81. Declaration of Members' Interests

As a patron of the local Sickle Cell Support Group, Cllr M McKenzie MBE declared a non-pecuniary interest in item 6 (Sickle Cell Disease in Barking and Dagenham).

82. Minutes - 12 November 2013

The minutes of the meeting held on 12 November 2013 were confirmed as correct.

83. Scrutiny of Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT)

(i) Sunrise A and B Wards: Enter and View Findings

Richard Vann (Healthwatch) presented the report to the HASSC explaining the Enter and View process, the findings of the inspection and the response from the Hospital Trust (BHRUT) to date.

The HASSC questioned the timeliness of the report from Healthwatch as the visit was conducted in August. Richard Vann stated this was the earliest the report could be scheduled to HASSC, he also highlighted the report had already been circulated and reviewed by the Integrated Care Sub-group of the Health and Wellbeing Board.

The HASSC raised concern over the RAG ratings on the Action Plan (Appendix 2) and asked if it could be updated since it was last done so in October 2013. Richard Vann stated that Healthwatch has asked for the action plan to be updated but has not received a response from the Trust. Stephen Burgess was not aware of this and would raise it with Trust colleagues to get a response.

The HASSC commented that the Action Plan produced by BHRUT did not give confidence that the Trust was tackling the issues raised by the Enter and View visit in a strategic way, in their opinion the actions did not attempt to rectify deeper underlying problems or issues. For example, the problems with providing patients with narrow straws has been addressed but was this symptomatic of other problems with helping people to eat.

The HASSC were concerned over the failure to maintain patients’ hygiene and their inability to reach calls bells for help. The HASSC was appalled
and found it unacceptable that these basic levels of care were unmet. The HASSC questioned whether these findings from Healthwatch were indicative of problems across the Trust. Stephen Burgess responded that all findings are part of an ongoing learning and a programme of continuous improvement for the Trust. He highlighted CQC’s positive findings with regard to nutrition and nursing care.

Sharon Morrow (Chief Operating Officer, B&D CCG) stated that the CCG’s Director of Nursing has reviewed the findings of Healthwatch and while there were concerns arising from the visit the no risks or contract monitoring issues to take forward.

(ii) CQC Inspection Report

Stephen Burgess (Medical Director, BHRUT) gave a presentation to the HASSC. The presentation outlined:

- Positive feedback from the CQC
- Immediate actions taken by the Trust following the inspection
- Detail about the special measures process
- Development of the Improvement Plan

The HASSC challenged the Trust on the CQC’s finding about failure to keep and update patients’ records. Stephen Burgess was equally disappointed with this finding and stated that there are good practices and systems in place to ensure good record keeping. The HASSC noted the e-handover system’s effectiveness at identifying the most ill patients to ensure that those patients get priority treatment.

The HASSC asked how the financial situation at BHRUT is impacting on the improvement programme. Stephen Burgess advised that the Trust is not expecting to receive financial support to help clear the deficit or manage PFI payments. However, the Trust is getting resource in terms of expertise to help with the programme of improvement. Stephen Burgess assured the HASSC that although the financial position is important the Trust is focussing on quality issues and not pursuing foundation trust status until those issues are resolved. The HASSC noted that the Trust is forecasting a larger deficit and it must deliver further cost savings.

The HASSC discussed the CQC’s finding that surgical wards in King George Hospital did not meet the standard for cleanliness and hand hygiene procedures were not always followed. The HASSC felt that senior clinical staff need to take responsibility for this finding and take immediate action if they see problems. Stephen Burgess pointed to the Trust’s good performance against spread of infection and assured the HASSC that the CQC’s finding was very specific relating to dusty equipment. As a practicing surgeon at the theatres at King George Hospital Stephen Burgess reassured the HASSC that standards of cleanliness were high. The HASSC noted action has been taken to remove old equipment.

The HASSC was concerned by the CQC’s finding that mortality rates are higher at weekends than at other times. Stephen Burgess highlighted that
this was a national problem not isolated to BHRUT. The HASSC noted that the Trust has a 7 day working policy and between 8am to 4pm on Saturdays and Sundays there are 6 consultants working across the wards. Furthermore the Trust has extended the opening times of other parts of the hospital (pharmacy, physio, and diagnostics) to give better care at weekends. Stephen Burgess is personally conducting a review of the Trust’s 7 day working patterns to identify gaps and ensure consultant presence across the hospitals. It was noted that difficulty in recruiting consultants is a barrier to a fuller 7 day service.

Marie Kearns (Healthwatch) discussed the patient experience at BHRUT and commented on the low scores for the friends and family test. Stephen Burgess advised the HASSC that staff are carrying out hourly comfort rounds as one measure to improve experience. It was noted that long waiting times are damaging to improving patient experience scores.

The HASSC asked what the Trust’s plans are for replacing Averil Dongworth (Chief Executive) who is retiring in the spring. Stephen Burgess informed the HASSC that there has been no appointment and it is yet undecided if the post will be filled on an interim basis. Following the leadership and governance review of Sir Ian Carruthers there may well be further changes to the Trust’s executive team. The Trust expects clarity once that review is complete and the NHS Trust Development Authority has acted on the findings.

Stephen Burgess explained that due to special measures and the involvement of the NTDA usual recruitment processes may not be applied to appoint a new Chief Executive. The HASSC thought it was unusual that the job would not be advertised publicly.

The HASSC sought assurance that the situation at BHRUT was not comparable to that of Mid-Staffordshire. Stephen Burgess expressed his confidence that BHRUT was not in a similar position to Mid-Staffordshire. However, he added that the Trust is mindful of the quality issues found by the CQC and is taking special measures very seriously. Stephen Burgess highlighted the CQC’s positive findings to demonstrate BHRUT does not have the same level of problems that were found at Mid-Staffordshire. He also stated that the Trust has strengthened its culture of whistleblowing which is having a positive impact on discovering and resolving issues.

84. Urgent Care Surge Pilot Scheme

Sharon Morrow (Chief Operating Officer, B&D CCG) introduced the report to the Board. Further to the information outlined in the report, the following issues were highlighted for Members’ attention:

- The CCG has engaged with the 9 practices that did not join the pilot scheme after the first round of applications. As a result two more practices have joined the pilot. Clinical Directors are meeting with the remaining practices to see how they can improve their urgent care access.
- Individual GP practices are responsible for the communications and marketing of the surge scheme. The CCG has issued posters and literature
for use and prescriptions are carrying message about surge appointments.

- The evaluation of the pilot scheme will analyse capacity and access to GPs, impacts on Walk-in Centre and A&E attendances, and patient experience.
- GP practices have submitted baseline information over a three month period giving the CCG intelligence about capacity at each practice.
- Despite surge appointments being offered the CCG have found that not all appointments have been taken up.

The HASSC asked the reasons why residents were not taking up surge appointments on offer. Sharon Morrow advised that analysis has not yet borne an answer to this question and offered that patients might not think of their GP as a first port of call.

The HASSC asked what impact the CCG has found on A&E attendances as a result of the pilot scheme. Sharon Morrow informed Members that due to a lag on A&E data the CCG has been unable to investigate the impact on A&E attendances. By May 2014 the CCG will have 6 months of data to judge the effectiveness of the surge appointments. It was also noted that A&E attendances can result in a patient being re-directed to their GP and this should be considered when the data arrives.

The HASSC asked what the plans were for the GP practice at Broad Street. Sharon Morrow updated that NHS England has started the re-procurement of GP services at the Broad Street site. Care UK, the current provider, will continue to operate until formal re-procurement is resolved. The intention is that new GP service at Broad Street will replicate the 8am to 8pm opening hours. Furthermore, services at Upney Lane Walk-in Centre will be enhanced and the CCG is bidding for the Prime Minister’s Challenge monies and hopes to make further investments if successful.

The HASSC commented on the variation between appointments offered in each locality and remarked on the drop in locality three and upsurge in locality 4. Sharon Morrow explained that locality 4 data is skewed because not all practices joined in time to give a full month of data in October, therefore November’s data looks high. The HASSC felt that the communications and marketing behind the surge scheme was inadequate, of limited reach and that as members of the public they were not aware of the appointments. Sharon Morrow explained that individual GPs were responsible for promoting the appointments and that the CCG has resourced a campaign over the festive period, this tied in with the NHS’ wider campaign to reduce A&E attendances. The HASSC suggested that it might be better for the CCG to take responsibility for promoting the surge scheme appointments and centralise the communications and marketing to ensure consistency and reach.

On the issue of communications, Stephen Burgess (Medical Director, BHRUT) felt it would be difficult to develop a universal communications programme because not all practices are participating in the scheme so there is inequity of access to the surge appointments.

Healthwatch representatives informed the HASSC that they have been trying to track surge appointments and engage with patients who have used them. However the GP practices have ignored Healthwatch’s requests for information. Healthwatch would have expected more co-operation from GPs on this matter and
is reluctant to use Freedom of Information requests to get the information. Sharon Morrow was disappointed by this and offered to raise this through Dr Mohi (Chair of the CCG) to ensure co-operation with Healthwatch activities.

Richard Vann (Healthwatch) suggested that using prescription papers to carry messages about surge appointments might not reach people very well. In particular, where the message is carried on a repeat prescription it is unlikely to be read by the person. Sharon Morrow pointed out that the use of prescriptions to carry messages is just one of many ways in which GP practices are communicating with residents.

Richard Vann also challenged the strength of Patient Participation Groups (PPGs) in the process of testing the surge scheme model and asked how many people this involved. Sharon Morrow did not have the number of participants from the PPGs to give to the HASSC but agreed that PPGs need strengthening and better representation; this is a priority for the CCG. The HASSC agreed to:

- Receive the full evaluation findings at a meeting in the new municipal year
- To write to Dr Mohi to raise concerns about the lack of communications strategy behind the Surge Scheme and request that a strategy is developed ensuring consistency of messages about surge appointments across all GP practices.

85. **Sickle Cell Disease in Barking and Dagenham**

Dr Ian Grant (Consultant Haematologist, BHRUT) gave a presentation to the HASSC. The presentation outlined:

- Patient numbers and demographic profile in barking and dagenham and North East London
- Achievements of the Haemoglobinopathy Team
- The business case and QUIPP approach for the development of community based services
- The findings of a peer review conducted in 2013
- Opportunities and challenges

The HASSC asked Dr Grant what he feels the next challenges for sickle cell services are. Dr Grant stated that he would like commissioners to invest in blood transfusion machinery to speed up treatment times. Dr Grant also felt there is a need to develop better services for children who need a lot of care and support. Lastly, Dr Grant highlighted the lack of peer support mechanisms as an area of weakness.

The HASSC congratulated Dr Grant for his achievements in developing hospital and community based sickle cell services.

86. **Scrutiny Review on the Impact of the Recession and Welfare Reforms on Mental Health**
The HASSC approved the report at Appendix 1 as the final report.

The HASSC asked that the presentation of the final report is enhanced before it is published on the Council's website and shared/publicised.

The HASSC gave special thanks to Louise Hider (Business Unit Manager) and Lisa Hodges (Business Support Officer) for their work to prepare the report and their support throughout the review process.