PRESENT:
Chair: Councillor Khevyn Limbajee
Vice-Chair: Councillor Shameem Highfield JP
Committee Members: Bernadette Mill, Sheree Rackham and Richard Sweden
Co-opted Members: Shumon Rahman, Waltham Forest Resident
Councillors in Attendance: Councillors Angie Bean, Jemma Hemsted, Ahsan Khan and Abu Samih

Officers in Attendance:
Vicky Hobart Joint Director of Public Health
Pratima Solanki Divisional Director, Strategic Commissioning

Care Quality Commission:
Seaton Giles
James Beckles

Barts Health:
Mark Graver
Yvonne Blucher
Nisha Domadia
Debbie Twyman
Alastair Chesser
Mark Cubbon

We Are Waltham Forest-
Save Our National Service:
Noel Hayes
Norma Dudley
Mary Burnett
Derrick Hibbett
J. Hopson
Others in attendance:

Colin Anderson
Whipps Cross Patients Panel

Jeanette Arnold, GLA
Zachary Norman, WFG
Rhian Burgess, CSA
R. Sharma, ICT
Edith Poulsen
Christopher Sills

1. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

Apologies for absence were received from Jaime Walsh (Healthwatch), Steve Feast (NELFT) and Terry Huff (CCG).

The Chair welcomed everyone to the meeting, and particularly welcomed Jennette Arnold, GLA Member for London North East.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Health and Adults Overview and Scrutiny Sub-Committee on 27 June 2013 were agreed and signed by the Chair as an accurate record subject to the following amendment on page 4 fifth paragraph:

Change “directions” to “ “

4. PUBLIC PARTICIPATION

Norma Dudley and Noel Hayes (representing We Are Waltham Forest- Save our NHS) requested to address the Sub-Committee.

Norma Dudley

Ms Dudley expressed concern about stroke services at Whipps Cross and about those staff at the Hospital who had raised concerns were then subject to an investigatory and disciplinary process. She felt that there should be no threats or intimidation against staff by the management of the Hospital.

Noel Hayes

Mr Hayes expressed concern about what he considered was the lack of sharing of information by Whipps Cross Hospital to other community bodies and felt that the Sub-Committee were entitled to hear a range of different views amongst the community about the problems at Whipps Cross Hospital at their meetings.
5. UPDATE FROM CQC ON RECENT INSPECTIONS OF WHIPPS CROSS HOSPITAL AND PLANS FOR FUTURE INSPECTIONS

CQC has recently carried out a number of inspections at Barts Health NHS Trust registered locations. They had also announced that the trust will be part of the first wave of their more in-depth hospital inspections. Giles Seaton provided a presentation and provided a brief overview of their inspection activity and plans for the future.

SG advised that the inspections at Whipps Cross had shown that standards were not being met and that three warning notices had been issued. Serious failings had been identified and urgent action was needed to deal with these failings. Inspections had been conducted at the Royal London and Newham Hospitals in June 2013 and the CQC were liaising with the CCG and this was being monitored.

SG advised that the next steps at Whipps Cross were more in-depth six inspections in the next few months by the CQC. Barts Health was selected as high risk and a report would be produced in December 2013 which would outline what steps were being taken by Barts Health and address what action was recommended by the CQC.

The main points of the discussion on this report are summarised as follows:

**Qu. SR**  
Action is needed and a timescale needs to be carried out. Ten out of sixteen standards had not been met, and where would you place the Barts Trust compared with others? I am particularly concerned about elderly and maternity care services.

**Ans. SG**  
Timescales and enforcement are being conducted with deadlines. There is a follow up in a short period of time after the meeting on 30 September 2013 with supporting staff. There are a number of areas where standards have not been met and enforcement, compliance and deadlines will be needed. The CCG monitors performance in the Trust on a regular basis. The elderly and maternity care issues are difficult to answer, however actions are needed in these areas at the three hospitals. The entire Trust is at high risk and actions are needed.

**Qu. BM**  
There are eighteen inspections taking place between now and April 2014. Will Whipps Cross Hospital have prior knowledge of these and know when the inspections are taking place?

**Ans. SG**  
The majority of inspections will be announced but Whipps Cross will not be advised on what given day. There is a degree of notice given. There will be a report produced by the CQC in
December 2013. Inspectors will be on site for 3-7 days. We reserve the right to inspect any areas as necessary.

**Qu. RS** Did you look at the data for previous inspections at Whipps Cross?

**Ans. SG** We inspected Whipps Cross Hospital previously. Management systems were found to be inadequate in certain areas. It is difficult to make a judgement as to whether the Hospital is caring or well led.

**Qu. RS** You mentioned about unacceptable basic equipment at the Hospital. Is this due to an oversight of funding restrictions? Please can you elaborate where risk is high and under what headings?

**Ans. SG** With reference to the number of beds, this is difficult to answer. It is also difficult to answer about the issue of equipment and you will need to ask the Barts Trust directly.

**Qu. KL** Do the CQC report what you see?

**Ans. SG** Yes but in some cases, we do go into greater detail but not in relation to Finance.

**Qu. SR** Last time the CQC inspected Whipps Cross Hospital, what standards had been met? What was different to this inspection?

**Ans. SG** The last inspection was conducted in November 2012 relating to A &E and antenatal care. It was not as in-depth as the new inspections. A warning notice has been issued now. If Whipps Cross fail to address these issues, they may be prosecuted and other sanctions will be applied including referral to NHS England. There will be a new failure and ratings regime in force in April 2014.

**Qu. KL** It is clear that there is a systematic management failure at the Hospital. Where have things been going wrong?

**Ans. SG** We have been provided with examples of inappropriate staff behaviour to patients, lack of infection control and oversights. There was a lack of cleanliness and basic checks at the hospital. There were significant failings and some patients were not receiving the care they needed.

The Chair asked Colin Anderson from the Waltham Forest Patients Panel for his views. CA stated he was a long standing patient at Whipps Cross Hospital and had written to their Chief Executive whom he would be meeting soon. CA was very concerned about the CQC report and improvements were needed at the hospital.
The Chair concluded this item by stating that the Sub-Committee needed to be kept informed and updated in order to monitor the inspections and the hospital’s progress in dealing with identified standards failings. This was a shocking report and the questions raised reflected the concerns of the local community and Councillors.

6. UPDATE FROM BARTS HEALTH

Mark Graver, Yvonne Blucher and Alistair Chesser provided a presentation to the Sub-Committee. This covered the following areas:

- How the Trust is responding to the recommendations of the Francis Report, including lessons learned and how these are being applied to change practice
- An update on the Trust’s financial position
- Reports from recent Care Quality Commission inspections and the actions the Trust is taking as a result
- Information on the Trust’s Care Campaign
- An update on changes to stroke services within Barts Health

It was clear that there was a lot of work to do in dealing with failings and Whipps Cross Hospital wished to be open and transparent, with staff engagement. There were a set of ten turnaround principles and it was important to obtain improvement and efficiency whilst the NHS was under severe pressures. Whipps Cross was committed to quality and safety.

A great deal of changes had been implemented since the CQC inspection particularly in relation to maternity. Infection issues and awareness were being re-trained up to Consultant level with a weekly “dashboard” and action plans and daily hygiene checks. There were now weekly meetings with staff and greater management visibility of management on the wards, speaking to patients and staff.

Elderly Persons services were difficult to recruit and it was difficult to inculcate the culture if there were temporary staff covering permanent posts. There had been a culture of “not paying attention” and Whipps Cross were putting this right, including providing leadership at every level. It should not have taken an external inspection but Whipps Cross was committed to dealing with these failings. The Ward Manager was now a supernumary, a crucial person with management responsibilities. There was now zero tolerance about the significant failings and we have had a wake up call.

**Qu. SR**  Why wasn’t the Action Plan implemented before the CQC inspection?

**Ans. YB**  Issues have been highlighted by the CQC and the standards identified are unacceptable.

**Qu. BM**  I am particularly concerned about maternity services. Whipps Cross Hospital are one of the worst places in the country for giving birth and I am concerned that recruitment is shown as reduced to nine weeks which indicates inadequate checks are taking place and there is also identified lack of cleanliness at the hospital.

**Ans. MG**  The recruitment processes in relation to reference checks has not been reduced. What has been reduced is the length of time
taken to advertise and recruit to posts. Whipps Cross did not employ staff who did not support the hospital’s values. All staff at Whipps Cross were disappointed about the failings identified and were committed to sorting out these problems. Whipps Cross are going back to basics and the failings were a shared responsibility for all staff as well as the leadership. There was now zero tolerance of failings.

KL thanked Barts Health for the presentation and stated that there was a lot of affection from Waltham Forest residents for Whipps Cross but the CQC report made clear that changes were needed to be made at the hospital. He asked why wasn’t these failings had not been picked up before? There were systematic failings and problems which have been going on for years. The hospital must turn things round and the Trust need to convince the Sub-Committee and residents that these failings will be addressed.

The main points of the discussion of this report were summarised as follows:

**Qu. SR** Why has it taken a report from the CQC for Whipps Cross to deal with complaints particularly in relation to the Maternity Unit?

**Ans. YB** The previous complaints process and procedure was devolved to different groups in a triage system. High risk complaints were previously directed to Management and in particular the Chief Executive with lesser risk complaints passed to other levels. Since 16 August 2013, a new central complaints system had been implemented and this was being monitored. This was very different from six months ago. The Maternity Unit was now under different leadership and the Unit was being robustly monitored.

**Qu. RS** I am encouraged that Whipps Cross now has a policy of zero tolerance and am also pleased there is an acknowledgment that it is everyone’s responsibility to sort out the failings. We have been served well by whistleblowers and I am concerned that they appeared to be intimidated not to speak out by management at Whipps Cross. The Sub-Committee need to consider the opportunity to review the co-optees to this Sub-Committee to enable Whipps Cross staff to be co-opted, thereby re-inforcing the link to their workforce. I wish to ask about how complaints are initiated in the hospital. I would also like a guarantee that the turnaround would not cause problems with other departments at the hospital e.g. A &E.

**Ans. YB** There were different avenues for addressing complaints. We encourage staff to avoid formal complaints where possible by face to face contact with complainants. There is a lot of work to do to deal with the identified failings.
With reference to the turnaround effort, we met with the Executive Team and there was a great deal of enthusiasm to do things differently. Safety and quality are very important and performance indicators/priorities were being set out to deal with the identified failings.

Is financial stability concerned with clinical outcomes as this has an effect on communities in London?

I am happy to provide an overview of the process of the turnaround programme. Whipps Cross has appointed a Director of Nursing. This will lead to increased confidence in the turnaround programme and for patients.

I am concerned about the lack of basic standards of care and the reduction in education funding at Whipps Cross. Also, why is there such a high staff vacancy rate?

Junior Doctors training funding is provided by the Deanery. There are two challenges facing the hospital, relating to reductions in finances and social education funding.

There is no real pattern to the vacancy factor and we are working with the Organisational Development Team to ensure the right people do the right jobs.

How is the discharging of patients speeding up? What is the maximum time for this?

We are working to get the discharging process right and have done a lot of work on this.

Can you let us know about the TB changes?

This area requires specialist nursing and equality issues need addressing. We are meeting staff and this has not yet been resolved.

Is Whipps Cross being wound down? There is a perceived lack of consultation with the public particularly in relation to stroke units.

No, flagship services are being provided at Whipps Cross and here are no plans to downgrade it.

There seems to be a climate of bringing disciplinary action against staff at Whipps if they raise concerns at the Sub-Committee. Can you refute this?
We cannot talk about individual cases or comment and we want to be transparent.

Public Health Overview and Scrutiny Sub-Committee is a democratic body and we want the community including staff to attend this Sub-Committee and to be able to speak freely to us without threats by management against staff.

This is not our intention.

Mary Burnett from “We are Waltham Forest- Save NHS” requested the Chair to be able to ask a question of Barts Health. This was as follows:

Staff are feeling silenced and unable to speak out, with a number of vacancies unfilled. I am concerned about staff intimidation and cuts to services at the hospital. Morale is very low and the responses from Barts Health at this meeting are not in context.

I am sorry if you were left with a bad impression and my intention was that the message should be a positive one. There are financial pressures and challenges across the NHS and Whipps Cross has to save £78m. It was inevitable there would be an effect on staff with these savings needed but more staff did not mean quality. We need skills and experience and to fit people to the jobs. There are 1600 posts vacant with 14,500 staff and some of the vacant posts are covered by temporary staff which is not the most cost effective option.

The Sub-Committee noted the report.

The Sub-Committee considered that this had been covered in detail during the meeting and that the issue of failing services and standards at Whipps Cross Hospital affected the entire local community.

The Sub-Committee agreed the following recommendations:

a) Within the next six months another inspection should be conducted by the CQC and that Whipps Cross Hospital should be accorded a reasonable timescale to respond to this inspection. More unannounced inspections should also take place.

b) A more robust and independent regime should be put in place at Whipps Cross, to allow whistleblowers to feel that they can raise issues without fear or
intimidation. The Chair to send to the Sub-Committee a draft letter. The Sub-Committee to identify ways in which staff voices can be heard.

c) The Sub-Committee needs to be informed by Barts Health of consultations occurring at an earlier stage. More clarity needs to be provided by Whipps Cross concerning changes to services and re-configurations.

d) Barts Health will be requested to attend the next meeting of the Sub-Committee on 21 November 2013. The Sub-Committee wish to receive an update and the Scrutiny Officer will write to Mark Graver for clarification on what areas in the improvement plan have been implemented since the meeting on 18 September 2013.

10. ANNUAL FORWARD WORK PROGRAMME

The Annual Forward Work Programme was noted.

The meeting closed at 10.40 p.m.

Chair's Signature

Date