

**Health Scrutiny Committee (HSC) Annual Report 2018/19****Councillor E. Keller - Chair's Report**

Following the changes made to the scrutiny committee structure last year, the Health Scrutiny Committee had three meetings to consider various matters in the form of individual agenda items and also undertook a scrutiny review on Childhood Obesity. We were supported by Matthew Cole, Director of Public Health, and Democratic Services Officers.

**Membership**

The HSC consisted of six members who were:

- Myself, as Chair of the Committee;
- Councillor Paul Robinson (Deputy Chair);
- Councillor Peter Chand;
- Councillor Irma Freeborn;
- Councillor Chris Rice; and
- Councillor Emily Rodwell

I, Councillor Robinson and Councillor Emily Rodwell were also members of the Outer North East London Joint Health Overview and Scrutiny Committee, which scrutinised issues affecting the health and care of residents primarily across our Borough, Havering and Redbridge (BHR).

I will now outline the issues considered by the Committee during the year.

**King George Urgent Care Centre – Inadequate Rating by the Care Quality Commission**

In August 2018, the Care Quality Commission (CQC) rated the Urgent Care Centre based in King George Hospital 'Inadequate' and placed the service in special measures. In response, the HSC requested that representatives of the local Clinical Commissioning Groups (CCGs) attend before it to provide assurance that it was taking immediate action to remedy the CQC's findings. The Chief Operating Officer for BD CCG assured the Committee that the BHR CCGs, together with Barking, Havering and Redbridge University Hospitals Trust ('the Trust'), took immediate action and conducted a formal, clinically led quality assurance visit to the site to determine patient safety issues, which led to changes to practices to improved patient safety. The CCG also placed the service provider under an enhanced level of surveillance for the next six months and issued a list of actions to be completed which, we were assured, led to all immediate risks to patient safety being fully mitigated. The Committee was also advised that the Director of Nursing had been removed from post following the CQC's findings, a new Medical Director had been appointed; and a recruitment process was underway for a new Chief Pharmacist. The Committee referred the matter to the JHOSC, to provide a further check on progress made.

## **Financial Recovery of BHRUT**

The Committee was alerted that the Trust was placed in Special Financial Measures in February 2018 following the discovery of a cash shortfall by the Trust in Autumn 2017. The Committee, aware of the historic financial issues at the Trust, requested that Chris Bown, Interim Chief Executive of the Trust, update the Committee on the actions it was taking to resolve these challenges. Mr Bown explained that the placing of the Trust in Special Financial Measures would help to return the Trust to a period of financial stability and that PricewaterhouseCoopers had been appointed to support the Financial Recovery Plan delivery. A report by Grant Thornton consultancy into the underlying issues found that some of the reasons for the instability were higher demand and delivery of services above the levels agreed with the commissioners; optimistic assumptions about 2017/18; overspending; weak financial control; a lack of forward analysis of cash requirements; and the robustness of the Trust's approach to delivering the Quality and Cost Improvement Programme (QCIP). The Committee was concerned that the issues with cash flow were only noticed when there was a significant shortfall and was advised that changes had been made to ensure the Trust's Board reports contained details about the cash flow going forward. Two temporary groups had been set up to respond to the specific needs of NHS Financial Recovery in BHR and the new governance structure would also assist in its recovery.

## **Review of Mortality at BHRUT**

The Committee was aware that the Trust had been identified as being an outlier for mortality in patients with pneumonia and for patients with biliary sepsis and sought a report from the Trust on what it was doing to address this, as well as obtain a view on mortality in the Trust more widely. As well as gaining an understanding of the mortality governance process, the Committee sought assurance from the Trust's Acting Medical Director that its mortality rate in relation to high risk surgery was not far beyond the national expected figures and that referrals from other hospitals did not have a negative impact on mortality rates in the Borough. Furthermore, the Committee explored the reasons behind the high number of hospital deaths compared to a low number of 'at home' deaths in the Borough and found that many patients did not present themselves to health services until it was too late; for example, stage four cancer patients were found presenting themselves for the first time at A&E. This was in line with what the Committee found when it undertook a Scrutiny Review on Cancer in 2016/17 and members suggested that the Health and Wellbeing Board receive an update on the Action Plan arising from the review, which I believe will be going to the Board in September this year. Members also noted that the CCG had agreed to establish an Older People's Transformation Programme that would assist in aligning GP practices to care homes, which the Committee will seek a further update on in 2019/20.

## **Medical and Financial issues regarding Patient Safety at BHRUT**

In light of BHRUT's financial instability, the Committee was concerned at the impact this may be having on patient safety and asked the Trust to provide evidence that patients were not coming to harm. Members were assured that independent reports by Grant Thornton and Deloitte found no evidence of harm to patients as a consequence of financial issues, and that there were no concerns regarding patient safety related to ongoing financial challenges. The Committee was informed of the work being undertaken to address issues relating to allegations of bullying of medical staff and allegations that a small number of consultants were covering up poor practice. Members were also informed that following the appointment of a new acting Chief Executive, staff appeared to be

approaching managers more often, a new electronic system had been put in place to enable staff to raise issues anonymously, there was no evidence that patients had received a lower quality of service; and the Trust was the only one in London to meet the 62-day target for cancer care.

### **Closure of the Cedar Centre at King George Hospital**

Members were made aware in August 2018 that the Trust was proposing to move all chemotherapy treatment from the Cedar Centre to Queen's Hospital; however, in October 2018, they were informed that the move would take place imminently because the Trust had come to the view that due to staff shortages, it was unlikely to resource the Cedar Centre safely from 12 November 2018. The HSC requested an explanation from the Trust as to the rationale for the move and assurances that it would mean an improved service for the Borough's residents and would not impact on them negatively in terms of travel. Whilst the Committee was satisfied that the move was for the overall benefit of the patients, and that the Cedar Centre would remain open to act as a hub providing support for cancer patients, it expressed disappointment in the way that the closure was handled, as the press release issued caused concern amongst patients who had not been prepared for the news. The Chief Nurse apologised on behalf of the Trust and advised that the mistakes made had been recognised and would be learned from.

### **Barking Riverside**

The HSC was kept abreast of the development at Barking Riverside, which having been designated as one of NHS England's 'Healthy New Towns', provided an opportunity to develop a genuinely integrated service with a key focus on prevention. The Committee was encouraged to hear about the emerging model for a well-being hub comprising health and care, leisure, and community and voluntary sector services which was being developed in consultation with local people and key stakeholders. Members hoped that once complete, this service would act as a model for health and wellbeing services across the Borough and asked for a further update on progress at a future meeting of the Committee.

### **Primary Care**

The HSC, being acutely aware of the challenges around primary care in BHR, particularly the ability to recruit a sufficient number of GPs to meet the demand of local populations, requested an update on the local picture from the BDCCG. The HSC had some key concerns which it challenged the BDCCG on, including the quality of the support provided to GPs before they were inspected by the CQC, the issue of safeguarding appearing as a theme in relation to CQC inspections, the ongoing GP to patient ratio and the associated barriers to access. The BDCCG provided assurance to the HSC on all counts and members appreciated their honesty in admitting that the GP to patient ratio issue was not one that could be solved overnight, and that they were continually reviewing models of general practice to help cushion the effect of this.

### **Scrutiny Review into Childhood Obesity**

Coming now to the Scrutiny Review into Childhood Obesity, the Committee's desire to review this area stemmed from statistics telling us that Barking and Dagenham has among the highest rates of overweight and obese children in Reception and Year 6 children in London. During the course of the review, the Committee had the opportunity to go out into

the community and see and hear for themselves the work currently being undertaken to address excess weight in children. Visits to 'Lean Beans' and HENRY weight management courses were arranged and a Q&A session with Healthcare representatives was held. The report arising from the Review sets out the local picture for obesity in children and makes recommendations that involve multi-agency action to support parents and families, and that seek to embed effective weight promotion at the most important stages of a child's growth and development. The report will be going to the Health and Wellbeing Board in September and the HSC looks forward to learning how the Board takes forward the recommendations and assessing in six months' time, the extent to which the recommendations have impacted on the delivery of services and outcomes for children and young people.

## **Contact**

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