Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

12 May 2015

Meeting held at Committee Room 3 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Tony Burles, Phoday Jarjussey (Labour Lead), Judy Kelly, Michael Markham, June Nelson and Michael White **Also Present**: Shane DeGaris - The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy - The Hillingdon Hospitals NHS Foundation Trust Dr Abbas Khakoo - The Hillingdon Hospitals NHS Foundation Trust Wendy Cookson - The Hillingdon Hospitals NHS Foundation Trust Ceri Jacob - Hillingdon Clinical Commissioning Group Graham Hawkes - Healthwatch Hillingdon **LBH Officers Present**: Dr Steve Hajioff, Gary Collier and Nikki O'Halloran **Press and public:** 2
64.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* Councillors Phoday Jarjussey and Michael Markham declared a non-pecuniary interest in Agenda Item 4: The Hillingdon Hospitals NHS Foundation Trust - Review Of The Care Quality Commission Inspection Report as they had recently been regular users, and remained in the room during the consideration thereof.
65.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
66.	**THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - REVIEW OF THE CARE QUALITY COMMISSION INSPECTION REPORT** *(Agenda Item 4)* The Chairman welcomed those present to the meeting. He advised that Members had welcomed the report published by the CQC following its inspection of The Hillingdon Hospitals NHS Foundation Trust (THH) and noted that there were aspects of outstanding and encouraging practice highlighted within the report. Although the Committee would focus on the more negative aspects of the report, acting as critical friend, it was acknowledged that there were positive elements too. Mr Shane DeGaris, Chief Executive of THH, advised that, during its review of eight core services, the CQC had asked five key questions in relation to whether the Trust was safe, effective, caring, responsive and well-led. The overall rating for the Trust was 'requires improvement' - where approximately ¾ of the domains required

improvement or were deemed inadequate. However, the CQC had rated THH as 'good' in relation to the caring domain.

As well as rating the Trust as a whole, the CQC had rated each of the core services provided by Mount Vernon Hospital and Hillingdon Hospital separately. Mr DeGaris advised that, despite many of the services being rated as 'good', it had been disappointing that Mount Vernon Hospital had not received more 'good' ratings. Members had been encouraged by the CQC inspection report in relation to Mount Vernon and praised the services and parking facilities available at the hospital. It was noted that virtually all of the consultants practicing at this site also worked at Hillingdon Hospital (although the nursing staff were different).

Members were advised that, following the review, the Trust had been issued with two warning notices in relation to: assessing and monitoring the quality of service provision (Regulation 10); and cleanliness and infection control (Regulation 12). It was noted that, although the number of hospital acquired infections at the Trust was low, the CQC had observed poor practice during the review which needed to be addressed.

In addition to the warning notices, the Trust had been given a number of compliance notices (in relation to: management of medicines; safety and suitability of the premises; safety, availability and suitability of equipment; records; and staffing), eight 'must' actions and 11 'should' actions. Although the issues identified in the warning notices needed to be resolved within fixed timescales, the other actions could be completed within an undetermined period.

Mr DeGaris stated that the CQC had provided a fair assessment and the Trust was determined to put measures in place to ensure that good practice was rolled out across the organisation. He noted that the Trust had accepted the findings and that it had looked to address immediate actions swiftly whilst also looking to address medium/longer term action to restore compliance. In addition, the Trust had strong foundations which would underpin its ability to improve which included:

- the Trust being a well performing medium sized general hospital;
- maintaining Band 6 (lowest risk) CQC Intelligent Monitoring for 3 consecutive periods;
- being rated as green for ten consecutive quarters on Monitor quality performance and finance scorecards;
- being highly commended by Dr Foster for reduction in weekend mortality; and
- the organisation being one of 15 Acute Trusts in the 'lower than expected' SHMI band (Summary Hospital-level Mortality Indicator).

Professor Theresa Murphy, Director of Patient Experience, Nursing and DIPC, advised that, since the inspection, the Trust had placed a strong emphasis on the immediate actions needed to ensure that the organisation achieved compliance with the warning notices and the agreed timeframes. A strategic Trust-wide action plan had been formulated to address the areas of non-compliance and each core service had developed a detailed action plan to address the findings in their domains. The overarching action plan also picked up wider themes that ran across the Trust which might require longer-term action. Professor Murphy assured Members that the Trust would address all of the issues raised by the CQC whilst ensuring that change was embedded and sustainable. A governance structure had been put in place to ensure that the improvement programme was delivered.

Since the warning notice in relation to assessing and monitoring the quality of service provision had been issued, THH had made significant progress with staff undertaking

mandatory training in adult safeguarding, child safeguarding and infection prevention and control. Work had also been undertaken with regard to the warning notice issued in relation to assessing and monitoring the quality of service provision. A huge piece of work had been completed to remove asbestos as part of the ventilation validation improvements from theatres. In addition, THH had launched a revised DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form which reflected British Medical Association (BMA) and Resuscitation Council Guidance and had increased compliance to 88%. A new lead nurse for child protection had been appointed and training had been put in place for staff.

Members queried whether the action taken by the Trust in safeguarding children and vulnerable patients had been so extreme that it had conflicted with deprivation of liberty. Mr DeGaris advised that this was a difficult balance particularly in relation to dementia patients. However, the Trust had been working closely with specialist lawyers to ensure that this balance was met. In addition, each ward had been risk assessed to put the most appropriate measures in place, CCTV cameras needed to be monitored / maintained and staff needed to be trained, vigilant and interactive. Furthermore, a safeguarding database was now in place to ensure that wider information was available to clinicians and action had been taken to address processes which linked to different agencies (including social care).

With regard to the warning notice received in relation to cleanliness and infection control, THH had completed a range of work including appointing a new Compliance Officer and launching the annual Infection Prevention Control (IPC) audit plan. A significant number of additional cleaning staff had also been appointed to ensure that all areas were clean, not just the clinical areas.

Dr Abbas Khakoo, Medical Director at THH, advised that the CQC report had highlighted a number of areas for improvement and that a range of actions had already been completed with further actions planned for the medium and longer terms. For example:

- recruitment and retention measures;
- staff training;
- review of expired medication;
- repositioning of CCTV cameras;
- the existence of equipment service contracts;
- the quality of patient medical records; and
- safe storage of records.

Insofar as next steps were concerned, Mr DeGaris advised that the CQC had made follow-up visits on 5 and 7 May 2015 and, pending further information requested and the approval of the CQC Board, it was likely that the inspectors would recommend:

- the de-escalation of the warning notices against Regulations 10 and 12;
- Regulation 10 was likely to be removed completely;
- Regulation 12 was likely to have some compliance follow up actions; and
- the review of the four red 'inadequate' ratings in the safety domain against A&E, Medicine, Surgery and Services for Children.

Mr DeGaris noted that the THH Board was delighted by the significant progress made by the Trust and was proud of the excellent staff. It also recognised the staff's significant contribution to achieve the differences observed by the CQC since the October 2014 inspection.

Furthermore, the Trust remained focussed on the improvement plan. It would continue to work on achieving full regulatory compliance through completing the action plans against the existing Compliance Notices, undertaking a Trust-wide RCA against the service CQC reports to identify reasons for failure, and had commenced a peer-to-peer mock CQC programme in May 2015.

Members were advised that issues had arisen when demand had outstripped capacity and that there had been a constant level of activity in A&E. To address the issue of demand for beds, the Trust had made all beds mainstream beds and ensured that they were fully staffed. It was acknowledged that the Trust had lacked in collective planning and that it had worked with the CCG to ensure that action was taken to address the increased demand for services. A number of successful small pilots had been undertaken to provide better access to GPs and consideration was now being given to how this could be scaled up across the Borough. The CCG had also been working with schools in the south of the Borough to educate young people about the most appropriate use of A&E and was looking to strengthen support networks around isolated older people.

Insofar as the cleaning schedule was concerned, Members were assured that the working practices had been refocused so that cleaning activity was now signed off by a senior nurse. However, the cleaning of broken floors and more inaccessible areas was more of a challenge. To this end, the maintenance contracts had been reviewed to make them more centralised and more easily controlled and clinical staff were now able to set the tone of what was deemed important in their area in terms of cleaning.

Concern was expressed that some management processes were not complied with and others were over reported. In addition, it was noted that the Board had been getting false assurances about the cleaning standards. Although it was not easy to get staff working together, ongoing audits were now in place between clinical and facilities staff comprising technical and clinical elements for each ward. The results of these audits were then reported to the Board.

With regard to clinical records, the Committee was advised that changes had been made to ensure that nurses and doctors were all writing in the same set of notes for each patient. There had also been a drive to reduce the number of temporary notes which were stored off site to make them more accessible. In addition to this work, the Trust had been working closely with the CCG to improve the handover of care between professionals to ensure continuity.

Although THH had been slow in its adoption of technology, improvements had been made so that staff could now click on a patient's notes and see the GP's last contact from Paediatric A&E. These developments would help to improve patient safety (e.g., all clinicians immediately being able to see when a patient's medication or dosage had been changed). It was anticipated that truly integrated healthcare records (including social care information) would be in place in the next 2-3 years. It was suggested that, as the severity of inflammatory conditions was subjective, consideration be given to including photographic evidence for these conditions.

Members were advised that significant work was already underway to identify gaps in the Trust's assurance process. This had included mainstreaming actions into the work that was already done as well as the clinical and business objectives. From a communications perspective, THH would need to repeat messages about how the Trust had felt it had let its patients down and, as such, would be undertaking a peer challenge. In addition, THH would be looking to ensure that feedback loops, checks

and balances were in place around middle management.

It was noted that very little had been included within the action plan with regard to improving the service received in outpatients, e.g., reducing the time taken for a consultant to send a letter to a GP. Mr DeGaris advised that the CQC had deemed outpatients to be the best service provided by the Trust and, as such, had not been focussed on in the action plan. However, consideration was being given to issues with regard to ease of access for outpatients, waiting times and streamlining the booking system as part of the transformation programmes that had been put in place. This work would continue to be a priority and included 90% of outpatient letters being sent out within 24 hours, greater use of electronic dictation and more secretarial staff.

Members were advised that a new vascular surgeon had been appointed who would spend five days each week at Hillingdon. It was anticipated that this would help with the provision of the diabetes complex foot service. Dr Khakoo advised that the Trust formed part of a network of hospitals to cover sickness absence and annual leave. This type of joined up working would help to provide a seven day service and provide economies of scale.

Although the report had stated that one nurse had been responsible for 20 patients, the CQC had not taken account of the agency staff present during its inspection. Members were assured that staff levels were monitored three times a day and that, as a result of significant spend, the number of falls had reduced. Although 85 foreign nurses would be starting work with the Trust over the next few months, it was recognised that it was important to encourage local people to work for THH. To this end, the Trust had formed an alliance with a teaching hospital which had resulted in an increase in the number of staff working at night. It was anticipated that an increase in staffing levels would enable staff to undertake the training that they previously hadn't had the capacity to complete.

With regard to translation services, it was noted that the Trust had experienced some challenges out of hours. To this end, procedures were being modernised to reflect patients' needs and 24/7 access to an interpreter service had been secured.

It was noted that some complaints had not been dealt with as well as they could have been and that they needed to be responded to expediently. To improve the Trust's response to complaints, THH had appointed a new complaints officer.

Whilst there were other hospitals built at roughly the same time as Hillingdon Hospital that didn't experience the same infrastructure issues, there were few which comprised WWII temporary accommodation and a tower block (where the windows and curtains hadn't complied with infection control guidance). Mr DeGaris stated that the hospital infrastructure required major investment and that this had been raised as an issue by John McDonnell MP at Prime Minister's Question Time. Although some investment had been committed through work being undertaken as a result of the *Shaping a healthier future (SaHF)* programme, the need for further investment was now being recognised and would require the CCG to work with the Secretary of State to move matters forward. In the meantime, the Trust would continue external lobbying for further investment. It was noted that the majority of funding received by the Trust was spent on maintaining the building rather than on innovation.

It was noted that SaHF would result in many additional maternity patients going to Hillingdon Hospital to give birth. Ms Ceri Jacob, Chief Operating Officer at Hillingdon CCG, advised that a detailed assurance process had been followed to ensure that

	adequate measures were in place, which had meant that the transfer of services from Ealing had been delayed. Mr DeGaris was aware that, as well as having enough beds in place at Hillingdon to accommodate the increase in births, it was important to ensure that there were enough nurses and doctors. Some of the additional staff required would come from Ealing Hospital but the Trust would need to address any staffing gaps, e.g., specialist registrars, etc. Members were advised that THH had a specialist home birth team which dealt with 70-80 births last year. Although the team was fully staffed, there was a need to invest in post-natal services and consideration would need to be given to ensuring that the community midwifery team was at full strength. Concern was expressed that the Council of Governors had been unaware of many of the issues at THH that were highlighted by the CQC. Whilst many of the front line staff were doing a good job, Members queried whether the management had bought into the CQC report and to what extent they were leading the way to make better use of resources to make the changes identified within the action plan. Mr DeGaris noted that the CQC had been confident that the Management Board was fully signed up to the action plan and was taking action to resolve the issues raised during its inspection. Furthermore, effort was being made to provide training and support to front line staff and identify constraints that hindered them doing their jobs. **RESOLVED: That the report and presentation be noted.**
	The meeting, which commenced at 6.00 pm, closed at 8.08 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.