

CQC INSPECTION REPORT: EAST KENT HOSPITALS NHS FOUNDATION TRUST

By: David Hargroves, Consultant Physician, Chair of the Improvement Plan Delivery Board

To: Health Overview and Scrutiny Committee, Friday 5 June 2015

Subject: CQC Inspection Report: East Kent Hospitals NHS Foundation Trust

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals NHS Foundation Trust.

1. Introduction

The Care Quality Commission (CQC) is the national regulator for health and adult social care. Its role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and to publish what they find, including performance ratings to help people choose care.

The CQC sets out what good and outstanding care looks like and makes sure that services meet fundamental standards of care.

When undertaking an inspection the CQC asks five questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive to people's needs?
- Are services well-led?

For health and social care these questions are defined as follows:

Safe	By safe, we mean that people are protected from abuse and avoidable harm.
Effective	By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
Caring	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	By responsive, we mean that services are organised so that they meet people's needs.
Well-led	By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Each of the five key questions is broken down into a further set of questions called key lines of enquiry (KLOEs); with different KLOEs for each sector. The KLOEs helps ensure consistency in approach and that CQC inspectors focus on the areas that matter most.

There are eight core services that the CQC inspect in every acute hospital, irrespective of risk. These services are:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynecology
- Services for Children and young people
- End of life care
- Outpatients and diagnostic imaging.

Inspections are usually limited to these core areas.

2. Background Documents

CQC (2015) '*How CQC regulates NHS and independent acute hospitals Provider handbook*'

http://www.cqc.org.uk/sites/default/files/20150327_acute_hospital_provider_handbook_march_15_update_01.pdf

3. EKHUFT CQC inspection, March 2014

3.1 Introduction

East Kent Hospital University Foundation Trust (EKHUFT) was inspected by the Care Quality Commission (CQC) in March 2014 with the final report issued in August 2014.

The overall rating for the organisation was Inadequate. This is summarised below.

EKHUFT	
Overall rating for this trust	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	Requires improvement
Are services at this trust well-led	Inadequate

3.2 Key findings

The report identified the following key findings:

- There was a concerning divide between senior management and frontline staff.
- The governance assurance process and the papers received by the Board did not reflect our findings on the ground.
- The staff survey illustrated cultural issues within the organisation that had been inherent for a number of years. It reflected behaviours such as bullying and harassment. The staff engagement score was amongst the worst 20% when compared with similar trusts.
- Staff have contacted us directly on numerous occasions, prior to, during and since the inspection to raise serious concerns about the care being delivered and the culture of the organisation.
- The number of staff who would recommend the hospital as both a place to work or to be treated is significantly less than the England average.
- Risk to patients was not always identified across the organisation and when it was identified it was not consistently acted on or addressed in a timely manner.
- Throughout the trust there were a number of individual clinical services that were poorly led.
- There were insufficient numbers of appropriately trained staff across the three sites and in different areas of the trust. Specific staffing concerns were in the emergency departments, on wards at night and in areas across the trust where children were being treated.
- Staff were referring to a trust major incident plan that was out of date; the staff we spoke with were not trained and had not participated in a practice exercise, given the location of this trust and its proximity to the channel tunnel this is a significant concern.
- We had concerns in relation to the accuracy of the documentation of waiting times in the A&E department.
- An incident reporting system was in place, but patient safety incidents were not always identified and reported, and the staff use of the system varied considerably across the trust.
- Policies and procedures for children outside of the neonatal unit did not reflect National Institute for Health and Care Excellence (NICE) quality standards and other best practice guidance for paediatrics.
- Children's care outside of recognised children's areas (such as the children's ward, the neonatal unit and the children's centre) fell below expected standards.
- Equipment in areas where children were being treated was identified as being out of date and not safe.
- There was a lack of evidence-based policies and procedures relating to safety practices across the sites, and a number of out of date policies across the trust.
- In the areas we visited we saw limited evidence of how clinical audit was used to provide and improve patient care.
- We saw examples where audits had not been undertaken effectively and provided false assurance.

- We found examples of poorly maintained buildings and equipment. In some cases equipment was not adequately maintained and was out of date and unsafe.
- Patients had excessively long waits for follow-up appointments and then, when attending the outpatients department, they also experienced considerable delays waiting to be seen.
- Communication following the withdrawal of the Liverpool Care Pathway had been poor and resulted in confusion and misunderstanding about alternative tools to support patients at the end of their life.
- The complaints process was not clear or easy to access. The trust applied its own interpretation of the regulations and had two categories of complaints. A high number of complaints were referred to the Ombudsman, and there were 16 open cases as of December 2013.

3.3 Overview of ratings by site

The three main sites: Queen Elizabeth The Queen Mother (QEQM), William Harvey Hospital (WHH) and Kent and Canterbury Hospital (K&C) were each inspected. Their ratings are below.

QEQM						
	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Inadequate	Not rated	Good	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Children and young people	Good	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

WHH						
	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Inadequate	Not rated	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Children and young people	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

K&C						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency Care Centre	Requires improvement	Not rated	Good	Requires improvement	Inadequate	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Inadequate	Good	Good	Good	Inadequate	Inadequate
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity & family planning	Service not available at K&C					
Children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life	Requires	Requires	Good	Requires	Requires	Requires

care	improvement	improvement		improvement	improvement		improvement
Outpatients	Inadequate	Not rated	Good	Requires improvement	Requires improvement		Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate		Inadequate

3.4 Quality Summit and EKHUFT response

Following the inspection, the CQC organised a Quality Summit, chaired by Monitor, to discuss their findings. All key stakeholders were invited to the meeting including: NHS England, CCGs, Healthwatch, GMC, HEKKS and KCC.

EKHUFT welcomed the CQC's report and are using the recommendations to inform plans for our longer term improvement journey. Although the overall results were disappointing, we were pleased to see that the Trust performed particularly well across all sites on both caring and the provision of critical care services.

Following publication of the reports the results of the inspection were shared with staff across the Trust at open forums led by the Chief Nurse, Director of Quality or Chief Executive.

3.5 Special measures

As a result of the inadequate CQC rating, Monitor placed the trust in special measures on 29 August 2014 and appointed an Improvement Director (Sue Lewis) to oversee delivery of change.

3.6 Development of an Improvement Plan

A High Level Improvement Plan (HLIP), based on the Must Dos and Key Findings in the reports, was produced and submitted to CQC for review. A more detailed action plan, developed with staff from across the Trust, was then produced to support achievement of the HLIP. The detailed action plan breaks down the Must Dos and Key Findings from the HLIP into measurable steps and identifies the responsible officer, due date for completion and an assessment of the risks to delivery and actions needed to mitigate risks.

The Improvement Plan Delivery Board (IPDB), which reports to the Trust Board, was established to monitor progress against the HLIP and associated action plans. The IPDB is chaired by Dr David Hargroves, Consultant Physician (who commenced in December). It has met monthly since 29 Oct 2014. The terms of reference for the IPDB were approved by the Trust Board on 30 October 2014.

A programme office was established to oversee delivery of the plan. This is overseen by the clinical lead (Dr David Hargroves) and is staffed by a full time programme manager and a part time administrative assistant.

3.7 Monthly review process

Divisional leads are asked to provide a monthly progress report to the Programme Management Office on each of their detailed actions and to send evidence for all completed actions.

Each detailed action is then RAG rated by the Programme Office where:

Blue = Completed (and evidence received)

Green = On track to deliver by the due date

Amber = Some issues with delivery and may not deliver by due date

Red = Not on track to deliver by due date

The updates and RAG ratings are used to populate the detailed plan which is accessible to all staff through the staff intranet. This is then summarised and used to record progress against the HLIP and the monthly NHS Choices Special Measure Action Plan, both of which are submitted on a monthly basis to Monitor.

The RAG ratings for actions on the HLIP since January 2015 are given below. (Table 1) These show a steadily improving position.

Table 1: RAG ratings

	Definition						Forecast
		7 Jan 2015	4 Feb 2015	18 Mar 2015	15 Apr 2015	20 May 2015	July 2015
Blue	Delivered	2 (4%)	1 (2%)	2 (4%)	10 (21%)	15 (32%)	20 (43%)
Green	On track to deliver	25 (53%)	24 (51%)	22 (47%)	22 (47%)	15 (32%)	14 (30%)
Amber	Some issues – narrative disclosure	18 (38%)	17 (36%)	19 (40%)	14 (30%)	14 (30%)	13 (26%)
Red	Not on track to deliver	2 (4%)	5 (11%)	4 (9%)	1 (2%)	3 (6%)	0 (0%)

3.8 Areas of concern

The main areas of concern are:

Staffing

Recruitment of staff, particularly in some areas, is challenging. We have, however, taking action to address this by adopting more innovative recruitment practices. We are also working to improve staff retention through: introducing new induction processes, addressing pressures caused by long term sickness and absence and offering exit interviews to help understanding of why staff are leaving.

Paediatric trained staff in A&E

We have paediatric trained staff working in A&E between the hours of 8am and 8pm - which is when the majority of children attend A&E. We have not yet been able to recruit paediatric trained staff to work outside these hours; if children arrive in A&E during the night then staff from the paediatric wards are called to provide support.

From September 2015, however, paediatric training will be provided for 'adult' nurses working on A&E.

Medicines management

There are still some areas of the trust where medicines management is not as strong as expected. The site matrons are working on improvements with the identified wards and performance is being monitored through regular audits.

Patient flow

Work is being done to improve patient pathways and flow through the hospital. We have also recruited more pharmacists (expected to start in September). Once these are in post, we will be able to assign pharmacists to wards which will help speed up the discharge process.

Outpatient booking

We have recruited more booking clerks and have introduced partial booking of follow up appointments in ophthalmology and cardiology. There is, however, still a lot more to be done in this area.

Estate and environment

We have undertaken significant work to improve the quality of the environment in which patients are cared for; we have had plans drawn up to improve the outpatient departments at QEQM and WHH, we have started upgrading the A&E department at WHH and we have produced a maintenance programme for all areas. There is, however, still more work to be done. We are still not wholly compliant with mixed sex requirements, for example, though work is underway to try and address this.

The CQC have announced that they will be re-inspecting the Trust in the week commencing 13 July 2015. In addition there will be unannounced visits - probably in the two weeks prior to 13 July 2015.

The re-inspection will be a full inspection covering K&C, QEQM, WHH and Dover. It is expected that there will be around 30 inspectors based at WHH and 30 based at QEQM; members of these teams will also cover Dover and K&C.

A short-term multi-disciplinary steering group has been set up to oversee preparations for the CQC re-inspection. This group meets weekly and reports into the Improvement Plan Delivery Board. The steering group has agreed the approach for preparing for re-inspection and has focussed efforts on setting up site based teams and developing materials to support them in preparing for re-inspection.

On Friday 8 May we held our first mock inspection of QEQM, K&C and WHH; over 60 staff, patients, carers and external colleagues participated in the event. Using the CQC's key lines of enquiry (KLOEs), visits were undertaken to inspect our progress against the improvement plan and the five domains of safe, effective, caring, responsive and well-led. In addition, three focus groups took place, and a separate group reviewed our data and information packs.

Feedback was given on the day and clarification and queries discussed. There were celebrations around the way some of our services are delivered and, in particular, around the compassion and caring displayed by our staff. There were a number of improvement points identified including: cleanliness, information governance compliance and medicines management compliance. These were discussed at the IPDB away day that took place on May 11th.

5.0 Next steps

We will continue to work with staff across the trust to prepare for re-inspection.

The preparation for the re-inspection and the re-inspection itself are seen as key milestones in our improvement journey which is going to take much longer to ensure that effective clinical leadership and cultural change is embedded.