Date: 2\textsuperscript{nd} October 2013

Dear Margaret,

**Barking & Dagenham Council observations on Barking, Havering & Redbridge University Hospitals NHS Trust**

On behalf of the Health & Adult Services Select Committee of the London Borough of Barking & Dagenham (the Council’s health overview & scrutiny committee), I am pleased to provide comments on the services provided by Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT). Under the new CQC regime, we are pleased that the inspection will start by gathering in the views of key local stakeholders such as ourselves.

Obviously, the Care Quality Commission has ready access to the wealth of data that describes the problems at BHRUT’s hospitals, including accident and emergency performance statistics, the Friends & Family Test data, mortality rates and the hospital’s financial position. There is relatively little that we can add to this range of data. However, we can add our perspective as partners of the Trust and representatives of residents of the borough that use the services. The feedback we are getting from constituents is mixed and this is cause for concern as we would like to see the overwhelming majority of patients at Queen’s Hospital have a positive experience. At the moment it feels as though patient experience is dependent on chance and circumstance as the Emergency Department struggles to get to grips with demand, staffing issues, and waiting times. We would therefore like to see the inspection panel look at what the Trust is doing to improve consistency of care so that a positive experience is guaranteed every time a person walks through the hospital’s doors.

CQC will be well aware, having raised the issue in previous inspection reports, that the structure and design of Queen’s Hospital is not particularly helpful to people using it. Many of these issues will not have been addressed as they will require considerable investment and capital works. We are aware that new signage and other such minor improvements are being made, but it remains a significant challenge for the hospital that it has been built to an unsatisfactory layout and standard.

You will also be aware of the status of the A&E and maternity departments. The improvements that have been seen in maternity services have been greatly welcomed, and are a tribute to the concerted effort on the part of the clinical and managerial leaders in the hospital. However, whilst dramatic, the improvements remain embryonic and we continue to look for assurance that they are fully embedded and are sustainable as ‘business as usual’; we will welcome your views on where these matters stand.
Accident and emergency services remain a major cause for local concern, as I am sure you will see reflected in waiting times, ambulance waiting times and discharge processes. We are aware of problems with recruitment and retention of medical personnel, and the role that the hospital’s reputation plays in this problem. The Secretary of State set a condition on the proposed closure of A&E services at King George Hospital, that Queen’s should be functioning to the expected standard, and over a year later the services seem nowhere nearer to reaching that level. However, plans for the implementation of those proposals continue to advance. It is worth noting that BHRUT recently issued a proposal to close the A&E at King George Hospital overnight, only to receive challenge on that proposal from the Clinical Commissioning Groups and subsequently to have to withdraw it. This apparent lack of clear and direct strategy on the future of accident and emergency services has also been reflected in presentations to this committee that have been less than clear on just what progress is being made against previous CQC requirements.

We also understand that these issues are in many ways a wider ‘health system’ problem. The whole health and social care system is working well together across Barking & Dagenham, Havering and Redbridge under the leadership of the multi-agency Urgent Care Board, and BHRUT are well engaged and active in discussions. They have fronted the bid for the £7m allocated by the Department of Health to respond to winter pressures across the local health economy, although there is considerable local concern about this being insufficient funds for a health economy based around so troubled a hospital.

There are wider considerations across the 'system'; however, that we do not feel are helping the hospital's recovery. We have been very vocal over recent months about the Clinical Commissioning Group’s proposal not to renew or re-tender a contract for the provision of a Walk-in Centre on the doorstep of Queen’s Hospital, which will now close in March next year. There are widespread concerns about the ease with which local people can see a GP at a convenient time, or at short notice, and we do not accept that the closure of one of the Borough’s two walk-in centres (and the one nearest to Queen’s Hospital) will not place further pressure on accident and emergency services. The promised alternative - a system of more flexible GP access - is yet to materialise or even to be clearly set out for us.

Additionally, we are also concerned about the poor utilisation of the Urgent Care Centre at Queen’s Hospital, an issue that we are paying even closer attention to due to the decision made by the CCG above. The latest figures show that the utilisation of the Urgent Care Centre stood at approximately 32% for week commencing 1 September 2013; figures have consistently fluctuated around this percentage and have never risen above 34% since regular data became available in March 2013. This is significantly lower than the 45%-50% utilisation rate that we understand was agreed by the commissioners. We know that improving the utilisation of the Urgent Care Centre is one of the main priority workstream areas, led by BHRUT, of the Urgent Care Board. However the lack of any consistent improvement over the last six months is a real cause for concern, particularly when the Urgent Care Centre exists to take the pressure away from the A&E Department. CQC may therefore wish to ensure that the wider urgent and primary care services are taken into account in considering the hospital’s progress on required improvements.

We had previously raised concerns about BHRUT’s engagement with local partners, and it would be fair to say that this has seen some recent improvement. They have been offered, and gladly accepted, a seat on our Health & Wellbeing Board, and they are sending out regular ‘strategic’ communications bulletins. Operationally, they include the local authority in their daily bulletins about how the hospital is performing and where there are bed shortages.
The backdrop to all of this is the ongoing financial problems at the Trust. At the AGM on 23 September, the cumulative deficit stood at £240m. There was considerable discussion of savings targets, with an additional £22.5m being removed from expenditure this year. It remains a concern that this emphasis on the financial problems places undue constraints on improvement planning, and simply further delays the recovery of the Trust.

Bearing in mind the concern that these matters raise for local residents, we look forward to hearing your further thoughts on the our local hospital trust. We will be working locally to encourage attendance at the listening events in October. I should also like to take this opportunity to invite a CQC representative to attend the committee in due course, when the inspection is completed and the findings published, to talk them through with the committee.

With best wishes

Yours sincerely

Councillor Sanchia Alasia
Lead Member, Health & Adult Services Select Committee