43. Declaration of Members' Interests

There were no declarations of interest.

44. Minutes

The minutes of the meeting held on 13 February 2013 were confirmed as correct.

45. Diabetes Scrutiny: Update

The HASSC noted the report and welcomed Cllr Worby and Dr Mohi to the meeting to receive and discuss the findings of the diabetes scrutiny undertaken by the HASSC.

Cllr Worby thanked the HASSC for giving diabetes profile and moving it up the list of priorities for commissioners and strategists in the health and social care economy. Cllr Worby stated that through the Health and Wellbeing Board it will be possible to establish accurate baseline data for diabetes prevalence. This will inform commissioning and result in better provision and access to services. The Board also has a role in spreading awareness and understanding the wider impacts of diabetes across the health economy. The Board hopes to commission the BAD Youth Forum to engage in public health campaigns and educate at peer level. Cllr Worby assured the HASSC that their findings will influence the next iteration of the Health and Wellbeing Strategy.

The HASSC asked if there was enough diabetes literature and whether it was being given out to those in need of information. Dr Kalkat explained that diabetes literature is under review by the CCG having reached the end of an old print run. The CCG will investigate whether GPs are giving out the information packs in light of the HASSC's concern.

The HASSC asked if people with mental health services would be targeted for diabetes intervention as prevalence is higher in this group. Furthermore, diabetes tend to be more likely to suffer from mental health issues such as depression so it is important services are appropriate for those with mental health conditions. David Horne confirmed that physical check-ups for diabetics with mental health conditions were being monitored to ensure that they receive the right level of care and support.
Dr Mohi shared with the HASSC several areas for improvement, including:

- Extending the reach of diabetes services to find all groups within the community, targeting services accordingly (especially screening)
- Improving the usage of the DESMOND programme
- Developing services at Porters Avenue
- Learning from national and local best practice examples
- Developing expertise among GPs

To drive these improvements the CCG has established a diabetes forum. Once the forum has completed preparatory work stakeholders will be invited to add value and contribute.

Matthew Cole and Elaine Clark commented that commissioners need to concentrate on managing diabetics within the community setting because there are too many hospital admissions from Barking and Dagenham diabetics. Elaine added that out of hours services were not suitable for diabetics and diabetics struggle to access the out of hours service.

Dr Kalkat accepted the HASSC’s findings in relation to weaknesses within GP care for diabetes and especially the standard and adherence to the 9 NICE health checks. He admitted that standards of care across the borough are not consistent but these will be addressed through a programme of peer review. Dr Kalkat and Dr Mohi were in agreement that GPs are in need of further training about diabetes and welcomed the comment about GPs needing to spend more time with newly diagnosed diabetics.

The final report of the HASSC will be presented to the next meeting before being passed to the Health and Wellbeing Board for formal response and implementation of recommendations.

46. CQC inspection report of A&E: Holding BHRUT to account

Stephen Burgess (Deputy Medical Director, BHRUT) delivered a presentation to the HASSC which:

- Described the background to the CQC reports. Highlighting issues with staffing and quality of care in the maternity and emergency departments. Referencing previous CQC reports, shortcomings identified by commissioners, and the most recent round of CQC inspections.

- Summarised the findings of CQC citing long waiting times, staff shortages, lack of privacy and dignity in care, and patients being nursed in inappropriate environments. The HASSC noted that in December 2012 80.88% of patients completed their care within 4 hours. (against target of 95%)

- Explained capacity issues and increasing demand on A&E services.
  - Queen’s Hospital was designed to deal with 90,000 attendances per year but now responds to 132,000
  - 22% rise in attendances from 2011 to 2012
  - In 2012 Queen’s saw 73 patients a day more than in 2011
  - In 2012 there were 23 days where there were more than 470 A&E
attendances. In 2011 there were only three.
- The average number of attendances a day in 2012 was 404 (highest 518), in 2011 it was 331.
- Queen’s hospital receives more blue light ambulances than any other hospital in London.

- Outlined the Trust’s action plan
  - Opening new surgical assessment unit
  - Introducing direct access for GP admissions
  - Improving staff cover and overhauling rotas
  - Introducing clinical fellows into A&E
  - Working to improve discharge and hospital flow
  - Redesigning and rebuilding the emergency department
  - Increasing urgent care centre utilisation
  - Introducing care of the elderly input into front end of A&E
  - Closely monitoring patient experience
  - Strengthening performance management

- Outlined what partners can do to support improvement programme, including:
  - Reducing ambulance flows
  - Increasing primary care access and use of GP appointments
  - Improving availability of rehab beds
  - Improving stroke pathway

- Highlighted the Trust’s success in turning around the maternity department which is now compliant with all CQC standards that were inspected. The transformation has seen:
  - The opening of the Birth Centre which has 50% use of birthing pools, 80% of women breastfeeding, and low levels of transfers to the main labour ward.
  - 100% of women receiving one-to-one care in labour
  - The department operate with a full complement of staff
  - Improved patient feedback. 96% of women would recommend Queen’s to friends and family

- Updated on the situation at King George Hospital confirming that subject to final checks there will be no more deliveries from March 2013. A&E services will remain until such time that the regulators, commissioners, and the Trust judge Queen’s A&E to be well performing.

Following the presentation the HASSC asked the following questions of Stephen Burgess and Dorothy Hosein (Chief Operating Officer, BHRUT):

- What was the reaction of the Trust’s Board? What responsibility does the Board take for the findings? How will the Trust ensure that any improvements that are made to A&E sustained?

Dorothy Hosein, as a Board Member, responded stating that she and the Board take the findings very seriously indeed. The Board is aware that the standard of care is unacceptable and has approved a robust action plan to address CQC’s findings. Patient care is the number one priority for the Trust and is at the heart of all of the actions put forward in the plan. Board members are receiving daily
performance updates and visiting the front line to get first-hand experience of care. The HASSC was pointed to the recent success of the Trust in turning around the situation with maternity as proof that the Trust is capable of responding and improving.

Elaine Clark, who represents patients on the Trust Board, confirmed that the atmosphere of the Board is uncomfortable and all Board Members very serious about the challenges and they are working hard to address them.

- How will the Trust respond to the staffing issues raised? When can the Committee expect to see a fully staffed emergency department?

It is essential that staffing levels are raised and that the Trust becomes less reliant on bank or agency staff. Recruitment is very difficult for the Trust as because of its reputation and business it is not an attractive organisation to work for. Another problem is that the Trust has a high turnover of nurses and finds it difficult to retain staff. The Trust is trying to be creative in its recruitment to overcome these problems, for example it is exploring joint appointments with teaching hospitals as a way to bring in high calibre staff. It was noted that recruiting doctors and nurses is a national problem. The Trust asserted that recruiting to vacant posts was not linked to cost savings for the Trust. Recruitment and retention is a top priority. The HASSC was assured that the Trust’s staffing levels are safe despite the shortage of middle grade doctors, nurses, and consultants. Moreover, the rota is being overhauled so that the hospital has appropriate medical cover at all times.

- Is the Trust capable of managing and responding to more than one crisis at any given time?

Cllr Worby echoed the concerns of the HASSC and pressed the Trust over their history and failure to get on top of problems. Dorothy Hosein assured all present that the governance of the Trust is being strengthened, key personnel and Board Members who were not performing to the require standard have been replaced, and the Trust is looking across the piece rather than just focussing on individual areas. Furthermore, a Director of Governance has been appointed to ensure that governance and performance management is robust.

- What can be done to improve the patient’s experience?

Re-designing the department physically will help to improve the patient experience. The Trust will also need to direct more activity to the Urgent Care Centre at Queen’s and more nurses will need to be recruited. In the last two months the Trust has introduced ward rounds and privacy checks in response to the criticisms of CQC.

- Why has it been proposed that the Broad Street Walk-in Centre is closed at a time when A&E services cannot cope?

Cllr Worby (Chair, Health and Wellbeing Board) was equally concerned by the proposal to close Broad Street Walk-in Centre. Cllr Worby advised the HASSC that the Health and Wellbeing Board will be considering the proposal at its next meeting on 12 March 2013 and reporting the views of the Board back to the
HASSC for consideration.

Dr Mohi (Chair, B&D CCG) stated the Walk-in Centres are part of a bigger agenda for primary and urgent care. When patients visit the Walk-in Centres they are denied the holistic care that they would receive from their GP. It is important GP capacity is being properly utilised, currently the system is inefficient and not conducive to good care. The HASSC was assured that residents will get a better service under the new model. Furthermore, the changes to urgent and primary care will result in better value for money. Dr Mohi reminded the HASSC that the proposal was still under consultation and no firm decisions have been taken about the future of Broad Street Walk-in Centre.

- In light of with Lewisham’s Hospital Trust, is there a possibility that BHRUT will be judged financially unviable and thus broken up? Will the Trust achieve Foundation Trust status?

No, the Trust is confident that it will recover its financial position. The Trust is meeting its deficit targets and is due to clear its £40 million deficit in 2 years’ time; this is part of a longer term 5 year financial plan. BHRUT believes that because of the strong levels of activity that pass through the Trust it will be able to achieve savings. Similarly the Trust is confident that it will achieve Foundation Trust Status. Although the Trust was not able to explain to members the implications of not doing so by the 2014 deadline set out in the Health and Social Care Act 2012.

- What does the CQC’s report mean for A&E services at King George Hospita?

The HASSC was advised that the A&E department of KGH will only be closed once there have been adequate assurances that Queen’s is safe. There is no timeframe associated with the closure of KGH A&E at this time; the closure is a gateway process whereby milestones must be achieved.
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