

## INTRODUCTION

The Princess Alexandra Hospital NHS Trust Chief Executive Officer and Chief Nurse will be attending the Essex Health Overview and Scrutiny Committee (HOSC) on February 8<sup>th</sup> 2017. The following questions have been submitted and responses will be attached to the published meeting agenda.

### 1. Please provide a copy of your current CQC Improvement plan (summary version)

See separate submission.

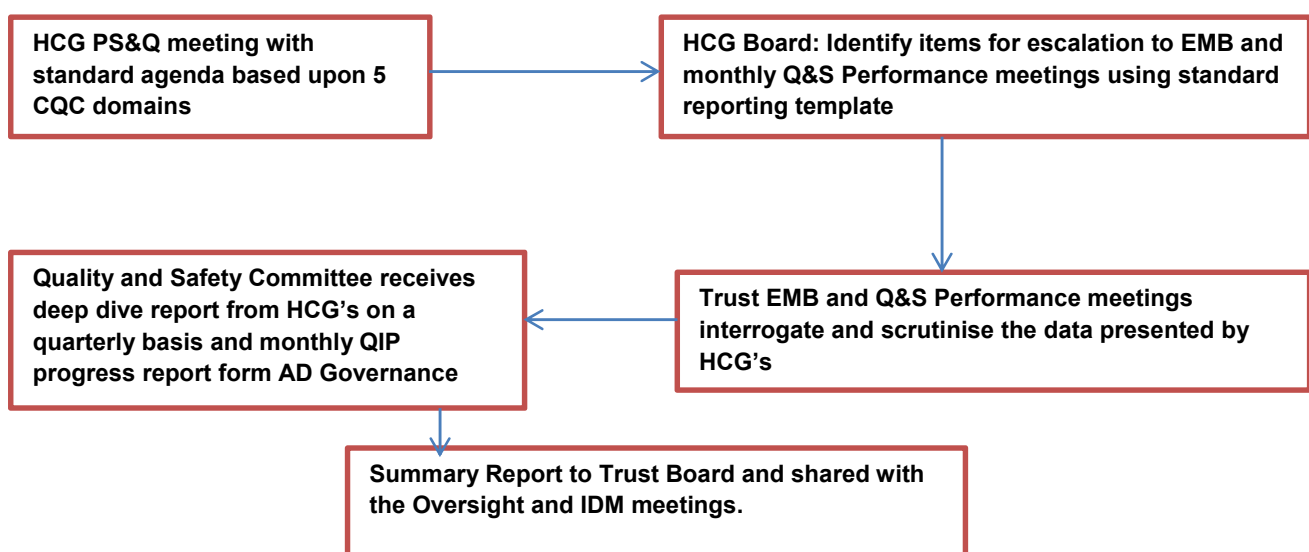
### 1.b Please briefly explain the verification process to determine the status of an action to be taken and if an action has been completed e.g. does the CQC counter-verify?

Once an action to address a recommendation, issue or concern has been entered onto the Improvement plan, its progress is rated (see table 1).

**Table 1: Status rating scale**

Key	
B	Desired outcome achieved
G	Actions and outcomes on track
AD	Actions In place. Progress requires external engagement
A	Actions commenced
RA	Actions identified not yet initiated
R	Scoping commenced. Awaiting progress

The formal process for monitoring progress is described in the flow chart below. In addition, the Trust undertakes fortnightly quality inspections in the clinical areas to assess compliance with agreed standards in line with CQC regulations. The output from the inspections is shared with the clinical teams to support their actions in the improvement plan.



**2. How is PAH working with partners to improve links to services in the community to help relieve pressures in the hospital? E.g. alternative locations for blood tests and other straightforward tests, greater use of primary care etc.**

- Multi-agency colleagues are members of the Oversight Committee chaired by NHS Improvement (NHSI) to oversee progress against the Quality Improvement plan.
- There is a multi-agency Local Delivery Board whose responsibility is to identify ways of enhancing patient flow in and out of the hospital.
- We are working with community providers and General Practitioners (GP's) on the development of GP Network Neighbourhoods. These enable provision of a out of hours appointments across a range of locations in the network. Currently this model is being rolled out across Harlow.
- The hospital has access to GP surgery appointment slots to stream people away from ED both in the networks and individual GP practices.
- We have a single point of access contact line for community providers to assist with directing patients to the most appropriate non hospital service.
- The West Essex CCG is promoting the use of a telephone app (MIDAS); this health care direction service is available to both the general public and to healthcare providers. It signposts the user to the most appropriate service in the locality.
- In July 2016 we introduced an Integrated Hospital Discharge Service which includes representation from County councils, Mental Health Trust, Community Trust and the hospital to support earlier discharge from hospital.

**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?**

- In December the Trust reconfigured the adult inpatient ward facilities; this included opening a refurbished ward area and moving the planned orthopaedic surgical service. In doing this we were able to release 12 inpatient beds for use by emergency patients.
- Work is being completed to optimise the scheduling of planned surgical workload so that the risk of cancelled operations is minimised.
- The Trust is currently refurbishing a 26 bed facility (Gibberd ward) aiming to be available by March 2016. We are working with community colleagues; our aim is to facilitate provision of a transitional care area for people who no longer require hospital admission but are waiting to move to an appropriate community service.
- The Trust launched a rapid improvement project on 16<sup>th</sup> January 2017; Red to Green Bed Days is a visual management system to assist in the identification of wasted time in a patient's journey through the hospital. The approach is about reducing internal and external delays.

**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?** Care and treatment interventions will be provided to the patient regardless of their whereabouts. However, accessing the correct clinical teams in a timely way may delay discharge from hospital. There are clinical risks associated with avoidable increases in length of stay including exposure

to hospital associated infections and loss of independence leading to reduced mobility and reliance upon assistance from care providers.

- **What is PAH doing to mitigate and minimise the risk going forward?** The Trust has a programme of work called Transforming our Care; there are 5 work streams focused upon ensuring that the patient is accessing the most appropriate pathway:
  - Patient at Home
  - Complex care
  - Speciality pathway
  - Frailty
  - 48 hours length of stay

In essence the programme is about streaming the patient to the right pathway, first time every time.

Success so far includes:

- Creation of 31 internal professional standards which underpin the way we work.
- The launch of SAFER in June 2016; this is a process for optimising patient safety through a structured ward round and reassessment. Thereby triggering timely interventions and discharge for the patient.
- The development of a business case to provide a new 2 storey facility adjacent to the Emergency Department. The facility will provide a fit for purpose assessment unit and a short stay ward (48 hours).

## 5. What resources do you provide for the Patient Panel and other patient feedback mechanisms?

Leadership/ Material and Human Resources

- An open door to speak to the Chief Nurse and Deputy Chief Executive, Professor Nancy Fontaine, the CEO Phil Morley and the Chair
- Regular meetings with the Chief Nurse and Chief Executive.
- Autonomy and flexibility to function within the organisation for the purpose improving patient experience.
- Day to day support from the Voluntary Services Manager and Associate Director for Patient Engagement.
- Meeting space to run at least 12 meetings per year
- The whole of the Patient Experience Team is dedicated to gathering feedback from patients and this is a group of 6.75 WTE staff

Financial Resource

- The Patient Panel are allocated an annual budget of £5.6k
- The Patient Experience Team have a total annual budget of £16.9k which includes patient feedback as well as a newly developed budget for electronic feedback of £90k
- Fundraising capacity and sufficient autonomy to raise funds from funding and grant-making bodies.

### 5.b Are you satisfied that you have sufficient patient feedback mechanisms in place to allow patients to easily feedback their experience?

The Trust has embedded a patient feedback culture in every service and healthcare group in the last 3 years taking the number of PALS cases from 2558 in 2012-13 to 5065 in 2015-16.

Effective feedback mechanisms are seen as fundamental indicators of quality and transparency in our services by leaders of services throughout the organisation. One key gap remains and that is that we need to bring this process forward into the present day and so are in the process of procuring a service to gain electronic feedback

We are never satisfied that we have done enough, the evidence continues to accumulate that people remain afraid to complain. According to a Health Watch England report in 2014, nationally:

- Six in ten people do not complain because they are worried it will adversely affect their treatment
- Of those who do complain, a third say doing so actually affected the care they received
- People are most reluctant to complain about senior figures

This is why we have introduced changes which have directly impacted on these issues, for example:

- Patient Panel members are involved in responding to complaints and reviewing them
- Ward level surgeries take place so patients and carers can meet senior staff to ask questions
- A "meet-first" policy to receiving concerns and complaints, face to face with senior staff
- A face to face meeting to explain a response to a concern or complaint including the CEO
- Multi-disciplinary team meetings which can include the family


This is not an exhaustive list because we believe this is a journey, not an endpoint, a journey of continuous improvement.

Our collective goal for the process is that our organisational culture is one where we always listen, always hear and always respond, in an effective and timely way. We believe that we can never say we have reached our goal and we do not believe any achievements to date can allow us to be complacent about this, considering how poorly complaint and feedback processes are perceived nationally as is evidenced above.

## **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?**

As a consequence of being placed in Special measures, the Trust has access to funding via NHSI specifically to support the actions required to improve. The Trust is also allocated an Improvement Director (ID) whose role it is to support the organisation on their improvement journey. One of the responsibilities of the ID is to access funding on behalf of the Trust. This funding is available on an annual basis and because PAH went in to special measures half way through the year the Trust can only access 6 months' worth of the funding. The Improvement Director worked with the Executive team to identify the areas which needed additional financial support. A business case was submitted to NHSI in December 2016 which was successful.

In addition to this the Trust has been asked to identify any additional spending it has incurred as a result of the Inadequate rating from CQC. Issues such as refurbishment of the Mortuary which

was identified by the CQC as a must do falls into this category. Regular dialogue  is held between the Trust and NHSI about these issues.

The Trust has not identified any compensating revenue generating opportunities.