

EPPING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee: Overview and Scrutiny Committee **Date:** Tuesday, 9 June 2015

Place: Council Chamber, Civic Offices, High Street, Epping **Time:** 7.30 - 9.50 pm

Members Present: Councillors R Morgan (Chairman) K Angold-Stephens (Vice-Chairman) D Dorrell, L Girling, L Hughes, S Kane, A Mitchell MBE, G Mohindra, S Murray, S Neville, B Rolfe, A Patel, M Sartin, G Shiell, J H Whitehouse and D Wixley

Other Councillors: Councillors R Bassett, N Bedford, W Breare-Hall, A Grigg, H Kane, J Philip, S Stavrou, L Wagland and C Whitbread

Apologies: Councillors N Avey, T Church, P Keska and B Surtees

Officers Present: D Macnab (Deputy Chief Executive and Director of Neighbourhoods), S G Hill (Assistant Director (Governance & Performance Management)), S Tautz (Democratic Services Manager), T Carne (Public Relations and Marketing Officer), A Hendry (Democratic Services Officer) and M Jenkins (Democratic Services Assistant)

By Invitation: L Hill-Tout (Whipps Cross Hospital)

1. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

2. SUBSTITUTE MEMBERS

It was noted that Councillor A Patel was substituting for Councillor T Church; Councillor L Hughes was substituting for Councillor N Avey; and Councillor Janet Whitehouse was substituting for Councillor B Surtees.

3. MINUTES

RESOLVED:

That the minutes of the Committee meeting held on 27 April 2015 be signed by the Chairman as a correct record.

4. DECLARATIONS OF INTEREST

There were no declarations of interest made pursuant to the Member's Code of Conduct.

5. BARTS HEALTH NHS TRUST - WHIPPS CROSS UNIVERSITY HOSPITAL

The Committee welcomed Lyn Hill-Tout, the interim Managing Director of Whipps Cross University Hospital. She was there to report to members on Barts Health NHS Trust's detailed plans for improvement in the areas of concern identified by the Care Quality Commission (CQC).

The Committee noted that Ms Hill-Tout had only been in post for 8 weeks, although she has had 42 years in the NHS and was last at the Mid-Staffordshire NHS Trust; she had retired two years ago but was very experienced in working with hospitals with damning CQC reports.

It was noted that:

- the CQC inspection of Whipps Cross took place in November 2014 by a team of about 20 inspectors with different expertise;
- five domains were used to rate the quality of services: safe, effective, caring, responsive and well led;
- the overall CQC rating of Whipps Cross was 'inadequate';
- 4 warning notices were issued by the CQC plus specific compliance actions;
- Key concerns arising from the inspections: *insufficient staff levels; a persisting culture of bullying and harassment; bed occupancy that is too high; and a failure to meet national waiting times targets*; part of these concerns related to the high levels of agency staff and low staff moral;
- the four warning notices related to the following regulations: *staffing; incidents and learning (staff did not feel that anything was being done); flow, escalation, end of life care; and complaints and PALS*;
- the four compliance actions related to safeguarding; consent; records; and equipment;
- there were however areas of outstanding practice, one was the effective management of pain relief for children and adults; and their 'Great Expectations' maternity programme;
- four major hospital services at Whipps Cross (surgery, critical care, maternity and gynaecology, and services for children and young people) were rated as good for delivering caring treatment;
- other hospitals in the Barts Health (The Royal London and Newham) are also to be inspected and these report would form an overall Barts Health provider report;
- the NHS Trust Development Authority (TDA) has now placed Barts Health in special measures;
- these were designed to deliver service improvements at pace by providing support where it was most needed. Part of this support includes the appointment of an Improvement Director and the opportunity to partner with a high-performing trust;
- staff were very relieved when that this report was produced as it highlighted their concerns;
- staff were confused about who to go to with their concerns and this had resulted in the strengthening of site leadership;
- they had now strengthened the site leadership team and Site Management Board at Whipps Cross and had put in site based leads for each of their Clinical Academic Groups;
- there were similar models in place for The Royal London and Newham;
- there would be staff events and open sessions to find out what needed to be improved;
- improvement programmes would be developed in partnership with staff, staff representatives, patients and partner organisations;

- Whipps Cross was still needed and has a future in providing acute healthcare to its local population, but has to change and a future strategy be developed;
- They were committed to transparency with their stakeholders, staff and patients about their progress;
- a lot of people look upon Whipps Cross as their local hospital and there was a lot of positive feedback from the local population;
- they needed more staff and were currently recruiting and looking at how to retain staff;
- they needed more quality staff and acknowledged that they have a high proportion of Agency Staff;
- patients needed to be informed and engaged;
- they would be putting out monthly summary reports online to share their progress;
- informal briefings would be given as required;
- other actions taken to date include:
 - partnership with staff-side representatives;
 - launch of the Guardian Service;
 - improvements to local induction process (especially for agency/temporary staff);
 - nurse establishment review completed;
 - safer staffing policy agreed with escalation plans in place;
 - red flag procedures in place to better understand impact of staffing deficits on safety;
 - educational/training programme in place for staff around safe staffing standards;
 - wards sisters to become supernumerary so that they are not expected to fill gaps in the rota and can concentrate on keeping up the clinical standards;
 - risk assess each ward to ascertain areas of greatest risk and need for extra staff;
 - they were looking to build a High Dependency Unit at Whipps Cross – this should be open by next Spring; and
 - and introducing “daily safety huddles” and ward safety briefings and senior leaders walkabouts;

A copy of her presentation is attached.

The meeting was then opened up to questions from members present.

Q. With the hospital in a considerable deficit are you confident you can improve the hospital performance without increasing the deficit and if so, how?

A. It could be done as cost and quality were separate; we could improve things without increasing the costs. This would not be easy but improving quality did not mean increasing costs. We would be running a deficit this year of £134 million and were all very concerned about that level of deficit. Part of our strategy was to recruit staff and not use agency staff, improving quality and decreasing costs. Also, we get fined for not hitting our targets, so if they did, then this money would come back to us. This was a huge task as this was a large and complex organisation, but it was doable.

Q. Can you explain how the previous management were seemingly unaware or unable to deal with the decline of care in the hospital?

A. Whipps Cross had its difficulties for some time. This was part of the rationale behind the merger with Barts Health Trust, the second largest in Europe, with a turnover of £1.2 billion. So this was a huge agenda in itself. There were also large and complex PFI deals within it as well as the complexity of arranging services within London, which is complex enough as well as the staffing issues to go with it. This agenda, for any organisation was too large (as well as introducing a new IT system), what they did was too ambitious and they were aware of some of the difficulties and were in part trying to address them through things like reviewing staff morale. But this was not done in a very co-ordinated way nor was there any acknowledgement of the scale of what they were trying to tackle.

Q. As a Loughton Councillor I have had good experiences of Whipps Cross, both for myself and my family. There are a lot of good people working there. But, this inspection report was one of the worst I have read in 30 years, with its focus on the culture of bullying and harassment. We have heard what you are doing to involve staff, but how wide spread was this culture of bullying.

A. How widespread? It was in particular departments. We have a good sight on this now and were looking to give staff confidence and let them know who they could talk to. A lot of staff now come and talk to us with their individual concerns. There was a bad culture of people not talking to each other and not sorting out their problems. There was also a lot of interim staff and turnover, who did not understand the culture; there was a need for permanent staff not agency staff. This could not be changed overnight.

Q. I was curious when you mentioned debts of £134 million, a lot of money; as well as paying fines. What was the impact on patients?

A. We have a contract with our commissioners with targets. The new Chief Executive is talking with the Clinical Commissioning Group to see if we can put that money back, obviously with strings attached. We are fined if we do not meet standards set out in our contract and the fines go back to clinical commissioning groups, a bit of a nonsensical system and one of the contributing issues. But they are meant to be a driver for quality.

Q. You have also mentioned taking on an additional 500 members of staff, is there enough money to do that as that would be quite expensive.

A. It is indeed and that is what is contributing to the £134 million deficit. But that is such an important part of what we do, so we have to address that. Also, as a trust we have a large PFI; there were a lot of concern about these both nationally and locally. Yes, we have invested in nursing, but that was a necessary investment and in the long term this would save money. Once we get the right staff in place we will not be paying the high agency fees.

Q. I have found out that a lot of people do not know how to use your IT system, and when it does not work there was no backup system, with no support in place. Also one management at the top level was always changing. Each time staff comment they ask for it to be anonymous, so I am worried there was still this fear of bullying around.

A. I think you are right. In the eight weeks I have been there I have not been able to resolve all those issues. I get staff coming to talk to me but not wanting to give their names; which says something about the culture. That's

one of the reasons we set up the Guardian Service. There was still work to be done to make sure people know who to go to if they have an issue. We will be putting up contact details etc. to encourage staff and to let them know who to go to. We know we will still have a huge amount of work still to do with staff, and I'm not saying that it was fixed by any means.

You were right about management changing, we have had a series of interim people, and I am interim myself, which worries me, as the way people build relationships was by not having constant change.

Our IT system was still not working well; we still have some down time. Other than staffing, IT was probably the biggest factor we have to tackle. I am not disagreeing with anything you said as it rings a bell with me. There is IT backup and I will provide a written answer around the backups on this.

Q. I'm also concerned that in the paediatric unit, in the urgent and emergency care, it was pointed out that there were no paediatric nurses on staff at various points when there should be a minimum of two at all times. What plans does this trust have to make sure that doesn't happen again?

A. Recruiting paediatric nurses was a problem nationally and we lost a number of our senior paediatric nurses when there was a regrading of nursing posts, people are still very angry about that as they feel that those issues were raised at the time the regrading was done. One of the benefits of working in a large organisation, like Barts is that we try to give new paediatric nurses more experience across all our sites. We have also had a campaign with adverts put in the specialist paediatric journals and have had two new nurses start at Whipps Cross, which was a start. We also have a programme of rotation of senior nurses into the paediatric area to build the confidence of 'adult' nurses in paediatric care. We also have a transfer nurse on staff every night to facilitate the transfer of patients into the paediatric ward.

We have shut six of our paediatric beds because of staffing issues and will be splitting our wards into higher and lower dependency units and hope that this would attract nurses.

Paediatrics is one of those areas where we fall down, partly because we cannot get children admitted to a paediatrics ward as soon as we would like and partly due to the loss of six beds. But there was a whole raft of work happening around paediatrics.

Q. What about the high profile resignations from the trust; were any compensation payments awarded above what they were contractually entitled to?

A. I can confirm that compensation payments were made.

Q. A&E provision at Whipps Cross. In the neighbouring Trust - Barking, Havering, Redbridge University Hospitals Trust (BHRUT) there was an issue about the A&E closing down at King Georges. I ask this question because I am aware that residents in the south of the district sometimes receive treatment at King Georges Hospital at Goodmayes in Ilford and Queens Hospital in Romford (whose A&E unit was also not performing well). I believe that until Queens was performing well, King Georges would not close. When it

does this would result in extra pressure on the Whipps Cross A&E, which in itself is not as good as it should be. He was wondering with the closure of 1 in 3 A&E departments, how would Whipps Cross cope with that?

A. No specific date has been set for the closure of the A&E Department. The Trust is working with the commissioners and with Barking, Havering and Redbridge. At Whipps Cross we will need to increase capacity and staffing before this closure happens. Currently we are not performing as we should be and need to address these problems before this happens.

Q. You mentioned the recruitment of 500 new staff and the shortfall of nurses. This would imply recruiting from, probably, outside Europe as well as within. What training, over and above the normal would you provide?

A. There will be 500 nurses for Barts Health, which is in addition to the normal vacancies that we have and that would be an additional 108 for Whipps Cross. They will have local induction training and Trust induction training, of 3 days duration. This would be along with ongoing appraisals by ward sisters.

Sometimes overseas nurses do not feel as welcome in the workforce as they should. We try and support them. We also focus on retention of staff which is really important.

Q. What about this 7 day week currently being pushed by central Government.

A. There have been a number of attempts to encourage doctors to do a seven day week. We have consultants there seven days and are talking to our senior consultants to facilitate this. We are looking to extend this to the doctors and are looking to put in a 1 in 10 week rota (for weekend working) from the present 1 in 20 week rota as it is now. We are making good headway with this and will have an agreement within the next eight weeks. If we do this we would also need to keep the diagnostics departments open 7 days a week and be able to discharge patients on weekends.

Q. A lot of mistakes were made under the merger where there was a lot of financial pressure. Also a lot of the staff had a rough time under this merger. I would be interested to know if there was any additional management training provided, as good management skills would make it so much better.

A. The downgrading had a long lasting effect and we lost a lot of good staff. Management training is happening; we are making sure all our staff has appropriate training from senior managers down to ward staff.

Q. We are in an odd position with A&E hospitals situated around our boundaries but not within the district. I have had bad experiences of Whipps Cross and feel that they had no accountability to this district. As Councillors how can we feed in constructive criticism to you? (It was noted then that we have Councillor Chris Pond on the Essex County Council Health Scrutiny and Councillor Chambers was on the Joint Health Committee).

A. I am sorry to hear of your experiences with us. You can use 'Health Watch' or the Joint Health Scrutiny Committee, the Oversight Scrutiny Committee group for Whipps Cross. We can also continue to come and engage with you here. And I also offer an invitation that you can also contact myself and my colleagues and we would respond to you.

Q. I am concerned about introducing another tier of management into your organisation also about staff retention; agency staff earns more from one night shift than permanent staff earn in a week, also there is the matter of the extortionate agency fees. I do not see how we can rectify the situation.

A. There is a national fuss in the media about this; the minister said that we need to take action about the employment of agency staff. There needs to be more system wide management of this by the NHS. We are building our existing workforce and a bank of staff who wish to do overtime and could step in and fill gaps. We are looking at giving enhanced rates for the ability to work in any area and are trying to think of initiatives which can improve the situation.

In terms of managers managing others, you're right. We shall reviewing this and looking at who we have.

Councillor Mohindra asked if Ms Hill-Tout could come back to this committee and give them an update on progress made. This was agreed by the Committee and will be factored in to a future meeting.

The Chairman in winding up the debate thanked Ms Hill-Tout for her interesting presentation and for answering the questions so well and congratulated her on the work done so far.

6. SCRUTINY PANEL MINUTES

RESOLVED:

That the Committee agreed the minutes of the last five Scrutiny Panel meetings now that they have been disbanded and replaced by four Select Committees.

The following Panel meetings minutes were agreed:

- Housing Scrutiny Panel minutes for 24 March 2015;
- Constitution and Member Services Scrutiny Panel minutes for 3 March and 17 March 2015 (reconvened meeting);
- Finance and Performance Management Scrutiny Panel minutes for 10 March 2015;
- Safer Cleaner Greener Scrutiny Panel meeting for 28 April 2015; and
- Planning Services Scrutiny Panel meeting for 14 April 2015.

7. REVIEW OF CABINET FORWARD PLAN

The Leader of the Council, Councillor Chris Whitbread introduced the Cabinet's forward plan for the coming year.

Councillor Mohindra noted that some of the target dates had already passed, being April or May. Councillor Whitbread replied that the Local Plan report would be going to the next meeting of the Cabinet and the other reports would be going forward shortly.

Councillor Whitehouse asked how far the objective on ensuring that the Council understood the effects on an aging population and to work with other agencies to

respond to these effects. The Director of Neighbourhoods replied that a number of pieces of work will be undertaken by a graduate trainee on this. A scope for a review had not been formalised as yet, but he would ensure that members have an opportunity comment on this process.

Councillor Wagland noted that there were two things missing from the plan and they were the Waste Contract and health inequality reports that said they were higher than the national average for hip fractures and car accidents. Councillor Whitbread responded that it was a 'live' document and could be adapted over time.

RESOLVED:

That the Cabinet's forward plan for the coming year be noted.

8. CORPORATE PLAN KEY OBJECTIVES 2014/15 - OUTTURN

The Committee reviewed the report setting out the final outturn and progress made of the Council's Key Objectives for 2014/15.

They noted that:

- (a) 65% of the individual deliverables or actions supporting the key objectives had been achieved; and
- (b) 35% of the deliverables or actions were not completed by year-end.

Councillor Mohindra noted that on page 254 of the agenda, item 5 (a) (i), the percentages appear to be wrong for either the second or third quarter. Mr Hill said he would find out which was right.

RESOLVED:

The Committee noted the end of year position of the Council's Key Objectives for 2014/15.

9. APPOINTMENT OF MEMBERSHIP TO SELECT COMMITTEES

The Committee were asked to make appointments to Select Committees in accordance with the Overview and Scrutiny rules. The Committee were reminded that the Council had agreed pro rata applied to Select Committees and that membership should be kept to a minimum to allow each Group to have representation. It was noted that on this basis it had been agreed by group leaders that Panels would consist of 11 Members, including any independent member that wished to be a member of a Panel.

It was reported that nominations to Chairman and Vice Chairman to Select Committees were excluded from the pro rata calculation rules required for such positions contained in the Council's constitution.

RESOLVED:

That the appointments to Select Committees annexed to these minutes be adopted.

10. APPOINTMENT OF OVERVIEW AND SCRUTINY TASK AND FINISH PANELS

The Committee considered the membership for the continuance of the Grant Aid Review Task and Finish Panel and the Youth Engagement Review Task and Finish Panel. They agreed that it should mirror, as far as possible, the make up of the previous Task and Finish Panels in terms of membership.

RESOLVED:

(1) That the membership of the Grant Aid Review Task and Finish Panel be:

Cllr C P Pond (Chairman)
Cllr J Knapman (Vice Chairman)
Cllr T Boyce
Cllr A Mitchell
Cllr S Murray
Cllr G Shiell
Cllr B Surtees

(2) That the membership of the Youth Engagement Review Task and Finish Panel be:

Cllr S Murray (Chairman)
Cllr G Mohindra (Vice-Chairman)
Cllr S Neville
Cllr A Patel
Cllr C Roberts
Cllr B Surtees

(3) That the Terms of Reference for the Youth Engagement Review Task and Finish Panel be agreed.

11. OVERVIEW AND SCRUTINY ANNUAL REPORT 2014/15

The Committee received the amended annual Overview and Scrutiny Report for 2014/15 incorporating comments made at their meeting of 27 April 2015.

Councillor Murray thought it was a very good report and wanted to give his thanks to the Scrutiny Housing Panel members and officers, and his special thanks to his vice-Chairman. He thought that the case study was a particularly good example of scrutiny work carried out by the Housing Scrutiny Panel.

Councillor Janet Whitehouse commented that she would like the report to be produced as a stand alone document like the Country Care report. Councillor Murray added that it was an important report and a good read and should be a separate document. Councillor Philip, as the Portfolio Holder responsible said that he would look into this. Councillor Angold-Stephen added that he was in favour of raising the profile of the report and wondered if it could have a glossy front cover to make it eye-catching for public consumption.

The meeting noted that it would also depend on the cost of producing such a stand alone document and how many. Officers would come back with approximate costs for doing this. This was agreed by the Committee.

RESOLVED:

- (1) That the Annual Overview and Scrutiny Report for 2014/15 be agreed and submitted to the Full Council at its meeting on 28 July 2015; and
- (2) That approximate costs for a stand alone annual O&S report be submitted to the Committee in due course.

12. WORK PROGRAMME MONITORING

(a) Overview and Scrutiny Committee

The Committee noted their preliminary work programme for the year ahead. They noted that the Essex County Fire and Rescue Service wished to address the Committee in January 2016 in connection with their review of service provision and the connected public consultation exercise.

The Youth Council was also due to attend the January meeting to give their annual update of the work they had undertaken over the past year.

The Committee agreed that the Fire and Rescue Service should attend their January 2016 meeting but would also like the Youth Council to attend this meeting and give their presentation.

AGREED: that the Essex County Fire and Rescue Service attend the Committee's January 2016 meeting as well as the Youth Council at that same meeting.

(b) Reserve Programme

(1) Councillor Murray said that he would like an update on the 6th Form consortium at the end of the year. Councillor Angold-Stephens said he would do a pick form for this.

(2) Councillor Girling said he would like the Essex Highways Authority to attend a meeting of the Committee.

(3) Councillor Breare-Hall the Portfolio Holder for the Environment suggested that Overview and Scrutiny have a look at waste collection and especially at the start of the four day collection period and the problems around it. He took the opportunity to offer his sincere apologise to all the residents that were affected by the recent collection problems. He noted that he was very angry about this and had recently met with the senior managers of Biffa. He would also like to thank all the officers who had worked long hours to help us through this period, especially Mr Durrani.

Councillor Murray echoed his thanks for the staff, who worked over and above their normal duty. He also thanked the Portfolio Holder for all the work and hours he had put in on this issue.

Councillor Wagland expressed her concern that there had been a full Council and an Overview and Scrutiny Committee meeting in the meantime and this had not been discussed at either. It was noted by Councillor Morgan that this would be discussed at the next Cabinet meeting.

The Chairman asked that a PICK Form be completed and brought back to the next meeting of the Committee.

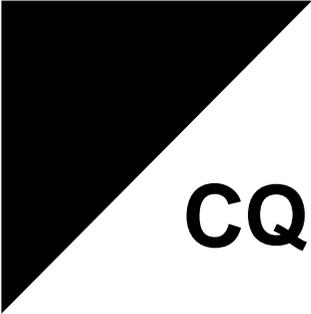
CHAIRMAN

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Whipps Cross Hospital CQC inspection report and improvement plan

May 2015

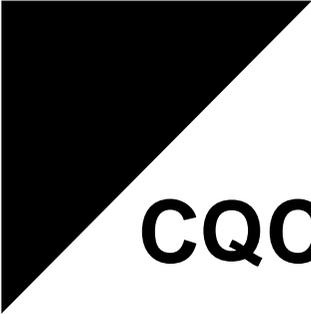




CQC inspection

- CQC inspection of Whipps Cross Hospital took place in November 2014
- CQC report describes inspectors' judgement on quality of care based on information from their 'Intelligent Monitoring' system, and information provided by staff, patients, the public and partners
- Five domains are used to rate the quality of services:
Safe, Effective, Caring, Responsive, Well-led
- Overall the CQC has rated Whipps Cross as 'Inadequate'
- The CQC have issued 4 Warning Notices plus specific compliance actions
- The Trust Board accepts the findings and is extremely sorry for the failings identified



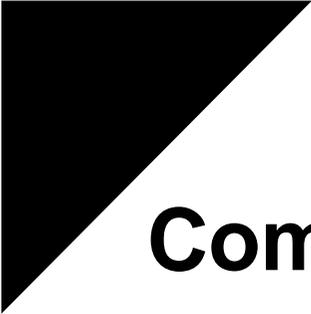


CQC inspection

Key concerns from the Whipps Cross inspection:

- Insufficient staffing levels to provide safe care, high use of agency staff and low staff morale
- A persisting culture of bullying and harassment
- Bed occupancy that is too high and high average length of stay
- A failure to meet national waiting time targets





Compliance and Enforcement actions

- Four warning notices related to the following Regulations under the Health and Social Care Act:
 - Staffing
 - Incidents and learning
 - Flow, escalation, end of life care
 - Complaints and PALS
- Four compliance actions:
 - Safeguarding
 - Consent
 - Records
 - Equipment



CQC ratings for Whipps Cross

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate
Surgery	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Critical care	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
End of life care	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Requires improvement	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate





Areas of outstanding practice

- Effective management of pain relief for children and adults
- ‘Great Expectations’ maternity programme – resulting in a reduction in complaints and increased satisfaction
- Four of our major hospital services at Whipps Cross (surgery, critical care, maternity and gynaecology, and services for children and young people) are rated as ‘good’ for deliver caring treatment

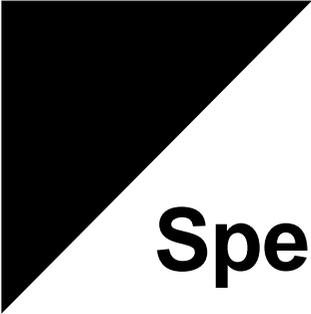




Other CQC inspections

- Inspection reports on The Royal London and Newham are due to be published this month (May).
- The CQC will publish these and an overall Barts Health provider report
- The CQC has not yet inspected St Bartholomew's, Mile End or Tower Hamlets community health services





Special measures

- As a consequence of the Whipps Cross CQC report, combined with Trust-wide challenges in meeting national waiting time standards and the Trust's financial position, the NHS Trust Development Authority has placed Barts Health in special measures
- Special measures are designed to deliver service improvements at pace by providing support where it is most needed
- Support includes the appointment of an Improvement Director and the opportunity to partner with a high-performing trust



Governance and site management arrangements

- New permanent site arrangements in place at Whipps Cross
 - Strengthened site leadership team in place
 - Site Management Board
 - Site based leads for each of our Clinical Academic Groups (CAGs)
- Clear lines of accountabilities/responsibilities for site leadership team and CAGs
- Site matron and clinical site team manage day-to-day nursing resources
- Similar model will be in place for The Royal London and Newham



Strengthening local leadership at Whipps Cross

Managing Director
Lyn Hill-Tout

Medical Director
Mike Roberts

Hospital
Operations Director
Helen Byrne

Nurse Director
Deborah Kelly

Dedicated communications and HR support





Whipps Cross improvement programme

Principles

- Sustainable improvements
- The improvement programme will be developed in partnership with staff, staff representatives, patients and partner organisations
- Every member of staff has a critical role to play in delivering the necessary improvement
- Whipps Cross will continue to play a vital role in providing acute healthcare to its local populations
- Commitment to transparency with stakeholders, staff and patients about our progress



Improvement workstreams

Safety and
effective care

Emergency
Pathway and
Patient Flow

Workforce

Organisational
Development
and Leadership

Outpatients and
Medical
Records

Compassionate
care and Patient
Experience

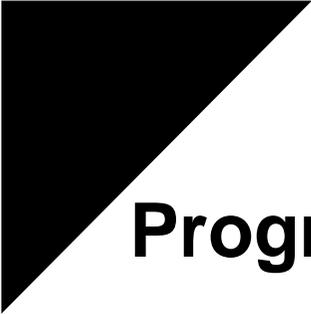




Priorities

- Patient safety and quality improvement
- Staffing – recruitment and retention
- Staff are engaged and take full part in improvement
- Patients are informed and engaged
- Improvement work will involve the support of our partners e.g. admissions and patient flow
- Commitment to transparency with stakeholders about our progress
 - Monthly summary reports published online and shared with key stakeholders/ stakeholder organisations by email
 - Regular updates to stakeholders through existing arrangements e.g. JHOSC, health scrutiny
 - Specific enquiries/ concerns will be managed in line with usual arrangements
 - Informal briefings as required





Progress achieved at Whipps Cross

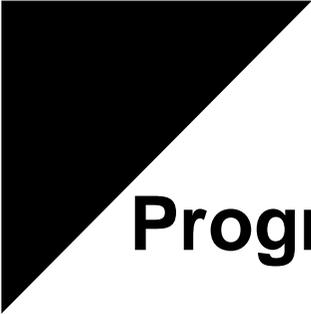
Immediate focus on engaging and involving staff, and setting up infrastructure to support improvement work.

Actions taken to date includes:

Workforce

- Staff engagement programme
- Partnership with staffside representatives – joint working and formal monthly meetings with site leadership team
- Launch of the Guardian Service
- Improvements to local induction process, especially for agency/temporary staff
- Safer staffing (linked to one of our warning notices) – significant progress since the CQC visited in November 2014
- Nurse Establishment Review completed
- Safer Staffing policy agreed with escalation plans in place
- Red Flag procedures in place to better understand impact of staffing deficits on safety
- Educational/training programme in place for staff around safe staffing standards
- Patient materials made available around what to do around concerns in staffing levels





Progress achieved at Whipps Cross (2)

Outpatients and medical records

- Daily monitoring of availability of medical case notes for clinic appointments
- Improvement from 70% to 96% availability (as of May 2015) – more work to do
- Extra resources are being put in place for the next three months to clear the backlog of work to merge full and temporary notes to create single set of comprehensive notes

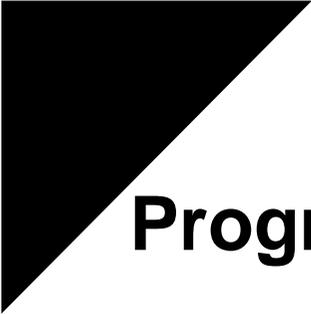
Compassionate care

- On-site leadership strengthened, with team taking forward key areas of work
- Compassionate Care group established focused on fundamental care needs of patients including End of life care, nutrition and hydration, care rounding
- Engagement with Patients' Panel on priorities – ongoing partnership

Emergency care and Patient Flow

- New Care Path – positive impact on patient waiting times and breaches in ED
- Patient flow work delivering results including
 - Improvements to 'Gold' and 'Silver' discharges through gold standard board rounds
 - Reduced bed occupancy
- Focus on A&E in Stepping into the Future week (1-8 June)
- High Dependency Unit in progress





Progress achieved at Whipps Cross (3)

Safe Effective Care

- Daily safety huddles (seven days a week)
- Ward safety briefings and senior leaders' walkabouts
- A Site Quality and Safety committee (starting in June)
- Giving clinical staff a voice through a Clinical Senate
- Monthly half-day focus in each service on quality and improvement issues
- Clear approach for engaging trainees, students and patients in patient safety work
- Site safeguarding lead
- Agreement with external provider for increasing staff QI (Quality Improvement) capability
- Established a site Treatment Escalation and Resuscitation Committee

Leadership and Organisational Development

- Strengthened site leadership in place
- Whipps Cross Management Board – including CAGS (clinical academic groups)
- Clear accountabilities for CAGs and site leadership teams
- Enhanced staff engagement underway e.g. briefings, staffside, open access to all staff



Questions



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Agreed Select Committees Membership for 2015/16

Governance Select Committee

Nominations for 2015/16
Chairman: T Church Vice Chairman: Y Knight
Conservative Group (7): T Church, B Sandler, S Watson, S Jones, L Hughes, Y Knight, M McEwen
Liberal Democrats Group (1): J M Whitehouse
LRA Group (2): H Kaufman; D Wixley
Other Nominations (1): D Dorrell

Housing Select Committee

Nominations for 2015/16
Chairman: S Murray Vice Chairman: A Mitchell
Conservative Group (7): B Rolfe, R Gadsby, G Shiell, S Kane, J Lea, K Chana, A Mitchell
Liberal Democrats Group (1): J H Whitehouse
LRA Group (2): L Girling; C Roberts
Other Nominations (1): S Murray

Neighbourhoods & Community Services Select Committee

Nominations for 2015/16

Chairman: M Sartin

Vice Chairman: H Brady

Conservative Group (7): M Sartin, A Mitchell, A Patel, N Avey, R Gadsby, H Brady, L Hughes

Liberal Democrats Group (1): B Surtees

LRA Group (2): B Jennings; L Mead

Other Nominations (1): S Neville

Resources Select Committee

Nominations for 2015/16

Chairman: G Mohindra

Vice Chairman: P Keska

Conservative Group (7): G Mohindra, A Patel, A Mitchell, S Watson, S Kane, P Keska, N Bedford

Liberal Democrats Group (1): J M Whitehouse

LRA Group (2): K Angold-Stephens; H Mann

Other Nominations (1): Vacancy