

EPPING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview and Scrutiny Committee	Date:	Tuesday, 23 February 2016
Place:	Council Chamber, Civic Offices, High Street, Epping	Time:	7.30 - 9.40 pm
Members Present:	Councillors R Morgan (Chairman) A Boyce, K Chana, L Hughes, S Kane, J Lea, S Neville, B Rolfe, M Sartin, G Shiell, B Surtees and D Wixley		
Other Councillors:	Councillors W Breare-Hall, A Grigg, H Kane, A Lion, J Philip, D Stallan, G Waller and C Whitbread		
Apologies:	Councillors K Angold-Stephens, N Avey, T Church, D Dorrell, L Girling, P Keska, A Mitchell, G Mohindra and S Murray		
Officers Present:	D Macnab (Deputy Chief Executive and Director of Neighbourhoods), J Chandler (Assistant Director (Community Services)), I White (Projects Officer - Planning Policy), T Carne (Public Relations and Marketing Officer), S Tautz (Democratic Services Manager), A Hendry (Senior Democratic Services Officer) and M Jenkins (Democratic Services Officer)		
By Invitation:	F Kwaku (Barts Health NHS), Dr H Noble (Barts Health NHS) and F Smith (Barts Health NHS)		

45. 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.

46. APPOINTMENT OF A VICE CHAIRMAN

In the absence of the vice-chairman, Councillor M Sartin was appointed vice-chairman for the duration of the meeting.

47. SUBSTITUTE MEMBERS

It was reported that Councillor T Boyce was substituting for Councillor G Mohindra; Councillor K Chana was substituting for Councillor N Avey; Councillor L Hughes was substituting for Councillor P Keska; and Councillor J Lea was substituting for Councillor T Church.

48. MINUTES

RESOLVED:

That the minutes of the last Committee meeting, held on 05 January 2016 be signed by the Chairman as a correct record.

49. DECLARATIONS OF INTEREST

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

50. CHANGE IN ORDER OF THE AGENDA

With the agreement of the Committee the order of the agenda was altered to take items 8 (Basildon Borough Local Plan Consultation) and 7 (Key Objectives, Key Action Plan 2015/16) before the presentation from Barts Health NHS.

51. BASILDON BOROUGH LOCAL PLAN CONSULTATION

The Forward Planning Projects Officer, Ian White, introduced the report on the Basildon Borough Council local plan consultation. The current Development Plan for Basildon Borough consists of the Saved Policies from the Basildon District Plan (1998) and the Essex and Southend-on-Sea Waste Local Plan (2001), and the recently adopted Essex Minerals Local Plan (2014). The new Local Plan will replace the 1998 policies, setting out an overall development framework for the period up to 2034.

The Committee noted that the key issue in the consultation for Epping Forest District Council was provision of new accommodation for Gypsies and Travellers. Basildon's 2013 Gypsy and Traveller Accommodation Assessment (GTAA) identified a need for an additional 104 pitches to meet the needs of the authorised, temporary and tolerated sites, and a further 136 pitches to meet the needs of those members of the travelling community who were established on the unauthorised Dale Farm site.

The Borough Council was of the view that suitable and deliverable sites with the capacity for between 98 and 109 pitches could be identified, meeting the needs of the authorised, temporary and tolerated sites. The consultation document concluded that the Borough could not make provision for the need arising from the former Dale Farm community, and that this need will therefore need to be met through the Duty to Co-operate.

In response to an earlier consultation (Basildon Borough Local Plan Core Strategy Revised Preferred Options Report) this Council sent an officer level response in March 2014 (agreed with the Planning Policy Portfolio Holder) which included the following comments: *"I am sure that every other Essex authority would accept that Basildon has a particularly tricky and difficult problem with making adequate provision for future traveller needs. However a joint GTAA is currently being prepared for the rest of Essex and, while it is far from complete, the message that is coming through is that this district is likely to need to more than double the already quite high provision in the period up to 2033 – and this is a district which is currently 92% Green Belt. There are also hints that revised guidance is to be published shortly for consultation, and that this is likely to tighten Green Belt constraints as far as traveller pitch provision is concerned. From this perspective it would appear to be virtually impossible for this Council to make any meaningful contribution to the predicted shortfall in Basildon provision."*

The Essex GTAA was published in July 2014 and adopted as part of the Local Plan Evidence Base at the Cabinet meeting on 8th September 2014. This concluded that Epping Forest District needed to provide 112 new pitches by 2033. As of December 2015 there were 123 authorised permanent pitches in the district.

The new government guidance, Planning Policy for Traveller Sites (August 2015) also changed the definition, for planning purposes, of travellers, excluding those who

no longer follow a nomadic way of life. This will necessitate an update to the GTAA, and was likely to lead to a small reduction in the new pitch target. So while the figure was not quite as high as was anticipated in the March 2014 response to Basildon, there can be no doubt that this district still has a very challenging target to meet its own needs.

RESOLVED:

That the following comments be made to Basildon Borough Council in response to the current consultation on its emerging Local Plan:

- (a) that the commitment to on-going co-operation with other Essex local authorities on cross-border and other strategic planning issues, including provision for the travelling community, be noted;
- (b) that the approach proposed for future provision for the former Dale Farm travelling community, in the light of the revised guidance "Planning Policy for Traveller Sites" issued by the Department for Communities and Local Government in August 2015, be noted; and
- (c) that, whilst being sympathetic to the position of Basildon Borough Council, it was extremely unlikely that Epping Forest District Council would be able to make any provision for the former Dale Farm community as it is probable that the Council will be asking other local authorities to make provision for some of its identified need for the travelling community (112 additional pitches for the period up to 2033) as a result of the 92% Green Belt coverage of the district.

52. KEY OBJECTIVES KEY ACTION PLAN 2015/16 - QUARTER 3 PERFORMANCE

The Committee received a received a report from the Deputy Chief Executive regarding the quarter 3 performance figures of the Key Objectives Key Action Plan for 2015/16. The Corporate Plan was the Council's key strategic planning document, setting out its priorities over the five-year period from 2015/16 to 2019/20. The priorities or Corporate Aims are supported by Key Objectives, which provide a clear statement of the Council's overall intentions for these five years.

At the end of Quarter 3 it was noted that:

- a. 49 (89%) of the individual actions have been achieved or were on target to be achieved by the target date or a revised target date by the end of the year;
- b. 5 (9%) of the individual actions were behind schedule and may not be completed by the end of the year;
- c. 1 (2%) of the individual actions were currently on hold as a result of external circumstances.

Councillor S Kane asked if any of the orange or red indicators would have their targets changed. Mr Macnab said that they were reviewed regularly at the end of the year and they could change the targets for the next year.

RESOLVED:

That the Committee reviewed and noted the progress achieved at the end of Quarter 3 against the Key Objectives Key Action Plan for 2015/16.

53. BARTS HEALTH NHS TRUST - PRESENTATION

The Chairman welcomed officers from Barts Health NHS Trust who were there to update the Committee on their improvement plan from their last visit to this meeting in June 2015. In attendance was Fiona Smith, the Managing Director for Whipps Cross Hospital, with Dr Heather Noble, the Medical Director and Felicia Kwaku, the interim Director of Nursing.

Ms Smith noted that she was here to update the Committee on the measures undertaken since Barts NHS had been put into special measures and Whipps Cross Hospital had received four warning notices issued by the Care Quality Commission (CQC). They had now finalised their improvement plan called 'Safe and Compassionate', with each site having the same headings for their improvement plans. The improvement was being delivered through seven key work streams with both a corporate and site based focus and key government structures (a copy of their presentation is attached to these minutes).

The trust had put in place "safety huddles" for each hospital every day, to discuss any safety or quality issues that would affect their patients. They also reviewed performance on a ward by ward basis against key quality and safety metrics that allowed them to track the measures in place. They also held monthly learning reviews looking at learning and sharing of improvement actions.

The CQC had noted their notices on 'do not resuscitate', they had now extended their training on this, the Mental Capacity Act and on Safeguarding. They had also introduced a Trust wide campaign to reduce hospital acquired pressure ulcers. They now had 6 wards that had no pressure ulcers for 100 days. They had also trained up 40 'safety companions' on safety issues.

They had made progress in freeing up ward managers to manage ward fundamentals; nursing documentation had been streamlined; had started a 'smile and care' campaign and patient engagement workshops; put in a revised complaints process with a requirement to be much more responsive; and visitors and patients were able to identify the nurse in charge via a badge.

They had also ensured that there were appropriate care plans for those patients nearing the end of their life. Also the Margaret Centre had now been refurbished, making it a more safe and comfortable environment for patients and families.

They were also tackling the number of vacancies and engaging more with staff. They had reviewed safe staffing levels and increased funded nursing establishment by 532 posts (150 posts being at Whipps Cross). Their current fill rate was up to 82% and they wished to take it up to at least 90%. They were travelling around the county to recruit staff, especially where there were university schools; and had improved the temporary staff induction process.

They were now putting in place measures to ensure that patients got care and treatment in a timely way, using a whole hospital approach, not just changing certain departments. They were also recruiting new consultants and improving the flow through outpatients departments.

Whipps Cross Hospital now had an integrated discharge team, working with CCGs, Council Social Care and Community Health Teams.

Medical Records were much better now than they used to be, call centre calls were answered within 60 seconds, floor walkers now provide extra training and support to staff in using the electronic health record system.

The Trust now had a new Chairman and a new Chief Medical Officer and a new Deputy Chief Executive. The Trust Board also had two new Non-Executive Directors to strengthen the Board. They also had new site teams in place accountable for operational delivery. They have a new programme called 'listening into action' to engage staff and also hold "Big Conversations" with staff (so far with over 1000 staff). This had resulted in lots of little improvements being made following suggestions from members of staff.

It was important they developed their staff and to this end they had completed a first phase of a career development programme for women and staff from a BME background. Their turnover had now gone down and they now had fewer leavers than starters.

They were also investing £2million in IT, the first steps in a wider programme; £17.5million was planned in investment in Whipps Cross improvements; there was also a ward improvement programme and £15million set aside for medical equipment across the Trust. It was noted that Whipps Cross was an old site, hard for staff to work in, but Barts Health was now investing in the site. A new High Dependency Unit was to be opened by July.

The meeting was then opened up to questions from members.

Q. In reference to the A&E services provided at King George's which I believe are to discontinue and so very likely to add pressure on the A&E departments at Queen's and Whipps Cross. Given the projected increase in population a reduction in A&E provision was a concern.

A. We are engaged in a process of planning for what might happen to King George's Hospital; looking at what may happen and making sure we were happy with the modelling assumptions. We did not want to make a decision until we knew it was safe to do so.

Q. I have noted that you are making massive improvements, but what about the elderly and assessments for when they could leave the hospital, even if they still needed hospital care. Were there enough places for intermediate care for them?

A. We have an integrated discharge team that assesses all our vulnerable patients along with their doctors and physios. It was important that we did not discharge our patients before we should. We also monitor our re-admission rates, which was now going down. We also work with the local social services and other partners.

We have come across situations where the patient really wants to go home although we or their family may not think it's safe. In the end, no matter what we offer, we have to accept their decision.

Q. You have told us of the changes being made, but how are these changes being monitored by senior management?

A. We have an Executive Team and below that a Hospital Management Team monitoring them. They all come from a clinical backgrounds and monitor things on a daily basis. The Chief Medical Officer also walks around the wards and talks to junior staff to monitor the situation. We also have paper based monitoring systems, but you really can't beat walking around.

Last week we had a clinical review from officers from other organisations who gave us pointers on what we needed to do.

We are also trying to peer review our various wards and are trying a lot of different ways to monitor our work, not just by paper records.

Q. Is there a catchment area for Whipps Cross, and also how was 'bed blocking' being dealt with?

A. The majority of patients come from the Waltham Forest area and a small percentage from Epping and surrounding areas. We do not use the term 'bed blockers', they are patients whose discharge has been delayed for various reasons. Today we have 15 of those. These are different from medically fit patients delayed from going home. Last year, we used to have anything from 5 to 53 of these cases a week. We have worked hard to get down to a target of 15 and now that we have achieved that we will work to get it down to 10.

Q. You said that you almost had a full compliment of staff, to keep them you need to keep them engaged and satisfied. How do you make sure staff moral was kept up?

A. This was an important question; we have initiatives such as the big consultation and speaking to and engaging with the staff. We are getting full recruitment by filling our vacant posts and are now at 82%. This was a major campaign for us. We are doing other things such as regular appraisals and staff exit and entry surveys, asking them why they wished to come and work for us etc.

Q. You mentioned a reduction in re-admission rates; have you achieved your target. Also, how long do people spend on trollies waiting to be admitted? And are the new visa rules affecting new staff?

A. Re-admission rates are going down but we are still not meeting our targets yet (of 95%). Our current rate is at about 80 to 85%.

As for how long patients wait, that depends on the nature of the patients ailments. It is a struggle for us to put people into wards, and it can be up to a 10 hour wait. We have opened additional beds and have active management of this.

As for changes in immigration rules this particularly affects nurses and was now being reviewed.

Q. Could you get to your 95% target if people could see their own GP?

A. The reasons why people go to A&E are complicated; there are a mixture of reasons. Whipps Cross already has a GP to assess the patients that come through the front door at A&E.

Q. One of the concerns of the CQC report was that there were not enough paediatric nurses where there should have been.

A. Our Paediatric wards are only staffed by paediatric nurses. Last year we had to close some beds because we did not have enough paediatric staff. We have now opened more beds as our staff levels are up. We now have 23 beds.

Q. Was there a date by which all services should be up and functioning properly?

A. That depends on what you mean by properly. First and foremost we needed to know our services were safe; we then need to improve our services to pass the next CQC assessment and get out of special measures.

The Chairman thanked the representatives from the Barts Health NHS Trust for their excellent presentation and their full and helpful answers and congratulated them on the work they had done so far.

54. YOUTH ENGAGEMENT TASK AND FINISH PANEL - UPDATING REPORT

The Leisure and Community Portfolio Holder, Councillor Helen Kane introduced the report updating the outcomes of the Youth Engagement Task and Finish Panel. Their recommendations were presented to the Cabinet at their December 2015 meeting. The following recommendations (1 to 5) were agreed by the Cabinet but 6 and 7 were not. The five agreed recommendations were:

- i) That the Council retains and continues to support and develop the Youth Council in terms of wider youth engagement;
- ii) That the Youth Council be afforded the opportunity to present a report/update twice a year to all Members of Council through a suitable meeting;
- iii) That the Youth Council acts as a consultee for stakeholder presentations at Overview and Scrutiny Committees;
- iv) That the current operational budget for the Youth Council be maintained at £12,000 per annum; and
- v) That Cabinet considers a request for Continuing Services Budget (CSB) Growth of £8,000 per annum, for an enabling fund that the Youth Council can access for projects to be agreed by the Neighbourhoods & Communities Select Committee.

The two recommendations (6 and 7) not agreed were:

- vi) That the Council pursues the devolvement of the budget and responsibilities for Youth Provision from Essex County Council to the District Council; and,
- vii) That Cabinet considers a request for Continuing Services Budget (CSB) Growth of £25,000 per annum, for targeted work by Community Services and Safety and not at the detriment of the current service.

The recommendations from the review were considered by the Finance and Performance Management Cabinet on 21st January and agreed for presentation to Full Council for a final decision.

Councillor Neville thanked Councillor Kane for all her hard work and also the Youth Council. He also thanked the Cabinet for their support but wondered why recommendation 6 was denied. Councillor Surtees noted that the County Council had completely abdicated their responsibilities to the youth of the county by the way it has revised, reduced and retargeted its Youth Services. Some one had to fill that gap; although he was not saying it should be this council without the resources. We needed to be very careful on the stress we put on young people. There was a need for something to happen and the views of the Task and Finish Panel had to be taken seriously.

RESOLVED:

That the update on the outcomes of the Youth Engagement Review Task and Finish Panel undertaken last year be noted.

55. REVIEW OF WASTE RECYCLING COLLECTION ARRANGEMENTS

The Director of Neighbourhoods introduced his report summing up the recent review of the Waste and Recycling Collection arrangements and their initial service failures. The Council's Environment Portfolio Holder believed that it was very important to establish the reasons behind this service failure, not only to help in rectifying any ongoing problems and achieving an acceptable level of future service, but also to help in identifying any lessons for the Council, with respect to the letting of other major service contracts.

To this end, the Environment Portfolio Holder formally requested that the Overview and Scrutiny Committee undertake a review on his behalf, the outcomes to be formally reported back to Cabinet. Overview and Scrutiny Committee subsequently agreed the request and determined that the Neighbourhoods and Communities Select Committee was best placed to undertake the review, by virtue of their Terms of Reference.

Given the likely level of both Member and Public interest, particularly with respect to the introduction of the revised 4-day collection arrangements, it was agreed that an additional meeting of the Select Committee would be dedicated to this single subject. Given the Work Programme of the Committee, the availability of external contributors to the review and to allow a period of time for the contract to fully stabilise, a date of the 17 December 2015 was set.

It was agreed that the review would be undertaken in 4 parts, covering the following issues:

- 1) Procurement Process;
- 2) Mobilisation and first 6 months of Contract; and
- 3) Revised arrangements from the 12 May 2015.

Part 4 of the review was to reach a set of conclusions around what could have been done better and to recommend any key considerations with respect to how the Council could improve procurement and implementation of any future major service contracts.

Officers had reviewed the notes of the meeting and had identified some key points to be forwarded onto the Cabinet. These were:

Part One - Procurement:

- Competitive Dialogue proved to be an effective means of procuring the new Waste Contract, from both the Client and Contractors perspective.
- Although the Members interview only scored 10% of the quality scores, and on this occasion did not materially affect the final award, it is considered that Member Interviews are still beneficial for future service contracts.
- The role that cross-party Portfolio Holder Advisory Groups play in shaping service contracts was recognised as a positive.
- With contracts which involve major service changes, the costs to the Council should not be underestimated in terms of advising residents etc. The £50,000 on the Waste Contract was in hindsight, too small.

Part Two – Mobilisation and First Six Months:

- Overall the Waste and Recycling Contract mobilisation went well, with service quality maintained over the period November 2014 to May 2015.
- Although TUPE Arrangements were satisfactorily completed for staff transferring from SITA to BIFFA, there were some concerns highlighted regarding communication with staff despite Biffa's best endeavours.
- The innovation forum established between client officers and contractor, proved useful in addressing service issues and identifying areas for improvement, this should be encouraged as good practice.
- The original start date for the change to 4-day collection was not achieved, due to delays in vehicle acquisition and transfer of depots. However, the revised date of 12 May was still in retrospect too early.
- The number and type of informal arrangements that exist between householders and collection crews should not be underestimated and should be specifically addressed in terms of debriefing at end of contract periods.
- Whilst it was felt that the problems encountered around the change to 4-day collection were not simply attributable to the prior notification information provided, it was felt that the letter to all residents could have been clearer.
- The information contained on the Council's Website was helpful, particularly the tool which converted postcodes into revised day collection arrangements.

Part 3 – Introduction of Revised Arrangements:

- Start date for change to 4-day collection too optimistic in as much as new fleet was only delivered days before implementation, preventing crew familiarity and ability to address technical failures.
- A phased approach was not adopted and had not been elsewhere, to the best knowledge of consultants and contractor. However, should not be ruled out in future contracts, certainly there would have been value in test rounds with the new fleet.
- The new IT system would have benefited from earlier implementation and a longer period of testing. The round information from the start of revised collections was inaccurate, leading to whole streets being missed. Lack of integration with client system also a major problem.
- Biffa lost 20% of the workforce that transferred from Sita, the outgoing contractor. This was a loss of valuable local knowledge which should have been captured in some way. Changing staff onto rounds in areas that they were not familiar with and an initial reluctance to utilise knowledge of waste client officers, compounded the problem.
- Some of the fleet purchased was not fit for purpose e.g. Street Sweepers that could not deal with rural road network. In future, demonstration vehicles may prevent re-occurrence.
- A need to utilise agency staff to cover additional rounds and cover vacancies, delayed the stabilisation of the contract. Whilst tender evaluation demonstrated that adequate resources were to be employed, did not take into

consideration the effect of staff turnover. Issue to be explored in future contracts.

In conclusion it would appear that a number of the problems encountered by Biffa when introducing the revised 4-day collection arrangements, could have been avoided with additional time, e.g. to improve staff training and familiarisation with new vehicles and IT, to test drive new routes more thoroughly, to retain and utilise local knowledge of existing staff, to fully run in new fleet and to have operated longer from new depot locations, before the service change.

Councillor Wixley asked why there had been a 20% loss in Biffa staff. He was told that 20% was a high figure. The market for HGV drivers undoubtedly played a part in this, also the 4 day week and the teething problems from the equipment. It may have also been that some of the staff were not good enough. Also, Biffa did not tap into their experience. This led to a general downturn in performance in litter bin collection and street cleansing.

Councillor Sartin the Chairman of that review meeting said she thought that it was a worthwhile exercise as we were able to question Biffa staff. Not only the Council but Biffa learnt a great deal from this exercise. This was a learning curve for the Council.

Councillor Lion wanted to know if the downturn in missed collections and street cleaning was investigated. He was told that these were now down to previous levels as we had with Sita; about 50-60 missed a day. Officers and Biffa were now drilling down to find out just why this was happening. We now have IT aids (GPS and Video) to help us. We were working on assisted collections and were getting to grips with it. We were also putting more resources into litter collection especially the rural roads.

The Environment Portfolio Holder, Councillor W Breare-Hall thanked the O&S Committee and the Neighbourhoods and Communities Select Committee for carrying out this exercise. He was disappointed that so few members of the public attended the meeting. There were three main lessons learnt: more time was needed; staffing problems – big changes were made and it needed to be handled properly; and Communications with the residents – more money needed to be spent on this.

The Chairman thanked Councillor Breare-Hall and Councillor Sartin for all the work they did on this review.

RESOLVED:

That the Cabinet be advised of the key findings of the recent Review of the Waste and Recycling Collection arrangements.

56. CONSULTATION FROM THE ESSEX COUNTY FIRE AND RESCUE

The Director of Neighbourhoods introduced a report on the recent Essex Fire Authority consultation. The consultation document proposed three options for organisational changes to the Essex County Fire and Rescue Services against a background of changing risk, reduced funding and a greater emphasis on partnership working. This report was in support of their option 3.

In essence, the Essex Fire Authority strategy was to restructure response arrangements (in line with reduced risk) to make savings and generate £3m extra annual funding to support prevention and protection activities.

For Epping Forest District this meant that:

Fire Stations

- In each of the three options, Loughton Fire Station remained a whole-time crewed station *but the number of appliances was reduced from two to one*.
- Again, in each of the three options, the station at Waltham Abbey would convert from a day crewed arrangement *to an on call arrangement*.

Response Times

- Evidence provided in the consultation document shows that for all three options, the impact of these changes on response times would be minimal.

Impact on Council Tax

- Options 1 and 2 require increases in Council Tax of 0.8% and 2% respectively in order to achieve the savings and the prevention and protection budget.
- Option 3 could achieve the savings and the protection and prevention fund goals with no increase in Council Tax.

Greater Partnership Opportunities

- The Council already works closely with the Fire Service particularly in the areas of Community Safety and Contingency Planning. The establishment of a protection and prevention fund as well as the potential for Fire Service staff to take a greater role in prevention activities could provide opportunities for wider ranging collaborative work.

On consideration of the report the Committee agreed with the officer's recommendation that option 3 should be supported.

RESOLVED:

- (1) That officers should respond to the Essex Fire Authority consultation supporting Option 3; and
- (2) That officers should explore innovative collaborative opportunities to improve Community Safety.

57. WORK PROGRAMME MONITORING

(a) Work Programmes

Overview and Scrutiny Committee

The committee considered their work programme and noted the current progress and that the programme was mostly complete. The committee noted that items 12 (Progress on 6th Form Consortium) and 15 (Management of Epping Forest College) would be considered in the new municipal year.

Select Committees:

Housing Select Committee

The committee noted that there was nothing to report.

Governance Select Committee

The committee noted that there was nothing to report.

Neighbourhood & Communities Select Committee

The Chairman update the Committee on the extensive topics covered at their last meeting in January 2016. She pointed the Committee to the full and detailed minutes of that meeting that were available on line.

Resources Select Committee

The committee noted that there was nothing to report.

Task and Finish Panels:

Grant Aid Task and Finish Panel

The final report from this Panel should be going to the April O&S Committee.

(b) Reserve Programme

The Democratic Services Manager reminded the meeting that a report reviewing the Select Committee structure would be going to their next meeting. Members should put their views to him as soon as possible to have them reflected in the report.

58. KEY DECISION LIST - REVIEW

The Committee noted the Cabinet's Key Decision List for January 2016. They had no specific items that they wished to consider.

CHAIRMAN

Safe and Compassionate Epping Forest District Council, Overview and Scrutiny Committee

23 February 2016



Safe and Compassionate: our improvement plan



- **Safe and compassionate**, the Barts Health Quality Improvement Plan was published on 16 September 2015
- It sets out the Trust's response to the Care Quality Commission's (CQC) Inspection reports in 2015
- It also details the actions that staff, patients and partners feel are necessary to provide the communities we serve with safe, effective, compassionate and high quality care
- The improvement plan is being delivered through seven key workstreams with both a corporate and site-based focus, and key governance structures





Safe and effective care

Making safety an absolute priority at all times

Progress highlights:

- 'Safety Huddles' in place at each hospital every day.
- Safety performance dashboard, with performance on ward-by-ward basis against key quality and safety metrics
- Monthly learning reviews by service of quality and safety issues including complaints and serious incidents (68% reduction in overdue SIs at Whipps Cross)
- Implemented extended training on the Mental Capacity Act and on "Do Not Attempt Resuscitation"
- Trust-wide campaign to reduce hospital acquired pressure ulcers (6 wards at Whipps Cross 100 days with no pressure ulcers)
- Trained first 40 safety champions in the Trust to be local experts and drive improvement
- Published 'sign up to safety' plan which will support wards to reduce harm through implementing care bundles across the Trust





Compassionate Care and Patient Experience

Making sure patients are always treated with dignity and respect

Progress highlights:

- Ward managers supervisory – freed up to manage ward and fundamentals of care
- Nursing documentation streamlined and simplified
- Regular comfort rounds by ward staff and audited by Matrons
- Staff at Whipps Cross have started ‘smile to care’ campaign
- Workshop held with patient representatives to co-design new approach to engagement.
Draft principles for future working together agreed, and next steps underway to develop Patient Experience and Engagement strategy
- Revised complaints process - focus on training, resolution and sharing of learning
- Patients and visitors to Whipps Cross are now able to immediately identify the senior nurse on their ward with new ‘Nurse in Charge badges’





End of Life Care

Making sure there are appropriate care plans for those patients nearing the end of their life

Progress highlights:

- Compassionate care documentation introduced to support patients nearing the end of their lives
- Improvements to the Margaret Centre, providing a safe and more comfortable environment for our patients and their families
- End of Life workshop with our partners in the community and establishing a system-wide steering group for End of Life Care with an independent chair
- Strengthened guidelines at Whipps to make sure, where possible, patients can be discharged from hospital so they can die in the place of their choosing
- Appointed link nurses for all our wards to develop stronger partnerships with Palliative Care Team, and provide support for patients, families and carers





Workforce

Making sure we have the right number and mix of staff across services at all times

Progress highlights:

- Staffing levels monitored daily through safety huddles
- Reviewed safe staffing levels and increased funded nursing establishment by 532 posts (150 posts at Whipps Cross)
- Held three Nursing Recruitment Day at Whipps Cross where nurses were assessed, interviewed and given offer of employment if they were successful – all on same day
- Held Healthcare Support Workers Recruitment Day at Whipps Cross in December. 53 applicants were successful
- On track to increase the permanent fill rate. At Whipps Cross, from September to December inclusive, 224 job offers were made
- Improved temporary staff induction arrangements - increased the number of clinical staff undertaking local inductions across the Trust by 13%





Emergency Pathway and Patient Flow

Making sure patients get care and treatment in a timely way

Progress highlights:

- Up to 40 patients a day seen in new ambulatory care unit at Whipps Cross, reducing the burden on A&E
- Recruitment of new consultants for Whipps Cross specialising in treatment of patients with acute medical problems
- Investment planned to improve paediatric pathway at Whipps Cross
- Longer opening hours in our discharge lounge to 8pm (from 5pm) and offering refreshments for patients and families who are waiting
- Whipps Cross Hospital Integrated Discharge Team in place, partnership working with CCGs, Council social care and community health teams – reduction in DTOCs
- Improving follow up appointment process for dermatology and orthopaedics patients at Whipps Cross to ensure that they have received an appointment before they leave hospital





Outpatients and Medical Records

Making systems reliable so they support staff to do their jobs and patients get the care they need

Progress highlights:

- Availability of patient records in clinics at Whipps Cross – up from 75 - 80% in November 2014 to between a constant of 97.8 – 98% currently
- Call centre – calls answered within 60 seconds. Steady improvement over the last 3 months. In November 24%, December 46% and 53% first week in January
- Whipps Cross administrative systems efficiency – the percentage of referrals booked within 7 days of receipt has increased from 74% in November to 85% in December 2015.
- Widespread welcome for troubleshooting phone line for GP enquiries.
- Floor walkers providing extra training and support to our staff in using the electronic health record system
- Staff forums introduced for all outpatients and medical records staff
- Tackling the causes of data entry errors in our Outpatients departments through use of weekly 'hot topics' to focus training and improve accuracy





Leadership and Organisational Development

Strengthening the way the Trust is run and making sure staff have all the support they need

Progress highlights:

- Substantive Chair, Chief Executive, Deputy Chief Executive, Chief Nursing Officer, Director of Strategy and Chief Information Officer appointed for Barts Health. Recruitment to other substantive corporate director positions continuing
- Appointed two new Non Executive Directors – both of whom live and work locally to strengthen Trust Board
- New Leadership Operating Model designed and implemented - site team in place at Whipps Cross and accountable for operational delivery
- *Listening into Action* staff engagement approach – 40 clinical improvement priorities and 21 Big Conversations (5 at Whipps Cross) held with over 1,000 staff
- Clinical Director development programme launched
- Completed first phase of a career development programme for women and staff from black and minority ethnic background
- Continued strong partnership working with staffside leads at Whipps Cross





Other developments

Investing in Barts Health

- £2m initial investment in IT infrastructure - with Whipps Cross a priority - as the first step in a wider programme
- £17.8m planned investment in Whipps Cross improvement schemes including backlog maintenance, two new modular theatres, upgrade and refurbishment of HDU, improvement works to the Margaret Centre and new ultrasound suite
- Ward improvement programme in place
- £15m for medical equipment (across the Trust)
- Working with partners to develop options for future development of Whipps Cross site.

