London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Draft Minutes

Monday 17 September 2018

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Jonathan Caleb-Landy, Bora Kwon, Amanda Lloyd-Harris and Mercy Umeh

Co-opted members: Victoria Brignell (Action On Disability), Jim Grealy (Save Our Hospitals) and Bryan Naylor (Age UK)

Other Councillors: Ben Coleman

Officers:

199. MINUTES OF THE PREVIOUS MEETING

The minutes were agreed as an accurate record, subject to a spelling correction, under minute 191, Declarations of Interest, which should be "Lygon" Almshouse. It was also noted that Councillor Lloyd-Harris' question about social housing and wheelchair adaptations had received a detailed response and had not been recorded in detail.

200. APOLOGIES FOR ABSENCE

Apologies for absence were received from Debbie Domb.

201. DECLARATION OF INTEREST

Councillor Mercy Umeh declared an interest in respect of Agenda Item 4.

202. HEALTHWATCH

It was noted that Healthwatch's Annual General Meeting unfortunately coincided with the date of the PAC meeting, an update will be provided at the next meeting in December.

203. STAFF ENGAGEMENT, SATISFACTION, RECRUITMENT AND RETENTION

AND (combined)

204. WORKFORCE: CAPACITY, DEVELOPMENT, ENGAGEMENT AND SUPPORT - CHELSEA & WESTMINSTER HOSPITAL NHS FOUNDATION TRUST - APPENDIX 2 WORKFORCE PERFORMANCE REPORT - MONTH 04 1819

A presentation was given by Professor Tim Orchard and Professor Janice Sigsworth. Professor Orchard acknowledged that recruitment and retention of staff had been a primary focus for a significant period. Imperial was a large organisation with over 7500 staff working across several sites, responsible for delivering high quality care. Imperial was ranked in the top three Trusts nationally with one of the lowest mortality rates in the UK, and had worked hard at staff engagement across a large workforce. Staff engagement was a challenge and the organisation had struggled with some key issues, particularly how senior staff were seen. Measures to address this included rotating meetings and increased frequency of ward visits. Professor Orchard acknowledged that they also needed to use tools such as social media more effectively to develop a presence with staff.

Staff turnover was a national challenge and in terms of metrics vacancy rates for London were 2.9%, with voluntary turnover rates at 9%, although they were aiming for 10%. Additional challenges also included how the organisation dealt with poor behaviour and performance. A premium for recruitment had been introduced, for example, for care of the elderly wards and acute, and the Trust recruited internationally where necessary. Recruiting well was key to achieving deliverables and to move forward from the Requires Improvement rating for CQC (Care Quality Commission). Focusing on people and culture, the Trust had three years previously engaged with 4000 staff, to better understand the values and manage expectations.

Professor Orchard stated for the record his deep regret regarding Staff Nurse Amin Abdullah who had ended his life, following a formal disciplinary hearing which had resulted in his dismissal. Professor Orchard acknowledged that Mr Abdullah should not have been dismissed and hoped that the experience would help the Trust to change its procedures for the benefit and protection of staff. He expressed concern that the use of less informal processes to address poor performance had declined and that there was a reactive response to deal with matters more formally. Professor Orchard introduced Kevin Croft, who had recently been employed by the Trust as an interim measure. A new protocol had been introduced so that a senior manager from another site would review cases prior to a decision being reached, to ensure consistency, objectivity and impartiality. To date, 31 cases had been

reviewed, eight had been returned for either more information to be obtained or for informal action to be taken.

Professor Orchard assured Councillor Richardson that Mr Abdullah's case should not have been the subject of a formal disciplinary hearing. Mr Croft's investigation and performance framework protocols had been implemented and there were now the tools in place for dealing with all forms of poor performance. There was a need to train staff in how to deal with some performance issues informally and for the performance evaluation processes to align for both doctors and other medical professionals. Finally, it was important to take full account of equality and diversity issues, and it was acknowledged that there were notably higher rates of BAME (black and minority ethnic) staff subjected to disciplinary procedures. Councillor Richardson commended Professor Orchard for the open and transparent way that the Trust had responded.

Dominic Conlin provided a perspective from Chelsea and Westminster NHS Trust Hospital (ChelWest), extrapolating key points from the report. The age of the workforce was significantly younger (although this had slightly increased, following the merger with West Middlesex), by comparison to Imperial or University College London (Hospitals NHS Foundation Trust), with a higher proportion being new to the work, looking to specialise once they had completed their critical care work. Many of the younger staff were not on the traditional career track of education, job, house, marriage. They had different priorities, highlighting the prohibitive cost of housing in London. The Trust aimed to improve the culture and wellbeing of staff with initiatives such as the healthy workforce charter, recognising that there was a duty of care toward staff and the wider population, with the aim of making a healthier workplace.

Staff engagement represented a linear link to better patient health outcomes. The data set out in the report provided a sense of the Trusts metrics and whether there were any wider incentives that could be considered such as housing, transport and key worker accommodation which were some of the root causes for the Trust.

With reference to the report (page 19 of the Agenda), Councillor Caleb-Landy expressed his concern regarding the reported 29% of staff who experienced abuse or harassment (staff survey). Professor Orchard acknowledged that this figure was high but expected it to reduce. He reported that such incidences usually arose during critical periods such as patient handovers. The Trust aimed to stamp out bullying behaviours and to ensure that all staff understood what was expected in terms of accepted values and behaviours. He explained that the way to avoid a "knee-jerk reaction resorting to formal disciplinary action was to create a more supportive environment and to equip staff with the tools to make this possible. Trust had also taken steps to ensure that there was an increased of amount of security in Accident & Emergency (A&E), to ensure the safety of staff and patients safety.

Professor Sigsworth added that the staff survey was anonymous and although harassment was a grave issue, this was a challenging concern throughout any organisation. Regarding cases that she had been involved in,

she had taken care to listen and acknowledge a complaint as a valid concern and not deny it. As a corollary, she added that it was important to be seen to take action. If the behaviour continued, a way should be found to feedback and to address a concern, without breaking confidentiality and that this was a critical matter of trust.

It was explained that it was critical to have a two-way relationship of trust. Monitoring and support for staff experiencing these issues was important and could sometimes affect more than one staff member, in any given situation. Professor Orchard stated that staff would be able to confide in designated 'guardians", one based on each of the Trusts sites and who would be able to report to the Trust's Board.

Jim Grealy welcomed the report but noted that 35% of staff had experienced bullying. He asked what had been done to counteract and address this, particularly in cases of abuse by members of the public. Additionally, he enquired about any causal factors as to why BAME staff found it difficult to pass appraisals and how these could be identified. Professor Orchard explained that dealing professionally with patients who were vulnerable and ill, was at times difficult and a necessary part of the job. There had been an increase in number of very disturbed patients held in A&E for extended periods, usually following Saturday night excess. It was important that staff felt safe in the workplace and the department was small for the number of patients treated. With regard to BAME staff appraisals. Professor Orchard recognised that while the organisation reflected the diversity of the local community, this decreased significantly at the top of the organisation. Professor Sigsworth explained that there were BAME midwives who had not accessed training opportunities and could be encouraged and better supported in managing their careers. An offer to support the Trust in its to efforts to recruitment overseas by writing to government was welcomed.

ACTION: PAC to write a letter of support to the Home Office (UK Visas and Immigration) on the issue of recruitment visas for overseas staff

Councillor Lloyd-Harris described the report as impressive, honest and brave and asked about the qualifications of the senior investigator and the process of appointing them; and, the human resources review, considering the high number of failings highlighted by the case of Amin Abdullah. Professor Orchard reported that having trained staff was essential, with a duty to ensure that investigators received training and support commensurate with the challenging requirements of undertaking investigations. He accepted failings had occurred and explained that the Trust had implemented proposals as to how future investigations would be conducted and supported. The Trust had plans to restructure Human resources, with staff being trained or retrained.

Victoria Brignell observed that there was no mention of affordable childcare for staff. Professor Sigsworth that there were nursery facilities accessible for staff, utilised and accessed as suitable around varying shift patterns. The provision was convenient and staff had reported positive feedback. The Trust was also considering improvements to a voucher scheme.

Bryan Naylor highlighted the issue of clinical staff performing administrative duties, with particular emphasis on discharge planning such as arrangements for patient transport. Professor Orchard explained that they had experienced difficulties with the patient transport contract. He concurred that this was partly an issue of discharge planning. Patient turnover was vast, with the length of stay reducing. Discharge planning was a concern, the shorter the length of admission, the harder it was to plan. The Trust was currently engaged in rolling out a series of interventions at ward level to better understand the estimated discharge time. Each time a patient was seen, staff should be thinking of when that patient could be discharged. He agreed that Imperial had not been as good in doing this as other trusts. It was necessary to consider practical elements: did the patient have clothes, keys etc; information to help forward plan for example, to book transport or support at home. Most problems arose when patient transport was booked on the day it was required. An external person had been asked to liaise with external organisations to ensure that care packages were in place. For this to work, confidence was required that if a patient was sent home, they would be assessed within two hours and a care package put in place.

Councillor Ben Coleman welcomed both reports which he felt addressed the issues differently, welcoming the breadth of the report of the Imperial report. Mr Conlin clarified that a broader perspective could be provided, with similar figure allowing for further comparisons. As part of the general ethos and culture of the organisation, staff must perceive that responsible and assured action was being taken on their behalf. ChelWest had an initiative which allowed senior managers to spend one day on a ward, once a month. This allowed greater dialogue and engagement with staff, to get the bigger picture rather than patient simply symptoms.

Councillor Coleman (on behalf of Councillor Patricia Quigley) asked why there was of no reference to ancillary staff, and if they had been included in the survey. In addition, Councillor Coleman asked if any staff with disabilities (according to a breakdown by gender) had been included in the survey. If not, how would ChelWest ensure that their needs were being met appropriately. Mr Conlin responded that ancillary staff were not directly employed by ChelWest. He acknowledged that this did not help unify staff culture and the Trust would consider how to be more inclusive of staff employed by Sodexo. The importance of this was recognised, particularly in terms of the positive impact all staff could have on patient care by encouraging greater inclusivity.

Mr Conlin observed that the contracted out ancillary staff bought into the culture of the organisation more than medical staff. They were also included staff award to celebrate this. The percentage of staff with disabilities led staff, were below national levels and it was acknowledged that most disabled awareness training was directed at patients rather than staff. It was explained that this was undertaken with a more implicit focus on patients, rather than staff and, always undertaken by new staff as part of their induction process, in accordance with the organisations equal opportunities policy.

Professor Sigsworth explained that the Trust had data on self-declared disabled staff, although the number was low. There were staff for whom

reasonable adaptations had been made and all staff received disability awareness training.

She acknowledged however that Imperial could be quicker in resolving some staff issues and conceded that they were not always as sensitive as they could be. Professor concurred with Mr Conlin, much of the focus was in how staff should engage with patients and about making reasonable adjustments within the work place.

205. WEST LONDON MENTAL HEALTH TRUST UPDATE

The Chair welcomed Sarah Rushton, Operational Director for WLMHT. It was explained that the there was an on-going CQC inspection of the trust and that it would be helpful to report on the outcomes of the reviews at a future meeting. In terms of beds, WLMHT was always running to full capacity. There was a lack of seclusion facilities in the psychiatric care unit, with one for older people, with 20 beds per ward which therefore exceeded guidance for ward mental health patients. Since an earlier CQC inspection, sustained improvement had been noted and the Trust was currently running at 85% capacity (as noted in paged 55 of the Agenda pack). The Trust planned improvements included the relocation of a number of wards to the ground floor, and alterations that offered better physical and mental health care facilities. In terms of suspended beds, there were plans to permanently move to 20 bedded wards, and have suitable facilities to support disabled patients.

Parminder Sahota reported that the Safeguarding Adults Executive Board (SAEB) would shortly be meeting for the first time but during the interim, the LBHF continued to be members of the triborough SAEB. Many changes were planned and the Trust would work with the local authority to ensure communication was fluid.

Councillor Richardson asked about younger patients and isolation. It was explained that the trust provided support across the three boroughs, but the trust did not have individual care plans for each patient that came through the Trust and would not mix people in a way that would cause an issue. However, the trust did not have the facility to accommodate younger people.

Jim Grealy asked how many beds the Trust believed it needed and what was the time delay between referral and getting a bed, and, what was the level of returns following a discharge. Sarah Rushton responded that they were developing a model of the total patient flow. The Trust was also considering an initiative involving community treatment at home, to use less beds, which was about to commence. It was confirmed that readmission rates had been within targets and there was not currently no time gap between referral and admittance. Work around improving patient flow had ensured that beds were now available according to need. The Trust could also accommodate sectioned patients and Helen Mangan confirmed that patients could be detained under the statutory mental health regulations, which could be done immediately, comparted to previously years.

Councillor Kwon enquired about the recent publicity indicating that the police lacked capacity for out of hours provision. Ms Rushton took the view that there was a professional duty of care towards people with mental health and was disturbed by news the police would be reluctant to assist. Part of the role of the police was to undertake safeguarding work collaboratively with colleagues across social care and health services. There was increased joined up working and the police were in regular contact with mental health professionals.

Councillor Lloyd-Harris referred to page 53 of the Agenda and the "requires improvement" rating. Change was required and Councillor Lloyd-Harris asked what could be done. Citing the example of female genital mutilation (FGM) Councillor Lloyd-Harris also asked what the Borough doing to address the issue and what support schools were given in dealing with the issue. Ms Rushton explained that the Trust had an adult rating and the poor rating related to bed flow, which the CQC would be returning specifically to review. Progress since the initial CQC had been remarkable and the Trust had worked very hard to deliver quality services.

Ms Sahota that with regards to FGM, NHS colleagues were trying to embed knowledge and use smart technology to capture data and it was anticipated that this would be rolled out next month, and included raising awareness of the issue with staff. They were also working with the Violence Against Women and Girls network to progress the issue and influence change. Councillor Richardson encouraged

Councillor Caleb-Landy echoed concerns raised regarding the Trusts ratings. Considering the baseline, he observed that there might be families with patients being housed outside the Borough and this was a concern. Additionally, he asked about the reasons given for a discharge.

Following the CQC inspection, Ms Rushton explained that the Trust had reviewed patient flow and discharge data, and had worked to develop a whole system approach. A more detailed response was assured in the next report to the Committee. There was patient flow, but this not as well-developed in LBHF compared to the other boroughs. Ms Rushton confirmed that the Trust did not currently have any LBHF patients in out of area private bed facilities.

Councillor Richardson asked the Trust how they monitored patient satisfaction. Ms Rushton explained that the Trust Board received regular patient satisfaction reports and worked closely with patient advocate services and a report on this could be provided to the Committee.

In response to a question regarding young people's access to care, particularly the 18-25 age group. Ms Ruston explained that units for older people were relocated on the ground floor was more appropriate (page 57 of the Agenda), with a more secure psychiatric unit located on the 2nd floor. It was noted that there was adolescent mental health provision with a facility in Chelsea. There was a lack of provision for adolescents under 18. The whole of North London had never had beds commissioned for them. CNWL were developing a general facility for adolescent beds and for patients with eating

disorders. Children with other issues would not currently have a facility. Direct funding from NHS England rather than from commissioners was being considered which was positive progress.

Councillor Richardson welcomed assurance that the Trust would return to the Committee to report on progress following the next CQC inspection. She expressed particular interest in the community based provision which was briefly covered in the report and what the aftercare provision was like, and what was available. Ms Rushton confirmed that she would be happy to report back and discuss community services, in addition to safeguarding, FGM bed capacity and the impact on community responses.

In terms of bed flow, Ms Rushton reported that there was no impact on community responses because patient flow was much better, utilising one bed more times in a year therefore using it more but more modelling work was needed. It was noted that the Trust involved service users at every point in developing the service. What was required was a 24hr crises team, and not be fixated on beds for patients as the answer. The key question to ask was what was the best care possible.

In response to a question about about red / green bed days, Helen Mangan explained that this system was in development so that it would be possible to identify at a glance, a value-added day. Noting a comment that the report lacked patient insight or indicated engagement,

Ms Rushton explained that 'red days' meant that the person was marking time, and that the patients stay was longer than necessary. Councillor Richardson responded that a red day equated to no clinical intervention but that this did not mean no interaction. Ms Rushton explained that this was not the measure used in understanding patient satisfaction. The Trust had also received sponsorship from The Kings Fund for a piece of work on co-production, which would also be reported back to the committee.

206. WORK PROGRAMME

Several items were noted for inclusion for work programme which included a report from the Older Peoples Commission and the SAEB annual report. The inclusion of an additional date would also be explored.

207. DATES OF FUTURE MEETINGS

An additional meeting date will be confirmed for January 2019.

Meeting started: 7pm
Meeting ended: 9pm

Chair .....

Contact officer: Bathsheba Mall
Committee Co-ordinator
Governance and Scrutiny