

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

THURSDAY, 27 MAY 2015

Meeting held at 7.00 pm at London Borough Tower Hamlets, Mulberry Place, 5 Clove Crescent, East India Dock, E14 2BG

Committee Members Present: Cllr Ann Munn, Cllr Dianne Walls OBE, Cllr Asma Begum, Cllr David Edgar, Common Councilman Wendy Mead OBE, and Cllr Winston Vaughan

Member apologies: Cllr Ben Hayhurst, Cllr Rosemary Sales, and Cllr Anthony McAlmont

Officers in Attendance: Tahir Alam (Strategy, Policy and Performance Officer, LB Tower Hamlets), Dr Somen Banerjee (Director of Public Health, LB Tower Hamlets), Luke Byron-Davies (Scrutiny Manager, LB Newham), Neal Hounsell (Assistant Director, Commissioning and Partnerships, City of London Corporation), Philippa Sewell (Committee & Members' Services Officer, City of London Corporation) and Jarlath O'Connell (Overview and Scrutiny Officer, LB Hackney)

Also in Attendance: Councillor Susan Masters (Vice Chair LB Newham HOSC), James Ross (Hospital Director – Newham Hospital, Barts Health NHS Trust), Deborah Kelly (Deputy Chief Nurse, Barts Health NHS Trust), Dr Simon Harrod (Medical Director – Royal London, Barts Health NHS Trust), Dr Steve Ryan (Chief Medical Officer, Barts Health NHS Trust), Jo Carter (Stakeholder Relations Manager, Barts Health NHS Trust), Hayley Marle (Inspections Manager, Care Quality Commission), Henry Black (Chief Finance Officer, Tower Hamlets CCG), Archana Mathur (Director of Quality and Performance, Tower Hamlets CCG), Jackie Applebee (Chair Tower Hamlets LMC), Claire Lynch (NHS NEL CSU Transforming Services Together Programme), Beata Malinowska (NHS NEL CSU Transforming Services Together Programme), and Richard Dale (NHS NEL CSU Transforming Services Together Programme) and Alex Smith (NHS NEL CSU Transforming Services Together Programme).

1. WELCOME AND INTRODUCTIONS

- 1.1 Attendees were welcomed to the meeting and introductions were made. There were no Substitute Members.
- 1.2 It was noted that the Scrutiny Chairs from London Borough of Waltham Forest was invited to this meeting. This was customary when there were items relating to Barts Health NHS Trust.

2. MEMBERSHIP OF THE COMMITTEE AND ELECTION OF CHAIR AND VICE-CHAIR

- 2.1 Members were invited to note the membership of the Committee and elect a Chair and Vice-Chair.

RESOLVED – That:

- (a) the membership of the Committee be noted; and
- (b) Councillor Ann Munn be elected Chair and Councillor Dianne Walls Vice-Chair for the ensuing year.

3. APOLOGIES FOR ABSENCE

- 3.1 Apologies for absence were received from Cllr Ben Hayhurst and Cllr Rosemary Sales from the London Borough of Hackney, and Cllr Anthony McAlmont from the London Borough of Newham.
- 3.2 Cllr Susan Masters, Vice-Chair of the Health Overview and Scrutiny Committee in the London Borough of Newham, was welcomed to the meeting.

4. DECLARATIONS OF INTEREST

- 4.1 No declarations were declared.

5. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

- 5.1 The minutes of the meeting held on 12 February 2015 were agreed as a correct record and the matters arising were noted.

6. BARTS HEALTH NHS TRUST IN SPECIAL MEASURES

- 6.1 The Chair welcomed to the meeting James Ross, Deborah Kelly, Dr Simon Harrod, Dr Steve Ryan, Jo Carter from Barts Health NHS Trust, Hayley Marle from the Care Quality Commission, and Henry Black and Archana Mathur from Tower Hamlets CCG.
- 6.2 The Committee gave consideration to the published CQC inspection reports for Whipps Cross, Newham Hospital and Royal London. Overall, the CQC had rated all three as 'Inadequate' and, in addition, the CQC had published a Barts Health Provider Report which rated the Trust overall as 'Inadequate'.

- 6.3 Dr Steve Ryan introduced a presentation on the Barts Health Improvement Plan which addressed the specific compliance actions issued by the CQC. He stated that Barts Health was disappointed by the result, but accepted the CQC's findings. He detailed the actions for improvement identified for each site, as well as the areas of good practice.
- 6.4 Dr Ryan identified the six improvement themes for the Trust: Safety, Emergency Pathway and Patient Flow, Workforce, Organisational Development and Leadership, Outpatients and Medical Records, and Compassionate Care and Patient Experience, gave a quick overview of how they would be delivered to strengthen patient services.
- 6.5 Councillor Winston Vaughan opened the questioning; asking why, when the report in 2013 highlighted issues concerning relationships between staff and managers, are there still the same issues now?
- 6.6 Dr Ryan responded that previous efforts to address the problems had been ineffective. Professional advice had since been sought regarding bullying, and Dr Ryan stated that the Trust now had a better understanding of the issue and were better prepared to deal with it.
- 6.7 Ms Kelly discussed the benefits of enabling the leadership team to have a closer 'eye to the ground', and advised that this was a culture was very complex and was deeply rooted, and had been in place since before the merger so was impossible to address fully within 12 months. Long-term plans were required to move consistently from a top-down to a bottom-up model.
- 6.8 In a follow-up question, Councillor Walls queried whether anyone had lost their job over bullying?
- 6.9 Ms Kelly confirmed that yes, there was due process followed to address severe issues of bullying and, although it was an extreme measure to resolve problems, it had been used. Ms Kelly assured Members that the Trust would not stay away from necessary discipline and would focus on supporting individuals.
- 6.10 Mrs Mead queried the low levels of staff attending mandatory training, asking why Barts struggled with this and whether training was available on how to deal with bullying?
- 6.11 Dr Ryan confirmed that attendance figures were better than they had been historically, and that bullying training was available but wasn't mandatory. Ms Kelly advised that training numbers were better than was reflected in the figures as a number of staff members were attending training but not reporting their attendance to HR. There were issues regarding resources and work cover to allow staff to attend training and, although currently the majority of training was delivered via booklets, e-learning was being investigated as were the right mechanisms to free staff time for training (i.e. flexible hours) and facilitating regular communication between teams and with senior leaders.

- 6.12 Mrs Mead asked whether there were penalties in place for those not completing mandatory training?
- 6.13 Ms Kelly advised that there were no penalties in place and, although that option needed to be investigated, it wasn't always right to introduce sanctions in challenging clinical areas.
- 6.14 Councillor Munn asked what systems were in place to support whistleblowers?
- 6.15 Dr Ryan confirmed that a formal policy was in place; staff was encouraged to report any problems or concerns through specific confidential lines, and these were then investigated.
- 6.16 Councillor Munn queried recruitment levels, and how the Trust was making itself attractive as an employer?
- 6.17 Dr Ryan replied that the Trust wanted to employ passionate and committed individuals and be able to offer them a successful programme of professional development. Members noted that a systematic review of staff was being carried out by the Chief Nurse on each site, and Dr Ryan highlighted the value of permanent staff, as agency staff would be less familiar with working practices and would therefore be less productive. He advised that although training would negatively impact resources initially, well-trained and developed staff meant better, more efficient service provision and therefore a reduction in unnecessary costs.
- 6.18 Dr Simon Harrod reported that, although a mistake had been made in re-banding nurses' grades, there was a critical mass of nurses who were committed to the Trust and, although it would take time, the staffing problems were being addressed.
- 6.19 Councillor Munn asked whether staff resented time and resources being spent on specialist sites?
- 6.20 Dr Harrod reported that, despite the assumption that resources were going elsewhere, a significant amount was going to Whipps Cross. Ms Kelly confirmed that this assumption also impacted staff figures and Whipps Cross in particular was difficult to recruit to. The environment for opportunities and development was crucial to attracting and retaining staff, with the latter being an issue faced by the Trust, and Ms Kelly advised that there was a need to work with partners and be clear about the clinical vision for the sites for the future.
- 6.21 Councillor Edgar queried whether the size of the Trust was causing problems?
- 6.22 Dr Ryan answered that the size of Barts Health Trust should be a benefit to the population, as being big enabled the Trust to do more. The Transforming Services Together Programme Team (who were represented at the meeting)

worked with the CQC to address and understand what the local population needed, it was hoped Newham Gateway could be established as a centre for excellence, and the Trust was exploring how to reconfigure services in order to address capacity problems (particularly at the Royal London).

- 6.23 Councillor Edgar then asked what the timetable was for getting out of special measures?
- 6.24 Hayley Marle from the Care Quality Commission advised that guidance was available on the CQC's website, but a re-inspection would be carried out within 12 months, after which, if the Trust remained in special measures, support would be provided for 6 months. If the Trust remained in special measures after that, legal action could be taken.
- 6.25 Mrs Mead asked the CQC why the Newham Hospital had such a low rating when the previous inspection report from November 2013 was satisfactory?
- 6.26 Ms Marle replied that there were pockets of good practice found at Newham Hospital, but the CQC had found issues concerning safety and governance which had affected the overall rating.
- 6.27 In a follow-up question, Mrs Mead queried whether the Clinical Advisory Groups (CAGs) were being retained?
- 6.28 Dr Ryan reported that yes, CAGs were being retained, although he acknowledged the need for more local responsibility so decisions would not always need to be referred back to the CAG. Members noted that there was a risk of disagreement between site leaders and CAGs, but was an issue regarding leadership skills and culture; Dr Ryan advised that the Trust's task was to appoint the right people and reinforce organisational values.
- 6.29 Mrs Mead enquired about the financial turnaround, and Dr Ryan confirmed that this was still going ahead. He advised that the Trust had looked at all the traditional methods of efficiency savings, but now needed to transform and/or redevelop sites and work more closely with social care providers.
- 6.30 Councillor Munn expressed concern about the CQC inspection report on the Margaret Centre at Whipps Cross which had also now been rated 'inadequate'.
- 6.31 Dr Ryan confirmed that there were issues regarding the poor accommodation, and that the Trust did not have the assets to rebuild it. He assured Members that the staff was fantastic, particularly in spite of the conditions, and the Trust was looking to other organisations to explore options.
- 6.32 Councillor Munn expressed the Committee's shock at how bad the results of the inspections had been and queried whether the challenge of the CQC had been enough, and whether the structure of the Barts Health merger overall was at the root of the issue?

- 6.33 Dr Ryan stated that the Trust frequently felt the heat of challenge from the CQC, and advised that the merger was still a strategically strong decision although the complexity of its implementation had been underestimated. He advised that to move away from the merged Trust at this point would be damaging to all the hospitals and would leave them with the same issues but finding it harder to address them.
- 6.34 Ms Marle responded that concerns had been raised during CQC inspections in 2013, but these had been mitigated by the new merged status. She advised that the CQC had no view as to whether the Trust should be broken up.
- 6.35 Councillor Vaughan queried the finances, and how the Trust would manage in the future when the deficit continued to increase?
- 6.36 Dr Ryan replied that significant savings plans were in place, but these had a long timescale to manage the impact. He advised that the Trust would work closely with partner organisations to implement cost effective, joined up, high quality care. Mr Henry Black from Tower Hamlets CCG supported this view, and added that they needed to find new ways of commissioning and delivering services to decrease costs in the future.
- 6.37 Councillor Vaughan asked a follow-up question, and Dr Ryan responded that, if they demonstrated they were using assets effectively, the Trust could apply for support with PFI costs, but these were part of the cost base and were not the largest part of the issues faced.
- 6.38 Councillor Susan Masters queried whether the services provided were responsive to local needs in that the areas of focus of treatment match the demographic trends. She commented on the excellent performance on joint replacements at Newham but noted that the borough had a very youthful population.
- 6.39 Mr Black advised that the NHS needed to increase efficiency, finding the best location for service delivery as well as finding innovative ways of commissioning them and described the concept of 'capitated budgeting' which would incentivise better models of care than the current system. Dr Ryan added that the culture of care needed changing to address local needs, and Ms Kelly detailed midwifery services at Royal London, which were the most complex, as well as Newham and Whipps Cross.
- 6.40 Councillor Edgar queried the timetable for implementing capitated budgeting?
- 6.41 Mr Black advised that, broadly speaking, capitation would see a provider or group of providers being paid to cover the majority (or all) of care provided to a target population across different care settings. This system was expected to go live in 2017/18, with a shadow year in 2016/17.
- 6.42 Councillor Vaughan and Councillor Walls queried the ratios of nurses to births in the maternity departments at the Trust.

- 6.43 Ms Kelly replied that the number of nurses had increased following a review of caseloads. She advised that the threshold of tolerance was 1:30, although the Royal London ratio would be higher owing to the increased complexity. Across the sites, the Trust was currently operating at 1:32, but she was confident that 1:30 would be achieved in 2015/16. As this was a very technical area she undertook to provide a briefing note for Members.

ACTION - Ms Kelly to provide a briefing note on the 'Birthrate Plus' system and how it operates. .

- 6.44 Councillor Masters queried the overly positive tone of the responses issued by Tower Hamlets and Newham CCGs following the publication of the CQC reports.
- 6.45 Ms Archna Mathur from Tower Hamlets CCG responded that they worked with the Trust and challenged them appropriately. She advised that there were many pockets of good care, and much of the patient narrative was also positive. Ultimately, the CCG wanted patients to be treated well and have good outcomes, and wanted to support that process. Ms Mathur reported that their response had not been lenient, but had sought to present a balanced view of the results and support improvement. She also expressed some criticism of the methodology used by the CQC which produced a mismatch between the narrative and the ratings.
- 6.46 Members noted Ms Mathur's comments, and noted the CCG's critical role, but agreed that this was ineffectively represented in their formal responses to the inspection result. The Chair stated that she found it difficult to understand the responses and the Committee agreed that a letter be sent to the Chairs of both CCGs expressing their concern.
- 6.47 The Chair thanked all representatives for their presentation and for their attendance.

RESOLVED – That the reports and discussion be noted.

ACTION– That the Chair write to Tower Hamlets and Newham CCG Chair expressing the Committee's concern at their responses thus far to the CQC inspection reports.

7. ANY OTHER BUSINESS

- 7.1 The Committee gave consideration to dates for future meetings and agreed to schedule meeting dates in September and October to review the Transforming Services Together Programme proposals and receive an update from the Barts Health NHS Trust. The Chair urged the NHS NEL CSU staff present not to request a meeting on this until it could be established that they could return to the Committee with some concrete proposals.

RESOLVED – That meetings be scheduled for September and October 2015 to review the Transforming Services Together Programme proposals and receive an update from the Barts Health NHS Trust on their improvement plan.

ACTION – INEL Officer to secure meeting dates in Sept and Oct.