

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.30 pm on 15 April 2015

Present:

Councillor Pauline Tunnicliffe (Chairman)
Councillor David Jefferys (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Ian Dunn,
Judi Ellis, Hannah Gray and Charles Rideout

Leslie Marks and Peter Moore

Also Present:

Councillor Graham Arthur, Councillor Robert Evans and
Councillor Diane Smith

49 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terence Nathan, Councillor Melanie Stevens, Tia Lovick, Catherine Osborn, and Linda Gabriel (who was replaced by Leslie Marks.) Apologies were also received from Justine Godbeer.

50 DECLARATIONS OF INTEREST

Councillor Robert Evans declared an interest as a governor of King's.

51 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Four questions for written reply had been received from Rosemary Cantwell and Susan Sulis – these are attached as [Appendix 1](#) to these minutes.

52 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 15TH OCTOBER 2014

RESOLVED that the minutes of the meeting held on 15th October 2015 be confirmed.

53 UPDATE FROM KINGS ON THE PRUH IMPROVEMENT PLAN AND MONITOR INVESTIGATION

Following the conclusion of an investigation into financial issues at the Princess Royal University Hospital (PRUH), Monitor had published a statement of Enforcement Undertakings and a public statement. Monitor had

agreed with King's that the Trust would develop and implement a short term recovery plan and a longer term plan to ensure that services were improved and provided in a sustainable way in future. Monitor had declined to attend the Sub-Committee's meeting due to the purdah restrictions, but had offered to attend the next meeting.

Roland Sinker, Chief Operating Officer and Acting Chief Executive of the Kings College Hospital NHS Foundation Trust and Sally Lingard, Director of Communications, attended the meeting. Mr Sinker gave a presentation on King's involvement with the PRUH. The presentation focussed on –

- The PRUH at acquisition in October 2013 – There was a high vacancy rate, poor emergency pathway performance on a downward trajectory, a low incident reporting rate, low rates of delivery on the continuous improvement plan, areas of concern in various services and issues with medical leadership in some areas.
- Progress to date – Vacancies had been reduced to less than 10%, an elective orthopaedic centre had been developed at Orpington Hospital, “how are we doing” scores had been improved and complaints at the PRUH reduced, incident report rates had doubled, the Hyper Acute Stroke Unit had improved to 18th position (of 180), the huge backlog in radiology had been addressed and quality had been prioritised over financial performance. The Trust had ended the year with a deficit of over £47m.
- Areas for further work – These included developing partnerships with stakeholders across South East London, whole-system changes of the emergency pathway and referral to treatment times (RTT), improving the staffing establishment, especially in the emergency department and acute care and in neurology, addressing areas of concern such as fractured neck of femur (NOF) and medical records and delivering the financial plan.
- Monitor Investigation – King's had welcomed the assistance of Monitor to move the Trust into financial sustainability, improve emergency pathway performance and tackle Referral to Treatment; a one year emergency recovery plan needed to be agreed by the end of May, and a longer term 5 year plan by the end of October, but the Trust would have to ask the Department of Health for extra financial assistance in May.

Mr Sinker then answered questions from the Sub-Committee and made the following comments –

- There were three elements to improving quality – patient safety, patient outcomes and patient experience, and of these the latter was the most problematic.

- Mr Sinker was not able to provide details on how much of the £47m deficit was due to the cost of the PFI for the PRUH, but the Trust had received additional funding to reflect the higher costs of this early PFI deal compared to later PFIs. He later explained that the government had funded the difference between early and late stage PFIs when the Trust had acquired the PRUH and payment by results tariffs included payments for early-stage PFIs.
- The Trust faced challenges recruiting nursing and other staff with its proximity to Lewisham and central London.
- Mr Sinker promised to improve provision of performance figures for individual facilities, such as the PRUH, as opposed to Trust-wide figures.
- Responding to comments from a Member, Mr Sinker admitted that the situation had changed since the autumn of 2014, when there had been considerable optimism and the budget appeared to be under control. The Emergency Department had been making good progress, but a key member of staff had left and the service had “fallen over” in October 2014. This reflected nation-wide problems that saw emergency care pressures increase through the winter months, but the PRUH had been particularly fragile.
- Hospital acquired infection rates had seen a considerable decrease since 2005, and the numbers of cases were very low.
- Theatre utilisation rates at the PRUH (sometimes under 60%) still lagged behind Denmark Hill (75-80%.) Work was needed to make the PRUH a centre for high performing day surgery, with more complex patients dealt with at Denmark Hill. A balance of different factors such as increasing beds on the PRUH site, making the hospital work faster and more prevention work was needed. He also commented that it made sense to consolidate different services on particular sites, concentrating expertise, but he accepted that there was resistance from consultants and from the public to this. A Member commented that this was a political issue, and that there had been some success in persuading people that services for heart disease and stroke should be concentrated in centres of excellence.
- A Member commented that although clinical care at the PRUH was good, the peripheral services were often poor, including systems and management culture. There were problems with timeliness and dependence on agency staff (she suggested a return to providing nurses homes to overcome the increasing costs of accommodation.) Mr Sinker acknowledged these issues, and stated that the Trust was attempting to turn things around, but this was a long-term project that would take five years.

- Asked whether overall capacity across south east London was adequate, Mr Sinker admitted that there were other parts of the country where capacity pressures were not so severe.
- A Member commented on waits of 18 months for orthopaedic surgery – Mr Sinker requested details so that he could investigate.
- Mr Sinker stated that there was prioritisation of patients with serious conditions, but this was not the same as rationing services.
- The Trust's £47m annual deficit was part of a national problem, with over 50% of foundation trusts now in deficit.
- A Member commented that having spent considerable time persuading people that Orpington Hospital was unsafe and should close, the NHS had now reversed this. Mr Sinker did not know the full history of the site, but he did explain that creating a critical mass of services there was the right approach – the Trust had Orpington Hospital for at least three years and the site was now being well-used. Sally Lingard confirmed that orthopaedic results at Orpington were excellent with better outcomes than at the PRUH or Denmark Hill. Dr Angela Bhan added that there were two major factors in making Orpington Hospital a success – the investment in the fabric of the building from Kings and the increased numbers of patients passing through. There was therefore a strong case for keeping Orpington Hospital open.
- A Member commented that she could understand how consultants were resistant to further relocations of services when this might be their third or fourth move. Each move cost money and more stability was needed – a strong business case was needed for each relocation of services. Mr Sinker agreed that services should not be moved without good reason, but he felt that further consolidation was needed. He also wanted to drive productivity at the PRUH, providing additional beds on-site, and provide more tertiary services at Denmark Hill.
- Responding to a Member's comment that GPs appeared to be doing less diagnostic work, Mr Sinker commented that the Trust had not seen a massive increase in patients being referred.
- Asked about the hydrotherapy pool at Orpington, Mr Sinker confirmed that it was a very useful facility with synergies with the orthopaedic services now at Orpington and there were no plans to close it.
- Asked about the Monitor review, Mr Sinker stated that, although he could not be sure at this stage, he expected the recovery plan to be signed off by Monitor. Kings was now aiming for a cost improvement of 8%, when other trusts were seeking 4-5%, but he still expected to have to ask the Department of Health for cash support at least twice this year.

Sally Lingard announced that the Trust were keen to arrange a visit to the PRUH and Orpington for Committee members.

The Chairman thanked Mr Sinker and Ms Lingard for attending.

54 WINTER PRESSURES - CCG UPDATE

The Sub-Committee received an update from Dr Angela Bhan of the Bromley Clinical Commissioning Group (BCCG) on Winter Pressures over 2014/15. The report summarised the current ED (Emergency Department) performance at the Princess Royal University Hospital (PRUH), the delayed discharge position at the hospital and the services commissioned by BCCG to increase the resilience of health and social care services to better manage changes in demand during the winter period. There had been an outbreak of norovirus just before Easter, necessitating the convening of the platinum coordinating group.

Significant progress had been made in reducing delayed transfers amongst patients fit for discharge. The Care Services Portfolio Holder stated that there had been no Bromley patients delayed awaiting completion of social care placements or home packages, and it was confirmed that about 30-40% of patients at the PRUH were not Bromley residents. Dr Bhan confirmed that Bromley Care Services had been very supportive in ensuring that people could leave hospital when they were ready.

The issue of how GPs supported residents in care homes needed to be considered, but it was confirmed that GPs now carried out ward rounds to support residents in Extra Care Homes. Measures were being put in place to improve access to GPs, although not all practices were taking up the new initiatives. Dr Bhan commented that a more radical approach was needed.

55 WORK PROGRAMME 2015/16 Report CSD15050

The Sub-Committee considered its work programme for 2015/16, and the Chairman asked Members to let her know if they had issues to suggest for future meetings.

The Meeting ended at 6.34 pm

Chairman

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HEALTH SCRUTINY SUB-COMMITTEE

15th April 2015

3. QUESTIONS FOR WRITTEN REPLY FROM MEMBERS OF THE PUBLIC

(1) From Rosemary Cantwell

What is going to happen in respect of Monitor and their investigation into Princess Royal University Hospital and will the Council have a say and will they canvass residents and other people in the country in respect of this very important service.

Reply:

Monitor's inspection of King's is now complete. We were not asked to give our views as this was primarily a financial audit. Monitor's report may be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420237/Final_KCH_Signed_Enforcement_Undertakings.pdf

(2) From Ms Susan Sulis, Secretary, Community Care Protection Group.

PUPILS ATTENDING BROMLEY SCHOOLS ELIGIBLE FOR FREE SCHOOL MEALS BY WARD OF RESIDENCE (Based on School Census Return Jan. 2013). (Appendix 1, Min. 42, Q.3, Health Scrutiny Sub-committee 15th Oct. 2014)

In 2013, 4,581 school children living in Bromley were eligible for free school meals. In 6 out of the 22 wards, levels of deprivation were such that a total of 2,568 were at risk of food poverty.

- (a) What actions have the Council taken to ameliorate this threat to Public Health?

Reply:

Food poverty and deprivation are caused by a complex set of economic and other factors and cannot be addressed at a local level only. However, Bromley Council has been working on many fronts to reduce deprivation and improve life of Bromley residents, including children. The work is going on with our partners to improve economic prospects and increase chances of employment.

These efforts have shown positive results. We have recently seen reduction in unemployment, particularly in younger people and more 16-18 year olds are in education, training or employment than nationally.

Bromley has also significantly lower proportion of children living in poverty than London or nationally.

(3) From Ms Susan Sulis, Secretary, Community Care Protection Group.

(a) How is the health of school children monitored?

Reply:

All children in reception year and year 6 are weighed as a part of the National Childhood Measurement programme. This provides good indication of levels of obesity in children. Bromley has lower levels of both overweight and obese children than comparable boroughs or nationally

(b) What provision is made during school holidays to ensure adequate nutrition?

Reply:

No provision is made.

(c) What are the outcomes in Bromley for malnutrition in children?

Reply:

This is not monitored

(d) What is the likely long-term impact on NHS and Social Care services?

Reply:

This is difficult to predict as there are many different factors that have impact on NHS and Social Care services. This is a complex area and we do not have the expertise to answer this question.

(4) From Ms Susan Sulis, Secretary, Community Care Protection Group.

PUPILS ATTENDING BROMLEY SCHOOLS ELIGIBLE FOR FREE SCHOOL MEALS BY WARD OF RESIDENCE 2015.

- (a) Has the 2015 School Census return been carried out?
- (b) If yes, what are the results?

Reply:

FSM Eligible on 15th January 2015

PLEASE NOTE THIS IS NOT THE SAME AS PUPIL PREMIUM

	Eligible on Census Day	% Eligible	Pupils on Roll
Primary	2979	11.35%	26250
Secondary	1832	8.38%	21870
Special	170	33.53%	507
Grand Total	4981	10.24%	48627

WARD (of Pupil's School)	DCSF No.	School Name	Type	Eligible on Census Day	% Eligible on Census Day	Pupils on Roll
Penge and Cator	2000	Alexandra Junior School	Primary	29	11.65%	249
Penge and Cator	2001	Alexandra Infant School	Primary	26	13.61%	191
Clock House	2002	Balgowan Primary School	Primary	24	3.53%	679
Copers Cope	2003	Bromley Road Infant School	Primary	44	21.15%	208
Clock House	2004	Churchfields Primary School	Primary	36	9.07%	397
West Wickham	2005	Hawes Down Juniors	Primary	7	2.60%	269

WARD (of Pupil's School)	DCSF No.	School Name	Type	Eligible on Census Day	% Eligible on Census Day	Pupils on Roll
West Wickham	2006	Hawes Down Infant School	Primary	8	3.62%	221
Orpington	2007	Hillside Primary School	Primary	107	28.84%	371
Kelsey and Eden Park	2008	Marian Vian Primary School	Primary	33	5.31%	621
Cray Valley West	2009	Gray's Farm Primary School	Primary	110	24.94%	441
West Wickham	2010	Oak Lodge Primary School	Primary	33	5.25%	629
Clock House	2011	Stewart Fleming Primary School	Primary	51	11.89%	429
Hayes and Coney Hall	2012	Wickham Common Primary School	Primary	15	3.50%	429
Copers Cope	2013	Worsley Bridge Junior School	Primary	64	20.45%	313
Plaistow & Sundridge	2014	Burnt Ash Primary School	Primary	116	27.42%	423
Penge and Cator	2016	Harris Primary Academy Kent House	Primary	97	23.32%	416
Hayes and Coney Hall	2017	Pickhurst Infants' School	Primary	17	4.72%	360
Hayes and Coney Hall	2018	Pickhurst Junior School	Primary	26	4.91%	529
Bromley Common & Keston	2022	Southborough Primary School Harris Primary Academy Crystal	Primary	84	19.76%	425
Penge and Cator	2023	Palace	Primary	102	27.72%	368
Bromley Town	2024	Valley Primary School	Primary	56	11.64%	481
Chislehurst	2025	Mead Road Infant School	Primary	4	4.71%	85
Chislehurst	2026	Red Hill Primary	Primary	86	12.55%	685
Penge and Cator	2027	St John's CE Primary School	Primary	34	13.28%	256
Mottingham and Chislehurst North	2028	Mottingham Primary School	Primary	114	31.06%	367
Mottingham and Chislehurst North	2029	Castlecombe Primary School	Primary	64	25.70%	249
Mottingham and Chislehurst North	2030	Dorset Road Infant School	Primary	10	15.15%	66
Chelsfield and Pratts Bottom	2034	Chelsfield Primary School	Primary	11	11.58%	95
Shortlands	2035	Harris Primary Academy Shortlands	Primary	1	2.04%	49
Bromley Common & Keston	2036	La Fontaine Academy	Primary	4	4.65%	86
Petts Wood & Knoll	2038	Crofton Infant School	Primary	26	4.67%	557

WARD (of Pupil's School)	DCSF No.	School Name	Type	Eligible on Census Day	% Eligible on Census Day	Pupils on Roll
Farnborough and Crofton	2039	Darrick Wood Junior School	Primary	25	6.51%	384
Farnborough and Crofton	2040	Darrick Wood Infant School	Primary	17	4.82%	353
Darwin	2041	Downe Primary School	Primary	8	9.88%	81
Farnborough and Crofton	2042	Farnborough Primary School	Primary	18	8.11%	222
Chelsfield and Pratts Bottom	2043	Green Street Green Primary	Primary	26	5.88%	442
Chelsfield and Pratts Bottom	2046	Pratts Bottom Primary School	Primary	6	7.69%	78
Chelsfield and Pratts Bottom	2053	The Highway Primary School	Primary	25	11.21%	223
Chelsfield and Pratts Bottom	2056	Warren Road Primary School	Primary	30	3.55%	846
#N/A	2057	St. Mary Cray Primary School	Primary	73	34.76%	210
#N/A	2059	Princes Plain Primary School	Primary	100	19.53%	512
Crystal Palace	2062	James Dixon Primary School	Primary	127	27.37%	464
Cray Valley West	2064	Leesons Primary School	Primary	64	26.56%	241
Cray Valley West	2066	Midfield Primary School	Primary	81	22.69%	357
Chislehurst	2069	Edgebury Primary School	Primary	15	6.70%	224
Bickley	2071	Scotts Park Primary School	Primary	34	6.81%	499
Biggin Hill	2072	Oaklands Primary School	Primary	60	12.42%	483
Copers Cope	2074	Clare House Primary School	Primary	5	1.67%	300
Cray Valley East	2079	Perry Hall Primary School	Primary	37	8.73%	424
Cray Valley West	2080	Poverest Primary School	Primary	69	28.40%	243
Bickley	2082	Bickley Primary	Primary	13	3.11%	418
Cray Valley East	2084	Manor Oak Primary School	Primary	60	27.40%	219
Bromley Common & Keston	3000	Keston C.E. Primary School	Primary	14	5.86%	239
Plaistow & Sundridge	3001	Parish C.E. Primary School	Primary	57	10.25%	556
Bickley	3002	St George's CE Primary	Primary	41	13.14%	312
Kelsey and Eden Park	3003	Unicorn Primary	Primary	18	4.46%	404
Darwin	3004	Cudham CE Primary School	Primary	9	8.91%	101
Cray Valley East	3005	St Paul's Cray CE Primary	Primary	90	34.35%	262
Shortlands	3300	St Mark's C.E. Primary School	Primary	23	5.36%	429
Chislehurst	3301	Chislehurst (CofE) Primary	Primary	6	2.84%	211

WARD (of Pupil's School)	DCSF No.	School Name	Type	Eligible on Census Day	% Eligible on Census Day	Pupils on Roll
Plaistow & Sundridge	3500	St Joseph's R.C.Primary School	Primary	8	3.86%	207
Mottingham and Chislehurst North	3501	St Vincent's Catholic Primary	Primary	10	4.52%	221
Cray Valley East	3503	St Philomena's RC Primary	Primary	22	10.28%	214
Penge and Cator	3504	St.Anthony's R.C Primary	Primary	33	18.64%	177
Chislehurst	3505	St Peter & St Paul R.C.	Primary	31	14.98%	207
Petts Wood & Knoll	3507	St James' RC Primary School	Primary	5	2.30%	217
Orpington	3508	Blenheim Primary	Primary	89	41.78%	213
Biggin Hill	3510	Biggin Hill Primary School	Primary	29	7.71%	376
Kelsey and Eden Park	4000	Harris Beckenham	Secondary	191	20.11%	950
Penge & Cator	4002	Harris Bromley	Secondary	148	17.79%	832
Bromley Common & Keston	4604	Bishop Justus	Secondary	132	11.69%	1129
Petts Wood & Knoll	5200	Crofton Junior School	Primary	46	6.42%	717
Chelsfield and Pratts Bottom	5201	Holy Innocents Catholic Primary	Primary	10	4.88%	205
Copers Cope	5202	St Mary's Catholic Primary	Primary	8	1.89%	424
Shortlands	5203	Highfield Infant School	Primary	7	2.58%	271
Shortlands	5204	Highfield Junior School	Primary	15	3.95%	380
Hayes and Coney Hall	5205	Hayes Primary School	Primary	27	4.15%	650
Bromley Town	5206	Raglan Primary School	Primary	19	4.30%	442
Farnborough and Crofton	5207	Tubbenden Primary School	Primary	30	4.63%	648
Bickley	5400	Bullers Wood School	Secondary	87	5.91%	1472
Chislehurst	5401	Coopers Technology College	Secondary	159	11.41%	1393
Kelsey and Eden Park	5402	Langley Park School for Boys	Secondary	54	3.19%	1692
Bromley Common & Keston	5403	Ravens Wood School	Secondary	65	4.51%	1440
Farnborough and Crofton	5405	Newstead Wood School	Secondary	20	1.99%	1007
Cray Valley West	5406	Kemnal Technology College	Secondary	163	20.17%	808
Hayes and Coney Hall	5407	Hayes School	Secondary	54	3.19%	1691
Chislehurst	5408	Beaverwood School for Girls	Secondary	121	9.80%	1235
Darwin	5409	Charles Darwin	Secondary	114	9.03%	1263

WARD (of Pupil's School)	DCSF No.	School Name	Type	Eligible on Census Day	% Eligible on Census Day	Pupils on Roll
Orpington	5410	St Olave's Grammar School	Secondary	8	0.79%	1013
Kelsey and Eden Park	5412	Langley Park Girls School	Secondary	47	2.77%	1696
Bromley Town	5413	The Ravensbourne School	Secondary	187	12.58%	1486
Farnborough and Crofton	5418	Darrick Wood School	Secondary	77	4.53%	1700
Orpington	5419	The Priory School	Secondary	205	19.29%	1063
West Wickham	5950	Glebe School	Special	40	26.49%	151
Chislehurst	7005	Marjorie McClure School	Special	40	40.00%	100
Orpington	7011	Burwood School	Special	23	63.89%	36
Cray Valley East	7012	Riverside School	Special	67	30.45%	220
	Grand Total			4981	10.24%	48627

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