

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 16 March 2017

### **Present:**

Councillor Judi Ellis (Chairman)  
Councillor Pauline Tunnicliffe (Vice-Chairman)  
Councillors Mary Cooke and David Jefferys

Linda Gabriel, Justine Godbeer and Lynn Sellwood

### **Also Present:**

Councillor Robert Evans, Portfolio Holder for Care Services  
Councillor Diane Smith, Executive Support Assistant to the Portfolio Holder for Care Services

### **28 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Ruth Bennett, Councillor Hannah Gray, Councillor Terence Nathan, Councillor Catherine Rideout and Councillor Charles Rideout CVO, QPM.

Apologies were also received from Councillor Peter Fortune.

### **29 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **30 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

Three written questions were received from members of the public which related to the overall Bromley strategies for identifying areas of deprivation. With the agreement of the Chairman, these questions were referred to the Health and Wellbeing Board under the Council's constitution (Council Procedure Rules Section 9.1) as a more appropriate body to answer the questions, and would be considered at the meeting on 30<sup>th</sup> March 2017.

### **31 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 2ND NOVEMBER 2016 AND MATTERS ARISING**

**RESOLVED** that the minutes of the meeting held on 2<sup>nd</sup> November 2016 be agreed.

**32 PRUH IMPROVEMENT PLAN - UPDATE FROM KINGS  
FOUNDATION NHS TRUST**

The Sub-Committee received a presentation from Matthew Trainer, Managing Director for the Princess Royal University Hospital (PRUH) and South Sites and Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital NHS Foundation Trust providing an update on the progress of the Trust and the PRUH Improvement Plan.

It had been a challenging winter period across London; however the Step Up/Step Down Facility and a range of community-based initiatives by the Local Authority and Bromley Clinical Commissioning Group had helped to manage pressures on the PRUH which now had one of the lowest rates for patients awaiting discharge across London. There had been a significant reduction in the incidence of Norovirus at the PRUH following the introduction of a number of preventative measures during 2016, and work was underway to reduce the incidence of falls by patients, including raising staff awareness. The proportion of agency staff employed by the PRUH remained a concern and a recruitment campaign was underway to promote the benefits of joining the PRUH as a permanent staff member. The PRUH continued working to engage with staff and patients, and a staff survey had been undertaken in Autumn 2016.

A Member congratulated the Managing Director for the PRUH for the excellent performance of the PRUH since January 2017.

In response to a question from the Portfolio Holder for Care Services about the financial position of the Trust, the Managing Director for the PRUH advised Members that the Trust was likely to end the year with a deficit of £49m. Work to reduce this deficit was ongoing and included plans to significantly reduce the spend on agency staff and to introduce further efficiency and productivity measures, including more effective use of operating theatres. A transformation programme around how Outpatient services were delivered was underway, and it was hoped to improve patient experience and reduce waiting times by better managing demand against capacity as well as considering how follow-up appointments could be provided more effectively, such as in a community setting. A key workstream to increase the use of electronic records and data management was in progress and it was hoped that the new system to enable electronic information to be shared between local GP practices and the PRUH would be rolled-out during Autumn 2017, with further initiatives including information sharing between the PRUH and Orpington Hospital introduced when possible. There had been recognition by King's College Hospital NHS Foundation Trust Executive that there was a need to improve cross-site working between the Trust and the PRUH and to ensure that the PRUH was able to combine the benefits of being part of an international teaching hospital with strong local leadership.

The Portfolio Holder for Care Services raised a concern around the capacity of the PRUH car park that was causing difficulties for local residents, particularly following further development of the PRUH site. The Managing

Director for the PRUH confirmed that this had been identified as an issue and that mitigating factors, such as moving some outpatient services to Orpington Hospital were being considered.

A Co-opted Member queried if service users were engaged in monitoring service quality across King's College Hospital NHS Foundation Trust. The Managing Director for the PRUH advised Members that patient engagement was delivered in a range of ways including Service User Panels, and that engagement with service users was undertaken as part of any proposed redesign of services.

The Chairman was pleased to note that the hydrotherapy pool at Orpington Hospital had been relaunched and requested that Orpington Hospital be added to the Schedule of Members' visits for Summer 2017.

The Chairman led Members in thanking Matthew Trainer and Sarah Willoughby for their presentation which is attached at Appendix A.

**RESOLVED that the update be noted.**

### **33 WINTER RESILIENCE**

#### **Report CS17134/CS17136**

The Sub-Committee considered two reports providing an interim update on the Local Authority's winter resilience schemes for 2016/17 and outlining Bromley Urgent Care system performance and the progression of commissioned schemes by the Bromley Clinical Commissioning Group (BCCG) during Winter 2016/17.

The Local Authority had received an NHS Winter Resilience Grant of £1,009,000 for 2016/17 to increase capacity to support hospital discharge and prevent patients' readmission. This funding had been used to support four schemes which aimed to increase care management staffing capacity within the PRUH and in community teams, introduce a Fast Response Personal Care Service to facilitate discharge of patients within four hours upon receipt of their Discharge Notification and an Intensive Personal Care Service, and the provision of four additional Step-down Units in Extra Care Housing Schemes to allow discharge of patients in need of community-based reablement, rehabilitation and interim care.

Dr Angela Bhan, Chief Officer, BCCG reported that the winter period 2016/17 had been very challenging and that there had been a much higher demand for urgent and emergency care services than in recent years. A range of schemes had been put in place by the BCCG including the establishment of a Patient Champion, GP and Community Matron in the PRUH and a dressings' service and this was contributing to the management of pressures. The BCCG met with all health partners on a regular basis to review the performance of winter resilience schemes and the operation of the Transfer of Care Bureau and there would be a formal review to evaluate the effectiveness of winter interventions during Spring 2017.

In considering the update, the Chairman noted the difficulties in persuading care agencies to provide the Fast Response Personal Care Service commissioned by the Local Authority due to the shortage of care staff over the winter period. The Head of Assessment and Care Management reported that the Local Authority and BCCG were working closely together to develop a completely different approach to commissioning care schemes in advance of next winter. A recent NHS paper had explored a number of models of care services provision across the country, and the Local Authority and BCCG would be developing a bespoke model for Bromley residents, including a discharge to assessment procedure.

With regard to the Rapid Response scheme which had been implemented by the BCCG as an alternative care pathway for care homes to avoid unnecessary Emergency Department admissions, the Chief Officer, BCCG confirmed that this was currently being piloted at ten care homes but that it was hoped to roll it out further and Domiciliary Care and Extra Care Housing providers had expressed an interest in participating in the scheme. A key service area to be reconsidered was end-of-life care where people were likely to have an increased number of hospital admissions in their final year of life and how they could be supported to remain within their own homes. Consideration was also being given to other services including how people with heart failure could receive more community-based treatment and whether it would be possible to deliver a more integrated therapy service across the Borough, which incorporated hospital, social care and reablement therapy.

The Chairman underlined the need to ensure support was in place for carers to help them maintain their caring responsibilities. In general discussion, Members emphasised the importance of all key partners working together to support the health and wellbeing needs of Bromley residents, including third sector organisations. The Chairman highlighted that assistive technology should be installed in a timely manner to support people in their reablement, and that Home Assessments should be undertaken prior to discharge to reduce waiting times where appropriate.

The Chief Officer, BCCG advised Members that Integrated Care Networks were now being used to support a number of patients in Bromley and an early impact report would be provided to the next meeting of Health Scrutiny Sub-Committee on 13<sup>th</sup> June 2017.

**RESOLVED that the update be noted and a further update be provided to the Sub-Committee in due course.**

**34            ORPINGTON HEALTH AND WELLBEING CENTRE PROJECT:  
                  UPDATE AND PROGRESS REPORT**

**Report CS17135**

The Sub-Committee considered a report providing an update on the most recent developments in the planning and approval of the Orpington Health and Wellbeing Centre project.

The Orpington Health and Wellbeing Centre project had been developed from the findings and priorities identified in the 2011 Joint Strategic Needs Assessment and the Orpington Health Needs Assessment, and would bring together a range of services including primary, community and out-patient care, diagnostic services and wellbeing services on the former Orpington Police Station site as part of the new Berkeley Homes development. NHS Property Services had completed negotiations with Berkeley Homes in respect of the Centre and had agreed the 'Agreement for Lease/Head Lease' and supporting documentation, and it was hoped that full services would commence at the Orpington Health and Wellbeing Centre on 1<sup>st</sup> July 2019 following completion of the build and 'fit-out' of the centre.

In response to a question from a Co-opted Member, the Chief Officer, BCCG confirmed that the provision of wellbeing services had been part of the business case for the centre and that the BCCG would be working with key partners to develop this offer, including third sector organisations. The Health and Wellbeing Centre would also provide a range of other health services and consideration was being given to whether this would include specialist services such as x-ray and phlebotomy.

**RESOLVED that the update be noted and a further update be provided to the Sub-Committee in due course.**

**35            SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE,  
                 INCLUDING PLANNED ORTHOPAEDIC CARE**

The Sub-Committee received a verbal update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the Sustainability and Transformation Plan, including planned orthopaedic care.

The six Healthwatch organisations from the boroughs of the South East London region had recently provided a formal response to the work which identified a number of positive changes proposed in the Plan and underlined the importance of ongoing engagement with local residents and the need to reassure service users. Work continued on delivering the productivity programme which aimed to identify further efficiencies in health provision across the region. Within this, hospitals were considering how to move towards seven day working and other issues such as the expansion of digital workstreams.

Planned orthopaedic care continued to be a key area for discussion at a regional level and a commercial model to provide three elective centres for planned orthopaedic care was being developed, following which there would be a public consultation. The Directors of Public Health across the region were undertaking a range of work on prevention and had each taken the lead in one key area such as obesity or sexual health. A new group had also been established for mental health which was being taken forward as a distinct clinical workstream.

The Chairman was pleased to note that engagement was being undertaken with elected Members across the region as part of the development of the Sustainability and Transformation Plan and that this would include workshops.

**RESOLVED that the update be noted.**

### **36 DEMENTIA SERVICES**

In considering the provision of dementia services across the Borough, the Chairman proposed that a Task and Finish Group be established to review Bromley's care offer for people with dementia and their families and carers. This was supported by Members of the Health Scrutiny Sub-Committee and Member nominations were confirmed as Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, Justine Godbeer and Lynn Sellwood. The Chairman requested that an invitation to join the Task and Finish Group be extended to Councillor William Huntington-Thresher who had experience in this area of service provision.

**RESOLVED that the Task and Finish Group for Dementia Services be convened for 2016/17 to consider Bromley's care offer for people with dementia and their families and carers and for membership to comprise Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, Justine Godbeer and Lynn Sellwood.**

### **37 WORK PROGRAMME 2016/17**

#### **Report CSD17027**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

In considering the forward rolling work programme for the Health Scrutiny Sub-Committee, the Chairman requested that an update from Oxleas NHS Foundation Trust, an item by Bromley pharmacists (including the BCCG pharmacist representative) and an item by Shelley Dolan, Executive Director of Nursing and Midwifery at King's Foundation NHS Trust be programmed for the 2017/18 municipal year.

It was requested that the Dementia Services Task and Finish Group report its findings to the Health Scrutiny Sub-Committee at its meeting on 7<sup>th</sup> November 2017.

**RESOLVED that the work programme be noted.**

### **38 ANY OTHER BUSINESS**

There was no other business.

**39 FUTURE MEETING DATES**

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Tuesday 13<sup>th</sup> June 2017.

The Meeting ended at 5.49 pm

Chairman

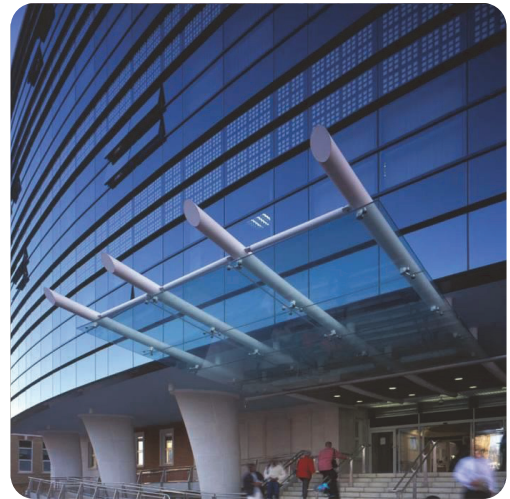
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# Bromley Health Scrutiny Sub-Committee Update 16 March 2017

Matthew Trainer, Managing  
Director, PRUH and South Sites

King's



## Contents

### Trust wide update

Finance, performance, quality updates

Progress on strategy – including transformation programme

### PRUH update

Emergency performance

Service updates

Quality – including Norovirus

Recruitment

Outpatients Transformation

## Performance

- Trust four hour target in ED – improved from 75.48% in December to 78.21% in January. Improvement was sustained in February – last reported at 81.9%
- RTT continues to be a priority improvement area for the Trust. The number of patients waiting 18 weeks decreased by 59 pathways, but the number of patient waiting 52+ weeks has increased from 129 waiting at the end of December 2016 to 158 at the end of January.

## Finance

- Significant progress has been made on achieving our savings target this year and reducing our deficit. There is still more work to be done and we continue to work through plans for delivering savings for the rest of the year.

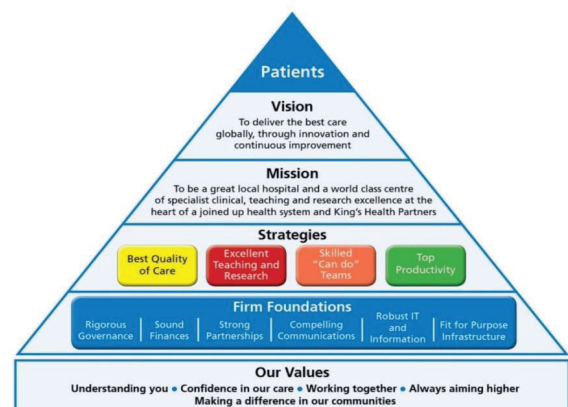
## Quality

- Overall performance in patient outcomes remains good
- Awaiting feedback from CQC visit in 2016
- Focus on staff engagement around patient safety issues

# Progress on our strategy – BEST Care Globally

## Organisational restructure

- Launch of new organisational structure in January 2017
- New senior leadership group
- Implementation of our new organisational arrangements is ongoing
- Talent management workshops
- Training programmes launched



### King's way for wards

- Darwin 1 Ward (PRUH) and Coptcoat Ward (KCH) have successfully completed the King's Way for Wards programme.
- Three wards now going through this programme - Bodington (Orpington), Acute Medical Unit (PRUH) and Dawson (KCH).

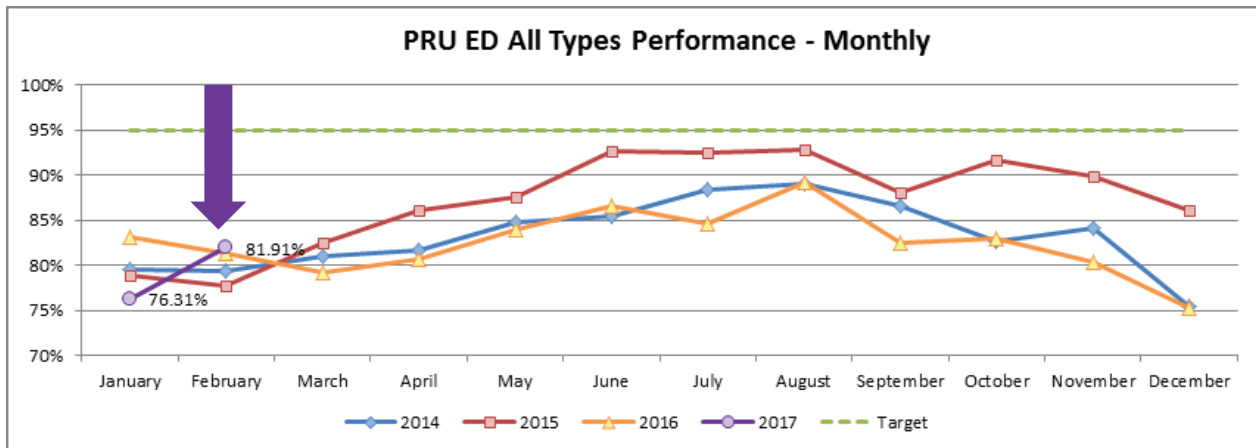
### King's Academy

- Talent management workshops
- Training programmes launched



## Emergency performance

- Meeting the four hour waiting target in A&E remains very challenging
- After an extremely difficult year in 2016, particularly over the winter, we've just had our best February result for four years
- Continued focus of transformation work on the emergency pathway as well as partnership working



## Service updates

### New Integrated Care Unit at Orpington Hospital

- Churchill and Elizabeth Wards
- Opened in January 2017
- Multi-disciplinary team with community partnerships
- Short term recovery support and rehabilitation for frail elderly patients
- Successful community information sharing and listening event in March



### Refurbishment of Hydrotherapy Pool at Orpington Hospital

- Relunched in December 2016
- Essential repairs, maintenance and upgrade work
- Supported by the Friends of Orpington Hospital



**Norovirus:**

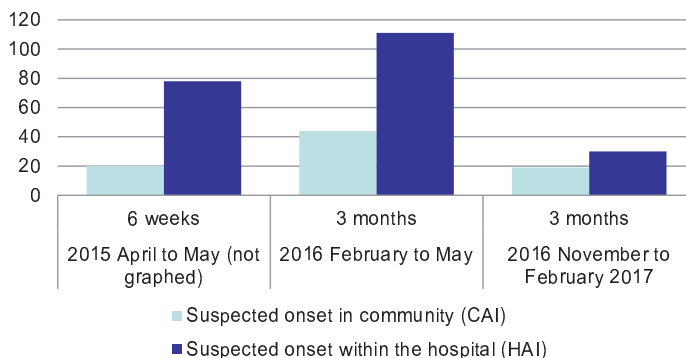
Significant improvement in how we manage Norovirus through intensive work to improve:

- Hand hygiene
- Cleaning
- Faster processing of test samples to identify patients earlier and speed up isolation

**Falls:**

Number of falls at PRUH and Orpington remain below the national average. Good practice includes:

- M9 has reduced falls by introducing tags - a red badge telling other staff members that they are providing 1-1 or cohorted patient care and they cannot leave the patients unattended.
- The stroke unit and Hyper Acute Stroke Unit cohort nurse every bay to enhance the supervision of patients who are agitated.

**Better management of Norovirus****Quality: Patient experience****Patient experience Jan 2017 -**

How are we doing 93% (prev 91%)

Friends & Family inpatients 96% (prev 96%)

Friends & Family day case 100% (prev 100%)

Friends & Family ED 81% (prev 71%)



- Ongoing work around recruiting substantive post holders to key clinical vacancies at the PRUH and Orpington Hospital
- Bespoke recruitment campaign for PRUH and Orpington continues; recent activity includes:
  - Further Open Days for nurses – all bands and specialities
  - Community outreach at the Glades Shopping Centre
  - Recruitment scouting days
  - Video produced and development of digital, print media campaigns.

## Outpatient transformation

- Improving patient experience is key to the King's Way outpatient transformation programme which launched in January 2017.
- We have held two focus groups at PRUH to discuss patient experience of all aspects of communication with outpatients and to ask what a good outpatient service should look like and what the priorities are for our patients
- What our patients tell us will help to shape our transformation work and also inform new standards that we are developing to ensure our outpatient service meets our patients needs.

### Key themes on communication:

- Reduce waiting times in clinic and information about delays
- Improve call reminder messaging
- Reduce appointment changes and
- Positive about idea of a 'one stop shop' type clinic for diagnostic tests
- Ensure timely follow-up letters and make all letters more user friendly
- Improve the interface for people with access needs such as a hearing impairment or language difficulty
- Consider multiple contact channels including text, email, phone
- Joined-up communication across professions



# Questions?

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