



The future of Barking, Havering and Redbridge University Hospitals NHS Trust

Westminster Hall, Wednesday 15 July (4.30pm)

Debate initiated by **Mike Gapes**

This pack provides general background material relating to the subject of the debate.

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Library analysis included in this pack:

A: Summary by Tom Powell, Social Policy Section

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A Summary

Barking, Havering and Redbridge University Hospitals NHS Trust is a large provider of acute services, serving a population of over 750,000 in outer North East London. The trust operates from two sites; Queen's Hospital and King George Hospital.

The trust has a total of 1,084 beds consisting of 972 general and acute, 80 maternity and 32 critical care. The trust receives around 73,00 inpatient admissions, 592,000 outpatient attendances and 245,000 emergency department attendances. All core services are provided from both sites with the exception of birthing services which are provided from the Queen's Hospital site only.

The trust covers a population of around 750,00 across three local authorities; Barking & Dagenham which has very high levels of deprivation (ranked 8th of 326 local authorities) and is also rated as worse for a higher number of public health indicators including obesity and smoking, Havering (ranked 177th) and Redbridge (ranked 116th).

The Care Quality Commission (CQC) inspected the trust in October 2013, and found there were serious failures in the quality of care and concerns that the management could not make the necessary improvements without support. The CQC Chief Inspector of Hospitals, Professor Sir Mike Richards, recommended to the Trust Development Agency (TDA) that the trust be placed in special measures in December 2013.

Since the inspection a new executive team has been put into place including a new chair, new members of the board, a chief executive, medical director, deputy chief executive, chief operating officer and a director of planning and governance. The executive team has been supported by an improvement director from the TDA.

The trust developed an improvement plan ('unlocking our potential') and the CQC carried out a re-inspection in March 2015 to check on improvements, apply ratings and to make a recommendation on the status of special measures.

The CQC found that improvements had been made in a number of services since their last inspection but overall both Queens Hospital and King George Hospital were rated as still requiring improvement. Professor Sir Mike Richards concluded that significant improvement was still required and that the Trust should remain in special measures, with a further re-inspection to monitor progress later this year:

"Significant progress has been made over the past year by the trust for which the leadership team should be commended. In particular we observed a marked improvement in the culture within the trust. However, considerable further improvement in quality and safety of care is still required across multiple services before these can be considered 'good'. In addition further work is needed to ensure robust governance systems are in place across the trust. I am therefore recommending that the trust should remain in special measures. CQC will re-inspect key aspects of care within the next six months to make a further determination on this."

Further details of service ratings and inspection reports for the Trust can be found on the CQC website:

<http://www.cqc.org.uk/provider/RF4>

The two independent healthcare regulators in England (the CQC and Monitor) and the TDA have published *A guide to special measures* (updated February 2015):

<http://www.cqc.org.uk/file/182105>

B Newspaper articles

Please note: the Library is not responsible for either the views or accuracy of external content.

The Evening Standard (London)

July 8, 2015

Inspectors find 'progress' at failing NHS hospital trust

Ross Lydall

ONE of London's two failing NHS hospital trusts is to remain in special measures but has been praised for making "significant progress".

Inspectors from the Care Quality Commission found Barking, Havering and Redbridge trust - which runs Queen's hospital in Romford and King George in Ilford - had moved from "inadequate" to "requires improvement".

Professor Sir Mike Richards, the Chief Inspector of Hospitals, said: "I am pleased to report that with the package of support provided by the Trust Development Authority, and with a new leadership in place, the trust has shown that it made significant improvement."

The inspection in March found that the trust was still missing the target on four-hour waits in A&Es. It was followed into special measures this year by Barts Health.

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Health Service Journal (HSJ)

July 2, 2015

Trust must remain in special measures, says regulator

PERFORMANCE: Barking, Havering and Redbridge University Hospitals Trust should remain in special measures, the Care Quality Commission has recommended.

The inspectors found that safety was "not a sufficient priority". There was a backlog of serious incidents and the investigations lacked enough detail to ensure failings were understood.

The team also found that improvements were not made when things went wrong.

Patient outcomes were "varied" and some staff were not "competent" in carrying out their roles.

Urgent and emergency care, children's and outpatient services were "not responsive to meet patients' needs". The trust was not meeting the four hour accident and emergency target or the elective waiting times targets.

Since the trust was placed in special measures in December 2013 a new board has been put in place. The team found they were making improvements and were "visible and engaging" with patients and staff.

However, while there was a "vision and strategy" at executive level, frontline staff were "less clear" and many told inspectors they were "fire-fighting".

The team found examples of outstanding work in the radiotherapy unit, genitourinary medicine clinic and good outcomes for stroke patients.

Patient flow through the hospital had improved since the team's last visit and the introduction of the elderly receiving unit "met patients' needs".

At a recent high level ministerial meeting it was reported that the leadership team of Barking, Havering and Redbridge felt regulatory intervention had made it harder to improve patient care.

Chief inspector of hospitals, Professor Sir Mike Richards, said the trust had made "significant improvement" but "there is still much to do".

Chief executive Matthew Hopkins said: "This report confirms what we already knew. We are making great strides in improving care for our patients, and we have set strong foundations to continue our journey to become outstanding."

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Health Service Journal (HSJ)
June 26, 2015 Friday

Regulators make it harder to improve care, special measures trust claims

A trust in special measures believes regulatory intervention has made it harder to improve patient care, the minutes of a high level ministerial meeting reveal.

Barking, Havering and Redbridge University Hospitals Trust was placed in special measures following a Care Quality Commission inspection in 2013.

Richard Douglas said trusts "tend to exit the regime with a financial position that had deteriorated"

At a meeting between government ministers and senior leaders from the NHS Trust Development Authority last month, the special measures regime was discussed.

In the minutes Richard Douglas, then director general for finance at the Department of Health, reported that the BHRUT board said "as a result of being placed in special measures a large number of other regulators became interested in them". This had the "unintended consequence of making it harder to implement the necessary changes required to improve patient care".

Mr Douglas, who retired at the end of May, asked if anything could be done to "limit this negative impact".

The TDA's director of strategy, Ralph Coulbeck, said a monthly system meeting "mitigates this to some extent, but which does not, and should not, include the professional regulators".

It was agreed that the DH and TDA should work together "to better define the limitations of special measures".

However, *HSJ* understands there is no formal work looking at the special measures regime taking place between the department and the authority.

A DH spokeswoman said: "The TDA and the DH will continue to work together to monitor the strengths and weaknesses of the special measures programme, and make improvements where needed."

Mr Douglas told the meeting that trusts in special measures "tend to exit the regime with a financial position that had deteriorated" and that while special measures "did improve quality it seemed to be less successful at improving financial positions".

TDA interim chief executive Bob Alexander said there needed to be "recognition that corrective action costs money".

Speaking more generally about the TDA's relationships with other organisations, Mr Alexander said while there were "functional relationships" between the TDA and trust chairs and chief executives some relationships could "of course be challenging on occasion". He added that previous chief executive David Flory's departure last month "would inevitably have some impact".

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Health Service Journal (HSJ)
June 16, 2015

Exclusive: Special measures trust faces group legal action by patients

- . Barking, Havering and Redbridge University Hospitals Trust faces group legal claim from patients
- . Unusual claim groups together 17 cases that each include claims of systemic failure
- . Trust says patient care and staffing levels have improved in recent years

Lawyers for 17 separate families and patients have said if the case against Barking, Havering and Redbridge University Hospitals Trust is successful, it could pave the way for group actions against other NHS trusts where systemic failures play a role in poor care.

The legal action is based on a number of allegations in 17 cases between 2007 and 2013 that all include claims of systemic failure. It is unusual for the cases to be grouped together and for the claim to rest on the systemic failures claimed in the specific cases.

- . DH considers cap on legal costs for negligence claims
- . More news and resources on patient safety

In court documents, clinical negligence firm Leigh Day said these claims collectively show the trust's "failure to take reasonable care to ensure that there was a safe system of healthcare provided at [Queen's Hospital]".

The documents said this includes failure to provide sufficient numbers of suitably trained nursing staff and failure to supervise those staff and to ensure adequate records.

However, trust chief executive Matthew Hopkins told *HSJ* that while the cases date back to 2007, Leigh Day referred to requirements and regulations that came into force in 2010 under the Health and Social Care Act 2008.

An attempt by the trust to have five of the cases thrown out was rejected by a High Court judge in March.

Among the allegations are:

- . 13 cases involving poor provision of nutrition and fluids;
- . eight cases of patient falls;
- . five incidents of problems with pain management and pain relief; and

three cases of poor bowel management.

Three cases include allegations of a failure to protect against infection; two involve problems administering medication; and two include pressure sore management.

Emma Jones, a solicitor at Leigh Day, told *HSJ* taking a group claim against a trust was unusual but that the trust had refused to meet with it to discuss the complaints.

A High Court judge rejected the trust's attempt to have five of the cases thrown out

She said: "The systems at this trust broke down. The issues that are being raised by these cases are incredibly important. We are talking about fundamental issues of NHS trusts making sure they have enough staff; that those staff are competent and are completing documents and records; and that the trusts have systems in place to make sure people are given enough to eat and drink.

"We felt it was imperative to do something to try to ensure these issues were taken seriously. And [a group action] was the way we thought we might be able to do it."

Mr Hopkins said: "These cases date back as far as 2007, although the firm of solicitors, who appealed through the local media for people to contact them with allegations, are referring to requirements and regulations which came into force in 2010 with the Health and Social Care Act [2008].

"Unfortunately, in some of these cases patients have not raised their complaints with us, so we have not had the opportunity to investigate their concerns and respond directly to them."

Mr Hopkins said high quality care was a priority for the trust and its nurse staffing levels complied with national standards.

He added: "We have a 1:8 ratio of nurses to beds, and a nursing fill rate of around 95 per cent.

"We have invested heavily in increasing our nursing establishment over the past two years. Recent [Care Quality Commission] reports have shown improvements in patient care, and we are spending £1.4m to recruit an additional 80 nurses this year."

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C Press releases

Care Quality Commission

Chief Inspector of Hospitals finds real improvement, but recommends that Barking, Havering and Redbridge University Hospitals NHS Trust remains in special measures

Published: 2 July 2015

Categories: Media, Hospitals

England's Chief Inspector of Hospitals has recommended that Barking, Havering and Redbridge University Hospitals NHS Trust should remain in special measures following the latest inspection by the Care Quality Commission.

CQC inspectors found that the trust had made significant progress since the last comprehensive inspection in October 2013. Overall the trust has been rated as Requires Improvement - although the trust was rated Inadequate for providing responsive services.

Full reports including ratings for all core services provided at Queen's Hospital, Romford, and King George Hospital, Ilford are available at www.cqc.org.uk/directory/rf4.

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said:

"Eighteen months ago, I was so concerned by the serious failures in the quality of care that I recommended that Barking, Havering and Redbridge University Hospitals NHS Trust should go into special measures.

"I am pleased to report that with the package of support provided by the Trust Development Authority, and with a new leadership in place, the trust has shown that it made significant improvement.

"There is still much to do. Both Queen's Hospital and King George Hospital are rated as requires improvement. Despite considerable attention the trust is failing to meet waiting time targets in the emergency department. Outpatients and diagnostics can't cope with demand and the children's services do not meet local need.

"I am particularly concerned at the large backlog of investigations into serious incidents, which suggests that safety has not been given the priority it requires and lessons are not being learnt as they should.

"However, the new executive team has made significant improvement ensuring the overall culture of the trust was more open and transparent making it a much more positive place to work. On the whole patients we met appreciated the care and support provided by staff. Our inspection has identified those areas where the trust must make improvements.

"While I am satisfied that the trust has made real improvement, there are further improvements still to be developed and be implemented by the executive team. For that reason I feel that the trust should remain in special measures. A further period of support from the Trust Development Authority should ensure that the trust is better placed to embed those improvements for the longer term."

The team of 60 inspectors and specialists including doctors, nurses, managers and experts by experience, visited the hospitals over seven days during March 2015.

Overall inspectors found end of life services to be Good at both hospitals. All other core services, including urgent and emergency services, medical care, surgery, critical care,

maternity and gynaecology, services for children and young people, and outpatients required improvement.

Since the last inspection the trust had developed an improvement plan that had been monitored and updated by stakeholders on a monthly basis. Inspectors found that the access and flow of patients throughout the hospital had improved with the introduction of an Elderly Receiving Unit to meet patients' needs. Also, the trust was persistently failing to meet the national waiting times target and some patients were experiencing more than 18 weeks from referral to treatment.

Also, at the time of inspection there was a significant backlog in the completion of investigations and reports into serious incidents notably in emergency care, medicine and surgery, with some investigations still not started after six months. Investigation reports lacked detail or recommendations that could lead to improvement.

Recruitment of nurses was challenging, with high sickness rates in some areas contributing to low staffing levels. The number of consultants in some medical services fell below national guidelines.

The inspection identified a number of areas for improvement, including:

- The service planning and capacity of outpatients must be improved, continuing to reduce the backlog of patients as well as ensuring that no patients waiting for an appointment are coming to harm whilst they are delayed.
- The trust must ensure that all services for neonates, children and young people are responsive to their needs.
- Staffing levels must continue to be reviewed and acted on at all times of the day. The numbers of staff planned and actually on duty must be displayed at ward entrances in line with guidelines.
- Radiology services must be fit for purpose, fulfilling reporting timescales, particularly for CT scans.
- Serious incidents must be understood and investigated promptly with lessons learned.
-

The reports highlight several areas of outstanding practice including:

- The hospital is a regional centre for upper gastrointestinal conditions. Outcomes for patients receiving oesophago-gastric cancer services were good.
- There were good outcomes for stroke patients and the stroke service demonstrated good teamwork.
- The development of the Elders Receiving Unit had improved frail, elderly patient care.
- The nurse-led oral chemotherapy service is the first in the country.
-

The three reports which CQC publish today are based on a combination of its inspection findings, information from CQC's Intelligent Monitoring system, and information provided by patients, the public and other organisations including Healthwatch.

On 30 June the Care Quality Commission presented its findings to a local Quality Summit, including NHS commissioners, providers, regulators and other public bodies. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings.

Ends

For media enquiries, contact John Scott, Regional Engagement Manager, on 077898 75809 or call the press office on 020 7448 9401 during office hours. Journalists wishing to speak to

the press office outside of office hours can find out how to contact the team [here](#). (Please note: the duty press officer is unable to advise members of the public on health or social care matters).

For general enquiries, please call 03000 61 61 61.

Last updated: 2 July 2015

Notes to editors

The Chief Inspector of Hospitals, Professor Sir Mike Richards, is leading inspection teams that include CQC inspectors, doctors, nurses, managers and experts by experience (people with personal experience of using or caring for someone who uses the type of services we were inspecting). By March 2016, CQC will have inspected and rated all acute NHS Trusts in England. Whenever CQC inspects it will always ask the following five questions of every service: Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?

Since 1 April, providers have been required by law to display their ratings on their premises and on their websites so that the public can see their rating quickly and easily. This should be done within 21 days of publication of their inspection report. For further information on the display of CQC ratings, please visit: www.cqc.org.uk/content/display-ratings.

About the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

Attachments

- [Barking, Havering and Redbridge University Hospitals NHS Trust](#)
- [King George Hospital](#)
- [Queen's Hospital](#)

NHS Trust Development Authority

NHS TDA places Barking, Havering and Redbridge University Hospitals NHS Trust in special measures

18 December, 2013

The NHS Trust Development Authority (TDA) today confirmed that Barking, Havering and Redbridge University Hospitals NHS Trust will be placed into special measures.

The move follows the CQC Chief Inspector of Hospital's report into care at the Trust, which concludes that while there have been signs of sustained improvements in some areas, the leadership of the Trust needs support to tackle the scale of the problems it faces. While aware of many of the issues raised by CQC around patient safety and patient care, attempts to address these issues have had insufficient impact. As a result the Chief Inspector has recommended that the Trust be placed into special measures.

The NHS TDA is therefore today setting out a range of urgent measures to help the Trust swiftly improve the services it provides for local people.

These measures include:

- The requirement to publish an improvement plan listing the measures to be taken by the trust to improve its services
- Urgently appointing an improvement director to provide oversight of the improvement plan drawn up by the Trust.
- A comprehensive leadership review to understand whether further action needs to be taken.

NHS TDA Director Alwen Williams said: “This is a disappointing report both for the Trust and the patients it serves. Our priority is making sure the Trust is able to rapidly improve the care it provides. The Chief Inspector of Hospitals has highlighted the scale of the challenge ahead and this is an opportunity to ensure the Trust is able to make lasting improvements to patient care.

“We will work with the Trust to support them to improve but will take every necessary action to make sure that the issues raised in the Chief Inspector’s report are addressed.”

ENDS

For further information please call the NHS TDA’s Communications Office on 02079321978 or 02079321930

D PQs

Barking, Havering and Redbridge Hospitals NHS Trust: Compensation

Asked by: Hodge, Margaret

To ask the Secretary of State for Health, how much was paid in respect of clinical negligence claims by Barking, Havering and Redbridge University Hospitals NHS Trust in each of the last five years; and how many such claims are outstanding.

Answering member: Ben Gummer

The table below shows payments made on Maternity Clinical Negligence Claims against Barking Havering and Redbridge from 2009/10 to 2014/15 as at 31 May 2015

Payment Year	Damages Paid	Defence Costs Paid	Claimant Costs Paid	Total Amount Paid
2009/10	£2,945,024	£359,495	£777,067	£4,081,586
2010/11	£3,814,530	£270,011	£740,122	£4,824,663
2011/12	£7,061,628	£369,699	£851,960	£8,283,287
2012/13	£7,524,775	£321,533	£1,478,348	£9,324,656
2013/14	£3,943,548	£255,823	£719,500	£4,918,871
Number of outstanding maternity claims :			41	

The table below shows the payments made on Clinical Negligence Claims against Barking Havering and Redbridge 2009/10 to 2014/15 as at 31 May 2015

Payment Year	Damages Paid	Defence Costs Paid	Claimant Costs Paid	Total Amount Paid
2009/10	£9,280,196	£1,230,552	£2,363,201	£12,873,949
2010/11	£11,162,024	£927,242	£2,849,507	£14,938,773
2011/12	£16,729,679	£1,113,497	£3,916,178	£21,759,354
2012/13	£12,733,964	£953,006	£4,698,039	£18,385,009
2013/14	£10,551,781	£839,209	£2,117,563	£13,508,552
Number of outstanding clinical negligence claims:				230

Source: NHS Litigation Authority

Date: June 2015

16 Jun 2015 | 1336

King George Hospital Redbridge: Accident and Emergency Departments

Asked by: Streeting, Wes

To ask the Secretary of State for Health, when the decision was taken to close accident and emergency services at King George Hospital.

Answering member: Jane Ellison

This Government has always been clear that the reconfiguration of health services is a matter for the local National Health Service that should be engaging with local people. All service change should be led by clinicians and be in the best interests of patients, not driven from the top down.

In February 2009 the local primary care trusts published The case for change in north east London which set out clear reasons why changes to local health services were needed.

Decisions to change the configuration of emergency services were made in 2010 by the local NHS following public consultation and were endorsed by the Secretary of State for Health on the advice of the Independent Reconfiguration Panel.

However, the proposals for change were first set out in 2009 under the then Government. Detailed reasons for the proposals can be found in the Health for North East London Case for Change and in the Pre-Consultation Business Case both published in November 2009.

The local NHS has always been clear that changes to the accident and emergency service at King George Hospital will not be made until it is safe to do so. Plans have been put on hold and cannot take place whilst Barking, Havering and Redbridge University Hospitals NHS Trust remains in special measures.

01 Jun 2015 | 122

Hospitals: Waiting Lists

Asked by: Rosindell, Andrew

To ask the Secretary of State for Health, what proportion of patients waited longer than 18 weeks for treatment in hospitals in (a) Barking, Havering and Redbridge University Hospitals NHS Trust and (b) England.

Answering member: Jane Ellison

Barking, Havering and Redbridge University Hospitals NHS Trust is experiencing problems with the patient administration system it implemented in November 2013 and its last submitted consultant-led referral to treatment waiting times are for that month. From time to time, trusts do need to implement new systems and temporarily suspend submissions of data for technical reasons. The NHS Trust Development Authority is working intensively with the trust so that it can begin submitting data again as quickly as possible.

The last submitted information for the trust is in the following table, together with the equivalent and most recent information for England.

Percentage of patients who waited longer than 18 weeks to start treatment, and patients waiting more than 18 weeks to start treatment, November 2013 and September 2014

	Barking, Havering and Redbridge University Hospitals NHS Trust	England	
	November 2013	November 2013	September 2014
Admitted patients	9.5%	9.0%	11.7%
Non-admitted patients	2.0%	3.5%	4.8%
Patients waiting more than 18 weeks to start treatment (incomplete pathways)	9.4%	6.0%	6.5%

Source: Consultant-led referral to treatment waiting times, NHS England

26 Nov 2014 | 215125

E Other parliamentary material

Debates

Special Measures Regime

HC Deb 16 Jul 2014 vol 584 cc862-880

<http://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm140716/debtext/140716-0001.htm#14071651000001>

Barking, Havering and Redbridge NHS Hospitals Trust

HC Deb 9 Jan 2014 vol 573 cc555-560

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140109/debtext/140109-0004.htm#14010951000001>

F Further reading

Care Quality Commission (CQC) reports

Barking, Havering and Redbridge University Hospitals NHS Trust Quality Report

Date of inspection visit: 2 March 2015

Date of publication: 02/07/2015

http://www.cqc.org.uk/sites/default/files/new_reports/AAAC8187.pdf

Barking, Havering and Redbridge University Hospitals NHS Trust King George Hospital Quality Report

Date of inspection visit: 2 to 6 March 2015 and 20 March 2015

<http://collateral.vuelio.uk.com/RemoteStorage/CSCI/Releases/1343/20150625%20Barking%20King%20George.pdf>

Barking, Havering and Redbridge University Hospitals NHS Trust Queen's Hospital Quality Report

Date of inspection visit: 2 to 6 March, 14 March and 20 March 2015

<http://collateral.vuelio.uk.com/RemoteStorage/CSCI/Releases/1343/20150625%20Barking%20Queens%20Hospital.pdf>

Barking, Havering and Redbridge University Hospitals NHS Trust

<http://www.bhrhospitals.nhs.uk/>

“Barking, Havering and Redbridge University Hospitals NHS Trust serves a population of around 700,000, from a wide range of social and ethnic groups.

We have two main hospitals. Queen’s Hospital in Romford opened in 2006 and brought together the services previously run at Oldchurch and Harold Wood hospitals and complements King George Hospital which was built from new in 1993. We also serve clinics across outer north east London and have some services from Barking Hospital.

We operate two A&E departments at King George and Queen’s hospitals, and a full range of local hospital services. In addition, we offer a cancer centre, regional neuroscience centre and Hyper Acute Stroke Unit at Queen’s to provide specialist care.”

NHS Trust Development Authority

<http://www.ntda.nhs.uk/>

“The NHS Trust Development Authority is here to provide support, oversight and governance for all NHS Trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow.

The range of services provided by NHS Trusts covers the entire spectrum of healthcare, from acute hospitals to ambulance services through to mental health and community providers; the size of organisation varies from very small providers through to some of the largest organisations in the NHS, and therefore each Trust has a set of unique challenges.

Due to this variation, we recognise that there is not going to be a 'one size fits all' solution to the challenges Trusts face. Our goal is first and foremost to help each and every NHS Trust to improve the services they provide for their patients."