

## **Text of Councillor Gadsby's report on the Health and Overview and Scrutiny Committee meeting held on 8 February 2017.**

### **Princess Alexandra Hospital, Harlow – regulatory concerns**

The HOS Committee considered a report regarding the issues raised on Princess Alexandra Hospital in the October 2016 Care Quality Commission's (CQC) report which gave an inadequate overall rating. The report also included the hospital's response to advance questions submitted by the HOSC on regulatory concerns.

The following were in attendance to participate in a question and answer session:

- Phil Morley, Chief Executive, Princess Alexandra Hospital;
- Nancy Fontaine, Deputy Chief Executive/Chief Nurse, PAH;

Phil Morley introduced the item and reported that he was standing down as Chief Executive in March 2017. He highlighted the planned next steps and some of the successes which had already been achieved, particularly in the areas of maternity services and enabling the workforce to have a 'voice' with the introduction of a Staff Council.

During the discussion the following was acknowledged, highlighted or questioned:

#### **Partnership working/collaboration:**

- Discussions were underway regarding the introduction of joint posts with other partners, for example, to help build End of Life training packages. Clinicians already worked at the local hospice, but ideally a full team approach could be introduced;
- The opportunity for an empty building to be used by other social care patients to help alleviate discharge/bed blocking issues;
- Services were being reviewed to see what could be outsourced to other community partners, such as chronic pain injections and alternative locations for blood tests;
- The Walk-in Centre had been closed as it had not functioned effectively and staff transferred to the hospital;
- The hospital was looking at the Walk-in service at Herts hospital to see whether it could extend the service's opening hours and rotate its nurses;
- An external audit had indicated that people were being conveyed to hospital when other care was available in the community and this had been fed back to the Ambulance Service;

#### **Finance/Capacity/Governance:**

- A new strategic plan was needed for a new hospital site in the next 10 years to replace the current building which was increasingly unfit for purpose. In the long term a new hospital would have to cope with the impact of a new Garden Town which would double its current catchment area;

- The lack of investment in IT had led to the shortfall in providing information to the CQC;
- A new Urgent Care Centre was needed to cope with increasing demand;
- The intention to be the first hospital to help to pay off student loans;
- The lack of national health education funding for training;
- There was a high reporting culture of around one thousand reports a month, but the majority of these were of no or low harm (97.7%);
- Risk management needed to be understood throughout the organisation. The hospital was working with a 'buddy' Trust at Milton Keynes to review and share learning on how this could be improved;
- The hospital had been given £300k of extra funding for the year;
- The lack of cubicles needed to assess patients and the low number of hospital beds per size of the local population;
- Members noted the issues relating to the use of old porta cabins for surgical operations and the danger of the site being closed if not fit for purpose;
- Concern that the work force still felt they weren't being listened to because of issues such as those relating to the state of the building could not be resolved;
- A Board Capacity Assessment had been undertaken and the team had been approved to lead the hospital for the future.

#### Quality of Service and patient safety:

- The length of time it took to fast track patients with End of Life preferences (approximately 10 days). Members noted that the absence of an End of Life team had affected performance in this area, as well as the lack of social care services available outside of hospital. There was a shortage of places available in Essex care homes as a result of places being used by London residents;
- There was a 20% vacancy for Registered nurses as the hospital was constantly competing against the attractions of London and Cambridge. Although there was a strong reliance on agency staff, there were many long serving staff members committed to quality improvement;
- International recruitment of nurses for emergency care had proved successful;
- They were exploring new ways to provide services such as using former trained paramedics as associate practitioners and working with Anglia Ruskin University at an earlier stage to help bring in locally based student nurses;
- The high levels of flexibility to enable senior staff development through secondments, rotations, shadowing, leadership programmes and involvement with the patient at home service;

- There were 7 current midwifery vacancies compared to 25 in 2016;
- Patients were still being treated in a safe and timely fashion regardless of the capacity issue;
- The strong Research and Development and Clinical Leadership programmes;
- The emphasis on getting the basics right and introduction of a new meaningful appraisal system;
- A new Resuscitation trainer had been appointed and equipment updated and streamlined. Their simulation training was highly regarded and the University of Leicester had now produced a formal package to sell to others;
- The challenge of reversing beds for in-patient gynaecology with such few numbers of patients coming in, but the patient experience in this area remained very good;
- In response to a question, the Chief Nurse confirmed there had been no outbreaks of superbugs during the past two years;
- How three wards had been streamlined in December which had led to improvements in patient repatriation to the right wards;
- The hospital was running at 95-99% bed occupancy rate.

The Committee agreed that it was satisfied with the response received to the advance questions and other evidence and on the assurance given regarding improvement actions being taken.