

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

**HELD AT 7.08 P.M. ON WEDNESDAY, 17 FEBRUARY 2016**

**ROOM C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Amina Ali (Chair)  
Councillor John Pierce (Vice-Chair)  
Councillor Dave Chesterton

**Co-opted Members Present:**

David Burbidge – Healthwatch Tower Hamlets  
Representative  
Tim Oliver – Healthwatch Tower Hamlets  
Representative

**Apologies:**

Councillor Sabina Akhtar  
Councillor Abdul Asad  
Councillor Craig Aston

**Others Present:**

Dr Sam Everington – Tower Hamlets CCG  
Max Geraghty – Inspection Manager, CQC  
Deborah Kelly – Deputy Chief Nurse  
Sandra Reading – Director of Midwifery & Nursing  
Jenny Cooke – Deputy Director of Primary Care  
Dr Isabel Hodkinson – Tower Hamlets CCG

**Officers Present:**

Daniel Kerr – Strategy, Policy & Performance  
Dr Somen Banerjee – Director of Public Health  
Sarah Vallely – Strategy, Policy & Performance  
– Senior Committee Officer

**1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

David Burbidge and Tim Oliver declared a personal interest in Item 3.3 Healthwatch Tower Hamlets Review as volunteers at Healthwatch Tower Hamlets.

**2. MINUTES OF THE PREVIOUS MEETING(S)**

That the minutes of the Health Scrutiny Panel held on 9 December 2015 be approved as a correct record of the proceedings.

### 3. REPORTS FOR CONSIDERATION

### 4. MATERNITY SERVICES AT ROYAL LONDON - CQC INSPECTION

Max Geraghty provided the Panel with an overview of the Care Quality Commission's (CQC) findings from their most recent inspection of the Royal London maternity & gynaecology services and informed the Panel of the following: -

- CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve;
- CQC monitors, inspects and regulates services to make sure it meets fundamental standards of quality and safety and publishes its findings, including performance ratings to help people choose care;
- CQC is introducing ratings to tell whether an organisation and its main services are outstanding, good, requires improvement or is inadequate;
- CQC publishes reports after every inspection setting out what it has found and includes examples of good practice as well as areas for improvement;
- The CQC asks five key questions on all inspections:
  - are services safe?
  - are they effective?
  - are they caring?
  - are they responsive to people's needs?
  - are they well-led?
- The Quality Report was published in May 2015 and the overall rating for maternity & gynaecology services was "Requires Improvement" and the following concerns were highlighted -
  - Staffing –
    - There was not enough medical and midwifery staff and there was evidence that this compromised the care offered to some women;
    - The Trust did not meet the London Safety Standards recommended minimum birth to midwife ratio of 1 midwife to every 30 births; and
    - Women in labour were prioritised, but this meant that other areas were often short-staffed with an impact on waiting times for other women.
  - Security -
    - CQC also had concerns about the security of mothers and babies because of the high number of visitors at all hours;
    - There was no ward clerk at night, which meant there was further reduced control over visitors;
    - Neonatal security had been identified as a risk on the risk register; and
    - Baby security tags.
  - Leadership -

- Leadership for maternity and gynaecology services was provided by the Women's and Children's Health Clinical Academic Group (CAG);
- This did not appear to provide an effective route from ward to Board and neither doctors nor midwives felt that their concerns about safety, or the sustainability of working under pressure were acknowledged by management; and
- A number of staff perceived the leadership to be remote and unsupportive.
- Culture -
  - A number of medical and midwifery staff had been in post for several years and enjoyed working at the hospital and spoke well of the way all staff worked together as teams, both doctors and nurses;
  - Staff were positive about management at service level; and
  - Staff valued the teamwork and shared values on the ground to keep patients safe.
- CQC will continue to engage with Barts Health NHS Trust as part of the wider stakeholder involvement.

The Chair, Councillor Amina Ali invited the representatives from the Royal London Maternity Services to respond to the CQC report.

Sandra Reading (Director of Midwifery) and Deborah Kelly (Deputy Chief Nurse), provided a written response to the CQC report and highlighted the following key actions –

- Maternity Services Action Plan –
  - Uplift in mother to midwife ratio of 1:28 – this is an increase of 22 midwives (whole time equivalents)
  - Reduce temporary staff by ensuring 95% of staff are permanent
  - Improved consultant presence
  - Reviewed baby tagging system, and implementing new system by April 2016
  - Immediately improved security on the wards, through installing swipe access, introducing 24/7 clerical reception desk cover and reviewed and amended visitor and discharge policy
  - Improved access to data through maternity performance dashboard for staff
  - Two new ultrasound machines procured to ensure image quality
  - Progress work on midwifery – led unit
- Improving women's experience -
  - Focus on changes throughout the maternity pathway
  - Improving information and communication
  - Women and Family Centred Care
  - Focus on safe and compassionate care
  - New leaflet to get more detailed feedback

- Maternity information pathway
  - One stop booking//pregnancy information pack
  - Referral to Vulnerable team/maternity mates
  - Bump start project for further information on community support
  - New women's information range
  - Weight management and GDM sessions
  - Birth plan/antenatal class
  - VBAC/birth options clinic
  
- New Developments –
  - Induction of Labour (IOL) pathways including OPIOL and timing of admission for high risk IOL
  - Co-located birth centre opening in Summer 2016
  - Postnatal information improvement project
  - Joint project with Lead Nurse for neonates and neonatologist to review TC and reduce length of stay – possibility of care in the community
  - Enhance continuity of care with opening of co-located birth centre and increase in integrated teams
  - New consultant posts – 1 post with special interest in fetal medicine
  - Transforming Services Together plan – with 30% of all births to be out of Consultant led unit over next few years
  - Design of a maternity app planned – link to new birth centre and information for women
  
- Listening and responding to feedback –
  - Review of staffing
  - Increase in funding – up to 22 midwives
  - Recruitment days
    - 26 applied – 6 hired
  - Improve hours – 2 consultants and tertiary unit
  - Achieving over 95%
  - Full review of security arrangements
    - Baby tagging
    - Different swipe system
    - 24/7 administration
    - Change of access
    - Discharge policy
  - Live data – more accurate
  - Capacity – extremely busy

Members considered the presentation and made the following comments –

- Where does women and their views feature in the response to the CQC
- If the staff have been listened to, what has changed

- The HSP recently had a site visit to the hospital and there were still some negative comments
- It is as though a culture of fear within the patients has been developed
- Patients also fed back that some of the comments being made by nursing professionals were unacceptable and in some cases derogatory to the patients
- It is all about the public perception
- Is there anyway for the CQC to provide additional feedback to the hospital as to where they are up to currently
- The findings report that the HSP have to write will need to be read by mothers in the Borough and reflect their experiences, but to date it is a worry about what the content of the report will contain unless there is some radical cultural changes and changes in perception quite quickly.

Deborah Kelly commented that the patient experience in the maternity unit has been poor, but they are listening and responding to the negative feedback by providing patient feedback, conducting patient surveys and having friends and family testing. The services are hoping to engage more with patients and to change the culture by launching a Patient Experience and Engagement Strategy shortly. She also stated that improvements are being implemented to the Governance and Accountability framework with programmes being developed on trust, expectations and leadership. She also stated that there is a change of leadership underway at the Board level with a significant programme of change being negotiated with staff. Changes are being made to the culture, environment, training, awareness and staff.

Dr Sam Everington informed the Panel that the hospital is operating at a deficit of £135m which is a challenge across the sector. He also stated that the National Maternity Report due out in late February is proposing to increase home births/community births by up to 20%, which would contribute even further to the existing challenges. There needs to be some acknowledgement at the hospital that there is a generic cultural issue from the top down and there needs to be a more modern approach from the team.

Healthwatch representatives commented that Healthwatch operate a complaints and comments website and to date they have not had any evidence of patients being ill-treated.

Max Geraghty informed the Panel that if the Inspectors were to engage with the hospital at this stage there would be further risks of issues being identified for improvement. The next inspection is likely to take place at the end of quarter 1.

**RESOLVED THAT –**

1. The presentations and reports be noted; and
2. The Chief Executive of the hospital be invited to the next meeting.

## 5. PRIMARY CARE STRATEGY

Jenny Cooke (Deputy Director of Primary Care) provided the Panel with an overview of the Primary Care in Tower Hamlets and informed the Panel of the following: -

- In February 2015 THCCG successfully applied to take on fully delegated responsibility for the commissioning of primary medical services in the Borough;
- Since April 2015, THCCG has assumed responsibility for the commissioning, procurement, management and monitoring of primary medical services contracts, with the on-going support of NHS England;
- A Primary Care Committee has been established to over-see the delegated functions and manage conflicts of interest;
- Co-Commissioning has the opportunity to lead to greater consistency between outcome measures and incentives used in primary care services and wider out of hospital services;
- Challenges –
  - Population is growing rapidly;
  - Patient experience remains a challenge;
  - A need for care to become better integrated;
  - Workforce deficit with nursing recruitment problems; and
  - Financial.
- Response –
  - Building resilience in GP; and
  - Primary Care Transformation.

Members considered the presentation and made the following comments –

- Does Public Health link into Primary Care?
- Public Health is all about prevention e.g. smoking cessation, it is not about advertising services, but moreso about improving health in the community.
- The Local Plan is about planning for the future, 15-20years ahead, so there are challenges to be faced in the future in the health sector with systems and finance. It is a good opportunity to feed into the Local Plan now for the future wellbeing of the community.

Dr Sam Everington commented that major funding is an issue, but most TH GPs enjoy working in the Borough, however, most practices are struggling to recruit at the moment. He also stated that GPs are choosing to retire early in comparison to 10 years ago when GPs would work till around 80 years old, but now are going abroad or even to Scotland and Wales where there is no CQC inspection. The Borough has a different population now and needs a new model of working.

Dr Isabel Hodgkinson commented that information is gathered based upon electronic record from GP Practices and that data is now fully electronic

through a very sophisticated “vanguard board”. You can even book your own appointment and see your own medical records and it is the intention to move to “real time” data in the future.

Jenny Cooke commented that Public Health was already involved in Primary Care.

**RESOLVED THAT** the presentation be noted.

## 6. HEALTHWATCH TOWER HAMLETS REVIEW

Sarah Vallely (Strategy, Policy and Performance Officer) provided the Panel with an outline of the methodology for the review and timetable for reporting on the findings and commissioning of the new Healthwatch Tower Hamlets (HWTH) contract and informed the Panel of the following –

- The aim of the review is to develop a model for HWTH which builds on existing strengths, identifies areas of improvement and incorporates good practice from other local HW organisations;
- The existing contract was due to expire on 31<sup>st</sup> March 2016 but this has now been extended by one year till 1<sup>st</sup> April 2017;
- HWTH undertakes the following key activities –
  - Provides information, sign-posting and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
  - Obtains the views of people about their needs for and experience of local care services and makes those views known to those involved in the commissioning, provision and scrutiny of care services;
  - Promote and supports the involvement of people in the monitoring, commissioning and provision of local care services;
  - Influence the commissioning and provision of services through producing evidence-based reports and recommendations about how those services could or should be improved;
  - Local HW have a statutory seat on the local Health & Wellbeing Board to help them to do this effectively;
  - Makes the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion; and
  - Makes recommendations to HW England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern

Members considered the report and made the following comments –

- There is a need to reflect on what HW currently do and whether there is an opportunity to do more deeper and specific work and if there is a capacity to do it e.g. the work in maternity services currently underway;

- Not many residents know about HW, so how can they advertise more and promote their services better;
- HW has a rich insight into the patient experience so can suggest ways to improve it and make the service better with practical ideas; and
- There is an opportunity to develop the capacity in HW through future funding by commissioning contracts.

Dr Isabel Hodgkinson suggested that each GP must complete a 6 week check on new-born babies and that consult could be used to complete a form or fill in a survey about their experiences on the maternity unit or to raise awareness about HW, parental smoking and breastfeeding etc.

David Burbidge commented that HWTH has 1 director and 1.5 staff, with a small budget and a large remit. He also stated that HWTH has no resources to advertise its services, but they usually do a “tea poster campaign” and some advertising within the Council and through the HW website. Each HW across England is managed differently based upon resources and capacity. Council Tax bills will also be circulated to all residents in the Borough shortly and there is an opportunity to use this mail-out to advertise HWTH.

Sarah Vallyelly commented that Healthwatch is not a complaints body, just an advocacy service to signpost and give the patients a voice. It is an independent organisation that values scrutiny and can influence commissioners.

**RESOLVED THAT:**

1. The presentation and report be noted.
2. The information provided by Dr Isabella Hopkinson relating to the “6 week new-born baby checks” be researched further with an update being provided to a future meeting.

**7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Somen Banerjee informed the Panel that Councillor Amy Whitelock Gibbs should be invited to future Health Scrutiny Panel meetings to observe/for input, and that the Panel should consider looking into the relationship between the Health & Wellbeing Board and Health Scrutiny to ensure there isn't duplication and the remits / scope of the two groups are clear.

The Panel agreed.

**8. NEXT MEETING OF THE PANEL**

The next meeting of the Health Scrutiny Panel will be held on Wednesday 20 April 2016 at 7.00pm in MP702, 7<sup>th</sup> Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

The meeting ended at 9.16 p.m.



Chair, Councillor Amina Ali  
Health Scrutiny Sub-Committee