

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.30 pm on 15 October 2014

### **Present:**

Councillor Pauline Tunnicliffe (Chairman)  
Councillor David Jefferys (Vice-Chairman)  
Councillors Ruth Bennett, Mary Cooke, Ian Dunn,  
Judi Ellis, Terence Nathan, Charles Rideout and  
Melanie Stevens

Maureen Falloon, Linda Gabriel, Justine Godbeer and  
Peter Moore

### **Also Present:**

Councillor Robert Evans, Councillor Diane Smith and  
Councillor Stephen Wells

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

Apologies for absence were received from Councillor Hannah Gray, Catherine Osborne and Rosalind Luff, Stewart Tight (who was replaced by Peter Moore) and Joanna Frizelle (who was replaced by Justine Godbeer.)

Apologies for lateness were received from Councillor David Jefferys and Dr Angela Bhan. Apologies for leaving before the end of the meeting were received from Councillor Ian Dunn and Peter Moore.

#### **41 DECLARATIONS OF INTEREST**

Councillor Mary Cooke declared an interest as she was previously employed by Bromley Healthcare and had been responsible for the provision of urgent healthcare in Bromley.

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

Questions had been received from Susan Sulis, Secretary of the Community Care Protection Group. These are attached as appendix 1. The Chairman added that she had written to Mrs Sulis thanking her for her interest in services in the borough.

**43 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 9TH APRIL 2014**

In relation to minute 35 (NHS 111 Update), Maureen Falloon asked whether there was an intention to consult with stakeholders. A response would be sought from Dr Angela Bhan after the meeting.

**RESOLVED that the minutes of the meeting held on 9<sup>th</sup> April 2014 be confirmed.**

**44 TERMS OF REFERENCE**

The Sub-Committee noted its terms of reference. Members commented that as health and social care were merged it would be necessary to review how scrutiny was carried out – this would be discussed with officers.

**45 PRUH PERFORMANCE REVIEW - ONE YEAR ON**

The Sub-Committee received an update on performance at the Princess Royal University Hospital (PRUH) one year on from when the Kings College Hospital Trust had acquired the sites and services of the now dissolved South London Healthcare Trust. Representatives from Kings, Sue Field, Head of Capacity Planning and Service Development and Sally Lingard, Director of Communications, attended the meeting to present the report and answer questions.

The Sub-Committee had a number of questions relating to staffing. Kings had put in place a recruitment plan and the PRUH was supported by bank and agency staff and staff from the Denmark Hill site; in September, 182 Band 5 nurses had started, and the Trust was on-track to deliver an extra 500 nurses in post by Christmas. In response to a question about over-reliance on agency staff in certain areas, such as for night-time services, it was confirmed that this was not the case, and that some agency staff were on long term contracts. Members requested further information about the numbers of bank and agency nurses used at the PRUH, if possible by the number of shifts covered compared to permanent staff.

Members also asked about retention of existing nursing staff. It was acknowledged that there had been a period of uncertainty the previous autumn, but the position was now far more stable. More matron posts had been put in across all sites as well as a number of specialist nursing posts. Staff now felt more developed and more involved.

Linda Gabriel reported that Healthwatch had reviewed maternity services the previous year and found that there was significant pressure on midwives at peak periods. Recruitment was being carried out and levels of demand were being investigated. It was clear that patients were being drawn in from areas well beyond Bromley and the priority had to be serving the local catchment area. The representatives offered to provide more information on midwives after the meeting.

Questioned about patient transport, the representatives confirmed that immediate transfers between sites were arranged when needed, but that it was not the intention to move patients from Orpington to Denmark Hill. The Denmark Hill site was under significant pressure and it was important to keep patients close to home where possible and to use the facilities at sites within the borough. For example, some neurology services were now provided at Orpington.

Maureen Falloon commented that good quality food was important for recovery, and there appeared to be inconsistency around issues such as providing support for older people to eat and lack of choice. It was acknowledged that there were some quality issues that needed addressing. The representatives also offered to provide information on the dementia care initiative.

The Trust representatives described the efforts that had been made to change the culture of the PRUH and improve staff morale. The sites at Denmark Hill and the PRUH had historically worked very differently, but the Kings vision was for there to be one organisation across all sites. Directors had responsibility for their services at all sites and all Divisions had been expanded and integrated. The most senior manager, clinician and nursing posts were filled by people with long-standing knowledge of Kings and key roles further down the organisation had been filled and posts back-filled at Denmark Hill as necessary. Team building was important and a series of staff events and roadshows had been held. A staff survey in November 2013 had identified issues which needed addressing, including the need for managers and clinicians to work closely together and the need for staff to have more responsibility and feel more empowered, without the need to always refer issues up the management chain for approval. Reporting of incidents had gone up at the PRUH – this was seen as a positive sign, that staff now felt more able to raise issues of concern.

It was acknowledged that the financial challenges for Kings in taking over the PRUH were greater than had been anticipated. This was due to low levels of staffing and funding for bank and agency staff being too high, and the levels of equipment found to be not fit for purpose.

The Sub-Committee discussed the issues around patient discharge and patients being kept in hospital too long. The PRUH was at 93% occupancy levels when closer to 90% was needed to cope with peaks and troughs of emergency admissions. It was estimated that around 80 patients were being kept at the PRUH when medically they did not need to be there. Often these were people with complex needs, and the biggest problem was putting in place care packages to enable them to leave hospital. It was estimated that about half of these patients would be from Bromley.

Progress was being made towards achieving the four hour maximum wait for emergency care, and the 95% target had been reached on nine days during August. The service was still on trajectory to hit 95% by March 2015.

Asked about what the Sub-Committee could do to help the Trust, the Trust representatives responded that Councillors could encourage residents to use the urgent care centres, to go the PRUH rather than Denmark Hill, where they would receive exactly the same quality of service, and inform the Trust if they were unable to attend appointments.

A Member raised the issue of patients who rang up for appointments being told that they would have to wait to receive a letter with a suggested date and time. The representatives responded that there was a major transformation project on these issues which should eliminate this. It was also acknowledged that the waits for blood tests were too long and this was being looked at.

The Committee discussed Referral to Treatment (RTT) waiting times. Patients were entitled to choose a hospital close to home or with a shorter waiting list. The number of patients who had waited longer than 52 weeks had been reduced to 2, and would be none by the end of October. The two week maximum waiting time for suspected cancer had been achieved in September – increased outpatient and diagnostic capacity had been provided.

The Chairman thanked the representatives from Kings for the excellent progress that had been made and for their expert update to the Sub-Committee.

#### **46 UPDATE ON NHS S.256 FUNDS APPROVAL - BROMLEY NHS HEALTH CHECKS PROGRAMME**

The Sub-Committee received an update on two projects supported from Public Health monies moved from Bromley PCT to the Council under a section 256 agreement in March 2013. The two projects were –

- To evaluate the NHS health Check against pan-London standards. It was found that the majority of the pan-London standards had been either fully or partially achieved, and areas for improvement had been identified.
- To improve the diabetes element of the NHS Health Checks by conducting a diabetes prevention audit. The aim was to perform a baseline audit for those people identified as meeting the criteria for the Diabetes Filter at the NHS Health Check between April 2011 and March 2013.

The health checks were mainly provided by GP practices, but also by community pharmacies and by a community outreach company. A number of areas where the scheme needed to be improved had been identified; one issue was monitoring, and it was intended that a “dashboard” would be implemented. Members noted that take up was disappointing in some practices, and officers confirmed that they were providing support to raise this up. They were also using the community interest company to focus on areas where take up was low.

A Member queried whether the figures for advice offered could be relied on; it was confirmed that a new system had been introduced which allowed for better monitoring, and there was feedback to GP practices including on what data was missing.

Members asked about the plans to introduce a discount card for health related products (such as fruit and vegetables.) A similar scheme was working well in Southwark. Officers were working with Trading Standards and the Town Centre Managers on this; the scheme was not means tested and also aimed to help small businesses. It depended on shops and traders offering a discount in the hope of improved footfall.

Members considered that outcome measures were needed to assess the real effectiveness of the health check. The Chairman added that some outcome measures were not sufficiently robust- for example, abstinence from alcohol for three months did not involve a sufficiently long period to prove that treatment had been effective.

**RESOLVED that the progress made with these projects be noted.**

**47           PROCUREMENT OF AN URGENT CARE CENTRE SERVICE AT  
                  BECKENHAM BEACON**

At its meeting on 9<sup>th</sup> April 2014 the Sub-Committee had scrutinised plans to commission a new Urgent Care Centre at Beckenham Beacon. Bromley CCG had since undertaken a competitive procurement exercise and a preferred bidder, Greenbrook Healthcare, had been identified. The new service was due to commence on 14<sup>th</sup> December 2014.

**RESOLVED that the Sub-Committee is satisfied that Bromley CCG's procurement and ratification process used to select a preferred provider for the Urgent Care Centre at Beckenham Beacon was fair and transparent, involving members of the public.**

**48           WORK PROGRAMME 2014/15  
                  Report CSD14147**

The Sub-Committee noted its work programme, and the Chairman invited Members to suggest any additional issues that should be scrutinised. Councillor David Jefferys suggested that an update on Academic Health Services Networks would be useful.

The Meeting ended at 5.55 pm

Chairman