HEALTH OVERVIEW AND SCRUTINY PANEL
4 FEBRUARY 2014
7.30 - 9.25 PM

Bracknell Forest Council

Present:
Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Mrs Temperton, Ms Wilson, Allen (Substitute) and Brossard (Substitute)

Co-opted Members:
Dr David Norman

Observer:
Chris Taylor, Local Healthwatch

Also Present:
Richard Beaumont, Head of Overview & Scrutiny
Glyn Jones, Director of Adult Social Care, Health & Housing
Dr Rob Loveland, Medical Director: Heatherwood & Wexham Park Trust
Mike O'Donovan, Chairman: Heatherwood & Wexham Park Trust
Philippa Slinger, Chief Executive: Heatherwood & Wexham Park Trust

Apologies for absence were received from:
Councillors Finch, Kensall and Thompson.
Councillor Birch

43. **Minutes and Matters Arising**

The minutes of the Panel held on 7 January 2014 were approved and signed by the Chairman.

44. **Declarations of Interest and Party Whip**

There were no declarations of interest.

45. **Urgent Items of Business**

There were no items of urgent business.

46. **Public Participation**

In accordance with the Council's Public Participation Scheme for Overview and Scrutiny the following question was submitted from Mr Pickersgill, a resident of Bracknell Forest:

When campaigning in the High Street to save Heatherwood many staff signed the petition. Often when we would mention some development staff would say "we are usually the last to hear of these things and often find out in the press". Does this indicate a problem with communication in the Trust?

The Chief Executive of Heatherwood & Wexham Park Trust stated that it was always difficult to ensure that every member of staff had the most contemporary information before it was aired in any forum external to the Trust. A great deal was done to keep staff informed including:
-Monthly face to face team briefings
- Weekly internal communications
- Chief Executive email to every member of staff
- Use of the Trust's intranet
- Chief Executive Roadshows on hospital sites

The Chief Executive did not believe that the Trust had a communication problem but stated that as could be expected some staff at Heatherwood had developed a certain level of fear and cynicism given the amount of change the hospital had experienced in recent years.

47. **Heatherwood and Wexham Park Hospitals**

The Chairman thanked Mike O'Donovan (Chairman), Philippa Slinger (Chief Executive), and Dr Rob Loveland (Medical Director) of Heatherwood & Wexham Park Trust for attending the meeting. He stated that the reason for this Special Panel meeting was to consider the findings of the second Care Quality Commission (CQC) report from the inspection carried out in October 2013.

The first report from CQC inspectors was made in July 2013 with enforcement action taken. The Panel had held a special meeting on 19 August 2013 to discuss with the Trust the plan of action that had been issued by the Trust to address the concerns raised by the inspection report. The Care Quality Commission led a further inspection in October last year. That report was now the subject of this meeting.

Whilst the CQC had recognised that there had been improvements in some areas they had served the trust with a further six warning notices with failure to meet eight essential standards.

Clearly this was a very serious situation and the Chairman made the point that as elected members their duty and concerns revolved around their residents and the treatment that they receive in local hospitals. He also advised that the Panel would be writing both to Monitor and the Care Quality Commission once they had digested and considered the answers given that evening.

The Chairman asked of Mr O'Donovan: When you attended the Panel meeting in August, you said that the board needed to be more forthright about the speed at which changes and improvements were being made. You went on to to explain that the board needed to be more focussed on what was going on at ward level and needed a more granular breakdown of issues. Monitor's Regional Director has said publically that, "Monitor is concerned about long standing issues at the trust such as inadequate nursing care and poor hygiene standards. They have failed to be resolved despite the implementation of a previously agreed recovery plan."
Was the Board satisfied that the Trust was making good enough and fast enough progress towards giving adequate health services to its patients?
Mr O'Donovan stated that he was never happy that progress was being achieved fast enough; there were some issues that had already been resolved but others could not be resolved in a short time period and would take weeks or years to change, such as the culture at the Trust or the consistency of service across the Trust.
One of the galvanising effects of the CQC report had been to identify particular areas of the Trust that were in need of improvement, these areas had now been targeted.

The Chairman stated, Mr O'Donovan you admitted that there was a culture that centred on staff attitude and behaviour. You went on to say, 'The Trust would need to define clearly to staff how culture needed to be changed. A robust system of measure needed to be in place and the Trust needed to be stronger at enforcing and implementing change". Reading this report do you think that action plan failed?
Mr O'Donovan stated that this was one of the actions that would take some time. In 2008/09 the Trust had been in crisis and standards had slipped and this had created a history that the Trust now needed to move away from. The Trust had been poorly financed and investment was non existent and staff morale had been low. Many measures had been put into place since this time and the necessary finance was now available. The Chief Executive encouraged openness, however changing the culture of the Trust would take time; it couldn't be achieved in a matter of weeks.

The Chairman stated that he did not want to read any more reports of this nature, could the Trust provide assurance that their action plan would be successful and that the Trust could become stronger at enforcing and implementing change.
Mr O'Donovan stated that the Trust had to get better at implementing change. The Executive team met on a weekly basis to ensure that outcomes were being achieved. He was confident that with this level of rigour, results would be achieved. It was confirmed that the next inspection report from the CQC would be issued around April 2014.

Mrs Slinger stated that the most significant issues from the May 2013 CQC report had been addressed by the time the October 2013 CQC report had been issued. In May, the Trust had been accused of having ambulances queuing outside the hospital, patients queuing in trolleys and sleeping in inappropriate places. These issues had been resolved by October 2013, largely as a result of a newly refurbished and larger A&E department. This had allowed the Trust to treat patients rapidly and appropriately. Treating patients whilst the building work was taking place had been challenging but the Trust was now one of the top performing trusts in terms of its A&E provision.

Further, in the May 2013 CQC report the Trust had around eight wards that were deemed to be not well led and managed. This was not the case in the October 2013 CQC report, many of these issues had been resolved, however wards 4, 7 and 8 continued to have problems. This was clearly not good enough and the Trust needed to continue to make improvements. The October 2013 CQC report had raised additional issues - which had in fact existed at the time of the May 2013 CQC report - around the condition of the building and the Trust had invested £19m in a five year capital programme to improve the building and the infrastructure within it.

The Panel stated that they acknowledged the improvements that had been made in wards and were keen to be supportive of the Trust, which clearly had a very challenging job to do.
The Panel stated that on page 7 of the report it stated: "We observed instances in A&E where staff behaviour showed a disregard for patients' privacy and dignity." An example was given of a man with curtains open showing his genitals and presumed drunk. In addition, in AMU a patient had been instructed by staff to urinate and defecate in her bed. The staff had failed to clean the patient for several hours.
Mrs Slinger reported that this was a very serious breach and a member of staff had been disciplined and suspended as a result in the AMU unit. The Trust had to achieve consistency of standards across the organisation and this would require a change of culture among the staff. The findings of the CQC had been felt deeply by the Trust and staff morale was low. A change in culture was being enforced but a real indication of a successful change in culture would be when the Trust moved away from policing and staff simply complied, this would take a cultural leap. Consequently,

Mrs Slinger anticipated that the forthcoming report by the CQC would probably criticise some aspects of the Trust's performance.

Dr Loveland added that changing culture would also follow a change of environment. In previous years the Trust had been cash limited and the basic stock of the hospital was poor. Changes in the environment would lead to changes in the culture of the hospital.

Panel members felt a sadness that it seemed that the heart and soul of the Trust had gone, people needed to feel proud again.

The Panel stated that having read the report several times, the conclusion was drawn that the patients in some wards were just serviced and the nurses did not have enough time for the necessary care, nor for the prescribed treatment, to be followed. The report highlighted a lack of personalisation, understanding, clinical knowledge and professional responsibility in some wards. Yet in other wards there appeared to be good clinical knowledge, professional understanding, good communication and compassion. Why was there such inconsistency and what enabled some wards to attain a good standard of care and treatment?
Mrs Slinger reported that like any change programme, some staff were always quicker to adapt to change than others. Some changes in senior nurse leadership had been made in some areas where changes were not being made quickly enough. For AMU and wards 4, 7 and 8 some remodelling work had been undertaken and was being implemented by a Senior Nurse who had been appointed specifically for this purpose. She was highly experienced and a very strong character (Elaine Strachan-Hall) and it was hoped that she would be able to instil change by working with nurses on a shift by shift basis in these wards.

The Panel asked how senior management did not know about the unacceptable standards in AMU and wards 4, 7 and 8 when at the last meeting of the Panel the Chief Executive had emphasised her frequent internal inspections to raise standards?
Mrs Slinger stated that she was aware of these issues, however it was difficult to stop certain behaviour overnight and the Trust needed to move to a culture of compliance and not policing of staff. She found it sad and professionally abhorrent and stated that there would always be some staff that were more conscientious than others.

The Panel queried the big yellow bags that were being stored near urinals; staff were continuing to store them there despite being asked by CQC inspectors to change this practice.
Mrs Slinger stated that staff had not been able to identify an alternative location to store these bags and as a result this practice had continued.

The Panel stated that the CQC report had said that: "Cleaning standards across much of the hospital were not improved since our previous inspection. The hospital was not appropriately maintained in some areas…..the surfaces and areas were not always able to be satisfactory cleaned or decontaminated. We also found that cleaning standards were not always audited. Staff hygiene practices were sometimes inadequate."
Mrs Slinger reported that after the May 2013 CQC report staff had undertaken a deep clean of the hospital. This was not satisfactory as highlighted by the October 2013 CQC report, as a result ISOS Mediclean had been commissioned to complete a deep clean of the hospital. She stated that it was important to note that the hospital buildings were worn down somewhat and that refurbishment work could only take place in a phased approach as the busy day to day operations of the hospital needed to continue alongside major refurbishment. A spare ward would become available in April 2014, allowing refurbishment work to commence.

The Panel queried the cleanliness of theatres, concerns were raised that theatres had not been deep cleaned for three days.
Dr Loveland reported that theatres were treated a little differently; the infrastructure in theatres was much better and easier to keep clean. The theatres were cleaned at the end of each operation which meant that the base level of cleanliness in the operating theatres was much higher than the rest of the hospital. He stated that the CQC had brought into question rusty and unclean equipment, this had been addressed by individually checking each piece of equipment and disposing of and replacing inadequate equipment.

Mrs Slinger added that drip stands had been stored in shower rooms by nursing staff leading to them becoming rusty but there had been no alternative storage and the Trust had suffered from a lack of funding and capital budget. Additional storage facilities had since been provided.

The Panel queried infection control and its audit as detailed on page 28 of the agenda papers.
Dr Loveland reported that since the CQC inspection, the Trust had developed a robust system of auditing. It was incumbent on him to ensure that if a problem was identified in terms of infection control, it was addressed swiftly. Staff were now asked to report any issues directly to him. Matrons were responsible for ensuring auditing was carried out for each ward.

The Panel stated that on page 25/26 the report revealed evidence of poor plumbing in the hospital and pointed to the fact that remedial action was necessary to avoid water borne diseases such as Legionella. In the action plan it referred to a 5 year prioritised plan to address this matter. Was this a sufficient timescale given the risk to patients in poor health?
Mrs Slinger reported that since the CQC had raised this concern, the hospital had been given a clean bill of health in terms of Legionella. The hospital needed to continue to ensure that it did not have any 'dead legs' (taps that were not regularly used) as this could lead to risks in water borne diseases. The Trust had put in place a routine for janitors and cleaners to regularly run the taps where necessary to prevent 'dead legs'. The Trust's five year plan was now at the end of its second year. The first year had dealt with drainage and sewerage; year two had tackled A&E capacity. In 2014/15 there would be a refurbishment of existing wards and their toilets, kitchens and bathrooms and equipment. The work was limited by the busy day to day running of the hospital.

The Panel asked Trust representatives about the first aid kits that had expired and whether call bells were working properly.
Mrs Slinger reported that they had investigated whether first aid kits were in fact necessary in all wards around the hospital and as a result most had been removed. Those that were still needed such as in the outpatient's area would be replaced.

The October inspection report had raised no issues with call bells. A new system would be required which would be invested in next year. The new system would show when the bell was pressed and the response time.

The Chairman asked whether the Trust experienced difficulty recruiting staff given that the full London weighting could not be offered and the Trust's proximity to London meant that staff could commute to London and receive better paid work.
Mrs Slinger reported that this was complex, recruiting nursing staff was currently difficult nationally, and recruiting specialist staff was even more difficult. Given the Trust's location, it may be desirable for some people to travel to London, however the

Trust now used recruitment and retention funding to tackle this issue and as a result were now fully staffed.

She added that there would always be occasions where wards were short staffed as a result of staff sickness but that this would be managed carefully by the senior duty nurse on the day. This could involve moving staff from other wards or calling in staff that were not working that day. In 2009, 21% of the Trust's staff came from agencies, this was now 5%.

The Chairman raised a query highlighted in the inspection report that stated that in some wards there did not appear to be anyone in charge?
Mrs Slinger reported that matrons wore red uniforms and every ward had a matron who was overall responsible for the running of that ward 24 hours a day. Matrons wore badges which stated 'nurse in charge', it was likely that some matrons were not wearing their badges when inspectors visited.

The Chairman queried page 30 of the inspection report which related to a 'corporate culture of bullying and harassment'.
Mrs Slinger reported that staff were encouraged to raise any concerns and report them. A whole system was in place for staff to use if they had concerns. Issues could only be tackled if they were raised.

The Local Healthwatch representative stated that they could assist in this work by being the anonymous point of contact for staff who wished to raise concerns; this data could then be fed back to the Trust in an anonymous format. Mrs Slinger stated that she would welcome and promote this and would ask her colleague Claire Marshall to contact Healthwatch.

The Chairman queried the inspector's comments around poor leadership that were made on pages 13 and 36 of the report.
Mrs Slinger reported that there had been some issues around maternity and obstetrics, this area was subject to a programme of change and was an ongoing piece of work. The Royal College of Obstetricians and Maternity Services had been asked to undertake a review and so issues were being addressed in this service area.

In terms of general surgery, a report had now been produced which had highlighted that there were conflicting views among clinicians and other colleagues. It was clear that if poor relationships existed, it was key that these did not impact on patient care and attempts had been made to address this over the last two years.

The Chairman stated that between 8 June and 25 July 2013 there were nine serious untoward incidents on the ward. The Trust commissioned an external review but the findings were not fed back to doctors or nurses. Could this be explained?
Mrs Slinger reported that the findings certainly were fed back to staff and that she wasn't sure why this had been raised in the inspectors report.

The Chairman stated that apart from ward 1 where records were well maintained, other inspections showed poor recording which could of course present a real risk to the health of the patient. Ward staff told inspectors that new templates for recording patient care were developed after the previous inspection. However, staff also said they were not trained in how to use the new template.
Mrs Slinger stated that there were issues around record keeping it was clear that some staff were not writing everything down; there was a long way to move staff into ensuring that they understood the importance of recording properly. She accepted that records were in poor order but stated that the Trust was working to build up their

records electronically and that this would take time. Record keeping would continue to be monitored and the message to staff would continue to be communicated.

Mrs Slinger added that new templates had been introduced for fluid charts as it was found that four different charts existed in the hospital. These were all replaced by one new chart and staff were still getting accustomed to using these.

The panel said that when Dr Loveland met the Panel's working group on the Francis report last October you said: 'there must be no corporate blindness'.' Trusts can not afford to cruise, and the price of good patient care is constant attention'. How can things have got so bad as they are at Wexham Park if your sentiment is being applied?
Mrs Slinger stated that this was the ideal and it was held very close, the Trust had a torrid nine months. Maintenance of the ideal was very significant and an onerous burden. It would require the full attention of all who held corporate responsibility. The process of embedding cultural changes would take considerable time.

The Panel queried the Trust about the lack of robust systems in place to deal with patients with learning disabilities, which were a very vulnerable group.
Mrs Slinger reported that she recognised that there processes were not robust enough. A new training package for staff was being explored and the use of a Health passport.

The Panel asked if the Trust's line management was strong enough?
Mrs Slinger stated that she recognised that there were certain weaknesses in the Trust's middle management structures. This was a fair observation, there were a number of gaps that needed to be plugged, and it was difficult to recruit to and retain staff in these posts.

The Panel stated that pages 42 and 43 of the report referred to admin files that were left in public areas and not put away securely.
Mrs Slinger stated that these were supposed to be put away by nurses and junior doctors but this was clearly not being done. The Trust had now bought notes trolleys to make it easier to store notes.

The Panel asked if senior management had tasted the food that was being offered to patients and if the food served in the hospital canteen was the same as that offered to patients.
Mrs Slinger confirmed that it was the same food and that the food on some days was better than on other days. The menu had been changed and hostesses had undertaken training.

The Chairman asked how staff were feeling about the proposed merger being considered with Frimley Park. It was clear that staff morale was currently low, were people feeling unsure about the future?
Mrs Slinger reported that the Trust were absolutely committed to the merger and it seemed evident that the Department of Health were also supportive given their statement that they wanted to see hospitals in Slough, Ascot and Windsor and by the amount of capital that had been invested in the Trust. The vast majority of staff would continue with their jobs, albeit under different management.

The Trust had spoken to staff about the possibility of partnering with Frimley Park and staff were very keen to see this go forward. Middle management were a little concerned for the future, where some posts may be put 'at risk' but this was to be expected.

Mr O'Donovan stated that the whole process was taking longer than anticipated. It was hoped that the pace of the negotiations would pick up very soon. All involved were supportive of the proposed merger and confident that it would go ahead. He hoped that it would take around 4-5 months to complete the merger process. The proposal to merge would need to be submitted to the Office for Fair Trading, at this point if there were competition issues this could create a delay of six months.

The Chairman addressed the following question to Mr O'Donovan: You signed a formal and comprehensive statement of Enforcement Undertakings with your regulator Monitor last July, which if delivered should have put things to rights. Those have now been overwritten by another set of Enforcement undertakings, again signed by you. What assurance are you able to give Bracknell Forest residents – whose lives are in the hands of your hospital – that the board will definitely ensure these various undertakings will be actually delivered?
Mr O'Donovan stated that results had been and would be visible and easy to measure; he assured the Panel that programmes to deal with the culture of the Trust were in train, this was a priority for the Trust. Some programmes of work would take a longer timescale than others to achieve and sustainability was key. In some areas of the Trust, policing was still taking place and it would take time for that to change to compliance. The programme of work that the Trust was undertaking as a result of the inspection report was consuming the entire hospital and results would be seen.

The Chairman thanked representatives from the Trust for their attendance and for answering the Panel's questions candidly.

The Chairman stated that he hoped that discussions this evening would leave no doubt about the seriousness with which the Panel viewed the findings of the report and the urgency and importance of correcting all the service shortcomings revealed by the inspectors. It was the Panel's job to represent residents' interest, particularly that people who needed hospital services were always treated properly, respectfully, safely and well. He stated that the Trust had let residents down. He concluded the meeting by making the following points:

- The Panel welcomed the improvements made to A&E and elsewhere since the earlier CQC Report. The Panel were extremely disappointed that the support they had always given to the trust in its plans to overcome its weakness had not been returned by the Trust fulfilling its promises and making the necessary improvements.
- The consequence of this was that residents of the borough had not received anything like the level of service they had a right to expect from the NHS. This was completely unacceptable to the Panel.
- The Panel would continue to support the Trust in its efforts to make improvements but their concerns were now too strong to rely safely on their endeavours.
- Consequently the Chairman would be asking the Panel to agree on the wording of letters to the CQC, Monitor and possibly the Secretary of State to inform them of the Panel's concern and lack of full confidence in the Trust.

- The Board would be asking to see the Trust again in about six months time, at which point it was hoped to see a much improved position.

48. **Date of Next Meeting**

13 March 2014

CHAIRMAN