

# **JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA**

**2.00 pm**

**Tuesday  
20 October 2015**

**Havering Town Hall**

**COUNCILLORS:**

**LONDON BOROUGH OF BARKING &  
DAGENHAM**

**Councillor Peter Chand  
Councillor Eileen Keller  
Councillor Adegboyega Oluwole**

**LONDON BOROUGH OF  
WALTHAM FOREST**

**Councillor Tim James  
Councillor Gerry Lyons  
Councillor Richard Sweden**

**LONDON BOROUGH OF HAVERING**

**Councillor Nic Dodin  
Councillor Gillian Ford  
Councillor Dilip Patel**

**ESSEX COUNTY COUNCIL**

**Councillor Chris Pond**

**LONDON BOROUGH OF REDBRIDGE**

**Councillor Stuart Bellwood  
Councillor John Howard  
Councillor Karen Packer**

**EPPING FOREST DISTRICT COUNCIL**

**Councillor Gavin Chambers  
(Observer Member)**

**CO-OPTED MEMBERS:**

**Ian Buckmaster, Healthwatch Havering  
Mike New, Healthwatch Redbridge  
Richard Vann, Healthwatch Barking &  
Dagenham  
Alli Anthony, Healthwatch Waltham  
Forest**

**For information about the meeting please contact:  
Anthony Clements [anthony.clements@oneSource.co.uk](mailto:anthony.clements@oneSource.co.uk) 01708 433065**



Essex County Council

London Borough of  
**Redbridge**



## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

# NOTES ABOUT THE MEETING

## 1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

## 2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

**PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.**

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

## **AGENDA ITEMS**

### **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 AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

### **3 DISCLOSURE OF PECUNIARY INTERESTS**

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any point prior to the consideration of the matter.

### **4 MINUTES OF PREVIOUS MEETING** (Pages 1 - 6)

To agree the minutes of the meeting of the Joint Committee held on 21 July 2015 (attached) and to authorise the Chairman to sign them.

### **5 TRANSFORMING SERVICES TOGETHER** (Pages 7 - 16)

Neil Kennett-Brown, Director of Transformation for Newham, Tower Hamlets and Waltham Forest CCGs will present on the Transforming Services Together programme (report attached).

### **6 WHIPPS CROSS IMPROVEMENT PLAN** (Pages 17 - 96)

Officers from Barts Health NHS Trust will present the Trust's improvement plan (attached) with particular reference to developments at Whips Cross Hospital.

### **7 KING GEORGE HOSPITAL - ELECTIVE CARE CENTRE**

Gabriel Sayer, Divisional Director – Surgery, Barking, Havering and Redbridge University Hospitals NHS Trust will update the Committee on the position with the Elective Care Centre at King George Hospital.

### **8 PRIMARY CARE CO-COMMISSIONING**

Sarah See, Director – Primary Care Transformation, Outer North East London Clinical Commissioning Groups, will update the Committee re progress on primary care co-commissioning for this sector.

### **9 STROKE REHABILITATION SERVICES**

Presentation on behalf of the North East London Commissioning Support Unit on proposals to amend stroke rehabilitation services.

## **10 URGENT BUSINESS**

To consider any other item of which the Chairman is of the opinion, by means of special circumstances, which shall be specified in the minutes, that the item be considered as a matter of urgency.

**Anthony Clements**  
**Clerk to the Joint Committee**

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**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Dagenham Civic Centre  
21 July 2015 (2.00 - 3.15 pm)**

**Present:**

Barking & Dagenham:  
Councillor Eileen Keller (Chairman)  
Councillor Agegboyega Oluwole

Havering:  
Councillor Nic Dodin  
Councillor Gillian Ford

Redbridge:  
Councillor Stuart Bellwood  
Councillor John Howard

Waltham Forest:  
Councillor Richard Sweden

Essex:  
Councillor Chris Pond

Healthwatch co-opted Members:  
Manisha Modhvadia, Barking & Dagenham (substituting for Richard Vann)  
Ian Buckmaster, Havering

NHS officers present:  
Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge Hospitals'  
NHS Trust (BHRUT)  
Rachel Royal, Director of Communications and Marketing, BHRUT

Council officers present:  
Masuma Ahmed, Barking and Dagenham  
Anthony Clements, Havering (Clerk to the Committee)  
James Holden, Waltham Forest  
Bruce Morris, Barking & Dagenham  
Jilly Szymanski, Redbridge

Two members of the public were also present.

**1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman gave details of arrangements to be followed in case of fire or other event requiring the evacuation of the meeting room or building.

**2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.**

Apologies were received from Councillors Peter Chand (Barking & Dagenham) Dilip Patel (Havering) Karen Packer (Redbridge) Gerry Lyons (Waltham Forest) and Gavin Chambers (Observer Member – Epping Forest).

Apologies were also received from Richard Vann – Healthwatch Barking & Dagenham (Manisha Modhvadia substituting) and Alli Anthony - Healthwatch Waltham Forest.

**3 COMMITTEE'S MEMBERSHIP**

The revised membership of the Joint Committee was noted and the Chairman welcomed those Members for whom this was their first meeting.

**4 DISCLOSURE OF PECUNIARY INTERESTS**

Councillor Oluwole declared an interest as he was an employee of Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT).

**5 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Joint Committee held on 14 April 2015 were agreed as a correct record and signed by the Chairman.

**6 HEALTHWATCH BARKING & DAGENHAM - REPORT ON VISIT TO FERN WARD, KING GEORGE HOSPITAL**

A representative of Healthwatch Barking & Dagenham explained that the organisation had, in October 2014, conducted a visit using enter and view powers to Fern ward at King George Hospital.

Healthwatch had found that patients were happy overall with the ward staff and with their treatment although there had been some issues with food. These included a lack of assistance with completing menu cards and staff only asking from the entrance to the ward and if patients would like tea or coffee leading to some patients missing out on this.

There had also been issues identified around incontinence with reports of incontinence pads not being changed overnight and relatives being concerned that patients were on occasion left on bed pans for some time.

Recommendations regarding these issues had been made to BHRUT who had supplied an action plan in response. Healthwatch Barking & Dagenham had undertaken a further unannounced visit to the ward in the last week. Whilst some concerns remained, it was not appropriate to give details of the findings from the latest visit until the Trust had been given a chance to respond.



The BHRUT chief executive recognised that there were still some improvements to make on the ward and looked forward to receiving feedback from the latest unannounced visit.

Members welcomed the report, feeling that it gave a very valuable insight into the actual experiences of patients. It was confirmed that visitors were allowed to stay and assist at mealtimes. The issue of matching ward staff to the culture of patients had not been specifically considered in the report. A Member also suggested that there was a lack of choice on hospital menus for diabetic patients.

The Joint Committee **NOTED** the report and thanked Healthwatch Barking & Dagenham for its work in compiling it.

## 7 **BHRUT IMPROVEMENT PLAN**

The BHRUT chief executive explained that the Trust had been one of the first to receive a full inspection from the Care Quality Commission (CQC), in 2013. As a result of this inspection, the Trust had been placed in special measures in December 2013.

A reinspection had taken place in March 2015 and had found significant progress and some areas of outstanding practice. The chief executive accepted however that there also remained much to do. The overall Trust rating had improved one level to 'requires improvement'.

The Trust remained in special measures although the chief executive pointed out that it was unusual for a Trust to be removed from this status following a first reinspection. A further inspection by the CQC would take place within six months.

One third of the inspectors in the current inspection had also been involved in 2013 and a cultural change had been noted in the organisation which was now more patient centred. Areas of good practice included the radiotherapy centre at Queen's Hospital which was rated as one of the five best in the country, genito-urinary medicine and the oesophago-gastric department which had good outcomes. The elderly receiving unit at Queen's had been found to have improved care and there were also now better outcomes for stroke patients.

There were also however a number of areas where the CQC had found the Trust needed to do better. These included reducing the waiting time for outpatient appointments, and being more responsive around children's care in terms of theatre use and having a dedicated phlebotomy service. Out of

hours staffing in A & E was considered as too low and it was also a requirement that all shifts on wards be fully staffed.

Other issues reported by the CQC included too long waits for scans and results in the radiology service and a need to improve learning from mistakes, incidents and complaints. The responsiveness of the Trust had received the lowest rating of 'inadequate'.

Queen's Hospital had also received an inadequate rating for responsiveness but had been classed as good for care provided. The CQC felt that the A & E service had improved but there remained concerns about staffing levels out of hours. King George had received two inadequate ratings for outpatients and diagnostics/radiology.

The CQC had made 30 must do recommendations that had been split under the headings safe, effective, responsive and well led. The Trust was pleased that no recommendations had been made under the 'caring' heading. The Trust chief executive emphasised that the focus over the next six months would be on improving what the CQC had classed as priority areas. A new Improvement Director had recently started at the Trust.

The Trust would share details of the increasing number of diagnostic scans and tests requested. The issue of which areas had too much demand for diagnostics had been investigated and the Trust was also looking to recruit more consultant radiologists and radiographers. The new breast cancer centre at King George would allow the faster turnaround of scans and results.

A Member raised the issue of ward staff having to leave the ward in order to take patients for radiotherapy. The Trust chief executive responded that the Care Quality Commission had been more concerned about the wait between a patient's referral and their tests being carried out. He agreed however that staff should not have to escort patients to their tests. From 1 September protected mealtimes would be reintroduced on both hospital sites and this would mean staff not leaving wards at mealtimes.

Latest figures indicated the Trust had met the 95% target for treating A & E patients within four hours throughout the month of July thus far. The Trust wished for senior doctors to be available to assess patient seven days per week (16 hours per day) and this would require an additional ten consultants in each A & E. There were however currently only nine A & E consultants across both sites as well as a shortage of A & E consultants nationally. The Trust was likely to secure two additional A & E consultants shortly. Under Trust plans to replace the A & E at King George with an Urgent Care Centre, all A & E consultants would eventually move to Queen's.

It was clarified that the Trust target for meeting the 'four hour rule' had been reduced to 87% in March 2015 as a result of the special measures. This had

been increased to 91% and then reverted to the 95% standard by June. The Trust had met each of these targets.

The representative of Healthwatch Havering congratulated the Trust on its good rating for end of life care and felt this was reassuring given the high numbers of elderly people in the area.

The Trust improvement plan was currently being developed and could be brought to scrutiny from September. The Trust had also competed recently with 60 other Trusts to win mentoring support from the Virginia Mason Institute in Seattle, USA which had a reputation for improving patient safety and learning from incidents etc. The Trust chief executive felt this would be good for patients and also attract staff to the organisation.

The CQC had found a gap between phlebotomy services for children and adults and the Trust chief executive accepted that staff should have been more responsive to patients' needs in these areas,

The Committee **NOTED** the update.

## 8 COMMITTEE'S TERMS OF REFERENCE

The Joint Committee **NOTED** the Committee's terms of reference and the Clerk to the Committee would arrange for the amendment of clause 4 to reflect the fact that Essex County Council's nomination to the Joint Committee was made by its full Council.

A discussion covered where the power to refer matters to the Secretary of State sat within each constituent Council and the current position was as follows:

Barking & Dagenham – With the borough Health Overview and Scrutiny Committee

Havering – With full Council

Redbridge – With the borough Health Scrutiny Committee, as delegated by full Council.

Waltham Forest – With full Council

Essex – With the county Health Overview and Scrutiny Committee (subject to confirmation).

It was **AGREED** that officers would check with borough and county legal officers where it was felt this power should best sit. Additionally, the Clerk to

the Committee would seek to establish the position with boroughs involved in neighbouring joint health overview and scrutiny committees.

It was **AGREED** that the Clerk to the Committee would seek to contact Healthwatch Essex to invite them to send an observer to meetings of the Joint Committee and to be added to the relevant mailing lists.

9 **URGENT BUSINESS**

There was no urgent business raised.

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**Chairman**



## Joint Health Overview and Scrutiny Committee

20 October 2014

**Subject Heading:**

Update on the Transforming Services Together programme

**Report Author and contact details:**

Claire Lynch  
Communications Manager, Transforming Services Together programme  
[claire.lynch@nelcsu.nhs.uk](mailto:claire.lynch@nelcsu.nhs.uk)

**Policy context:**

Transforming Services Together aims to create safe, sustainable and high-quality health and care services to residents in east London

**Financial summary:**

Investment case will follow

## 1. Summary

The last presentation to the ONEL Health Scrutiny Committee related to this programme was on 22 July 2014. At this meeting, Neil Kennett-Brown provided an update on the Transforming Services, Changing Lives (TSCL) programme and shared the interim Case for Change document.

Engagement on the interim Case for Change took place during July to September 2014. An engagement report was produced, and the feedback received was used to develop a final Case for Change document. This was published in December 2014. The Case for Change document detailed a range of ambitions across the six clinical areas<sup>1</sup>, but it did not set out any specific service changes.

The purpose of this report is to provide members with an:

- Update on activity and progress since the last meeting
- Introduction to and update on the Transforming Services Together programme

Members are asked to note that the Transforming Services Together programme is commissioned by Newham, Tower Hamlets and Waltham Forest CCGs, working in partnership with Barts Health NHS Trust. The reason for reporting to this committee is because some residents in the outer north east London boroughs use Barts Health services (in particular at Whipps Cross University Hospital.)

## 2. Recommendations

Members are asked to consider and comment on the information contained in this report.

## 3. Report detail

### 3.1 The Case for Change

#### *What did the Case for Change say?*

- Our population is growing and the local NHS needs to respond to increased demand, for example in maternity and children's services
- We need better care for the increasing number of people with long term conditions
- We and our partners need to work together more closely to strengthen our prevention approaches, supporting people to live healthier lives and improving physical and mental wellbeing
- The local NHS needs to invest time and effort in tackling inefficiencies. Estates, IT systems and care pathways sometimes do not work for the greatest benefit of patients or staff
- We need to fix our urgent care system, ensuring patients are seen in the right care setting for their needs
- We need a transformed workforce for 21<sup>st</sup> century care – with different skills and roles, working in different settings
- Changes will need to be made to local services if they are to be safe and sustainable. More services need to be provided in the community, closer to home

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<sup>1</sup> Children and Young People; Maternity and Newborn Care; Unplanned Care; Planned Care: Long-Term Conditions; Planned Care: Elective Surgery; Clinical Support Services

- The local NHS and its partners will need to work together to secure high quality and financially sustainable services in east London

### ***Engagement on Case for Change***

We tested our ideas and analysed feedback from 90 meetings, events and focus groups, involving around 2,800 people. 64 questionnaires were completed, and we had over 1,300 visitors to the website

### ***Engagement on Case for Change – outer north east London (ONEL) boroughs***

Meetings involving ONEL, July – September 2014:

- Outer North East London Joint Overview and Scrutiny Committee
- Redbridge Health and Wellbeing Board
- London Borough of Redbridge Adult Social Care Board
- Redbridge CCG Patient Engagement Forum
- Redbridge CCG Practice Learning event (GPs and practice nurses)
- Barking, Havering and Redbridge CCG Joint Executive Team
- Barking and Dagenham CCG Patient Engagement Forum
- Barking and Havering Local Medical Committee
- Barking and Dagenham Health and Wellbeing board
- NHS England NE London strategic plan review meeting
- Barking, Havering and Redbridge CCG Joint Executive Team
- Barking and Dagenham Health and Adult Services Select Committee
- NELFT senior management and clinical leads
- NELFT heads of clinical services and managers
- Pharmacy focus group (attendance by representatives from North East London Local Pharmaceutical Committee)
- Mental health focus group (attendance by representatives from North East London NHS Foundation Trust)

Involvement of ONEL representatives on:

- TSCL board / programme executive:
  - Conor Burke (BHR Chief Accountable Officer)
  - Louise Mitchell (Redbridge CCG Chief Operating Officer)
- TSCL clinical working groups:
  - Dr Parvathy Nair, Redbridge CCG (Children and young people)
  - Dr Sarah Heyes, Redbridge CCG (Maternity and Newborn Care)
- TSCL patient and public reference group
  - Mike New (Healthwatch Redbridge)
  - Lorraine Silver (Redbridge CCG patient representative)
- Healthwatch Redbridge helped to organise event at Whipps Cross Hospital
  - Around 100 patients and members of public attended

Links:

Engagement report:

[http://www.transformingservices.org.uk/downloads/reports/TSCL\\_Engagement\\_report\\_v1.0.pdf](http://www.transformingservices.org.uk/downloads/reports/TSCL_Engagement_report_v1.0.pdf)

Final Case for Change document

<http://www.transformingservices.org.uk/downloads/caseforchange/TSCL%20case%20for%20change%20FINAL%20web.pdf>

## 3.2. Transforming Services Together

### **Introduction**

The TSCL programme mentioned above focussed on hospital services. Transforming Services Together was established in September 2014 to deliver the five-year strategic plan for Newham, Tower Hamlets and Waltham Forest CCGs. It is much broader than TSCL and covers most aspects of the NHS in east London. It seeks to create high-quality, safe and sustainable health and care services.

The ambitions outlined in the TSCL Case for Change are being taken forward through the Transforming Services Together (TST) programme, which proposes whole-system change.

### **Context**

See 3.1. 'The Case for Change.' In addition:

- Barts Health NHS Trust was placed in special measures in March 2015, following the publication of a Care Quality Commission (CQC) report into Whipps Cross University Hospital, which rated the hospital as inadequate. Improvement work was already in progress at Whipps Cross at the time of the inspection, and since then further actions have been taken to strengthen the delivery of safe, effective and compassionate care for patients. Later inspections at The Royal London and Newham University hospitals resulted in an inadequate rating for both. Barts Health NHS Trust is now developing a Quality Improvement Plan. Whilst all three reports highlighted where improvements needed to be made, they also outlined areas of good practice.
- We have major capacity challenges across the system we need to address. Bed occupancy at Barts is already at capacity, with regular breaches of statutory wait list times. If we do nothing we will need 700 more beds in 10 years.

Rather than addressing the challenges detailed above as individual organisations, we need whole-system transformational change

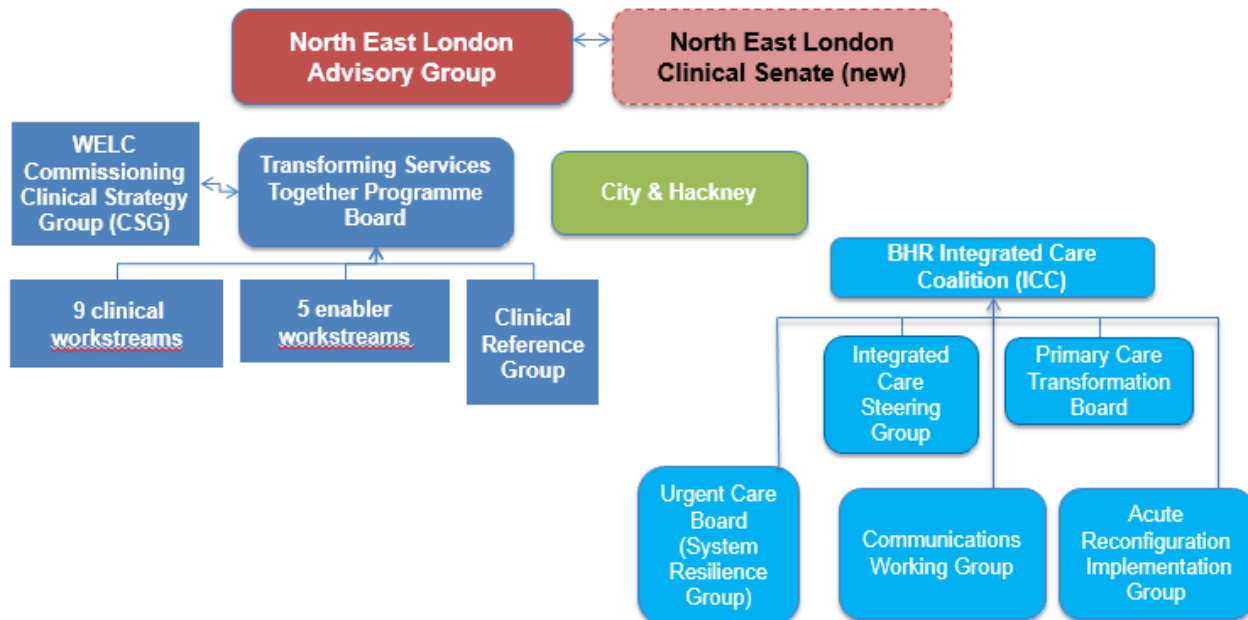
### **Workstreams**

The TST programme has 15 workstreams: ten clinical and five enabler (which support all the clinical workstreams):

<b>Clinical workstreams</b>	<b>Enabler workstreams</b>
<ul style="list-style-type: none"><li>• Clinical support services</li><li>• Children and young people</li><li>• End of life care</li><li>• Integrated care</li><li>• Maternity and newborn</li><li>• Mental health</li><li>• Pathway redesign</li><li>• Primary care</li><li>• Urgent and emergency care coordination</li><li>• Surgery</li></ul>	<ul style="list-style-type: none"><li>• Population health informatics</li><li>• Workforce</li><li>• Organisational development/clinical leadership</li><li>• Estates</li><li>• Long-term financial management</li></ul>

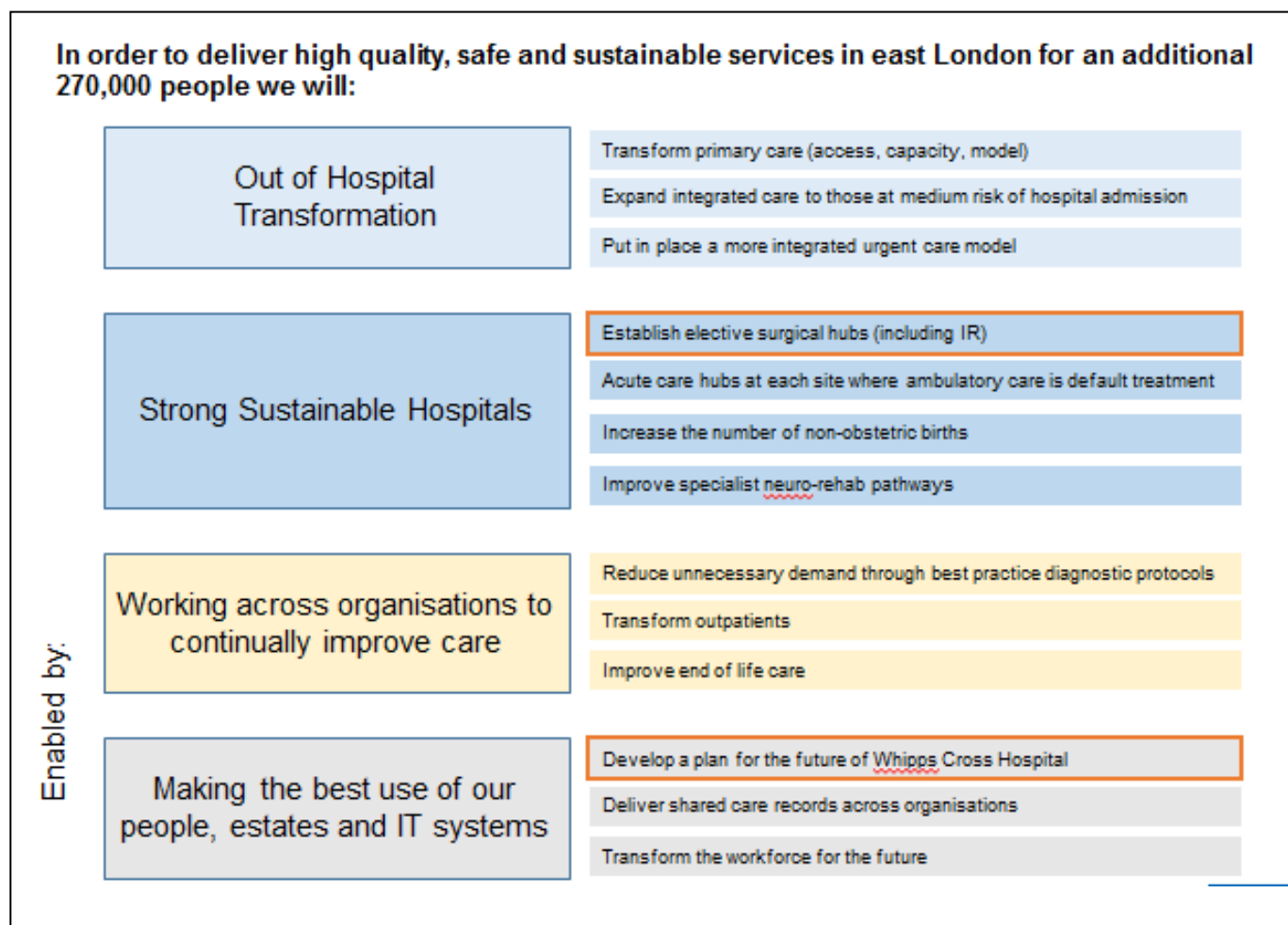



## Governance arrangements across north east London:



## What kinds of changes does TST propose?

The changes described below relate mostly to the commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) and their main acute provider Barts Health NHS Trust. However this is whole system change – a range of other health and care organisations are involved as appropriate (see below, page 7.)



 Formal consultation potential

## Progress to date - general

- Each workstream has drafted a strategy which sets out potential new model(s) of care and what the changes could achieve in relation to quality, sustainability, workforce and estates
  - With a focus on health and care services in Newham, Tower Hamlets, Waltham Forest CCG areas and at Barts Health NHS Trust.
- Project managers have developed these strategies in conjunction with clinical leads, and with input from managerial, finance, activity and modelling leads. A clinical reference group (CRG) has overseen the development of these strategies.
- An overall draft strategy was written in July, which summarised each of the workstream strategies. Early timescales indicated that this draft strategy would be ready for sharing with patients, the public and stakeholders over summer 2015. However, more detailed work needs to be done in relation to workforce, finance

and estates and clinical engagement before the strategy is ready to share more widely. We do not want to raise expectation in terms of what can be delivered. We expect to be able to share the draft strategy later this year.

- Prioritisation exercise has taken place to determine what will fall under the scope of Transforming Services Together, and what will be taken forward by e.g. Barts Health Improvement Plan, existing service improvements, existing QIPP schemes etc.
- Whilst there is some more work to do to develop the longer-term vision, there are some things can (and should) be done now:
  - An example is ambulatory care. Ambulatory care models are for people who require care or assessment by specialist medics, but where admission to a hospital bed isn't necessary or can be prevented through swift intervention and specially arranged follow-up. People can be treated in an ambulatory care setting having gone to the A&E, or by being directly referred by their GP. Whipps Cross Hospital is continuing to develop its ambulatory care service and have plans to extend it to a seven day a week service, which will help the hospital and system in general to cope with some of the increased pressures that the winter inevitably brings.

### ***Progress to date – Whipps Cross Hospital (WXH)***

We are starting to think about developing a strategy for the future of the WXH site:

- WXH is a very old site with c70% of it over 40 years old; almost half pre-dates the NHS
- Historic lack of funding for maintenance has resulted in back-log of c.£80m that must be spent
- CQC identified a number of significant issues, many associated with the estate that require immediate attention
- The layout of the site does not support delivery of efficient 21<sup>st</sup> century patient care
- Local campaign groups are vocal and demand action
- Previous redevelopments have been attempted but failed, which has hit staff morale
- The Trust has only a limited ability to meet the short-term capital requirements and to progress the work to develop a robust strategy for the future
- There is recognition amongst partner organisations, clinicians and officers / managers that the situation needs to change and that the site requires a robust strategy to define its future direction

Barts Health, Waltham Forest CCG, London Borough of Waltham Forest and NELFT have begun discussions to understand:

- The level of effort that will be required to complete a Strategic Outline Case (SOC), subsequent business case phases and the potential total cost of construction
- The approach and plan to deliver the first phase
- The resources and programme structure
- The intended governance to oversee the programme
- Funding for the SOC phase is being identified, and aided by success (at the first stage) of an application to the 'One Public Estate' programme
  - Work to recruit the Programme Director post has begun
  - A joint comms plan and approach is in development, together with a Case for Change and other programme initiation documentation

## ***Involvement and engagement***

More than 350 people have been involved so far, including clinicians, nurses, social care and public health staff. More specifically:

### ***Organisations involved***

The three commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) are working in partnership with their main acute provider, Barts Health NHS Trust. Also involved are:

- Neighbouring CCGs - in particular, City and Hackney and Redbridge
- Homerton University Hospital NHS Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- NEL Commissioning Support Unit
- Local authorities and public health teams

### ***Clinical involvement***

Clinicians have been involved in the clinical workstreams from the outset. Specific to the ONEL audience, members of the TST team have held a series of meetings with clinicians at Whipps Cross Hospital, and with officers and members of Waltham Forest Council. This is to ensure the challenges around improving the Whipps Cross Hospital site are understood, and to enable us to work together to find the best and most sustainable solution for the patients who use services at Whipps Cross Hospital.

### ***ONEL involvement***

Conor Burke (BHR Chief Accountable Officer) is the Redbridge representative on the TST board.

Neil Kennett-Brown has briefed members of the senior team at West Essex CCG, and recently presented at their away day.

Other ONEL involvement is mostly related to Redbridge and is detailed below:

- Redbridge CCG representatives in TST workstreams:
  - *Integrated Care:* Louise Mitchell (Redbridge CCG Chief Officer); Christina De-Heer (London Borough of Redbridge, Social Work Service); Simon Froud (London Borough of Redbridge, Chief Officer Adult Social Care)
  - *Maternity and newborn care:* The TST programme works in partnership with the NEL maternity network, but the following are part of the workstream. Sarah Heyes (Redbridge CCG, Clinical Director); Wendy Matthews (BHRUT, Interim Chief Nurse)
  - *Urgent and emergency care:* The urgent and emergency care proposals have been shared with Redbridge CCG representatives.
- London Borough of Redbridge attendance at TST quarterly meetings with officers and members:
  - Vicky Hobart / Gladys Xavier (Director/Deputy Director of Public Health)
  - Cllr Stuart Bellwood (Vice-Chair of Health Scrutiny Committee)
  - Mark Santos (Cabinet Member for Health and Social Care)

- Redbridge CCG and Council will be invited to join the proposed Whipps Cross Development Group and communications sub-group.
- TST patient and public reference group (see below):
  - Mike New (Healthwatch Redbridge)
  - Lorraine Silver (Redbridge CCG patient representative)
- In addition
  - TST reports monthly to the Commissioning Strategy Group for WELC, which Sarah Hayes (clinical director) attends for Redbridge. This has a sub-committee, Joint Management Team, which Conor Burke attends every few months and ensures join up (from BHR and WEL)
  - There is also the Monthly Collaborative Commissioning Committee which is a Barts Health focused meeting, including all associate commissioners (i.e. including Redbridge CCG).

### ***Patient and public involvement***

Building on the engagement undertaken for TSCL described above in section 1, for TST:

- Patient and public reference group (PPRG) established April 2015
  - Representatives invited from across north east London and west Essex, from CCGs, providers and Healthwatch
  - Six meetings held. Strategies for maternity, IT, surgery, children & young people and urgent care shared and discussed
- Patient engagement in some workstreams:
  - Children and young people: 4 young people with type 1 diabetes appointed in Newham to joint-commission diabetes services.
  - Integrated care: patients involved in series of workshops
  - IT: patients invited to workshops in May and June on consent and information sharing
  - Maternity and newborn: service users invited to all workshops. Workshop for new mothers and pregnant women held in June
  - Surgery: patients invited to February workshop
  - Urgent care: focus groups held in Newham and Tower Hamlets. Event held in Waltham Forest for voluntary and community organisations.

### ***Timeline and next steps***

The current timeline is:

**October:** continued clinical engagement on the workstream strategies, and more detailed work in relation to finance, estates and workforce

**End November:** produce final draft strategy and first draft of an investment strategy

**From December:** engage with patients and public on draft strategy, finalise investment strategy

**From early 2016:** implementation and public consultation where appropriate.

## **4. Implications and risks**

### **4.1. Financial implications and risks:**

There are serious financial challenges facing both providers and commissioners in east London, which will need to be addressed collectively. This is part of the reason the Transforming Services Together programme was established. We are also working with local authority colleagues in social services to consider the impact on council services.

An investment case is being developed currently, which will outline the investment needed and potential savings

### **4.2. Legal implications and risks:**

N/A

### **4.3. Human Resources implications and risks:**

Some of the proposals emerging from the Transforming Services Together programme involve new roles and people working differently. We are also working with local authority colleagues to consider health and social care roles and how these might be structured differently. This will be subject to staff consultation where appropriate.

### **4.4. Equalities implications and risks:**

Reducing health inequalities is a key theme of the Transforming Services Together programme. Any future service changes arising from the programme will be subject to Equality Impact Assessments

**Ends**



# Safe and Compassionate Our Improvement Plan



## Contents

<b>Foreword: safe and compassionate</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
Our Improvement Plan	5
<b>Section one: safe and effective care</b>	<b>8</b>
Why this is important	8
The CQC found that	9
Our assessment of the key issues	11
Our improvement objectives	12
Our priority actions that will deliver the biggest impact are	14
<b>Section two: workforce</b>	<b>18</b>
Why this is important	18
The CQC found that	18
Our assessment of the key issues	19
Our improvement objectives	19
Our priority actions that will deliver the biggest impact are	20
We will know we have been successful when	21
<b>Section 3: outpatients and medical records</b>	<b>24</b>
Why this is important	24
The CQC found that	25
Our assessment of the key issues	25
Our improvement objectives	26
Our priority actions that will deliver the biggest impact are	26
<b>Section four: emergency pathway and patient flow</b>	<b>30</b>
Why this is important	30
Our approach to improving patient flow is to	31
The CQC found that	31
Our assessment of the key issues	32
Our improvement objectives	34
Our priority actions that will deliver the biggest impact are	35
We will know we have been successful when	37
<b>Section five: compassionate care and patient experience</b>	<b>40</b>
Why this is important	40
Our assessment of the key issues	41
Our improvement objectives	41





Our priority actions that will deliver the biggest impact are .....	42
We will know we have been successful when .....	43
<b>Section six: end of life care .....</b>	<b>46</b>
Why this is important.....	46
The CQC found that.....	47
Our assessment of the key issues.....	47
Our improvement objectives.....	48
Our priority actions that will deliver the biggest impact are .....	49
We will know we have been successful when .....	49
<b>Section seven: leadership and organisational development.....</b>	<b>52</b>
Why this is important.....	52
The CQC found that.....	52
Our assessment of the key issues.....	53
Our improvement objectives.....	53
Our priority actions that will deliver the biggest impact are .....	54
We will know we have been successful when .....	55
<b>Section eight: site summaries .....</b>	<b>58</b>
The Royal London Hospital .....	59
Key actions to date and next steps.....	59
Whipps Cross Hospital.....	61
Key actions to date and next steps.....	62
Newham University Hospital .....	63
Key actions to date and next steps.....	63
St Bartholomew's Hospital .....	65
<b>Section nine: enablers .....</b>	<b>68</b>
Building sustainable services .....	68
Linking with our stakeholders and local community .....	69
Governance and reporting.....	70
<b>Appendices .....</b>	<b>76</b>
Appendix 1: CQC ratings .....	76
Appendix 2: CQC enforcement notices and compliance actions .....	78
<b>Further information .....</b>	<b>79</b>



## Foreword: safe and compassionate

2.5 million people in east London and beyond rely on the services we provide at Barts Health and to support this we have 15,000 committed and dedicated staff who aim to do the very best they can for our patients, every single day.

Everyone working at Barts Health has a common goal: to make sure the care we provide is as good as it can be. We want patients to have access to high quality care when they need it; we want our staff to feel valued and supported at all times and we want our local community and partner organisations to be confident in Barts Health as a provider of excellent care and an employer of choice.

Our staff are rightly proud of the many things we do well, but are also keen to make sure that we make the necessary improvements to provide excellent care across all of our services.

We are sorry that we are letting our patients down too many times as highlighted in the recent [Care Quality Commission \(CQC\) reports](#) of care provided at Whipps Cross, Newham and The Royal London hospitals following their inspections last November and January. The CQC did not inspect Barts and Mile End hospitals on this occasion.

We have reflected on the challenges facing the Trust and what we need to do to address these and bring about improvements in patient and staff experience. We acknowledge that we must do much more to recruit and retain our staff and to value and support them as they strive to deliver excellent patient care. We know that this will drive improvement in the quality of our services.

This plan signals our commitment to safe and compassionate care across our Trust. We will take forward an ambitious programme of improvement, working together and with our patients and partners.

This plan will guide all that we do as we refresh our ambition to deliver safe, high quality care and set our goals year on year. We will invest in engagement with our front line, corporate and support staff and clinical teams so that they can lead the improvements needed for our patients and we will ensure that they are supported with the necessary information, development and governance processes to achieve our shared goals.

We are determined to achieve the goals set out in this Improvement Plan, but we recognise that we are at the start of our journey and know we can't do it alone. We are already receiving welcome support under the 'special measures' regime to help us to make these improvements. We also value the support of our stakeholders, our partner organisations and, critically, our staff, as we work together to deliver the necessary change.

This is a critical time for Barts Health. By working together now we can deliver lasting improvements that will benefit staff, patients and communities for years to come.



# Introduction

## Our Improvement Plan

The Barts Health Quality Improvement Plan is not just a response to the Care Quality Commission's (CQC) Inspection report of May 2015; it also includes the actions that staff feel are necessary to provide the communities we serve with safe, effective, compassionate and high quality care. It will involve profound and fundamental improvements to services, structures and systems to ensure we deliver the immediate changes required and position the organisation to be able to respond to the demands of the future.

The purpose of this document is to outline the changes that will be made to improve our services and the care our patients receive. It will be delivered through six areas for major change together with supporting workstreams.

The CQC findings outlined a number of improvements that we must make and a number of these need to be addressed at a hospital site level – however there are broader areas that will require organisational change. We have already addressed a number of urgent issues the CQC found and we will take forward an ambitious and concerted approach to leadership and organisational development to drive improvement in the delivery of sustainable safe and compassionate care to our patients. Our front line clinical teams will be empowered and supported to make the changes needed. The patient voice will be heard throughout the organisation. Our systems of governance will enhance our safety culture.

Our commitment to providing safe and compassionate care will steer our improvement journey and signal our commitment to a future in which Barts Health delivers consistent high quality patient care at all times.

We will:

- Build our strategy on responding to the changing needs of our population and providing advanced specialist care to the population of east London and beyond.
- Have safety at the heart of what we do by strengthening our response to risk, reducing harm and building reliable systems.
- Support and develop our staff to help them to lead changes locally and to know that concerns are addressed across the Trust.
- Involve patients in the design and delivery of services and respond to concerns to ensure they are confident in their care.
- Use robust and transparent systems and metrics to measure performance and to modify actions when required.

### Reading this document

The document is split into the sections (or workstreams) that together will help us in striving for consistently safe and compassionate care.

Each section outlines why it is an important area for us to address, what the CQC found in relation to it, what we plan to do and how we will know we have been successful.

Working with our staff and stakeholders is critical to the delivery of this plan. With this in mind we will continue to develop our approach with them throughout our improvement journey. This will include the development of an engagement strategy that will ensure staff and stakeholders are at the heart of everything we do.





We accept the CQC's findings from the inspections and are determined to address them. Alongside the CQC findings, we have also listened to feedback received from our patients, staff and others and we will use this as a platform for change and improvement. We will continue to listen to our patients, their carers, our partners and our staff whose full participation is needed to make these improvements happen and become embedded.

For example, this plan will take into account key recommendations of the Health Education England (HEE) inspections that took place in early 15/16. We will continue to work with HEE as they finalise their reports in order to ensure that we act on any feedback that will enable us to make improvements for patients, staff and students.

Barts Health has highly skilled, committed staff and those skills and that commitment, properly supported, will ensure we deliver the necessary change and improvement to deliver the excellent services that our community deserves.

We serve a population of over 2.5 million people who rely on our services to be safe and compassionate at all times. We are committed to providing those services to the standards they rightly expect.



*Safe and Compassionate Improvement Plan*

**Section 1**  
Safe and effective care



## Section one: safe and effective care

### Why this is important

The fundamental standards of care are standards that everybody has a right to expect. Relevant to this workstream on safety, the law<sup>1</sup> says:

- Patients must not be given unsafe care or treatment or be put at risk of harm that could be avoided.
- Patients must be protected from abuse and improper treatment. This includes neglect, degrading treatment, unnecessary or disproportionate restraint and inappropriate limits on freedom.
- All premises and equipment used must be clean, secure, suitable, maintained and used properly.
- Complaints must be responded to, investigated thoroughly and action taken in response if problems are identified.
- That we must be open and transparent with patients about their care and treatment

<sup>1</sup>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment

Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Duty of Candour





(the duty of candour). Should something go wrong, we must tell the patient what has happened, provide support and apologise.

- That the risks to patient health and safety are assessed during any care or treatment and that staff have the qualifications, competence, skills and experience to keep patients safe.
- That effective governance and systems are in place to check on the quality and standard of care. These must help the service improve and reduce any risks to patient health, safety and welfare.

Being in hospital can be a frightening experience for patients and their families; healthcare by its very nature has inherent risks. We will minimise risks to patients and staff, provide a safe environment and prevent avoidable harm by fostering a culture whose guiding principle is safety and quality, and that is open, honest, and transparent and learns from incidents and mistakes to create a safer system.

When things do go wrong, we have a duty of candour. We want our patients to feel safe and confident whilst they are in our care and we want staff to feel proud of the care they are providing.

## The CQC found that

### Learning from complaints and incidents

- In some areas, complaints were not responded to in a timely manner and there was no evidence of learning and sharing from a complaint, which would help other areas improve their practices.
- There was a lack of safety focus across the organisation and there was no clear vision for some departments. Monitoring arrangements were not always effective and didn't promote improvements from shared learning, and there was limited learning from incidents. Actions when taken were not always timely.
- Staff did not have the time to report incidents, were not encouraged to report incidents and were not aware of any improvements as a result of learning from these incidents. They had rarely received feedback from the incidents they reported to senior staff.
- There was limited assurance that the duty of candour was observed in all cases.
- The CQC found inconsistencies in incident reporting and staff would not escalate issues of inappropriate staff skills mix or staff shortages, due to fears of repercussions from senior staff.
- Between November 2013 and January 2015 there were nine never events, of which eight were for wrong-site surgery, and the WHO Surgical Safety Checklist was not embedded and not sufficiently audited.
- The Trust had exceeded its trajectory for *Clostridium difficile* cases and there had been 10 cases of MRSA bacteraemia in 10 months.

### Early warning and identification systems

- The application of early warning systems to assist staff in the early recognition of a deteriorating patient was varied. It was embedded within surgery, while in A&E and medical care areas, its use was inconsistent. The National Early Warnings System (NEWS) had not yet been implemented consistently.



- National guidance for the care and treatment of critically ill patients was not always followed.
- The Trust was not using best practice and structured paperwork to support the reduction in patient harm from falls.

### **Safeguarding**

- Suitable robust arrangements were not in place to ensure that patients were safeguarded against the risk of abuse at all times. This relates to training of staff, reporting and escalation of concerns and learning from incidents that occurred.

### **Medication**

- Medicines management required improvement in some areas including, but not limited to the storage and administration of medicines. There was an inconsistent use of opioids across wards and concerns expressed about the management of controlled drugs. Some of these concerns had not been fully addressed following the previous inspection of Newham University Hospital.

### **Environment and equipment**

- Theatre ventilation was not adequately monitored or maintained.
- Improvements are needed to ensure that equipment is appropriately maintained and available for use. This relates to a lack of low-rise beds on medical wards, bedside oxygen on one ward, oxygen flow meters and suction on the surgical wards, equipment in maternity, ensuring resuscitation equipment is fit for use and the lack of a spare ventilator trolley in ITU.

### **Quality, safety, effectiveness and governance**

- The application of clinical governance was varied, with some services lacking any formal, robust oversight.
- Risk registers were poorly applied in some clinical areas, which led to some risks not being recorded and/or escalated.
- Handovers between medical staff were unstructured and did not ensure relevant staff were aware of specific patient information or the wider running of the hospital.
- There was not sufficient information documented in patient records to ensure safe quality care.
- Daily consultant led care was not embedded.
- Safety huddles were not consistent across all of the wards.

### **Training**

- There were low levels of compliance with mandatory training. It was not always evident that learning from the training was embedded.
- The CQC were told that actions had been taken to raise staff awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed mental capacity was recorded and families were involved, however the CQC found most staff they spoke with lacked an understanding of the MCA and DoLS.





## Effective care and national guidelines

- The use of national clinical guidelines was not evident throughout the majority of services.
- Patient outcomes in national audits were similar to or below the performance of other hospitals.

## Our assessment of the key issues

### Strategy and vision

- We need to review our strategy to ensure that quality and especially patient safety are key priorities that are understood by all of our staff and our patients.
- There needs to be site based quality, safety and governance teams to support the clinical teams to foster and embed a culture of safety and continuous improvement.
- There is a requirement to further embed safety into our culture.
- We have not stated clearly enough our commitment to zero harm and indicated the pace with which we will get there.



### Mobilising and supporting our staff

- There is little support or opportunity for many of our staff in developing their capability and capacity in quality improvement.
- Poor staffing levels and a reliance on temporary staffing have reduced our ability to engage with and mobilise our staff.
- A culture of bullying and harassment has prevented some staff reporting incidents and engaging with quality improvement.
- Although our quality improvement activities, staff and resources have produced areas of good results, we have not built a coherent quality improvement system based on a core methodology or framework.
- 'Stepping into the Future' has demonstrated some ways in which we can engage with and mobilise our workforce.

### Effective governance

- Although there are some areas of excellent practice, and emerging ways of working (such as ward conversations), for many teams there is little dedicated or coordinated time for sharing and learning from audits and safety incidents.
- Although there are safeguarding processes in place across the organisation. There are risks of reduced escalation and reporting especially where understanding of



the MCA and DoLS is not fully embedded.

- There is not a consistent feedback loop to staff to learn from the incidents and complaints reported and this needs to be addressed so there is visibility at department level to Board level. There is a large backlog of incidents that have not been closed, although progress has been made on completing the root cause analysis of serious incidents in a timely way.

### **Patient and public engagement**

- Although we seek feedback from our individual patients, and we aggregate that information, we are yet to exploit the full benefits of getting real time feedback on quality and safety.
- We need to engage more with our patients and their representatives on shaping our clinical and quality strategies and in supporting our improvement at Trust and service level.

## **Our improvement objectives**

### **Strategy and vision**

- We will develop a safety strategy for the Trust and engage staff in its delivery through the safety campaign 'Sign up to Safety'.
- The safety strategy will embed principles of safety and quality improvement across the organisation and build an anticipation and prevention of safety issues across services. We will ensure that the strategy is as relevant to the wards and other clinical areas as it is to the Board and that it engages our patients.
- Our aspirations to build a safety culture are central to preventing and learning from harm and improving the reliability of our clinical interventions. We will have a clear framework for measuring and monitoring safety.
- The methods of delivering change will be through engaging staff at scale and undertaking rapid cycles of change as described above. Embedding skills in safety is crucial and we will engage national experts whenever necessary to support us.

### **Mobilising and supporting our staff**

- The Trust has commenced two programmes of work under the banner of 'Sign up to Safety', which will see us work with teams across the Trust to embed a programme of team transformation.
- To increase the number of staff who are compliant with mandatory training and ensure competency is assessed. Critically, we will increase the number of staff who have completed their safeguarding training. Our safeguarding procedures will improve and routine monitoring will take place.
- We will ensure all staff understand and know how to take the correct action regarding the Mental Capacity Act 2005 and DoLS (at least 95% compliance with mandatory training in the areas of safeguarding and the Mental Capacity Act 2005).



- We will reduce our reliance on temporary and agency staff, increase our permanent staff fill rates, and ensure leaders have time-to-lead.

### Effective governance

- We will develop a quality dashboard for each clinical area (to include operating theatres) for the whole clinical team. Building on ward accreditation, ward conversations and the #becausewecare campaign (our call to action to staff to reduce harm and encourage compassionate care), the dashboard will support safety-focused board and ward rounds. It will identify, track and respond to safety issues and form the basis for escalation (e.g. to the safety huddle, multidisciplinary audit, ward conversations, inspections, safety walkabouts and board visits). This will include for example:
  - Structure and equipment (e.g. oxygen, resuscitation)
  - Processes (such as handover, ward rounds, National Early Warnings System (NEWS), recording keeping, infection control procedures, identifying end-of-life care needs, do not actively resuscitate (DNAR) procedures, 'Sepsis Six')
  - training levels, understanding and competency (e.g. DoLS, MCA, safeguarding)
  - First level feedback and timely response and escalation of complaints and incidents)
  - Medicines management.

A similar process will be developed for our operating theatres with a focus on the prevention of never events, infection prevention and control and the proper governance of equipment, ventilation systems.

- We will have a specific maternity dashboard that works to the same principle.
- Our clinical audit programme will be reviewed to ensure that it supports the quality and safety strategy and that it comprehensively audits national standards defined by NICE. This will ensure we can demonstrate that we meet the standards and where we do not, there is timely action.
- We will ensure timely reporting of incidents, timely investigation and thorough learning throughout the Trust.
- We will ensure that at every level of the organisation risk registers are accurate, live and used actively and that risks are closed or managed, mitigated or escalated appropriately.
- We will ensure that we implement, embed, monitor and audit key safety and quality systems. We will collaborate to ensure that we have the best practice and where possible we will be prepared to lead such collaborations. We will do this for:



- End of life care
- Handovers between medical staff
- Services for the acutely unwell adults including the implementation of National Early Warnings System (NEWS) observation chart
- The care and treatment of critically ill patients, ensuring national guidance is always followed
- Medicines management.
- Public and patient engagement
- Our quality and safety campaign must act on the direct feedback of our patients.
- There will be a patient representative on the safety board.
- The results of audits, quality improvement projects and dashboard data will be available for patients and their families.

## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- Visible leadership with routine walkabouts with a specific safety focus.
- Ward accreditation safety dashboards.
- Site based safeguarding lead in place.
- Daily safety huddle with representatives from all clinical areas present.
- 'Stepping into the Future' programme operating at all sites to fast track improvements in flow and safety.

### Actions in progress

- Staff engagement with daily listening surgeries for staff to raise safety concerns and offer ideas and solutions for improvements.
- Renewed safeguarding focus offering staff the opportunity to raise issues at the safety huddle.
- Trust-wide review of equipment replacement programme by the Medical Device Group.
- The quality and safety committee structure will operate on each site with an overarching Trust-wide committee
- To have a quality and safety committee providing oversight of complaints, incidents, risks and effectiveness.
- To build capacity within teams we are introducing protected time to learn from incidents and to develop and implement quality improvements.

## We will know that we have been successful when

- All of our staff are confident that they can identify and report risks and take appropriate action without fear of repercussion.
- The Trust has an embedded system that demonstrates learning from incidents and we can demonstrate reduced avoidable harm.
- Safety is consistently measured and reported across the Trust and is monitored by the Trust board.





- We achieve at least 95% compliance with mandatory training in the areas of safeguarding and the Mental Capacity Act 2005.
- We comply 100% with Duty of Candour.
- The WHO Surgical Safety Checklist is fully implemented and we have no never events related to surgery.
- The National Early Warnings System (NEWS) is implemented consistently.
- There is 100% compliance with all national recommendations on medicines management.
- The Trust board regularly reviews a range of indicators, including HSMR and SHMI, to address any trends or concerns regarding the effectiveness of care.





# Section one summary – safe and effective care

## Current issues

- We need to embed safety at the heart of our culture
- Not all staff are confident in highlighting risks
- Inconsistent learning from incidents

## Therefore we are

- Making leadership visible
- Ensuring safety huddles happen daily
- Rolling out 'Stepping into the Future'
- Launching a safety campaign Trust-wide
- Focussing on mandatory training of our staff
- Developing a quality dashboard for each clinical area

## We will be successful when

- All of our staff are confident that they can identify and report risks and take appropriate action without fear of repercussion.
- The Trust has an embedded system that demonstrates learning from incidents and we can demonstrate reduced avoidable harm.
- Safety is consistently measured and reported across the Trust and is monitored by the Trust board.
- We achieve at least 95% compliance with mandatory training in the areas of safeguarding and the Mental Capacity Act 2005.
- We comply 100% with Duty of Candour.
- The WHO Surgical Safety Checklist is fully implemented and we have no never events related to surgery.
- The National Early Warnings System is implemented consistently.
- There is 100% compliance with all national recommendations on medicines management.
- The Trust board regularly reviews a range of indicators, including HSMR and SHMI, to address any trends or concerns regarding the effectiveness of care.

*Safe and Compassionate Improvement Plan*

## **Section 2** Workforce

## Section two: workforce

### Why this is important

The fundamental standards of care are standards that everybody has a right to expect. Relevant to this workstream on workforce, the law<sup>2</sup> says:

- There must be enough suitably qualified, competent and experienced staff to make sure that they can meet the fundamental standards.
- That staff must be given the support, training and supervision they need to help them do their job.
- That staff are only employed if they can provide care and treatment appropriate to their role.
- There are strong recruitment procedures in place and relevant checks are carried out on applicants' criminal records and work history.



In order to provide a high quality service to our patients at all times, we require the right number of staff with the right skills in each of our wards and departments. A stable, largely permanent workforce improves quality because people working in our hospitals understand our ways of working, build positive relationships with their colleagues and local communities and share a stake in our future success.

### The CQC found that

- Staffing was a key challenge across all services and the environment was not conducive to recruitment and retention and the sustainability of services.
- The re-organisation of nursing posts in 2013 had a significant impact on morale and has stretched staffing levels in many areas.
- There were not enough nursing and medical staff to ensure safe care was provided. Poor skill mix of staff and high patient numbers also had a negative impact on some care provision.
- There were a number of vacant managerial posts and interim staff in post making it difficult for staff to be well-led.
- Nursing staff that were previously supernumerary to the shift were no longer there to provide leadership and guidance. Some wards often relied on recently qualified, or agency staff.
- Due to the high volume of agency and locum staff, there were inconsistencies in the application of Trust processes and protocols that increased the risk to patients.
- The process for escalating staffing concerns was not always implemented effectively.

<sup>2</sup>Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed





## Our assessment of the key issues

The workforce challenges we face are driven by a number of issues:

- It is accepted that budgeted staffing establishment levels have not been right in every area.
- There is high use of bank and agency staff across all hospital sites, which has contributed to safety concerns.
- Induction practices for temporary staff have been variable and this has not supported them to do a good job.
- There is no overview of junior medical staffing to ensure flexibility and proactive planning at times when there are shortages or sickness. Examples of good practice exist within some services but overall there is not a coordinated system.
- There is escalation of staffing shortages at the recently introduced safety huddles, but more work needs to be done on how the site and Trust respond to this and ensure that staff are re-assigned to areas of most need.
- Too often, the reason our staff leave is because we are not delivering for them on the reasons they joined; development and progression.
- There is no consistent practice for moving staff to meet service, safety and training needs across sites within the Trust. There are further opportunities to systematically enable staff to gain a broader experience of clinical practice across the Trust.
- The number of vacant managerial posts has added to the difficulty in addressing issues and building strong, productive, relationships.
- Staff often do not feel they have a voice and can effect change.



## Our improvement objectives

### Strategy and vision

Achieving the right resourcing levels across our clinical and support services is essential to providing safe and effective care for our patients. The Trust will set the right establishments in each area and seek to permanently recruit to 95% between now and 2017 – filling over 1,500 vacancies.

- Induction for all staff will give them the confidence and knowledge to be effective quickly in their roles. The visibility of workforce information and access to better tools to plan resourcing needs will be strengthened across our sites.
- Staff most often join the Trust in order to develop and progress across our large and diverse organisation. The reason they join must become the reason they stay. The Trust will enable staff to access high quality development, migrate across services to build their skills and knowledge and prepare for and secure new opportunities.
- Our education offering will extend to enable staff to be skilled in improvement techniques, giving them the skills, license and opportunities to develop better services for patients.
- Our partnerships with staff representatives will develop further so they feel in a leading position within the Trust's improvements and able to effect change.



## Mobilising and supporting our staff

We will:

- Implement the 2015 Nursing Review – increasing the establishment by 532 WTE and ensure there are safe staffing levels with the appropriate skills mix to meet the needs of all patients.
- Embed the acuity and dependency tool across all clinical areas to facilitate a routine review of staffing levels to ensure they remain correct for patients' needs.
- Deploy more senior nursing, HR and medical leadership on all sites to enable enhanced escalation and mobilisation of resources.
- Effectively implement the Safer Staffing Policy and escalation actions around red flags; giving clarity for staff at all times on the escalation process.
- Improve the oversight and deployment of our workforce on both a strategic and real time basis through the deployment of Health Roster across nursing, medical and some allied healthcare professionals (AHP) staff groups.
- Improve the bank and agency induction, to ensure these staff can access Trust policies and are informed of the hospital practices in the areas they are required to work in. Introduce improved assurance systems for this important area.
- Take advantage of the new nursing establishment and provision for training and ensuring all staff can access training and have clear career pathways to follow.
- Fully utilise our excellent education academy and facilities – building a reputation as a teaching organisation for all disciplines and all levels of experience.
- Establish effective partnership working arrangements at all main sites, including staff representation on the improvement boards for RLH, WX, NUH and Barts Health as a whole.

## Effective governance

Workforce plans and associated recruitment commissioning plans will be maintained for each site, enabling a clear track on demand and supply for both permanent and temporary staffing for the year ahead.

- Meanwhile, a senior working group for nursing will lead a permanent nursing recruitment and retention strategy across the sites, securing the advantages of our scale and diversity for staff.
- Effective workforce partnership groups will be established at each site, providing a forum for progress to be assessed, staff representatives to feedback and advise and for improvements to be made to achieve our goals. These will be co-chaired by the managing director and the vice chair of the Staff Partnership Forum.
- The CEO and HR director will commit to develop effective relationships with the Trust-wide staff partnership forum.

## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- Planned increase in nursing establishment of 532 WTE agreed at Trust Board and recruitment underway.
- Daily safety huddles in place to coordinate our site workforce through a structure



that can reallocate staff to respond to immediate concerns and gaps.

- HR improvement lead on each hospital site to work with local teams to steer local workforce issues.

### **Actions in progress**

- Senior nursing and medical leadership on all sites to enable enhanced escalation and mobilisation of resources.
- Further work on our Safer Staffing Policy and specifically escalation actions around red flags.
- Embedding of an acuity and dependency tool across all clinical areas to improve the quality of care our patients receive and the allocation of staff to these areas.
- A review of ward and department establishments to ensure we meet national standards to ensure quality of care and correct allocation of staff to wards.
- Investment in increasing nursing establishments to support the supernumerary status of ward and clinical area leads.
- Refresh and implementation of the current Trust Recruitment and Retention Strategy.

### **Actions planned**

- Continued recruitment to vacant posts to reduce number of temporary, bank and agency clinical staff and improvement of the induction process to improve safety, consistency and quality of care.
- HR improvement lead to develop site systems to provide assurance on workforce performance indicators.
- Ensure we understand why staff leave the Trust so we can focus efforts on retention.
- Develop a recruitment strategy that ensures we are able to recruit from our local community and can attract the best staff.

### **We will know we have been successful when**

- We have the right skill mix and numbers of staff to meet the needs of our patients at all times.
- We have 91% of posts being filled permanently across all staff groups and an improved bank:agency ratio, towards 80:20.
- We are an employer of choice that offers long term career opportunities and development for all staff, so that we reduce the number of leavers to below 14%, moving towards our goal of 11%.
- As one of the biggest employers in east London, we are working with our partners to recruit more of our workforce from our local community.
- All temporary staff are supported to work within our hospitals, receiving induction and timely orientation.



## Section two summary – workforce

### Current issues

- Staffing is a key challenge across all services
- Too many agency and locum staff which has an impact on safety
- Wrong skill mix and high patient numbers
- Difficulties in retaining staff

### Therefore we are

- Increasing our permanent staff
- Using safety huddles to spot where workforce issues are a risk
- Offering better career development, training and support
- Developing relationships with staffside
- Improving our induction for new starters

### We will be successful when

- We have the right skill mix and numbers of staff to meet the needs of our patients at all times.
- We have 91% of posts being filled permanently across all staff groups and an improved Bank:Agency ratio, towards 80:20.
- We are an employer of choice that offers long term career opportunities and development for all staff, so that we reduce the number of leavers to below 14%, moving towards our goal of 11%.
- As one of the biggest employers in East London, we are working with our partners to recruit more of our workforce from our local community.
- All temporary staff are supported to work within our hospitals, receiving induction and timely orientation.

*Safe and Compassionate Improvement Plan*

**Section 3**  
Outpatients and medical records





## Section 3: outpatients and medical records

### Why this is important

The fundamental standards of care are standards that everybody has a right to expect. Relevant to this workstream on outpatient care and records, the law<sup>3</sup> says:

- That care or treatment is tailored to the patient, meeting their needs and preferences.
- That people are treated with dignity and respect at all times while receiving care and treatment. This includes having privacy, everybody being treated as equals and being given support to help patients remain independent and involved in the community.
- That records relating to the care and treatment of each patient are kept securely and are an accurate and complete record. The records need to be accessible to authorised staff in order that they may deliver, to people, care and treatment in a way that meets their needs and keeps them safe.

By ensuring effective management of our services, patients will have timely and accessible access to services that run on time with staff having access to patient medical records.

<sup>3</sup>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care

Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance



## The CQC found that

- The implementation of IT systems had impacted on patient safety and care at the Whipps Cross site in particular, but were not a major issue at The Royal London and Newham sites. The Trust recognised there had been issues and were attempting to resolve them, however, patients were struggling to get appointments and experienced delays in accessing care and treatment.
- Many patients complained that they were unable to get in touch with the hospital in relation to their appointment.
- Outpatients was not always safe, responsive or well led. The service required improvements to ensure it was caring. There were no effective systems for monitoring quality of the services and risks associated with its delivery. Whipps Cross Hospital was unable to assess and respond to patients' risk as the data collection was unsatisfactory and the system used for monitoring patients referral to treatment times and cancellations did not work effectively. The Trust was persistently failing to meet the national waiting time targets.
- Staff felt disempowered and that they were unable to take initiative in order to improve the Trust's performance. The CQC observed a lack of leadership that led to staff feeling demotivated. Many of the patients experienced delays in their treatment as a result of lack of planning when changes were introduced.
- There were problems with access to information as patients' medical records were not delivered in a timely manner to outpatient clinics on the Whipps Cross site.
- Although the CQC observed patients being treated with compassion, dignity and respect, patients did not always feel fully involved in decisions about their care and treatment.

## Our assessment of the key issues

### Outpatients

- The functioning of outpatients, specifically at Whipps Cross, has deteriorated since the implementation of Cerner Millennium. An action plan to reduce backlogs of appointments and completion of administration in clinics is underway.
- There are issues in the production of outpatient letters linked to Cerner Millennium across all sites. Patients are sent multiple letters causing confusion.
- The service has engaged insufficiently with both staff and patients and requires significant improvements in systems, processes, training and learning from issues raised by staff and patients alike.
- There is insufficient monitoring of the quality and effectiveness of the service provided in the outpatients department. Learning from incidents is not embedded and the security of medicines storage and information needs to be improved.
- Waits experienced by patients between arriving and being seen for their appointment are too long and this leads to overcrowding.

### Medical records

- There is a workstream in place to address the availability of medical records. Local medical records leadership has been strengthened which has meant greater focus and new ways of working are being trialed. Despite this, there are substantial issues remaining with a high number of temporary records and absence of



records at clinics and it is recognised that the improvement will take time.

- There are opportunities to make better use of the Cerner system to enhance up-to-date medical records management and ease the administrative burden on clinical staff.
- Case note tracking is insufficiently embedded, leading to failure to find records which are out of the library.
- There are a large number of duplicate records requiring merger of permanent and temporary duplicate records files.
- Many records are not returned to the library in a timely fashion, increasing the problem of records being missing when next required for a patient visit.

## Our improvement objectives

- Ensure patients have access to high quality outpatient care when they require it and have full access to virtual or other types of extended outpatient care.
- Ensure waiting times are reduced to deliver constitutional standards and improve experience and outcomes for patients.
- Review and improve the appointment booking system, putting an effective system in place where patients are booked into the right clinics and have the right information for their appointment.
- Ensure that patients have easy access to the hospital to check appointment enquiries through phone and email systems and that DNA (did not attend) rates for appointments are reduced to acceptable levels.
- Reduce waiting times in clinic with an aim that patients are seen within 30 minutes of their scheduled appointment time.
- Ensure there is sufficient provision of appropriately trained nursing staff on-site and visible managerial leadership and that systems and processes are universally applied and monitored.
- Ensure that permanent medical record files are available for at least 98% of patients attending outpatient appointments across the Trust and that the locations of all files are tracked.
- Ensure that medical records files are returned to a records library that is fit for purpose (Whipps Cross).
- Reduce the use of temporary records files and merge existing duplicates (Whipps Cross).

## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- Where issues are identified that affect the dispatch of our appointment letters to patients, all relevant outpatient appointment letters are resent to the patients.
- Many of the medical records library processes have been reviewed and redesigned (Whipps Cross).
- Completed a review of outpatients and medical records leadership.

### Actions in progress

- To redesign clinic templates to ensure that they have the correct level of detail to enable effective and efficient bookings.





- Work to improve call response times to patients' telephone calls.
- Audit of patient waiting times in clinics and subsequent feedback to specialties.
- Merging of all duplicate patient medical records.
- Review levels of access to the risk management reporting system so that staff can have access to information/incidents and lessons are learnt.
- Identify pilot service to test improvements prior to roll out.

### **Actions planned**

- Ensure that adequate clinic capacity is available so that patients can be seen within the constitutional timeframes and ensure additional capacity can be created in response to any shortage.
- Ensure all staff are engaged with the improvement process, can contribute ideas and voice concerns. Establish an on-going meeting structure to allow this to happen.
- Develop a quality and safety scorecard for all outpatients' services that can be monitored at performance review meetings.



### **We will know we have been successful when**

- Our administrative systems for outpatients are fit for purpose.
- 90% of calls to our outpatient call centre are responded to in 60 seconds.
- We are meeting the constitutional standards for referral to treatment times of 95% of outpatients being seen and treated within 18 weeks
- 75% of patients are seen within 30 minutes of their appointment time.
- We have reduced the numbers of patient complaints that relate to outpatients by 50%.
- We have reduced the numbers of hospital cancellation of clinics to less than 15%.
- The DNA rates for clinics are reduced to 10% or less.
- At least 98% of patients have their permanent medical notes available, on-time, for clinic that contain all relevant information.



## Section three summary – outpatients and medical records

### Current issues

- Some patients struggle to get appointments and have unacceptable delays to their treatment
- Patients sometimes struggle to get in touch with the Trust about their appointment
- Problems with accessing some medical records

### Therefore we are

- Reviewing and refining leadership for outpatients and medical records
- Reviewing our administration processes
- Redesigning medical records processes
- Reviewing outpatient clinic capacity
- Improving response to patient telephone calls

### We will be successful when

- Our administrative systems for outpatients are fit for purpose.
- 90% of calls to our outpatient call centre are responded to in 60 seconds.
- We are meeting the constitutional standards for referral to treatment times of 95% of outpatients being seen and treated within 18 weeks and 75% of patients are seen within 30 minutes of their appointment time.
- We have reduced the numbers of patient complaints that relate to outpatients by 50%.
- We will reduce the numbers of hospital cancellation of clinics to less than 15%.
- The DNA rates for clinics are reduced to 10% or less.
- At least 98% of patients have their permanent medical notes available, on-time, for clinic that contain all relevant information.

*Safe and Compassionate Improvement Plan*

## **Section 4**

### **Emergency pathway and patient flow**



## Section four: emergency pathway and patient flow

In healthcare, 'flow' describes the movement of patients, information or equipment between departments, staff groups or organisations as part of a patient's care pathway.

### Why this is important

Evidence suggests that enhancing patient flow improves services, increases patient safety and is essential to ensuring that patients receive the right care, in the right place, at the right time, all of the time (reliability).

The NHS Constitution gives people the right to access services from the NHS within maximum waiting times. The fundamental standards of care are standards that everybody has a right to expect. Relevant to this workstream, the law<sup>4</sup> states that; care or treatment should be tailored to the patient, meeting their needs. It states that people should be treated with dignity and respect at all times while receiving care and treatment. This includes having privacy, everybody being treated as equals and being given support to help patients

<sup>4</sup>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care

Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect

Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance



remain independent and involved in the community. It makes clear that effective governance and systems should be in place to check on the quality and standard of care. These must help the service improve and reduce risks to patient health, safety and welfare.

## Our approach to improving patient flow is to

- Ensure we involve front-line staff, patients and partners to identify issues and solutions to problems with patient flow.
- Carry out improvements in a scientific way using small tests of change (see, plan, do, study, act, cycles of change).
- Be guided by questions that focus on identifying the root cause of a problem.
- Build on an understanding of the processes involved: there are several approaches and an overview of different approaches to process mapping is available.
- Establish underlying principles to reduce variation, improve reliability, increase consistency and increase responsiveness to problems in patient flow.

## The CQC found that

- The average bed occupancy from May to October 2014 was above 90%. The impact of high average bed occupancy is that the flow of patients through the Trust is poor. Patients were cared for in theatre recovery due to shortages of beds, or transferred out of critical care too soon for non-clinical reasons, or remained in the Emergency Department for longer than four hours. This resulted in reduced capacity and longer waits to see other emergency patients due to over-crowding, compromising patient safety and experience.
- Access and flow does not work well across The Royal London and Whipps Cross sites; this is partially linked to the availability of beds. There are delays in patients being assessed and in handovers taking place for patients who arrive by ambulance.
- There is a lack of seven-day working in some service areas across the Trust.
- In services for children and young people at Whipps Cross and The Royal London, beds had been closed to make the service safer. However, this was impacting on the rest of the services within the hospital. There are a lack of designated areas for children across service areas. There are avoidable delays in some treatments and transport between services.
- Patients well enough to leave hospital experienced significant delays in being discharged across sites. This was prevalent at The Royal London and Whipps Cross site. During the inspection, a number of patients remained because their continuing healthcare assessments had not been completed. Staff that previously completed this paperwork were no longer in post.
- The average length of stay (ALOS) was high. The Trust recognised this issue was impacting on patient care and had taken some action to address it.
- In surgery, there was inadequate surgical and medical cover that resulted in unnecessary delays in obtaining some pain relief and clinical reviews, which had an impact on patient discharges.
- The Trust is persistently failing to meet the national waiting time targets. Some patients were experiencing delays of more than 18 weeks from referral to treatment (RTT). The Trust had suspended reporting activity to the Department of Health (DH) and had started a recovery plan.
- Patient flow at the Whipps Cross and Royal London sites is poorly managed,





which often led to operation cancellations due to lack of available beds, delays in treatment, and patients being cared for in inappropriate clinical areas given the complexity of the patients' needs.

- In maternity and gynaecology, further action was needed to understand the demand for inpatient maternity services and how to make the best use of resources to meet this demand. The change of patient record software earlier in the year resulted in difficulties in accessing accurate data about activity in the maternity unit. A maternity dashboard is not used to monitor performance.
- Surgical procedures are frequently cancelled and occupancy levels are higher than the national average.

## Our assessment of the key issues

### Emergency departments

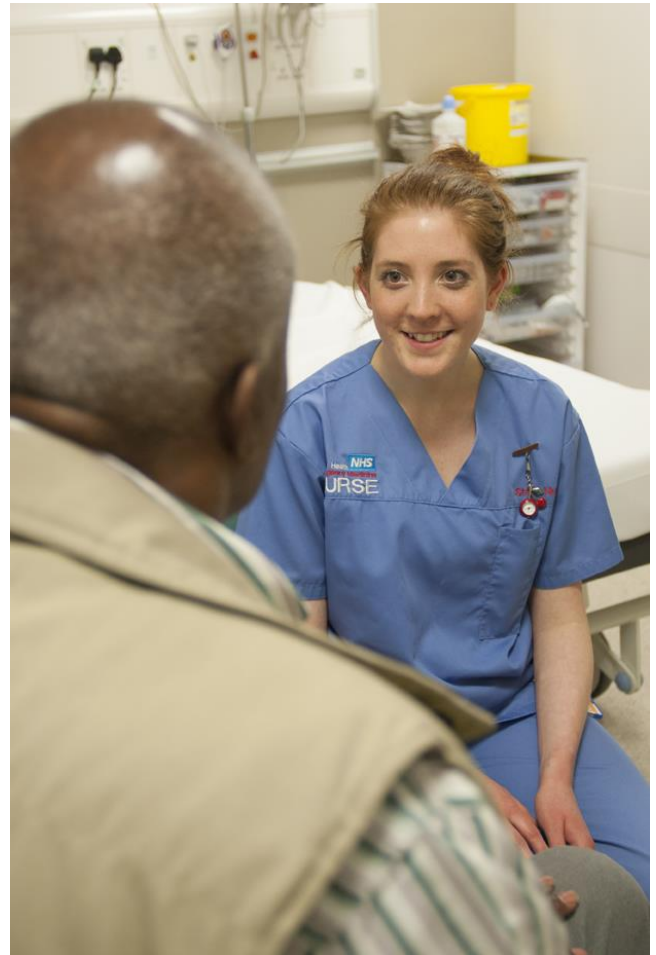
Early senior review is inconsistent, and patients are not always directed to the most appropriate care pathway. Models of care are not focused towards alternatives to admission, leading to unnecessary use of beds and increased admission volumes. There is a tendency to 'admit to decide' on care pathways. Clinical and other resources are not used robustly to ensure attention to surges in demand and pinch points in process.

- There must be early senior review to ensure patients are immediately placed on the appropriate care pathway.
- A senior clinician must have an overview of all patients in the department, directing resources flexibly to meet peaks in demand.
- The Trust must ensure the provision of sufficient alternatives to admission including ambulatory care.
- All processes must support 'decide to admit' principles and avoid 'admit to decide'.

### Bed capacity

The bed capacity is overused, with too many patients admitted to inpatient stays, and for too long. Bed capacity is poorly mapped to patient demand, leading to certain specialties consistently admitting patients outside their bed base. There is inconsistent use of short stay models of care and limited use of care pathways and ambulatory care systems. Daily clinical review is not comprehensive across all specialties, and internal delays in pathways are poorly tracked and inadequately addressed.

- Bed demand and capacity must be identified by function and specialty to ensure





average bed occupancy of  $\leq 90\%$ .

- Assessment and short stay models of care must be implemented to avoid unnecessary admission.
- All staff must be fully engaged in managing patient flow as a key component of quality and safety and understand the priorities and their responsibility in improving flow.

### Discharge

There are consistently high numbers of patients in the hospitals who are medically fit and do not need inpatient nursing care, but who have not yet left the hospital. Systems for establishing simple discharges are inconsistent, with a lack of criteria led discharge leading to increased length of stay. Complex discharge teams are insufficiently resourced and have inconsistent processes, leading to delays in completion of paperwork and issues in the relationship with the wider health economy.

- The Trust must have consistent processes for prioritising timely

discharge for non-complex patient discharges.

- The Trust must develop best in class working systems internally and with partners across the healthcare system to facilitate complex discharges and avoid unnecessary extensions to hospital stays.

### Patient experience in elective care

Current elective pathways across the Trust do not provide a good patient experience. Too many patients wait for longer than 18 weeks to receive elective care. Clear process, governance and reporting is not available within the organisation to provide assurance that all patients are being tracked across the system and that all waiting times are accurately calculated.

- The existing improvement work related to elective pathways needs to continue. The findings from the review of capacity and demand and data quality undertaken with the support of the Intensive Support Team, including modelling completed on all sites, needs incorporating into the overall plan.
- Communication with patients regarding elective appointments and treatments must be improved to ensure information is clear and to enhance attendance.



## Our improvement objectives

### Strategy and vision

- Further embedding the patient flow 'SAFER' bundle:
  - S - Senior review: all patients will have a consultant review before midday.
  - A - All patients will have an expected discharge date (that patients are made aware of) based on the medically fit for discharge status agreed by clinical teams.
  - F - Flow of patients will commence at the earliest opportunity (by 10am) from assessment units to inpatient wards. Wards (that routinely have patients transferred from assessment units) are expected to 'pull' the first (and correct) patient to their ward before 10am.
  - E – Early discharge: a third of our patients will be discharged from base inpatient wards before midday. Medication to take home for planned discharges should be prescribed and with pharmacy by 3pm the day prior to discharge wherever possible.
  - R – Review: a weekly, systematic review of patients with extended lengths of stay (e.g. > 14 days) to identify the issues and actions required to facilitate discharge. This will be led by clinical leaders supported by operational managers who will help remove constraints that lead to unnecessary patient delay.
- Ensuring 95% of patients are seen within four hours, and Referral To Treatment (RTT) and cancer waiting times standards are met.
- Reducing the number of patients who are delayed from leaving our hospital to upper quartile performance compared to peers.
- Maximising usage of ambulatory and very short stay patient pathways to reduce total admission numbers by 10%.
- Establishing robust RTT pathway delivery across all specialties, continue to deliver the significant Improvement Plan in place.

### Mobilising and supporting our staff

- Establishing 'test beds' on all sites through the 'Stepping into the Future' programme
- Sharing learning from improvement processes.
- Establishing clear roles and responsibilities in relation to all areas of patient flow and access.
- Developing individual and team understanding of responsibilities and impact on flow and its effects on quality and safety.

### Effective governance

- Establishing clear structures across the Trust and by site to monitor and assure patient access requirements are met.
- Establish clear reporting frameworks for all aspects of patient access, giving clear and consistent reporting at all levels across the organisation.
- Public and patient engagement - to ensure that patients are involved in the design and delivery of revised pathways and models of care.







## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

#### Emergency Departments

- Completed a review of the root cause issues driving the underperformance against the 95% four hour A&E standard at Whipps Cross and The Royal London. This has been incorporated into the 'Improving Emergency Care' workstream that will become part of the workstream on Improving Flow.
- Pathways through ED at The Royal London and Whipps Cross have been reviewed and new pathways designed and implemented. Implementation is in its early stage and there is much more work to do on embedding good practice and ensuring patients are consistently having timely access to patient care at the start of their journey.
- Paediatric Emergency Care Improvement Plan established.

#### Bed capacity

- Ward board rounds being regularly observed for frequency and quality and a focus on increasing the number of gold and silver patient discharges across our wards.
- Daily safety huddles underway across the Trust bringing ward nursing staff and the site management team together to focus on patient safety and experience, safe staffing levels and performance.
- A frailty unit opened at Whipps Cross, to reduce admissions of frail elderly people.
- Ambulatory care business case for RLH approved by board and recruitment under way.



## **Discharge**

- Multi-disciplinary assessment of delayed patients established led by CCGs.
- Corporate approach to definition and reporting of Delayed Transfers of Care (DTOCs) implemented.

## **Patient experience in elective care**

- New methodology for producing a patient tracking list has been put in place.
- A central validation resource is in place to continuously validate legacy patient pathways and ensure all genuine long waiting patients are identified as soon as possible.
- Management staff, including the Executive Team, have received training on the application of the RTT rules. Front line staff (around another 200 people) are being trained to improve front end data quality. 1,200 clinicians are being trained via self-study, 1:1 sessions in clinic, and briefing documentation.

## **Next steps**

### **Emergency Departments**

- Revise ED consultant cover for paediatrics.
- Review paediatric triage processes and the use of Children's Observation areas.
- Review and increase radiography support to ED as required.
- Improved process for permanent recruitment to existing vacancies in order to reduce locum, bank and agency staffing.
- Introduce the role of 'consultant in charge' in ED to maintain overview of the department with a focus on safety.
- Strengthen realtime monitoring, escalation procedures and proactive response along the emergency pathway to ensure there are established and timely actions when the emergency pathway is under pressure.
- Review the case mix and increase the proportion of patients streamed to the Urgent Care Centre (UCC) on each site and work with GPs to direct referrals to the UCC and ambulatory pathways.

### **Bed capacity**

- Business case developments for new models of care including frailty and admissions avoidance, ambulatory care, 7/7 working, 14 hour consultant ED cover, and extended hours coverage for gynaecology.
- Capacity and demand modeling completed for elective and emergency services, and utilised to develop recovery plans by service.

## **Discharge**

- Development of ward discharge targets based on the bed occupancy level of the Trust.
- Coaching for staff to affect cultural change to support proactive management of safe, timely patient discharge.
- Partnership work with CCGs to review NHS Continuing Healthcare process requirements.



### Patient experience in elective care

- Validation of the new patient tracking list under the guidance of the NHS Intensive Support Team.
- Revision of all standard operating policies to ensure they are appropriate.
- WHO checklist implemented and embedded as part of the day to day routine practice.
- Ensure learning from patient complaints about emergency care, flow and discharge are shared across all sites.
- Ensure a systematic process of quality assurance is in place for early warning and recovery of waiting times by specialty.

### We will know we have been successful when

- The Trust is consistently delivering against the constitutional standards for patients in urgent and emergency care, referral to treatment and cancer.
- We have reduced the number of patients staying longer than clinically necessary in our beds.
- Patients are discharged at the appropriate time of day, making optimum use of the discharge lounge to support flow through the hospital.
- Our patients are admitted to and cared for in the appropriate clinical area.
- Our bed occupancy rates are below 93%.
- Our maternity units are able to care for all women booking for pregnancy and delivery on their site of choice.
- There is a reduction in the number of patients having their surgery cancelled in line with/or better than the national standard rate of 0.8%.



## Section four summary – emergency pathway and patient flow

### Current issues

- High bed occupancy (above 90%)
- Whipps Cross and Royal London Hospitals have particular issues with flow
- Lack of seven day working in some areas
- Too many patients staying in hospital longer than clinically appropriate (delayed transfers of care)
- High length of stay
- Poor performance against national standards

### Therefore we are

- Designing and implementing new pathways
- Implementing ward discharge targets
- Retraining staff in referral to treatment processes
- Embedding the patient flow 'SAFER' bundle
- Maximising use of ambulatory pathways
- Developing a Trust wide approach to reporting when a patient is ready to be discharged but is still in hospital

### We will be successful when

- The Trust is consistently delivering against the constitutional standards for patients in urgent and emergency care, referral to treatment and cancer.
- We have reduced the number of patients staying longer than clinically necessary in our beds.
- Patients are discharged at the appropriate time of day, making optimum use of the discharge lounge to support flow through the hospital.
- Our patients are admitted to and cared for in the appropriate clinical area.
- Our bed occupancy rates are below 93%.
- Our maternity units are able to care for all women booking for pregnancy and delivery on their site of choice.
- There is a reduction in the number of patients having their surgery cancelled in line with/or better than the national standard rate of 0.8%.

*Safe and Compassionate Improvement Plan*

**Section 5**  
Compassionate care and patient  
experience

## Section five: compassionate care and patient experience

### Why this is important

All staff at Barts Health are committed to delivering compassionate care resulting in a positive patient experience.

Compassion includes 'empathy, respect, a recognition of the uniqueness of another individual, and the willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both the patient and the physician can be fully engaged' (Lowenstein 2008). When the NHS Constitution discusses compassion, it states: 'We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.' Real dialogue is a vital part of compassion and of good care in general. It is more than communication, which is the accurate giving and receiving of a message. It is spoken human to human rather than clinician to patient. - Extract from the Kings Fund The Point of Care (2009).

We will harness our staff's enthusiasm and focus our attention on what matters most to patients and their families - high quality, safe, effective personalised care. To deliver care compassionately and give a positive patient experience requires proficient staff with not only the right values and behaviours but also with the right knowledge, skills and competence to deliver high quality and invariably complex care with compassion. Our staff need to be resilient with an advanced level of listening skills to enter into a meaningful discussion about the holistic care our patients need.

Compassion should be evidenced through observation of care and through patient and family feedback, Patients are the receivers of the care and the ones who should decide if the care they receive is compassionate and meeting their needs.

Therefore we plan to undertake local patient surveys around the key compassion questions from the annual National Patients' Survey and the 'I want great care' survey run on a monthly basis by our staff and Patient Liaison Team out on the wards and in our departments. We will use the learning from our complaints and patient feedback as an opportunity to change how we deliver care, harnessing the passion and enthusiasm of our staff to change what they do and how they do it. We will know we are successful when we see our complaint themes change, we experience less official complaints and get good patient feedback, however, we want to encourage 'in the moment' improvement feedback on the wards and in departments so we can enhance our patient experience and ensure our care is compassionate.





## The CQC found that

- Improvements were required to ensure staff were always caring and compassionate and treated patients with dignity and respect at all times.
- Inconsistency in use of recording assessments for inpatients. Some patients had separate assessments carried out on separate sheets of paper. Others had a nursing assessment booklet. Nurses reported being confused as to which form was to be completed.
- The management of patients' nutritional and hydration needs varied.
- In emergency services, although most of the patients reported that staff were caring, the CQC made some observations and saw some documentation which indicated patients did not always receive fundamental care and treatment which respected basic rights or their dignity (Whipps Cross only).
- In medical care, although patient feedback was mostly positive, there were concerns with patient involvement in a number of areas and patient survey results were variable.

## Our assessment of the key issues

- Poor staffing levels and leadership in key areas is significantly undermining the ability of staff to deliver compassionate care at a consistently high level.
- Services are not planned and delivered in response to the patients' needs.
- We are not responsive to the fundamental care needs of patients, including undertaking assessments and devising person-centred care plans at the level that we aspire to.
- We need to take further steps to listen and respond to patient feedback, involving them more in decisions about their care, specifically discharge, and in the planning and delivery of that care.
- We need to make significant improvements in the environment to ensure that it is clean and fit for purpose, suitable to the care needs of patients.
- There are patient pathways that need a Trust-wide approach.

## Our improvement objectives

### Strategy and vision

Our strategy will set ambitious goals to embed a culture of caring and compassion and ensure that patients can receive high standards of patient-centred care. In doing so we will ensure staff protect our most vulnerable groups, and deliver care to patients at the end of their life that is coordinated and planned to respect their choices.

### Mobilising and supporting our staff

We will:

- Strengthen and improve staffing levels.
- Develop clinical leaders who are role models for our values and behaviours.
- Provide education, development, supervision and support underpinned by a values based appraisal.



- Create a culture of continuous improvement, skilling and empowering staff to innovate and improve practice.
- Make clear links to quality, safety and effectiveness by building on Trust and ward safety huddles and briefings.
- Encourage and support staff to raise concerns and confidently challenge any breaches of compassionate care.

## Patient experience

We will:

- Renew and revitalise our relationship with patient groups to ensure their voice is heard and at the heart of everything we do.
- Ensure patients have the right care, hydration and nutrition.
- Use patient stories and feedback to monitor and improve what we do.
- Embed the cycle of feedback action and audit so that change happens and improvements are delivered from patient feedback.
- Listen and respond to patient and carer concerns in a timely and respectful manner.
- Use real time feedback to influence our delivery and future design.



## Effective governance

We will:

- Put in place a range of metrics owned from Ward to Board to monitor and improve care.
- Strengthen our ward accreditation process to showcase and recognise excellence in care when it is being delivered consistently.
- Strengthen our identification of risk and ensure these are escalated and fed appropriately into site and corporate risk registers.
- Establish a Children's Governance Board.

## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- Nurse establishment review completed –reviewing acuity and dependency of patients within specific care groups as well as patient and staff experience.
- Increased safeguarding leadership on sites.
- Increased resource to PALS.
- Competencies of a ward leader defined with clear guidelines.
- Strengthened site nurse leadership.





- Nurse led safety huddles on all sites that raise and address issues around staffing, quality and safety.
- Implemented safer staffing escalation in line with national guidance.

### **Actions in progress**

- Developing capable competent visible ward and area leadership teams through a competency framework of leadership and management – programme commenced and being rolled out across the Trust.
- Developing a Trust-wide Patient Experience Strategy.
- Strengthening and improving staffing levels.
- Streamlining and simplifying nursing documentation: standardise, roll out, launch, train and audit.
- Ensuring we have the right capability and competency through nursing revalidation and scaling up the healthcare assistant certificate.
- Making clear the education and development needs of the nursing workforce through the Care Campaign to deliver sign up to safety.
- Reviewing our patient experience and complaints process to be more responsive to concerns when raised.
- Relaunching the ward accreditation programme to set consistent quality standards and recognise improvement.
- Focusing on succession planning through the development of a RGN Band 6 training programme and competency framework for staff to aspire to be Band 7.
- Implementing a process of mentoring, coaching and clinical supervision.
- Implementing Children and Young People's Board to take forward the development of children's services across the Trust.
- A formal, regular, review of record keeping has started on the Whipps site and is being rolled out across the Trust.
- A policy to ensure we meet the needs of children with learning disabilities is put in place.
- Investing in a real time tracking system to ensure that we have rich and timely patient feedback to improve our services.

### **We will know we have been successful when**

- All our patients feel treated with kindness, dignity and respect as measured by patient surveys, friends and family tests and local feedback.
- Patient feedback including friends and family shows sustained improvement
- All of our wards are undertaking regular comfort rounds with the expectation that all patients will receive sufficient hydration and nutrition.
- Our nursing documentation is standardised, up-to-date and complete.
- All clinical areas have a quality and compassionate care dashboard that is used to drive improvement and changes are sustained.
- All of our patients feel involved in all aspects of their care.



## Section five summary – compassionate care and patient experience

### Current issues

- Inconsistent management of patients' nutrition and hydration
- Inconsistent use of recording assessments for inpatients
- Lack of patient centred care plans
- Poor patient satisfaction and feedback

### Therefore we are

- Developing a new patient experience strategy
- Increasing safeguarding leadership on sites
- Strengthening nurse leadership on sites
- Ensuring comfort rounds are consistent

### We will be successful when

- All our patients feel treated with kindness, dignity and respect as measured by patient surveys, friends and family tests and local feedback.
- All of our wards are undertaking regular comfort rounds with the expectation that all patients will receive sufficient hydration and nutrition.
- Our nursing documentation is standardised, up to date and complete.
- All clinical areas have a quality and compassionate care dashboard that is used to drive improvement.
- All of our patients feel involved in all aspects of their care.

*Safe and Compassionate Improvement Plan*

## **Section 6**

### **End of life care**

## Section six: end of life care

### Why this is important

At any time Barts Health has a large number of patients who are nearing the end of their life, either in our acute hospital beds or in the Margaret Centre, a specialist palliative care unit located on the Whipps Cross Hospital site. All people nearing the end of their life and their families should expect good care, whatever the cause of their condition. In addition to physical symptoms such as pain, breathlessness, nausea and fatigue they may experience anxiety, depression, social and spiritual difficulties. It is our responsibility to work with our local health partners to ensure that we can support our patients with any of these issues.



Information about patients on end of life pathways is not always shared across our systems which results in uncoordinated care, inappropriate admissions to hospital and inappropriate interventions.

Families, friends and carers can also have difficulties during this time and they play a large part in care at this time. Their needs should be addressed too.

Many patients experience good care at our Trust but, as is the case up and down the country, some patients wish to die at home. We need to increase the number of patients that are able to die in the place of their choice.

The NICE Quality Standard (2011) on end of life care<sup>5</sup> sets out the following principles that all patients on end of life care pathways can expect:

- Enhancing quality of life for people with long term conditions.
- Ensuring that people have a positive experience of (health) care.
- Treating and caring for people in a safe environment and protecting them from avoidable (healthcare related) harm.

In addition, the standard lists a number of expected outcomes for patients on end of life care pathways:

- The care that people receive, reaching the end of their life, is aligned to their needs and preferences.
- Reduce unscheduled hospital admissions leading to death in hospital (where death in hospital is against the patient's stated preference).
- Reduction in death in inappropriate places.

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<sup>5</sup> <https://www.nice.org.uk/guidance/qs13>



In strengthening our approach to ensuring that we adopt the principles and outcomes outlined in national standards for patients nearing the end of their life we will contribute to supporting our patients, their families, friends and carers at this time.

The CQC rated end of life care for patients at Barts Health as inadequate.

### The CQC found that

- Staffing levels were insufficient to provide good end of life care.
- Complaints from patients, families, friends and carers of patients on end of life care pathways were not always acknowledged or dealt with appropriately and current systems did not identify if a complaint or incident related to a patient with end of life care needs.
- The standard of care was not measured in line with national quality standards and there was limited information available about the quality of care for these patients.
- Limited action had been undertaken by the Trust in response to the 2013 Liverpool care pathway review and at the time of the inspection the pathway had not been replaced.
- DNAR (Do not actively resuscitate) forms required revision and were not always fully completed.
- Concerns around this service being well-led with limited influence within the Trust.
- There was a lack of strategy and resources which had negatively impacted on the service.
- Patients nearing the end of their life were not necessarily identified, and their needs therefore were not always assessed and met.
- The Margaret Centre environment was not fit for purpose and needed refurbishment; in particular, there was a lack of en-suite bathrooms.

### Our assessment of the key issues

- The Trust needs to increase its work with partners, particularly in the voluntary sector, who are significant providers of end of life care - to ensure there is an end of life strategy that addresses and coordinates both hospital and community services.
- Poor staffing levels and leadership in key areas is significantly undermining the ability of staff to deliver end of life care at a consistently high level.
- Services are not planned and delivered in response to the patient's needs.
- We are not responsive to the fundamental care needs of patients, including undertaking assessments and devising person-centered care plans at the level that we aspire to.
- We need to take further steps to listen and respond to patient, family, friends and carer feedback, involving them more in decisions about care, and in the planning and delivery of that care.
- We need to make significant improvements in the environment to ensure that our facilities are responsive to the needs of our patients.



## Our improvement objectives

### Strategy and vision

- We will identify all patients who are nearing end of life a timely manner. Patients who are nearing the end of their life will be offered holistic, comprehensive assessments in response to their changing needs and preferences with the opportunity to discuss, develop and review a personalised care plan for current and future treatment.
- We will work with key partners across our local healthcare and social care systems to develop robust systems of care that support a coordinated approach for patients who are nearing the end of their life. We will support patients to die in the place of their choice and we will reduce the numbers of people who die in a place not of their choosing.
- Patients who are nearing the end of their life will be supported with their physical, emotional, spiritual and social needs at all times.
- We will work with key partners across our local healthcare and social care systems to develop appropriate 24/7 support for patients, families, friends and carers to access in a crisis to reduce the numbers of unscheduled acute hospital admissions.

### Mobilising and supporting our staff

- We will strengthen and improve staffing levels and leadership so that front line staff can deliver safe and compassionate care.
- We will strengthen and improve staffing levels so that front line staff can deliver the highest standard of care.
- We will ensure that our staff have the appropriate skills, knowledge and experience to care for patients who are nearing the end of their life.
- Documentation (including DNAR forms) will be of the highest standard.

### Public and patient engagement

- We will ensure that people nearing the end of their life, their families, friends and carers are communicated with and will receive information, in an accessible way that meets their needs.
- We will ensure that all patients who are nearing the end of their life have access to specialist palliative care and/or end of life care support according to their individual needs, in the Trust or through our partners.

### Effective governance

- We will audit the application of the revised end of life pathway and the quality of care for patients in line with national standards.
- We will establish a strong and mutually supportive partnership with the voluntary sector providers to promote closer collaboration.



## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- The new pathway – Compassionate Care for the Dying was launched in the Trust in June across all sites. This replaces the Liverpool Care Pathway.
- The end of life strategy has been completed and we are working with commissioning colleagues to ensure that we develop our services in line with the Dying Matters recommendations.
- Key questions in relation to patients with end of life care needs have been incorporated into safety huddles.
- A wide number of immediate measures have been put in place at the Margaret Centre to address actions highlighted in the Margaret Centre report. Any outstanding areas that require longer term commissioning of the service will be reviewed and flagged to commissioners and the CQC.
- The improvements in the Margaret Centre and end of life care services at Whipps Cross will come under the Whipps Cross Improvement Plan.



### Actions in progress

- East London wide meetings are taking place with commissioners to develop the end of life care strategy for the sector – joint approaches to training are underway.
- The quality summit on the Margaret Centre has discussed future operating models and commissioning plans.
- Building closer links with the voluntary sector.

## We will know we have been successful when

- Our services are compliant with the new guidance in Dying Matters and we work with commissioners and the voluntary sector to provide 24 hour services in the community.
- All patients nearing the end of their life are identified and a plan of care is put into place.
- All patients, their families, friends and carers have access to advice and information.
- We have the right numbers of staff with the right skills to care for patients nearing the end of their life.
- All documentation around Do Not Attempt CPR (DNACPR) is fully and accurately completed.
- All immediate actions relating to the Margaret Centre are in place and evidenced.





## Section six summary – end of life care

### Current issues

- Care not always in line with national guidelines
- Inconsistency around do not resuscitate forms
- Lack of strategy and resource
- Margaret Centre environment not fit for purpose

### Therefore we are

- Immediately addressing issues at the Margaret Centre
- Developing a Trust wide strategy with our partners
- Launching 'compassionate care for the dying' Trust-wide
- Reviewing documentation procedures to ensure consistent approach to do not resuscitate forms

### We will be successful when

- Our services are compliant with the new guidance in Dying Matters and we work with commissioners and the voluntary sector to provide 24 hour services in the community.
- All patients nearing the end of their life are identified and a plan of care is put into place.
- All patients, their families, friends and carers have access to advice and information.
- We have the right numbers of staff with the right skills to care for patients nearing the end of their life.
- All documentation around DNACPR is fully and accurately completed.
- All immediate actions relating to the Margaret Centre are in place and evidenced.

*Safe and Compassionate Improvement Plan*

**Section 7**  
Leadership and organisational  
development

# Section seven: leadership and organisational development

## Why this is important

The fundamental standards of care are standards that everybody has a right to expect. Relevant to this workstream on leadership and organisational development, the law says:

- Effective governance and systems are in place to check on the quality and standard of care. These must help the service improve and reduce any risks to patient health, safety and welfare.
- We must be open and transparent with patients about their care and treatment (the duty of candour). Should something go wrong, we must tell patients/carers what has happened, apologise, provide support and take action where problems are identified.
- Staff must be given the support, training and supervision they need to help them do their job.
- The morale of the workforce and the support available for staff is paramount for the safe delivery of care services to patients.

There is an urgent need to increase the visibility and practical support to staff and leaders across all sites within the Trust. This is based on clear and transparent lines of communication, providing feedback and opportunities to contribute to the continual development of safe services across the sites.

There is a need to develop a culture of openness in order that the values of the Trust can be realised and delivered by a workforce that is not afraid to speak up when they see that things are not right.

## The CQC found that

- In some areas there was a culture of bullying and harassment and they had concerns about whether enough is being done to encourage a change of culture to be open and transparent.
- Morale was low. The 2013 NHS Staff Survey for the Trust as a whole recorded work related stress at 44%, the joint highest rate in the country for an acute trust. 32% of respondents recommend Barts Health as a place to work, which is third lowest in the country. Some staff were reluctant to speak with the inspection team and some staff did not want the inspection team to record the discussions for fear of repercussions.
- Staff told the CQC that the Trust's Executive Team was not visible; some stated they felt unsupported by senior staff.
- Nursing staff that were previously supernumerary to the shift were no longer there to provide leadership and guidance.
- There were a number of vacant managerial posts and interim staff in post, making it difficult for staff to be well led.
- In many of the service areas, there was no clear vision for the department or effective governance/monitoring arrangements. There was a lack of feedback on performance and reported safety concerns. This did not promote improvements



within the departments or aid shared learning across the hospital.

- In areas of the Trust a 'values and behavior' programme had been launched to improve the way staff interacted with each other and to improve the standard of care. Feedback from women using the maternity service indicated that there had been improvements in patient experience. However, changes to staffing implemented by the Trust, such as the reduction in the number of managers, had lowered morale and some staff did not feel their voice was heard.
- In services for children and young people, while senior staff responsible for the care of young people, children and neonates had a vision for delivering high quality care to their patients, the service was not seen as a priority for the Trust Board.
- Patients, staff and stakeholders continue to raise concerns about the quality of the service provided.

## Our assessment of the key issues

- We have identified that the Trust and site leadership teams need to be strengthened to ensure the strategic and operational priorities can be addressed and there is a strong focus on site leadership.
- The Trust needs to embed improvement skills across the organisation and have improvement as a key enabler to achieve this Safe and Compassionate Quality Improvement Plan. Quality improvement skills need to be embedded across the organisation to support teams and individuals to develop their services.
- Issues that are escalated need to be resolved with feedback mechanisms in place and leadership systems at site level to ensure concerns are addressed in a timely manner.
- There needs to be an engagement strategy to ensure staff understand and are supported to participate in Trust priorities. The engagement strategy will need to consider multiple ways of communicating and have an emphasis on face to face communications that are preferred by staff.
- There needs to be more transparent and innovative use of information and communications to ensure that all staff are familiar with the vision and values of the Trust and can relate this to their own roles and the benefits to patients.
- The availability of information, audits and benchmarking data needs to be accessible to ensure staff know how they work compared with others to target improvement.
- To have a transparent communication plan for the Quality Improvement Plan for patients and the local community.

## Our improvement objectives

### Strategy and vision

- The Trust will develop a vision and clinical strategy, engaging widely with patients, staff and stakeholders to drive our ambition to deliver high quality care for the people of east London. We will work closely with commissioners, local government, Healthwatch and local community groups to ensure that our strategy reflects local needs. The future programmes of work will fall under our 'Transforming Services Together' banner.
- We will embed site and transformational leadership to ensure that immediate issues are addressed and programmes of work in place to develop services for the future.



## Mobilising and engaging staff

- We will deliver an organisational development strategy, in partnership with staff, to drive improvement in the culture of the Trust. At the heart of the organisational development strategy will be the development of a Trust-wide approach to improvement, which will be based on a shared leadership model, with staff equipped and supported to make improvements in the delivery of patient care.
- We will re-engage our staff through improved communication, clearer objectives and priorities. Through visible leadership and by listening to our staff, we will create an environment that is open and transparent and where staff feel able to speak out without fear of reprisals. As a result, the staff survey results will improve, as will the feedback from patients, our commissioners, our partners and our community.
- The Executive Team, site and CAG leadership teams will be more visible. Recruitment to vacant managerial posts will improve as career pathways and development for this group of staff becomes embedded.
- Leadership nursing roles will be supernumerary and they will be able to provide leadership and guidance, in line with the Francis recommendations.



## Patient engagement and involvement

- We will work with our patients and staff to improve patient experience and engage the patient voice at the heart of the Trust, to inform priorities for quality improvement and service redesign.

## Effective governance

- The Trust will implement – alongside the Safe and Compassionate Quality Improvement Plan ‘measurement for improvement’ training, support for the programmes of work and a dashboard that concentrates on analysis of progress over time.
- Dashboards and data will be linked to greater visibility and triangulation of issues at service level.
- We will ensure that the application of clinical governance is consistent and well understood and all services have a formal, robust oversight.

## Our priority actions that will deliver the biggest impact are

### Actions completed and in place

- The Trust has reviewed its operating model and introduced fundamental changes to embed local leadership and visibility at site level. The new structure has been developed around four site based structures that locate leadership, governance, quality and operational management locally.



- Leadership at site level includes a managing director, medical director, director of nursing, operations director and clinical directors, who will form a hospital executive board with accountability for quality, operational and financial delivery. Key corporate services, e.g. HR, finance, estates, ICT and communications are aligned with the hospital sites.
- The hospital sites will be responsible for governance and risk management and will operate quality and safety committees to oversee complaints, serious incidents (SIs), incidents and the learning from these. Clear responsibilities will be established throughout the sites for quality governance and risk management.
- The CAGs will play a role in audit, learning and developing best practice.
- The Guardian Service (a confidential, independent staff support service) was introduced at Whipps Cross on 1 May 2015.

### **Actions in progress**

- The new Leadership Operating Model will embed site based management and response to clinical and operational issues.
- The Trust-wide service transformation team is now based across each of our four sites to support programmes on flow, safety and compassionate care. A plan to embed improvement skills across the Trust is being developed.
- The Trust-wide structure for electronic and face to face communications will be refreshed to support new priorities and site based working.
- A staff engagement programme is being developed to ensure staff involvement in the on-going development of the Improvement Plan.
- To increase the awareness of support mechanisms for all individuals who feel bullied or unduly pressured.
- To continue to develop the effectiveness of the staff pulse surveys.

### **We will know we have been successful when**

- There is a clear Trust structure and leadership model in place that supports effective delivery.
- Site leadership supports delivery of consistently safe and compassionate care.
- Staff will know how to raise concerns and where to obtain local support.
- Our workforce will feel valued and empowered through increased ownership and accountability, with the ability to effect change.
- We will ensure clear internal and external communication and a robust staff engagement programme.
- We have involved staff and partners in developing and delivering our improvement programme.
- The Trust Board continually works with and ensures that they are visible to all staff within the organisation, providing support when needed.
- Communication and relationships with staff side representatives are improved, leading to stronger partnership working that helps to secure sustainable improvements for patients and improved staff morale.
- Staff are clear about our priorities for the next 12 months and all staff know how they need to contribute to improve patient care.





# Section seven summary – leadership and organisational development

## Current issues

- Culture of bullying and harassment evident in some areas
- Low morale
- Lack of visible leadership

## Therefore we are

- Strengthening leadership at site level
- Developing a staff engagement strategy
- Developing an OD strategy
- Reviewing the leadership operating model
- Ensuring processes are in place for staff to raise concerns and feed back views

## We will be successful when

- There is a clear Trust structure and leadership model in place that supports effective delivery.
- Site leadership supports delivery of consistently safe and compassionate care.
- Staff will know how to raise concerns and where to obtain local support.
- Our workforce will feel valued and empowered through increased ownership and accountability, with the ability to effect change.
- We will ensure clear internal and external communication and a robust staff engagement programme.
- We have involved staff and partners in developing and delivering our improvement programme.
- The Trust Board continually works with and ensures that they are visible to both staff and leaders within the organisation, providing support when needed.
- Communication and relationships with staff side representatives are improved, leading to stronger partnership working that helps to secure sustainable improvements for patients and improved staff morale.
- Staff are clear about our priorities for the next 12 months and all staff know how they need to contribute to improve patient care.



*Safe and Compassionate Improvement Plan*

## **Section 8**

### Site summaries



## Section eight: site summaries

Whipps Cross, Newham and The Royal London sites have developed Improvement Plans that are not just a response to the CQC's inspection reports. They also take account of actions that site staff feel are necessary to provide the communities they serve with safe, effective, compassionate and high quality care. The patients, carers, community, health and social care partners and staff working at the sites want to see sustainable improvements so that everyone is confident about the care provided now and in the future.

The plans have been developed in the context of the CQC reports, the emergency care pathway improvement projects and performance against constitutional standards.



## The Royal London Hospital

### Approach

The site plan supports both clinical and operational improvements and will help to deliver exceptional models of care that reflect the capability and aspirations of RLH staff, service partners and stakeholders.

The programme will cover Mile End Hospital and the Barkantine Birthing Centre – these areas have not been inspected by the CQC, but will be included in the Trust-wide improvement themes and reviewed locally as part of our work. The programme will also include the community services provided in Tower Hamlets. These services provide an important network supporting patients at home and will be part of the ongoing development of pathways of care in Tower Hamlets.

This detailed service Improvement Plan will be developed and delivered in partnership with our local partners and stakeholders.

The improvement programme will provide a vehicle through which we can deliver sustainable change and sustainable performance improvement and we will work with our local partner organisations to ensure our aims are aligned.

The plan has been divided into six workstreams based on the six strands of improvement from the CQC report. A new leadership and governance structure is in place to ensure the improvement programme is developed and delivered with staff for the benefits of patients and staff.

The CQC issued seven compliance actions to The Royal London site for the Trust to take action against. The Trust's response to these is included in The Royal London Improvement Plan.

### Key actions to date and next steps

#### Progress to date

- Site leadership strengthened with the appointment of a managing director, hospital director and medical director.
- Trust-wide plan to deliver the four hour standard in The Royal London Emergency Department (ED).
- 24/7 models of care expanded to include discharge teams and patient flow co-ordinators seven days per week.
- A 10 point action plan to support ED every day. Executive and director support



seven days a week.

- A comprehensive Royal London Hospital programme to reduce avoidable waits during a patient stay.
- A new baby tagging system for the Trust is being procured as the current system is not sufficient. Quotes have been received and these are being reviewed by procurement with heads of midwifery and directors of nursing.
- New discharge pathway for mothers and newborns implemented to improve security.
- Further procurement of surgical equipment undertaken to ensure there is enough provision in paediatric theatres.
- A second 'Stepping into the Future' week has taken place at The Royal London Hospital to improve systems and processes on patient flow.

### Next steps

- Work in partnership with stakeholders to maximise patient flow through our local system; putting patients needs first.
- Align our service delivery commitments and constitutional standards into a single service improvement plan.
- Develop integrated working through our operational site management, specialty and ward based teams.
- Develop a responsive and flexible approach to complex discharge.
- Develop and deliver a clinical reconfiguration exercise that better aligns specialties to 'levels' throughout The Royal London site.
- Deliver the theatre improvement programme.
- Continue with focused recruitment strategies for specific clinical areas.
- To implement the new security measures following changes in the tagging system and swipe card access to maternity doors.
- Improve the auditing of the WHO checklist – learning from best practice.
- To complete a comprehensive capacity and demand review for elective and non-elective activity, inclusive of outpatients.
- Update medicines management and relevant policies section(s) on the consistent use of opioids and approve at Trust Medicines Prescribing Group.
- Ensure that Mile End and the Barkantine Birthing Centre take an active role in each improvement strand and that pathways are seamless across sites.
- Embed the new Trust end of life care plan across the site.





## Whipps Cross Hospital

### Approach

The site plan supports both clinical and operational improvements and will help to deliver exceptional models of care that reflect the capability and aspirations of Whipps Cross staff, service partners and stakeholders. A



Whipps Cross lead has been appointed for each workstream and has accountability for delivery and reporting progress to the Programme Group. Fortnightly meetings to discuss progress, risks and issues have been established. They will be supported by the Whipps Cross Improvement Plan Programme Management Office.

The CQC issued four enforcement notices and four compliance actions to the Whipps Cross site for the Trust to take action against. The Trust's response to these is included in the Whipps Cross Improvement Plan. This can be found on our website at <http://www.bartshealth.nhs.uk/about-us/cqc-inspection-reports/>. Five compliance actions were also issued to The Margaret Centre and are included in the Whipps Cross Improvement Plan.

The four enforcement notices that the Trust are taking action on can be summarised as:

- **Staffing** – this relates to ensuring that there are enough suitably qualified, competent and experienced staff to deliver safe and compassionate care to patients. Strong recruitment procedures need to be in place and once employed, staff must be given the support, training and supervision they need to help them do their job.
- **Complaints** – this relates to having a clear system in place to ensure that patients know how to make a complaint, and complaints are dealt with appropriately. Complaints must be responded to, investigated thoroughly and action taken in response where problems are identified.
- **Care and welfare of people who use services** – this relates to having care or treatment tailored to patients needs and preferences and making sure that patients are not given unsafe care or treatment or put at risk of harm that could be avoided.
- **Assessing and monitoring the service** - this relates to having effective governance and systems to check on the quality and safety of care being provided. These must help the service improve and reduce any risks to our patients' health, safety and welfare.



## Key actions to date and next steps

### Progress to date

- A site leadership and improvement team led by managing director, medical director, director of nursing and hospital director is now in place to support staff and promptly address local issues.
- Safety walk rounds in place with medical director and nurse director.
- A series of staff communication and engagement events have been held to seek input to the Improvement Plan. These will continue to be held.
- Launch of compassionate care for the dying pathway throughout the site.
- The Guardian Service (a confidential, independent staff support services) started on the 1 May 2015.
- A revised care pathway has been implemented in the ED to reduce minors waiting times.
- Safeguarding presence on site and delivering improved training and oversight of safeguarding across the hospital.
- Board rounds and gold/silver discharge processes are now in place in wards to support timely discharge.
- Imaging in place 24/7 with back up support from The Royal London Hospital if required.
- Daily huddle with representation from all clinical areas present.
- Whipps Cross Quality and Safety Committee launched in June providing oversight of complaints, incidents, risks and effectiveness.
- Improved training in key areas highlighted in the CQC report, such as Do Not Attempt Resuscitation (DNAR) and National Early Warnings System (NEWS).
- Resuscitation committee launched at site level to oversee response to deteriorating patients and cardiac arrest calls.
- Pilot of ambulatory care started with good results and plans are to continue this service.

### Next steps

- Formal discussions on the model of care at the Margaret Centre commenced with commissioners and other stakeholders.
- Plans for permanent ambulatory care solutions have been developed and will be implemented at the site.
- Seven day working proposals have been drafted for medical teams. Negotiations are underway and on conclusion will be implemented.
- A safety dashboard has been developed for the site and will be presented in the monthly meetings.
- Plans for team-level quality improvement programmes have been drafted and work progresses on embedding quality and safety at team level.
- Embed the new Trust end of life care plan across the site.





## Newham University Hospital

### Approach

The staff at Newham work as part of a cohesive team and are determined to meet the challenges laid down by the CQC in a positive, professional, and committed manner. The improvement programme will unlock the skills and opportunities for our staff to achieve above and beyond the improvement needed.

The plan has been divided into six workstreams based on the six strands of improvement from the CQC report. A Newham lead has been appointed for each workstream and has accountability for delivery and reporting progress to the Programme Group. Fortnightly meetings to discuss progress, risks and issues have been established. They will be supported by the Newham Improvement Plan Programme Management Office (to be established).

Five compliance actions were issued to the Newham site for the Trust to take action against. The Trust response to these is included in the Newham plans.

### Key actions to date and next steps

#### Progress to date

- Agreed new staffing ratios to address shortages of staff in surgery, maternity, critical care, ED, CCU – recruitment is underway with critical care now fully established.
- Agreed increased staffing for consultant cover in ED and posts out to recruitment.
- Further training completed on the recording of IV fluid administration.





- Increased training in safeguarding for emergency care staff.
- Enhanced security of medicine enacted across the site.
- Revised pleural pathway to now routinely include ultrasound addressing the outcome of pleural effusion audit.

### Next steps

- Continue with focused recruitment strategies for identified clinical areas.
- Ensure that the remaining issues for safe storage of intravenous fluids are dealt with through planned building work.
- Further levels of training underway for medical wards on local and national guidelines.
- Increase training across the site for consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).
- Embed the new site/CAG leadership structure in delivery of day to day patient care.
- Ensure training and competencies are up-to-date for all staff and appropriate for their area of responsibility.
- Establish a patient panel.
- Embed the new Trust end of life care plan across the site





## St Bartholomew's Hospital

### Approach

Our approach to improvement at St Bartholomew's Hospital (Barts) has been developed following the CQC report published in January 2014 together with wider reports for the Trust's other sites and more recent local assessments made by the Barts team. Plans will also address wider issues raised by staff, patients, relatives, partners and commissioners in peer reviews and outcomes of national audits.

The staff at Barts work as part of a cohesive team and are determined to meet the challenges, risks and issues identified in a positive, professional, and committed manner. A newly formed Quality and Safety Task Group will focus on:

- Review of the themes emerging from the Whipps/Newham/Royal London reports.
- Self-assessment against CQC domains to identify risks and mitigation (specifically, gap identification to meet CQC 'good' standard and agreeing interventions/timescales to bridge gap).
- Tracking risks and proposed mitigations, to include reporting of site-wide or CAG specific issues requiring taskforce support.
- Evidence gathering to demonstrate existing performance and improvement.
- Participation in internal mock and external mock inspections.
- Leading staff briefings on-site and within the CAG.

### Key actions to date



- A series of coordinated daily meetings, including a daily safety huddle, has been introduced. Meetings take place every day (Monday to Friday) to highlight any patient and site specific safety issues.
- Governance structures for Barts are in development and a monthly site meeting has been introduced as a forum to discuss issues across CAGs based on the site.
- The formation of the Safety and Quality Task Group, which is represented by all services on site and focuses on safety and quality risks from a site wide perspective.
- Focused recruitment strategies are on-going for specific clinical areas.

### Next steps

- Focused recruitment strategies for specific clinical areas at St Bartholomew's Hospital will continue.
- The development of a set of clear procedures for the site including:
  - Clearly documented governance for each CAG and services across the Barts site.
  - A comprehensive list of all services based at the site along with locations and the responsible leads.
  - An updated site operational policy and new site management team structure.
  - Development of a new critical care outreach operational policy.
  - Staff engagement plans at for the site and at CAG level.
  - Communication plans for engagement with patients including content for patient information boards (to include infection control).
- Improvement planning across all services where risks have been identified or potential for improvement highlighted.
- Embed the new Trust end of life care plan across the site.
- Improvements will continue to be aligned with other areas of focus for the whole Trust.



*Safe and Compassionate Improvement Plan*

## **Section 9**

### **Enablers**

## Section nine: enablers

### Building sustainable services

#### Why is this important?

We need to ensure that any improvements made are embedded into the daily running and culture of the organisation. This will require changes to be undertaken in partnership with patients and staff and to be organised in a way that on-going improvements are led by our clinical and site management teams.

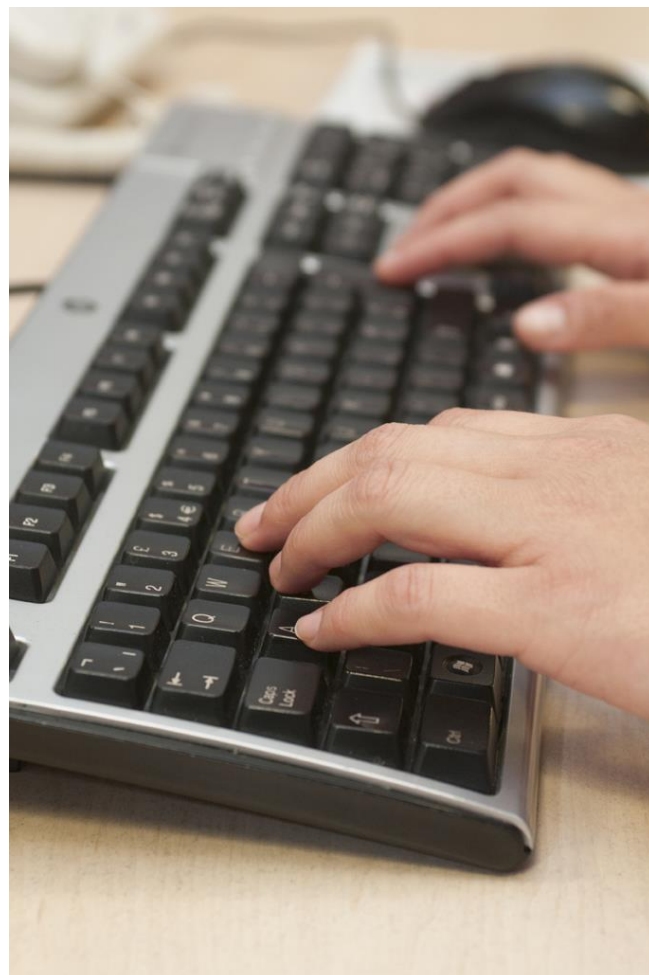
The problems with ICT difficulties are prevalent in all services together with an ageing estate at Whipps Cross. In terms of ICT, we need to invest in infrastructure, hardware and systems development to ensure staff can undertake their roles and securing this investment will be part of the work of the Trust over the coming months and years. A business plan has been developed and is progressing to address the ICT infrastructure.

We recognise the inconsistency of the estate and in particular the problems at Whipps Cross both in terms of backlog maintenance and the need to improve patient facing areas. Overall there is recognition that the estate at Whipps Cross is not fit for 21<sup>st</sup> century healthcare and work is underway with our partners to assess the extent of the investment required. The 'Transforming Services Together' (TST) strategic programme will support the Trust in developing the way forward.

There are areas of our estate in particular that impact on patient services and care, and substantial investment or alternatives need to be found. The objectives below are referenced in areas of the CQC report and are brought together here as fundamental enablers for change.

#### Our assessment of the key issues

- Local teams need appropriate staff and infrastructure (including IT) to improve and sustain that improvement. Given the longstanding issues across the Trust, there needs to be a Trust-wide review of areas for immediate investment.
- Outstanding essential maintenance needs to be escalated to ensure patients and staff are accommodated in an adequate environment and resources are available to address these issues.
- Where there are large scale estates issues, these are outlined and decisions are made to address longstanding concerns with the site.
- That a clear vision for Trust clinical services is quickly developed and agreed



with key stakeholders and that a Trust development control plan and investment plan is created to support this.

## Our improvement objectives

- To ensure there is an appropriate forum to ensure that estates issues are escalated and addressed in a timely manner.
- That a resourcing plan is described for the areas that need immediate investment with timescales for maintenance work to take place.
- To develop clear IT and estates programmes to remedy the problems at Whipps Cross.
- That there is a process and timetable agreed with stakeholders to agree the strategic vision for clinical services on the site, aligned with the TST programme.

## Linking with our stakeholders and local community

### Why is this important?

Barts Health is committed to working with our local and national partners to improve health and social care provision in the areas we serve. The Trust already has established relationships with a number of stakeholders, including local GPs, local authorities and elected councillors, MPs, Healthwatch and patient representatives.

There is significant benefit obtained through engagement and involvement of local stakeholders across the Trust, including:

- Better decisions when designing safe, effective and accessible services.
- Services designed to meet the needs of the local population we serve.
- Improved patient experience and health outcomes.
- Public confidence in local NHS services and decision-making.
- Demonstration of long-standing, inclusive and valued relationships with key stakeholders.
- Mitigated risks and issues.

The publication of the CQC report has quite naturally led to concerns and this will be responded to with open and honest relationships with the local community. We welcome the opportunity to further develop our relationships with partners, who will have a critical role to play in shaping the necessary improvements in a prompt and sustainable way.

We will ensure that there is a clear plan on how and on what areas we will link with our local stakeholders. This will include transparent and open monthly reporting and opportunities for stakeholders to engage with the programmes of work.

As part of this commitment, we will continue to attend our local health scrutiny committees and Joint Health Overview and Scrutiny Committee for inner and outer north east London. We will facilitate individual face-to-face meetings with key leads agreed with our local authorities and attend the Health and Wellbeing Boards to facilitate partnerships within the local health economy.





We welcome the opportunity to build on the collaborative relationships established with our local Healthwatch and Trust Patient Panels to raise the standards of care being provided and ensure that the patient voice is at the heart of everything we do.

Arrangements are being put in place to oversee the improvement programme and to provide assurance and transparency for the Board and our external stakeholders on the progress being made.

We are confident that by working together we will improve and secure high-quality sustainable services for staff, patients and taxpayers – as the people of east London expect and deserve.

## Governance and reporting

### Introduction

There must be robust governance and reporting in place to assure our patients, staff and partners that progress is being made against all agreed actions and milestones.

In addition, external assurance will be sought through regular oversight and assurance meetings chaired by the CCGs and the NHS TDA.

### Our principles for improvement are

- Barts Health staff are involved in the development of the plan and together we are responsible for making the necessary changes, which must become embedded into how we provide care. The plan is supported by health and social care partners who have an important role to play in its success.
- The views of staff will be sought, listened to and, where appropriate, included in the plan.
- Staff will be expected to support the changes and be clear on their contribution to delivering excellent care. Staff will be supported to make the changes happen.
- We will seek the views of and listen to our patients and those organisations that represent patients, carers and the community. We will involve them at every level in our improvement journey and ask them for feedback on how we are doing.
- Any changes introduced will deliver safe, effective, compassionate and high quality care.
- Changes will be sustainable. Where possible, changes will be implemented at pace. However, to be implemented properly some changes will take longer than others. Whenever change is made, it will be made by all staff, working to clear policies and systems and will not be dependent upon individuals.
- Investments must be made wisely and sustainably. Current ways of working will need to change to ensure clinical services and therefore patients obtain the





greatest benefit from any investment and that the organisation is financially sustainable.

- The contents of this Improvement Plan and the progress we are making will be transparent and communicated regularly to all our patients, staff and stakeholders so they know how we are doing.

## **Governance and reporting structure**

This Improvement Plan represents the start of a journey of improvement, putting in place the building blocks that will create the foundation for future change and improvement across Barts Health. The Plan describes the key priorities for action both at a Trust-wide and a site-specific level and how they will be delivered both corporately and through the hospital sites.

The Improvement Programme will be overseen by the Barts Health Quality Improvement Committee, as a sub-committee of the Trust Board and reporting directly to the Board. Chaired by a non-executive director and meeting monthly, the Committee will oversee the effective and timely implementation of the Improvement Plan. It will receive assurance from an Executive Improvement Plan Oversight Board chaired by the chief executive and comprising the designated executive workstream leads and the hospital managing directors.

The executive workstream leads will meet fortnightly to coordinate activities, report on progress and risks to delivery and how the work is being embedded into business as usual. Progress will be measured against agreed metrics and triangulated against, for example, staff, patient and partner feedback, regular Trust performance reports and audits. Evidence will be collected and retained by the Trust Programme Management Office.

Site implementation will be overseen by site-specific Improvement Plan Implementation Groups for Newham, The Royal London and Whipps Cross. These will be chaired by the hospital managing directors and provide assurance to the Executive Improvement Plan Oversight Board that the local plans remain on track and that appropriate action is being taken to address any risks or slippage.

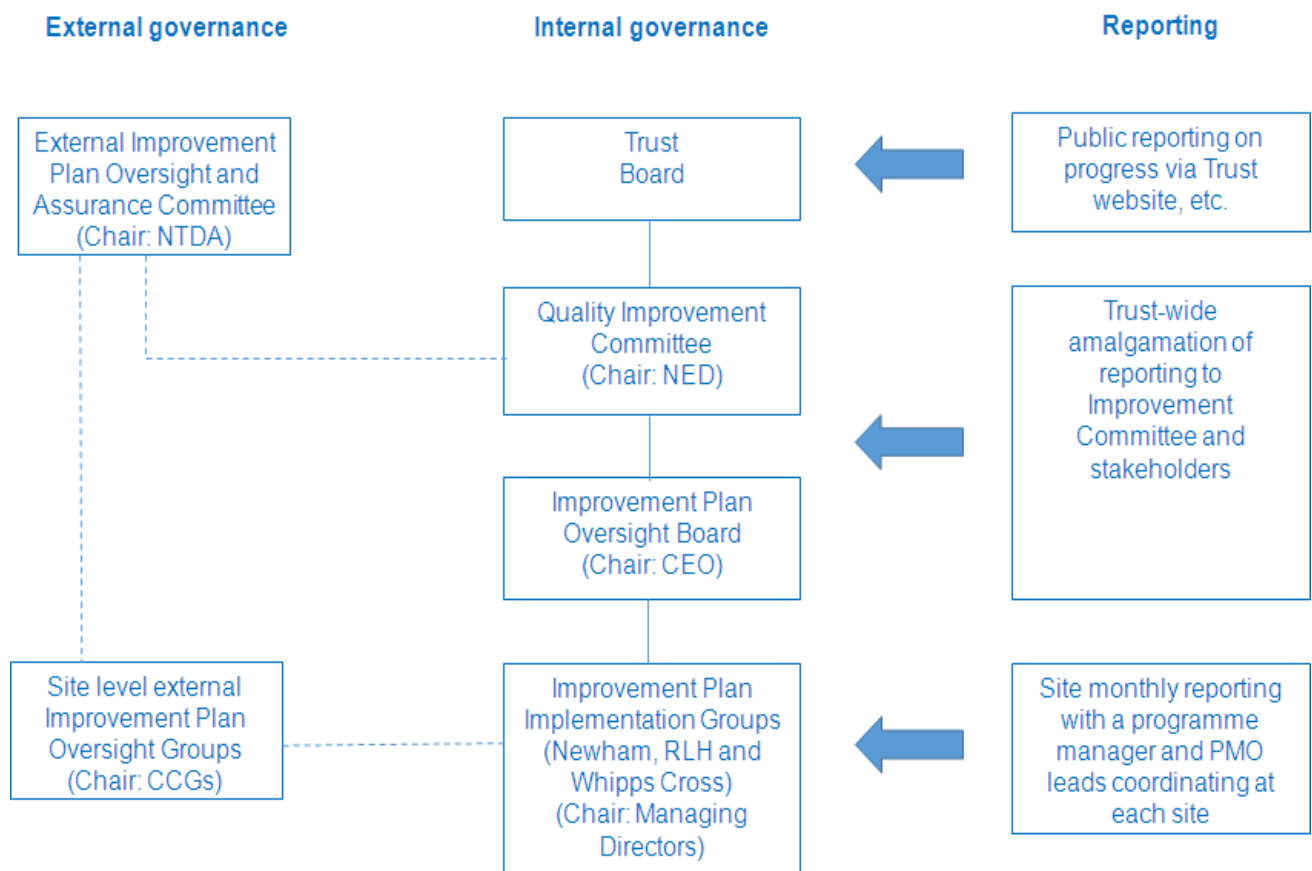
External scrutiny will be provided at two levels. The NHS Trust Development Authority (NHSTDA) will chair an Oversight and Assurance Group of external partner organisations. This group will review and challenge the progress being made by the Trust in implementing the Improvement Programme and identify how partners can provide support.

At a site level, local CCGs will chair Improvement Plan Oversight Groups for Newham, The Royal London and Whipps Cross to provide external assurance on the progress being made against the site-based elements of the Improvement Plans. Communications will be circulated following each cycle of these meetings to provide patients, staff and partners with updates.





## Barts Health quality improvement programme governance and reporting structure



## Executive leads

	Executive Lead
Safe and effective care	Ajit Abraham
Compassionate care and patient experience (including end of life care)	Jan Stevens
Emergency pathway and patient flow	Alistair Chesser
Outpatients and medical records	Jo Martin
Workforce	Michael Pantlin
Leadership and organisational development	Alwen Williams
Newham University Hospital	Jules Martin
Royal London Hospital	Karen Breen
Whipps Cross University Hospital	Lyn Hill-Tout
Barts Hospital	Charles Knight

## Criteria for reporting

- Reporting documents will be designed on a standardised model with objectives and milestones.
- Templates will be designed for use Trust-wide.
- The monthly updates will take place at site level – and be integrated at Trust level.
- All site plans will report progress on agreed key milestones, dependencies, decisions required and risks and issues.
- Programme management resources will be positioned at site level to ensure monthly reporting can be delivered accurately and timely.
- Managing directors (or programme managers) will work with central compliance team to be assured that actions and evidence are logged on Datix.

Overall Trust and site CQC inspection ratings can be found at Appendix 1 and full reports can be found at: <http://www.bartshealth.nhs.uk/about-us/cqc-inspection-reports/>.

As a result of these inspections four enforcement notices and 21 compliance actions were issued by the CQC and, the NHS TDA placed Barts Health under the 'special measures' regime on 17 March 2015. The enforcement notices and compliance actions are summarised at Appendix 2.





*Safe and Compassionate Improvement Plan*

## **Appendices**

# Appendices

## Appendix 1: CQC ratings

### Overall Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate

### The Royal London Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Good	Good	Inadequate	Requires improvement	Inadequate
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
End of life care	Requires improvement	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate



## Whipps Cross Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate
Surgery	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Critical care	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
End of life care	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Requires improvement	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate

## Newham University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
End of life care	Requires improvement	Inadequate	Good	Good	Inadequate	Inadequate
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate





## Appendix 2: CQC enforcement notices and compliance actions

Regulation	Whipps Cross	Margaret Centre	Royal London	Newham
<b># 9 - care and welfare</b> Relates to having care or treatment tailored to patients needs and preferences and that patients must not be given unsafe care or treatment or be put at risk of harm that could be avoided.	EN		CA	CA
<b># 10 - assessing and monitoring</b> Relates to having effective governance and systems to check on the quality and safety of care being provided.	EN		CA	
<b># 11 - safeguarding people who use services from abuse</b> Relates to having safeguarding training programmes in place and ensure a site based safeguarding lead in place	CA			
<b># 12 - Safe care and treatment</b> Relates to having effective processes against the risks associated with preventing, detecting and controlling the spread of infections		CA		
<b># 13 - management of medicines</b> Relates to having robust policies for practice of safe administration of medicines			CA	CA
<b>#15 - premises and equipment</b> Relates to having high standards to ensure the environment (or premises) is adequately maintained to protect patients		CA		
<b># 16 - safety, availability and suitability of equipment</b> Relates to having equipment ready for use and appropriately maintained.	CA		CA	
<b>#17 - good governance</b> Inadequate systems were in place to ensure the delivery of high quality care.		CA (2)		
<b># 18 - consent</b> Relates to increasing the level of patient and family involvement in care decisions with robust systems to ensure consent is appropriate and received.	CA	CA		CA
<b># 19 - complaints</b> Relates to having a clear system in place to ensure that patients know how to make a complaint, and complaints were dealt with appropriately.	EN		CA	
<b># 20 - records</b> Relates to having access to medical records and consistent standards across the Trust and all sites.	CA		CA	CA
<b># 22 - staffing</b> Relates to ensuring that there are enough suitably qualified, competent and experienced staff to deliver safe and compassionate care to patients.	EN		CA	CA



## Further information

This is a critical time for Barts Health. By delivering on our quality improvement plan 'safe and compassionate' we can ensure lasting improvements that will benefit staff, patients and communities for years to come. You can find out more about our improvement work and download the full improvement plan from our website. We will also be sharing monthly updates on what improvements we've made.

We are keen to hear your views and we will be providing opportunities for staff, patients, members of the public and our healthcare partners to engage with our improvement work as we progress on our improvement journey.

To find out more or share your views please visit:  
[www.bartshealth.nhs.uk/improvement](http://www.bartshealth.nhs.uk/improvement)



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