

MINUTES OF HEALTH SCRUTINY COMMITTEE

Tuesday, 25 June 2019
(7:00 - 8:05 pm)

Present: Cllr Eileen Keller (Chair), Cllr Paul Robinson (Deputy Chair), Cllr Mohammed Khan and Cllr Chris Rice

Also Present: Cllr Jane Jones

Apologies: Cllr Donna Lumsden and Cllr Emily Rodwell

1. Declaration of Members' Interests

Councillor C Rice stated that he was a member of North East London Foundation (NELFT) Trust's governing body.

2. Minutes - 25 March 2019

The minutes of the meeting held on 25 March 2019 were agreed.

3. Barking, Havering and Redbridge University Hospitals NHS Trust - Financial Recovery Update

The Chief Finance Officer for the Barking, Havering and Redbridge University Hospitals Trust (BHRUT) delivered a presentation updating the Committee on its financial recovery.

Members noted from the presentation that:

- There was no material or structural reason why the Trust should be making losses;
- A large part of the deficit (around £30m) was driven by inadequate local health infrastructure;
- The Trust would save around £60m if it could become as efficient as the top 25% of trusts in the country, by focusing on improving quality and reducing waste which would be better for patients;
- Key 'deficit drivers' were the historic local health economy and the excess cost of employing temporary staff;
- The Trust was implementing 'The PRIDE Way' which was a quality improvement method, used by the Virginia Mason Hospital in Seattle, that focussed on improving quality and reducing waste;
- The Trust had big ambitions to become among the best integrated care systems and was working with its partners to achieve this; and
- The Trust would be refreshing its Clinical Strategy this year which would provide a renewed focus on achieving high quality and efficiency.

In response to questions, Dr Smith, Chief Medical Officer for BHRUT stated that:

- Whilst it was true that the Trust had a long history of high usage of temporary and agency staff, it was continually working to make progress on

this; for example, the Trust had changed its offer in relation to its emergency care consultant vacancies and developed an Academy of Emergency Medicine in relation to junior positions in the Emergency Department, both which had been very successful. It had taken a similar approach to recruitment to its surgical team which had helped to fill 23 of its hard to recruit to vacancies and was now replicating this for recruitment into some acute care specialities. The Trust had also developed other clinicians to take on advanced roles and produced a Nursing Workforce Strategy. Nevertheless, the high usage of temporary and agency staff was still a big challenge for the Trust and it would continue to work hard to find ways to manage this. The Trust was not alone in facing recruitment challenges - there were approximately 50 GP vacancies which was a huge strain on the system. All key local partners, including the Council, should be working together imaginatively to make working in this part of London more attractive;

- With regards to reducing waiting times, one of the main challenges was to reduce demand which was a health-system wide issue. The adoption of the PRIDE way had helped the Trust to look at the processes and pathways in great detail and eliminate waste, which included patient waiting times. Much of this work related to what the Trust termed 'reducing waste in system'; for example, it used to be the case that when a patient suffered a fracture, they would be required to come to the fracture clinic, sent away for tests, and then return to the clinic and referred for treatment – not all these visits were necessary, and amounted to 'waste in the system'. Furthermore, the Trust would need to look at reducing waste in relation to how it managed long term conditions and it was also in discussions with NELFT on better ways to work together for patients with mental health conditions, which was a significant issue. However, the reduction in 'waste in the system' could not be delivered by the Trust in isolation and would need the involvement of primary care and other key stakeholders to bring real transformation to the patient experience. This was not about turning patients away but looking at ways to streamline pathways and ensuring patients were receiving the most appropriate care at the right time, for example, one of the consultants in the fracture clinic believed waiting times could be reduced by half if he were to undertake more virtual consultations. Also, some work needed to be done to ensure its directory of specialties was very clear so patients were always referred to the right professional in the first instance.
- The Trust accepted that according to predictions about the growth of the population in North East London in the future, and the demand this would bring for its services, it faced a huge challenge. The local health system would have to undergo transformation to bring forth the financial benefits of integrated care. In theory each extra person would attract an allowance; however, the reality was more complicated than that. The Trust would be consulting on its Clinical Strategy later this year, which would need to take future population growth into account.

Members welcomed the measures taken by the Trust to reduce waiting times; however, stated that the caveat to this was that there would always be a group of vulnerable patients for whom new approaches may not be appropriate, such as those with learning difficulties, or elderly patients, who may not be able to participate in a virtual consultation without the correct support. Members asked the

Trust to ensure all departments within the Trust were aware of this and had the arrangements in place to provide the best care to these groups. Members also asked the Trust to ensure its services were user-friendly for patients who used ambulance to travel to and from their services, so that for example, they were not waiting for long periods of time after their appointment to be picked up and taken home. Dr Smith agreed that this was a very important point and assured the Committee that when reconfiguring services, the Trust always consulted its patient partners to ensure services would meet the needs of all patients, including the most vulnerable.

4. Barking, Havering and Redbridge University Hospitals NHS Trust - Health Education England Focus Group's Findings

Dr Smith delivered a presentation explaining the findings of Health Education England (HEE) in relation to the standards of staff training and medical education, and the actions taken by the Trust in response to HEE's report.

Members noted from the presentation that;

- BHRUT hosted a large number of doctors in training. As part of the monitoring service for feedback from trainees, HEE, along with the General Medical Council (GMC), undertook reviews on the quality of the trainee experience. In addition, HEE undertook a risk-based trainee focus group visit to the Trust on the 2 April 2019, which was planned following the release of the GMC National Training Survey 2018 results. During this visit, some concerns were raised in relation to the acute medical on-call rota, clinical supervision, the relationships between the higher medical trainees and the Emergency Medicine department;
- As a result of the visit, HEE issued nine mandatory improvement requirements to the Trust and this led to the GMC placing Acute Medicine into enhanced monitoring, due to the potential for patient harm (no harm had actually occurred); and
- Dr Smith and the Director of Medical Education took these concerns very seriously and were leading the improvement work plan. The Trust continued to work with the HEE and GMC and had provided evidence of progress in line with the HEE Quality Visit Action Plan.

Dr Smith took members through the nine mandatory improvement actions the Trust was progressing in detail.

Whilst members were pleased that there were now more individuals that trainees could report issues to, they expressed concern that it had taken a HEE visit for the Trust to become aware that it had a problem. Members also expressed concern that the problems faced by doctors in training could be similar to those faced by other professionals in the Trust, such as nurses. The Trust's ICE assured members that it was confident that trainees in other professions did not face a similar experience as the management and accountability structure was clearer and the supervision requirements were more developed. The ICE accepted that the Trust needed to work very hard with regards to the culture around doctors in training to ensure all colleagues knew the value of working together. It had already started this work, using the PRIDE way's 'Respect for People' framework to establish high standards; however, it would take a number of years to achieve this.

Members expressed concern that some of the required actions identified by the HEE were basic, such as providing evidence that the consultant on-call was clearly identified and providing supervision and support to medical trainees. Dr Smith accepted that this was the case and added that sometimes organisations needed a mirror held up to them to see where poor practice was occurring. The Trust had a long journey ahead to get to the standards required and telling all staff to listen first would be her 'mantra' going forward.

Members asked how consultants were held accountable in terms of their management of staff. Dr Smith stated that over the last few months, it had worked hard to get recognition amongst consultants that there were significant issues in the management of trainees, which had to be overcome. Its next steps were to get to a point where it was tackling all incidents of poor behaviour by building capacity to do this. It had, for example, developed its clinical leadership, appointed clinical leads, and clarified structures and expectations.

Members commented that addressing HEE's concerns and going even further to provide an excellent training experience for trainees was crucial to the Trust's future, otherwise trainees would not return to work for the Trust once they qualified. The ICE assured the Committee that the Trust's Board was absolutely determined to address all the actions and build on them to create a positive culture in the long term. Dr Smith assured members that there were now clearly identified leads whom trainee doctors could talk and report to regarding any problems they were facing. In addition, all trainees had access to a 'Guardian of Safe Working', an internal consultant who was separate to the Trust's Board to whom they could raise concerns anonymously. The Trust had also carried out workshops to help with problem solving in the context of team working.

Members asked whether the Trust had arrangements in place to support trainee doctors who had ambitions to become future leaders, such as opportunities to shadow consultant leaders. Dr Smith stated that all trainees had to demonstrate elements of leadership training as part of their 'sign-off' and there were opportunities to shadow board directors. Senior trainees could apply for Chief Registrar posts, which had protected leadership and management time. The Trust also had a number of staff undertaking a Darzi Fellowship, (a one-year programme aimed at those at the start of their leadership journey, undertaking one main project for the Trust as their sponsor). However, the Trust could do more on this aspect, and she would take this back as a recommendation for the Trust to reflect further on.

The Chair thanked the Trust's representatives for attending the meeting and taking the time to answer its questions.

5. Joint Health Overview and Scrutiny Committee

The Chair asked members to note a report on the Joint Health and Overview Committee (JHOSC), which, as well as providing information on local joint health scrutiny arrangements between the borough and other boroughs, asked the Committee to confirm the appointment of three of its members to the JHOSC.

The Committee agreed to appoint Councillors E. Keller, P. Robinson and M. Khan to the JHOSC for the 2019-20 municipal year.

6. Work Programme

The Chair, having explained that the Work Programme was a flexible document, in order to be able to reflect changing local priorities, asked members to review the Committee's draft Work Programme and welcomed suggestions for other items for consideration by the Committee.

The Committee agreed the Work Programme.