NOTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Remote meeting via videoconference
14 December 2021 (4.30 - 6.52 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Adegboyega Oluwole and Paul Robinson (Chairman)
London Borough of Havering	Nic Dodin and Nisha Patel
London Borough of Redbridge	Beverley Brewer, Bert Jones and Neil Zammett
London Borough of Waltham Forest	Richard Sweden
Essex County Council	Marshall Vance
Epping Forest District Councillor	Alan Lion
Co-opted Members:	Cathy Turland, Healthwatch Redbridge
Also present:	Councillor Judith Garfield, Redbridge

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

Apologies were received from Councillors Donna Lumsden, Barking & Dagenham, Umar Ali, Waltham Forest (Councillor Richard Sweden substituting) and Ciaran White, Havering.

Apologies were also received from Ian Buckmaster, Healthwatch Havering and from Mike New, Healthwatch Redbridge (Cathy Turland substituting).

19 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

20 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 September 2021 were informally agreed as a correct record.

21 BHRUT CLINICAL STRATEGY

The Medical Director of Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) advised that, given the impact of the Covid-19 pandemic, no further work on the strategy would take place over the winter. It was hoped that an update on the strategy could be given in Spring 2022. The Joint Committee supported this decision.

A representative of the Clinical Commissioning Group (CCG) added that they wished to support colleagues to focus on Covid issues. The overall clinical strategy could be brought to a future meeting of the Joint Committee. The CCG strategy would be agreed across the whole health system with the priority being to improve access to services. Clarification could be provided on the links with other organisations in the case of hospital developments such as the Princess Alexandra Hospital in Harlow.

It was suggested that the BHRUT Clinical Strategy be brought to a future meeting of the Joint Committee, once timescales were clearer.

22 CHAIR OF BHRUT/BARTS HEALTH

The Chair in Common of BHRUT and Barts Health NHS Trust stated that she was looking forward to working with the Committee. There had been a number of leadership changes at the Trust and BHRUT was considering its response to safety issues.

The Chair was two months into her role and had been impressed by the enthusiasm of staff she had met. This was a four-year appointment and formed part of a move to longer term leadership of the Trust with the new Chief Executive.

The priority of the new Chair was to deliver better outcomes for patients and the benefits of closer working between BHRUT and Barts Health would assist with this. Some patients were going from Barts to BHRUT for treatment and senior Barts staff had been assisting with A & E at BHRUT. There were also opportunities for staff to work across both Trusts and a review of patient experience in A & E was currently under way.

Both Trust Boards had agreed on a programme of joint work with the priority being making a difference to staff and patients. It was emphasised that there was no plans to merge the two Trusts. A stronger executive team was needed at BHRUT in order to improve services.

It was accepted by the Trust Chair that Members wished to have the maximum amount of services in Outer North East London. The Chair was

hopeful that staff would be comfortable with the closer collaboration between the two Trusts. All-staff briefings had taken place re the collaboration and a diagnostics network had been established across the two Trusts. The collaboration was focussed on clinical outcomes which had been welcomed by staff.

Recruitment was an issue nationally but it was felt that the collaboration would allow a better offer to be made to attract people to work at BHRUT. Bank staff were used across both Trusts. It was accepted that more staff were needed across the health and care system. Workforce planning across the sector would also help to reduce health inequalities. Staff academies were being established at both Trusts.

The Joint Committee noted the statement from the Chair in Common.

23 BHRUT MATERNITY REPORT

The BHRUT Director of Midwifery explained that the Trust's midwifery services had been inspected by the Care Quality Commission in 2018 and again in June 2021. Some areas of good practice had been found such as staff being fully engaged. It was also felt that staff were able to express concerns. Concerns had however been raised by staff over poor culture and bullying.

'Must do' requirements of the review included that all patients should receive full 'scoring' under the Obstetrics Early Warning System in order to identify women at risk of deterioration, better information sharing at handovers and the keeping of a full risk register for the service. 'Should do' requirements include the following of the latest guidance re post-partum haemorrhage and more effective blood clot assessments.

Steps taken to improve the service included that safety was now discussed at every meeting and that guidelines and policies were being reviewed. Support was also received from the Maternity Safety Support Programme. An action plan had been developed by staff and was monitored by the Trust Board. A Divisional Director for Maternity was currently being recruited. A new Maternity Voices Partnership had also been established to reflect the views of service users.

Members were concerned at the reports of bullying in the service and asked for more details of culturally inappropriate behaviour by staff that was mentioned in the CQC report. Officers felt that a lot of work on the service culture had been undertaken in recent years and that this aspect had now improved. Officers were happy to share the Trust's Maternity Action Plan with the Committee.

BHRUT officers were happy to meet with Healthwatch Redbridge to discuss reports of poor treatment of BAME women in maternity. Members accepted that the CQC review of maternity had been difficult for BHRUT but felt the

relationship of senior staff with safety issues should be considered. Councillor Zammett was unhappy that there was no maternity facility in Redbridge yet there were two such units in Tower Hamlets.

Officers responded that BHRUT was seeing more complex births which were not suitable to be delivered in a birthing unit. Information could also be provided on maternity services in Inner and Outer North East London.

It was also suggested that a progress report on the Maternity Action Plan be taken at a future meeting of the Joint Committee.

24 COVID-19, WINTER PRESSURES, ELECTIVE RECOVERY UPDATE

Officers advised that the vaccine programme continued to be delivered and that more than 80% of patients in hospital with Covid had not been fully vaccinated. 30% of intensive care beds were occupied by people who were not fully vaccinated and this prevented these beds from being used by other patients.

Work on the vaccine rollout continued in conjunction with winter planning. The use of more remote consultations with A & E clinicians had reduced some pressure on emergency services with patients treated in this way only attending A & E if it was felt necessary. This also meant an improved patient experience. The use of a symptom-based pathway by NHS 111 also reduced pressure on hospitals.

Work was in progress to reduce waiting lists. The collaboration with Barts Health was used for people who had been waiting for long periods. There was a lot of activity across sectors with for example an increase in breast cancer referrals following the recent death of the singer Sarah Harding. Staff would be lost to Covid work however which posed a risk to the recovery trajectory.

Initiatives at BHRUT such as superclinics and rapid diagnostic centres aimed to reduce waiting lists and there remained a great focus on infection control. Primary care appointments with GPs remained available.

Future plans included the redevelopment of Whipps Cross Hospital and officers remained committed to engagement on changes to services or policies. Work was in progress with the Integrated Care System to manage winter and Omicron pressures.

The number of vaccine pods had been increased to provide additional capacity. The scrapping of the 15 minute wait after administration of the vaccine would allow vaccinations to be delivered more quickly. Whilst support had been received from the Military, more volunteers were also needed. Some 1.8 million vaccines were required to be given in 2-3 weeks – a very ambitious target.

The Integrated Care System would look at consistency of services across the whole North East London area and further details could be brought to a future meeting of the Committee.

A Member was concerned that A & E performance at BHRUT had been found to be the worst in the country and still getting worse. He felt that empty beds at King George Hospital should therefore be reopened. Officers agreed that there had been a rise of 15-20% in walk-in majors patients. Officers did wish to open some additional wards but it was necessary to ensure that sufficient staffing was available. The Trust's surgical programme was still being maintained. There were also now more critical care beds at BHRUT and Barts Health.

In Barking and Dagenham, vaccine capacity had been increased at the Vicarage Field and Parsloes Health Centre sites. Additional practice staff would be used to deliver the vaccines rather than GPs themselves though it was accepted that there was a fine balance between delivering the vaccine programme and providing the regular GP services. It was wished to work with faith leaders to increase vaccine take-up.

The Joint Committee noted the update.

25 **PLANS FOR ENGAGEMENT AND INFORMATION ON PROPOSED SERVICE CHANGES**

It was planned to introduce a range of diagnostic centres across North East London. Larger centres would include an endoscopy suite whilst smaller facilities could be in High Street locations. Consultation on the plans had taken place with Healthwatch. An analysis of demographics, deprivation and travel times etc would be conducted before specific sites for diagnostic centres were confirmed.

Sites such as the redeveloped St George's Hospital could be accessed from e.g. Barking & Dagenham as well as by Havering residents.

The Joint Committee noted the position.

Chairman