

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT TIME NOT SPECIFIED ON THURSDAY, 29 JUNE 2017

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

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Peter Golds
Councillor Dave Chesterton
Councillor Muhammad Ansar Mustaqim
Councillor Denise Jones

Co-opted Members Present:

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

Officers Present:

Daniel Kerr	Strategy, Policy & Performance Officer
Denise Radley	Corporate Director, Health, Adults & Community
Dr Somen Banerjee	Director of Public Health Committee Services Officer Legal Representative

Others Present:

Sarah Jenson	Barts Health, NHS Trust	
Jackie Sullivan	Barts Health, NHS Trust	
Simon Hall	NHS, Tower Hamlets	Clinical Commissioning Group

1. APPOINTMENTS

Appointment of Chair

The Clerk opened the meeting and asked for nominations for a Chair for the meeting. The Clerk explained that the Chair's appointment would last for the duration of the meeting and not for the remaining meetings in the 2017/18 municipal year. It was noted that the Overview and Scrutiny Committee would appoint a permanent Chair at its next meeting on 20 July 2017.

Councillor Jones moved that Councillor Clare Harrisson be appointed Chair of the Health Scrutiny Sub-Committee. The motion was seconded by Councillor Chesterton.

There being no further nominations, it was resolved that **Councillor Clare Harrisson** be appointed Chair of the Health Scrutiny Sub-Committee.

Appointment of Vice-Chair

The Chair asked for nominations for a Vice-Chair of the Health Scrutiny Sub-Committee for this meeting and the remaining meetings in the 2017/18 municipal year.

Councillor Jones moved that Councillor Dave Chesterton be appointed Vice-Chair of the Health Scrutiny Sub-Committee. The motion was seconded by the Chair.

There being no further nominations, it was resolved that **Councillor Dave Chesterton** be appointed Vice-Chair of the Health Scrutiny Sub-Committee.

Appointment of Inner North East London Joint Health and Scrutiny Committee (INEL JHOSC) Members

The Chair asked for nominations for 3 Member representatives (2 Labour and 1 Independent Group) for the remaining meetings of INEL JHOSC, for the 2017/18 municipal year.

Councillor Jones moved that Councillor Clare Harrisson be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Chesterton.

It was resolved that **Councillor Clare Harrisson** be appointed as a Member representative on INEL JHOSC.

The Chair moved that Councillor Sharia Khatun be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Jones.

It was resolved that **Councillor Sharia Khatun** be appointed as a Member representative for INEL JHOSC.

The Chair moved that Councillor Muhammad Ansar Mustaqim be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Chesterton.

It was resolved that **Councillor Muhammad Ansar Mustaquim** be appointed as a Member representative for INEL JHOSC.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

(i) Councillor Shiria Khatun, for whom Councillor Denise Jones was substitute Member; and

(ii) Councillor Abdul Asad.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of interest.

4. MINUTES OF THE PREVIOUS MEETING(S)

The minutes were agreed and there were no matters arising.

5. REPORTS FOR CONSIDERATION

6. HEALTH SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS - TO FOLLOW

The Committee agreed to note the Health Scrutiny Sub-Committees terms of reference, quorum, membership and dates of future meetings as set out in appendices 1, 2 and 3 of the report. The Committee also noted that the Health Scrutiny Sub-Committee, scheduled for 9 October 2017 had been rearranged and that the date was to be confirmed.

7. NHS CYBER ATTACK UPDATE

Jackie Sullivan, Director at Royal London Hospital at Barts Health, together with Sarah Jenson – Chief Information Officer at Barts Health, provided a presentation on the cyber attack which took place on 12 May 2017 at the NHS Trust. The presentation covered the following points:

- That the virus was initially discovered in the x-ray machine, followed by more calls received indicating that PCs were also defective.
- Newham was the first site, within Barts Health, to be affected.
- A decision was made to shut down all technology to protect neighbouring providers and NHS systems.
- Work undertaken to segregate networks and to schedule engineer visits.
- Service areas within Barts Health were prioritised, for example, restoring the stroke and heart centres were first priority.
- The difficulty presented by the high level of media scrutiny and presence.
- Systems were largely restored by 24 May 2017. Since that date significant work was undertaken on recovery plans.

- The fact that the cyber attack was treated as a London-wide major incident, as when trauma centres were closed, increased pressure was put on other trauma centres.
- There were 120 in-patient cancellations, which all would be re-booked and seen before the end of July 2017.
- The fact that imaging was an area of concern as, since the attack, waiting times had increased from 6 weeks to 12 weeks.
- That the NHS Trust was vulnerable to the cyber attack due to a Microsoft Windows vulnerability as all medical equipment ran on a Windows operating system.

Members then asked questions on points of detail.

The Chair asked what arrangements had been put in place to provide protection from such attacks in the future. Ms Jenson said that there was no guarantee that such an incident would not occur again, nor that the anti-virus protection would release a security to prevent future similar incidents. She also stated that it was unknown whether the NHS Trust would recover more quickly from such incidents in the future. She added that relevant staff were looking into how the Trust could recover more quickly in the future. Ms Sullivan referred to the many positives, including the innovative workarounds that allowed staff to provide a service, such as burning discs in order to view images and the improved performance of many staff members – as there were no computers, staff had to verbally communicate with each other. She added that the Trust had learnt from the experience and referred to the Trust's absolute commitment to patient care. She referred to a Harm Review which was being undertaken to ensure that the incident had not indirectly caused harm to any patients.

Councillor Chesterton asked whether there were significant financial costs as a result of the attack. Ms Jenson confirmed that the exact costs were still being calculated. She added that the Trust had needed specialist helps with some areas, which was expensive. Councillor Chesterton asked that when the calculations were complete that they were fed back to the Committee as it was important to know the financial consequences of the cyber attack. Ms Sullivan explained that it would be difficult to provide exact figures. She pointed out that there had been a lot of good, which would be difficult to put a valuation on. She confirmed that with regard to the large costs, they could provide details.

Councillor Chesterton pointed out that there was a cost to not investing in the future and suggested upgrading systems by purchasing technology that was at less risk to attack. Ms Jenson explained that none of the systems used by her teams were affected as they shut everything down. She confirmed that of the 12,000 PCs approximately 7% were infected.

Councillor Jones asked whether costs could be recovered through insurance. She also said she was pleased to see that patients' individual notes would be available when they moved home or changed surgeries. Ms Jenson said that it was the intention to move away from paper files. She added that insurance

had not been considered and that it was something they would look into. Mr Simon Hall, NHS Tower Hamlets Clinical Commissioning Group, said that with the issue of notes, they were trying to take a more joined up approach. He stressed the importance of continuity of care and patients' having access to their notes. He added that GPs are linked in the London Borough of Tower Hamlets. Referring to the cyber incident, Mr Hall said that it was important to find more sophisticated ways of communicating, giving the example of staff using whats app while emails were down.

David Burbidge, representative of Healthwatch Tower Hamlets, pointed out that operations had been cancelled before the cyber attack and that Barts had been operating on a 17 year old system. He stated that there had been no investment in IT and referred to the fact that a brand new hospital with brand new computers was relying on old software. He gave the example of patients turning up to appointments that had been cancelled, of which they had received no notification. He asked whether more could have been done. Ms Jensen explained that there was a complex layer of technologies and stated that servers and x-ray machines were not supported by Microsoft.

Mr Burbidge also referred to the money which patients spent on travelling to relevant appointments and that those in receipt of benefits had a statutory right to claim expenses. He said that a common complaint was that the fact that expenses were available to be claimed was information that was not made as available as it could have been. Ms Sullivan explained that all relevant data on patients were not available due to computer access issues. She confirmed that they contacted who they could but did not know who they were expecting. She referred to the fact that messages were posted on social media sites. She said that surgeries were cancelled as they did not have access to blood work or imaging, so undertaking surgeries would have been dangerous. Ms Sullivan said that most surgeries were cancelled within 3 days of the cyber attack. She also referred to the problems experiences by dental surgeries, which rely on imaging.

Maternity Unit

The Chair asked for an update on the maternity unit at the Royal London Hospital.

Ms Sullivan made the following points:

- That the maternity unit was completed in April 2016.
- The unit was then inspected by the Care Quality Commission (CQC) in July 2016 and found the unit to be inadequate, particularly around being safe and well led.
- That since that finding, a Maternity Partnership Board had been set up which had its first meeting in November 2016.
- The Board was well-represented and included Councillor Clare Harrison, representatives from CCG and patients.
- The main themes that the Board focussed on were culture, partnership working and security of the unit.

- Recruitment of midwives was a challenge, but fill rate had increased from 84% to 90%.
- The appointment of a maternity matron and the difference the appointment had made to the unit.
- The work undertaken with mothers – many wanted their partners to stay at the unit. There were concerns about how other mothers would feel about. A system was being trialled for 3 months, which will be reviewed by the Maternity Partnership Board.
- Due to criticism received that fathers did not feel involved, a “Dad’s Club” had been set up.
- Feedback suggested the maternity unit has improved – feedback cards are being improved to provide more pertinent information.
- Work is undergoing around observing practices and feeding back to relevant teams.
- Mindfulness sessions were being given to staff.
- Team talks provided for staff to keep them engaged.
- Posters have been produced in 11 languages to inform people how and where to get help.
- That there had been issues around the security of the unit. The CQC had identified instances where the required two labels on babies in the unit were not in place. As a result, daily checks have been introduced and labels had been re-designed so that they were softer on the skin.
- The Trust’s Abduction Policy was not being tested and many members of staff were not aware of the policy. Knowledge of the policy was now being tested and changes and outcomes were logged.
- CQC visited unannounced and gave positive feedback, including improved staffing levels.
- A recruitment drive to employ local people through Strategic Partnership Board and to employ more young people through apprenticeship schemes.

Councillor Chesterton pointed out that the opening of the maternity ward was cancelled due to the cyber attack and asked whether there were plans to reschedule. Ms Sullivan confirmed that there were plans to reschedule and stated that given the situation they were in during the cyber attack, it did not seem appropriate to proceed with the ward’s opening.

The Chair described the work undertaken to improve the maternity unit as impressive and looked forward to a detailed report to be submitted to the Committee in autumn.

8. REABLEMENT SERVICE SCRUTINY REVIEW REPORT

The Chair introduced the paper which provided a report and recommendations of the Health Scrutiny Sub-Committee's review of the LBTH Reablement Service. She said that she could see the value of the service to the Council and pointed out that there were areas for improvement, including:

- Patients' discharge and relationship with the hospital
- Communications and scrutiny
- Wider partners

Mr Burbidge expressed concerns that the Older People's Reference Group were not aware of the reablement service and were not able to provide observations on the service. He also sought reassurance that if the Better Care Fund was taken away that funding would still be available for the reablement service.

Paul Swindells, Reablement Team Manager, stated that one of the main themes in the recommendations was how they engage with service users. He pointed out that, as an adult social care service, they hadn't engaged with users as effectively as they should have. He added that they were now considering how to acquire meaningful feedback.

Mr Swindells explained that other main themes in the recommendations referred to the need to engage more with partners, including partners not associated with health and how to spread the word about the reablement service. He said that feedback indicated that people viewed reablement in a negative way and that there were misunderstandings about the service's purpose.

Ms Sullivan acknowledged that discharge practices could be improved and stated that patient reviews were regularly undertaken. She said that conversations were happening with the Director of Nursing in relation to when it is appropriate to discharge a patient and said that at present, they were trying to discharge before noon.

Councillor Chesterton referred to blister medical packs and the fact that it was difficult to assign responsibility to put them together. He suggested the possibility of volunteers at the hospital making up blister packs. Ms Sullivan responded that she would look into the issue but took the view that it was unlikely that pharmacists would be comfortable with volunteers dealing with medication.

Tim Oliver, a representative from Healthwatch Tower Hamlets, asked about the possibility of, after being discharged, the patient's prescription being sent straight to the pharmacy as this might free up some time for the hospital. Mr Hall and Ms Sullivan agreed to take the suggestion away for further discussion.

Denise Radley, Corporate Director, Health, Adults & Community said that the work completed around 'Ageing Well' which could be used going forward.

She explained the funding for the reablement service was not a typical arrangement. She added that the core service was adult social care and that needed to be considered as things progressed.

The Health Scrutiny Sub-Committee agreed to note the report and recommendations.

9. ACCESS TO HEALTH AND SOCIAL CARE SERVICES TOWER HAMLETS

The Chair introduced the report which provided an overview of the key issues raised at previous Health Scrutiny Sub-Committee meetings, the response of services to meeting the identified challenges and the recommendations put forward by the committee for consideration.

Mr Burbidge referred to a consultation on CIL funding which had a bearing on health centres and GP centres. He stated that, in his view, the consultation failed to make clear what suggestions they were looking for from the public. He suggested that the committee look at the consultation and whether it was fit for purpose.

Mr Burbidge also referred to the fact that a Health and Wellbeing Centre was recommended to be located in the new civic centre. Ms Radley confirmed that it was likely that the centre would be funded through section 106 finances and confirmed that it was an opportunity to reflect the Council's health and wellbeing priorities.

Councillor Chesterton expressed concerns that the independent mental health service in the Accident and Emergency department had its funding cut. He described it as a good service that was doing very well. Ms Radley confirmed that she was not aware that the funding had been cut and provided assurances that she would investigate further.

The Chair referred to street triage and the fact that many using the service had wider mental health implications. Mr Hall explained that many actions were for the CCG, but they were not in charge of them. He added that the CCG were reviewing services that operated outside of Primary Care.

The Health Scrutiny Sub-Committee noted the report and recommendations.

10. HEALTH SCRUTINY SUB-COMMITTEE 2017/18 FORWARD PLANNING

The Chair stated that the following changes were proposed to the work programme:

- To move the mini-scrutiny session on new migrants and homelessness and to have the issue of safeguarding considered at a stand-alone session to enable the issues to be given due time and consideration.
- To have a scrutiny session on loneliness and wellbeing – possibly in the autumn.

Councillor Chesterton asked who might be involved in the scrutiny session and the Chair responded that people who had newly arrived in the country as

well as organisations that work directly within the cohort the committee would be discussing were good examples.

Mr Burbidge confirmed that there was a crisis around homelessness on Commercial Street and that shelters were being provided. He suggested it would be appropriate for the committee to follow up on the work they had Healthwatch had done. The Chair asked if the report on the work completed could be circulated to the Committee.

Mr Burbidge also referred to a report entitled 'How is my Voice Heard?' which detailed how organisations liaise with homelessness people and how they respond to public voice.

The Chair then suggested:

- an update paper on the maternity unit be reported to the next Health and Scrutiny Sub-Committee in October 2017.
- That the Health Scrutiny Sub-Committee and the Housing Scrutiny Sub-Committee undertake joint work on the Grenfell tower block fire.

11. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

There was no urgent business.

The meeting ended at Time Not Specified

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee