

**LONDON BOROUGH OF TOWER HAMLETS**  
**MINUTES OF THE HEALTH SCRUTINY PANEL**

**HELD ON TUESDAY, 24 APRIL 2012**

**ROOM M72, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)

Councillor David Edgar

Councillor Lesley Pavitt

Councillor Helal Uddin

**Other Councillors Present:**

Councillor Peter Golds

**Co-opted Members Present:**

Dianne Barham - THINK

Dr Anna Livingstone - LMC

**Guests Present:**

Peter Morris – Chief Executive, Barts Health

Dr Steve Ryan – Medical Director, Barts Health

**Officers Present:**

Deborah Cohen – Service Head Commissioning and Strategy

Rachael Chapman – Strategy and Policy Manager, AHWB

Rob Driver – Strategy Policy and Performance Officer, One  
Tower Hamlets

Simone Scott-Sawyer – Democratic Services

**1. APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Dr Emma Jones. An apology for absence was also received from David Burbridge.

## 2. DECLARATIONS OF INTEREST

No declarations of personal or prejudicial interests were made.

## 3. UNRESTRICTED MINUTES

The Chair **MOVED** and

It was agreed that the minutes of the meeting of the Panel held on 24<sup>th</sup> January 2012 be agreed as a correct record and signed by the Chair.

### Matters arising

Page 4 – second paragraph: with regards to matters arising, Councillor Lesley Pavitt asked if there had been any further developments on press coverage about orthopaedic surgeon resignations and if the vacant positions had been filled. Robert Driver, Strategy Policy and Performance Officer, said he would follow this up and report back to the Panel.

Page 5 – fourth bullet point: with regards to the work of the Health and Wellbeing Board in developing a strategy, Councillor Lesley Pavitt wished to know what the Council's plan was to link into the strategy. Mr Driver promised to look into it and report back to the Panel.

Members also requested feedback to respondents with regards to the Health Event at Burdett. Furthermore, they asked that an update letter be sent to the Barts NHS Trust about GUM clinics.

## 4. REPORTS FOR CONSIDERATION

### 4.1 Barts Health NHS Trust - Verbal Update

Peter Morris, Chief Executive and Dr Steve Ryan, Medical Director from Barts Health NHS Trust gave a verbal update to the Panel.

Mr Morris gave a brief introduction about the ongoing merger and outlined the following points for the Panel:

- The Executive team was now fully recruited to and they were in the process of making appointments to the structures below;
- The three hospital sites corresponding to the original three trusts were currently being managed as three separate units with a view to moving to an integrated management structure based around clinical groupings in six months' time.
- They had started new and encouraging dialogue with ELC and the new clinical commissioning groups in the three boroughs served by the Trust.

Dr Ryan gave a presentation and highlighted the following points:

### Looking back

- Significant progress had been made in improving quality and safety. Although the trajectory set had not been achieved, infection rates were reducing;
- The Trust was second in the country for low mortality rates and it strove to maintain this record;
- Recent changes had been implemented to ensure safer medical cover at night and the Executive agreed to resource an additional five neonatal members of staff due to safety concerns raised;
- In-patient survey – progress made in 8 areas, but there was still room for improvement;
- Community Services and neo-intensive out-patients showed satisfaction levels were rising;
- Accommodation breaches no longer occurred as a result of the new build at the Royal London hospital;
- Nutrition – matrix report to Board every month who in turn regularly monitor the figures;
- Department of Health rated the Trust as “performing”;
- The Cardiac, Stroke and Chest units showed excellent results.

### Going forward

- The aim was to keep patients better informed about their care and treatment, not just during their hospital admission, but pre and post admission;
- Staff were keen to get timely feedback on their issues and concerns – currently there were good reporting lines, however, the Trust needed to ensure that staff were kept informed about action to be taken;
- One of the tangible objectives that the Trust hoped to achieve was the cessation of smoking – a new Assistant Medical Director was to be appointed whose remit would be Public Health;
- Delivering compassionate care was of importance.

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Following questions raised by Members, the following points emerged:

The Chair questioned how a big organisation like Barts Health NHS Trust would manage to stay responsive to Tower Hamlets’ residents. Mr Morris stated that the Trust’s objective was to deliver a health care system of a consistent standard, i.e. the “Barts Standard” across the whole organisation but with tailor-made services according to local conditions and need where required.

The three areas of focus for 2012-13 were:

1. Care of the frail elderly;
2. End of life care; and

3. Children's services and how these integrate into a seamless local experience.

In response to a specific question about GUM services and the on-going uncertainty as to where these services would be housed, Mr Morris promised to get back to Members.

Dr Ryan added that the Trust needed to revisit frail, elderly care to improve services and make sure that resources were deployed as effectively as possible. This meant providing support to people to remain in their own homes and communities. The Trust was keen to have a proper debate on how we could work in partnership to achieve these aims.

Diane Barham, THINK Director expressed some concern about the outbreak of MRSA and five "*never events*" at the Royal London in the last six months. In response, Dr Ryan explained that the occurrence of "*never events*" which had included an incident involving dental work, were unfortunate and the Trust was working to learn from and prevent such incidents happening.

Members fed back mixed experiences at the London including good experiences at A&E but some poorer care within the main hospital. Mr Morris clarified that more than 95% of patients were seen in less than 4 hours. The Royal London currently had the best response times in the A & E departments in London.

Dr Ryan described the plans to establish an Assistant Director of Public Health in the Trust whose role would be to improve the health of the workforce [making staff ambassadors for health] as well as impacting on the wellbeing of patients.

Dr Anna Livingstone expressed some concern about appointments and follow-up times within the hospital as approximately 20% of patients who had undergone treatment or were admitted, "got lost in the system" and failed to receive follow up appointments for instance. Where patients suffered from serious ailments, the risks associated with this could not be overlooked. Concern was also expressed about the numbers of community health staff and the lack of a joined up approach, particularly when one patient needed to see consultants from different specialties in the same hospital. Mr Morris stated that a consistent, swift and holistic approach to patient care was what they strove for and sought to work with partners to achieve this.

Ms Barham also commented that advocacy and interpretation services had been affected due to cuts and these services were needed for patients.

## **RESOLVED**

THAT the presentation be noted.

#### **4.2 HEALTH AND WELLBEING BOARD ENGAGEMENT SUB-GROUP - VERBAL UPDATE**

Dianne Barham from THINK gave a verbal update to the Panel.

There was concern that there needed to be more integration across the board and that Barts Health Trust needed to engage more with the workings of the Health and Wellbeing Board Engagement Sub-Group.

Ms Barham tabled a “Health Community” document and introduced the report. She explained how THINK tried to engage with the community and outlined the following points:

- The aim was to motivate and incentivise residents to have a better and healthier community, and ensure that local people were commissioning local services;
- There was a need to identify community needs and aspirations;
- The intention was to aim for two health watchers from each network, a total of 16 across the borough;
- The aim was to build on knowledge that had already been acquired and information gathered during this process would be added to the repository of information – attention would be focused where there was a lack of knowledge.

The Chair thanked the officer for the presentation and requested that members feed their comments back to Robert Driver and that this would form part of the formal feedback.

#### **RESOLVED**

THAT the presentation be noted.

#### **4.3 CONSULTATION AND ENGAGEMENT IN ADULT SOCIAL CARE - DISCUSSION.**

The Chair referred to the tabled document “Consultation and Service User Engagement by Adult Health and Wellbeing” and highlighted the following salient points:

- There were clear points at which service users could make an impact on the decision-making process with regards to social care;
- There ought to be direct communication with service user groups at some point in the future;
- The idea of developing a pool of health watchers was welcomed;
- The role of the Health Scrutiny Panel was crucial in complementing the work of the Health and Wellbeing Board [HWB];
- Members’ enquiries were another useful way of ensuring the views of local residents were fed back to the Adult Social Care team.

Anna Livingstone added that it would be helpful to have an all-inclusive approach and for the strategy to have a sustainability element to it. She had some apprehension however about how much authority the HWB had.

The Chair also voiced her concerns about her input on the HWB. As Chair of the Health Scrutiny Panel [HSP], her attendance was required at the HWB, although her impression was that her input was not wholeheartedly embraced. The Panel therefore sought some clarification on the relationship between the HWP and the HSP.

**RESOLVED**

THAT the presentation be noted.

**4.4 QUALITY ACCOUNTS 2011-12 - EAST LONDON FOUNDATION TRUST.**

**RESOLVED**

THAT the report be noted.

**4.5 QUALITY ACCOUNTS 2011-12 - MILDAY HOSPITAL**

**RESOLVED**

THAT the report be noted.

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

Nil items.

The meeting ended at 8:10 pm.

Chair, Councillor Rachael Saunders  
Health Scrutiny Panel