

APPENDIX 1

BRIEFING PAPER FOR THE HEALTH AND WELLBEING BOARD

1. INTRODUCTION/SUMMARY

- 1.1 This paper summarises the findings of the CQC report on Barts Health, the responses of the Trust and implications for the Health and Wellbeing Board

2. RECOMMENDATIONS

- 2.1 For the Board to note the report and discuss how it would seek to be updated on progress against the improvement plan and its role in supporting its delivery

3. BACKGROUND

What were the findings of the CQC report?

- 3.1 On the 22nd May, the Clinical Quality Commission (CQC) announced its rating of Barts Health NHS Trust as 'inadequate'. The Trust had already been placed in special measures following the publication of the findings of the assessment of Whipps Cross in March. Following this, the CQC decided to inspect the Newham and Royal London sites. Both were found to be 'inadequate'.
- 3.2 The CQC rates the services provided in a trust based on the extent to which they are safe, effective, caring, responsive and well led.
- 3.3 Overall, Barts Health was rated 'inadequate' on four of the five domains (safety, effectiveness, responsiveness and leadership). The caring dimension was rated as 'requiring improvement' (table 1)
- 3.4 For the Royal London site the ratings were of great concern but better than for the Trust as a whole. Safety and leadership were rated as 'inadequate'. Effectiveness and responsiveness were rated as 'requiring improvement'. The caring dimension was rated 'good' (table 1)

Table 1 – CQC overall ratings by site and for Barts Health

	Safe	Effective	Caring	Responsive	Well Led
Royal London	Inadequate	Requires improvement	Good	Requires improvement	Inadequate
Newham	Inadequate	Requires improvement	Good	Requires improvement	Inadequate
Whipps Cross	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate
Barts Health	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate

3.5 For the Royal London, the one service that was rated 'good' was critical care. The other services (medical care, surgery, maternity/gynaecology, services for children and young people, end of life care and outpatients/diagnostic imaging) were rated as inadequate or requiring improvement

3.6 The inspectors highlighted the following:

- Consistent leadership issues, lack of engagement with the staff, low morale, a culture of bullying and harassment, high levels of stress and confusion among the workforce about who was in charge.
- Staffing levels significantly below recommended levels in some areas to consistently provide safe care.
- High bed occupancy so that patients were not always cared for on the appropriate wards
- Inadequate attention paid to safety, with failures in incident reporting and auditing, and in dealing with or learning from complaints.
- A very committed workforce who felt undervalued by trust leadership, but valued by their patients and colleagues, and their local managers.

They concluded that the Trust as a whole had not made the progress expected in dealing with the findings of the previous inspection in 2013 and emphasised the need to prioritise culture and the leadership issues. They did also identify a number of areas of outstanding practice across the trust, including stroke care and trauma care in the Royal London

3.7 Overall, the CQC identified 65 areas where the Trust needs to make improvements.

What has been the response of Barts Health?

3.7 The Trust has been in special measures since March 2015. This has involved the development of a package of tailored support developed with the Trust Development Agency including the appointment of an improvement director and an opportunity to partner with a high-performing trusts

3.8 An improvement plan addressing the 65 areas is being developed. The priorities were set out by the acting chair (Phillip Wright) as:

- Tackling shortages of medical and nursing staff and reducing reliance on temporary staffing
- Embedding robust governance and risk management processes throughout the organisation
- Addressing a culture of bullying and harassment
- Improving end of life care

3.9 The CQC has noted that it is encouraged with the progress although there is a long way to go.

3.9 There has been a significant change in the senior management team. In February Chief Executive Peter Morris, Chair Sir Stephen O'Brien and Chief Nurse Professor Kay Riley all announced they were leaving the trust.

- 3.10 Alwen Williams has been interim Chief Executive since 1st of June, 2015. Jan Stevens is interim Director of Nursing leading on the overall CQC action plan. Importantly, there have been posts of managing director (Karen Breen), medical director (Simon Harrod) and nursing director (in recruitment) for each of the three sites in order to strengthen local leadership.
- 3.11 Alwen Williams has highlighted the following five priorities going forward in a recent email to partners as follows:

Our five immediate priorities will be to:

1. Help our staff do what they do best. Recruiting more permanent clinical staff, reducing the reliance on temporary and agency staff and improving the support available internally will help us to deliver consistently excellent care to our patients.

2. Improve the experience of our patients in all our settings of care. Our patients should receive the best care that we can give them and we should continue to ensure that they are treated with dignity and respect at all times.

3. Strengthen our safety culture to ensure that we reduce harms caused to our patients and deliver safe and effective care at all times.

4. Improve the responsiveness and quality of our services to patients in emergency and urgent care, cancer and planned care.

5. Ensure that the Trust's leadership and governance arrangements enable delivery of these priorities.'

- 3.12 She has also highlighted the importance of collaborative working with partners.

What are the implications from a Health and Wellbeing Board perspective?

- 3.13 Under the Health and Social Care Act 2012, the council has a duty to take appropriate steps to protect and improve the health of the people in their areas.
- 3.14 Whilst the clinical outcomes of services at the Royal London are generally good (eg survival rates etc), the concerns raised by the CQC in the report (particularly around leadership, morale and safety) pose significant risks to patients receiving the best possible care and experience of care.
- 3.15 In the context of significant forecast deficit of the trust (~ £96m), increasing public expectation and population growth the Trust has a major challenge in making the changes to address the healthcare needs of people across its footprint.
- 3.17 In doing this it will need to collaborate with local authorities and CCGs at a number of levels - politically, senior management, commissioner and provider – in order to support the improvement plan, drive service innovation and impact on public perceptions and use of services.

- 3.18 The Transforming Services Together Programme across Newham, Tower Hamlets and Waltham Forest is driving a strategic approach across the system to address safety and quality against a backdrop of population growth and reducing resources.
- 3.19 This in turn will require strong collective leadership across the health and social care economy at both borough levels and collaboratively across East London boroughs
- 3.20 It will be important for the Health and Wellbeing Board to continue to be updated on progress on the improvement plan and support its delivery
- 3.21 In the immediate term, the Council, alongside the CCG, will need to provide the senior level engagement to support the Trust in developing and implementing its plans

4. RECOMMENDATIONS AND NEXT STEPS

- 4.1 For the Board to note the report and discuss how it would seek to be updated on progress against the improvement plan and its role in supporting its delivery

Summary CQC report Barts Health

http://www.cqc.org.uk/sites/default/files/new_reports/AAAC1034.pdf#