

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE HEALTH SCRUTINY PANEL  
HELD AT TIME NOT SPECIFIED ON WEDNESDAY, 9 SEPTEMBER 2015  
MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON, E14 2BG**

**Members Present:**

Councillor Amina Ali (Chair)  
Councillor John Pierce (Vice-Chair)  
Councillor Sabina Akhtar  
Councillor Peter Golds (Attending as Substitute for Councillor Craig Aston)

**Co-opted Members Present:**

David Burbidge – (Healthwatch Tower Hamlets)

**Other Councillors Present:**

Councillor Danny Hassell

**Apologies:**

Councillor Abdul Asad  
Councillor Craig Aston  
Councillor Dave Chesterton  
Councillor Md. Maium Miah

**Others Present:**

Sandra Moore	- Tower Hamlets CCG
Karen Breen	- Barts Health Trust
Lucie Butler	- Barts Health Trust
Simon Harrod	- Barts Health Trust

**Officers Present:**

Somen Banerjee	- Director of Public Health
Tahir Alam	- (Strategy Policy & Performance Officer, Law, Probity and Governance)
Afazul Hoque	- (Senior Strategy, Policy and Performance Officer, Law, Probity and Governance)
Elizabeth Dowuona	- (Democratic Services Officer, Law, Probity and Governance)

## **APOLOGIES**

Apologies for absence were received from Councillors Maium Miah, Abdul Asad, Dave Chesterton and Councillor Craig Aston (for whom Councillor Peter Golds deputised) and Jane Milligan, NHS Tower Hamlets CCG.

### **1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of disclosable pecuniary interests.

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

That the minutes of the Health Scrutiny Panel held on 15 July 2015 be approved as a correct record of the proceedings subject to Jane Milligan, Sam Everington, Somen Banerjee being added to the list of Members Present.

### **3. REPORTS FOR CONSIDERATION**

#### **3.1 MEMBERSHIP OF THE INNER NORTH EAST LONDON STANDING JOINT OVERVIEW AND SCRUTINY COMMITTEE - 2015/2016 MUNICIPAL YEAR**

It was noted that the membership to the INEL JHOSC remained for 2 years, however with the change of administration Councillor Asma Begum and Councillor David Edgar, the previous members were now Cabinet lead members and as such were no longer eligible to attend.

It was also noted that the selection of the members of the committee INEL JHOSC was a matter falling within the remit of the Overview and Scrutiny Committee. Unfortunately due to an oversight the matter was not considered by the Overview and Scrutiny at its last meeting on 15 September 2015 and now scheduled for the meeting in 5 October 2015.

*Councillor Amina Ali and Councillor Dave Chesterton* had been drawn from the membership of the Health Scrutiny Panel to represent the authority on the Inner North East London Standing Joint Health Overview and Scrutiny Committee (INEL SJHOSC).

The Overview and Scrutiny Committee was due to confirm the membership on 5 October 2015.

#### **3.2 HEALTH SCRUTINY PANEL - WORK PROGRAMME 2015/2016 MUNICIPAL YEAR**

Afazul Hoque introduced the report.

Members considered the work programme and made a number of comments on its contents. The following were noted:

- That the items suggested on the work programme required scheduling;
- That with respect to the Challenge & Review Session, officers were looking to scheduling a one off meeting focussing on a particular evidence based issue in order to provide an opportunity for Members to consider the issue in greater detail;
- Localism – That this could be referred to as Primary Care Strategy and invite the CCG;
- That with respect to the Tower Hamlets Health Pound, it was to look at proposed sources of funding and the criteria for procuring health services , the creation for local jobs;
- That the role of housing providers was an important issue and its consideration could take the form of an event bringing together health and housing partners;
- That the topic on CCG Re-commissioning of Community Health Services had been delayed for a couple of months and that it was proposed to submit a report in February 2016;
- That officers be asked to consider which sessions or meetings could be held outside the Town Hall for example on hospital premises to enable members to have a practical knowledge and understanding of the culture and the way hospitals run;
- That a visit to a maternity unit, a visit to the Royal London could be a good way of learning about hospitals;
- That members would welcome a visit to an Accident and Emergency on a Friday night;

#### **RESOLVED –**

- (i) That the comments on the work programme be noted.
- (ii) That the work programme be reviewed by officers in the light of the comments made by Members of the Health Scrutiny Panel.

### **3.3 BARTS HEALTH TRUST - FEEDBACK ON INSPECTION AND DEVELOPMENT OF IMPROVEMENT PLAN**

Karen Breen, Lucie Butler and Simon Harrod from Barts Health Trust were in attendance to present their report. They reported that the CQC had rated services at Barts Health NHS Trust as inadequate, following the inspection of the trust's three main hospitals in London and the Trust was placed under Special Measures.

The presentation provided an overview of the CQC inspection of Barts Health, with a specific focus on the Royal London Hospital. It summarises the areas of good practice and areas that required improvement, and also looked at the improvement plan that Barts Health had developed to address immediate concerns and CQC compliance actions.

The CQC had identified 65 areas where the Trust must make improvements. The areas of concern included the following:

- There was an issue with safety and quality of services. Across the trust there it was found that there was too little attention paid to safety, with failures in incident reporting and auditing. Bed occupancy was so high that patients were not always cared for on appropriate wards, and the high occupancy was affecting the flow of patients through the hospitals.

Some patients faced delays of more than 18 weeks from referral to treatment and some patients had their surgery cancelled on several occasions. There were unacceptably long waiting times and often, operations were cancelled.

- Leadership issues found at Whipps Cross were replicated at the other hospitals. There was a lack of engagement with the staff, low morale, high levels of stress and confusion among the workforce about who was in charge. Inspectors had also identified a culture of bullying and harassment.
- There were failures in dealing with and learning from complaints.
- The Trust's directors didn't seem to have confidence in their own data – a basic requirement in assessing their performance.
- Staffing levels in some areas were significantly below recommended levels and did not provide consistently safe care.
- Although many individual services required improvement, examples of good services were found at both Royal London Hospital and Newham University Hospital. There was a very committed workforce who although felt undervalued by the Trust leadership, felt valued by their patients and colleagues, and their local managers.
- The inspectors concluded that the Trust lacked strategy and vision.

The Royal London hospital was rated Good for Critical Care with positive feedback from patients about the treatment they had received.

It was noted that the Improvement Plan was not just a response to the CQC; it also included the actions that staff felt were necessary to provide the local communities with safe, effective, compassionate and high quality care.

The initial focus had been on addressing the CQC compliance actions and immediate concerns. Whilst continuing to support on-going actions, improvement approaches, there was also a focus on developing detailed milestone plans, resourcing plans and improvement routes to ensure objectives were met and achieved a safe, effective, compassionate and high quality care.

Officers from the hospital reported on the progress of the CQC compliance actions and immediate concerns. They were noted as follows:

- a significant and comprehensive change to emergency care and patient flow.

- A review in leadership and organisational development, to ensure that services were well led and the management and governance of the hospital assured the delivery of high quality person-centred care, which supported learning and innovation and promoted an open and fair culture. The objective was to create a fair, open culture, improve staff morale and clarify reporting lines. be clear about individual responsibilities, to ensure that the appropriate officers was clearly identified.
- A review of the workforce: recruiting, retaining, developing and deploying the right numbers of permanent staff required to provide high quality care 24 hours a day, seven days a week. The objective was to ensure that there were appropriate levels and skills mix of staffing to meet the needs of all our patients and to improve the induction of bank and agency staff, so that they understood the Trust's policies and procedure.
- A review of outpatients and medical records to ensure the effective management of outpatients clinics so they run smoothly, patients were seen in a timely manner and cancellations and rescheduling of appointments were minimised.
- That the fundamental standard of care, which each person had a right to expect, that was, a safe and effective care system where statutory and mandatory training for staff was complied with and monitored, ensuring that patient's needs were met, particularly engaging appropriately with people with long term illnesses and patients at the end of their lives and a better management of patient care plans.
- Compassionate care had been taken as the baseline for any improvement and included listening and being responsive to patients, early contact with complainants with the establishment of a single telephone line for both internal and external calls.
- The establishment of an information system/dashboard accessible to both staff and patients.
- Learning from incidents by having weekly reviews and tracking outcomes in respect of recommendations resulting from those incidents.
- Greater use of technology to improve the appointments system in the outpatients department.
- Although many individual services required improvement, examples of good services were found at both the Royal London Hospital and Newham University Hospital. There was a very committed workforce who although felt undervalued by the Trust leadership, they were valued by their patients and colleagues, and their local managers.

Members expressed disappointment about the extent and level of concerns in all three hospitals, particularly in patient's safety and leadership, given that Barts Health NHS Trust was the largest NHS trust in England, serving a population of well over two million people, and home to some world-renowned specialties. They asked a number of questions and made various comments including the following:

#### **How the culture of bullying had been tackled?**

**Response**

*The outcome of a review of management and staff relations revealed that there was a poor management and interaction with staff, poor support to staff by management.*

*It was reported that the Managing Director and Site Medical Director were now in post (from June 15 2015) and the Trust was operating a wide leadership model agreed and in place from 1 September 2015.*

- *Trust-wide Strategy had been established to ensure learning and best practice shared.*
- *Royal London Hospital performance dashboards had been established to provide up to date information to ensure that clinical leaders were equipped with management information which was accessible.*
- *Values based recruitment training has been delivered for all new recruitment at Band 8A and above including medical consultants.*
- *Completed General Manager Development Programme was to be expanded in the new Leadership Operating Model.*
- *Renal culture change diagnostic and improvement programme was on-going.*
- *'Speak in Confidence' was being used by staff to escalate concerns through to Executive for appropriate action.*
- *Small scale workshop on talent management and difficult conversations had been established.*
- *Site based communications plan to all staff had commenced.*

*Members commented that there were incidents of patient bullying by staff and that there was no linkage between patients and staff. There was therefore the need for a stakeholder event to bring interested parties together.*

*Examples of poor treatment of vulnerable people and elderly patients by staff were highlighted. Members felt strongly that there should be a cultural change and that this issue be tackled as a matter of priority.*

**Action:** Karen Breen, Barts Health Trust

**How complaints were being handled**

- *The site management teams had developed a site specific quality report to identify and target improvement issues and areas for the hospital.*
- *The hospital was in the process of refreshing and building on the existing monthly complaints reports produced for site meetings, which would be shared with all staff for learning purposes.*
- *Weekly complaints challenge meetings chaired by Chief Nurse including target setting for complaint completion had been set up and weekly complaints tracker was shared with the Trust Executive.*
- *The complaints process was reviewed and there are new processes for the management of complaints. The complaints review included two Complaints Summits with clinical leaders with an emphasis on complaints process, early local resolution and at the end of the process, closure with regards to learning.*
- *There was ongoing work to reduce the number of overdue complaints.*

- *Complaints training had been completed with some Ward Managers focusing on local resolution.*

#### **How the issue of resources was being dealt with?**

- *An analysis of high vacancy areas completed and top 9 areas of focus had been identified.*
- *The Senior team had undertaken visits to top 3 temporary staffing usage areas to support recovery.*
- *There was a pilot elevated bank rate for staff in emergency units in August and September 2015*
- *Fortnightly site based meetings with Bank Partners had started.*
- *Site based leadership recruitment strategies for top 9 areas to be developed in September 2015.*
- *One-stop-shop recruitment days to start in October 2015*
- *Focus sessions with nursing leaders had been set up on improving staff retention.*
- *Progress had been made on the publication of rotas 8 weeks in advance for all ward areas to ensure optimum staffing levels at all times.*

#### **How was data quality being improved?**

*The documentation standards had been reviewed with consultant medical staff to ensure they met required standards.*

- *All documentation that recording patients' care and treatment had been reviewed to ensure that it had been standardised.*
- *Director of Nursing with medical director and lead for AHP had review tools in use and access to records.*
- *Action was in place to ensure that senior staff audit records at least on a monthly basis.*
- *Trust induction included supporting junior doctors in the use of power chart for medical documentation*
- *There was a Trust-wide review of nursing documentation which was being piloted at Whipps Cross currently. In August, Senior Nurses at Royal London Hospital had been attending a bed side handover and challenging documentation standards.*
- *Early implementers of paper light recording now included critical care and neurosciences.*

#### **Improvements in management and governance**

A new structure had been developed incorporating a site **Senior Responsible Officer** (SRO) who would take responsibility for leading the implementation of the local improvement plan and will account to both the Managing Director and the theme Executive Sponsor.

Following discussion, it was noted that the Trust Development Authority was working with the Trust to support improvements. Members agreed that the Scrutiny Panel be kept up to date with the improvements at the Bart's Health NHS Trust.

**Action:** Dr Somen Banerjee, Director of Public Health

**RESOLVED –**

1. That the report be noted.
2. That officers be requested to keep the Health Scrutiny Panel up to date with the improvement programmes at the Barts Health NHS Trust.

**4. PRESENTATION ON CQC INSPECTION OF ROYAL LONDON HOSPITAL**

**Unpaid Carers Scrutiny Report**

The report was introduced by Tahir Alam, Strategy Policy and Performance Officer. The report outlined the findings from a scrutiny challenge session held on Wednesday 13<sup>th</sup> May 2015 at the Tower Hamlets Carers Centre. The challenge session focused on a number of key questions relevant to the changes being proposed by the the Care Act 2014.

The Care Act 2014 consolidated all previous legislations around carers, support services and social care into one overarching statute. It was noted that the Act placed a statutory duty on all local authorities, with major implications for adult social care and support providers, the people who used services and their carers.

It was noted that the new changes came into force in April 2015. The most important changes were the way in which local authorities should carry out carers assessments and needs assessments, and how local authorities should determine who was eligible for support. The provision of effective and relevant support to carers was a key mechanism to ensure that carers were able to continue in their caring role. This included improving the quality of life of carers by allowing them to have a life outside of their caring role, enabling them to achieve their education and employment ambitions and support them to remain mentally and physically healthy.

It was noted that the Council had developed a new Local Carers Plan to meet the requirements of the changes brought in by the Care Act 2014. This was an initial one year plan until the implication of the Care Act in meeting the needs of carers more effectively were fully understood.

The Carers Plan included a focus on the following:

- Early Intervention and support
- Information and advice
- Prevention
- Urgent response
- Carer assessment
- Cared-for assessment
- Support planning and personal budgets



Arising from the impact of the Care Act, the Council considered that it was necessary to provide its carers' service which achieved an appropriate balance of specialist and community services.

The Director of Public Health agreed to raise the issue of the Carer's Plan at the Council's Corporate Management Team to investigate the possibility of additional support for the proposals in the report. It was agreed that officers produce an action plan within six to eight weeks for the proposed Carers Plan.

**Action By:** Somen Banerjee, Director of Public Health  
Tahir Alam, Strategy Policy and Performance

Members highlighted the high level of unpaid carers caring for family members, in difficult circumstances and often unaware of the support that the Council, local health and third sector providers could offer them to support them and enable them to continue in their role caring role. It was noted, following discussion, that support could be accessed across a range of Council services such as Ideas Stores, GP Practices etc.

It was agreed that an additional recommendation be included in the resolution that welfare advisers could be stationed at a range of Council services such as Ideas Stores, GP Practices to identify carers and assist them with accessing the range of services on offer both by the Council and organisations across the Borough for themselves and for those they cared for.

It was proposed that officers ensure a joined up working of all relevant organisations such as the NHS, CCG and the Council to ensure that the provisions of the Care Act 2014 were fully met.

**Action By:** Somen Banerjee, Director of Public Health  
Sandra Moore, Tower Hamlets CCG  
Tahir Alam, Strategy Policy and Performance

## **RESOLVED -**

1. That the report and recommendations contained in it be approved subject to the inclusion of an additional recommendation as follows:

That welfare advisers could be stationed at a range of Council services such as Ideas Stores, GP Practices to identify carers and assist them with accessing the range of services on offer both by the Council and organisations across the Borough for themselves and for those they cared for.

2. That the report of the Scrutiny Challenge of Unpaid Carers be referred to the relevant departments to develop an action plan to respond to the recommendations.
3. That the report and action plan be submitted to Cabinet for their consideration and agreement.

**Action By:** Somen Banerjee, Director of Public Health  
Tahir Alam, Strategy Policy and Performance

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

There were no such items.

**6. EXCUSION OF THE PRESS AND PUBLIC**

The Chair **Moved** and it was: -

**Resolved:**

That in accordance with the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contained information defined as exempt or confidential in Part 1 of Schedule 12A to the Local Government, Act 1972.

**7. EXEMPT MINUTES OF THE CONFIDENTIAL PART OF THE MEETING HELD ON 15 JULY 2015**

The Chair **Moved** and it was:-

**RESOLVED**

That the restricted minutes of the meeting of the Health Scrutiny Panel held on 15<sup>th</sup> July, 2015 be approved as a correct record of the proceedings.

**8. ANY OTHER EXEMPT/CONFIDENTIAL BUSINESS THAT THE CHAIR CONSIDERS TO BE URGENT**

The meeting ended at 8.50pm

Chair, Councillor Amina Ali  
Health Scrutiny Panel