

**Lancashire County Council**

**Health Scrutiny Committee - Steering Group**

**Minutes of the Meeting held on Monday, 3 August, 2015 at 2.00 pm in Room B18b, County Hall - County Hall, Preston**

**Present:**

County Councillor Steven Holgate (Chair)

**County Councillors**

M Brindle                      Y Motala  
Mrs F Craig-Wilson

**1. Apologies**

None

**2. Notes of the last meeting**

The minutes of the meeting held on 13 July 2015 were agreed as an accurate record

**3. Southport & Ormskirk Hospital Trust - CQC action plan**

County Councillor Nikki Hennessey and Councillor Liz Savage from West Lancashire District Council were also in attendance for this item.

The Chair introduced Johnathan Parry, Chief Executive of Southport and Ormskirk Hospital Trust (SOHT), who provided an update to the Steering Group regarding results of a recent Care Quality Commission (CQC) inspection and subsequent action plan.

Johnathan explained that the Trust was disappointed with the outcome of the report as two areas had been deemed inadequate. The two areas were outlined to be Maternity and Gynaecology, and also the North West Regional Spinal Injuries Centre. It was explained that the action undertaken would be monitored by the CQC around areas concluded to require improvements.

Issues cited by the CQC within the North West Regional Spinal Injuries Centre were:

- An observed insufficiency in leadership with a lack of clarity around roles and responsibilities which had led to poor decision making.
- Staff levels on the North West Regional Spinal Injuries Centre were identified to be significantly lower than the NICE guidelines and this had been substantiated by a local review.
- The Trust was required to ensure adequate senior nursing management was afforded to the Centre.

- There were insufficient numbers of suitably qualified skilled and experienced nursing staff to safeguard the health, safety and welfare of users of the Centre.
- There were not enough senior nurse managers on the Centre to be able to provide effective leadership of this service. Nursing roles and responsibilities lacked clarity. Poor local decision making regarding staff allocation resulted in some patients being exposed to unnecessary risk.
- People who used services at the Centre were at risk from equipment that was not properly maintained.

It was explained to the Steering Group that issues around nursing levels stated by the CQC were attributed to the absence of the Director for Nursing. It was explained that determining nurse staffing levels within the North West Regional Spinal Injuries Centre was particularly difficult as it was very subjective and that there wasn't a specific method for determining nursing levels.

Issues raised by the CQC within Maternity and Gynaecology were:

- It was observed that within obstetric theatres midwives were deployed without appropriate training and had no competency assessment, contravening recognised guidelines.
- The Trust was to ensure consent for obstetric procedures were recorded appropriately.
- The Trust was to ensure all staff working in obstetric theatres were appropriately trained and experienced to provide care.
- Staffing and skill mix levels in maternity and A&E services were below those needed to provide a consistently safe service. Of particular concern was the use of band five staff for duties above their level of competency and the lack of trained operating theatre personnel in obstetrics.
- The Trust was to ensure adequate medical and nursing levels and an appropriate skill mix in maternity.
- The Trust was to ensure medical and senior nurse cover out of hours was safe and fit for purpose.
- The Trust was to review the incident of peripartum hysterectomies and ensure the use of forceps delivery was appropriate and safe.
- The Trust was to ensure all newly qualified midwives received support and supervision as per their preceptorship guidance, taking into account the number of experienced midwives working with them on any shift.
- The Trust was to ensure the leadership of the maternity services encouraged and enabled an open and transparent culture.
- The Trust was to ensure the equipment used in the theatres was fit for purpose and older equipment was replaced under a planned replacement schedule.

It was explained to the Steering Group that inspectors had discovered disagreement between midwives which had contributed to the inadequate rating received and issues around staffing and leadership would be resolved via the Director of Nursing.

Regarding blood transfusions, it was explained that the CQC did not approve of arrangements, and the Trust had therefore asked the Royal College for advice in order to bring arrangements up to standard. It was emphasised that this had never been an issue but the Trust had sought professional guidance to meet requirements and would report to the CQC once a month regarding progress. The Steering Group was informed that issues had been raised by CQC inspectors around hand hygiene as observations had been made of a nurse neglecting to use hand gel between attending to patients. Members were informed that the Trust inspected hand hygiene regularly via monthly audits and that signage for hand hygiene was prevalent within the Trust. However, as part of the measures implemented to assuage the issue, a working group had been established involving key stakeholders to review current signage and opportunities for improvements. It was emphasised that if there was a problem with hand hygiene within the Trust there would be high infection rates, which was not the case.

The Steering Group was informed that the CQC had identified *Pseudomonas* within the water system at a Trust site. It was conveyed that action had been taken, however testing continued to discover traces. Therefore, it was explained that an external company had been consulted who recommended that staff at the Trust undertake water safety training. Once all staff had attended the sessions, this would be deemed to be adequate.

Issues regarding the isolation of patients with diarrhoea were identified by the CQC. It was explained to Members that patients were relied on to inform of such issues, and there was limited capacity for beds in order to isolate patients with diarrhoea.

CC Steve Holgate queried whether there was a view to capital investment in order to respond to the CQC. It was acknowledged that the Trust required more isolation wards, however there was no capital to utilise, and therefore the Trust would focus on early identification and intervention. Further measures were explained to Members outlining that mandatory standards had been made clear to staff and that non-compliance would result in disciplinary action.

It was explained to Members that the CQC inspection had highlighted an issue with medicine management, as a controlled drug was not locked away as it required immediate access. It was conveyed that the particular drug had not been locked away for ease of access, however this had now changed, with a simple robust process implemented to ensure staff had timely access to locked cupboards and that critical care staff were currently reviewing access and safe storage of medicine in conjunction with pharmacy.

The Steering Group was informed of issues identified by the CQC around replacing equipment and that they had specified that the Trust was to ensure all equipment in theatres was fit for purpose, and that older equipment was replaced under a planned replacement plan. It was explained to Members that the Trust invested £700,000 annually in the procuring of new equipment, however the arrangements in place for replacements were deemed to be insufficient. Therefore, a new system was to be implemented which prioritised what

equipment was replaced. It was explained that the new system consisted of utilising £150,000 on 10 year old equipment and an increased share in 2016/17 to replace 7 year old equipment, which would shift the balance towards a planned replacement cycle system.

Cllr Liz Savage queried how long the investment levels into equipment had been £700,000 per annum. It was explained that investment levels had gone up from £500,000 to £700,000 five years ago.

CC Yousuf Motala made reference to hospitals raising money which had contributed towards the purchase of new equipment, and therefore asked if SOHT had similar arrangements. It was explained that SOHT did fund raising activities with a number of charitable organisations. Regarding funding for spinal injuries, it was explained that this was funded separately from CCG's and therefore involved fund raising from other parties.

CC Margaret Brindle enquired if any equipment that was either surplus, or was under capacity in terms of its use, could be offered to other hospitals in need of equipment. It was explained that there were ethical issues with sharing equipment abroad, as if it was deemed unfit in the UK, it posed questions why it would be suitable overseas. Regarding sharing equipment, it was explained that hospitals, if they required an item, wanted the latest technology rather than used equipment.

CC Yousuf Motala asked if SOHT had large numbers of agency staff. It was conveyed that SOHT spend £9m per annum on agency staff, and were 70 nurses short of the required numbers. It was explained that a large number of nurses were employed from the Philippines, however there may be issues in the future due to new laws around immigration introduced by the Government.

CC Steve Holgate enquired what the reasoning was behind nurses choosing to become agency staff, rather than being employed directly by a Trust. It was explained that agency staff received more money than they would via full employment. It was conveyed that the Trust made efforts to employ local nurses, however very few wanted to work in acute medicine where the main issues with staffing levels were.

CC Fabian Craig-Wilson voiced her concern around nurses preferring to work in a planned care setting, making reference to the fact that Britain had an ageing population, and therefore there would be more and more frail and elderly people in the coming years. The potential for issues was noted and it was explained that, going forward, caring for the elderly at home would increase if possible.

Wendy Broadley enquired whether health care assistants wanted to become nurses, as this would help with supporting nursing levels. It was explained that four health care assistants would be offered conversion courses per year at Edge Hill University and UCLan, however this was very costly. Therefore, it was not anticipated that this would be increased. It was explained that the Trust held open days to recruit nurses, but it was stressed that the market for nurses was highly competitive and nurses were often attracted to inner-city hospitals.

Regarding shortfalls identified in Accident and Emergency by the CQC around adequate staffing levels and an appropriate skill mix, it was explained that this would be remedied by the recruitment of overseas nurses. Moreover, it was explained that A&E staffing levels were subjective and required the Director of Nursing to analyse requirements.

CC Nikki Hennessy enquired whether nurses from the Philippines were of a good standard. It was expressed that nurses from the Philippines were trained via the British/American system, and therefore they were first class. The nurses had visas to only work within SOHT, and if they were to leave their positions, they would return to the Philippines.

CC Fabian Craig-Wilson made reference to a requirement within the CQC report that SOHT were to 'ensure consent for obstetrics procedures were recorded appropriately', and therefore enquired why this had not been adhered to. It was explained to Members that this had occurred when one patient had an emergency issue, and could not sign for the procedure to take place beforehand. It was explained to be a paper work issue, rather than an issue with asking for consent.

CC Steve Holgate expressed concern around feeding of patients, as it appeared that nurses did not have enough time to feed patients themselves. It was explained that the new Director of Nursing had implemented measures to ensure patients were fed properly. For example, the implementation of protective meal times, training and red trays for patients who had difficult eating in order for them to be easily identified.

Cllr Liz Savage outlined a personal experience in which a family member had provided incorrect food to a diabetic relative and enquired what measures were in place to stop incidents such as this occurring. It was explained to Members that it was part of the nursing process to check the food that was consumed by patients. The Steering Group were informed that the Trust had missed its financial targets by £900,000, however this was not expressed to be a worry. CC Steve Holgate informed that Lancashire Teaching Hospital Trust had missed its financial target by £1.6m and this had escalated into significant budgetary issues, which had led to the involvement of Monitor who were to loan Government money to aid their financial troubles. It was stressed that SOHT should be aware of the situation at LTHT.

CC Nikki Hennessy noted that, within a staff survey around engagement, that BME staff felt highly disengaged and asked why this was the case. Members were informed that there had been huge efforts placed into staff engagement, however as the Trust were 70 nurses short, they worked extremely hard and were likely to feel disengaged. It was expressed that if the Trust were fully staffed, there may not be issues. Since the results, the Trust had convened a BME focus group to understand issues. It was also expressed that there were two ongoing issues with BME staff which had contributed to the poor results. CC Nikki Hennessy noted that the Trust had a higher than expected mortality rate according to the summary hospital mortality indicator. Members were informed that since the assessment the Trust was now in the normal range.

CC Nikki Hennessy also noted that the Trust was rated in the next to worst category for stroke outcomes. It was explained that the Royal College had been consulted for advice in order to improve outcomes for patients who had suffered a stroke.

Furthermore, CC Nikki Hennessy highlighted that the readmission rate for trauma and orthopaedics was higher than the normal average. The Steering Group was informed that the Trust had a large number of elderly patients, as the area it is situated in had a higher aged population.

Wendy Broadley explained to Johnathan that the Steering Group was to look into the CQC inspection process and asked if he would oblige to providing information. Johnathan agreed that he would be happy to provide feedback. CC Steve Holgate requested that a Bite-sized Briefing be held to inform Members about the Healthy Lancashire initiative.

#### **4. Work plan/Actions from Committee**

The work plan for the Steering Group was noted

An item of Urgent Business was raised by CC Brindle

CC Margaret Brindle had previously raised concerns around a care home which had residents who were supported by Lancashire County Council. After background checks, it had been observed that the CQC had deemed the care home to be inadequate and had been subsequently taken over by another company. However, it had been reopened and rebranded but the owners remained the same (under a different business name), and therefore the issues were likely to reoccur. It was agreed that, in the first instance CC Brindle would pursue the issues she had identified with officers and report back to the Steering Group at a future meeting.

#### **5. Date of next meeting**

Next meeting of the Health Steering Group was noted to be Monday, 14 September, 2015, 14.00 in the Scrutiny Room (B18b).

I Young  
Director of Governance, Finance  
and Public Services

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