

HOSC/10/16**Committee** Health Overview and Scrutiny**Date** 8 February 2017

PRINCESS ALEXANDRA HOSPITAL (HARLOW)

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Background

On 19 October 2016, the CQC published an inspection report on PAH. The CQC have rated PAH as inadequate overall due to significant concerns in safety, responsiveness and leadership, and commented that they view that there is an apparent disconnect between the trust board leadership level and the ward level.

The CQC's full inspection report is available from the following link - https://www.cqc.org.uk/sites/default/files/new_reports/AAAF6797.pdf. The Letter from the Chief Inspector of Hospitals, which summarises the report, is attached as Appendix 1.

In consultation between the HOSC Chairman and the Herts HOSC Chairman, a joint approach on reviewing proposed improvement actions being taken by PAH (and this was endorsed at the November 2016 meeting of the HOSC). Accordingly, representatives from both HOSCs attended a preparatory site visit at PAH in January 2017 and Herts HOSC have been invited to send representatives to join the Essex HOSC today for this agenda item.

The following advance questions were developed during a private session at the PAH site visit and the PAH response to these is attached as Appendix 2. Further information provided by PAH is attached as Appendices 3 and 4.

1. Please provide a copy of your current CQC Improvement Plan (is there a summary version?)
 - please briefly explain the verification process to determine the status of an action to be taken and if an action has been completed – e.g. does the CQC counter-verify?
2. How is PAH working with partners to improve links to services in the community to help relieve pressure on the hospital? e.g. alternative locations for blood tests and other straightforward tests, greater use of primary care etc?

3. Bearing in mind some of the regulatory criticism is around not being able to meet current demand, can any actions be taken to increase capacity?
4. The CQC specifically made reference to capacity pressures had led to patients sometimes not being placed in the most appropriate ward for their particular condition/treatment.
 - What risks to patient care does this create?
 - What is PAH doing to mitigate and minimise this risk going forward?
5. What resources do you provide for the Patient Panel and other patient feedback mechanisms? Are you satisfied that you have sufficient patient feedback mechanisms in place to allow patients to easily feedback their experience?
6. What are the financial consequences to the Trust of addressing the issues raised by the CQC and implementing improvements? - Are there any compensating revenue generating opportunities identified by the Trust?

Action required:

To consider the responses received to the advance questions, and other evidence, and to seek assurance on improvement actions being taken.

APPENDIX 1

CQC Overall rating for PAH - **Inadequate**

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? **Inadequate**

Are services at this trust well-led? **Inadequate**

Letter from the Chief Inspector of Hospitals (dated 16 October 2016)

We carried out a comprehensive inspection on 28 and 29 June 2016 as part of our regular inspection programme. This inspection was carried out as a comprehensive follow up inspection to assess if improvements have been made in all core services since our last inspection in July 2015.

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 460 bedded District General Hospital providing a comprehensive range of safe and reliable acute and specialist services to a local population of 350,000 people. The trust has 5 sites; Princess Alexandra Hospital, St Margaret's Hospital, Herts and Essex Hospital, Cheshunt Community Hospital and Rectory Lane Clinic. At our inspection on 28 and 29 June 2016, we inspected The Princess Alexandra Hospital. On our unannounced inspection on 2 and 5 July 2016, we inspected The Princess Alexandra Hospital. We reviewed the service provided at the Rectory Lane Clinic and found that this location did not require registration. The trust informed us that they would be applying to remove this location.

During this inspection, we found that there had been deterioration in the quality of services provided since our previous inspection in 2015. There was a lack of management oversight and lack of understanding of the detail of issues which we observed. We found that the trust had significant capacity issues and was having to reassess bed capacity at least three times a day. This pressure on beds meant that patients were allocated the next available bed rather than being treated on a ward specifically for their condition. We found that staff shortages meant that wards were struggling to cope with the numbers of patients and that staff were moved from one ward to cover staff shortages on others. The trust sees on average around 350 patients a day in its emergency department (ED).

We have rated the Princess Alexandra Hospital location as inadequate overall due to significant concerns in safety, responsiveness and leadership, with an apparent disconnect between the trust board leadership level and the ward level. It was evident that the trust leaders were not aware of many of the concerns we identified through this inspection. However, we found that the staff were very caring in all areas. We have rated the maternity and gynaecology service as outstanding overall.

Our key findings were as follows:

- Shortages of staff across disciplines coupled with increased capacity meant that services did not always protect patients from avoidable harm, impacted upon seven day provision of services and meant that patients were not always treated in wards that specialised in the care their condition.
- The disconnect between ward staff and the matron level had improved, however some cultural issues remained at this level which required further work.

- The relationship between staff and the site management team had improved, though this was still work in progress and the trust acknowledged further work was required here.
- Agency staff did not always receive appropriate orientation, or have their competency checks undertaken for IV care for patients on individual wards. This had improved by the time our unannounced inspection concluded.
- The storage, administration and safety of medication was not always monitored and effective.
- Information flows and how information was shared to trust staff were not robust. This meant that staff were not always communicated to in the most effective ways.
- The staff provided good care despite nursing shortages.
- There were poor cultural behaviours noted in some areas, with some wards not declaring how many staff or beds they had overnight to try and ease the workloads. This was a result of constant pressure on the service activities.
- The mortuary fridges had deteriorated since our last inspection and were no longer fit for purpose. These were replaced during our unannounced inspection to ensure they provided an appropriate environment for patients.
- Across surgery, there were notable delays in answering call bells on surgical wards including Kingsmoor and Saunders ward.

Gynaecology inpatient care had not improved, but declined, since our previous inspection. The inpatient gynaecology service, which was operated through surgery, was not responsive to the needs of women.

We saw several areas of outstanding practice including:

- The ward manager for the Dolphin children's ward had significantly improved the ward and performance of children's services since our last inspection
- The tissue viability nurse in theatres produced models of pressure ulcers to support the education and prevention of pressure ulcer development in theatres. This also helped to increase reporting.
- The improvement and dedication to resolve the backlog and issues within outpatients was outstanding.
- The advanced nurse practitioner groups within the emergency department were an outstanding team, who worked to develop themselves to improve care for their patients.
- The gynaecology early pregnancy unit and termination services was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- MSSA rates reported at the trust placed them in the top quartile of the country.
- The permanent staff who worked within women's services were passionate, dedicated and determined to deliver the best care possible for women and were outstanding individuals.
- The lead nurse for dementia was innovative in their strategy to improve the care for people living with dementia.

However, there were also areas of poor practice where the trust needs to make improvements. Importantly, the trust must:

- Ensure that fit and proper persons processes are ratified, assessed and embedded across the trust board and throughout the employment processes for the trust.
- Ensure that the risk management processes, including board assurance processes, are reviewed urgently to enable improved management of risk from ward to board.

- Ensure that safeguarding children's processes are improved urgently and that learning from previous incidents is shared.
- Ensure that staff are provided with appraisals, that are valuable and benefit staff development.
- Improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level 3, moving and handling, and hospital life support.
- Ensure that trust staff are knowledgeable and provide care and treatment that follows the requirements of the Mental Capacity Act 2005.

These are the areas the trust should improve on:

- Review the priority improvement programme to ensure that the mortuary is refurbished.
- Review the cleaning schedules for the public areas throughout the hospital, and review the disposal of rubbish arrangements from the portering area to reduce the impacts of waste build up.
- Review the processes of how ward to board escalation is embedded to ensure that all concerns are captured where possible.

As a result of the findings from this inspection I have recommended to NHS Improvement that the trust be placed into special measures. It is hoped that the trust will make significant improvements through receipt of support from the special measures regime prior to our next inspection.

Professor Sir Mike Richards
Chief Inspector of Hospitals

The NHS Choices website allows patients and service users to rate their experience of NHS providers and to leave comments. The link below takes you to the part of the site that receives comments and ratings on Princess Alexandra Hospital.

<http://www.nhs.uk/Services/hospitals/ReviewsAndRatings/DefaultView.aspx?id=RQWG0>