INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Monday, 17 February 2014

Meeting held on Monday, 17 February 2014 at 7.00 pm
in Mulberry Place, 5 Clove Crescent, London E14 2BG

Members Present:	**Councillor Winston Vaughan (Chairman), Councillor Luke Akehurst (Vice Chairman), Councillor Ben Hayhurst, Councillor Ann Munn, Councillor Benzion Papier, Common Councilman Dhruv Patel, Councillor Terence Paul, Councillor Rachael Saunders and Councillor Ted Sparrowhawk**
Member Apologies:	**Councillor David Edgar and Common Councilman Wendy Mead**
Officers in Attendance:	**Luke Byron-Davies (Scrutiny Manager, LB Newham, Jarlath O'Connell (Overview and Scrutiny Officer, LB Hackney), Neal Hounsell (City of London Corporation), Tahir Alam (Strategy Policy and Performance Officer, LB Tower Hamlets), and Philippa Sewell (City of London Corporation)**
Also in Attendance:	**Nick Kennel (NHS England), Elizabeth Smith (Project Manager Clinical Support Unit, Moorfields Eye Hospital), John Pelly (Chief Executive, Moorfields Eye Hospital), Seaton Giles (CQC Compliance Manager (Newham and Waltham Forest)), Mark Graver (Head of Stakeholder Relations and Engagement, Barts Health), Kay Riley (Chief Nurse, Barts Health), Clare Dollery (Clinical Director of the Heart Hospital at UCL Hospitals, and Medical Director for Informatics and Governance, Barts Health), Pauline Farrell (Associate Director of Human Resources, Barts Health), and George Soutar (Healthwatch Newham)**

The meeting commenced at 7pm and close at 9pm

1. **WELCOME AND INTRODUCTIONS**
The Chair welcomed everyone to the meeting and advised of a change in the order of agenda items: item 8 London Cancer Project Update would now be taken as item 6.

2. **APOLOGIES FOR ABSENCE AND NOTICE OF ANY SUBSTITUTIONS**
Apologies for absence were received from Councillor David Edgar and Common Councilman Wendy Mead. Apologies were also received from Dr

Penny Bevan (Director of Public Health Hackney) and Sue Milner (Director of Public Health Newham).

3. **DECLARATIONS OF INTEREST**

Councillor Ben Hayhurst declared a non-pecuniary interest in the London Cancer Project Update by virtue of knowing Nick Kennell (NHS England), and Councillor Winston Vaughan declared a non-pecuniary interest in the same item by virtue of being a member of the Association for Prostate Awareness.

4. **MINUTES OF THE PREVIOUS MEETING**

The Committee gave consideration to the minutes of the meeting held on 20 November 2013.

RESOLVED – That the minutes of the meeting of the Committee held on 20 November 2013 be agreed as a correct record.

5. **ACTIONS AND MATTERS ARISING FROM THE PREVIOUS MEETING**

There were no matters arising.

6. **MOORFIELDS EYE HOSPITAL**

The Chair welcomed Project Manager Elizabeth Smith and Chief Executive John Pelly from the Moorfields Eye Hospital NHS Foundation Trust.

Mr Pelly advised Members that the document circulated with the agenda set out the reasons for the move and why the Kings Cross area had been chosen, as well as the engagement document used in a consultation exercise that concluded on 14th February.

Ms Smith reported that this initial consultation had lasted 12 weeks and had liaised with patients and Clinical Commissioning Groups (CCGs) via a questionnaire, drop-in sessions, open days and online communication and social media. She added that of the 59 responses received 87% were positive about the move.

Councillor Luke Akehurst opened the questioning, asking whether Moorfields were considering changing their name?

Mr Pelly responded that a new name was being considered to reflect the integrated clinical and research institute with UCL, but that “Moorfields” would still feature.

Councillor Terrance Paul asked for more details concerning borrowings and funding for the new site.

Mr Pelly replied that exact figures were unavailable as they would depend on the final choice of site (i.e. whether it was lease or freehold) but they were currently estimating that the project would cost in the region of £300million; £75million to be raised through charitable sources, £50-100million from UCL, £30million from Moorfields, and £60million borrowed from government sources.

Councillor Ben Hayhurst queried where the majority of patients came from?

Mr Pelly confirmed that referral figures for Newham, City & Hackney and Tower Hamlets had been circulated with the papers, and that the majority of patients were from neighbouring boroughs.

The Moorfields site on City Road saw 30% of the ophthalmology work in Central London as generally complex issues couldn't be treated at satellite sites. He reported that some presence would be retained at the City Road site, though exactly what was undecided, and that, after the move, Moorfields were looking to expand further in the East of London with regards to outpatient and surgical services.

The Chairman asked for more details concerning the provision of parking at the new Kings Cross site.

Mr Perry advised Members that the specific site was yet to be determined, though it was unlikely that a great deal of car parking capacity would be created. Instead transport links from Kings Cross St Pancras station would be facilitated (i.e. a shuttle bus) as well as car drop-off points.

Councillor Terrance Paul enquired as to the footprint of the Moorfields site.

Mr Pelly advised that the £300million estimate was just for City Road, which would be moving to a smaller site in Kings Cross. As such, satellite sites were also being invested in to ensure they could accommodate a greater number of patients once the move had occurred.

In a follow up question, Councillor Paul queried whether this had been included in the initial consultation document, as the existing quality of satellite services would affect consultation results.

Ms Smith advised that additional open days had been held at satellite sites to gather their views, and Mr Pelly confirmed that the initial consultation was just the beginning of a much more extensive engagement with patients and partner agencies.

The Chairman questioned whether 87% of 59 respondents was enough to indicate a significant result?

Ms Smith replied that 59 from 200 was an average level of feedback, though responses were still being received and some were sent in on behalf of multiple people. She confirmed that this initial consultation had lasted for 12 weeks but that they would continue to consult patients and partners throughout the project.

In response to a follow up question from Councillor Ted Sparrowhawk, Mr Pelly reported that the entire project was anticipated to take around 7 years.

The Chairman thanked the officers for attending, and noted that a further conversation would be needed concerning how extensive future consultations will need to be.

7. **CARE QUALITY COMMISSION REPORT INTO BARTS HEALTH NHS TRUST**

The Chairman welcomed Seaton Giles from the Care Quality Commission (CQC), and Mark Graver, Kay Riley, Clare Dollery and Pauline Farrell from Barts Health NHS Trust.

Mr Giles gave a short presentation on the inspection of Barts Health NHS Trust. He advised Members that since the appointment of Professor Sir Mike Richards as Chief Inspector of Hospitals new methodology for inspections had been adopted. All hospitals in the UK had been assessed against a number of key indicators which revealed Barts Health to be high risk. It was noted that as this was the first large inspection with the new methodology, no final rating had been given. These would be applied from inspections starting in April 2015.

The inspection asked five questions around eight key areas and an extensive consultation fed into the inspection plan. A large team undertook announced and unannounced visits, and was compiled from a broad range of people to ensure depth and breadth of information. Listening events were held for each named site and Quality Summits were held to discuss how to move forward. Mr Giles briefly summarised three sites where areas for improvements had been found: Newham Hospital, Royal London and Whipps Cross. As well as areas for action, Mr Giles also highlighted the examples of good or outstanding practice for each.

Overall, Members noted that Barts Health provided very good services but there were issues that needed to be addressed. Mr Giles reported that it was early days for a combined Trust and the CQC recognised the scale of the challenges associated with reconciling different cultures and the additional financial pressure. He reported that there was a clear strategy and cohesive leadership, but also a lack of connection between the Executive Board and frontline staff.

Mr Giles advised Members that the Trust were now implementing the action plan, with Clinical Commissioning Groups and Trust Development Authority (TDA) monitoring ongoing performance. The CQC would maintain and ongoing dialogue with the Trust, and there would also be follow up inspections in due course.

The Chief Nurse at Barts Health was invited by the Chairman to respond. She replied that the Trust had welcomed the inspection, and that the robust and well-informed results had been beneficial. The outcome had been balanced and all of the issues raised were already known in some way to the Trust. There had been positive areas of work identified on every site, which had been a boost for staff morale and drew focus for further improvements.

Councillor Ben Hayhurst asked for the CQC to include a contents page for future reports of this size.

Councillor Hayhurst asked for more detail concerning unannounced inspections, and queried how serious the problem was?

Mr Giles responded that the Trust was informed in advance of the inspection as some of the data collection was carried out prior to the inspection itself, but that unannounced visits were less structured. The Trust were not informed of where exactly the inspection team would be visiting, nor how long they would stay, as this was decided by the feedback being received from staff and patients.

With regards to the issue of bullying, Mr Giles advised Members that this term was used in a broad sense and was indicative of staff feeling inhibited, unable to raise concerns, and that their concerns went unheard. In a follow up question Councillor Ann Munn questioned how staff were asked about bullying? Mr Giles replied that they weren't; it had been an issue raised by staff themselves.

Councillor Luke Akehurst asked whether the inspection had determined how pervasive the problem was, i.e. was it institutional, a lack of positive management process, or lack of communication?

Mr Giles responded that a range of factors had been identified. In addition to institutional problems, incidents of particular individuals undertaking bullying behaviour had also been reported.

In a follow up question, Councillor Rachael Saunders asked whether instances of bullying were connected to the visibility of and confidence in senior leadership.

Chief Nurse Ms Riley at Barts Health responded that the Trust was aware of the problem but hadn't appreciated the full scale of it. She advised Members that issues concerning visibility of leadership and trust in senior staff were unsurprising owing to the lack of stability of staff in the past. The Trust was looking to do more diagnostics and work was in place to ensure staff could speak freely in open meetings and in confidence. Ms Riley also reported that the Trust intended to look at and learn from other large organisations.

Councillor Hayhurst returned to the issue of management visibility, and queried why initiatives started two years ago, such as First Friday, were still not well known.

Ms Riley reported that Clinical Fridays, where senior management would visit and to review a range of issues and liaise with frontline staff, were an embedded and well-known practice. With regard to First Fridays, Clinical Advisory Groups (CAGs) had been given freedom to implement and organise them in the past, which had failed. Now the Trust were working with CAGs to ensure a more structured approach was in place.

Councillor Terrance Paul asked whether a rating would be given for the Trust, either now or retrospectively.

Mr Giles responded that the inspection was part of a pilot and that as the methodology was untested and still being refined the CQC would not be giving a rating for this inspection, either now or retrospectively. Instead the Commission would re-inspect during 2015 and give ratings for individual services and sites.

In response to a series of follow up questions from Councillor Paul, Mr Giles advised Members that the report from this inspection was very detailed and readers could draw their own conclusions as to a final rating.

With regard to impact on quality of care, Councillor Ben Hayhurst questioned whether use of bank and agency staff was being monitored and how it was being addressed?

Ms Riley reported that there was a drive to reach 95% recruitment underway; Associate Director of Human Resources Ms Pauline Farrell added that current levels were at 90.5% but the Trust was aiming to reach 95% by June. Ms Farrell reported that the bank was generally made up of existing staff members but agency staff would not necessarily be familiar with processes, and their use was being reduced. The recruitment timescale had been reduced to eight weeks, and it was hoped this could be improved to six.

In a follow up question Councillor Hayhurst asked whether there were areas with more reliance on agency and bank staff. Ms Riley responded that there were pockets around specialist critical care which were difficult to recruit to nationally. At the request of Members, Barts Trust undertook to report back on the three departments with the highest number of agency staff for February and at the time of the next INEL JHOSC meeting.

Councillor Rachael Saunders asked for more detail on the number of vacancies, and asked how the Trust were addressing ill-health as a result of unemployment in the local community?

Ms Farrell advised Members that staff turnover was approximately 11-12% and that there were hundreds of vacancies each month. This was being addressed through the drive to 95% recruitment and by monitoring the number of offer letters and approvals for vacancies made each week against a target of 140 offers being made per month.

With regards to local employment Ms Farrell reported that a group had been set up which aimed to bring in local people and giving them access to work. Recruitment drives, apprenticeships and training and development pathways were in place to improve the health of the population through employment.

Councillor Rachael Saunders asked a specific question around patients' meal times at Royal London, and Dhruv Patel queried why the food at Barts Hospital had been worse than elsewhere.

Ms Riley responded that mealtimes were being protected at Royal London and visiting hours revised. She also reported that volunteers were being recruited currently to assist with mealtimes. With regards to Barts Hospital, Ms Riley advised that the Trust held several different catering contracts as a result of the merge, which would be addressed as they came up for renewal. A change in food provision on the wards at Barts had been implemented straight away, and Members noted that the Trust were about to re-audit the service.

Councillor Terrance Paul returned to the issue of bullying, and asked what was being done to challenge the culture of senior managers and whether there would be any impact on their future employment.

Ms Riley replied that the cultural issues were a hangover from the Legacy Trusts and had been compounded by the merge. Conversations were ongoing around challenging senior leadership and to diagnose problems, though it was assured that any individual bullies would be found and asked to leave.

With regards to the impact on future employment, Ms Farrell responded that a new appraisal process was being developed to link values and performance, which would highlight any issues and affect staff progression. She also advised Members that the Trust were looking to bringing in an external expert to advise on how to identify and resolve the reasons for staff feeling bullied or ill-treated.

Dhruv Patel asked for a general update as to the financial turnaround, and queried whether there had been an impact as a result of recruitment?

Ms Riley replied that the financial position had improved significantly as a result of income levels and other work streams, and reported that recruitment was being made to agreed establishments and as such had not created any issues.

Councillor Ann Munn queried the level of consultant cover in relation to support and visibility of staff.

Clinical Director of the Heart Hospital at UCL Hospitals and Medical Director for Informatics and Governance Clare Dollery reported that some departments had better cover and visibility than others, and this was currently being reviewed. She advised that it related to how people were organised rather than just staff numbers.

In a follow up question, Councillor Hayhurst asked whether the bullying culture extended to junior doctors feeling inhibited to ask for additional support and to what extent was there monitoring of calls to on-duty consultants?

Ms Dollery responded that there was no formal monitoring system of the number of calls. Support was expected and there would be more questions raised over junior doctors not asking for support. She advised Members that all medical staff had 360 degree feedback which was looked at in detail before the staff member was revalidated.

The Chairman thanked the CQC and Barts Health Trust officers for attending and answering questions.

8. **LONDON CANCER PROJECT UPDATE**

The Chairman welcomed Nick Kennell from NHS England to the meeting, who gave a short presentation on the project to create integrated Cancer and Cardiovascular systems to provide local and specialist care.

Members were advised of the level of engagement to date and noted that a report on phase one engagement and an options appraisal report would be available later this month. The London Clinical Senate was undertaking an independent clinical assurance of the proposals, the outcome of which would inform commissioners' preferred recommendations. These would in turn be outlined in the initial business case to be published by early April.

With regards to the Major Trauma Centre, Mr Kennell outlined the key issues which had been identified from the clinically-led workshop held on 16th January, and reported that a programme of work was being arranged to address these and mitigate risks.

Phase two of the project, a series of engagement events and information, would follow the publication of the initial business case in April, after which planning for implementation and development of commissioner assurance, oversight frameworks and a decision-making business case could begin.

Councillor Ben Hayhurst opened the questioning by asking whether NHS England could guarantee Cancer and Cardiovascular funding would not be reduced as a result of the consolidation of specialist centres?

Mr Kennell responded that NHS England were unable to guarantee funding levels wouldn't be affected as the cost of delivering services would change, but assured Members that the project was driven by clinical advantages not financial reasons.

Councillor Terrance Paul queried when local residents would start to see the positive impact of consolidating services.

Mr Kennell replied that the figure of 1800 lives being saved as a result of the changes was the potential figure; the next stage was to prepare a schedule of how the changes would be implemented. Councillor Paul followed up on this response, stating that Members wanted to know outcomes in terms of health, not the processes involved, and asked for a future presentation to address this.

With regard to two cancer site being turned into one, Dhruv Patel asked whether proton beam therapy would be available at the UCL Cancer Institute.

Mr Kennell advised that proton beam therapy was not part of the clinical appraisal as it was not core to service delivery and treatment.

In response to a follow up question from the Chairman regarding NICE guidance (National Institute for Health and Care Excellence), Mr Kennell reported that the guidance regarding prostate cancer was currently being revised, and that part of the London Clinical Senate review was to assess the impact of that change.

Councillor Ann Munn asked when a report concerning Phase two of the project would come back to the INEL JHOSC, considering the Elections taking place in May.

Mr Kennell confirmed that final decision making was anticipated for summer 2014, and Members agreed that a future presentation would be scheduled closer to the time.

9. **AOB**

There was no other business.

As this was the last meeting of the INEL JHOSC in its current format, the Chairman thanked Members for their contribution.

The meeting ended at 9.00 pm

Chairman

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