

HINCHINGBROOKE HOSPITAL - CQC INSPECTION REPORT UPDATE

To: **Cambridgeshire County Council Health Committee**

Meeting Date: **17 January 2019**

From: **Jo Bennis, Chief Nurse, North West Anglia NHS Foundation Trust**

Electoral division(s): **All**

Purpose: **This report is provided to update the committee on the actions put in place at Hinchingsbrooke Hospital following the publication of its Care Quality Commission Inspection Report in October 2018 which rated the North West Anglia NHS Foundation Trust overall as 'Requires Improvement'.**

Recommendation: **The Committee is asked to note the contents of the report**

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1. BACKGROUND

North West Anglia NHS Foundation Trust, which runs Hinchingsbrooke, Peterborough City and Stamford and Rutland Hospitals, was inspected by the Care Quality Commission over a period of five days in June and July 2018.

The Trust also runs Outpatient and Radiology Services at Doddington Hospital and the Princess of Wales Hospital, Ely. The Trust took on the running of these services in September 2017 and they were not included as part of the inspection regime.

This was the first inspection of the Trust since it was formed on 1 April 2017, as a result of the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust.

Inspectors reviewed our services to ensure they are Safe, Effective, Caring, Responsive and Well-Led (which are the CQC's five key lines of enquiry).

Prior to the merger, Peterborough and Stamford Hospitals was inspected in 2014 and was rated as 'Good', Hinchingsbrooke Health Care NHS Trust was also rated 'Good' when it was re-inspected in 2016.

Inspectors reviewed the following core services at the Hinchingsbrooke and Peterborough sites (Stamford Hospital was not inspected):

Hinchingsbrooke Hospital	Peterborough City Hospital
Urgent and Emergency Care Medical Care Surgery Critical Care Maternity Services End of Life Care Outpatients	Urgent and Emergency Care Medical Care

All core services at Hinchingsbrooke Hospital were inspected because its previous ratings were dissolved at the point of the merger. This meant that Hinchingsbrooke Hospital did not have a rating for any of its core services prior to the inspection taking place.

In addition, inspectors carried out a Well-Led inspection to test the link between the overall management of the Trust and the quality of its services, and a Use of Resources inspection which was led by our regulator, NHS Improvement – these are new components to the inspection regime, which were introduced in 2017.

Inspectors provided high level verbal and written feedback at the time of the inspection, which enabled us to implement immediate actions, where necessary, plus develop, and subsequently work to, an action plan ahead of the report publication.

Following the inspection, in September, the Trust received a draft report for the purpose of factual accuracy checking prior to publication. We responded with more than 100 pages of factual

accuracy amendments, but were disappointed to see that many of these inaccuracies were still published in the final report.

The Hinchingbrooke Hospital CQC inspection report from June/July 2018 can be viewed here: <https://www.cqc.org.uk/location/RGN90>

2. MAIN ISSUES

2.1 Inspection outcome

The CQC published its report on our Trust inspection in October 2018. The CQC gave the Trust the overall rating of 'Requires Improvement'. The Trust did not receive a rating for its Use of Resources inspection. The CQC also rated each hospital site inspected and the core services it reviewed at the hospital sites.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hinchingbrooke Hospital	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Stamford and Rutland Hospital	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Peterborough City Hospital	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Overall trust	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

Hinchingbrooke Hospital core services ratings are displayed on the next page

Hinchingbrooke Hospital core services ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Aug 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
End of life care	Good Sept 2018	Requires improvement Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

Peterborough City Hospital core services ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Medical care (including older people's care)	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good Jul	Good May 2014	Good May 2014
End of life care	Good May 2014	Good Jul 2015	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

The inspection report highlighted two specific areas of outstanding practice at Hinchingbrooke Hospital – one of which was reflected in the rating for the overall service for End of Life patients. This was noted in the inspection report as follows:

Outstanding practice – End of Life Care

- The trust was part of the Dying Well in Custody pilot with a local prison where specialist palliative consultants reviewed patients that were at the end of their life and worked with prison and hospital staff to ensure patients were safely admitted to the hospital or referred to the local hospice. As part of the pilot; an end of life register, multidisciplinary team (MDT) meeting and the use of Supportive and Palliative Care Indicators Tool, a tool designed to help health care professionals identify people who might benefit from better supportive and palliative care, was developed. This helped promote care quality and equality for patients who were in prison at the end of their life.
- There was an 'end of life companion' volunteer support service which was especially beneficial for patients who did not have close family.

Outstanding practice - Surgery

- There was a focus on reducing falls in the service supported by the falls specialist nurse. This included trialling a smaller, louder and more responsive falls alarm, and a monthly falls scrutiny panel where ward managers and matrons presented specific cases and any learning was discussed and then shared at team meetings to help mitigate the risk of falls where possible in the future.
- The service had achieved an 'outstanding' rating for general surgery and cancer in the 2018 'Getting It Right First Time' (GIRFT) report. Clinical leads told us they were particularly proud of achieving the highest rate of complication free day case surgery in the country.
- In general surgery, there was an audit programme ongoing for registrars to audit their own consultant's practice from the previous 12 months to identify and share ideas for improvement. This was good practice as it encouraged a culture of learning and using evidence to drive improvement among medical staff.

The inspection report detailed specific areas where each of the core services inspected must improve. There were 27 'must improve' recommendations for the seven core services at Hinchingbrooke Hospital. These were:

Urgent and Emergency Care

- The trust must ensure staff complete patient documentation including time of arrival; patient observation times, and maintain records to ensure they are contemporaneous.
- The trust must ensure that staff using the Manchester Triage System complete competency requirements for the safe use of the assessment system.
- The trust must ensure that the emergency department embed rapid assessment and treatment processes for patients arriving by ambulance and designate appropriately trained staff to the ambulance assessment area, and improve control and command of this process.
- The trust must ensure the designated mental health room is safe and fit for its designated purpose.
- The trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients.
- The trust must ensure that staff mandatory training and appraisals meet the trusts compliance target of 90%.
- The trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

Medical Care

- The trust must ensure that Pear Tree ward is being run and monitored in a way that protects people's safety and ensures they are receiving care and treatment which meets their needs.
- The trust must ensure that medicine management arrangements are implemented in line with best practice.
- The trust must ensure that mandatory training attendance improves to ensure that all staff are aware of current practices.
- The trust must ensure all staff are up to date with their advanced level life support training
- The trust must ensure staff receive an annual appraisal.

Surgery

- The trust must ensure there are consistent and reliable systems and processes for sharing learning from incidents across the surgery service, to help mitigate the risk of potentially avoidable incidents reoccurring, including sharing findings and lessons learned from never events or other serious incidents in a timely manner.

Critical Care

- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team.
- The trust must ensure that ligature risks in patient rooms within critical care are reviewed and resolved.

Maternity

- The trust must ensure a robust process to identify women with safeguarding issues in the paper medical records.
- The trust must ensure the electronic patient system identifies all women with safeguarding issues.
- The trust must ensure that women's weight is recorded on their prescription chart.
- The trust must ensure that maternity support workers are trained and competency assessed before they are able to perform physiological observations on patients.
- The trust must ensure guidelines are reviewed in time and have oversight and sign off from a senior member of the team.
- The trust must ensure all emergency equipment is available to use.
- The trust must ensure all medicines, including intravenous fluids are securely stored in locked cupboards.

End of Life Care

- The trust must review 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms to ensure they are completed fully and in line with trust policy and national guidance.
- The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.
- The trust must ensure the robust monitoring of end of life care, including the achievement of preferred place of care and death and the timeliness of discharge through local audit.

Outpatients

- The trust must ensure the proper arrangements for the security and handling of prescription pads throughout the department.
- The trust must ensure that medication is only prepared by those who have been assessed as competent to do so.

In addition, the inspection report listed 5 'must improve' items for the Urgent and Emergency Care service inspected at Peterborough City Hospital.

The report also listed areas where it recommended the Trust should make improvements. This included 28 'should improve' items for the seven core services at Hinchingbrooke Hospital. These were:

Urgent and Emergency Care

- The trust should ensure that paediatric waiting areas are audio and visually separated from adult waiting areas.
- The trust should ensure that reception staff are trained and competent in recognition of red flag signs and symptoms, to allow for timely escalation of critically unwell or injured patients who self-present to the emergency department.
- The trust should ensure they complete, monitor and update action plans in relation to the Royal College of Emergency Medicine (RCEM) audits.

Medical Care

- The trust should seek to improve its delayed transfer of care statistics.
- The trust should ensure there are enough staff to fill planned shifts.
- The trust should consider making improvements to the way in which the discharge planning team are enabled to support staff and patients with their discharge arrangements.
- The trust should ensure there are clear nursing competencies in place and that staff are supported to demonstrate these.

Surgery

- The trust should ensure all doors to side rooms in the ATSU are fully sealed when closed to help prevent the spread of airborne infections.
- The trust should have a member of staff trained in advanced life support (ALS) on each shift within recovery, in line with national guidance.
- The trust should monitor the length of time between screening and treatment times for sepsis on the wards, to have oversight of how often they are not meeting national guidance on this, and to act on any issues identified.
- The trust should review the staffing and escalation arrangements at night on Mulberry ward to ensure that if there is unexpected patient risk or deterioration, staff are able to access support promptly.
- The trust should ensure theatres staff change out of their theatre scrubs before leaving the department, in accordance with uniform policy and good practice for infection prevention and control.
- The trust should develop the local audit schedule within the theatres department to monitor and improve quality and performance.
- The trust should continue to improve complaints processes to ensure they are investigated and completed within 30 days, in line with trust policy.

Critical Care

- The trust should ensure that medical staffing meets Guidelines for the Provision of Intensive Care Services (GPICS) 2015.
- The trust should ensure that the risk register is regularly reviewed and risks to the service are appropriately managed.
- The trust should ensure that all equipment including the central venous pressure trolley is checked and restocked regularly according to trust policy.

- The trust should ensure that the critical care outreach team have a clear supervision pathway for appraisal.
- The trust should ensure that provision is made for the gap in service provision between the Critical Care Outreach Team finishing and the night medical team commencing.

Maternity

- The trust should ensure handovers are confidential and are uninterrupted.
- The service should ensure that community midwives carry the correct medication in line with trust policy.
- The service should review the risk of the second theatre on labour ward and include the risk on the maternity risk register.
- The trust should ensure staff are aware of the vision for the service and the trust's vision and values.
- The trust should consider a pathway of care to enable babies on transitional care to have full treatment in one area.
- The trust should consider a seven day maternity assessment day unit and triage area in line with national guidance and best practice recommendations.
- The trust should ensure all equipment is clean and there is a system in place to identify that equipment has been cleaned.
- The trust should regularly audit hand held maternity notes and medical records.
- The trust should ensure the milk fridge is locked to ensure breast milk cannot be tampered with or taken by the wrong mother.

The report also listed 3 'should improve' items for Urgent and Emergency Care services at Peterborough City Hospital.

2.2 Post report actions

Since the publication of the inspection report, we have been able to resolve most of the 'must improve' actions. The lessons learned from the recommendations can be applied across all our sites and we are using this approach to ensure we make positive improvements consistently across all core service areas at all hospital sites.

We continue to work to a detailed action plan of remaining improvements. Progress against this plan is reviewed at our monthly CQC Steering Group meetings, which are chaired by our Chief Executive, Caroline Walker. Our plan was submitted to the CQC on 3 December 2018 to show our compliance against key areas highlighted in the report. Our action plan is to be reviewed at the January 2019 meeting of our Trust board of Directors. We will not be sharing the action plan more widely than with our regulators as it is an internal operational plan to deliver the recommendations within the CQC Inspection Report.

The Trust is continuing with its own CQC-style internal inspections of ward areas (CREWS) across all three hospital sites to maintain assurance that services are consistently run to high standards of care. In addition, our Chief Nurse, Jo Bennis, leads senior-level walkabouts across our hospitals to see first-hand the improvements in action. Plus, we regularly welcome colleagues from other external organisations to conduct their own assurance visits. It is important to note that alongside this work, the Trust is also continuing with its post-merger integration plan and clinical strategy roll out to all clinical areas.

The Trust has since fed back to the CQC on aspects of the inspection that caused concern among our senior management team. These aspects included:

- We submitted more than 100 pages of feedback on the draft report with factual accuracies, most of which were not corrected before the report was published.
- Inspectors did not acknowledge the work still in progress as a result of our merger or that we are still in the early days of progressing on integration and our clinical strategy – in fact there were no inspectors on the inspection team that had previous experience of reviewing recently-merged trusts, which was a request made by the Trust ahead of the inspection.
- Looking at the areas of good within the report, it is hard to see how the overall aggregated rating of 'Requires Improvement' for the Trust was made.

The CQC has taken our feedback on board and we hope to receive some formal feedback.