admissions now went home within 48 hours although the average length of stay was around 14 days.

Rehab services such as physiotherapy were better in some boroughs than others and officers felt that the provision of community services was vital. It was clarified that stroke patients had not lost the use of the gym at Whipps Cross although this was now considered less important for the recovery of stroke patients in any case.

The Committee **NOTED** the update.

18 **PROPOSED AMENDMENT TO COMMITTEE'S TERMS OF REFERENCE**

The Committee considered a report suggesting an amendment to clause 5 of its Terms of Reference in order to make it clearer that each constituent borough Health Overview and Scrutiny Committee (OSC) had the right to nominate Members the JOSOC as it saw fit and that the requirement to reflect political balance could be waived by a borough OSC, provided this was agreed by the rest of the Committee.

The recommendation of the report was **AGREED** unanimously as follows:

That the Committee adopt the revised wording of clause 5 of its Terms of Reference as follows:

**Appointments made to the JHOSC by each participating London borough OSC will reflect the political balance of the borough Council, unless a participating borough OSC agrees to waive the requirement and this is approved by the JHOSC.**

In light of this, the Committee also **APPROVED** that the requirement for the Redbridge representatives on the Joint Committee to reflect political balance be waived as agreed by the Redbridge Health Overview and Scrutiny Committee on 23 September 2013.

19 **URGENT BUSINESS**

There was no urgent business.

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Chairman

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