



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 12 July 2011

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes, Julian Grainger, William Huntington-Thresher, Tom Papworth, Catherine Rideout and Charles Rideout

Non-Voting Co-opted Members

1 x Learning Disability Representative (vacancy)
Babul Ali, Bromley Federation of Housing Associations
Angela Clayton-Turner, Bromley Mental Health Forum
Leslie Marks, Bromley Council on Ageing
Keith Marshall, Disability Voice Bromley
Lynne Powrie, Carers Bromley

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre on **TUESDAY 19 JULY 2011 AT 10.00 AM**

MARK BOWEN
Director of Resources

Copies of the documents referred to below can be obtained from
www.bromley.gov.uk/meetings

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

2 DECLARATIONS OF INTEREST

3 TERMS OF REFERENCE

To approve the Terms of Reference for the Health Scrutiny Sub-Committee

4 WITNESS SESSION: SOUTH LONDON HEALTHCARE NHS TRUST (Pages 3 - 8)

Dr Chris Streater, Chief Executive, South London Healthcare NHS Trust, to attend the meeting and provide the Sub-Committee with an update.

To include questions from Councillors and Members of the Public to South London Healthcare NHS Trust, received in writing by the Democratic Services Team by 5pm on 13th July 2011.

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South London Healthcare **NHS**
NHS Trust

Bromley Health Overview and Scrutiny Committee

July 2011



Three CQC reviews in last year

September 2010 – Compliance review

Overall, patients happy with care they receive and staff are professional and caring towards their patients

- Some improvements required

March 2011 – Elderly care

Trust meets standards for dignity and nutrition, including:

- Most patients feel involved in their care plans, and understanding their treatment and treatment options
- Organised and relaxed mealtimes, with assistance given if needed

April 2011 - Maternity

- Most births safe, and most women and their partners happy with the care and support given to them
- good progress in improving maternity services
- Some issues around capacity at PRU, improving 1:1 care in labour and making sure women get early access to maternity services

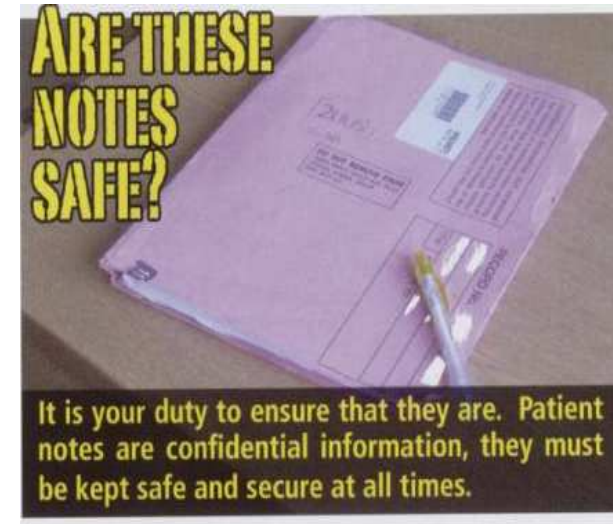
Improve productivity – to enable move towards FT status to ensure continued provision of locally managed services for outer SE London patients



September 2010 CQC

Action plan agreed with CQC. Main issues already addressed:

- New on-line system for reporting incidents, with staff training – strong increase in reported incidents from 1200 in Q1 2010 to 2684 in Q3 – with continual monitoring of implementation of actions following incidents
- Safeguarding adults training now mandatory for staff and compliance at over 60%
- Programme in place to ensure staff working in high risk areas have had CRB checks
- Increased awareness of importance of secure medicine storage
- Trust-wide awareness campaign about importance of maintaining confidentiality of patient records.





Trust's improvements in past 12 months

- Mortality rates – patients now have a better survival rate at SLHT than the national average
- Hospital acquired infection rates exceptional – only one case of MRSA in last NHS year
- Current Midwife: birth ratio is 1:32 – the national standard
- Maternity serious incidents halved in past 12 months – 3rd best record in London
- Opening of hyper acute stroke unit at Princess Royal Hospital

The above quality improvements achieved while reducing over spend by £40m



Much more to do:

Increase quality, innovation and productivity

- Shorter lengths of stay for patients – admission avoidance, better discharge processes and flow through hospital of patients
- Better theatre use – longer sessions during week, better use of time available to theatres, reducing the need for outsourcing and premium lists
- More day surgery
- Clinical staff spending more time on direct patient



Benefits to patients

- **Higher proportion of money spent on patient ‘frontline’ care**
- Shorter time spent in hospital better, as long as outcomes are properly monitored
- Reducing blockages in system produces better patient journeys around hospital
- Fewer hospital acquired infections, pressure sores and VTEs
- Shorter waiting times, fewer cancellations
- Creates a more stable and sustainable organisation, with fewer cyclical restructures