

AGENDA ITEM: 9

Pages: 21 - 28

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
Subject	Update Report - Maternity Services at Barnet and Chase Farm Hospital – Response to Care Quality Commission (CQC) Review
Report of	Head of Midwifery – Barnet and Chase Farm Hospital
Summary	This report provides a response to the Committee's questions in relation to actions being taken by Barnet and Chase Farm Hospital NHS Trust to respond to the CQC review of Maternity Services.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Responses to Committee Questions
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

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1. RECOMMENDATION

- 1.1 That the Health Overview and Scrutiny Committee note, comment and make recommendations to Health Partners in respect of the responses set out in Appendix A.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health Overview and Scrutiny Committee, 12 December 2012, Agenda Item 13 – Maternity Services (1) a report on actions being taken by Barnet and Chase Farm Hospital NHS Trust to respond to the Care Quality Commission review of Maternity Services be presented to the next meeting on 15 February 2011.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report save for those identified in the attached response that relate to Barnet and Chase Farm Hospitals NHS Trust and the provision of maternity services.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 None in the context of this report except for those identified in the attached response that relate to Barnet and Chase Farm Hospitals NHS Trust and the provision of maternity services.

7. LEGAL ISSUES

7.1 The Care Quality Commission (CQC) established by the Health and Social Care Act 2008 is responsible for ensuring that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

6.2 All health partners need to ensure that the standards for quality and safety in the provision of health and social care services are adhered to in order to avoid enforcement action by the CQC.

8. CONSTITUTIONAL POWERS

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.
- (iv) To ensure that overview and scrutiny in Barnet is reflective of Council priorities as evidenced by the Corporate Plan and the programme being followed by the Executive.

9. BACKGROUND INFORMATION

9.1 At the 12 December 2011 meeting of the Health Overview and Scrutiny meeting the committee received a report in relation to maternity services at Barnet and Chase Farm Hospital. Following discussion of this item the committee requested a response from Barnet and Chase Farm in relation to the CQC review of maternity services at Barnet and Chase Farm.

10. LIST OF BACKGROUND PAPERS

- 10.1 Care Quality Commission – Review of Compliance, Barnet and Chase Farm Hospitals NHS Trust - <http://www.cqc.org.uk/directory/RVL>

Legal – HP

CFO – JH

Maternity Services Report for the Barnet Overview and Scrutiny Forum regarding outcome of CQC visit in June 2011.

- 1. Why did the systems for ensuring cleanliness fail? (Page 17) – I was under the impression that there is a very detailed monitoring system and nurses are supposed to be able to call and get instant response to cleanliness issues, so did the nurses not call or did the cleaners not respond?***

The Maternity clients on the ward gave direct feed back and reported to the CQC inspector on the Monday morning visit that they had noticed a change in the cleaning over the previous weekend. This issue had not been brought to the attention of the Midwifery staff/managers on duty at the time over that weekend.

It is correct there is an escalation process for all staff to be able to access a cleaner/domestic. Maternity at Barnet has a domestic on duty 24 hours a day on delivery suite. The domestic services out of hour's managers have been requested to strengthen their monitoring in light of this occurrence. On this occasion the domestic service staff had been depleted due to staff sickness and therefore cover was below the standard required. The Midwifery staff now also have an out of hours Midwife bleep holder who they can also contact if they require any additional support in relation to cleanliness/Facilities issues, so this can be rectified and escalated at the time.

Outcome 10: Safety and Suitability of premises

- 2. Why was the key pad issue not dealt with earlier when the security on the maternity wards is a recognised priority? (page 19)***

The finances to support the additional entry keypad to the adjacent gynaecology ward formed part of the Business Case in April 2011 for the additional beds as the first part in the process. This is an additional requirement and forms part of entry system to Gynaecology ward only. The maternity security Lockdown and enhanced CCTV formed part of a Capital bid process in 2010. These were different projects therefore managed separately.

Concerns surrounding the gynaecology ward not having keypad access were expressed. This is something the Trust was already aware of and actions are being undertaken to address. This issue was part of a business case which was accepted by the Trust Executives in June. The work is now being commissioned and is expected to be completed by November 2011.

Update:

The remaining outstanding action is with regards to the installation of keypad access to the gynaecology ward. This is outstanding and has been escalated to Ecovert, and will now also be escalated to Executive Directors.

The Head of Midwifery spoke to Nigel Trew in Estates on 16 January 2012 and on receipt of second request today from Women's directorate on 17th will action the works urgently.

Outcome 13: Staffing

3. *Why was the staffing issue for the new beds not dealt with earlier when the business case was presented?*

The Hertsmere Business case was presented in early 2011; the Directorate were awaiting the final sign off by NCL Strategic health authority for the total 6 additional beds. 4 of the 6 beds were released from the gynaecology ward by the organisation at very short notice.

The Women's Directorate were given 24 hours notice in June 2011 which did not allow sufficient time to recruit additional substantive staffing resources required as set out in the Hertsmere business case. Therefore Bank and agency midwifery staff were utilised over this period. It is planned that the further 2 beds and additional bathroom will be planned to commence around February - March 2012. Staffing levels have been improved and the ward is fully staffed.

The CQC found that insufficient numbers of midwives were on duty in the antenatal and postnatal ward on the day of our visit. They also acknowledged that the Trust took immediate steps to remedy this. The CQC stated that systems were in place to ensure adequate numbers of staff were on the ward to meet the needs of women but had not always been effective.

With regards to this the Trust was already aware of the issues surrounding staffing numbers for midwives and is taking actions to address it. A comprehensive recruitment process is being implemented to address shortfall in staff numbers with positive outcomes and a number of

new/extra midwives are due to commence employment between September and December.

Within the report, reference was made to additional beds being available but not staffed accordingly. With regards to the 4 extra beds mentioned in the report, these were part of a business case that was accepted by the Trust board in June and additional staffing for this formed part of the active recruitment process mentioned above.

The beds were authorised for use following the approval of a business case put forward in light of current demand for maternity beds. This business case also included extra staffing to support the business case.

Imminently following the CQC visit, after staffing issues were raised about the four beds, this was addressed immediately and actioned as the Trust put in place adequate cover with the use of bank and agency midwives.

The Trust maintains adequate midwifery cover by occupying vacant posts with Bank and Agency staff, until permanent staff are in post following the active recruitment process.

In addition to this, a job description has been agreed and finalised for an Obstetric nurse to join the Midwifery team and is currently being advertised as part of the recruitment process. This was part of the skill mix review conducted for the business case.

Update:

The active recruitment drive has proved very positive. The Trusts funded establishment ratio of midwives to mothers has improved from 1:32 to 1:30. Subsequently as a result of this, Victoria ward, which was the area of focus in the CQC visit, this has translated to an additional midwife per shift.

Date 17.1.2012

Author - C A Littlehales, Head of Midwifery

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