

HEALTH & WELLBEING BOARD

AGENDA

Wednesday 12 February 2014
1.30 pm – 3.30 pm

Committee Room 1

1. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. **APOLOGIES FOR ABSENCE**

(If any) – receive

3. **DISCLOSURE OF PECUNIARY INTERESTS**

Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting. Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. **MINUTES – To follow**

To approve as a correct record the minutes of the Committee held on 11 December 2013 and 8 January 2014 and to authorise the Chairman to sign them.

5. **MATTERS ARISING**

6. **BETTER CARE FUND - FIVE YEAR PLAN – To follow**

To discuss the allocations for 2015/2016 and agree priorities.

Written report by Joy Hollister. Presented by Alan Steward and Barbara Nicholls.

7. **CHILDREN & YOUNG PEOPLE'S PLAN – To follow**

To note the achievements for 2013 and priorities for 2014.

Written report presented by Kathy Bundred.

8. **UPDATE ON BHRUT (Pages 1 - 4)**

To receive an update following the CQC implementation of special measures.

Written report presented by Conor Burke.

9. **ANY OTHER BUSINESS**

10. **DATE OF NEXT MEETING**

Members are asked to note the date of the next Health and Wellbeing Board meeting will be 19 March 2014 at 1.30 pm.

ITEM 6.3

To: Meeting of NHS Havering Clinical Commissioning Group Governing Body

From: Conor Burke, Chief Accountable Officer

Date: 28 January 2014

Subject: CQC and special measures at BHRUT

Executive summary

The Care Quality Commission (CQC) identified Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) as a top priority acute provider to be inspected in the first wave of the new CQC hospital inspection programme, as it had been shown to be at “high risk” on several indicators in the new Intelligent Monitoring tool. Over recent years the trust has faced significant quality challenges including:

- Poor results on the CQC inpatient survey and on the cancer patient experience survey
- Achievement of the four-hour accident and emergency waiting time standard
- Poor results on the national staff survey
- High weekend mortality in some areas
- Non-compliance with regulations recorded on several CQC inspections since it was registered especially in the A&E departments.

The CQC inspected the Trust from 14 - 17 October 2013 and held a Quality Summit on 17 December 2013 where the final reports were shared. It was also announced at the Quality Summit that the trust was being placed in “Special Measures” as it was recognised given the scope and scale of the challenges faced by the Trust additional support was required.

This report sets out the initial actions taken by the local and national organisations to address the key issues identified within the CQC report.

Recommendations

The Governing Body is asked to:

- Note the CQC report and the action being taken by the Trust Development Agency and BHRUT under the ‘Special Measures’ framework
- Review the action being taken to date by the CCG advising on any additional activities
- Agree to receive a further report on the Trust Improvement plan at its next meeting

1.0 Purpose of the Report

- 1.1 To advise the Governing Body on the publication of the CQC inspection report of BHRUT and assure the members on action being taken to address key quality issues

2.0 Background/Introduction

- 2.1 The Care Quality Commission (CQC) identified Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) as a top priority acute provider to be inspected in the first wave of the new CQC hospital inspection programme, as it had been shown to be at “high risk” on several indicators in the new Intelligent Monitoring tool. Over recent years the trust has faced significant quality challenges including:

- Poor results on the CQC inpatient survey and on the cancer patient experience survey
- Achievement of the four-hour accident and emergency waiting time standard
- Poor results on the national staff survey
- High weekend mortality in some areas
- Non-compliance with regulations recorded on several CQC inspections since it was registered especially in the A&E departments.

- 2.2 The CQC inspected the trust from 14 -17 October 2013. It was also announced at the Quality Summit that the trust were being placed in “Special Measures” as it was recognised that given the scope and scale of the challenges faced by the Trust additional support was required.

3.0 CQC report summary

- 3.1 A full copy of the CQC inspection report is available at <http://www.cqc.org.uk/public/news/our-latest-reports>

- 3.2 The key findings from the report are as follows:

- Many initiatives to improve quality and safety have only started very recently and it is too early to tell if they will deliver the required improvements quickly.
- The lack of support and engagement to drive improvements and address the Trust challenges from all senior clinical staff has meant progress has been slow
- Issues with record keeping were identified and need to be addressed
- The longstanding history of the problems and lack of progress indicates that the leadership is inadequate to address the scale of the challenges that the trust is facing and additional support is required

- 3.3 A CQC/TDA Quality Summit took place on 17 December 2013 where the final reports were shared and discussed. This was attended by senior CCG clinicians and officers.

4.0 Special Measures

- 4.1 Given the scale and scope of the challenges faced by the Trust it was placed in special measures by the CQC and TDA on the 18 December 2013.
- 4.2 The special measures are intended to be supportive of the Trust and are in recognition of the scale and scope of the challenges faced by the organisation
- 4.3 There is an immediate requirement for the Trust to produce an improvement plan to address the following key issues:
- Ensure the Chief Operating Officer has clinical and management support to deliver improvements to patient safety and quality. The improvement plan should be agreed at Board level with progress monitored at each Board meeting.
 - Ownership for improvement must be embedded at every level of the trust and the visibility of the Executive Team at Queen's Hospital and King George Hospital must be improved.
 - The trust needs to urgently focus on resolving problems in the A&E departments of King George and Queen's Hospitals which are resulting in unsafe care. A clear and unambiguous protocol must be put in place for the transfer of patients between trust locations. All care must be documented.
 - The trust must also address its discharge planning and patient flow problems which will require improved working with local partners.
 - Infection control procedures must be implemented consistently in every ward and theatre across the trust.
 - A clear and unambiguous protocol must be put in place for the transfer of patients between trust locations. All care must be documented.
- 4.4 The Special Measures include:-
- The requirement for the Trust to develop an improvement plan.
 - That an organisational capability review be conducted by Sir Ian Carruthers over the 15 and 16 January 2014.
 - A Board to Board meeting in February
 - The TDA will appoint an Improvement Director.
 - The Trust will receive support from the TDA Special Measures Director.
 - The Trust is buddied with a Foundation Trust for peer support.

5.0 CCG Action

- 5.1 The CQC report and Special Measures makes little reference to the wider health and social care system. However as the statutory bodies responsible for commissioning safe and sustainable health services across the BHR system, we are clear that we have a fundamental role to play in this process and take this very seriously.
- 5.2 Given the full scale of the challenges, the improvements cannot be made in isolation and BHRUT will require our full support. To this end the CCGs have already taken the early action:

- 5.3 The CCG secured involvement in the Trust capability and governance review. The three BHR CCG Chairs and Chief Officer were interviewed by Sir Ian Carruthers last week.
- 5.4 The Chief Officer has had a very positive initial meeting with the TDA's Improvement Director, and they have agreed to work closely together to support the development of the Trust improvement plan alongside and aligned with a system-wide support programme.
- 5.5 The Chief Officer and Cheryl Coppell, LBH CEO have written to the TDA proposing arrangements to further support the development of the Trust and work more closely to align respective planning, governance and assurance processes.
- 5.6 BHR CCGs will need to lead improvement across what is a very challenged system. The collaborative is working intensively with partners to co-develop CCG operating plans and system-wide strategic plans. In parallel, we are making good progress negotiating 14/15 contracts and as the Trust and system improvement plans develop, we will ensure all agreed targets are aligned with and actively managed through provider contracts.
- 5.7 The implementation of a major transformational change and acute reconfiguration programme will also support improvement and it is critical that we maintain momentum and secure all available support during this time.
- 5.8 Further and rapid development of primary care is critical to improving outcomes for local people and the future of this health economy. The CCG is developing a primary care improvement plan to drive this forward at pace. We have agreed that the support from the NHS England Local Area Team will be critical and that our teams will need to work closely together to make sure this continues.

6.0 Resources/investment

- 6.1 The Trust will scope its investment/resource requirements as part of the development of its improvement plan.
- 7.0 The CCG CFO has started to work with NHSE colleagues on our approach to transitional funding which will be fundamental to delivering the required changes.

8.0 Equalities

- 8.1 The implementation of the Trust improvement plan will improve quality and reduce health inequalities.

9.0 Risk

- 9.1 Patient quality and safety concerns continue.
- 9.2 The Trust may be placed into Special Administration should services not improve.

Author: Conor Burke, Chief Accountable Officer

Date: 21 January 2014