

Inner North East London Joint Health Overview & Scrutiny Committee

c/o O&S Team
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Reply to: jarlath.oconnell@hackney.gov.uk

18 May 2015

Ms Jo Carter
Stakeholder Manager
Barts Health NHS Trust

by email to jo.carter2@bartshealth.nhs.uk

Dear Jo

Response to Barts Health NHS Trust's Draft Quality Account 2014/5

Further to the request dated 24 April from your Deputy Chief Nurse, I am replying on behalf of Health in Hackney Scrutiny Commission to provide comments on your draft Quality Account for 2014/15.

The Report is an accurate description of the Trust's performance against your quality indicators and we would like to thank the engagement team and senior officers for their continued positive engagement with scrutiny.

The Report is read in the light of Barts Health being recently placed in special measures by the NHS Trust Development Authority, due to the results of the CQC inspection at Whipps Cross, the trust-wide challenges in meeting national waiting time standards and the financial position at Barts Health.

However we also note that the Trust has maintained its position in the top 10 NHS organisations with the lowest mortality rates (SHMI rates) and has created the world class Barts Heart Centre, as well as there being a number of important innovations by you using new devices and techniques in medical treatment.

We note the evidence that you provided the Newham HOSC (15 April) in regards to local site leadership and we are pleased that you are now addressing this and taking on board feedback from staff and other stakeholders. We are keen to see strong local leadership at all of the Trust's sites and we are keen that significant progress is made in this area. We also note that the Account does not explore in any great depth the future

recruitment strategies of the Trust, and we will be keen to explore this area during the coming year.

As you are aware, during the past year, we had a number of items at INEL JHOSC meetings on scrutinising the quality of your services. Arising from those discussions and having considered your Draft Quality Account we would like to raise the issues below:

a) Response to CQC inspections

We look forward to hearing from your senior officers at the INEL meeting on 27 May on the action plan you will be implementing arising from the forthcoming CQC inspection reports on Newham and the Royal London and on what progress has been made at Whipps Cross since Barts Health was placed under special measures on 17 March. Additionally, Tower Hamlets HOSC has expressed concerns about the CQC's initial verbal feedback on these inspections and the common themes across all the hospital sites.

b) Failing administrative and support systems

In our previous two Quality Account submissions we raised the issue of IT integration following on from your merger. We also note the letter of concern which City and Hackney CCG sent to you last summer raising serious concerns about quality. Three years on we continue to be concerned particularly in relation to the failure last summer of Cerner Millennium electronic health record system and the impact this had on patient safety and in particular on your ability to manage outpatient appointments and health records. Furthermore, Tower Hamlets HOSC is still concerned about the administration of the patient transport system and issues surrounding punctuality and attempts to pick up patients from the wrong address.

c) Clarity of reporting

On p. 35 you present tables on 'Priority 3: Clinical effectiveness – reliable care' and it would have helped here to be presented also with absolute numbers to better understand the surge in demand. Could you also please clarify what a "Type 1 breach" is?

d) Data quality issues preventing national reporting on Referral to Treatment targets

Linked to (b) we noted with concern (p. 38) that because of the failure of the Cerner Millennium system, the corruption of your RTT data validation database and the incompatible methods of transferring patient data into waiting lists, you had insufficient confidence in your underlying data and therefore you had to temporarily cease national reporting on your performance against this important national treatment standard in Sept 2014.

e) Cancer care referral and treatment standards

We note with concern (p.39) that of the 8 different national waiting time standards for patients referred with suspected cancer, that you are only on track to deliver only on 2 of these. The NHS National Cancer Patient Experience Survey published in September ranked you last in England. We note you have a clinically-led working group responding to this and we look forward to hearing what improvements are being made.

f) Focus of your safeguarding team - FGM

We appreciate the work your Safeguarding officers have been doing (p. 47) with other agencies to protect people who have become victims of modern day slavery or trafficking as well as those who may be at risk of being radicalised, but we are surprised that no mention is made in your Report about what you are doing in relation to Female Genital Mutilation. A scrutiny review here in Hackney has highlight the key role which front-line NHS staff have in driving up the reporting of FGM, in referring victims or at-risk girls to Children's Social Care services and in educating at-risk communities about the issue.

g) Safeguarding investigations relating to care provided by Barts – low substantiation rate

We note with some concern that only 3 of 25 safeguarding incidents investigated last year were substantiated and that a relatively small number of the incidents which are reported end up being substantiated. We noted that many of these issues relate to the quality of discharge from hospital and concerns about care whilst using hospital transport and we hope there will be an increased focus on correcting these in the coming year.

h) Electronic reporting systems to document staff training

Allied to the IT issues, we noted the concern (p. 52) that there is currently no central electronic reporting system to document staff compliance with important statutory and mandatory training requirements, particularly in relation to training for safeguarding children

i) National performance on Patient Experience

We note (p. 55) that you are committed to being in the top 20% of high performing Trusts nationally for patient experience by 2017. While this is an important aspiration is it realistic considering the situation at Whipps Cross? Also on p. 57 you say “there are no areas where patients reported lower levels of satisfaction than in the 2013 survey, with the remaining 59 showing no significant difference”. It is not clear out of how many?

j) Managing and learning from complaints

We note (p. 67) that only 57% of complaints were responded to within the 25 working days target. It is clear that as problems accumulate, as they have

done this year, there will be a knock-on increase in complaints overall, but we hope that trend can be reversed.

k) Staff experience

We note (p.82) how the Trust's performance in the NHS Staff Survey on issues such as bullying and harassment and on equal opportunities has deteriorated. We note also that a culture of bullying and harassment, low morale and the impact of the 2013 re-organisation had on staff morale were key findings of the CQC inspection of Whipps Cross. No doubt the increased pressure staff are under in delivering cost savings is a factor here. While we are pleased that Barts Health is putting a considerable amount of resource into recruiting permanent staff, we are concerned that there is no reference to recruiting locally.

Overall there are key themes which recur in the report: staffing levels, leadership, data quality, poor change management in the introduction of new systems and an increase in demand for treatment. We do hope however that with new management teams in place and a new Chief Executive we will begin to see improvements.

We look forward to hearing more about the Trusts action plans.

Yours sincerely

Cllr Ann Munn
Chair
Health in Hackney Scrutiny Commission

cc Members of INEL JHOSC