**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

28 January 2020 (4.03 pm - 5.41 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Eileen Keller, Mohammed Khan and Paul Robinson
London Borough of Havering	Nic Dodin
London Borough of Redbridge	Beverley Brewer, Hannah Chaudhury and Neil Zammett (Chairman)
London Borough of Waltham Forest	Richard Sweden
Epping Forest District Councillor	Alan Lion
Co-opted Members	Richard Vann (Healthwatch Barking & Dagenham)

All decisions were taken with no votes against.

22 **CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received from Councillors Nisha Patel & Ciaran White (Havering) Stuart Bellwood (Redbridge – Hannah Chaudhry substituting) Umar Alli (Waltham Forest – Richard Sweden substituting) and Chris Pond (Essex).

Apologies were also received from co-opted members Ian Buckmaster (Healthwatch Havering) and Mike New (Healthwatch Redbridge).

24 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

25 MINUTES OF PREVIOUS MEETING

Subject to the clarification that Jilly Szymanski was Scrutiny Co-Ordinator at London Borough of Redbridge, the minutes of the meeting of the Committee held on 15 October 2019 were agreed as a correct record and signed by the Chairman.

The minutes of the meeting of the Committee held on 6 November 2019 were also agreed as a correct record and signed by the Chairman.

26 ALIGNING COMMISSIONING PRIORITIES - EVIDENCE BASED INTERVENTIONS POLICY

The Committee was addressed by a member of North East London Save Our NHS (NELSON) – an umbrella organisation representing a number of NHS campaigning groups in North East London. It was noted that the Committee had not had the opportunity to scrutinise the NHS Long Term plan before the draft was submitted to NHS England on 15 November.

The NELSON group had a number of concerns regarding the plan including a lack of information about resources available for specific plans and a lack of detail about how services could be delivered in the community. Issues such as difficulties that the elderly or people with dementia may have in accessing hospitals had also not been considered sufficiently. Other concerns raised including an apparent lack of training opportunities for staff and moves towards an integrated care provider meaning there was a risk of contracts going to private companies. Members noted the concerns raised and agreed that there was an absence of much numerical data in the published plan.

A member of the public questioned the accuracy of data supplied in the agenda papers concerning the meeting of four hour A & E targets at Queens and King George Hospitals. BHRUT officers responded that the emergency departments at the two hospitals were different and could not be directly compared. It was accepted that there was significant room for improvement in performance in this area and that data could also be presented with more context around it. Admission rates from A & E had lowered recently which was an improvement in performance.

It was agreed that a draft policy on public speaking would be presented at the next for meeting for discussion.

A representative of the local CCGs explained the revised policy showed the final proposed list of procedures to be funded. A consultation exercise in May 2019 had produced around 600 responses and had resulted in the removal from the policy of a number of procedures including hip & knee

replacements, elective caesarean sections and treatment for cluster headaches. Some procedures had also been added to the policy including split earlobe repair and certain procedures relating to skin pigmentation issues.

The policy had commenced in November 2019 and would be subject to six monthly reviews which would take into account any updates in National Institute for Clinical Excellence Guidance. Exceptional clinical need cases would still be funded and this would be decided by a panel including clinicians, Council representatives and members of the public. Each case would be taken on its merits with for example a condition affecting a patient's ability to work likely to be considered as exceptional clinical need. Whilst private providers would be expected to adhere to the same policy as local NHS Trusts, it was accepted that there was nothing to stop clinicians offering such procedures on a private basis.

It was agreed that an update on how the new policy had been operating should be brought to the Committee in approximately 9 months time.

27 HEALTHWATCH REDBRIDGE - BHRUT RESPONSES TO CHEMOTHERAPY ISSUES

The Committee was addressed by a Redbridge resident whose husband was receiving chemotherapy and had undergone a very poor experience with lengthy delays when attending A & E at Queen's Hospital. Whilst certain staff and aspects of care were praised, the 'red card' system to give priority at triage to chemotherapy patients had not worked in this case.

A representative of Healthwatch Barking & Dagenham thanked the resident for relating her experiences and explained that the three local Healthwatch organisations had made recommendations to BHRUT on cancer services but had been unhappy with the response from the Trust and had made further comments to BHRUT. The formal written response received from the Trust had not yet been discussed by Healthwatch.

The Chairman agreed that the Healthwatch review of cancer services requested by the Committee had identified the issue of cancer patients not being fast tracked when attending A & E. Experiences such as that related by the resident at the meeting had led Members to question whether the system was safe.

Members of the Committee had recently visited the Sunflowers chemotherapy suite at Queen's Hospital and had agreed with the lead clinician that an audit would be carried out. Whilst specific details needed to be agreed, this was likely to cover outcomes for chemotherapy patients attending with sepsis, future demand for chemotherapy and ethnicity issues.

In response, BHRUT officers confirmed that the case related to the Committee by the resident was being taken very seriously by the Trust and the specific issues raised were currently being investigated. There had been no indications that services as a whole were unsafe and these areas had recently been inspected by the Care Quality Commission. If any similar experiences to those described by the resident were to be found, remedial action would be taken.

Members raised concerns that the ethnicity data supplied by the Trust meant that the service was not meeting the needs of the diverse population of e.g. Redbridge. BHRUT officers responded that the Trust could only treat people referred to them and that all people referred did have equal access to services. Members remained concerned that there was insufficient access for minority groups to information about Trust services. These issues could be considered via the planned audit.

In conclusion, the Chairman remained concerned at a perceived resistance at BHRUT to accepting the recommendations of outside bodies and reiterated that the Committee did wish to help the Trust.

28 BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST (BHRUT) - PERFORMANCE REPORT

A programme to improve the financial position at BHRUT was under way with a target of £28m savings in the current financial year. It was anticipated that approximately half of this would be achieved on schedule. Work to reduce costs included improving the planned flow of elective procedures so that the current 50-60% use of theatres was increased to 85-90%. Achievement of this target would generate financial improvement of around £25m.

Work was also in progress to reduce outpatient activities of which the trust saw around 2,000 each day at Queen's Hospital alone. It was felt that up to half of outpatients could be treated in other ways including by phone or in primary care. There was a target to reduce outpatient numbers at the Trust by 30% over the next three years. Reducing spend on agency staff would also save as much as £12m.

The Trust was continuing to fail to meet targets for the 'four hour rule' in A & E although the Trust had seen a 10.2% rise in attendances over the last year. The Trust saw up to 1,100 A & E patients per day as well as up to 200 ambulance transfers. Internal processes and systems at A & E were being reviewed although there were also space constraints on the department.

Initiatives to improve performance had included recruitment of Advanced Care Practitioners and the Red2Green system to allow clinical staff to highlight delays in patient care. A new frail elderly unit had been opened at King George Hospital to support winter pressures as well as new short stay elderly care beds.

Referrals for hospital treatment had grown in recent years and BHRUT was working with the CCGs to better understand referral patterns. The longest waiting patients were reviewed on a twice weekly basis. Improvement work was also focussing on improving booking processes and clinic utilisation.

The Trust had struggled recently to meet targets for starting cancer treatment for some specialities within 62 days. A cancer services recovery plan was in place with a target to return the Trust to compliance by March 2020. Standards for diagnostics had been met in October & November 2019 and waiting lists, which would continue to be monitored, had reduced from 14,000 to 8,000.

Net recruitment to the Trust had increased and officers were pleased that there had been an increase in the response rate at the Trust to the NHS Staff Survey. The establishment of an Academy of Surgery had shortened the time to recruit and a senior intern programme had improved nursing retention rates.

Patient experience scores for maternity were still below target although ratings for both inpatients and the Emergency Department were both exceeding targets. Uniforms had recently been introduced for hospital volunteers and work was in progress to improve accessibility for deaf and blind patients. Changing Places toilet facilities were scheduled to be installed at both Trust hospitals.

A Care Quality Commission inspection had taken place between September and November 2019 and the Trust had been rated as good on three domains. The Trust had retained an overall rating of Requires Improvement.

It was clarified that no patients were left in ambulances and each arrival was brought into the hospital building, even if the transfer from paramedics could not be completed at that point. Nursing and medical staff would assess all ambulance arrivals even if the transfer had not yet been completed. Patients did sometimes wait in a corridor prior to being transferred to the RAFTing area for assessment and treatment.

Officers agreed that additional information and narrative on performance issues could be placed on the Trust's website. With the assistance of the CCGs, it was felt that the Trust would hit its overall target for the year and hence would avoid being fined by the regulator. Officers accepted that the Trust needed to improve its underlying processes and reduce waste and work on this would continue to be shared with the Committee.

The reopening of winter pressures beds at King George was part of a wider remodelling of how these hospital services were provided. This had been discussed with local residents via the recent clinical strategy events. The Trust wished to be open and transparent but it had not been possible to undertake formal consultation on this issue. Work was planned to allow

diagnostics to be provided as quickly as possible and a plan on this could be shared once available.

Members remained concerned at the position with A & E at Queen's and felt it was alarming that four hour rule figures were now below 40%. Requests would be made from Redbridge Health Scrutiny to meet with the Trust Chair and the London lead for NHS England to discuss this in more detail and it was suggested that some members of the Joint Committee could also attend these meetings, once they had been arranged. Members agreed that the performance report should be more transparent about problems at the Trust.

The Chairman agreed that the reopening of the elderly beds at King George was very good news but felt that this remained a significant variation and that news of this development should have been shared earlier. It was agreed that the Trust should provide further details of the purpose and performance of the new area (Foxglove ward). The Foxglove ward had been paid for via BHRUT reserves. It was also noted that performance information for the primary care sector should also be considered.

29 **JOINT COMMITTEE'S WORK PLAN**

It was noted that further discussion of the Healthwatch cancer services report as well as an item on digital transformation of NHS services were due to be dealt with at the next meeting of the Sub-Committee. Other issues for future meetings could include primary care networks and results from the CCG survey of GP patients. Whilst the NHS Long Term Plan was due to be scrutinised at the next meeting, it was suggested that the social care aspects of the plan could also be considered.

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Chairman