

## SUPPLEMENT 1 - PRESENTATIONS



### THE HEALTH AND WELLBEING BOARD

Tuesday, 28 October 2014

**Agenda Item 8.      BHRUT Improvement Plan Update (Presentation)  
(Pages 1 - 11)**

**Agenda Item 9.      Life Study - new UK birth cohort study  
(Presentation) (Pages 13 - 21)**

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# Unlocking our potential Our improvement plan

Page 1

Progress report to the Health & Wellbeing Board



# The story so far

- December 2013 – CQC put our Trust in special measures
- June 2014 - [\*Unlocking our Potential\*](#) – our Improvement Plan was published. It was developed with input from staff; Barking and Dagenham, Havering, and Redbridge (BHR) Clinical Commissioning Groups; BHR Local Authorities; North East London Foundation Trust; UCL Partners; and North East London Local Education and Training Board, to address issues CQC raised
- Matthew Hopkins, Chief Executive, appointed substantively on 1 July 2014, following a three month secondment
- Executive Directors lead five workstreams to help drive delivery of *Unlocking our Potential*
- Each month following sign-off from our Trust Executive Committee, a report against progress will be published internally and externally on or around 25<sup>th</sup> of each month
- So far, 40% of *Unlocking our Potential* has been delivered

# Unlocking our Potential workstreams



## Leadership and Organisational Development

Ensure we put the right systems, structures, checks and balances in place so we are properly managed from Board to ward

**Deborah Tarrant, Director of People and Organisational Development**



## Outpatients

Make sure services are managed effectively so they run on time, every time

**Steve Russell, Deputy Chief Executive**

# Unlocking our Potential workstreams



## Patient Care and Clinical Governance

Support all our care with effective management of patient notes and information, and systems which alert us quickly to problems

Flo Panel-Coates, Chief Nurse



## Patient Flow and Emergency Pathway

Patients are assessed and treated quickly, in the right place at the right time, and are discharged once they are medically fit

Eileen Moore, Acting Chief Operating Officer



## Workforce

Recruit, retain, develop and deploy the right number of permanent staff to provide high quality care 24/7

Deborah Tarrant  
Director of People & Organisational Development

# We publish our progress every month

## Unlocking our Potential June 2014 progress report

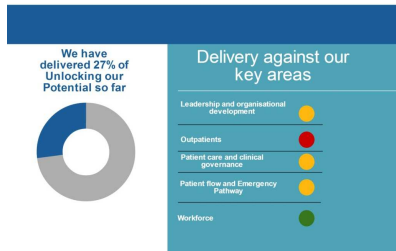
### Key highlights

Over 1,500 staff have now completed sepsis training

Recruited 33 new nurses in our latest recruitment campaign

Friends and Family Test scores increased from 43 in June 2013 to 69 in June 2014

Piloted a family-friendly survey in children's wards which has doubled our children's response rate from 7% in May to 15% in June



## Unlocking our Potential July 2014 progress report

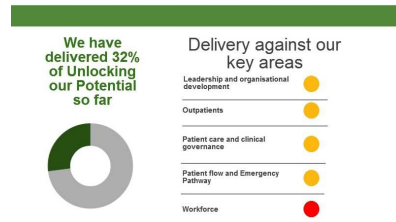
### Key highlights

Launched our new antibiotic app to give our clinicians vital information at their fingertips

Developed a new rota for our A&E doctors to improve the A&E service and improve their work-life balance

We rolled out our new observation charts which will help us give better care to our patients

We have reduced the number of Outpatient short term clinic cancellations by approximately 75% since May



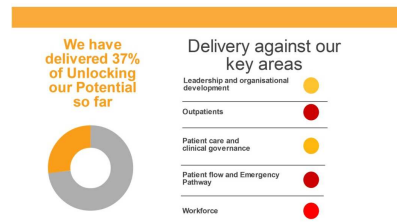
## Unlocking our Potential August 2014 progress report

### Key highlights

Our Board is going from strength to strength

We have appointed three new directors

Our Medical Receiving List is now open 24 hours a day, 7 days a week, to help treat our patients in the best environment



## Unlocking our Potential September 2014 progress report

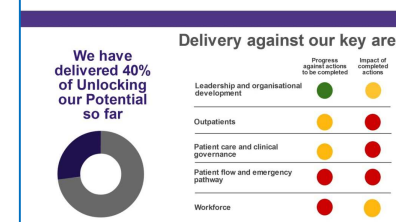
### Key highlights

More than 3,000 staff have completed sepsis awareness training, to keep you safer

We're working together and listening

We held our first listening event with Healthwatch Havering to give our patients and residents a voice

We're working hard on our discharge processes to get you back to the comfort of your own home earlier



For more information read our monthly progress reports at <http://www.bhrhospitals.nhs.uk/>

# Leadership & Organisational Development

- We have refreshed the Executive Team and the Non-executive Directors
- We have engaged the foresight partnership to help develop a strong board
- We are reviewing the operational and clinical leadership structure and have made some changes to key clinical leadership roles



# Outpatients

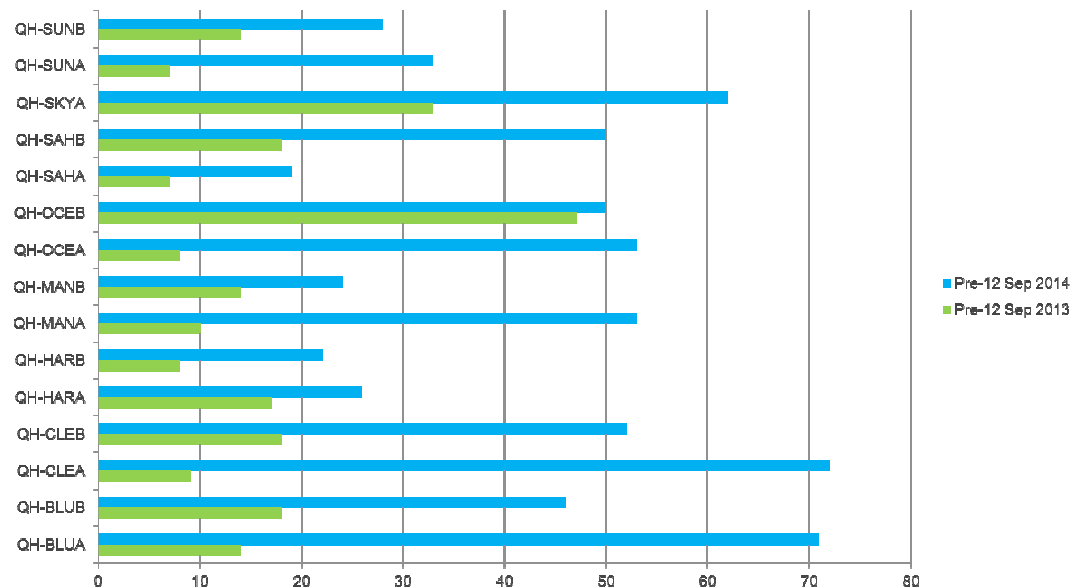
- Spent a lot of time listening to our staff and patients
- Made changes to the call centre resulting in >90% of calls answered compared to 40%
- Reduced short term cancellations of clinics by 87%
- Reviewed 50% of our clinics on choose an book and are contacting GP's earlier to secure letters
- About to spring clean all our clinics and our letters
- Have commissioned a 4 day customer service development programme
- Have reduced the time our PALS team spend on outpatients
- Will be moving to patient driven booking in the new year
- Are part way through a trial to improve case note availability

# Patient care and clinical governance

- New observation charts rolled out
- Over 3,000 staff have been trained in managing sepsis
- We are about to start auditing how many patients are treated within 1h
- We have started a project to simplify our nursing documentation

# Patient flow

- Opened our ambulatory care unit
- Opened our medical receiving unit
- Focused on improving discharges earlier in the day, and have been awarding ward of the week for the past month



# Our ward of the week winners:



- And we've learned how to make further improvements by listening to our staff

# In summary

- We've made progress
- We have a lot still to do
- Some of our efforts are not yet translating into the results we'd like to see
- Governance is stronger, engagement and culture is improving

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# Life Study

An overview for the Health & Wellbeing Board

Professor Carol Dezateux FMedSci CBE  
Life Study  
UCL Institute of Child Health

28<sup>th</sup> October 2014

c.dezateux@ucl.ac.uk

<http://www.lifestudy.ac.uk/>



## Life Study

- aims to become a world-leading research study used to understand and improve the lives of children and their families
- is large in scale and innovative in design
- will follow children through to adult life starting in pregnancy with a strong focus on the first year of life
- will provide insights into pathways leading to life long health and well being and the interplay between biology, behaviour and the broader social, physical and economic environment
- will inform health and social policies in areas of major importance to the lives of UK children now



Study	1946 NSHD	1958 NCDS	1970 BCS70	1991 <b>ALSPAC</b>	2000-1 MCS	2007-10 <b>BiB</b>
<b>Births recruited (n)</b>	5,362	17,773	16,135	14,541	18,819	13,818
<b>Pregnancy</b>				■		■
<b>Birth</b>	■	■	■	■		
<b>4 &amp; 8 wks</b>				■		
<b>6 &amp; 8 mos</b>				■		
<b>9 mos</b>					■	
<b>1 year</b>						



# Life Study – part of a powerful legacy

# LIFE STUDY

Study	1946 NSHD	1958 NCDS	1970 BCS70	1991 ALSPAC	2000-1 MCS	2007-10 BiB	2014-18 <b>Life Study</b>
Period of recruitment	1 week	1 week	1 week	21 months	16 months	43 months	<b>c. 48 months</b>
Births recruited (n)	5,362	17,773	16,135	14,541	18,819	13,818	<b>&gt; 80,000</b>
Pregnancy				■		■	<sup>1</sup> ■
Birth	■	■	■	■			■
4 & 8 wks				■■			
6 & 8 mos				■■			■
9 mos					■		
1 year							■

<sup>1</sup>birth sample not included in pregnancy visit

# Context: complex pathways & childhood outcomes

Infections, immunity, asthma & allergies:  
the 'hygiene hypothesis'



Disorders of social & emotional communication



Pollutants



Obesity, activity,  
sedentary behaviours

Cognitive  
development

## Low iodine may lead to literacy problems

Hannah Devlin Science Editor

Babies whose mothers have low levels of iodine during pregnancy have worse literacy skills in childhood, scientists have found.

"Our research found children may continue to experience the effects of insufficient iodine for years after birth," said Kristen Hynes, a public health specialist at the University of Tasmania in Australia, who led the study. "Al-

though the participants' diet was fortified with iodine during childhood, later supplementation was not enough to reverse the impact of the deficiency during the mother's pregnancy."

Britain has one of the worst rates of female iodine deficiency in the developed world. A study of 193 countries placed the UK among the ten countries with the greatest number of school-age children with insufficient iodine intake in 2011.

Iodine is absorbed from food and plays an important role in brain development, but previously it was not clear what level of deficiency was needed to

have an impact. The study of 228 children in Tasmania suggests that even a mild deficiency has an effect.

Milk is the most common source of dietary iodine; other sources include seaweed and sea fish. Since 1993 the World Health Organisation (WHO) has conducted a global programme of salt iodisation to prevent deficiency. Many European countries, including Switzerland and Denmark, have also signed up to the WHO programme. In Britain, however, it is not compulsory for manufacturers to add iodine to salt and it is estimated that only 5 per cent of salt sold in this country is iodinated.



- More than 60,000 mothers and their partners will take part in Life Study starting during their pregnancy
- Another 20,000 mothers and their partners living across the United Kingdom are being contacted after their baby is born
- We hope to have more than 200,000 people in our study eventually - this will take 4-5 years just to enrol this number
- BHRUT is the first NHS Trust to join Life Study and a special Life Study clinic is opening at King George's Hospital
- We see babies twice in their first year and will stay in touch as they grow up to learn more about the special early years of life





## Parents

- Identity
- Health
- Lifestyle
- Education
- Employment
- Income
- Relationships
  
- Pregnancy and birth



## Infants

- Health
- Growth
- Development
- Sleeping and crying
- Feeding
  
- Parenting
- Childcare



## The environment

- Housing
- Social networks
- Neighbourhoods
- Environmental pollutants

- BHRUT is committed to excellence in women and children's health, to research and to developing health and social care services for the wider community
- Life Study focuses on many health, social and other issues of concern to the local population
- By working together we can develop Life Study in Barking Havering and Redbridge through childhood and into adolescence
- This will create a valuable resource of information for the local community and for Life Study

Find out more on our website!

Barking, Havering and Redbridge   
University Hospitals  
NHS Trust



Thank you

**LIFE  
STUDY**

# Life Study: *understanding lives now and for the future*

Scientific Director: Professor Carol Dezateux

<http://www.lifestudy.ac.uk>

Funded by ESRC, MRC & UCL  
with the Wellcome Trust



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