HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 10.00 am on 19 July 2011

Present:

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes and Charles Rideout

Patricia Choppin, Angela Clayton-Turner and Lynne Powrie

Also Present:

Councillor Graham Arthur, Councillor Robert Evans and Councillor Diane Smith

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

Apologies for absence had been received from Councillor Tom Papworth, Councillor William Huntington-Thresher, Councillor Julian Grainger, Councillor Catherine Rideout, Mr Keith Marshall and Mrs Leslie Marks.

The Chairman welcomed Councillor Diane Smith and Mrs Patricia Choppin to the meeting.

2 DECLARATIONS OF INTEREST

Councillor Diane Smith declared an interest as the LBB representative on the Bromley Healthcare Council of Governors.

3 TERMS OF REFERENCE

The Sub-Committee noted the draft term of reference that had been circulated. The Chairman stressed that it was not the role of the Sub-Committee to review the internal management of the Trust. The remit of the Sub-Committee extended to the provision of services – quality and capacity issues.

The Chairman expressed concern regarding the public questions that had been submitted as they related to the management of the Trust. In future questions that did not relate to service provision would not be forwarded to the Trust for response.

In reviewing the Terms of Reference the Sub-Committee noted that they may evolve overtime.

RESOLVED that the Terms of Reference of the Health Sub-Committee be approved.

4 WITNESS SESSION: SOUTH LONDON HEALTHCARE NHS TRUST

Dr Chris Streather, Chief Executive, South London Healthcare NHS Trust (SLHT), attended the meeting and provided the Sub-Committee with an update on the Trust following recent Care Quality Commission (CQC) inspections. Dr Streather highlighted that the Trust had undergone three CQC inspections in the past year; this had not been entirely unexpected as the Trust had not declared compliance on all the targets. The compliance review in September 2010 had identified some improvements to be made. The unannounced inspection had found staff to be open and honest about the challenges they faced. The CQC inspection in March 2011 found that the Trust met the basic standards for dignity and nutrition. Some issues were identified with the "red tray" system for nutrition and these issues had been taken on board and the Trust was working to address them. In April 2011, CQC identified that good progress had been made in improving maternity services. The need to increase the midwife to patient ratio was a long-term challenge and one that was being faced by acute trusts across London. Increasing early access to care was also an issue to be addressed and action needed to be taken to address this.

In terms of the issues already addressed since the September 2010 CQC inspection, following the implementation of the new on-line system for reporting incidents, the number of incidents recorded increased. This was not unexpected as the new on-line system meant that data was captured in a more accurate way.

Work was ongoing to improve the process of ensuring staff working in high risk areas had the necessary CRB checks as well as highlighting the importance of ensuring medicines were kept securely. In September 2010, the Inspectors had found that some medical notes had been kept in potentially publically assessable areas on wards, following the inspection there had been a Trust-wide awareness campaign to highlight the importance of ensuring confidentiality of patient records was maintained.

Dr Streather reported that over the past 12 months significant improvements in mortality rates had been made and it appeared that the figure was improving every three months. In terms of maternity services, the Trust now had high quality midwifery and medical leadership in place. The number of serious incidents had halved in the past 12 months and the number of caesarean sections preformed had also been reduced. Dr Streather reported that in its first three months of operation the hyper acute stroke unit had admitted 103 patients and the feedback received from a number of the patients and their families had been very positive.

In terms of the future, Dr Streather reported that the Trust would be required to save £50 million a year for the next three years and this was against a backdrop of the need to increase quality, innovation and productivity. Referring to waiting times, Dr Streather acknowledged that there were still significant problems with the waiting times for elective pathways. In order to address these, the Trust needed to reduce blockages in the system, this would also improve patient experience and save money. The Trust was also looking to move more elective surgery onto the Queen Mary Sidcup site and the Trust was currently waiting on commissioners in Bexley to develop their plans for the Sidcup site as this would help inform future decisions. There was also a need for the Trust to consider the financial viability of extending theatre times over and above the current 36 hours per week.

Dr Streather highlighted the need to provide as much radiotherapy treatment as possible locally. There was a national target of 45 minutes for the time taken by patients to travel to radiotherapy facilities. Dr Streather advised that around 90% of Bromley residents would not meet this target due to the lack of locally provided radiotherapy facilities. There was also a growing cancer network across London in which South London Healthcare had been heavily involved.

Responding to a question regarding the Trusts targets for waiting lists, Dr Streather stressed that there were three main elements to this: the Trust was required to improve the quality and safety of services and ensure that patients were treated within an appropriate time frame; all of which needed to be delivered within budget. Dr Streather reported that in the previous year the Trust had met the target for A&E waiting times. In the first three months of this financial year more patients had been treated than in the corresponding period last year. In terms of the waiting lists for elective surgery, an action plan had been developed and work was underway to reduce the backlog that had developed. Attention also had to be paid to speeding up the discharge process.

The Sub-Committee considered the Trust's financial position and as way of an update, Dr Streather explained that the Trust was facing a number of cost pressures but that savings of nearly 11% of the turnover of the Trust had been made last year. Whilst the cost pressures remained, the Trust had agreed to save 7% of its turnover in the current financial year. In order to address the financial deficit the Trust would need to consider ceasing use of estates that were surplus to requirements.

The Sub-Committee was reminded that the deadline for Trusts to convert to foundation status was April 2014 and in order to meet this deadline savings of £60 million would have to be found each year. Dr Streather reported that Trusts unable to convert to Foundation Status by the April 2014 deadline could be taken over by existing foundation trusts.

Mrs Angela Clayton-Turner questioned whether the reduction in the mortality statistics was in any way linked to the movement toward enabling people,

especially older people, to die at home. Dr Streather responded that the majority of people who died in hospital were elderly patients who were in the emergency care pathway and the reduction in the mortality rate suggested improvements in care resulting from the changes that had been made to the model of emergency care.

Turning to the issue of pressure ulcers, Dr Streather acknowledged that the Trust had higher instances of pressures ulcers than expected and whilst the position was generally improving this was not happening fast enough. Dr Streather regarded the instances of pressure ulcers as a marker of the quality of care and whilst a clear improvement on the numbers of grade three and grade four pressure ulcers had been recorded, in reality, there should be no instances of ulcers this severe. The Chairman requested that Members be provided with a breakdown of where pressure ulcers originated, for example whether patients had been admitted from residential homes, nursing homes or their own homes, as this would assist the Adult and Community PDS Committee with its wider scrutiny. Dr Streather agreed to provide this information and suggested that it would be helpful if the Interim Director of Nursing attended the next meeting of the Health Sub-Committee to answer Member's more detailed questions.

The Health Sub-Committee considered issues surrounding safeguarding adults training for staff. Dr Streather reported that this was a relatively new focus for the Trust and the 60% compliance figures reported since the September 2010 CQC inspection was continuously improving. Internal training was being provided by the Trust's Learning and Development Department and staff also participated in multi-agency training. The Director ACS highlighted that Bromley's Safeguarding Adults Board had a particular focus on providing support to SLHT.

A Member expressed concerns that, in terms of care for the elderly, when standards fell short, patients and their families did not complain to the Trust for a variety of reasons. Dr Streather acknowledged that the complaints actually received by the Trust were the "tip of the iceberg". There was currently a greater focus of outcomes and what was needed was a greater focus on patient experience.

A Co-opted Member queried the reporting around venous thromboembolism (VTE) and questioned whether more patients were now being assessed. In response, Dr Streather clarified that initially 25% of patients admitted had been assessed and this figure had increased to 67%, demonstrating that improvements had been made. Dr Streather stated that, in his opinion, no patient should be admitted to hospital without having undergone the necessary assessments.

In terms of infection control, Dr Streather reported that any instances of infections were followed-up with a serious incident investigation. The two cases of MRSA within the PRUH had been on different wards and were unrelated which demonstrated that there had been no cross infection.

Turning to the ratio of patients to midwives, Dr Streather reported that the biggest single reason for the closure of the maternity unit had been recruitment. The Trust had been unable to deliver the high quality of care required across the three sites due to problems with the recruitment and retention of staff. The new state-of-the-art unit at the PRUH was now delivering high quality care. Feedback had shown that patients were happy with the new unit and this had made it easier to recruit staff. Dr Streather highlighted that SLHT had not experienced problems that were any different to other hospitals and the recruitment of midwives was a national issue.

A Co-opted Member asked for an update on the Trust's Dementia Strategy and Dr Streather undertook to provide a written update to the Sub-Committee.

In responding to a question around pharmacy delays Dr Streather acknowledged that there were opportunities for the Trust to improve quality of care and make financial savings in the area of medicine management. The Trust was currently awaiting the implementation of a new IT system that would assist in ensuring that medicines were ready for discharge.

The Sub-Committee considered the issue of Urgent Care Centres (UCCs) and questioned whether enough was being done to direct patients to the services available at the Centres. The Chairman suggested that it maybe helpful if the Trust arranged for information about UCCs to be distributed in Local Authority publications such as council tax bills and information about waste collection. Patricia Choppin suggested that Bromley LINk could also help spread information regarding the services offered at UCCs. Another Member suggested that it would be useful to review the scripts used by NHS Direct and GP surgeries to ensure that they signposted patients to UCCs. Dr Streather acknowledged that more needed to be done to advertise the Centres. As a general rule, if a patient needed an ambulance they would be taken to A&E, if a patient could get themselves to hospital they could be treated in an urgent care centre. One of the main benefits of a UCC was that treatment times were much quicker.

In response to a question from the Portfolio Holder regarding discharge processes, Dr Streather reported that there were relatively few problems in Bromley. From the Trusts perspective, more work needed to be undertaken to agree on the best model of intermediate care. The Director ACS stressed that the longer patients remained in hospital, the more difficult it becomes for for them to regain their independence and this is not desirable for individuals or their families and is also much more costly for Health and the local authority. With this in mind it was in the interests of patients and the Council to ensure that stays in hospital were as short as possible. The Chairman also stressed the need to include families when discharge arrangements were being considered and that this should be done at an early stage following admission.

The Portfolio Holder highlighted that Bromley LINk had produced a very thorough report on discharge at the PRUH and the Chairman suggested that the Sub-Committee should review the report at its next meeting.

In considering the new Hyper Acute Stroke Unit at the PRUH, Dr Streather reported that there were currently 6 beds in the unit and this would rise to 14 in the autumn. The Unit was also staffed at the necessary levels and Dr Streather reported that he felt it would be easier to recruit staff to fill vacancies in a specialist unit.

Following a question regarding why the Trust was not implementing telemedicine, Dr Streather stressed that he felt that patients should be seen by consultants where possible. In Bromley there were no geographical reasons why consultations should not be able to undertake face-to-face consultations with patients and this would provide a better patient experience.

The Chairman thanked Dr Streather for attending the meeting and providing the Sub-Committee with an update. Members agreed that it would be helpful to have the next meeting in November 2011 at which Dr Streather and the Interim Director of Nursing could provide a further update to the Sub-Committee.

The Meeting ended at 11.55 am

Chairman

Questions to Health Scrutiny Sub-Committee 19th July 2011 (Item 4. Witness Session: South London Healthcare NHS Trust)

From Mrs Susan Sulis, Secretary, Community Care Protection Group

SECRET PROPOSALS FOR CHANGES OF USE &/OR CLOSURE OF ORPINGTON HOSPITAL CANADA WING.

1. **The CCPG asked questions on this at 23.3.11 Trust Board. The answers given on 25.5.11 ignored parts (c), (d) and (e) of the question, concerning the appointment, brief and report of Management Consultants, and Public Consultation.**

(i) Will the Trust now answer these questions, and inform this Sub-Committee of its proposals?

There are no 'secret' plans regarding Orpington Hospital.

The current situation with regards to Orpington Hospital is unsatisfactory and needs to be resolved in a way which revitalises services for Orpington patients.

We are in the early stages of working with the local authority, Commissioners/GPs, the Friends of Orpington Hospital patient representatives from the Orpington community and staff representatives on deciding together the best future for these services.

The crucial starting point for these discussions is that the services currently provided at Orpington Hospital need to be available locally to Orpington patients in a way that is beneficial to patients and to the town of Orpington. There must also be continuity of service if any changes to services are recommended.

Only when these stakeholder discussions have concluded, can the Commissioners of the services decide the terms of the consultation process required.

We asked for external advice to review the Trust's clinical services and the estates that it will require to provide these services.

This review was publically announced at the time, and involved a series of stakeholder events to discuss some of the options. None of these options were decisions by the Trust. These decisions will be made carefully by the Trust's Board when Commissioning intentions for some services are clearer.

2. The answer included the statement "the trust will be meeting on 19th May to agree a joint position to avoid any potential for further confusion".

(i) Why hasn't the Trust publicised the results of this meeting?

There was nothing secretive about this meeting. From this we agreed to participate in joint work with stakeholders on ensuring the best services for Orpington patients.

(ii) What is the 'joint position' agreed?

see above (i)

RESPONSES BY THE CHAIRMAN AND TRUST BOARD WHICH DEMONSTRATE LACK OF HONESTY, EVASIVENESS, OBFUSCATION AND MISLEADING ANSWERS TO QUESTIONS FROM MEMBERS OF THE PUBLIC.

3. (i) Why does the Trust Board repeatedly fail to respond to proper questions from the public without integrity and transparency?

(ii) Why do they ignore the requirements of the Committee on Standards in Public Life?

(iii) Do they think they are exempt from these standards?

(iv) If so, can they explain why?

We reject this completely, and would suggest that there are a minority of people who attend the Board meeting that use the forum to ask questions which are not of clear relevance to the issues that are being discussed at the Board

However, we do acknowledge that engagement with the public at Board meetings can always be improved, and have introduced in consultation with local LINks and people who regularly attend Board meetings a new protocol, which aims to improve the quality of questions and answers at Board meetings.

Please find attached a copy of this protocol.

From Mrs Jean Stout, Chairman, Community Care Protection Group

4. DEEP VEIN THROMBOSIS RISK ASSESSMENTS

What percentage of patients are being assessed in accordance with NICE guidance CG92?

The answer is 67% currently - and we are working hard to improve this

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South London Healthcare NHS
NHS Trust

TRUST BOARD MEETING IN PUBLIC PROTOCOL

1.1 The Board of South London Healthcare NHS Trust will meet at least six times during the calendar year 2011. These meetings are held in public and the public are entitled to come along and listen to Board discussion.

1.2 Before each meeting commences, members of the public will be invited to ask questions on items for decision and discussion relevant to the Trust Board meeting agenda.

1.3 Members of the public are reminded that: -

- When asking a question, please introduce yourself;
- Questions relating to individual patient care or the performance of individual staff members will not be discussed at Board meetings;
- To enable as many attendees to ask a question or make a comment, each attendee is invited to make one comment or ask one question.
- There may be a need at times for responses to be provided outside the meeting. If answers cannot be provided at the meeting, a full response will be given in writing/telephone within 20 working days.
- The Chair reserves the right not to respond to comments or questions which relate to issues which are the subject of current confidential discussions or legal action or any other matter at his discretion. The Chairman will provide an explanation if such discussion cannot take place;
- The Chair reserves the right to decide that a comment or question requires a formal Trust response and in such cases the question will be acknowledged and responded to within the provisions of the Freedom of Information Act. Further details of may be found on the Trust Website at http://www.slh.nhs.uk/?section=aboutus&id=9
- The time available for comments or questions should not prejudice the proper and timely conduct of the Trust Board Meeting in Public;

1.4 Notice of the question and/or comment, can be submitted through completion of the Trust proforma. Please note that any written communication of verbal request may be treated as a request under the Freedom of Information Act Regulations and treated accordingly

1.5 A record of questions asked and answers given will be published on the Trust Website at www.slh.nhs.uk Questions and responses will be posted on the Trust's website within 20 working days. They will be placed in the Frequently Asked Questions

1.6 After Questions from the Floor, the Trust Board Meeting in Public will commence.

1.7 South London Healthcare NHS Trust is committed to openness and transparency in its decision making, and will continue to develop and invest in other methods of working with local people to fulfil its responsibilities.

QUESTIONS / COMMENTS FOR TRUST BOARD MEETING IN PUBLIC

2.1 Members of the public are invited to comment/submit questions on any subject pertaining to items for decision and discussion relevant to the Trust Board Agenda

2.2 Questions should be submitted through completion of the proforma, in advance of the meeting, to enable a full response at the meeting or within 20 working days of receipt.

2.3 Should members of the public require help or guidance to formulate a question or complete the pro-forma they may contact the Trust Board Secretary or their Local Involvement Network (LINks). Contact details are given below.

South London Healthcare NHS Trust
Trust Head Quarters
Queen Mary's Hospital
Frognal Avenue
Sidcup
DA14 6LT

Phone Number:

0208 302 2678 Extension 4000

Email address:

boardsecretary.slh@nhs.net

Bexley LINk
Suite 3, Leigh House
7 Station Approach
Bexleyheath, Kent
DA7 4QP

Phone Number

020 8303 1948

Email address:

bexleylink@shaw-trust.org.uk

Bromley LINk
Community House
South Street
Bromley
Kent
BR1 1RH

Phone number:

020 8315 1982

Email address:

bromleylink@shaw-trust.org.uk

Greenwich LINk
Greenwichwest Community
& Arts Centre
141 Greenwich High Road
London
SE10 8JA

Phone number:

0208 853 2857

Email address:

info@greenwichlink.org.uk

2.4 The completed proforma should to be delivered to the Trust Board Secretary, by email or at the address given above, no later than 12:00 noon 24 hours (excepting weekends and Bank holidays) before the date of the meeting of the Trust Board.

QUESTIONS / COMMENTS FOR TRUST BOARD MEETING IN PUBLIC

2.5 Please complete all sections of the proforma and return to the Trust Board Secretary, by email or at the address given above, no later than 12:00 noon 24 hours (excepting weekends and Bank holidays) before the date of the meeting of the Trust Board.

Name	
Address	
Telephone number	
Email Address:	
Issue/Subject	
Agenda Item	
Question / Comment:	

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