

# HEALTH AND WELLBEING BOARD

11 FEBRUARY 2014

<b>Title:</b>	<b>CQC Inspection Report</b>
<b>Report of the Chair of the Health and Wellbeing Board</b>	
<b>Open Report</b>	<b>For Discussion</b>
<b>Wards Affected: ALL</b>	<b>Key Decision: NO</b>
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<b>Sponsors:</b> Cllr Maureen Worby, Chair of the Health and Wellbeing Board	
<b>Summary:</b> <p>BHRUT was inspected 14 - 17 October 2013 as part of the first wave of the new hospital inspection regime undertaken by the CQC. BHRUT was selected as one of the first Trusts to undergo this new type of inspection because they were seen to be at 'high risk' - facing significant financial challenges and seriously underperforming on key indicators over the last few years.</p> <p>The findings of the CQC's inspection were published on 18 December. On the advice of the CQC, the NHS Trust Development Authority (NTDA) has placed BHRUT on 'special measures'.</p> <p>This meeting offers the first opportunity for the Board to consider and discuss the findings and judgements of the CQC and in particular the implications of BHRUT being placed on special measures by the NTDA.</p> <p>These recent developments will have no doubt raised anxiety amongst the community about the situation and future of their local hospitals. Cllr Worby, as Chair of the Board, has therefore convened this discussion between partner agencies as a matter of urgency.</p>	
<b>Recommendations</b> <ol style="list-style-type: none"><li>1. Board Members are invited to raise and discuss any issues in relation to the CQC's inspection of BHRUT and the implications of the special measures regime.</li></ol>	

## 1. Introduction

- 1.1 Services at BHRUT have been under close scrutiny for some time, with a previous CQC report raising serious concerns (especially in Queen's A&E) in October 2011, which was followed by on-going monitoring of improvement.
- 1.2 BHRUT were inspected 14 – 17 October 2013 as part of the first wave of the new hospital inspection regime undertaken by the CQC. The changes to the CQC

regime ensure that it is a more robust assessment undertaken by a larger inspection team, who are selected for expertise in the services being reviewed.

- 1.3 BHRUT were selected as one of the first Trusts to undergo this new type of inspection because they were seen to be at 'high risk' - facing significant financial challenges and seriously underperforming on key indicators over the last few years.

## 2. Inspection headlines

- 2.1 The findings of the CQC's inspection were published on 18 December. BHRUT's ratings against the CQC's five key questions are summarised below:

i) **Are services safe?**

Services are, for the most part, safe, but at times they are unsafe - this is mainly around levels of medical staffing, particularly problematic in A&E. A&E remains the substantial concern, with long-standing problems around waiting times, particularly at Queen's Hospital.

ii) **Are services effective?**

The Trust had some arrangements in place to manage quality and ensure patients receive effective care, but more work is needed in medicine, end of life care and outpatients. Effective care in the A&E departments is hampered by long waiting times for patients to be seen by a specialist.

iii) **Are services caring?**

Significant work has been undertaken to improve patient care and many patients and relatives were complimentary about the care they received and the way staff spoke with them. However, more work is required to improve care in the end of life service and ensure improvements in patient care in all services is reflected in national patient and family surveys.

iv) **Are services responsive to people's needs?**

Poor discharge planning and capacity planning is putting patients at risk of receiving unsafe care and causing unnecessary pressure in some departments. BHRUT were also criticised for a lack of effective partnership working with other health and social care partners.

v) **Are services well-led?**

Examples were found of good clinical leadership at service level and staff were positive about their immediate line managers. However, it was felt that the Executive Team needed to be more visible and greater focus is needed at Board level to resolve longstanding quality and patient safety issues.

- 2.2 Some areas of good practice were also singled out by the CQC:

- Stroke services at BHRUT, hailed as one of the country's top performers;
- The development of a 'virtual ward' for care to follow the patient home;
- Sustained improvement in maternity services wards.

- 2.3 The full inspection report can be found by visiting the following link:

[http://www.cqc.org.uk/sites/default/files/media/reports/20131213 -  
\\_cqc\\_quality\\_report\\_barking\\_havering\\_and\\_redbridge\\_university\\_hospitals\\_nhs\\_tru  
st\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/20131213_-_cqc_quality_report_barking_havering_and_redbridge_university_hospitals_nhs_trust_final.pdf)

### **3. Special Measures**

- 3.1 The Chief Inspector of Hospitals, Sir Mike Richards, stated that the scale of challenges faced by BHRUT were the highest that he had seen. Although it was acknowledged in the CQC report that the Trust Board were starting to work together as a team to address the longstanding issues at BHRUT, the report stated that the leadership was 'inadequate to address the scale of the challenges that the Trust is facing and additional support is required.'
- 3.2 The NTDA has therefore put the Trust into special measures on the advice of the CQC. In particular, this means:
- A focused regime to deliver improvement over a 12 month period, at which point there will be another inspection and the Chief Inspector will review whether 'special measures' continues;
  - Developing an improvement plan;
  - Reviewing leadership and governance of the Trust in the next month;
  - Linking with a high-performing trust as peer support; and
  - Appointing an Improvement Director to work with BHRUT executive team.
- 3.3 BHRUT have been asked to supply an improvement plan by the end of February and a newly seconded Improvement Director, Steve Russell, is leading this work for the Trust. In particular, the improvement plan is required to address the need to:
- Improve clinical and management support to deliver improvements to patient safety and quality, and improve ownership of improvement activity at every level of the Trust;
  - Resolve problems in A&E departments of King George and Queen's Hospitals, which are resulting in unsafe care;
  - Put a protocol in place for the transfer of patients between trust locations;
  - Address the Trust's discharge planning and patient flow problems, including improved working with local partners;
  - Implement infection control procedures consistently in every ward and theatre across the trust.
- 3.4 The Urgent Care Board has also discussed issues arising from the Inspection and special measures regime and the Integrated Care Coalition was due to meet on 10 February 2014 to discuss this and other issues. A verbal update from the Coalition will be provided to the Board.