

## Report to Tower Hamlets Health and Wellbeing Board on our response to the CQC

24 March 2014

### 1. Introduction

Barts Health NHS Trust was chosen by the CQC as one of the first organisations to be reviewed under the proposed CQC Chief Inspector of Hospitals New Inspection regime. The CQC ran a pilot phase of the new regime in autumn and winter 2013, and it was preceded by the allocation of a risk rating for each NHS organisation in England. A risk rating of 2 (high) was given to Barts Health, based on issues with cancer patient experience, accident and emergency waiting times, staff survey results, never events and outcomes of previous inspections. The Trust has always had consistently low mortality rates.

### 2. Background

Barts Health was inspected under the new CQC regime during November 2013. In preparation for the intensive inspection, the Trust focused on finding and fixing issues around cleaning; environment and equipment standards; well-organised and documented appraisals; regular team meetings for staff and driving a culture of open communications.

Peer reviews, made up of Barts Health staff members from nursing, infection control and facilities, supported by external representatives (including patient experience and CCG representatives) worked closely with services across all Trust sites. All staff received information CQC about what to expect and how they would be involved.

### 3. Summary of the CQC reports

The CQC's reports, published on 14 January 2014, recognised our challenges, the progress we have already made and areas of good practice. The reports underlined the care, commitment and compassion of our staff, and crucially, they highlighted where we needed to improve. Progress had already been made, as the CQC acknowledged by removing the three warning notices issued at Whipps Cross last year. Other previously requested improvements had also been made, including the swift replacement of broken equipment. The Trust has since been redoubling our efforts to address the compliance requirements and other improvements set out in the reports. Specifically, the CQC found the following positive findings for our sites within Tower Hamlets, including:

- **The Royal London**

- Emergency Assessment (EA) model
- Ready availability of interventional radiology – patients requiring interventional radiology receive this within an hour of the need being identified and the service is available 24 hours a day, seven days a week.
- Development opportunities available for medical records staff.
- Staff are supported to gain specialist knowledge and experience which is beneficial for patients.

- Staff are kind, caring and attentive to patient needs
- **St Bartholomew's**
  - Patients are treated with dignity and respect and are involved in decisions about their treatment and care.
  - Staff are committed to providing good standards of care in all circumstances.
  - Staff are caring and compassionate, polite and kind in their interactions with patients, visitors and colleagues.
  - Services are well-led and staff use quality and performance information to improve
- **London Chest**
  - Staff are focused on safety and there are good examples of improving this further, such as care for people at risk of falling.
  - Staff treat patients with dignity, respect and compassion.
  - Staff are clear about their responsibilities and support each other well
- **Mile End**
  - Staff promote a culture of safety - assessing, identifying and taking action to mitigate risks.
  - Staff are polite, caring and professional in their interactions with patients.
  - Patients were protected from the risks of infection and the medical wards are clean.
  - Staff are focused on making sure patients receive good quality, safe services.

A Barts Health quality summit was held with the CQC on 10 January, involving senior Trust representatives and key external stakeholders (CCG, CSU, NDTA, NHSE, Healthwatch, and local authority partners). Following this event, it was jointly agreed that the Trust would hold four local site summits during week commencing 3 February (see section 4).

As part of our response to the reports, the Trust has developed six action plans which detail how we will address the issues raised during and after the inspection. There is a single high level plan covering Trust wide actions and five site-specific plans covering actions at our individual hospitals.

Trust wide actions include:

- Ensuring staffing levels meet patients' needs in medical and surgical wards
- Ensuring our risk registers are managed effectively
- Improving staff morale, staff engagement and visible leadership
- Ensuring equipment is readily available when needed
- Ensuring learnings from incidents and never events are shared with all staff
- Providing 24/7 consultant cover

Our plans have now been agreed by the CQC, the Trust Development Authority and our Board.

The attached presentation also provides an overview of our key areas of reflection, learning and action. The Trust welcomes the opportunity to seek the input of the Health and Wellbeing Board to shape its response to the inspection.

#### 4. Feedback from the local site summits

Four site summits were held in February involving a wide variety of Trust staff and external stakeholders. At each summit Seaton Giles from the CQC gave a high level summary of the inspection process and Peter Morris summarised the overall findings for Barts Health. Peter described the assessment as “tough but fair”. He noted that the lead for the inspection from NHS England, Dr Andy Mitchell, had identified specific areas of service excellence that were outstanding and that the commitment and passion of our staff to serve the people of East London was evident. Each site was then presented with their specific findings and staff were asked to consider in groups the key concerns that emerged from the reports (see appendix 1 for discussion topics) and what needs to be done across the Trust and on the site to address them.

The key themes which emerged from the four site summits were:-

- Visible leadership
- Site teams versus Clinical Academic Group (CAG) teams (relationships/partnership working)
- Partnership working with CCGs and how this can be more effective, particularly in relation to Integrated Care Pathways
- Empowering staff at all levels
- Accountability, responsibility and trust (clarity of individual roles and the tiers within the CAGs)

In respect of our sites in Tower Hamlets (The Royal London, Mile End and The London Chest hospitals) and for cancer patients, the feedback was:-

- Staff engagement
  - There is less opportunity for informal corridor chat
  - Use of open door policy, accessible meetings on regular basis
  - Raising profile of executive team
  - Meetings are ‘enforced’ on Fridays which reduces people’s ability to be visible
  - Feedback sessions on the Datix incident reporting system and root cause analysis needs to be enhanced at a local level
  - Consultation process poorly handled, massive impact on senior staff (band 6 & above)
  - Education and training, cross site rotational working, appraisal mixed review
  - Challenge of communications across all sites – use of teleconference, photo boards, who’s who
- Patient Flow
  - Reduce numbers by redirecting, back door flow
  - Neuro unit rehab flow, tracheostomy patients
  - Discharge planning
  - 24 hours working eg. pharmacy and other support functions
  - Movement of managers within the trust

For St Bartholomew’s, feedback included:

- Staff engagement
  - Sense of community which should be capitalised on
  - Feeling detached from the wider Trust

- Positive about visibility of executive team but need more from other levels and out of hours
- Board to ward conversations need to be focused differently
- Challenge of communications across all sites – use of teleconference, photo boards, who's who
- Need for network meetings, specifically for nursing.
- Patient engagement
  - Bottom up approach managing complaints following approach taken by the surgery CAG i.e. sharing with ward and clinical team (encourage local resolution)
  - Named consultant per ward supported – will act as a quality lead working with the ward manager

The recommendations we are taking forward from the site summits in particular are:

- To enhance visibility of all senior managers at various levels on a weekly basis, ensuring conversations are shared as appropriate.
- For the CAG Tier 1 teams to lead on the CQC conversation, ensuring compliance to the standards are met and service improvement continues with support from corporate services.
- For the CAG Tier 1 and senior managers to triangulate the discussions also relating to the Francis report action plans. Link to cultural changes.
- Senior Nurse Network meetings to be re-established post consultation

## Appendix 1

Site summits - Topics for group discussion

Staff engagement and morale

Visible executive leadership

Culture – bullying harassment, raising concerns

Embedding CAG structures and development of CAG relationships with stakeholders

Strengthening site based leadership

Patient flow and discharge

Preventing hospital attendances and admissions

Facilitating early/complex discharges

Patient engagement and experience

Improving complaints handling

Hearing the patient's voice

Patient panels and working in partnership

For each:

What do we need to do consistently (i) across the Trust, and (ii) specifically on this site?

What can you as a leader or partner do to help us achieve the improvement