

Hinchingbrooke Health Care NHS Trust

CQC report

September 2014

Inspection Chair: Jonathan Fielden
Team Leader: Fiona Allinson

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CQC Inspection: 16-18 September 2014

- The trust is a medium sized acute trust with 304 beds, 38,831 A&E attendances and 93,000 outpatient attendances pa
- The trust offers a range of hospital-based medical, surgical, obstetric and gynaecological services to the people of North Peterborough, Cambridge and surrounding areas.
- The trust is the only privately managed NHS trust in the country, being managed by Circle since 2012. The trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health.
- The trust has one main site - Hinchingbrooke Hospital.

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- The inspection covered
 - Hinchingsbrooke Hospital
- The inspection covered the full range of services provided by the trust but does not include paediatrics as this is provided by a third party provider.
- The trust had been inspected in 2012 and 2013 by CQC and was subsequently found to be compliant across the outcomes inspected.

The CQC's new approach (1)

- 3 Phases:
 - Pre-inspection
 - Inspection
 - Report and Quality Summit
- Pre-inspection:
 - Planning inspection
 - Development of a data packs
 - Recruitment of inspection team
- Inspection:
 - Covered Hinchingsbrooke Hospital
 - 3 days and three unannounced visits
 - 30 team members
 - Listening event, focus groups, interviews and visits to clinical areas

Inspection Process



CQC's 5 key questions

- Safe?** Are people protected from abuse and avoidable harm?
- Effective?** Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?
- Caring?** Do staff involve and treat people with compassion, kindness, dignity and respect?
- Responsive?** Are services organised so that they meet people's needs?
- Well-led?** Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

The 8 core services



The 8 core acute services:

- A&E
- Medical Care
- Surgical Care and Theatres
- Critical Care
- Maternity and Family Planning
- Children and Young People's Care
- End of Life Care
- Outpatients

We will also inspect other services if/when we hear of concerns (e.g. through complaints or whistle blowers).

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Inspection Visit



Visited:

- 19 inpatient areas and the outpatient area

Spoke with:

- 124 patients, relatives and carers
- 245 staff
- Senior managers and Board members
- 36 people at the listening event
- Collected 48 comment cards

Inspection Team

9 CQC inspectors

16 specialist advisers

2 experts by experience

Inspection Findings



- Staff were very loyal to their hospital
 - There were some examples of innovation in care such as the 999 club
 - The chaplaincy was outstanding and fully integrated into the trust
 - We saw some examples of sub optimal care which was not emotionally supportive
 - Care planning documentation was not always completed appropriately
 - Staffing skill mix did not always meet patients needs
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Inspection Findings



- The initiative of “stop the line” was not embedded
 - Response to call bells was at times poor
 - Need for strengthen awareness of delirium, mental capacity and deprivation of liberty
 - Infection control practices required improvement
 - Storage of medicines was not always in line with guidance.
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Hinchingbrooke Hospital: Ratings Grid



| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------------------|----------------------|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Urgent & emergency services | Inadequate | Inspected but not rated ¹ | Requires improvement | Requires improvement | Inadequate | Inadequate |
| Medical care | Inadequate | Inadequate | Inadequate | Requires improvement | Inadequate | Inadequate |
| Surgery | Requires improvement | Requires improvement | Inadequate | Good | Requires improvement | Requires improvement |
| Critical care | Good | Good | Good | Good | Good | Good |
| Maternity & gynaecology | Good | Good | Good | Good | Good | Good |
| End of life care | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |
| Outpatients & diagnostic imaging | Good | Inspected but not rated ¹ | Good | Good | Good | Good |
| Overall | Inadequate | Requires improvement | Inadequate | Requires improvement | Inadequate | Inadequate |

A&E



Good practice

- Introduction of 999 club and innovative support for paediatric patients.
- Visibly clean department
- Good multidisciplinary working
- Generally meeting four hour target
- Knowledgeable staff on issues such as the vulnerable patient
- Treatment plans in line with national guidance

Recommendations

- Paediatric staffing was not in line with national guidance.
- Low incident reporting
- No feedback or lessons learnt from incidents
- Confusing maintenance stickers on equipment
- Lack of cleaning of cubicles between patients.
- Medication not securely stored
- Poor local leadership
- Lack of information for patients

Medicine



Good practice

- Information available for staff on the lessons learnt from incidents
- Positive action in reduction of falls with harm
- Visibly clean environment with equipment that was checked regularly
- Good examples of multidisciplinary working and recording in the patient records
- Appropriate escalation of the deteriorating patient
- Meeting RTT targets

Recommendations

- Some extreme examples of poor care which was not emotionally supportive
- Some issues with dignity and respect
- Issues with awareness of delirium, mental capacity and deprivation of liberty
- Poor practice around pressure area and cannula care
- Some poor examples of care in respect of hydration and nutrition
- Lack of openness and confidence in reporting procedures
- Inconsistencies around infection control practices

Surgery



Good practice

- Patient outcomes good
- Low readmission rates
- Low incidents of pressure sores
- Good infection control procedures
- Good use of 5 steps to safer surgery checklist
- Good multidisciplinary working
- Access to specialist nurse advice
- Meeting RTT and good flexibility to meet the needs of patients

Recommendations

- Poor response at times to call bells particularly at night
- Care records not always reflective of patients needs, risk assessments not always updated
- Concerns around those procedures undertaken in children that were infrequently carried out.
- Issues with medications which were not administered
- Handover of care not always robust

Critical Care



Good practice

- Relatives and patients felt that their individual needs were being met.
- Good outcomes for patients when compared nationally
- Good use of audits and complaints to improve care
- Real time assessment of levels of risk to service and patients
- Good infection control procedures
- Staff report feeling supported

Recommendations

- Capacity issues at times including ability to discharge in a timely manner
- Issues with the environment leading to a poorer patient experience

Maternity



Good practice

- Commitment of staff to ensuring a quality service
- Good use of national guidance
- Women involved in their care and treatment
- Good multidisciplinary working and case review to improve services.
- Women report good relationships with their midwives
- Evidence of learning from incidents
- Evidence of team providing challenge to improve services for women and families

Recommendations

- Some medication storage issues

End of Life Care



Good practice

- Focus on patient care
- Excellent multidisciplinary working
- Patients were treated with compassion, dignity and respect
- Patients and relatives felt involved in their care
- Excellent mortuary staff
- Excellent chaplaincy service for patients relatives and staff

Recommendations

- Lack of resources to provide training to staff
- Non patient focused areas such as audit and training require improvement
- DNACPR form completion required improvement to ensure consultant sign off and rationale for not discussing issue with patients
- Limited access to seven day palliative care services
- Limited training on having difficult discussions with families and patients
- Slow roll out of the Amber care bundle

Outpatients



Good practice

- Patients being treated with compassion, dignity and respect
- Learning from incidents
- Patient notes were available
- Appropriate staffing levels in most clinics
- Competent staff available who implemented national guidance
- Referral to treatment times good
- Provision of one stop clinics

Recommendations

- Minor issues with medicines storage
- Some clinics could have been more child friendly

Summary and issues requiring immediate attention



- The trust immediately closed some beds on Apple Tree ward and reviewed the use of staff in this area. The trust undertook a review of safeguarding and spoke to staff and patients on the ward.
- The trust also employed temporary RSCN staff in A&E. The trust began training of staff in caring for children in both the A&E department and in operating
- Governance systems, including committee structures, divisional structures, shared learning and incident investigation, are being improved

Hinchingbrooke Health Care NHS Trust Ratings Grid



| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------|------------|----------------------|------------|----------------------|------------|------------|
| Overall trust | Inadequate | Requires improvement | Inadequate | Requires improvement | Inadequate | Inadequate |

- Inadequate in safe, caring and well led due to issues identified on Apple Tree and Juniper wards and throughout the A&E department in relation to numbers and skill mix of staffing, behaviours of staff in Apple Tree and Juniper wards and arrangements for governance.
- Requires improvement in effective and responsive due to the responsiveness of the trust to patients needs in A&E, medicine and end of life care. Lack of effective pathways in place for end of life care and in medicine and surgery

Any Questions?