

## Bi-monthly briefing for local partners

27 October 2013

### Our progress on our financial position

In our last briefing, we described our decision to move into financial turnaround. The purpose of turnaround is to accelerate the development and delivery of safe cost savings and productivity improvements. This is necessary to ensure a sustainable base for our long term financial standing, while continuously improving services for patients and the care they receive.

Turnaround is part of a three-year plan to get us to a sustainable long term financial position. This year, we are concentrating on stabilising the organisation's finances, by ensuring that we take out un-necessary costs and we recover the income due to us under our payment by results contract and avoid contractual penalties. We also need to make these changes at greater pace.

In terms of our progress to date:

- We have already identified in-year £60m (full year effect £80m) of cost improvement schemes, against our original target of £77.5m
- Of these, around £47m have either already been delivered or are on track to be delivered
- This therefore leaves us with an in-year gap of £16m to find
- At this point, we are still forecasting a £50m year end deficit

It would be wrong to think this is all about money – it is also about quality and efficiency. For example, in our colorectal service, a new patient pathway will come into effect on 1 November which will reduce waiting times for an outpatient appointment from up to six months to only four to six weeks. Patients will get an initial appointment where all tests and treatments are discussed and put into motion. This means that their treatment and any follow up can be undertaken much more quickly. Prior to any appointments being booked, all referrals will be vetted by a consultant. This will speed up the process and allow non-specialist cases to be directed to the most appropriate service for each patient's needs.

We must also ensure we are consistently meeting NHS performance targets. The key national targets, covering emergency care access, the 18-week referral-to-treatment standard for routine care and rapid access to cancer care are making a real difference to the quality and timeliness of the care that patients receive across the NHS in England.

### Developing our clinical and site strategies

We are developing our overall clinical and site strategies, which will help us to deliver our vision of changing lives across east London, and to provide a consistently high standard of care at all our hospitals. One of the benefits of our merger is being able to create patient-focused pathways across our hospitals much more quickly than before, while ensuring strong local services for local people to a consistently high standard. If our clinicians have a case for change in patient pathways or the location of any services, those propositions will be reviewed and agreed with commissioners. The NHS locally, including the CCGs, will engage with you, other stakeholders and partners, and appropriate patient groups.

### **Our workforce consultation**

We wrote to you on 27 August to tell you about a consultation we have been conducting with our operational management, nursing and administrative and clerical workforce. This follows on from the review we undertook of our corporate functions after our merger in 2012. It is essential that we maintain a skilled, adaptable and efficient workforce that is able to deliver excellent clinical and non-clinical services and fulfil our commitment to research and education. Therefore, over the past few months, we have carried out a comprehensive review of staffing levels and clinical practices across the organisation to help us ensure that our structures and processes are fit for purpose.

We launched a formal consultation process on proposed changes to our workforce on 27 August 2013. All staff were invited to comment and to provide feedback on the proposals. Our recognised trade unions and staff side body have been involved in a pre-consultation process, which included reviewing lessons learnt from our 2012 consultation and including information which staff told us they wanted to see in future consultations.

We had originally wanted to communicate the outcome of the consultation earlier in October, but we extended the consultation period in order to allow additional time for staff to respond, and to ensure that we could adequately analyse the high number of responses we received. On Friday 25 October, we announced the results of the consultation to our staff representatives, and then to all staff. We have recognised the considerable time and effort that colleagues across the organisation have spent in reviewing the proposals and providing comments – this feedback has been invaluable. We have made changes to our proposals as a result, all of which are aimed at ensuring that there is consistency across all sites in each service, that there are clear reporting structures and that front line staff have the supervisory support they need to deliver high quality care at all times. Please contact us if you would like more specific detail on the outcome of the consultation - contact details are at the end of this briefing.

### **Proposals for changes to cardiovascular and cancer care across north east and north central London**

You may already be aware of proposals which have been put forward by clinicians across UCLPartners, the academic health science partnership which we are a member of, to improve the way that specialist cardiovascular and cancer care is delivered across this part of London. The cardiovascular proposal includes recommendations for a world class cardiovascular centre at St Bartholomew's Hospital, incorporating the services at the London Chest Hospital and The Heart Hospital. (The Heart Hospital is currently part of University College London Hospitals NHS Foundation Trust.) The cancer proposal includes recommendations to concentrate cancer experts who provide specialist treatment for patients with rare or complex cancers into bigger teams in fewer centres. As commissioners, NHS England is leading the review and will be leading a public engagement process to seek views on the proposals. You will therefore hear directly from our commissioners with more information about the proposals and how you and local people can get involved in the process.

### **Investment in Whipps Cross University Hospital**

The estate at the hospital needs significant investment, following many years of underinvestment, especially in many of the inpatient ward areas. In late September, we opened a new acute admissions unit at the hospital, adjacent to the Emergency Department (the latter opened in May 2012). The two developments represent an investment of around £27m. The new acute admissions unit brings together care which has until now been provided on three separate wards, all of which have seen better days and are located some distance from the Emergency Department. The new unit is state-of-the-art, and instead of medical teams being split between three wards, a multi-disciplinary team of doctors, nurses, therapists and other healthcare professionals can now work together in a single location.

This will help ensure that patients are seen, treated and discharged much more quickly than at present and in much improved surroundings. The new unit was featured on both ITV London and BBC London news when it opened.

Recent investment in the Whipps Cross maternity unit has provided new operating theatres and recovery rooms, a new dedicated bereavement suite for women and their partners and a new emergency gynaecology/early pregnancy unit. We are now working to bring forward a programme to refurbish all remaining delivery rooms and the labour wards.

We are also considerably improving standards of cleaning at Whipps Cross. Our cleaning contractor, Initial FM, has brought in a new leadership team for the hospital, including a dedicated domestic manager for the maternity unit, and additional domestic staff to focus on key areas – all at no additional cost to us. We have also identified a number of environmental improvements, at a cost of £170,000, which we have been able to make swiftly.

### **Chief Inspector of Hospitals – detailed inspections in November**

As you know, the Care Quality Commission (CQC) have launched a new inspection system, which involves more in-depth inspections as well as dialogue with patients, local people and stakeholders. You can read more about the new inspection regime [on the CQC's website](#).

Our inspections are scheduled for November. As part of this, the CQC will be hosting three listening events on the evenings of 5 and 6 November to enable members of the public to share their experiences of care with members of the inspection team:

- For Newham University Hospital:  
Tuesday 5 November, 6.30pm, Stratford Town Hall, The Broadway, E15 4BQ
- For Whipps Cross University Hospital:  
Tuesday 5 November, 6.30pm, Leyton Orient Football Club, Brisbane Road, E10 5NF  
Wednesday 6 November, 7.30pm, Queens Road Community Centre, 215 Queens Road, Walthamstow E17 8PJ
- For The Royal London Hospital:  
Wednesday 6 November, 6.30pm, Tarling East Community Centre, Martha Street, E1 2PA

The CQC is asking people who would like to attend a listening event to fill in an online form at [www.cqclistingevents.org.uk](http://www.cqclistingevents.org.uk) or to call 03000 61 61 61. Anyone who is unable to attend a listening event but wishes to give their views to the inspection team can do this by email to [cqclistingevents@livegroup.co.uk](mailto:cqclistingevents@livegroup.co.uk)

### **Our operational performance**

In Quarters 1 and 2 we missed two key national targets - A&E four hours and the 18 week referral to treatment target. Both continue to be a challenge, but we have plans in place to achieve compliance.

#### Emergency access – the “four-hour” target in our A&Es

The target is for 95% of patients to be seen and treated within four hours of arrival. Our year-to-date performance is 94.44%. We have now introduced additional resources, including extra doctors and nurses in the A&Es and assessment areas. Specific changes include:

- Introducing a team at Whipps Cross to support discharge for patients with care needs who do not need bed based medical care. This has had a positive impact on avoiding admission to the main hospital for elderly patients who attend the A&E
- Creating an additional eight assessment beds at The Royal London to support the high demand for short stay admissions

- At weekends, increasing the number of senior staff and improving access to services such as pathology and radiology is already improving performance

#### 18 weeks referral-to-treatment – ensuring that patients receive a diagnosis and are treated within 18 weeks of referral by their GP

The target is for 90% of admitted patients and 95% of non-admitted patients to be treated within 18 weeks. Our year-to-date performance is 82% and 96% respectively. We have recently introduced plans to improve our processes and recover our position, including improving our data and making a significant investment in how we validate and monitor each patient who is on an 18 weeks pathway.

#### Infection control

- On Clostridium Difficile, we have had 27 hospital-acquired cases so far this year, against a year-end target of 75 (which is set by our commissioners). Therefore we are performing better than our trajectory
- We have reported three cases of MRSA so far this year. While our target is for zero cases, this represents a substantial year on year improvement from 11 in the full year last year

#### **Getting ready for winter**

We are working across Barts Health to ensure that we are prepared for winter, and the increase in demand for acute and emergency care which the season brings. You are probably already aware that the Department of Health has released funding to the NHS to help support trusts during the winter. The funding has been agreed much earlier this year than in 2012, allowing everyone in the health and social care sectors to plan more effectively for winter. We have secured funding of £12.8m to boost our winter care plans, and we are working with our commissioners and local providers to agree how best to make use of the funds. This will include opening additional capacity in our hospitals to meet expected demands for inpatient beds.

#### **The Friends and Family Test**

The NHS's national Friends and Family Test is now being used across the NHS to gauge how likely patients are to recommend local hospital services. The survey is currently in use for inpatients and A&E patients, and during October we began rolling it out in our maternity units.

The latest data which is available is for September. For Barts Health, it shows that:

- 24.2% of inpatients completed the test
- Of these patients, 66% said they were “extremely likely” to recommend the service
- 14.5% of A&E patients completed the test
- Of these patients, 61% said they were “extremely likely” to recommend the service

#### **Recent visits and committee attendances**

In September, we attended meetings of health scrutiny committees in Newham, Tower Hamlets, Waltham Forest and Redbridge. We also attended the Waltham Forest Health and Wellbeing Board meeting, and hosted a visit at Whipps Cross Hospital from the Waltham Forest Public Health and Health Delivery Scrutiny Sub-Committee, who viewed our stroke, maternity and emergency care services. We also attended a meeting of local partners in Waltham Forest, hosted by Stella Creasy MP, where we were able to take part in a useful discussion about the issues local health and social care organisations face in providing care for elderly people.

In October, members of the Outer North East London Joint Health Overview and Scrutiny Committee visited Whipps Cross for a discussion on our plans for the hospital's estate and a

tour of the maternity unit and A&E. We then attended the JHOSC's regular meeting later in the month. We held a very good meeting with all local Healthwatches, and I was very heartened by the level of engagement and enthusiasm for partnership working. Healthwatches are an extremely important voice for patients and the public, and we very much value the benefit they can bring as 'critical friends'. We also attended a very productive meeting with local NHS, education, council and Healthwatch partners to discuss diabetes care in east London, which highlighted a great opportunity to build strong local partnerships and better utilise the considerable expertise we hold within our respective organisations.

These meetings and visits are a vital part of ensuring that we keep our partners informed and up to date about our work. Please do let us know if you would like to arrange a meeting or visit with us – contact details are at the end of this briefing.

### **Success for Barts Health at this year's Health Service Journal Efficiency Awards**

The Barts Health Operation TLC (turn off, lights off and close doors) campaign picked up the Energy Efficiencies award at this year's HSJ (Health Service Journal) Efficiency Awards. The energy saving initiative links energy saving actions to patient safety, comfort and dignity, as well as driving down our energy bill. Since Operation TLC campaign started in January, we are saving £100,000 a year in energy bills and avoiding 800 tonnes of carbon dioxide.

Research with the Clinical Research Centre shows that one in three patients experience better privacy and one in four patients experience less disturbed sleep in wards that have been taking the Operation TLC actions. This means we are also creating a better healing environment for our patients.

### **More information**

We are committed to providing open and honest communication with our partners. Look out for our regular bi-monthly briefings. If you have questions or would like to arrange a face-to-face briefing or a visit to one of our hospitals, please contact a member of our communications team:

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