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10 May 2013

Ms Melanie Mavers
Head of Clinical Quality
Quality and Risk Department
1st Floor Brooksby House
Homerton University Hospital NHS Foundation Trust
Homerton Row
London E9 6SR

Dear Ms Mavers

RESPONSE TO QUALITY ACCOUNTS FROM HACKNEY AND CITY OF LONDON SCRUTINY COMMITTEES

Thank you for inviting us to submit comments on the Quality Accounts of your Trust for 2012-13.

We've been giving some thought to our role in commenting on Quality Accounts generally and we've agreed with our scrutiny colleagues at the Corporation of London to send you a joint response.

We've also decided to adopt a more strategic approach to this task and we include below some broader questions which we would like you to answer.

In my letter of 18 March, in response to your enquiry about priorities, we suggested you might give consideration to the following issues which came up during the year in Health in Hackney's work:

- care after discharge: particularly onward referral to community based services for vulnerable clients e.g. dependent drinkers, homeless
- improving communication standards of doctors and nurses and the feedback back to GPs
- levels of noise in the wards

As I explained, Health in Hackney does not meet in May as it is the changeover period when our AGM happens and all committee memberships change, therefore we are asking if you will accept written comments from us. Our Corporation of London colleagues would be grateful for the same response.

After considering your draft Quality Accounts we would be grateful for your response to the following general issues:

- a) The Homerton has a well deserved reputation but with mergers happening around you, this makes you vulnerable as a smaller trust. How much have you examined the issue of how small can you be (compared to your neighbours) before you find you are no longer viable and how are you responding to this in terms of your long term strategy for the Trust?
- b) How is the creation of the newly merged Barts Health affecting your organisation?
- c) The workforce pressures that come with the current trend for increasing centralisation of treatment pathways could make some units in some hospitals no longer viable. How will you respond to these emerging trends within the NHS where there are plans for centralising urological cancer surgery provision, for example?
- d) The Francis Inquiry has set in train plans to better protect whistle blowers. We feel that while this is necessary it is almost more important to ensure that other upward transmission mechanisms for staff to report concerns need to be in place so that issues don't have to escalate to a 'whistle blower' stage. What actions are you taking here?
- e) When things go wrong do you carry out root-cause analyses and how do you balance ascribing responsibility to an individual versus the system and do you feel you get this right?
- f) Which other trusts do you compare yourself to and how? How much is your performance management focussed on driving out poor performance and aiming high, rather than merely achieving some small improvements, which can then be reported as progress?
- g) How does a retrospective document such as a Quality Accounts link to your future strategy for the Trust and where are these links examined?
- h) Are there patients in your hospital today who could be somewhere else and what are you doing with partners to improve the quality of care after discharge?
- i) The Patient Reported Outcome Measures (PROM) (page 29) isn't very effective as response rates are low. What can be done to increase response rates such that this data can be statistically significant and so of some use?
- j) What, steps, if any, is the Trust taking to assess the quality of services provided with the same degree of rigour that is applied to assessing cost and accounting for the Trust's budget?

- k) How much data analysis does the Trust carry out by geographic community? For example, what could you tell us about the use of the Homerton by residents who live in the City of London and their satisfaction with services? As there is now a separate Health and Wellbeing Board for the City are you making any plans to further disaggregate the data you collect between Hackney and other local authority areas or even between different geographic areas of Hackney?

We look forward to receiving a written response and if necessary we can take up any outstanding issues when the Homerton presents its next regular update to the Commission.

Yours sincerely



Councillor Luke Akehurst
Chair of Health in Hackney Scrutiny Commission

cc Common Councilman Vivienne Littlechild, Corporation of London
Common Councilman Wendy Mead, Corporation of London
Neal Hounsell, Corporation of London
Tracey Fletcher, Chief Executive, Homerton
Charlie Sheldon, Chief Nurse and Director of Governance, Homerton

