EXTERNAL SERVICES SELECT COMMITTEE – THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST CQC INSPECTION REPORT

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – CQC Inspection Report
Ward	n/a

HEADLINES

To enable the Committee to question representatives of The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to the report published on 24 July 2018 by the Care Quality Commission (CQC) with the findings of its inspection and the resultant action plan.

RECOMMENDATIONS:

That the External Services Select Committee makes comment on the information provided and notes the presentations.

SUPPORTING INFORMATION

Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. It makes sure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve. The CQC undertakes inspections to find evidence to help its inspectors answer five key questions: is the service safe, effective, caring, responsive and well-led? Within these domains, CQC inspectors are looking at a range of practices:

- Is it safe?
    - Safeguarding and protection from abuse
    - Managing risks
    - Safe care and treatment
    - Medicines management
    - Track record
    - Learning when things go wrong
- Is it effective?
    - Assessing needs and delivering evidence-based treatment
    - Monitoring outcomes and comparing with similar services
    - Staff skills and knowledge
    - How staff, teams and services work together
    - Supporting people to live healthier lives
    - Consent to care and treatment
- Is it caring?

    - Kindness, respect and compassion
    - Involving people in decisions about their care
    - Privacy and dignity
- Is it responsive?
    - Person-centred care
    - Taking account of the needs of different people
    - Timely access to care and treatment
    - Concerns and complaints
- Is it well-led?
    - Leadership capacity and capability
    - Vision and strategy
    - Culture of the organisation
    - Governance and management
    - Management of risk and performance
    - Management of information
    - Engagement and involvement
    - Learning, improvement and innovation

CQC Inspection of Hillingdon Hospital

1. Overall, THH continues to be 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.

2. The following table illustrates the ratings provided for the Trust as a whole and the direction of travel in the relevant domains:

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Hillingdon Hospital	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Mount Vernon Hospital	Requires improvement Oct 2014	Good Oct 2014	Good Oct 2014	Requires improvement Oct 2014	Requires improvement Oct 2014	Requires improvement Oct 2014
Overall trust	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018

3. The CQC carried out an inspection of Hillingdon Hospital in March and April 2018 as part of its comprehensive inspection programme of all NHS acute providers. The following table illustrates the CQC ratings provided for Hillingdon Hospital in its most recent inspection report:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Jul 2018	Inadequate Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Medical care (including older people's care)	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Surgery	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Critical Care	Requires improvement ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Maternity	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Outstanding Jul 2018	Good Jul 2018
Service for children and young people	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018
End of life care	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018
Outpatients	Requires improvement ↔ Jul 2018		Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Overall	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018

4. Although Hillingdon Hospital has been rated separately as 'Inadequate', when combined with the rating for Mount Vernon Hospital, the overall Trust rating increases to 'Requires improvement'.

5. The key findings from the CQC inspection were as follows:
   a) There had been some improvement to safe levels of staffing. However some services within the trust did not have enough permanent nursing and medical staff to ensure the provision of safe care and treatment. However, they used bank and agency staff to cover gaps in the staff provision.
   b) We found out of date copies of the major incident plan on some wards and this was against the trust's own policy.

c) The trust had not improved in relation to the testing of portable electrical equipment. We found that not all portable appliances had been tested.
d) We were not assured that high-risk patient groups were screened for MRSA at pre-admission.
e) Staff did not always maintain appropriate records of patients' care and treatment. Records were not always clear, up-to-date and available to all staff providing care.
f) We were not assured that the laser service met the Medicines and Healthcare Products Regulatory Agency safety standards.
g) There was low participation in clinical audits and the trust performed poorly in some.
h) Appraisal rates were low in some areas.
i) Staff did not always understand their roles and responsibilities in relation to the Mental Capacity Act 2005, in particular in relation to Deprivation of Liberty Safeguards (DoLS).
j) The trust did not audit the World Health Organisation (WHO) five steps to safer surgery in 2017.
k) There were no pre-operative fasting audits for patients fasting before surgery.
l) The trust did not always actively monitor the effectiveness of care and treatment and use this information to improve services.
m) Staff cared for patients with compassion. Staff treated patients and their families with dignity, kindness and respect.
n) We observed positive and compassionate interactions between staff and patients.
o) Staff involved patients and those close to them in decisions about their care and treatment. Patients and their relatives were kept informed of ongoing plans and treatment. They told us that they felt involved in the decision making process and were given clear information about their treatment.
p) Relatives were happy with the communication and information given to them from staff.
q) Staff provided emotional support to patients to minimise their distress.
r) The trust did not meet the target to admit, discharge, or transfer and did not meet the standard that patients should wait no more than one hour for initial treatment.
s) The A&E waiting area for patients who attended by their own means was very crowded with insufficient seating.
t) We found that staff had poor awareness of the needs of people with learning disabilities.
u) Translation services were not always offered to patients.
v) The trust provided a range of information leaflets including support groups. However, similarly to the last inspection we did not see any information printed in any other language.
w) Space within the surgery division was not suitable for inpatients due to the lack of essential equipment and washing facilities.
x) The trust's investigation and closure of complaints was not in line with their complaints policy which states complaints should be completed in 30 days.
y) Since the last inspection, there had been limited improvement in the facilities on the ITU for relatives and visitors.
z) There were limited examples of departments supporting patients to manage their own health.
aa) The bereavement service had limited opening hours and inappropriate waiting areas for bereaved family members
bb) There was a large backlog of estates maintenance.
cc) Local risk registers did not always reflect risks described by staff in some areas.
dd) Matrons and managers within the trust did not have the capacity to effectively lead their teams due to pressures faced operationally.

ee) The senior management team had not taken note of all of the concerns raised at the previous inspection.
ff) We found that divisional and executive team were not visible in some areas and rarely visited some departments.
gg) Staff struggled to locate clinical guidelines quickly as the trust intranet search engine was not user friendly.
hh) The department had managers with the right skills to run the service; however senior nurses felt that their managerial duties were at times excessive of their role.
ii) We were not assured that there were adequate governance procedures for the laser service as set by the Medicines and Healthcare Products Regulatory Agency safety standards.

6. The CQC saw examples of outstanding practice in Maternity, Children and young people's services and End of life care, all of which had improved in their ratings at this inspection:
   a) The new midwife team to support women with complex care needs including mental health needs was innovative. There was 24 hour telephone support for vulnerable women, and support for mother and baby could potentially extend for up to a year,
   b) The senior maternity team was outward looking and proactive within the North West London maternity network. They had worked very effectively to manage risks and plan for contingencies to accommodate the agreed increase in the number of births following the closure of another hospital's maternity service, an event that had taken place earlier than anticipated.
   c) The service was an early leader in establishing an effective system of midwife supervision, independent of line management, following the change in the way the Nursing and Midwifery Council (NMC) regulated midwives. Nine Professional Midwifery Advocates provided 24 hour on call cover supporting and developing effective midwifery practice which staff said had proved invaluable to new staff as the service expanded.
   d) The maternity team collected high quality audit data to enable them to monitor and improve the service, and used the data promptly to achieve change where necessary.
   e) The postnatal team had identified a simple but effective solution to the problem of urinary retention when women had a catheter removed. Posters in toilets and postnatal wards gave women a 5 point plan to prompt them drink enough to ensure their bladder was working properly. This was a good example of translating staff ideas into practical action.
   f) Midwives and support workers used a secure digital app group that enabled them to see and opt into vacant shifts. This had significantly improved the fill rate of shifts. They also had a closed staff Facebook page for information on study days which supplemented formal channels of communication through newsletters and team meetings.
   g) In Children and young people's services, the department ran outreach diabetes clinics in local schools which had improved engagement with patients and attendance rates.
   h) In End of life care, the audits that the mortuary staff completed were very thorough and the team worked hard to improve each month.

7. However, there were also areas identified by the CQC where the Trust needs to make improvements:

The Trust MUST:

In urgent and emergency services:

- Monitor the safety of the waiting room including clinical oversight of deteriorating patients.
- Improve infection prevention and control practices.
- Improve storage and checks of medicines.
- Ensure the mental health interview room is fit for purpose.
- Ensure that all electronically recorded incidents are reviewed in a timely manner so that risks are identified and lessons can be learnt.

In surgery:

- Risk assess all areas where spaces not designed for inpatients are being used to house patients overnight.
- Ensure that all staff are aware of sepsis and undertake training in identifying patients with sepsis.
- Comply with the World Health Organisation and undertake WHO five steps to safer surgery auditing.
- Ensure that all areas within the hospital have access to a resuscitation trolley.
- Ensure that senior staff are available to assist staff in planning and patient care.

In critical care

- Ensure effective systems and policies are in place for sepsis management, including sepsis training for staff.

In outpatients

- Ensure the laser service meets all the requirements set forth in the Medicines and Healthcare Products Regulatory
- Agency safety standards.
- Ensure that clinical records are maintained in an orderly, clear and legible manner and that this is checked on a
- regular basis.

The Trust should:

In urgent and emergency services:

- Review the use of the fifth bay in the resuscitation area.
- Ensure paediatric patients are separated from adult patients in the waiting area and consider how paediatric patients are safely monitored during their wait to be seen by a streaming nurse.
- Improve the quality of record keeping.
- Improve the safety in the department by reducing public access.
- Enable access to training for junior doctors.
- Ensure early warning scores are regularly recorded.
- Improve on pain assessments and timely administration of pain relieving medicines.
- Initiate regular comfort rounds.
- Improve appraisal rates.
- Provide adequate translation service for patients.

- Ensure the needs of patients with a learning difficulty are better understood.

In medical care:

- Ensure safe levels of staff to ensure the provision of safe care and treatment.
- Ensure staff keep appropriate records of patients' care and treatment, in particular, dementia assessments, bed rail assessments and capacity assessments.
- Ensure there are up to date copies of the major incident plan on the wards in accordance with the trust policy.
- Ensure portable electrical equipment is tested.
- Have a named individual as the authorised person or competent person for endoscopes in line with the Heath Test
- Memorandum 01-01: Decontamination of reusable medical devices.
- Ensure staff understand their roles and responsibilities in relation to the Mental Capacity Act 2005.
- Ensure senior staff check agency staff competencies.
- Ensure staff follow trust policy on the management of patients with a learning disability.
- Ensure there is consistency in relation to document completion across the wards and ensure sepsis protocol forms/paperwork is standardised.

In surgery:

- Assess and improve the quality of infection prevent control in surgical areas, given the wear and tear of the premises.
- Ensure that maintenance in theatres is booked in on appropriate days and not occur during theatre lists.
- Put in place standard operating procedures for overcrowding at the hospital.
- Ensure that staff are aware of protocols that are in place to ensure that relevant patients have the appropriate screening at preadmission.
- Undertake preoperative fasting audits to ensure compliance with policies.
- Ensure that DoLS are understood and the correct paperwork is completed before a DoLS is put in place for a patient.
- Ensure staff are aware that all patients over 75 should be routinely screened for dementia.
- Comply with the national guidance issued by the associations of anaesthetists of Great Britain and Ireland, in relation to the recovery room facility. This guidance recommends that the ratio of beds to operating theatres should not be less than two.

In critical care

- Ensure that there is improved feedback to staff from incidents and wider learning from incidents across all staff groups.
- Ensure there are formal mobility and mortality meetings and learning is shared with the wider directorate.
- Ensure that the ITU is compliant with HBN04-02 building standards and heating and ventilation for health sector building (HTM 03-01) standards.
- Ensure that staff follow the 'Five Moments for Hand Hygiene' guidance at all time.
- Ensure that there is no dust on equipment and on any high surfaces within the department.

- Ensure that there are reliable systems in place to check the difficult airway/ intubation trolley.
- Ensure that all nursing staff have up-to-date equipment competencies.
- Ensure that there are sufficient nursing staff at each shift.
- Have a practice nurse educator in place with two third of their time dedicated to this role.
- Ensure that oxygen is prescribed on the patient prescription chart as per the trust policy.
- The unit should ensure that there is 24-hour cover provided by the critical care outreach team.
- Consider improving the facilities for patients and relatives, including shower facilities for patients.
- Have systems in place to improve the capacity and flow of the patients and reduce delayed discharges.
- Consider providing ITU follow-up clinics once patients are discharged from the hospital.
- Ensure that there is consistent information available about the visiting hours for relatives.
- Provide training for staff on identifying the needs of patients or relatives with learning disability.
- Ensure that call bells are within easy reach of patients.
- Ensure that there is more cohesive working with ITU and staff do not feel isolated or disjointed from the division.
- Ensure that there is an effective governance structure and system in place for the unit that feeds into the divisional governance structure.
- Ensure that the risk register reflects all their risks.
- Ensure that the intranet search facility is improved and staff can access clinical guidelines quickly.
- Ensure that there is an agreed strategy in place.

In maternity

- Ensure good hand hygiene is fully embedded so all staff clean their hands before and after patient contact.
- Seek to minimise delays in transferring women to the delivery suite to avoid compromising women's privacy and dignity through labouring in the antenatal ward or triage.

In end of life care

- Ensure the service begins a programme of auditing of key safety measures for end of life patients.
- Ensure that patients are receiving mental capacity assessments where necessary and that these are documented in
- patient records.
- Ensure that all staff are trained in the use of syringe pumps where necessary.
- Ensure that the bereavement service is available to patients and there is adequate space to have private conversations.

In outpatients

- Address the large backlog of estates maintenance in a prompt manner and that any repair issues does not hinder the
- daily service operations.
- Address concerns regarding managerial duties for senior nurses in times of staff shortages.
- Take stronger action to ensure that all shifts are filled and that extra bank staff be recruited to fill vacancies if required.
- Deal with divisional and departmental risks in a timely manner.
- Actively engage with staff and patients in order to drive service improvement.

8. The Committee should note that, following an inspection, THH is required to respond to areas of concern that have been identified, develop an action plan to address them and make improvements. The CQC will then follow up on any action it tells the Trust to take which may be by contacting the Trust or visiting the service to carry out a focused inspection. The inspection findings were discussed at a quality summit meeting on 25 September 2018 with the Trust, CQC and partners in the local health and social care system.

WITNESSES

The following representatives from the Trust have been invited to attend the meeting to answer questions from Members:

- Interim Chief Executive
- THH Board Chair
- Medical Director
- Director of Nursing
- Chief Operating Officer

POSSIBLE KEY LINES OF ENQUIRY

Following the CQC's inspection of THH, the Trust put together an action plan for improvement. The Committee is interested in the actions that are contained therein as well as:

- What actions have already been implemented?
- What actions have not yet been implemented (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?