MINUTES OF HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 21 June 2017
(7:00 - 9:05 pm)

Present: Cllr Peter Chand (Chair), Cllr Adegboyega Oluwole (Deputy Chair), Cllr Jane Jones, Cllr Linda Reason and Cllr Chris Rice

Apologies: Cllr Sanchia Alasia, Cllr Eileen Keller, Cllr Hardial Singh Rai and Cllr John White

1. Declaration of Members' Interests

Councillor Oluwole stated that he was employed by Barking, Havering and Redbridge University Hospitals Trust (BHRUT).

2. Minutes - To confirm as correct the minutes of the meeting held on 3 May 2017

The minutes of the meeting held on 3 May 2017 were confirmed as correct.

3. Barking, Havering and Redbridge University Hospitals Trust - Improvement Plan Update

Sarah Tedford, Chief Operating Officer (COO) for Barking, Havering and Redbridge University Trust (BHRUT) stated that the Trust was inspected by the Care Quality Commission (CQC) in September and October 2016. Following the inspection, a ‘Quality Summit’ was held to discuss the inspection report findings and develop a plan of action. The CQC felt that the Trust had made enough improvement to move on from an overall rating of ‘inadequate’ to a rating of ‘requires improvement’, which meant that it could be taken out of special measures. The Trust has demonstrated an encouraging level of improvement and the COO’s presentation would now discuss what was in place to support the Trust to continue its improvement journey to enable it to achieve an overall rating of ‘good’.

The COO’s presentation covered the following areas:

- Where we are:
  - Establishment of an improvement portfolio board with clear lines of reporting and accountability
  - The quality improvement plan, monitored through the improvement portfolio board
  - Importance of joint working with partners
  - Continual external and internal assurance
- Must do actions – March 2017 report
- Governance Structure.

A member asked the COO to update the Committee on the Trust’s current referral to treatment time (RTT) performance and asked whether its performance at the time of the inspection affected the CQC’s findings. The COO stated that the Trust
had drafted a plan alongside the Clinical Commissioning Groups to get to the RTT target by September 2017. She was pleased to report that by the end of the month, the Trust would meet the RTT target for 90 percent of patients (the standard was 92 percent); however, for some specialisms such as trauma, orthopaedics and general surgery, it would take more time to reach RTT targets. RTT performance was being monitored very closely to ensure that patients would not face harm whilst waiting, that waiting times were decreasing at a good rate, and that the Trust was on track to meet RTT targets by September this year.

The Committee asked what the Trust was doing to retain staff, given its high staff turnover and vacancy rate. The COO stated that this was a complex and challenging area for the Trust which it was working hard to address. The Trust had successfully recruited 200 nursing staff who would join soon and had also held an ‘Open Day’ at the weekend which led to the appointment of 50 people. Past recruitment initiatives had not produced this level of response which may be attributed to the Trust’s previous ‘special measures’ status. The Trust still had a large vacancy rate but was starting to see it reduce. With regards to retention, this remained a challenge as many newly qualified staff were still leaving after a year of employment. The Trust was trying to understand the reasons behind this and in response, had put in place rotational opportunities so staff could obtain a variety of experiences and a 10-year career development programme, which had been shared with NHS Improvement, who were keen to share it nationally. In response to a further question, the COO stated that there was regular monitoring of this programme and in approximately six months’ time, the Trust would be able to build a picture of its effectiveness.

In response to a question, the COO stated that she would be able to provide the Committee information on the Trust’s vacancy rate in terms of percentage following the meeting and added that the Trust still relied heavily on agency staff.

In response to questions, the COO stated that the Trust’s Chief Executive held a high level monthly meeting where the ‘five pillars’ of improvement work were considered. There were many other meetings looking at different elements of these pillars which occurred as frequently as weekly. The executive team met with frontline staff regularly. Across all times of the week there were a range of forums where engagement with staff took place to allow significant opportunity for the staff voice to be heard. Senior staff within specialisms met with their own teams regularly also.

A member asked the COO to update the Committee on the Trust’s financial position. The COO stated that the Trust was now in a relatively strong financial position. It was in a £11.9m deficit at the end of the last financial year and the first two months of the current financial year showed a surplus of £1.3m. This was a testament to the hard work of teams across the Trust in finding better ways of working. In response to questions asking whether reducing the deficit over the years had affected residents and the numbers of staff negatively, Ms Tedford stated all the Trust’s plans go through an impact assessment overseen by the Medical Director and Chief Nurse, which would consider carefully the impact on service users and staff. The Trust had found ways to become more efficient resulting a reduction in admissions to hospital, for example. Unlike many other NHS organisations, the Trust has increased staffing levels and most of the savings were down to addressing significant inefficiencies in how the Trust was operating.
A member asked what the Trust was doing to improve the level of resuscitation training as this was an area of concern raised by the CQC. The COO stated that this issue related to the ability to release staff for the training, which had now been resolved. The Trust had started monitoring mandatory training and this action had now been complete.

In response to a question, the COO stated that agency staff were more expensive than permanent staff. The Government had issued regulations regarding the capping of pay for agency staff and it was important that all NHS trusts kept to the cap in order for it to reduce costs across the NHS.

A member asked what the Trust’s main priorities were for achieving an overall rating of ‘good’ by the time of its next CQC inspection, and what the Trust’s target time period was for achieving this. The COO stated that the Trust aimed to achieve an overall rating of ‘good’ by the time of its next CQC inspection, which could be in March 2018 (however, it was usually difficult to change the overall rating unless there was a full CQC inspection, which currently was not known at this stage). In terms of priorities, the Trust had an ‘Improvement Portfolio’ which listed its main priorities. In summary, it aimed to continue to work on administrative and other systems to achieve better services by demonstrating that it was proficient in all the domains CQC would inspect it on.

In response to a question, the COO stated that cost was not stopping the Trust from recruiting the right staff. The Trust had a Workforce Strategy and knew the numbers it needed; for example, it had nine consultants in the Emergency Department but it should have 24. The issue was a national one in that there was a shortage of staff, and there were many other trusts in this position. The Medical Director and Chief Nurse were working with universities to enhance BHRUT’s offer to attract more staff.

A member stated that members had been hearing about plans to close or ‘downgrade’ King George Hospital’s (KGH) A&E department for some time and move services to Queen’s Hospital. She asked whether there was a planned timetable to implement this and how the Trust could be confident that doing this would improve access to emergency care for the borough’s residents. The COO stated that it was correct that there had been numerous discussions regarding the KGH A&E and the best way forward to manage the increase in demand on A&E. Over the past two years the Trust had seen a 20 percent increase; however, much of this increase could be attributed to people attending A&E due to inaccessibility of other services more suited to deal with non-emergency cases. No decision had been made on the future of the A&E at KGH but different models were being looked at as part of the Sustainability and Transformation Plan for this part of London.

A member stated that the CQC inspection found that the Trust was consistently failing to meet NHS waiting time indicators relating to 62-day cancer treatment, and asked the COO to explain to what extent the delay had been decreased. The COO stated that the clinical team were working hard to ensure the service had the right resources to reduce delay. In March 2017, the service had in fact managed to deliver the waiting time target; however, performance slipped back in April and more recently, the NHS cyber-attack occurred, which could potentially affect
performance. The team were aware of this and would be looking seriously at how to reduce the delay so that in June, performance would be on target once again.

In response to a question, the Council’s Strategic Director for Service Development and Integration (SDSDI) stated that the borough had a higher rate of people being diagnosed with cancer at a late stage due low awareness amongst residents of the signs and symptoms of cancer. The Council’s Director of Public Health (DPH) added that there were two screening programmes for breast and bowel cancer in this borough and in Havering and Redbridge, and it was important to improve screening attendance rates so that more people could be diagnosed earlier. There was currently a programme being delivered to target specific communities and work with GPs, which was being overseen by the Cabinet Member for Social Care and Integration. The Chair stated that this Committee had completed a scrutiny review on raising awareness amongst residents of the lifestyle factors that can increase the risk of cancer, the importance of screening, and the symptoms of cancer, which would be presented to the Council’s Health and Wellbeing Board in September 2017.

4. **Barking, Havering and Redbridge University Hospitals Trust - Response to the Parliamentary and Health Service Ombudsman Report on Failures in Discharge from Hospital**

The Council’s Operational Director, Adults’ Care and Support (ODACS) introduced the item by stating that the Parliamentary and Health Service Ombudsman published a report last year entitled ‘Unsafe Discharges from Hospital’. This report was based on investigations that they carried out on 216 complaints and nine cases were used to illustrate the gap they saw between established good practice and people’s actual experience of leaving hospital.

The most serious issues they observed were:

- Patients being discharged before they are clinically ready to leave hospital;
- Patients not being assessed or consulted properly before their discharge;
- Relatives and carers not being told that their loved one had been discharged; and
- Patients being discharged with no home-care plan in place or being kept in hospital due to poor co-ordination across services.

The ODACS added that hospital discharge practice had improved considerably in BHRUT over recent years supported by the creation of the Joint Assessment and Discharge (JAD) Service which had led to a sharp reduction in delays attributable to social care. However, the Council was still aware of discharges that had gone wrong where some of the issues described above were present. This agenda item had been requested to inform members on what systems were in place locally to monitor the numbers of unsafe discharges and what was being done to address problems around practice that may be present locally.

The COO for BHRUT delivered a presentation on ‘Ensuring Discharges are Safe’ which covered:

- How older people can define ‘wellbeing’
- What is a safe discharge?
- Why is safe discharge important?
• What we are doing to improve – the flow programme, and
• How we will know we have improved?

A member stated that vulnerable people such as those with learning disabilities should have a hospital ‘passport’, which would contain information in it that should help facilitate appropriate discharge from hospital. She asked what the Trust was doing to ensure that such people got home safely as she was aware of a case where despite having a hospital passport, the person did not get home safely from the Emergency Department. The COO stated that she was disappointed to hear this as there were support teams in the A&E departments to ensure people got home safely. She asked the member to provide her with the details of the case outside of the meeting so she could arrange for it to be looked into.

In response to questions from members, the COO stated that:
• The Trust was seeing much closer working between social care staff and its own staff but there was more to be done on this;
• There were arrangements in place to support people with medications at home and some diagnostic tests could also be undertaken in the person’s home;
• The Trust had had some cases of vulnerable people being discharged in the middle of the night on their own and was working to ensure this would not recur. Discharge was now discussed with the patient to ensure they understood what was happening and if there was no support available to enable the person to be discharged at night, there was an ‘observation ward’ where they could stay until morning;
• The Trust has a system in place to record ‘repeat attendees’ and was working with GPs on this. It had also obtained some funding to appoint two individuals to work with such patients to understand why they kept returning to hospital;
• The reasons why some discharges were classed as ‘complex’ varied but usually, it was because the person could not go back to the setting they were in before they came into hospital. The JAD Service had made a big difference to help ensure better discharges for many people;
• Demand for patient beds was still a big challenge for the Trust, particularly during bank holidays and cold winters, for example. However, the Trust’s policy was not to discharge if it was not considered safe to do so;
• There were three meetings a day to consider patient flow so that discharges could be planned. These meetings should lead to better planning around ordering transport for the patient if required. She would be keen to hear examples of where the ‘cut-off’ point for ordering transport had been missed due to poor planning, leading to an extra night’s stay in hospital;
• If the patient was homeless, the Trust would work with the relevant services to ensure the patient had a safe place to go to from hospital. This could sometimes lead to a longer stay in hospital; and
• The Trust no longer ‘rewarded’ teams for discharging patients earlier in the day.

5. Barking, Havering and Redbridge University Hospitals Trust’s Response to the Cyber Attack on the NHS

The COO stated that the recent cyber-attack on the NHS had fortunately not affected BHRUT as badly as it had done some other NHS organisations; however,
the Trust did face some challenges as a result of the attack. In the aftermath of the attack the Trust had to shut down its internet access and external emails, and update its anti-virus software. Some servers were affected but as it had over 400 servers, the impact was not severe. The Trust’s IT service worked with Microsoft to carry out ‘patches’ on affected servers to aid recovery. The Trust did have to declare an internal ‘major incident’ as some data could not be transferred across teams. This meant that staff had to walk back and forth locations to maintain services and because of delays, they had to prioritise some cases above others. Some non-urgent appointments also had to be rescheduled to deal with delays caused by the attack and allow more capacity to deal with emergency patients. Emergency and cancer services were effected. There were some problems with the Trust’s switchboard and some routine blood tests had to be stopped.

A full review was being undertaken on how the Trust dealt with the attack. Some early lessons were that systems should be tested, and patches should be undertaken, regularly.

In response to questions from members, the COO stated that:

- There were no breaches of patient confidentiality;
- No ransoms were paid as a result of the attack; and
- The patches made to servers as a result of the attack did not cost the Trust as they were provided by Microsoft, but the attack did have a cost-in terms of man hours spent on dealing with the impact.

6. Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services in Quarter 4

The Commissioning Director, Adults’ Care and Support (CDACS), outlined a report updating members on results of inspections undertaken by the CQC on local adult social care services in Quarter 4, which was noted by the Committee.

A member asked whether members of the Committee could undertake visits to a selection of providers in the borough and the CDACS stated that he would be happy to facilitate this. The SDSDI stated that previous members of this Committee had been offered such visits after a programme had been produced; however, take up was low and therefore members would need to commit to attend before a programme of visits was drawn up. The Chair asked the Democratic Services Officer to write members to request that they express an interest in taking part in visits.

7. Joint Health Overview & Scrutiny Committee

The Chair asked members to note a report on the Joint Health and Overview Committee (JHOSC), which as well as providing background and information on local joint health scrutiny arrangements between the borough, and the boroughs of Havering, Redbridge and Waltham Forest, asked members to appoint three members of the Committee to the JHOSC.

The Committee agreed to appoint Councillors Chand, Oluwole and Jones to the JHOSC for 2017-18.
8. Draft Work Programme 2017/18

The Committee noted a report on its proposed Work Programme for 2017-18, including a recommendation made at the 3 May 2017 meeting that the Committee undertake a scrutiny review on Oral Health in 2017-18.

Councillor Reason suggested that before taking a decision, the Committee alternatively, consider undertaking a scrutiny review on homeless people’s access to health services, as her experience as a councillor told her that this was an issue that needed investigation. Officers advised that due to the number of Committee meetings remaining in 2017-18, this area would be difficult to scrutinise thoroughly as it would involve a wide remit to address several complex issues. Councillor Reason accepted this and urged members to undertake a scrutiny review on this issue next year (she would not be standing to become a councillor in 2018).

Having confirmed that the Committee agreed to undertake a small-scale scrutiny review on Oral Health in 2017-18, the Chair stated that the Committee would now need to agree upon which aspect of oral health the review would focus on. Officers had laid out three options in the report, as follows:

- Oral health in early years;
- Oral health and special educational needs; or
- Oral health training and the wider professional workforce.

Having taken advice from officers, the Committee agreed that the area of focus for the Oral Health Scrutiny Review should be Early Years.

The Chair asked members whether they felt there were items on the Health and Wellbeing Board Forward Plan which needed pre-decision scrutiny. Members confirmed that at this stage, there were not.

The Committee noted the other suggested items for its Work Programme 2017-18 and the Chair asked members to write to the Democratic Services Officer with any further suggestions.