



Havering

LONDON BOROUGH

<p style="text-align: center;">HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA</p>

<p style="text-align: center;">7.30pm</p>	<p style="text-align: center;">Tuesday 3 November 2009</p>	<p style="text-align: center;">Havering Town Hall Main Road, Romford</p>
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Members 6: Quorum 3

COUNCILLORS:

**Ted Eden (C)
Wendy Brice-Thompson
Kevin Gregory**

**June Alexander (VC)
Barbara Matthews
Fred Osborne**

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Health Overview & Scrutiny Committee, 3 November 2009

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns of the public.

The committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. Meetings of the Health Overview and Scrutiny Committee are regularly attended by senior officers from local Health Trusts. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. The Committee also works on issues that cover a wider geographical area either on an Outer North East London or pan-London basis as appropriate.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups typically consist of between 3-6 Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the executive or to the local Health Trusts.

Terms of Reference

The areas scrutinised by the Committee are:

- Health
- Scrutiny of NHS Bodies under the Council's Health Scrutiny function.

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Council is committed to protecting the health and safety of everyone who attends meetings of its Committees.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. MOBILE COMMUNICATIONS DEVICES

Although mobile phones, pagers and other such devices are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

3. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Committee, they have no right to speak at them. Seating for the public is, however, limited and the Council cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Council will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Committee Officer before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS**1 ANNOUNCEMENTS**

Details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation will be announced.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (if any) - receive.**3 DECLARATION OF INTERESTS**

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES

To approve as a correct record the minutes of the meeting of the Committee held on 15 September 2009 and to authorise the Chairman to sign them.

5 USE OF LIVERPOOL CARE PATHWAY – Discussion with Dr Ian Grant, Divisional Director and Judith Douglas, Divisional Nurse for Clinical Support Services, Barking, Havering and Redbridge University Hospitals' NHS Trust.**6 CARE QUALITY COMMISSION (CQC) ANNUAL HEALTH CARE CHECK OF BHRUHT**

To discuss the recently-published assessment by the CQC of BHRUHT as "weak". The Chief Executives of both BHRUHT and NHS Havering have been invited to attend for the discussion.

Attached are:

- An analysis of the CQC's findings
- A press release from CQC
- BHRUHT's response
- BHRUHT's action plans for addressing the CQC findings

Health Overview & Scrutiny Committee, 3 November 2009

7 ADDITIONAL MEETING

To agree a date for an additional meeting to consider the following items held over from this meeting:

- **Outpatient Improvement Plan**
- **Scope of Misuse of Skunk Topic Group**
- **Health for North East London**

8 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

**Cheryl Coppel
Chief Executive**

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall, Romford
Tuesday 15 September 2009 (7.30 pm – 9.10 pm)**

Present: Councillors Ted Eden (Chairman) June Alexander (Vice-Chairman) Wendy Brice-Thompson, Kevin Gregory, Barbara Matthews and Fred Osborne.

John Goulston, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust, Elaine Rashbrook, Acting Director of Public Health, NHS Havering, Louise Dibsdall, Action Associate Director, Health Improvement, NHS Havering and Joe Coogan, Assistant Director - Commissioning, Havering Adult Social Services were also present.

Six members of the public including four members of Havering Local Involvement Network (LINK) were also present.

No Member declared an interest in the business considered.

The Chairman advised those present of action to be taken in the event of emergency evacuation of the Town Hall becoming necessary.

6. MINUTES

The minutes of the meeting of the Committee held on 2 June 2009 were approved as a correct record and signed by the Chairman subject to the correction that Councillor Fred Osborne was also present at the meeting.

7. DISCUSSION WITH JOHN GOULSTON, CHIEF EXECUTIVE, BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS' NHS TRUST (BHRUT)

Councillor Eden reminded those present that the Committee had no remit to deal with individual complaints and that the object of the agenda item was to scrutinise general issues related to Queen's Hospital and the work of BHRUT in general. The following areas were discussed with the Chief Executive:

BHRUT Financial Situation – The revised Trust annual plan that had been approved by NHS London allowed for an approved deficit of £11 million in the current financial year. The plan expected the Trust to show a small surplus in 2010/11. The Trust was in the middle of a £90 million turnaround programme that required £33 million savings to be made this year. A further £5 million saving still needed to be found to meet this target. A further £31 million saving would also need to be found in

2010/11. Government funding was a two-year agreement and so some real growth in funding would be available in 2010/11. The Trust was however to reduce spending levels from 2011/12 in addition to the 3% annual saving required of all NHS organisations.

The Chief Executive accepted that there was a lot of work still to do to improve the Trust's financial position. He felt that temporary staff, costing £30 million of the £250 million Trust pay budget was still too high and wished to reduce this figure by £8-9 million. The high numbers of temporary staff at BHRUT were due to the previous recruitment freeze at the Trust.

The Trust's accumulated deficit, including the in-year deficit, totalled £105 million. It was possible that this could be written off if approval was granted by the NHS London Challenge Trust Board. The Chief Executive accepted that the funding from this came from top-slicing of Primary Care Trusts. BHRUT had passed the first stage of the application process to write-off the debt and was starting the second stage – full due diligence by KPMG accountants this month. BHRUT would find out if the Challenge Trust Board would write-off some or all of the deficit in January 2010.

Outpatient Appointments – The Chief Executive recognised that there were considerable problems in this area and agreed to share with the Committee the service improvement plan for outpatients. Consultants had to give six weeks notice of annual or study leave. Clinics could of course also be cancelled on occasions due to consultant sickness. Members were concerned at the high number of appointments cancelled by the hospital and that there was often no answer from the telephone number for people to rearrange appointments. The Chief Executive explained that the call centre took 3,000 calls per week and accepted that it was struggling to cope with demand. Three additional phone lines were being introduced in order that calls could be answered more quickly. The main hospital telephony system was also being upgraded. The pilot scheme allowing the cancellation of appointments via the Trust's website had worked well and this would be publicised more widely.

The Chief Executive accepted that it was not acceptable for people to receive three separate cancelled dates for the same appointment. A text messaging service had been introduced to remind people of their appointments and the do not attend rate in gynaecology had dropped from 11% to 4% as a result. It was likely that reminders would also be sent by e-mail in the future although patient e-mail addresses were not currently requested by the Trust. It was also possible that a general text number for appointment queries could be introduced to reduce the overall number of calls. The Chief Executive accepted that there had been some instances of duplication of appointment letters and this problem had been addressed within the last three weeks.

Patient Neglect – The Trust had incident reporting systems to record

serious untoward incidents. All such incidents were reviewed by clinicians from other areas. Databases were maintained of untoward incidents and of legal claims. The Chief Executive agreed to provide to the Committee a quarterly report on serious untoward incidents and on legal claims against the Trust.

Cancer Follow-up Treatment at Barts – The Chief Executive reported that an in-principle agreement had been reached with Barts and the London and the North East London Cancer Network to move follow-up treatment for head and neck cancers to be carried out at Queen's Hospital. Four extra clinical oncology sessions would be needed to facilitate this and BHRUT was currently working on how these could be provided. There was not a financial issue since BHRUT would receive revenue for the additional treatments but extra part-time oncology support would need to be sourced and this was currently being worked on. The Chief Executive agreed to raise this issue with the Barts and the London Chief Executive at a meeting the following day.

Cancer Treatment Parking – The Chief Executive confirmed that all patients receiving chemo- or radiotherapy at Queen's Hospital were entitled to a parking token available from cancer reception. Members felt that this facility was not publicised sufficiently and the Chief Executive agreed to check if this was included in the patient information folder. Councillor Eden added that he had received a great deal of praise for the quality of cancer treatment at Queen's.

Health for North East London – It was confirmed by the Chief Executive that Queen's and the Royal London would be the two major acute hospitals for North East London. The configuration of work between Queen's and King George Hospitals was currently being looked at. Most planned surgery at the Trust was now undertaken at King George – either in the main hospital or at the Independent Sector Treatment Centre. If King George took on more planned care, the major acute workload could be dealt with at Queen's. Productivity targets had been set to increase capacity. The Trust was required to improve efficiency by 4% per annum over 10 years. It was also aimed to reduce demand for hospital services by 5% per annum through the use of polyclinics and admission avoidance schemes. A pilot involving the use of NHS Barking & Dagenham nurses in A & E was currently in progress.

Demand for Beds at Queen's Hospital – Most beds at the hospital were currently full. There had however been only 106 possible Swine Flu cases across the Trust, only 13 of which had in fact tested positive for Swine Flu. A resilience plan was being set up in case of a rise in Swine Flu hospitalisations. Councillor Eden pointed out that it would take 12 full days to vaccinate the entire population of Havering; the Interim Director of Public Health added that the vaccination programme would start with at risk groups.

Review of Pneumonia Services – This review was currently halfway through and an initial report would be made to the Trust Board on 29 September. This would highlight the need for evidence of ward care to be given in patient notes. Medical records being kept off-site was not a particular issue due to the introduction of a case note tracking system to improve the locating of notes.

Patient Food – Sodexo provided catering services to the Trust and the Chief Executive confirmed that a dietician had agreed the menu for patients. A joint food testing session was held every two weeks and Councillor Eden volunteered to attend this. The Chief Executive was not sure if the majority of food at Queen's Hospital still came from Wales and added that there were very strict health and safety criteria for all hospital food.

A member of Havering LINK was concerned that nurses were often too busy and that there was not enough hands-on care in wards. The Chief Executive had visited two wards that day and did this on a regular basis. The productive ward initiative had been introduced to make wards more efficient in order that nurses could spend more time with patients. Small changes to ward layouts could also allow nurses to spend more time with patients.

A LINK member also raised the issue of PFI oncosting which he stated was at £48.5 million per annum for Queen's Hospital and £13 million per annum for the North East London Treatment Centre. The Chief Executive responded that the Private Finance Initiative (PFI) agreement guaranteed the maintenance of the hospital site at a cost and that efficiency had to be improved in order to pay for this.

LINK members also reported very good and quick treatment at the Queen's Hospital gynaecology department although it was felt that GPs should advise people more often to take their referral letter to the department directly themselves. The Chief Executive confirmed that gynaecology at Queen's had near open access for emergency referrals from GPs.

Councillor Eden raised the issue of the Liverpool Pathway which dealt with end of life care for cancer treatment. The Chief Executive responded that a second palliative care consultant had recently been appointed. Ian Grant, the Divisional Director for Clinical Support Services had the main responsibility for this area. The Committee was also welcome to visit the Queen's cancer centre if it wished.

The Chief Executive explained that there were strict waiting times for cancer treatment and it was therefore unlikely that any of the 17,500 appointments recently cancelled by the Trust related to cancer treatment. The Chief Executive would check this however. A prostate cancer conference had been held at Queen's Hospital in the last week and the

Chief Executive would seek to pass to the Committee the presentations given at this.

The Committee **NOTED** the issues discussed with the BHRUT Chief Executive.

8. DRAFT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH – NHS HAVERING

The NHS Havering officers explained that the report concentrated on older people's issues – a topic that had been suggested by a sub-group of the Havering Strategic Partnership. The report would be primarily internet-based and would be aimed at members of the public interested in health issues. The report would include links to other websites with further details on issues covered. Hard copies could also still be provided if required. Chapters of the report looked at issues such as keeping healthy, managing long-term conditions and complex needs. Case studies were also included.

The report used a lot of images and was designed to be read either sequentially or in different parts. A synopsis of progress made against last year's report was also included. A short synopsis of the report would be included in Living in Havering and training on the report was also being provided for Havering library staff. The report would be launched at the NHS Havering AGM on 23 September. It would also be available from the website www.healthandwellbeing.haveringpct.nhs.uk

The issue of emergency dentistry was not covered in the report but there was a link included to the NHS Choices website for information on this area. A LINK member commended the decision to put the report on-line but asked how NHS Havering would use the information to improve healthcare. The Health officers responded that feedback from the report would help to build a better understanding of the needs of local people. A member of the public felt that there should be more references to mental health in the report.

Councillor Eden asked about prostate cancer and the Health officers felt that the priority was to give information and increase awareness of the warning signs of this condition. Many cancer screening programmes only attracted well-educated, more affluent people and this therefore led to a higher rate of cancer in poorer wards such as Gooshays or Heaton. Additionally men were often reluctant to go to a GP. NHS Havering were keen to work with the Committee to give people more information about the prevention of prostate cancer.

The Assistant Director – Commissioning for Adult Social Services felt that the document was well-evidenced and useful but felt it should have more

information about how the commissioning of services had changed due to the report. The Acting Director of Public Health confirmed that she would compile a report on this in due course. It was felt that the Committee should scrutinise that planned progress in areas of the report had in fact been achieved.

The Committee **NOTED** the annual report.

9. HEALTH FOR NORTH EAST LONDON

The Principal Committee Officer explained that, subject to confirmation from NHS London, the Commissioning Board and the Joint Committee of Primary Care Trusts, consultation on the Health for North East London proposals was expected to commence in late November 2009. While there were some similarities with the former Fit for the Future plans, it was noted that these proposals would cover all eight boroughs in North East London. There would be separate Joint Health Overview and Scrutiny Committees covering inner and outer North East London. Members of the Committee were next due to meet with Health for North East London officers on 2 October.

The Committee **NOTED** the update.

ANALYSIS

Care Quality Commission's assessment of Barking, Havering and Redbridge University Hospitals NHS Trust as 'Weak, Weak'.

BHR is the only trust in England to have been assessed as weak on both quality of service and quality of financial management in the latest NHS performance ratings.

	2008/09	2007/08	2006/07	2005/06
Quality of Services	Weak	Fair	Fair	Fair
Quality of financial management	Weak	Weak	Weak	Weak

Assessments in previous years have assessed BHR as 'fair' on quality of services but this has slipped to 'weak' in this year's assessment.

Quality of Services

Quality of services is derived of 3 components; Meeting core standards, existing commitments, national priorities.

	2008/09	2007/08	2006/07	2005/06
Meeting core standards	Almost met	Almost met	Almost met	Almost met
Existing Commitments	Not met	Partly met	Fully met	Almost met
National priorities	Fair	Fair	Weak	Weak

Core Standards

BHR was assessed as non compliant against 2 of the 44 core standards:
C05c Updating clinical skills - the Trust could not confirm that all staff that may work with children, outside of paediatric services such as orthopaedic consultants or anaesthetists, had attended their mandatory Child Protection training.
C11c Professional development (insufficient assurance) – insufficient data to prove that appraisals procedures are in place.

Existing Commitments

BHR failed to achieve 4 of the indicators:

- Total time spent in A&E - four hours or less
- Cancelled operations and those not admitted within 28 days
- Delayed transfers of care
- Inpatients waiting longer than the 26 week standard

National Priorities

BHR did not meet 5 of the 13 indicators:

- Below average experience of patients
- Failed on number of cases of Clostridium difficile infection
- Under achieved on stroke care
- Under achieved on all cancer 2 month urgent referrals
- Poor on staff satisfaction

Quality of Financial Management

BHR has been given a weak score as a result of not having met its financial targets for 2008/09. Financial management and reporting were also assessed as poor. This score is based on work carried out by the audit commission which assesses financial management, financial reporting, financial standing, internal control and value for money.

Information for Patients

The assessment also looked at BHR's performance in a number of areas of interest to patients and the public.

Safety and cleanliness 13/14

Waiting to be seen 8/12

Standard of care 4/7

Dignity and respect 9/9

Keeping the public healthy 4/5

Good management 15/18

Other areas

Other areas of concern highlighted in the assessment include;

Maternity – did not perform as well as the services in other organisations and needs to improve

Admissions management – weak

Diagnostic services - weak

A statement from BHR has expressed disappointment at the assessment and acknowledged the need for improvement. The statement added that the rating is based on historical data from the 2008/09 financial year and that improvements have since been made, particularly in meeting the A&E target, reducing inpatient waiting times and providing training for clinicians.

BHR are appealing the CQC's rating for their clostridium difficile infection rates.

National statistics

Nationally, the breakdown of ratings was as follows:

	2008/09		2007/08	
	Quality of Services	Quality of Financial Management	Quality of Services	Quality of Financial Management
Excellent	15%	26%	26%	24%
Good	47%	45%	35%	37%
Fair	33%	26%	34%	34%
Weak	5%	3%	6%	5%

There are a number of factors which explain some of the lower ratings in this year's assessments, including: more trusts declared they did not meet all core standards; increased scrutiny on child safeguarding and healthcare-associated infection; a significant number did not meet new indicators on quality of basic maternity data and participation in heart disease audits.

Regional comparisons

Trust	Quality of Services	Quality of Financial Management	Core standards	Existing commitments	National Priorities
Homerton University Hospital NHSFT	Excellent	Excellent	Fully met	Fully met	Excellent
Mid Essex Hospital Services NHST	Excellent	Good	Fully met	Fully met	Excellent
Basildon and Thurrock University Hospitals NHSFT	Good	Excellent	Almost met	Almost met	Good
The Princess Alexandra NHST	Good	Good	Almost met	Almost met	Good
Newham University Hospital	Good	Fair	Almost met	Fully met	Excellent

NHSFT					
Whipps Cross University Hospital NHSFT	Good	Weak	Almost met	Fully met	Excellent
Barts and the London NHST	Weak	Fair	Almost met	Not met	Weak
Barking, Havering and Redbridge NHST	Weak	Weak	Almost met	Not met	Fair

Care Quality Commission publishes NHS performance ratings

15 October 2009

The Care Quality Commission today (Thursday) published performance ratings for all 392 NHS trusts in England.

CQC said the NHS is performing well against a rigorous assessment on quality, with more trusts rated "excellent" or "good".

It also commended the significant improvement in ratings for financial management, which is good news coming into a period of restraint on public spending.

The assessment shows big improvements for patients with more people seen in A&E within four hours, more receiving treatment within 18 weeks of referral, more screened for chlamydia and big reductions in MRSA & Clostridium difficile cases.

But CQC raised concerns about the 20 trusts rated "weak" this year on Quality and a further 27 that have not been higher than "fair" for Quality and Financial Management in the last four years.

These organisations face a tough challenge to meet requirements of the new registration system, which CQC will introduce next year.

Thirty-seven trusts were rated double-excellent, including The Royal Marsden NHS Foundation Trust, which was double-excellent for the fourth year running.

Barking, Havering and Redbridge University Hospitals NHS Trust was the only trust rated double-weak, down from six trusts last year.

CQC ascribes ratings to trusts based on their performance across a range of priority areas identified by the government.

For Quality, CQC rated 15% of trusts "excellent", 47% "good", 33% "fair" and 5% "weak". Last year, ratings were 26%, 35%, 34% and 6% respectively.

On Financial Management, 26% were rated "excellent", 45% "good", 26% "fair" and 3% "weak". Last year, ratings were 24%, 37%, 34% and 5% respectively.

Primary care trusts earned better results overall, with more than half rated "excellent" or "good" for the first time.

But there was a decrease in ratings awarded to acute hospital trusts, with fewer trusts rated "excellent" and more "fair".

CQC said a number of factors were behind the acute trust ratings: more trusts declared they did not meet all core standards; increased scrutiny on child safeguarding and healthcare-associated infection; a significant number did not meet new indicators on quality of basic maternity data and participation in heart disease audits, vital to monitor quality of care; a significant number did not meet required performance on specialist stroke care; and a greater proportion of operations were cancelled at the last minute for non-clinical reasons.

CQC also pointed out that this year it has produced the most comprehensive and rigorous assessment ever of the performance of mental health and ambulance trusts.

For example, the assessment has looked at how ambulance crews treat heart attack patients, as well as how quickly they arrive on the scene. And, for the first time, it has looked at care provided by mental health trusts for people with learning disabilities.

Positive improvements for patients include:

- More than 98% of the 19 million patients attending A&E waited less than four hours
- Between January and March this year, three million patients waited 18 weeks or less from referral to treatment
- 16% of people aged 15 to 24 were screened for chlamydia, up from 5% the previous year
- There were 19,400 fewer cases of Clostridium difficile and 1,500 fewer cases of MRSA in 2008/09 compared to 2007/08 – a reduction of a third for both
- Ambulances responded within eight minutes to more than 1.4 million life-threatening calls (category A)

However, the assessment highlights the following issues:

- There was a drop in compliance with the core standard on child safeguarding down from 96.4% last year to 90.7% this year.

- While MRSA and C. difficile rates are decreasing, acute trusts still need to do more on infection control. This year 48 acute trusts did not meet at least one of the three relevant standards, compared to 44 last year.
- 37% of acute trusts meet the required level of performance on specialist stroke care
- New measures highlight considerable variation in quality of basic maternity and mental health data that is vital for monitoring quality of care.
- The proportion of cancelled operations rose for the second year in a row to almost one per cent. This equates to 63,000 operations cancelled at the last minute for non-clinical reasons. However, of these cancellations, more were rearranged for a new date within 28 days of the original operation.

Today's assessment measures performance in the NHS in key priority areas set by government. Next year, CQC will further develop regulation to become more focussed on patients and outcomes. All trusts will need to register with the regulator to legally function.

CQC said compliance with core standards is a good indication of whether a trust is ready for registration. Overall compliance with standards has increased from 95% to 96%. However, only about half of trusts fully met all core standards and compliance declined in the acute sector with 59% fully met this year compared to 69% last year.

Cynthia Bower, CQC chief executive, said: "The NHS has performed well on quality, which is good news in the face of a rigorous assessment. Those rated 'excellent' deserve to be commended – it is not easy to achieve this rating and missing just one standard could drop the score. Trusts rated 'good' have also performed strongly.

"But it is clear that some trusts are struggling and that some issues are proving tough nuts to crack. My biggest concern is those trusts that are 'weak' and persistently 'weak' or 'fair'. They must do better for their patients.

"I want to ring the alarm bell in the boardrooms of these organisations. Next year, all trusts must register with us to legally function. It is clear that many have significant work to do and a short time in which to do it."

CQC is committed to making sure that services involve people and respond to their views. As part of this, it is today urging people to comment online about the NHS and their local services.

Details of the performance ratings for individual trusts are available on the CQC website. From Thursday 15 October, go to "Find care services" at www.cqc.org.uk and enter your postcode to find your local trust. From here, people can link to the NHS Choices website to have their say. Comments can be posted anonymously and are fed through to the hospitals and trusts concerned, giving them the opportunity to respond online if they wish. They will also be used by CQC to monitor NHS performance.

Results for Quality by trust type

Acute and specialist trusts: 22% are "excellent", 48% "good", 25% "fair" and 5% "weak", compared to 31%, 46%, 18% and 5% respectively in 2007/08. Reasons for this decline in ratings is detailed on page one of this press release.

Primary care trusts: CQC rated 2% of PCTs "excellent", 51% "good", 45% "fair" and 3% "weak", compared to 6%, 27%, 62% and 5% respectively in 2007/08. The improvement is driven by greater compliance with core standards and improved performance against some measurements, including that related to chlamydia screening. However, 22% of PCTs achieved their local plans to reduce the rates of teenage conception.

Mental health trusts: In 2008/09, 30% scored "excellent", 46% "good", 16% "fair" and 9% "weak". Last year, the ratings were 64%, 25%, 7% and 4% respectively in 2007/08. Trusts are now assessed against eight new indicators. Trusts struggled to meet a new indicator relating to quality of basic data which is essential to monitor quality of care.

Ambulance trusts: No ambulance trusts scored "excellent", two scored "good", six "fair" and three "weak". Last year, two were "excellent", five "good", one "fair" and three were "weak". There are seven new indicators in the assessment. Nationally, the number of life threatening calls (category A) responded to within eight minutes dropped from 77% last year to 74.3% this year. However, this still represents a strong performance given a continued increase in calls and the eight minute clock starting earlier.

Core standards with highest rate of compliance

- C08a (100% compliance) – support for staff to raise concerns about services
- C10b (100%) – professionals abide by relevant codes of professional practice
- C14a (99.8%) – providing information about how to complain
- C22a&c (99.8%) – organisations cooperate to improve health of the community
- C06 (99.6%) – health and social care organisations cooperate
- C07b (99.6%) – promote openness, honesty, probity, and accountability

Core standards with lowest rate of compliance

- C11b (87.6%) – participation in mandatory training
- C09 (88.3%) – systematic and planned approach to records management
- C04c (88.3%) – reusable medical devices are properly decontaminated
- C04b (89.6%) – minimise risks of medical devices

- C07e (90.5%) – challenge discrimination, promote equality and respect human rights
- C02 (90.7%) – protect children by following national child protection guidelines

The Barking, Havering and Redbridge University Hospitals NHS Trust
say:

"We are extremely disappointed that we have been given a weak rating for quality of services. It is clear that we need to work to improve many areas. This rating is historical and relates to targets in the previous financial year - 2008/9.

"Since that time major improvements have been made in key areas.

"Among other things, we are now meeting the target for waiting times in Accident and Emergency, have drastically cut the number of complaints received by the Trust and have improved inpatient waiting times and training for clinicians. We have also had major success - among the best in the country - in implementing the 18 week target for referral to treatment.

"We are also appealing the CQC's rating for our clostridium difficile results. We are among the very best in England for tackling hospital acquired infections, and have one of the lowest rates of c diff.

"Any Trust recording a deficit is automatically given a rating of weak for use of resources.

"We are also appealing the CQC's rating for our clostridium difficile results. We are among the very best in the country for tackling hospital acquired infections, and have one of the lowest rates of c diff.

"We are working closely with NHS London and our partner PCTs, who have seen the progress which has been made in the past year to cut our deficit and improve patient care.

"The Trust is also working with the rest of the NHS in North East London to look at remodeling care and changing the delivery of services for the years ahead.

"The public can have their say on the Health for North East London proposals when a consultation begins in November."

Weak CQC Rating: Action Plan

Performance Area	Actions (include timescales)	Lead Officer	Recovery Target Date	Progress Made - October 09
<p>1. Core Standards - 2008/9 Declaration C5c, Clinician training, declared as 'not met'</p>	<p>A Healthcare Commission action plan has been produced for children's hospital services which includes the issue of child protection training for non-paediatric staff. The key points are as follows:</p> <ul style="list-style-type: none"> a) The rostering of nurses onto level 2 child protection training (March 2010); b) Establishment of a Steering Group to oversee all training requirements of nurses working with children in non-paediatric areas and establishing a training needs analysis (April 2009); c) Implement targeted training programme in child protection for consultants incorporating a 3 hour workshop (December 2009). 	<p>Divisional Director Women's and Children's</p>	<p>March 2010</p>	<ul style="list-style-type: none"> • The Named Safeguarding Children Doctor is now providing additional training for medical staff outside of paediatric services;
	<p>An external review of resuscitation services was commissioned by the Trust which informed the development of an action Plan to improve Resuscitation Training. The key points are as follows:</p> <ul style="list-style-type: none"> a) Undertake a training needs assessment (October 2009); b) Review of the current basic course content and ensure changes made where necessary in accordance with national recommendations (October 2009); c) Develop a portfolio of internal and national courses that encompass all levels of resuscitation available to all staff (October 2009); d) Ensure the range and volume of courses meets NHS Litigation Authority requirements (October 2009); e) Set immediate dates for Resuscitation Council intermediate life support courses to fill immediate needs and backlog to include FY1 doctors and nursing staff in critical care areas (September 2009); f) Set immediate dates for Resuscitation Council advanced life support courses for FY2 doctors (TBC); g) Register the Trust as a national Resuscitation Council UK intermediate life 	<p>Director of Education</p>	<p>November 2009 (although some actions are long-term)</p>	<ul style="list-style-type: none"> • Appointment of an external consultant to oversee the development and delivery of more robust training; • Additional resuscitation training provided to junior doctors and nursing staff in critical care completed in September 2009; • Higher level resuscitation courses planned

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	<p>support, paediatric intermediate life support, advanced life support and extended paediatric life support centre and ensure appropriate levels of equipment required to run these courses is sourced (November 2009);</p> <p>h) Deliver appropriate numbers of internal and national courses per year as per training needs (ongoing): Adult Resuscitation: 6 – 8 ILS courses per month, 3 – 4 ALS courses per year Paediatric Resuscitation: 1 – 2 PILS courses per month, 1 – 2 EPLS courses per year</p> <p>i) Review training needs analysis and consider appropriateness to register Trust as a course centre to deliver other courses (Long-term);</p> <p>j) Increase visibility of Resuscitation Officer on wards and ensure attendance at as many crash calls as possible in support of the Team Leader (September 2009);</p> <p>k) Ensure PAR scoring is included in all resuscitation training (September 2009);</p> <p>l) Review and audit the crash call system and the Do Not Attempt Resuscitation system (September 2009);</p> <p>m) Instigate review and audit of systems to ensure patient safety, including on call rotas for Resuscitation Officers (November 2009);</p> <p>n) Review the process of Resuscitation Officers debriefing staff and relatives after critical incidents (November 2009);</p> <p>o) Increase compliance and recording of Do Not Attempt to Resuscitate and resuscitation audit forms (Medium-term);</p> <p>p) Review resuscitation trolley equipment (Medium-term);</p> <p>The action plan is monitored by the Trust's Resuscitation Committee.</p>			<p>over the next 18 months;</p> <ul style="list-style-type: none"> • BHRUT has been registered to deliver ILS training and will be registered for PILS from January 2010; • ALS courses will commence in Q4 2009/10 and EPLS in Q1 2010/11; • Resuscitation Officer attending as many crash calls as practicable; • Review of crash call, DNAR and PAR scoring system underway.
<p>2. Core Standards - 2008/9 Declaration C11c, Appraisals, declared as "insufficient evidence"</p>	<p>Action plan implemented by the HR department to ensure more robust data is available in relation to recording of appraisals. The key points of the action plan are as follows:</p> <p>a) Each Division to map numbers of staff and planned appraisal dates onto a calendar for 2009/10 and divisional HR advisors will monitor against appraisal plan (October 2009);</p>	<p>Director of HR</p>	<p>November 2009</p>	<ul style="list-style-type: none"> • The Trust Board was not prepared to declare full 'compliance' with C11c, however they were satisfied that the process

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	<ul style="list-style-type: none"> b) Working group established to review paperwork and processes (September 2009); c) Processes to be written up and published in staff magazine to increase awareness and process to be formally communicated to Divisional Managers (November 2009); d) Appraisal rates to be part of divisional performance reviews (September 2009); e) Divisional HR Advisors to support the delivery of appraisal through coaching and mentorship (Ongoing); f) Monthly Dashboard reports to reflect divisional rates and staff groups (November 2009). 			<p>was working satisfactorily with all major staff groups undergoing their appraisals;</p> <ul style="list-style-type: none"> • Appraisal rates contained within divisional performance review meetings from September 2009;
<p>3. A&E – Non Achievement of 4 Hour Target</p>	<p>Actions to ensure consistent delivery of the standard at both sites include:</p> <ul style="list-style-type: none"> • Re-design of the MAU at QH (3rd September 2009); • Re-design of the MAU at KGH by 1st December 2009 ; • Re-design of the pathway for elderly care and complex discharges utilising capacity at the KGH site and making available more capacity at the QH site for the acute pathway immediately; • Working with the PCTs to ensure utilisation of 60 additional community beds as per the winter resilience plan; • Exploring contingency capacity in local nursing homes. <p>Year-on-year performance against the target is shown in the graph below:</p>	<p>Director of Planning and Delivery</p>	<p>1st December 2009 (Trust-wide)</p>	<ul style="list-style-type: none"> • The Trust achieved the A&E standard for Q1 and Q2 2009/10. YTD performance has improved by 2.4% compared to 2008/09 performance. However, the standard has not been consistently achieved at QH.

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	<p>The graph shows performance percentages over 53 weeks. The 2008/09 series (blue) starts at approximately 87% in week 1, peaks at 99% in week 21, and ends at 95% in week 53. The 2009/10 series (pink) starts at approximately 98% in week 1, peaks at 99% in week 16, and ends at 95% in week 53. Both series show significant volatility but maintain a high level of performance overall.</p>			
	<p>a) To ensure minimal delay from arrival in A&E to being seen and assessed by A&E doctor, all patients will wait no more than 30 minutes to first assessment by A&E and 120 minutes for completion of assessment, a Rapid Access and Treat (RAT) model of care, including single streaming queue. RAT training to be introduced (1st September 2009), an A&E escalation plan to be put in place to manage increased pressures using single trigger (see attached) (15th October 2009). A weekly operational meeting to manage exceptions has been instigated (15th September 2009). Two consultants are on shop floor Monday to Friday and increased evening consultant shop floor cover at weekends from 6 to 10 hours at peak times (3rd October 2009).</p>	<p>Divisional Director Medicine</p>		<ul style="list-style-type: none"> • RAT process in place at peak times when consultant on shift • Escalation agreed at Medical Assurance Board 8/10/09. For Sign off at SSIB. In place 15/10/09 • In place from September 2009
	<p>b) To ensure that admission of patients attending A&E depts are avoided if possible and that admission rates accord with benchmarks, a review of Dr Foster Data has been undertaken (25th September 2009) and an Admission avoidance team will be established (30th November 2009)</p>			<ul style="list-style-type: none"> • Admission rates by borough adjusted for Age and Deprivation below

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				<ul style="list-style-type: none"> mean for London Project Manager in place. Support by Whole Economy Director of Emergency Care
	<p>c) To ensure no breaches of 4 hour target in Minors at KGH and QH, ENP model implemented to ensure patients are always seen and treated within 4 hours at QH (30th March 2010). The goal is that 80% of minors seen by ENPs (30th March 2010) with the see and treat model operational 24/7 (30th March 2010)</p>			<ul style="list-style-type: none"> ENP project in place with Urgent care centre collaboration. 40% of minors stream seen by ENPs Sept 2009.
	<p>d) To ensure that doctors and nurses work as an effective team with a shared goal of minimising delays for individual patients as well as treating those patients with the higher acuity, clear 'shop floor' leadership at QH and KGH has been put in place and actions taken to ensure that the number of 4 hour breaches attributed to A&E will be limited to purely 'clinical breaches'. A daily 'Breach Meeting' is held at each site to review causes and provide solutions (senior nurse A&E consultant and GM) (5th October 2009) and discussion on breaches is held at Middle Grade teaching sessions (1st October 2009)</p>	General Manager A&E Clinical Tutor A&E		<ul style="list-style-type: none"> Commence 5th October 2009 Evaluate 5 November 2009
	<p>e) To ensure visible leadership of nursing and medical staff, the organisation and management of department has been improved with the aim that no breaches will occur due to failure to escalate. Overall leaders of each shift are clearly identified, the shop floor consultant has been clearly identified (15th September 2009) and an hourly Board Round will be introduced in majors (12th October 2009)</p>	Divisional Director Medicine/ Divisional Nurse Medicine/ Clinical Director A&E		<ul style="list-style-type: none"> Ongoing leadership training and performance management Board Round to be trialled from 12th October 2009

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	<p>f) To ensure that 4 hour breaches due to waiting for a specialist are minimised, all patients will wait no more than 30 minutes to be reviewed by a specialist from referral by A&E. A weekly analysis of breaches will be reviewed at SSIB so that corrective actions can be agreed (30th January 2009) and Speciality escalation plans in place. Nurse in charge of each area responsible for following escalation (October 2008)</p>	<p>Divisional Manager Medicine</p>		<ul style="list-style-type: none"> • Specialty escalation process reviewed at daily breach meeting. Escalated to Director of Planning and Delivery
	<p>g) To ensure appropriate medical staffing levels in A&Es and Acute Assessment, existing vacancies are being filled and a business case approved to ensure proper medical staff cover avoiding the expense of locum staff. A plan is in place to recruit to current vacant posts in Emergency Medicine in A&Es and Acute Assessment (30th March 2010 completion of full plan) and interim arrangements increase consultant shop floor presence in A&E (30th March 2010 completion of full plan)</p>	<p>Divisional Director Medicine General Manager A&E</p>		<ul style="list-style-type: none"> • A&E medical workforce plan in place. Monitored weekly at operations meeting. HR support in place. • A&E consultant interviews early December (3 posts) • MAU consultant interview End November (1-2 posts)
	<p>h) A Medical Assessment Unit has been established which ensures early consultant review of medical admissions with the aim of 50% of patients being discharged within 48 hours to home/community facility. This will also ensure that patients are placed in appropriate specialty beds and lead to reduced length of stay for medical admissions and reduced patient moves</p>	<p>Divisional Director Medicine + Clinical lead Acute Assessment</p>		<ul style="list-style-type: none"> • MAU functioning from 3rd September 2009 at Queen's. • MAU to be operational from 1st December at KGH. • Monitoring against KPIs needs data

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				inputter.
	i) To minimise delays for discharge medicine in MAU, TTA stock packs provided for MAU to minimise delays for patients awaiting drugs and staff in the MAU	Lead Pharmacist		<ul style="list-style-type: none"> Implemented. Monitored as KPI for MAU
	j) To ensure consultant cover in MAU/CAU with appropriate clinicians at KGH and QH in order that the flow of patients through AAU/CAU will be increased	Divisional Director Medicine		<ul style="list-style-type: none"> Consultant now in post See above re implementation of MAU
	k) To clear MAU/CAU daily to achieve space for 15 empty beds each morning in order that patients for admission/medical assessment will experience minimal delay in A&Es. The bed team to allocate beds to AAU/CAU as a priority both in hours and out of hours	General Manager Bed Management		<ul style="list-style-type: none"> MAU in place Monitor against KPIs
	l) Environmental improvements are needed in AAU to compensate for the lack of natural light to benefit patients and staff. An environmental assessment of the area will be conducted and a solution proposed	Divisional Nurse Medicine		<ul style="list-style-type: none"> Assessment completed and improvement identified. To be implemented
	m) To optimise the use of beds for assessment and treatment for acute medical patients up to 48 hours and to ensure better utilisation of AAU, the AAU A & B nursing teams will be integrated, medical rotas developed and an operational policy developed	Project lead MAU		<ul style="list-style-type: none"> In place
	n) To eliminate breaches due to waits for surgeon assessment, Surgical assessment areas to be explored within existing bed base (8 th September 2009) and trauma beds at QH will be ring fenced (8 th September 2009).	Divisional Manager Surgery		<ul style="list-style-type: none"> Surgical assessment Unit operational from mid Sept 2009. Orthopaedic assessment unit functional 15th

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				November 2009
	o) Therapies cover for A&E and AAU to be provided 7 days a week at QH and KGH in order that patients are not delayed whilst waiting for OT assessment. It has been agreed how service could be provided with PCTs	Divisional Manager Clinical Support		<ul style="list-style-type: none"> In place as pilot – for evaluation
	p) In order that the Urgent Care Centre at QH operates as an effective service in line with WXH and KGH UCC and that an agreed level of service is consistently available, the Trust is working with NHS London team to develop an appropriate model of care that delivers rapid and appropriate assessment of patients via an integrated UCC/paediatrics/minors model	Director of Planning and Delivery		<ul style="list-style-type: none"> Since 1 June 2009 GP based in Paediatric A&E to be reviewed. UCC/Minors model in place since 14.4.09.
	q) To ensure that the UCC at QH will provide a consistent, reliable service that enables A&E at QH to meet demand a service specification for 2009/10 to be agreed between the Trust and ONEL APO, with performance monitored against agreed specification	Director of Planning and Delivery		<ul style="list-style-type: none"> Meeting to be held in June with ONEL APO and NHHSH commissioners. Further meeting with APO 6/10/09
	r) To minimise delays for inpatients who require PCT/Social Services provided services, patient's identified as soon as possible who will require Social Services support, JONAH training is being provided for wards and a whole economy cross buffer meeting chaired by Emergency Care Director for Whole Economy has been implemented	Director of Planning and Delivery		<ul style="list-style-type: none"> Weekly Cross Buffer meeting in place. Impact not yet seen.
	s) To ensure that an Integrated Discharge Service is available in the trust each PCT has identified individual staff to be present at QH and KGH to facilitate discharges on a 7 day per week basis	Director of Emergency care for Whole Health Economy		<ul style="list-style-type: none"> Head of Emergency Services role to be recruited through SACU will lead on the development of this

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				specification
	t) To ensure that there is sufficient community bed capacity to meet demand at all times of the year in order that all patients identified as 'medically fit' but waiting for community hospital bed are transferred within 1 day of being identified, each PCT to review community bed capacity for 2009/10 and where reduction of community bed capacity is planned, PCTs to specify in advance of bed reductions, the alternative community provision is sufficient to avoid any delay to discharging a medically fit patient. Escalation of hospital bed status to PCT CEO daily when on purple/SIE. PCTs to spot purchase interim placements for patients delayed in acute/community beds	Director of Emergency care for Whole Health Economy		<ul style="list-style-type: none"> In winter resilience plan
	u) Waits for placements should not occur in QH and KGH due to increased use of interim placements. PCTs to propose a plan of action agreed with boroughs (30 th March 2009)	PCT/Borough		<ul style="list-style-type: none"> Bob Morgan has offered to produce a paper exploring and implementing potential options for placing medically fit patients in interim placements through formal contracting mechanisms and patient pathways.
4. Cancelled Operations	<p>The main areas covered by the Cancelled Operations Action Plan are as follows:</p> <p>a) Identification of the main reasons for cancellations by speciality and clinician in order that each General Manager can address individual performance and agree outcomes to reduce last minute cancellations (March 2009);</p> <p>b) A length of stay action plan has been developed for the Surgical Division and an action group identified e.g. all TCIs to be admitted on day of</p>	Divisional Manager Surgery	May 2009	<ul style="list-style-type: none"> The Trust now has an escalation policy embedded within the organisation ensuring that, apart from clinical exceptions, all

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	<p>surgery etc in order to reduce cancellations due to lack of level 1 beds (March 2009);</p> <p>c) Weekly report on potential 28 day breaches produced by the Performance Team and distributed to all General Managers and Admissions Officers for validation and action (March 2009);</p> <p>d) Overnight Intensive Recovery to be fully funded 7 days per week for post op patients to increase bed capacity (April 2009).</p> <p>e) A business case for 4 ITU and 2 HDU in recovery has been produced in order to address the lack of capacity leading to cancellations of elective patients. An additional option of moving HDU into the Observation area thereby increasing General ITU by 4 beds (April 2009).</p> <p>f) Reduced number of elective cancellations due to priority emergency cases, particularly in Neurosurgery and General Surgery. Neurosurgery to ring fence emergency lists to protect elective work and increase funded capacity. General Surgery to 'carve slots ' for some surgeons who have elective lists post take (April 2009);</p> <p>g) Theatre lists to be monitored prospectively for equipment and staffing issues and Theatre Service Manager to meet weekly with Admissions Officers and/or Pre Assessment Nurses to prevent possible cancellation due to equipment issues (April 2009).</p> <p>h) General Managers to meet with Surgeons, Anaesthetists to address the high levels of on-the-day sickness in some specialities and individuals (May 2009).</p> <p>i) Admissions Officers informed not to cancel patients on their TCI date without approval by relevant General Managers or ultimately the Divisional Manager (March 2009).</p>			<p>actions are taken to reduce cancellations and guarantee the patient's re-admission within 28 days.</p> <ul style="list-style-type: none"> • YTD performance for cancelled operations is 0.65% against a target of 0.8% and YTD performance against the 28 day re-admission target is 2.93% against a target of 5%. • The Trust expects this target to be achieved for 2009/10
5. Delayed Transfers of Care	<p>The recovery plan now agreed is as follows:</p> <p>a) The Trust meets with its partners (PCTs, Social Services etc) weekly as a whole economy (Cross Buffer) to discuss action to be taken to address a number of issues including DTOCs (Ongoing);</p> <p>b) Actual DTOCs are monitored against trajectory at new weekly Cross Buffer. Poor performance is escalated to new Whole Economy strategic</p>	Whole Economy Director of Emergency Planning/ Divisional Manager	A recovery date of October 2009 was set against this target. Although systems have been put in place and actions taken,	<ul style="list-style-type: none"> • PCTs have agreed to the provision of an additional 60 beds over the winter period. To date only NHS B&D have

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	<p>monthly meeting for partnership action (Ongoing);</p> <p>c) Community bed strategy is being developed (June 2009);</p> <p>d) The Continuing Care Panels have been extended to cover Fridays (Ongoing);</p> <p>e) Weekly CEO meetings and Whole Systems meetings to review performance and problem solve (Ongoing);</p> <p>f) JONAH bed management system information is regularly shared with partners to provide additional information (June 2009);</p> <p>g) Undertake a detailed review of the Trust Discharge Policy with a view to updating to strengthen protocols and governance and issue new patient communications (October 2009);</p>	Medicine	progress has been slower than expected. The Trust now expects performance to improve by the end of November 2009	<p>confirmed an additional 20 beds.</p> <ul style="list-style-type: none"> • The PCTS have established an Integrated Community Discharge Team across B&D, Havering and Redbridge to support discharge process at the Trust. • YTD performance is 3.24% against a target of 2.5%, however performance has deteriorated in July and August 2009 as pressures in the Trust have increased.
6. In-Patient Waiting Times	<p>The following actions have been implemented to ensure compliance with the 26 week wait standard:</p> <p>a) 26 weeks added to the weekly RTT PTL to flag up in advance any potential 26 week breaches;</p> <p>b) 26 week breach performance has been added to the monthly Trust Board Dashboard.</p>	Divisional Manager Surgery	December 2008	<ul style="list-style-type: none"> • Revised PTLs implemented December 2008; • Revised reporting arrangements in place from July 2008. • Although there has been one breach of this

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				target during 2009/10, this is within the tolerances applied and the Trust expects to achieve this target in 2009/10.
7. Patient Experience	<p>A comprehensive experience action plan has been developed from the 2007 and 2008 surveys and benchmarked against lowest and highest 20% of Trusts in UK. It addresses the following areas;;</p> <ul style="list-style-type: none"> • Admission to Hospital; • The Hospital and Ward; • Doctors; • Nurses • Your Care and Treatment; • Operations and Procedures; • Leaving Hospital; and • General Issues. <p>These categories are those in which the Trust scored poorly in the 2008/09 patient survey.</p>	Deputy Director of Nursing	July 2010	<p>A number of training and process issues have been addressed in year including:</p> <ul style="list-style-type: none"> • Robust escalation processes across all clinical pathways with Improved information collection and dissemination across clinical front line staff. • Plans to separate sexes within both acute areas in general wards and ITUs is underway • Change of catering contract in Aug 2009 and improvements to cleaning contract including regular audits.

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				<ul style="list-style-type: none"> • Development of safeguarding policies • Improvements to nursing skill mix and establishment .Mid 2009. The number of nursing vacancies has been decreased from 380 WTE in January 2009 to 174 WTE in November 2009 • Reduced rates of infection – monthly hand hygiene audits and mandatory training. • Common themes and trends in complaints are being identified in the context of customer care and addressed via mandatory training; • Communications skills (standard and advanced) training is being undertaken via mandatory training

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				and induction.
8. Stroke Care	<p>The main areas covered by the Stroke Action Plan are:</p> <p>a) Achieving all of the A1 targets on Stroke Infrastructure including:</p> <ul style="list-style-type: none"> ○ Recruitment of staff, development of protocols and processes and achieving 70% of patients spending more than 90% of their time on a stroke unit, achieving the characteristics of a good stroke unit. ○ Processes and Protocols are being developed over October and November in preparation for an assessment in December ○ Data quality is being investigated and improved to bottom out the 70% target: High Risk TIAs have been removed from the data, patients spending time on other wards at a time when their diagnosis is not stroke will be excluded. Records of patients who spend less than 90% of their time on a Stroke Unit will be pulled to audit the pathway of the patient with a view to knowing where the main blocks to getting onto the stroke unit are within the hospital. <p>b) The A2 targets which are:</p> <ul style="list-style-type: none"> ○ 95% direct access to a Stroke Unit ○ Data Quality: Patients to be removed from data who get to the Stroke Unit from A&E ○ 100% of scans done within 24 hours – this target is being met. Reporting to be written down by person taking result from Radiology to improve the target of improved reporting. ○ High Risk TIAs seen within 24 hours - poor performance in these targets is largely due to data quality issues. A number of actions are in place to improve TIA performance: ○ Low Risk TIAs seen within 7 days – as above ○ Swallow Assessments – current performance is 75%. Additional training to be offered to A&E staff to ensure that patients can be assessed in A&E as well as on the ward. ○ Weighing of patients within 72 hours – audit being conducted week of 12th October to ascertain reasons why we are not at 100% for this target (current performance is 77.9%. 	Divisional Manager for Surgery	End November 2009	<ul style="list-style-type: none"> • Recruitment to all HASU posts is now underway • Patients who are on HDU or ITU or Sahara B have now been included. This has resulted in approximately a 10% improvement in our performance. • Pathway training in A&E has commenced week of 12th Oct. A second pathway facilitator to 'pull patients' from A&E to the Stroke Unit over an extended range of hours has been appointed and start date is awaited. • Clinics now all on PAS system that enables more accurate recording of patients. Clarify now obtained on target to record

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				data from referral rather than onset of symptoms. We expect the improved data collection to result in achievement of this target.
9. Cancer Waiting times	Pathways	Divisional Director Clinical Support Services	31 st March 2010	
	a) Improve efficiency for managing cancer pathways (30 th October 2009)	General Manager Oncology/ Divisional Director/ Divisional Manager Clinical Support Services		<ul style="list-style-type: none"> • Head and Neck, Colo-rectal, Breast and Urology pathway mapped
	b) Improve training for staff managing pathways to: <ul style="list-style-type: none"> ○ Ensure staff understand cancer access policy ○ Ensure staff understand Cancer Waiting Time (Ongoing) 	Cancer Access Manager/GM Oncology		<ul style="list-style-type: none"> • Training sessions established for MDT co-ordinators. • Trust Cancer away day held
	c) Regular review of access policy to ensure appropriate for all pathways2WW section of the access policy need to be (November 2009)	General Manager Oncology/ Cancer Access		<ul style="list-style-type: none"> • Under review

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		Manager		
	d) IOG compliance monitored regularly and remedial action taken as appropriate (Ongoing)	General Manager Oncology/ Divisional Director Clinical Support Services		
	Communication			
	e) Promotion and education of CWT targets and pathways throughout the Trust, PCTs and local GPs (Ongoing)	General Manager Oncology/ Cancer Access Manager		<ul style="list-style-type: none"> • 2ww audit completed and findings will be presented to GP
	f) Improve communication with tertiary centres (31 st March 2009)	General Manager Oncology/ Cancer Access Manager		<ul style="list-style-type: none"> • Weekly patient feedback being received via secure email
	g) Introduce a Cancer Newsletter (December 2009)	Service Improvement Facilitator		<ul style="list-style-type: none"> • In discussion with communications team
	Capacity			
	h) Increasing capacity for: <ul style="list-style-type: none"> ○ Breast other symptoms (December 2009) 	General/ Service Manager Surgery		<ul style="list-style-type: none"> • Additional clinics set up • Clinic time identified • Additional

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	<ul style="list-style-type: none"> ○ Head and neck one stop clinics (November 2009) ○ Urology theatre capacity (December 2009) ○ Histopathology capacity (November 2009) ○ Endoscopy (October 2009) ○ Additional MDT co-ordinators (October 2009) 	General/ Service Manager Surgery General/ Service Manager Surgery Clinical Director Pathology Divisional Manager Medicine/SM Endoscopy General Manager Oncology		Consultant surgeon being recruited <ul style="list-style-type: none"> • FBC being developed • Additional capacity for Endoscopy in place • MDT posts being recruited to
	Technology			
	i) Implement the Somerset Cancer Register (SCR) database (Sept – Nov 2009)	General Manager Oncology		<ul style="list-style-type: none"> • Equipment purchased
10. Staff Survey	<p>The HR department publicised the results of the 2008 survey through a series of presentations to the organisation, newsletter (Vital News) and key meetings. Each Division has been tasked with producing an action plan to improve the staff satisfaction for 2009. Where there are significant corporate issues that require a targeted approach, for example the publicising of flexible working arrangements, this will be co-ordinated through HR. It is proposed to monitor the Divisional action plans through performance meetings.</p> <p>The following specific actions have been taken to improve the performance for 2009:</p>	Director of HR	2009 Staff Survey	<ul style="list-style-type: none"> • All actions have been completed and embedded into business as usual. The Trust expects to see improvements in the 2009 survey results. • The Trust commissioned an

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	<ul style="list-style-type: none"> a) Divisional Action Plans have been devised to focus and improve on staff satisfaction; b) The Organisational Development Plan has been developed which considers workforce profiles, processes and wellbeing; c) In terms of Violence Bullying & Harassment, changes have been made to Risk Management training and Equality & Diversity training to incorporate reporting incidents appropriately on the Trusts IR1 form; d) Line Managers receive mandatory Equality & Diversity training; e) Codes of behaviour posters have been put up in all areas and are available on the intranet; f) Further steps to increase work life balance awareness has been undertaken with emphasis on the policies that are in place on job sharing, flexible retirement etc, especially in hard to reach groups, such as ancillary staff or staff working on different sites; g) Management & Supervision ensure that managerial and supervisory roles include the duty to communicate to staff that they have done well in their tasks where this is justified; h) Staff Appraisal Review ways of increasing the number of staff receiving an annual Performance Development Review or other appraisal; i) Communications means of team brief, the link and the intranet have been enhanced ensuring that key messages upwards and downwards are communicated more effectively; j) In terms of Occupational Health & Safety feedback, there has been increased awareness and development of the Manual Handling Operations Policy and this issue is covered at Staff Induction. 			<p>external review of Communications including an on-line questionnaire for staff that had 825 submissions in September 2009. The Trust Board is reviewing the results of this audit and a draft Reputation Management Strategy at its meeting on 27th October 2009. In the proposed Reputation Management Strategy is to improve internal communications.</p>

Care Quality Commission Assessment 2008/09

Use of Resources

The use of resources component is driven by the Auditor's Local Evaluation (ALE), which is carried out by the Trust's external auditors (the Audit Commission). The scoring ranges from 1 (inadequate performance) to 4 (performing strongly), and comprises 5 main components (Financial Reporting, Financial Management, Financial Standing, Internal Control and Value for Money), with 13 sub-components at the next level down (see below for detail).

The Trust received an overall evaluation of 1 for 2008/09, compared with a 1 for 2007/08. This was expected, since the Trust had planned for an income and expenditure deficit in 2008/09. A deficit means an automatic 1 for Financial Standing, which in turn means that the Trust could not achieve an overall score of greater than 1. Nevertheless the Trust planned to score a 2 for the other 4 main components. The final evaluation compared to 2007/08 is set out below.

	2008-09	2007-08
Financial Reporting	1	1
1.1 The Trust produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers	1	1
1.2 The Trust promotes external accountability	2	1
Financial Management	1	1
2.1 The Trust's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities	1	1
2.2 The Trust manages performance against budgets	2	1
2.3 The organisation manages its asset base	1	1
Financial Standing	1	1
The Trust manages its spending within the available resources	1	1
Internal Control	2	1

4.1 The Trust manages its significant business risks	2	1
4.2 The Trust has arrangements in place to maintain a sound system of internal control	2	2
4.3 The Trust has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business	2	1
Value for Money	2	1
5.1 The organisation has put in place proper arrangements for securing strategic and operational objectives	2	1
5.2 The organisation has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community	2	2
5.3 The organisation has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data	2	1
5.4 The organisation has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved	2	1

It can be seen that the Trust improved scores from a 1 to a 2 for two of the five main components (Internal Control and Value for Money) and for 7 of the 13 sub-components, and stayed at a 2 for two other sub-components. There was, therefore significant progress, although the Trust remained at a 1 for four other sub-components. The key issues resulting in a 1 for these areas and the action being taken to improve to 2 are summarised as follows:

ALE sub-component	Key factors	Action	Lead Officer	Date	Progress made @ Oct 09
1.1 The Trust produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers	Annual Accounts were submitted late (by 2 days), were not fully complete and working papers were not fully adequate	1. Re-structuring and recruitment to Financial Services team	D Wragg	Dec '09 Dec '09	Financial Accountant and new Financial

		<ol style="list-style-type: none"> 2. Agreement and oversight of the Annual Accounts timetable by the Audit Committee and Board 3. Detailed peer review of Annual Accounts by Director/Deputy Finance Director prior to submission 4. Advance completion of full working papers prior to audit 	<p>Audit Committee Chair</p> <p>D Wragg</p> <p>D Wragg</p>	<p>Apr '10</p> <p>Apr '10</p>	<p>Accountant being recruited</p> <p>.New structure out to consultation.</p>
2.1 The Trust's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities	The Trust incurred a deficit in 2008/09, although this was in line with plan (other than for debtor and fixed asset impairments). The Trust's final agreed I&E plan for 2009/10 of £10.8m deficit, was a deterioration from the original planned surplus.	The Trust is developing its medium term financial strategy through the Challenged Trust Board process (October 2009), which should see it return to I&E surplus in 2010/11.	D Wragg	Oct '09 (Stage 2 MTFS Financial Model)	Work substantially completed
2.3 The organisation manages its asset base	The Trust did not have in place an Estates Strategy and the Asset Register was not fully updated or reconciled (on an asset by asset basis) with the general ledger. A breakdown of the revaluation	<ol style="list-style-type: none"> 1. Agreement of Estates Strategy by the Trust Board (October) 2. Fully reconciled Asset 	<p>D Wragg</p> <p>D Wragg</p>	<p>Oct '09</p> <p>Oct '09</p>	<p>Strategy written & reviewed by SSIB</p> <p>Work</p>

	reserve on an asset by asset basis was not prepared until after the year end	Register and revaluation reserve (October 2009)			completed
Financial Standing	The Trusty incurred a deficit in 2008/09, although this was in line with plan (other than for debtor and fixed asset impairments)	The Trust is planning to return to surplus in 2010/11 but will incur a deficit in 2009/10 and will therefore incur a 1 rating again for this element in 2009/10	D Wragg	2010/11	Trust reducing level of underlying deficit during 09/10

These actions will be monitored in detail by the Audit Committee and Trust Board.

The Trust will be aiming to improve by at least 1 score across 4 of the five main elements, excluding financial standing, where the Trust can score no greater than a 1 again for 2009/10 (due to the I&E deficit). Therefore the targets will be:

	2009/10 Plan	2008/09 evaluation
Financial Reporting	2	1
Financial Management	2	1
Financial Standing	1	1
Internal Control	3	2
Value for Money	3	2
Overall	1	1