Agenda Item 10. Any other public items which the Chair decides are urgent (Pages 1 - 8)

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### Title: CQC Inspection of BHRUT

#### Report of the Corporate Director of Adult and Community Services

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<th>Open Report</th>
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<td>Wards Affected: <strong>ALL</strong></td>
<td>Key Decision: <strong>NO</strong></td>
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**Summary:**
The Care Quality Commission (CQC) recently announced its programme of inspections following its consultation over the summer about how it will overhaul how it inspects hospital trusts in the aftermath of the Mid-Staffordshire failures. The HASSC responded to this consultation and was supportive of the new approach (see minutes 29 July 2013).

The report overleaf reminds the HASSC of the features of the new inspection regime and goes onto outline what is known at this stage of the process about the inspection arrangements for Barking Havering and Redbridge University NHS Hospitals Trust (BHRUT). Finally the report explains what is required in terms of elected member/local authority participation in the lead-up to the inspection.

Due to the submission deadlines for written evidence to CQC, and this being the last meeting of the HASSC before the inspection begins, officers felt it was appropriate to present this report and its appendices to the HASSC under item 10, urgent business of the Chair.

**Recommendation(s)**
Members of the Committee are recommended to:
- Agree the content of a submission to the Care Quality Commission, for which a suggested draft is found at Appendix 1.
- Note the details for the CQC’s public listening event (see paragraph 3.8)
- Make arrangements to receive and discuss the inspection findings once the final report of the Inspection Panel is published.
1. **Introduction**

1.1. The first wave of inspections under CQC’s new regime will take place between September and November 2013. 18 Trusts, including BHRUT, have been selected by the CQC to test the new inspection regime. These Trusts demonstrate variance and include some that are high risk, some low risk and some that are in between those two extremes. By the end of 2015 all acute hospitals will have been inspected.

1.2. The new inspection regime will give the HASSC a more prominent role in the inspections than it has had in the past. Previously Scrutiny Committees would be involved at the end of the inspection process to receive the inspection findings. Under the new system the Committee is now invited to participate from the beginning of the process and formally give its views ahead of the Inspection Panel entering the Trust.

2. **Features of the new inspection regime**

2.1. The CQC will go to greater lengths to prepare for an inspection. This will involve bringing together a wide range of data, including information from staff and patient surveys, mortality information, and hospital performance information such as waiting times and infection rates. The CQC will also seek the views of other local organisations, including local authorities. This body of information will be brought together in a ‘data pack’ that will be published with the Inspection Panel’s final report.

2.2. Under the new inspection regime the CQC is keen to involve local people, Health Overview and Scrutiny Committees (HOSCs) and other groups, including local Healthwatch. The CQC will be inviting written submissions of evidence and will be holding public listening events to engage with people who have received care at the Trust under inspection. The CQC will use these submissions in conjunction with the other information collected (as described in paragraph 2.1) to guide the Inspection Panel on where and what to investigate.

2.3. CQC has developed a new surveillance framework to steer inspection panels. The indicators contained within the framework include:

- Avoidable infections (such as MSSA, MRSA and e-coli infections)
- Notifications of deaths, severe and moderate harm and abuse
- Reporting of never events
- Deaths in low risk situations
- Mortality rates in various health care areas
- Results of access measures
- Information from patient and staff surveys
- Information from the ‘Your experience form’ on our website
- Complaints

2.4. CQC will use significantly larger inspection teams. The inspection panels will include doctors, nurses and other experts and trained members of the public.
2.5. The inspection will cover every site that delivers acute services and eight key services areas: A&E; medical care (including frail elderly); surgery; intensive/critical care; maternity; paediatrics/children’s care; end of life care; outpatients.

2.6. There will be a mixture announced and unannounced visits and they will include inspections in the evenings and weekends when it is known that patients can experience poor care.

2.7. After the inspections, CQC will hold ‘Quality Summits’ to discuss their inspection findings and any improvement action needed. Health overview and scrutiny committees will play an important role in these summits.

2.8. Final reports of the Inspection Panels will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and where there are failures in care.

2.9. Action plans will highlight what needs to be addressed and ask the Trusts along with, Monitor, the NHS Trust Development Authority and NHS England to make sure a clear programme is put in place to deal with any problems.

3. **HASSC participation in the inspection of BHRUT**

3.1. As mentioned in paragraph 2.2 the CQC is keen to engage with local people, HOSCs and local groups from the outset of the inspection process. To this end, CQC provides two formal outlets for local people/health scrutiny committees to give their views (detail of which are given below), as well as accepting telephone or e-mail statements to the local CQC manager on an ad hoc basis.

3.2. **Written Submission**

3.3. Professor Sir Mike Richards (Chief Inspector of Hospitals, CQC) who is leading the first wave of inspections has invited stakeholders (which includes HOSCs) to give their views in writing to the Inspection Panel. For the purposes of scrutiny committees making a response, submissions should:

- comment on the quality of care provided by the Trust and highlight any concerns about performance or service delivery
- Share any relevant scrutiny work of BHRUT that has recently been undertaken
- Share any relevant issues discussed between the Committee and Trust Executives.

3.4. With the above in mind a submission has been prepared that raises the following issues:

- The structure and design of the Queen’s Hospital
- Whether recent improvement can be sustained long term
- Performance and staffing issues within the Trust’s Emergency Department
- Wider system issues, including GP access and the withdrawal of the walk-in centre service at Broad Street.
- The financial position of the Trust as a barrier to improvement
3.5. The HASSC should note that CQC has extended its original deadline (27 September) for written submissions to 02 October 2013 especially so that the HASSC can consider and agree its response. Appendix 1 of this report is a draft submission for the HASSC to edit, approve and then submit to the CQC.

3.6. **Public Listening Event**

3.6.1. CQC will hold its public listening event ahead of the BHRUT inspection on 15 October 2013 (6:30pm, Redbridge Town Hall). The purpose of the event will be to gather ‘soft intelligence’ in the form of stories and experiences of local people who have received care at BHRUT. There will also be a chance for local people to give feedback on what improvements they feel must be made at the Trust and further explanation of the inspection arrangements and process.

3.6.2. Members may wish to attend this event to give their views directly to the CQC and to represent their constituents. Given their links with the community Members may also wish to promote the event to encourage participation and engagement from Barking and Dagenham residents.
Margaret McGlynn  
Compliance Manager  
Care Quality Commission  

(Sent via e-mail)  

Date: 2nd October 2013  

Dear Margaret,  

**Barking & Dagenham Council observations on Barking, Havering & Redbridge University Hospitals NHS Trust**  

On behalf of the Health & Adult Services Select Committee of the London Borough of Barking & Dagenham (the Council’s health overview & scrutiny committee), I am pleased to provide comments on the services provided by Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT). Under the new CQC regime, we are pleased that the inspection will start by gathering in the views of key local stakeholders such as ourselves.

Obviously, the Care Quality Commission has ready access to the wealth of data that describes the problems at BHRUT's hospitals, including accident and emergency performance statistics, the Friends & Family Test data, mortality rates and the hospital’s financial position. There is relatively little that we can add to this range of data. However, we can add our perspective as partners of the Trust and representatives of residents of the borough that use the services. The feedback we are getting from constituents is mixed and this is cause for concern as we would like to see the overwhelming majority of patients at Queen’s Hospital have a positive experience. At the moment it feels as though patient experience is dependent on chance and circumstance as the Emergency Department struggles to get to grips with demand, staffing issues, and waiting times. We would therefore like to see the inspection panel look at what the Trust is doing to improve consistency of care so that a positive experience is guaranteed every time a person walks through the hospital’s doors.

CQC will be well aware, having raised the issue in previous inspection reports, that the structure and design of Queen’s Hospital is not particularly helpful to people using it. Many of these issues will not have been addressed as they will require considerable investment and capital works. We are aware that new signage and other such minor improvements are being made, but it remains a significant challenge for the hospital that it has been built to an unsatisfactory layout and standard.

You will also be aware of the status of the A&E and maternity departments. The improvements that have been seen in maternity services have been greatly welcomed, and are a tribute to the concerted effort on the part of the clinical and managerial leaders in the hospital. However, whilst dramatic, the improvements remain embryonic and we continue to look for assurance that they are fully embedded and are sustainable as ‘business as usual’; we will welcome your views on where these matters stand.
Accident and emergency services remain a major cause for local concern, as I am sure you will see reflected in waiting times, ambulance waiting times and discharge processes. We are aware of problems with recruitment and retention of medical personnel, and the role that the hospital's reputation plays in this problem. The Secretary of State set a condition on the proposed closure of A&E services at King George Hospital, that Queen's should be functioning to the expected standard, and over a year later the services seem nowhere nearer to reaching that level. However, plans for the implementation of those proposals continue to advance. It is worth noting that BHRUT recently issued a proposal to close the A&E at King George Hospital overnight, only to receive challenge on that proposal from the Clinical Commissioning Groups and subsequently to have to withdraw it. This apparent lack of clear and direct strategy on the future of accident and emergency services has also been reflected in presentations to this committee that have been less than clear on just what progress is being made against previous CQC requirements.

We also understand that these issues are in many ways a wider 'health system' problem. The whole health and social care system is working well together across Barking & Dagenham, Havering and Redbridge under the leadership of the multi-agency Urgent Care Board, and BHRUT are well engaged and active in discussions. They have fronted the bid for the £7m allocated by the Department of Health to respond to winter pressures across the local health economy, although there is considerable local concern about this being insufficient funds for a health economy based around so troubled a hospital.

There are wider considerations across the 'system', however, that we do not feel are helping the hospital's recovery. We have been very vocal over recent months about the Clinical Commissioning Group’s proposal not to renew or re-tender a contract for the provision of a Walk-in Centre on the doorstep of Queen’s Hospital, which will now close in March next year. There are widespread concerns about the ease with which local people can see a GP at a convenient time, or at short notice, and we do not accept that the closure of one of the Borough’s two walk-in centres (and the one nearest to Queen’s Hospital) will not place further pressure on accident and emergency services. The promised alternative - a system of more flexible GP access - is yet to materialise or even to be clearly set out for us.

Additionally, we are also concerned about the poor utilisation of the Urgent Care Centre at Queen’s Hospital, an issue that we are paying even closer attention to due to the decision made by the CCG above. The latest figures show that the utilisation of the Urgent Care Centre stood at approximately 32% for week commencing 1 September 2013; figures have consistently fluctuated around this percentage and have never risen above 34% since regular data became available in March 2013. This is significantly lower than the 45%-50% utilisation rate that we understand was agreed by the commissioners. We know that improving the utilisation of the Urgent Care Centre is one of the main priority workstream areas, led by BHRUT, of the Urgent Care Board. However the lack of any consistent improvement over the last six months is a real cause for concern, particularly when the Urgent Care Centre exists to take the pressure away from the A&E Department. CQC may therefore wish to ensure that the wider urgent and primary care services are taken into account in considering the hospital’s progress on required improvements.

We had previously raised concerns about BHRUT’s engagement with local partners, and it would be fair to say that this has seen some recent improvement. They have been offered, and gladly accepted, a seat on our Health & Wellbeing Board, and they are sending out regular 'strategic' communications bulletins. Operationally, they include the local authority in their daily bulletins about how the hospital is performing and where there are bed shortages.
The backdrop to all of this is the ongoing financial problems at the Trust. At the AGM on 23 September, the cumulative deficit stood at £240m. There was considerable discussion of savings targets, with an additional £22.5m being removed from expenditure this year. It remains a concern that this emphasis on the financial problems places undue constraints on improvement planning, and simply further delays the recovery of the Trust.

Bearing in mind the concern that these matters raise for local residents, we look forward to hearing your further thoughts on the our local hospital trust. We will be working locally to encourage attendance at the listening events in October. I should also like to take this opportunity to invite a CQC representative to attend the committee in due course, when the inspection is completed and the findings published, to talk them through with the committee.

With best wishes

Yours sincerely

Councillor Sanchia Alasia
Lead Member, Health & Adult Services Select Committee