

THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST - REVIEW OF THE CARE QUALITY COMMISSION RE-INSPECTION REPORT

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REASON FOR ITEM

To enable the Committee to question representatives of The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to the report published on 7 August 2015 by the Care Quality Commission (CQC) with the findings of its re-inspection.







OPTIONS OPEN TO THE COMMITTEE









Members may question representatives of The Hillingdon Hospitals NHS Foundation Trust and seek clarification on issues in relation to its performance and the CQC report.

INFORMATION

CQC Inspection - October 2014

1. The CQC carried out an inspection of The Hillingdon Hospitals NHS Foundation Trust (THH) in October 2014 as part of its comprehensive inspection programme of all NHS acute providers. During this process, both of the Trust's locations, Hillingdon Hospital and Mount Vernon Hospital, were inspected.
2. Overall, THH was rated as 'requires improvement' with an inadequate rating for providing safe care and a 'good' rating for caring. CQC rated THH as 'requires improvement' for providing effective care, being responsive to patients' needs and being well-led:

Overall rating for this Trust	Requires improvement	
Are services at this Trust safe?	Inadequate	
Are services at this Trust effective?	Requires improvement	
Are services at this Trust caring?	Good	
Are services at this Trust responsive?	Requires improvement	
Are services at this Trust well-led?	Requires improvement	

CQC inspections & ratings of specific services		
Urgent and emergency services (A&E)	Requires improvement	
Medical care (including older people's care)	Requires improvement	
Surgery	Requires improvement	
Intensive/critical care	Requires improvement	
Maternity and gynaecology	Requires improvement	
Services for children & young people	Requires improvement	
End of life care	Requires improvement	
Outpatients	Requires improvement	

3. The key findings from the CQC inspection were as follows:
- a) There were many concerns identified which present risks to patient safety.
 - b) The Trust was not complying with infection prevention and control standards.
 - c) Staff records regarding training showed poor performance in key areas such as infection prevention and control, safeguarding and moving and handling.
 - d) The Trust is failing to effectively assess and monitor the quality of care it provides.
 - e) The Trust was delivering the key national performance indicators, such as ED waiting times with 95.2% of patients attending being treated, transferred or discharged across the A&E (87%) at Hillingdon Hospital and the Minor Injuries Unit (99%) at Mount Vernon Hospital.
 - f) The Trust had a very committed workforce, but there was a significant shortage of nursing staff which was compounded by additional wards being open.
 - g) The Trust performed better than expected in the number of patients acquiring clostridium difficile. However, they performed worse than expected for patients acquiring MRSA bacteraemia.
 - h) There were many areas where the Trust was aware of the challenges and risks and had logged these risks on local and corporate risk registers. However, there were often no plans or measures for implementation for when the risks were going to be addressed or when changes had been made, including:
 - The risk that child protection issues could be missed due to a failure to follow agreed processes had been identified, but not addressed;
 - The risk of admitting children with high dependencies to wards that aren't appropriately staffed to meet their needs, has been on a risk register for over a year without being appropriately managed; and
 - There were risks identified with the management of the storage of anaesthetic drugs where changes had been implemented, but were not sufficient to manage the risks.
4. The CQC saw several areas of good practice including:
- a) The nurse practitioners in the Minor Injuries Unit made direct referrals to specialities both internally and externally to the hospital; this included tertiary referrals to specialists such as plastic surgery.
 - b) The effective management of 18 week referral to treatment times for patients.
 - c) The specialist care for children with diabetes, specifically the outreach work into schools.
 - d) A maternity triage care bundle to promote consistency of care provided for women.
 - e) Announced and unannounced "skills drills" training to rehearse obstetric emergencies.
 - f) Good access to physiotherapy and occupational therapy and good multidisciplinary team working for surgical patients at Mount Vernon Hospital.
 - g) Good multidisciplinary team working to support one stop outpatient clinics.
 - h) Trainee doctors commented very positively on the support and mentorship they received while working at the Trust.
 - i) The critical care unit had physiotherapy presence seven days a week, and undertook ward rounds each day, as well as being available on call.
 - j) The Trust had a proactive specialist nurse for organ donation.
5. However, there were also areas of poor practice where the Trust needed to make improvements:
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The Trust MUST:

- a) Make sure it complies with infection prevention and control standards and that it monitors cleanliness against national standards.
- b) Assure itself that the ventilation of all theatres meets required standards.
- c) Address the risks associated with the numerous staffing establishment shortages across the Trust.
- d) Make sure that staff are appropriately trained in safeguarding both adults and children, and that the Trust regularly monitors and assesses the completion of actions agreed at weekly 'safety net' meetings.
- e) Make sure that all staff understand their responsibilities in relation to the Trust's systems and processes that exist to safeguard children.
- f) Make sure staff are trained and understand their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- g) Make sure that the use of keypads on wards does not unlawfully restrict patients' liberty.
- h) Make sure that all staff receive the full suite of mandatory training that is required to minimise risks to patient safety.
- i) Make sure agency staff receive an appropriate local induction on to wards.
- j) Make sure that there are adequate numbers of paediatric staff trained in Advanced Paediatric Life Support as per the Royal College of Nursing's recommended standard.
- k) Make sure of the effective operation of systems to enable the Trust to identify, assess and manage risks relating to the health, welfare and safety of patients.
- l) Make sure that local leaders are held accountable if they do not routinely and accurately complete required audits.
- m) Make sure that Trust premises are secure and that maternity and children's areas and wards cannot be accessed by the public without staff knowledge and appropriate challenge when necessary.
- n) Make sure patients are protected against the risks associated with the unsafe use and management of medicines.
- o) Make sure patients and visitors are protected against the risks associated with unsafe or unsuitable premises.
- p) Make sure that equipment is properly maintained and suitable for its purpose and that single use equipment is disposed of appropriately.
- q) Make sure that equipment is available in sufficient quantities in order to ensure the safety of patients and to meet their assessed needs.
- r) Make sure that records are accurately and appropriately maintained, are kept securely and can be located promptly when required.
- s) Make sure that early warning system documentation is appropriately maintained and that all staff react appropriately to triggers and prompts.
- t) Complete venous thromboembolism assessments as appropriate.
- u) Log the date of receipt of a complaint as the date the Trust is first made aware of the complaint.

The Trust should:

- a) Review the process for admitting patients to wards from the accident and emergency to make sure the process is effectively managed and that unnecessary delays in transferring patients are not occurring.
- b) Ensure there is a fixed rota for consultant cover out-of-hours for the critical care unit.
- c) Consider providing support from a Practice Nurse Educator for critical care nursing staff.

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- d) Consider contributing to ICNARC data collection.
- e) Confirm the Trust's permanent bed capacity and an accurate base staffing establishment figure the Trust projects it needs to deliver safe and effective care for this number of beds.
- f) Engage with local end of life care leadership to establish the Trust's strategy for the service.
- g) Make sure that appropriate translation services are available and are being utilised to meet patient need.
- h) Review the resourcing of medical secretaries to make sure they can meet patient need and the Trust's own targets for sending GP letters.
- i) Consider implementing the Friends and Family Test for all wards at the Trust.
- j) Consider whether patient outcomes could be improved through dedicated consultant cover and / or consultant oversight for the Minor Injuries Unit.
- k) Consider auditing pre-operative starvation to make sure patients are not starved for significantly longer than required.

CQC Re-Inspection - May 2015

6. As is usual practice, the CQC undertook a re-inspection of THH on 5 and 7 May 2015 and published its findings in a report on 7 August 2015. Overall, THH was rated as 'requires improvement' and had raised its 'inadequate' rating for providing safe care to 'requires improvement':

Overall rating for this Trust	Requires improvement	●
Are services at this Trust safe?	Requires improvement	●
Are services at this Trust effective?	Requires improvement	●
Are services at this Trust caring?	Good	●
Are services at this Trust responsive?	Requires improvement	●
Are services at this Trust well-led?	Requires improvement	●

CQC inspections & ratings of specific services		
Urgent and emergency services (A&E)	Requires improvement	●
Medical care (including older people's care)	Requires improvement	●
Surgery	Requires improvement	●
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Services for children & young people	Requires improvement	●
End of life care	Requires improvement	●
Outpatients	Requires improvement	●

7. The re-inspection identified that THH was not meeting the legal requirement in relation to 'Treatment of disease, disorder or injury' and was required to send CQC a report identifying what action the Trust would take to meet the requirement.
8. The CQC's key findings from the re-inspection were as follows:

- The inspection took place approximately three months after the CQC had published its comprehensive inspection report in February 2015. It found that the Trust had responded appropriately to many of the key issues that the CQC had highlighted at that time. In some areas, however, custom and practice had not changed, despite systems and processes being implemented to deliver changes in practice.
 - The CQC observed improved practice in some areas in relation to hand hygiene and the use of personal protective equipment. However, some staff in A&E and on medical wards were not following best practice.
 - Improved practice was observed in the management of medicines in most departments. Where there were known issues, plans were in place and steps had been taken to begin to address these issues and mitigate the risks. However, the CQC found best practice was not always followed by all staff, with daily checks occasionally not happening as necessary and some areas left unsecured.
 - It was evident that the Trust had taken significant action to address estates deficiencies highlighted by the previous inspection. The Trust had restructured its estates function, provided the capital works to the operating theatres and had moved to a less reactive, more planned maintenance service.
 - The comprehensive work programme for theatres was on going at the time of the CQC visit. The works to the operating theatres, both to date and planned, and the commitment to annual maintenance were in line with the Health Technical Memorandum (HTM) 03-01.
 - The Trust had implemented a new estates compliance reporting process to provide the organisation with a collective understanding of its risks and level of compliance against best practice and legal requirements.
 - The Trust was cleaning and auditing in line with the National Specifications for Cleanliness in the NHS.
 - Children presenting to the Trust's A&E were appropriately safeguarded as effective systems and processes were in place. Staff received appropriate training which had increased their awareness and key staff were deployed to oversee practice and promote good practice.
 - Equipment was clean and staff had enough equipment to meet patient needs. Further supplies could be accessed in a timely way when required.
 - Mandatory training figures had improved, the divisions reviewed by the CQC having made sure the targeted number of staff received mandatory training, including for infection prevention and control and safeguarding.
 - Early warning score documentation was completed accurately and staff responded correctly to triggers and prompts as required.
9. The CQC re-inspection identified that an area for improvement would involve the provider considering the concerns of the staff on children's wards about whether locks could hamper access in an emergency.

WITNESSES

Representatives from the Trust have been invited and confirmed their attendance at the meeting to answer questions from Members:

- Mr Shane DeGaris - Chief Executive
- Professor Theresa Murphy - Director of Patient Experience, Nursing and DIPC
- Dr Abbas Khakoo - Medical Director

SUGGESTED SCRUTINY ACTIVITY

Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

BACKGROUND INFORMATION

None.

KEY LINES OF ENQUIRY

Following its re-inspection of THH, the CQC identified areas for further improvement. The Committee is interested in the action that has been taken to address the issues identified in the re-inspection report as well as:

- What issues identified in the original inspection report have not yet been addressed (and why)?
- What are the barriers to implementing actions and how will these be overcome? If the intended action cannot be taken, what alternative action will be taken?
- How are the actions being monitored?
- With regard to actions that have been implemented, what impact have they had on finances, staff and patients?
- What action has been taken by the Trust to meet the legal requirement in relation to 'Treatment of disease, disorder or injury'?