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MINUTES OF A MEETING OF THE INNER NORTH EAST LONDON JOINT OVERVIEW AND SCRUTINY COMMITTEE FOR HEALTH

WEDNESDAY, 29TH MAY 2013 AT 7.00 PM
OLD TOWN HALL, STRATFORD

Members Present:	**Councillor Winston Vaughan (Chair), Councillor Luke Akehurst (Vice Chair), Common Councilman Wendy Mead, Councillor Ann Munn, Councillor Lesley Pavitt and Councillor Ted Sparrowhawk**
Member Apologies:	**Councillor Terence Paul, Councillor Dr Emma Jones, Cllr Rachel Saunders**
Officers in Attendance:	**Tahir Alam (Strategy Policy and Performance Officer, LB Tower Hamlets), Hafsha Ali (Head of Scrutiny, LB Newham), Sarah Barr (Senior Strategy, Policy and Performance Officer, LB Tower Hamlets), Luke Byron-Davies (Scrutiny Manager, LB Newham and Jarlath O'Connell (Overview and Scrutiny Officer, LB Hackney)**
Also in Attendance:	**Judith Bottriell (Head of Governance Standards and Risk Management, Barts Health NHS Trust), Councillor Leanora Cameron (LB Newham), Dr Clare Dollery (Deputy Medical Director, Barts Health NHS Trust), Mark Graver (Head of Stakeholder Relations and Engagement (Barts Health NHS Trust), Councillor Wendy Mitchell (LB Hackney), Peter Morris (Chief Executive, Barts Health NHS Trust), Councillor Nicholas Russell (LB Waltham Forest) and Michael Vidal (Hackney resident)**

1 Welcome and Introductions

1.1 The Chair welcomed everyone to the meeting and stated it had been convened to jointly consider the draft Quality Accounts for Barts Health NHS Trust. This was the first year this matter had been considered by the JHOSC as it had been agreed amongst Members that because activities of the newly merged Trust crossed the four borough boundaries as well as neighbouring Waltham Forest, that it would be appropriate to consider the Quality Accounts jointly.

2 Membership of the Committee

2.1 The Committee noted the updated Membership list for Inner North East London Joint Health Overview and Scrutiny Committee. It was noted that Common Councilman Mead had replaced Common Councilman Littlechild from the City of London.

3 Apologies for Absence

3.1 Apologies for absence were received from Cllrs Saunders and Jones from Tower Hamlets and Cllr Paul from Newham.

3.2 An apology for absence was also received from Cllr Hayhurst, a member of Health in Hackney Scrutiny Commission.

3.3 The Chair stated that he had received an apology also from Cllr Khevyn Limbajee, the Chair of Waltham Forest Council's Health Scrutiny Committee who had been invited to attend as an observer.

4 Minutes of the previous meeting

5.1 The Committee gave consideration to the minutes of the meeting held on 30 April 2013.

RESOLVED:	**The minutes of the meeting of the Committee held on 30 April 2013 were agreed as a correct record subject to the following amendment:** **- top of page 4 - the 'Q' and 'A' indicating 'question' and 'answer' were in the wrong order for the first two questions.**

5 Declarations of Interest

4.1 There were none.

6 Actions and matters arising from the meeting on 30 April 2013

6.1 The Chair reported that following the previous meeting of INEL JHOSC on 30 April on London Cancer's case for change on the provision of urological cancer services, he had written to NHS North and East London Commissioning Support Unit summarising the key points from the meeting and suggesting that the NHS officers come back to the Committee in six months on the actions they would be taking in particular to mitigate the transport issues. It was suggested that as Outer North East London's JHOSC (ONEL JHOSC) had similar issues that a briefing to both committees meeting jointly in Oct-Nov would be best. Officers would liaise with their counterparts in ONEL JHOSC to set this up with the London Cancer representatives and INEL Members would be informed.

ACTION:	**INEL support officer to liaise with ONEL officer on a date on which to invite London Cancer and NHS NEL CSU back to provide an update on the implementation of the urological cancer service changes.**

7 Barts Health Trust Quality Accounts 2012/13

7.1 The Chair welcomed the following senior officers from Barts Health NHS Trust to the meeting:

Mr Peter Morris, Chief Executive
Dr Clare Dollery, Deputy Medical Director
Judith Bottriell, Head of Governance Standards and Risk Management
Mark Graver, Head of Stakeholder Relations and Engagement

and Members gave consideration to the Barts Health NHS Trust Draft *Quality Accounts for the period 1 April 2012 to 31 March 2013*.

7.2 In introducing the Quality Accounts Mr Morris stated that the newly merged Trust was entering its second year and in the first six months it had successfully collapsed the governance arrangement for the three legacy Trusts and created a single governance structure across the new organisation. Six new Clinical Advisory Groups had been created across the organisation with advanced leadership in place. They had taken down the site based arrangements and replaced them with the new structure. Quick progress had been made in the first year with 38 new clinical directors and 5 clinical service lines set up across the organisation and he suggested that the new organisation had now turned a corner and they could be satisfied with the level of progress made in just one year.

7.3 There were two areas of under-performance - on A&E and on Urgent Care and they had channelled activity towards addressing these. In terms of finances, the Trust would end the year with a small surplus (subject to audit) and this was an achievement considering that the consolidation of three trusts into one had represented the biggest NHS merger in the country.

7.4 In terms of priorities for the coming year they needed to attend to the long term financial stability of the Trust. Progress in the second year would be extremely challenging with c. 4% of non recurrent funding to be made up and the need to wean the organisation off this element of funding and put it on a more secure footing. This would create a steep uphill curve for the organisation in its aims to achieve financial balance. In the first quarter there had been a 50% increase in the savings target for example so a period of catching up would be necessary. Post the Francis Report there was a lot of work to be done around the issues of values and behaviours and the kind of culture the Trust needed to engender. The Trust was also having to handle important changes on the London scene with significant changes on the provision of services for cardiovascular disease, cancer and intensive care coming downstream. The Trust was submitting bids on provision of lung and gastric cancer surgery in a reconfigured system and they were applying for Out of Hours surgery provision in Newham. He concluded that the Board was functioning well and the organisation now had to create the right relationships and not act as an independent entity doing its own thing.

Questions and answers

7.5 <u>The Chair opened the questioning by asking the officers if they could outline what in their view are the three best and the three worst performing areas in the Trust.</u>

7.6 Ms Bottriell replied that in terms of the standard national surveys the Trust had been performing consistently well. They had performed well on the amount of shared sleeping areas and bathroom and shower facilities. They also performed well on communications with GPs and on the sharing of referral letters. In terms of areas which needed improvement - food service and nutrition required more attention with less patients satisfied with the quality of food and not getting sufficient help with feeding and the CQC had picked up on this in their inspection of Mile End Hospital. To respond to this they had put in place an Older Peoples Improvement Programme and nutrition was a key part of that. There had been some disappointing results also on clinical teams and around nursing but a lot was being done to improve these systems.

7.7 Mr Morris added that the Trust needed to rapidly improve on its handling of complaints and on the connections between Complaints and the local management teams. They also had to improve the administration of the appointment bookings system and on the issue of making people feel that Barts was a caring organisation. They had had excellent performance reports and the areas where there was room for improvement outlined by the CQC were taken very seriously. He stated he was encouraged this year that the levels of activity from the CQC. The Trust received regular external assurance and it needed to be pointed out the CQC had had no major concerns.

7.8 <u>Cllr Pavitt described the experience of a friend in the Royal London who had received no assistance with feeding and food had been left on trays five days running. The senior managements attention to these issues did not seem to be filtering down to the Health Care Assistance and she was concerned that the report did not make clear how the performance issues which were being raised were disseminated down to the wards.</u>

7.9 Ms Bottriell replied that this was an important point. The issue with the Quality Accounts Report however was that a high level overview was required but she agreed that Health Care Assistants and Matrons were vital in implementing these actions. On this specific point: trays had to be checked more frequently and these issues should also be brought up at Clinical Fridays, where all senior managers in the hospitals go “back to the floor”. Nutrition was audited as part of a rolling programme so they understood which wards were not doing well.

7.10 <u>With reference to p.45 of the accounts and the NHS National In-patient Survey Results , Cllr Munn asked whose expectation was this?</u>

7.11 Ms Bottriell replied that it was the Commission for Quality Improvement Scheme CQIN and this was a national Department of Health improvement area. Statistically it was a crude measure but they had to report on it she added.

7.12 <u>Cllr Munn commented that the problem with this diagram was that it was difficult to work out where Barts stood and where it needed to get to.</u>

7.13 Mr Bottriell agreed that there needed to be a baseline added to this chart and targets had to be set individually. It was demonstrating a 5% improvement but she agreed that this chart needed to be made easier to understand.

7.14 <u>Cllr Akehurst stated in relation to the Patient Experience CQUIN results on page 45 that if these figures were reversed they would be quite frightening i.e. more than half those surveyed did not find someone on the hospital staff to talk to about their worries and fears. Also, nearly 60% stated that a member of staff had not told them about the side effects of their medication and what to watch out for when they went home. He asked what was being done to address these. These indicators were very important he added because they shaped the patients perception of the hospital in a profound way.</u>

7.15 Ms Bottriell replied that they ensured that every patient was treated with empathy. She cautioned that this particular survey had had a small sample size of less than 300 people. These indicators were measured more widely and a one-off survey once a year should not be relied on on its own. Dr Dollery added that they had also initiated a Discharge Booklet for patients.

7.16 <u>Cllr Mitchell asked whether there were other sources of data that the Committee should be aware of if this survey had a small sample size and was therefore not sufficiently reliable.</u>

7.17 Mr Morris explained that these small surveys were run to test the temperature as it were in certain specific areas but that more broadly there are a wide variety of different methods used to collect patients views. Ms Bottriell added that they would start to standardise the data here and improve the matrices used. They had focused in this part of the report on a high level survey but also added some local data as well. Mr Morris added that what was important was the degree of leadership provided, the prevailing climate and the ensuring that the organisations values were about listening and acting on concerns raised. They were doing some work on leadership and specifically on the leadership at ward level and a key focus was getting feedback and ensuring issues were acted on.

7.18 <u>Cllr Sparrowhawk raised a concern about people he knew who had received appointments at three different Barts Trust hospitals on the same day and asked what was being done to sort this out. Transport remained a key problem for the elderly and the vulnerable he added.</u>

7.19 <u>Cllr Pavitt took issue with the rules about carers attending appointments and stated that in cases where elderly people had memory loss or dementia it was critical that they had their carer with them at all times.</u>

7.20 Mr Morris replied that Barts did not excel on out-patients experience and in particular on bookings, appointments and the issuing of appointment letters. This problem was compounded by having three different information systems across the three legacy Trusts and it would be corrected carefully over the next few years. On the issue of transport there was a more positive story to tell and improvements were being made.

7.21 **With reference to the chart on the number of serious incidents, Cllr Russell (Health Scrutiny Member from Waltham Forest Council) asked what was being done to address the high number of incidents in Whipps Cross Hospital. In addition he asked what work was being done on the treatment of learning disabled and learning disabled children and their carers. Finally, he stated that prior to the merger Whipps Cross had had a Disabled Patients Forum but this had been disbanded and he asked if this could be re-instated.**

7.22 Dr Dollery replied that a lot of effort was being put into addressing the important issue of serious incidents with a clear focus being put on prevention. If systems were in place early enough there would be a significant reduction in these. In relation to patient representatives there would be a patient representative on all the Clinical Academic Groups (CAGs) but not all had been recruited yet. In relation to the group at Whipps Cross she stated that it was of course important to learn from the patient involvement arrangements at Whipps Cross and they would look to re-instate the Disability Consultative Group. Mr Morris thanked Cllr Russell for these detailed questions and undertook to take these issues back.

7.23 **Cllr Sparrowhawk asked how the hospital would go about choosing the patient representative on the Disabled Patients Group. He commented that many patient representatives were self selecting and did not provide enough challenge.**

7.24 Dr Dollery replied that all the new CAGs were in the process of recruiting people

7.25 **With reference to the serious incidents chart on page 29, Cllr Pavitt stated that it was difficult to read the comparisons in the chart as it needed more information on scale and the rate of incidents per day.**

7.26 Ms Bottriell replied that if you looked at the complexity of the patient pathway it was difficult to present this information simply. For example a trauma department will have a higher risk of incidents so it is difficult to compare and there are also other factors at play. The numbers of serious incidents tell you very little e.g serious incidents in maternity wards are represented as SI's yet these are a natural consequence. It was important to understand that there were a number of factors at play.

7.27 **Cllr Munn stated that a lot of context was missing from these charts and that a more accurate description of the situation being described would have been preferable.**

7.28 Mr Morris replied that Barts Health Trust did need to look more closely at how to represent the differences of scale in the charts presented.

7.29 **Cllr Munn asked what has the impact of the merger been on staff from hospital ward level upwards**.

7.30 Dr Dollery replied that there were stresses involved but there was an extensive programme of briefings going on and senor staff were going out into the wards.

Progress was being made on the quality of staff appraisals and they had also introduced for example a 'Barts Heroes' award for staff.

7.31 <u>Cllr Munn asked if the staff could easily raise issues on an ad hoc basis and how can you measure the effectiveness of this.</u>

7.32 Mr Morris commented that the best way for senior management find out about issues by simply asking people questions. It is important then to move on issues locally. The Trust was routinely surveying 2000 people within the organisation each month. He stated that every Friday he was out on the wards and the non-exec Board members were also frequently seen on walkabouts. One of the issues he picked up for example was the perception at Whipps Cross that decisions seemed to be taken elsewhere. A lot of listening goes on and it was also interesting he added that the issues which most occupy staff were not the merger per se but issues of perhaps a more prosaic nature such as it taking longer to organise a recruitment panel or to replace a tv set in a ward. Ms Bottriell added that each site had a Professional Nurse Lead so that staff would always have access to her and there was still local ownership of issues. Mr Morris added that staff capacity had improved greatly for example one year previously Whipps Cross had 3 consultants and 1 locum in post and now they had 8 and this was in part because of the benefit of the Barts Health brand.

7.33 **<u>Cllr Sparrowhawk followed on from Mr Morris' comments on Friday walkabouts that it was mentioned in the news that the weekend was the worst time to have an operation, considering the reduced staffing available in hospitals at weekends</u>**

7.34 Mr Morris commented that the Trust should be operating 24/7 but they did have systems in place to ensure that proper care was provided during off-peak times

7.35 <u>Cllr Sparrowhawk asked how the Barts structure encouraged a culture of feedback to ensure that any poor practice was identified at an early stage.</u>

7.36 Mr Morris replied that staff were continually reminded of their professional obligations to report any shortcomings. He added that the Trust had a robust process of risk assessment in place and they were paying particular attention to ensure that staff could always report issues. The key message to staff was "when in doubt escalate".

7.37 <u>Cllr Pavitt again expressed concern that these messages didn't get through to ward staff. She detailed a case of an individual who for medical reasons needed three pillows instead of one and yet it had been difficult to even get this escalated.</u>

7.38 Ms Bottriell commented that in the light of the Francis Inquiry it was important that that situation was not replicated where everybody knew about the problems but nobody took ownership.

7.39 <u>Common Councilman Mead stated that the Committee had just been through a scrutiny of the changes to urological cancer services and had asked a number of searching questions. She asked why Barts Health had missed out on its two bids to take on these consolidated services.</u>

7.40 Mr Morris clarified that they hadn't put in for bladder and prostate cancer surgery but had contested for renal and had missed out on a good bid made by the Royal Free Hospital. There were a number of bidding opportunities in the pipeline and they intended to bid for oesophagus, stomach and lung cancer surgery. They would be competing with UCH on these tumour groups and they were working to put the best possible service forward. Outside of cancer, they were also bidding for future opportunities relating to thoracic and chest surgery.

7.41 <u>Cllr Akehurst asked (a) how had the merger facilitated the principle of "localise where possible, centralise where necessary" (b) what was the Trust doing to mitigate against the lessons learned from other large hospital mergers and (c) the Quality Accounts were historical but how would this evidence base be used to make sure that the needs of the population were being met.</u>

7.42 In relation to (a) Mr Morris replied that this principle was firmly embedded in the approach of the CAGs in formulating their strategies. There was an element of both at play. Some provision had moved out of teaching hospitals and some had moved in. They needed to be evidencing both the quality improvements and economic gains to be had from centralising. He added that one area being explored to override geographical considerations was the use of Skype clinics when they were appropriate. Newham for example had 85% broadband coverage and this area had potential.

7.43 In relation to (b) he stated that some large mergers had been a success: Sheffield, Newcastle, Central Manchester but in other mergers many trusts had got very lost in the first two years. They learned the lessons from the South London Trust who had taken an extraordinary amount of time to even get their new Board in place. They key elements were Leadership, Culture and Engagement and the Trust had got a clear strategy in place and alignment of activity both inside and outside the trust. They learned much from the Sheffield, Greater Manchester and in London the Imperial mergers. Dr Dollery added that they had secured specialist advice from experts and Imperial had sent over their patient safety people to oversee their changeover plans. Ms Bottriell added that on centralisation they had worked hard on a due diligence approach and they had known that processes had to be embedded quickly. They had quickly engaged with the CQC and they had got a centralised team in place quickly so they were ready to go on Day One. Mr Morris added that they had learned from other mergers how quickly other system degraded after day one if the organisation was not in strong position to begin with. The difficulties around integrating information did have an impact on the frontline and they would pay rather more attention to back office integration.

7.44 <u>In relation to CQC inspections the Chair asked why they only mentioned certain outcomes and how many outcomes would the CQC look at. The report listed 4 for Newham and 6 or 7 for Mile End.</u>

7.45 Mr Morris replied that they were not chosen by the Trust they were chosen by the CQC. The CQC does unannounced inspections and generally look at 4 or 5 outcomes, they just turn up and arrive on a ward so the first person they might see could be a Healthcare Support Worker. There had been a complete change in how the CQC carried out inspections and how the Trust reacted to

them and it was impossible to prepare staff. The CQC met doctors, nurses and patients and what they fed back was what they found on that day. It was important to note however that they had never had any grave concerns arising from any of their visits to the Trust's sites.

7.46 <u>The Chair stated that Barts was 9th in the country on the Standard Mortality Indicator but it was also now the largest trust and suggested therefore that being 9th wasn't good enough.</u>

7.47 Dr Dollery replied that it was her aspiration of course to get to no. 1. In relation to Cllr Akehurst's question (c) Ms Bottriell added that the Trust has clearly indicated where there were shortcomings and they knew the areas where they needed to improve. Using better integrated data systems and better performance data systems would help and an example of this was the new 'Integrated Performance Dashboard' which tracked all areas of poor performance in a consistent fashion. The Quality Assurance Sub Committee of the Board has identified 6 quality priorities and would track the progress of all these closely in the year ahead.

7.48 <u>Cllr Russell asked if senior staff on the 'back to the floor' walkabout days also visited outpatients departments.</u>

7.49 Mr Morris replied that they did.

7.50 <u>Cllr Russell asked what was being done to improve transfer of care and in particular what was being done to assist patients who may have psychological crises.</u>

7.51 Mr Morris replied that the issue of how to manage care closer to home was a very big topic for the Trust now. They also had a good relationship with the local Mental Health trusts in each area and had agreed to prioritise this issue at a board level conversation between the Trusts and they would be pleased to come back with more specifics on this following that meeting. Mr Graver added that in the three emergency departments they ran they reviewed patient cases and attendances and in particular at the issue of patients arriving at A&E who might have mental health support needs. Work was ongoing with the ELFT and NELFT (the relevant mental health trusts) on this. Mr Morris added that there was a System Group set up on integrated care and it would be good to have a collective account of this.

7.52 <u>Mr Vidal, a Hackney resident, asked in relation to CQC outcome 13 and 14 in the board papers and the specific reference to the point that the Trust was 15% under its staff complement.</u>

7.53 Mr Morris replied that they were far too reliant on bank and agency nurses and doctors in certain areas and they certainly aimed to employ more permanent staff and he wished to give this a higher priority. Dr Dollery added that the challenge if you had agency staff was that they often didn't have computer log-ins quickly enough and so they were not able to immediately function at the highest level required consistent with modern medical practice.

7.54 The Chair summed up by stating that he had found many good things in the Report and it was good to see positive signs of improvement. The report had

been written in business language and so at times it had been difficult to decipher and this should be attended to. There were some areas where they would provide some additional feedback he added.

7.55 Mr Graver stated that because of the Department of Health deadlines they were subject to on this they would need the response letter from the Chair by 5 June for submission with the Quality Accounts. It was noted that the minutes of this meeting would also be submitted in due course.

7.56 The Chair replied that this could be done but where there were outstanding issues which Members wanted to go into in more detail, then this would best be achieved in the individual Health Scrutiny Committees.

7.57 The Chair thanked Mr Morris and the officers for taking the time to attend and answer the Members' questions.

RESOLVED	**That the draft Quality Accounts and the discussion be noted.**

ACTION:	**Chair to submit to Barts Health NHS Trust by 5 June a formal response from the Committee on the Quality Accounts.**

8 Any other business

8.1 There was none.

Duration of the meeting: 7.00 - 9.00 pm

Signed

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Chair of Committee

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