Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

30 September 2015

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors John Riley (Chairman), Ian Edwards (Vice-Chairman), Brian Crowe, Phoday Jarjussey (Labour Lead), Kuldeep Lakhmana (In place of Tony Burles), John Oswell and Michael White **Also Present**: Mr Shane DeGaris, The Hillingdon Hospitals NHS Foundation Trust Professor Theresa Murphy, The Hillingdon Hospitals NHS Foundation Trust **LBH Officers Present**: Dr Steve Hajioff (Director of Public Health) and John Higgins (Head of Service Safeguarding, Quality and Partnerships) and Nikki O'Halloran. **Press & Public:** 1
23.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* Apologies for absence had been received from Councillor Tony Burles. Councillor Kuldeep Lakhmana attended as his substitute.
24.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
25.	**THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - REVIEW OF THE CARE QUALITY COMMISSION RE-INSPECTION REPORT** *(Agenda Item 4)* The Chairman welcomed those present to the meeting and thanked the representatives from The Hillingdon Hospitals NHS Foundation Trust (THH) and Members of the Committee for agreeing to attend this additional meeting. It was noted that the Care Quality Commission (CQC) had been unable to attend the meeting but had provided a presentation which had been circulated to Members. The CQC would be happy to respond to any questions or comments submitted by the Committee after the meeting. Concern was expressed that the CQC had given THH very little time to address the observations made and the areas for improvement identified in the original report. The Committee recognised that it would take some time to embed changes into the organisation and congratulated THH for the improvements that had already been implemented. THH had initially been inspected by the CQC in October 2014 with the resultant inspection report published in February 2015. The CQC then undertook a re-inspection of the following areas in May 2015 to establish what measures had been put in place to

address issues that had been identified, with its findings published in a report in August 2015:

- Urgent and emergency services;
- Medical care;
- Surgery; and
- Services for children and young people.

Mr Shane DeGaris, THH Chief Executive, advised that the targeted re-inspection undertaken by the CQC had focussed on the key services that had received 'Inadequate' for the 'Safe' domain in the original inspection report. In its re-inspection, the CQC had acknowledged the good overall progress made by THH which had resulted in the 'Safe' rating being changed from 'Inadequate' to 'Requires improvement'. In addition, the Warning Notices given following the original inspection had been lifted and a Requirement Notice (RN) had been put in place in relation to Regulation 12 - Safe Care and Treatment. Mr DeGaris felt that this was a fair assessment and advised that THH recognised that there were still areas for improvement, for example, infection control.

Professor Theresa Murphy, Director of Patient Experience, Nursing and DIPC at THH, advised that the positive practices noted by the CQC included improvements to:

- estates building deficiencies;
- cleaning and auditing;
- safeguarding systems for children coming into A&E - key staff were deployed to oversee and promote good practice and further measures were being put in place to develop a more joined-up IT system with the Council;
- sustained levels of mandatory staff training, including infection prevention/control and safeguarding;
- cleanliness and availability of equipment to meet patients' needs; and
- medicines management (although best practice was still not always followed by all staff).

The Committee was advised that, to ensure that all staff were aware of the correct procedures, messages were being reinforced through a range of vehicles including: the Chief Executive's briefings, observations, team meetings and wider meetings. Sanctions for non compliance had been put in place which would result in those staff that failed to follow a procedure on three occasions being asked to explain their actions in a meeting with THH senior management. In addition, any issues of concern raised by a member of staff that were not being addressed by their line manager could be escalated without the fear of personal consequences.

Whilst it was recognised that improvements needed to be made with regard to infection control, Mr DeGaris advised that THH infection levels were low and it was more about managing the risk. THH had made a policy decision that staff must be bare below the elbows and, as such, staff should comply else risk being sanctioned. Professor Murphy stated that, in the older parts of the estate, the installation of additional hand washing basins was impractical as there was just not enough room (for example, facilities were adequate in A&E if the department ran at 70% occupancy but that it tended to run at 100%+ occupancy). However, new parts of the building (such as the Acute Medical Unit (AMU)) had incorporated a sufficient level of facilities. Members were advised that, as part of the Shaping a healthier future programme, Hillingdon's A&E department would be expanded and would include an adequate number of hand washing stations.

To ensure that staff were routinely cleaning their hands, they were either walking some

distance to the nearest hand washing station or using hand gels. It was noted that, irrespective of the measures put in place for staff, the Trust had little control over infections being brought into the hospital by friends and family members.

Professor Murphy noted that the Trust was keen to provide the best possible service to its patients and wanted to achieve a CQC rating of 'Good', if not 'Outstanding'. To achieve this, further commitment was required to strengthen compliance with things like medicines management security and staff's understanding of the Mental Capacity Act under Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Deprivation of Liberty Safeguards (DoLS) - an innovative (and popular) approach had been introduced, combining the legal and medical issues in staff training sessions.

Professor Murphy believed that one of the most important conversations that staff would have with families was in relation to DNACPR and it was unacceptable to the Trust that these discussions had not necessarily previously taken place. Following the initial CQC inspection, the Trust had completed weekly audits of incomplete DNACPR documentation which had identified that conversations were taking place but that the relevant paperwork had not necessarily been fully completed (for example, the form may not have been co-signed by a doctor). Now that there was a higher level of compliance, these audits were undertaken less frequently.

Consideration had also been given to DoLS and the balance between a confused patient being able to just walk out of the hospital and preventing other patients from leaving. To this end, refined risk assessments were now undertaken on a ward basis rather than implementing a blanket policy across the Trust.

Since the CQC's re-inspection, THH had met with partners and worked with staff to identify improvements and produce robust governance standards and an overarching action plan. Mr DeGaris recognised the importance of embedding the governance arrangements in THH's culture rather than it being something that stood alone.

The Committee was advised that the Trust Board was now focussing on its role in the CQC's findings and was effectively undertaking a root cause analysis, for example, was the Board looking at the right information and how could it cut through to the issues that mattered. Consideration had also been given to how staff could be empowered to resolve smaller issues as they arose.

Mr Richard Sumray had started as the current Board Chair shortly after the first CQC inspection. Under his leadership, the Board was now more forward facing and focussed on the action plan that resulted from the inspection. The Board was also keen for the Trust to adopt best practice.

Mr DeGaris noted that there were a small number of actions which would take longer to address and which might require support:

- the age of the premises meant that it was challenging to manage and would require significant investment to ensure full compliance; and
- activity pressures and market forces had affected THH's compliance with staffing. This was particularly relevant in the run up to the winter pressures and further compounded by the restriction that Monitor placed on trusts in relation to a maximum agency spend.

Staffing issues had been highlighted in a number of trusts' CQC inspection reports (for example, Northwick Park, Chelsea & Westminster, Imperial and West Hertfordshire). Professor Murphy stated that, in addition to new retention initiatives, THH had been looking across the UK, Italy and Spain to recruit new nurses and was now in a much

stronger position:

- 30 new midwives would be starting in the next couple of months - during the induction period, new staff worked on wards in addition to the staffing requirements;
- Two cohorts of health care assistants (HCAs) had completed THH's skills escalator course, for which they had received a Care Certificate. THH was now looking to increase the number of staff that completed the course;
- THH was currently talking to Brunel University about placements at the hospital for young people who were looking for a career in healthcare; and
- There were currently approximately 200 Physicians' Associates (PAs) in the UK. Working with Brunel University, THH was looking to become a pilot for employing PAs using a model that had been agreed by the Royal College of Physicians. PAs, the idea for which had originated from the USA, had degrees but were not medically qualified. Mr DeGaris would provide Members with more detailed information about PAs and their role.

When previously recruiting nurses from abroad, the Trust had invested in the provision of temporary accommodation for them at Mount Vernon. This enabled them to explore the area together and find their feet before securing more permanent accommodation for themselves elsewhere. As this was an ongoing issue for other organisations, such as Harefield Hospital and Brunel University, consideration was being given to a collaborative solution.

THH staff/patient ratios on wards were generally 1:5 (although ITU was 1:1) and both the coronary care and paediatric wards currently carried no staff vacancies. Professor Murphy was aware of two wards where there were significant vacancies and therefore relied more heavily on agency staff. The Committee was advised that, when a trust had to rely on agency workers to reach required staffing levels, the cost of the service tended to increase whilst the quality decreased. Although many agency staff were well trained and competent to do the job, they were often unfamiliar with the building, staff, patients, families and THH specific procedures which meant that the wards would not be as effective and efficient as they would be with a full complement of permanent staff. Furthermore, THH was unable to control (or be aware of) how often agency staff worked or for how long and, as such, the associated risks were greater.

Staffing levels were monitored by the Trust Board every month in a public meeting (broken down by agency, permanent, etc). In total, THH employed approximately 450-500 nurses on acute wards and currently carried approximately 50 vacancies. Although this was lower than it had been (and lower than some trusts), effort was being made to reduce this further. Mr DeGaris advised that he would forward this information to the Committee.

It was acknowledged that housing costs could deter potential new staff from moving to the area from outside London. Conversely, younger nurses might initially be more tempted by the excitement of central London hospitals but return to the outer London boroughs as a result of the difference in housing costs. Members noted that the THH workforce comprised a large number of more mature/settled individuals and that the younger workforce tended to turn over more quickly. It was suggested that consideration be given to whether the younger contingent in Hillingdon made up a greater proportion of the overall workforce that it did in other areas. Furthermore, it was suggested that THH investigate similar trusts outside of London to compare the measures that they had in place with regard to staff retention. Mr DeGaris advised that comparisons were made with a national peer group in relation to things like performance, he would speak to the Board about the possibility of extending this to

	recruitment and retention. It was recognised that the CQC based some of its judgements on the observations of inspectors. It was suggested that there would probably need to be more than one instance observed (and possibly in more than one department) for an issue to register as a concern for the CQC inspectors. However, concern was expressed by Members that the CQC appeared to see things in black and white, which was not necessarily reflective of reality and would not allow inspectors to use their discretion. Members were advised that the CQC was looking to complete its first round of hospital inspections by 2016 before it would start on the second round. It was anticipated that, by the time the second round had started, the parameters were likely to have developed further. It was noted that the following comments/queries would be forwarded to the CQC: • What were the CQC's general expectations, in terms of realistic action that could be taken by a Trust, during the period between inspection and re-inspection? • After how many observations of a particular poor practice would the CQC deem something to be an issue of concern? • Did CQC inspectors have a set template by which they assessed a trust and did they have the ability to use their own discretion? • In future, would trusts be given the opportunity to have their inspection reports revised where there were proven inaccuracies? • Did the CQC make any allowances for a trust's decreased service quality as a result of a high number of agency staff? **RESOLVED: That:** **1. Mr DeGaris forward the Board's staffing levels report to the Democratic Services Manager for circulation to the Committee;** **2. Mr DeGaris speak to the THH Board about comparing recruitment and retention practices with its national peer group;** **3. the Committee's comments/queries be passed on to the CQC; and** **4. the presentation and report be noted.**
	The meeting, which commenced at 6.00 pm, closed at 7.35 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.