

# The Princess Alexandra Hospital NHS Trust

## Inspection report

Princess Alexandra Hospital  
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Harlow  
Essex  
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www.pah.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Good</b> 
Are resources used productively?	<b>Good</b> 

# Summary of findings

## Combined quality and resource rating

Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

The Princess Alexandra Hospital NHS Trust provides specialist and acute hospital services to a population of approximately 350,000 people in east and north Hertfordshire and west Essex.

*(Source: Trust website)*

The Princess Alexandra Hospital NHS Trust (PAH) was established in 1995. It is a 508-bedded hospital which provides a range of general acute services, including: a 24/7 accident and emergency department, an intensive care unit, a maternity unit and a Level II neonatal intensive care unit (NICU).

The trust currently employs approximately 3,000 whole time equivalent (WTE) staff and serves a core population of around 350,000 in West Essex and East Hertfordshire. In addition to the communities of Harlow and Epping, the trust serves the populations of Bishops Stortford and Saffron Walden in the north, Loughton and Waltham Abbey in the south, Great Dunmow in the east, and Hoddesdon and Broxbourne in the west. Its extended catchment (a radius of 11 to 13 miles) incorporates a population of up to 500,000.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

The trust owns the main hospital site in Harlow and operates outpatient and diagnostic services out of the Herts and Essex Hospital, Bishops Stortford, St Margaret's Hospital, Epping and the community hospital in Cheshunt. The operation of these facilities forms part of the longer-term strategy of bringing patient services closer to where they live and making services, where appropriate, more accessible and easily available to patients.

*(Source: Routine Provider Information Request (RPIR) – Context acute tab)*

### Acute hospital sites at the trust

A list of the acute hospitals at The Princess Alexandra Hospital NHS Trust is below.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

# Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 27 and 28 March 2019, we inspected a total of six core services provided by the trust at the Princess Alexandra hospital. We inspected urgent and emergency care, medical care (including older people's services) surgery, maternity, children and young people's services and end of life care.

We inspected the above services provided by this trust as part of our continual checks on the safety and quality of healthcare services.

At our last inspection in December 2017, we rated urgent and emergency care, medical care, including older people's services, surgery and children and young people's services as requires improvement overall and we rated end of life care services as good overall. We last inspected maternity services along with gynaecology in June 2016, we are therefore unable to compare the ratings of maternity services at this inspection. We chose to inspect these services this time based on our local intelligence.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 23 April to 24 April 2018.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe, effective, responsive and well led as requires improvement.
- We rated three of the six core services we inspected as requires improvement. Our ratings took into account the previous ratings of services not inspected this time. Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- The rating of the key question of effective had gone down to requires improvement since our last inspection in December 2017.
- The rating for maternity services at this inspection was requires improvement in safe, effective, responsive and well led.
- The requires improvement rating remained the same for urgent and emergency services and medical care (including older people's care).
- Some issues that contributed to a breach of regulation at our last inspection in December 2017, had not been fully resolved at this inspection; in some services patient records were not always maintained in a timely or consistent manner. Mandatory training compliance remained an area of concern and nurse vacancies were high in some areas.

# Summary of findings

- Safety incidents were not always managed in a timely manner and at the time of our inspection, the trust had recently identified significant number of incidents that had not been appropriately dealt with on its electronic reporting system. Some of which dated back to 2013.
- Governance systems were not fully established or embedded to assess, monitor and improve the quality and safety of services and manage risk across all services within the trust.

However:

- We rated the trust as good in caring overall. Our rating for the trust took into account the previous rating of services not inspected this time.
- The rating for children and young people's services had improved from requires improvement to good overall with outstanding for caring since our last inspection in 2017.
- The effective key question in end of life care services had improved from requires improvement to good since our last inspection in December 2017.
- The key question of well led had improved from requires improvement to good in urgent and emergency services and services for children and young people since our last inspection in December 2017.
- The key question of responsive had improved from requires improvement to good in medical care (including older people's care), surgery and services for children and young people's service since our last inspection in December 2017.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The trust provided mandatory training in key skills but did not always ensure everyone completed it.
- The trust did not have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep detailed records of patients care and treatment.
- The use of facilities and the environment did not always keep patients safe.
- Through our inspection of surgery and maternity services, safety incidents were not always managed in a timely manner. Although staff mostly recognised incidents and reported them in line with trust policy, there were incidents where the trust had not responded to safety concerns in a timely manner.

However:

- Staff reported safety incidents well, staff recognised them and reported them appropriately.
- Staff understood how to protect patients from abuse and worked well with the trust's safeguarding team and other agencies to do so.
- Services mostly controlled infection risk well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection.
- Services mostly used systems and processes to safely prescribe, administer, record and store medicines.

## Are services effective?

Our rating of effective went down. We rated it as requires improvement because:

# Summary of findings

- The key question of effective had gone down from good to requires improvement for medical care (including older people's care) and maternity services.
- Care and treatment within maternity services were not always based on national guidance and evidence of its effectiveness was not always monitored. Managers did not always check to make sure staff followed guidance.
- Within maternity services, staff were not always competent for their roles. Managers did not always appraise staff's work performance to provide support and monitor the effectiveness of the service. Not all staff had the skills and competencies for their roles.
- Within medical services, there was a limited local audit programme with only four internal clinical audits being undertaken in the last year.
- The trust did not provide action plans for three of the four national audits in medical care.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff of different kinds worked together as a team to benefit patients.
- Staff supported patients to make informed decisions about their care and treatments. They followed national guidance to gain patient consent.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- The key question of caring had improved to outstanding in services for children and young people since our last inspection in December 2017. Caring was rated as good in all other core services.
- Staff cared for patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Patients were positive about the care and treatment they received and felt involved in decision making.
- Patients and carers were given opportunities to provide feedback about the care and treatment they had received.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Within urgent and emergency services, people could not always access the service when they needed it.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From February 2018 to January 2019 the trust consistently failed to meet the standard and consistently performed worse than the England average.
- From February 2018 to January 2019 the trust's monthly percentage of patients waiting in the urgent and emergency department more than four hours from the decision to admit until being admitted was worse than the England average in 10 out of 12 months.

# Summary of findings

- From February 2018 to January 2019 the trust's monthly median total time in ED for all patients was higher than the England average for eight of the nine months for which data were available.

However:

- The trust planned and provided services in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care.
- Services were inclusive and took into account patients' individual needs and preferences.
- People could mostly access services when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care they received. Services treated complaints seriously, investigated them and learned lessons from results, and shared these with all staff.
- The trust treated complaints and concerns seriously and supported patients and those close to them to understand how to make complaints. They investigated complaints appropriately and cascaded relevant learning.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The trust leadership and local service leadership teams responded slowly to issues of risk and performance that had been identified and that affected the safe delivery of patient care.
- Within medical care, we were not assured that leaders had the right skills and abilities in some of the wards we visited.
- Within maternity services, the key question of well led was rated as requires improvement.
- Within maternity services, managers had not fully implemented, and embedded changes required to reduce risks and improve the safety of the service provision.
- The maternity service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The maternity service did not have robust systems in place to improve safety and quality of care, despite monitoring the quality and standards of its services and care.

However:

- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on the sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. The trust promoted equality and diversity in daily work and provided opportunities for career development. There was an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The trust encouraged staff to develop and implement ideas for service delivery, improvement and innovation. We heard many examples of innovation projects and work that groups had done which impacted on and improved patient care.

# Summary of findings

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in surgery and services for children and young people. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found 41 areas for improvement including 22 breaches of legal requirements that the trust must put right. We found 19 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the areas for improvement section of this report.

## Action we have taken

We issued three requirement notices to the trust. Our action related to 22 breaches of legal requirements across four core services.

For more information on action we have taken, see the areas for improvement and regulatory action section of this report.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following areas of outstanding practice.

### Surgery

- The theatre staff had established a dementia friendly patient pathway to improve the patient experience. This included a variety of innovations for example; forget me not patient slips for collecting patients from admission, dementia friendly bays in the holding area of theatres and the PACU, allowing relatives/carers to accompany patients as far as practicable to theatre, improved numbers of dementia champions in the theatre environment (eight).

### Services for children and young people

- Children and young people were given the opportunity to explore the hospital's Alexandra Day Surgery Unit and theatres using an interactive, virtual reality app. The app allows children to virtually 'visit' surgical areas and meet animated hospital staff who explain what will happen during their procedure.
- The Neonatal Intensive Care Unit was participating in the Avoiding Term Admissions into Neonatal Units (ATAIN) programme, designed to reduce the harm caused by avoidable admission to a neonatal unit for infants at term (gestational age  $\geq$  37 weeks).

# Summary of findings

- The service had a new, 12-month paediatric preceptorship programme for newly qualified nurses. The programme ran in collaboration with six local trusts and provided 12 days of specialist training and ongoing support. A practice development nurse supported staff throughout the 12 months and was looking to get the programme accredited by the local university.
- The service participated in the Harvey's gang initiative, allowing children with complex needs and long-term conditions to become trainee biomedical scientists for the day.
- All nurses working on the Neonatal Intensive Care Unit had completed the Bliss family and infant neurodevelopmental education (FINE) course.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is necessary to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

We found the following areas for improvement.

### **Action the trust MUST take to improve**

#### **Urgent and emergency services**

- The service must ensure that staff keep detailed records of patient care and treatment.
- The service must ensure that medical staff training meets the compliance target of 90%.
- The service must ensure it has enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

#### **Medical care (including older people's care)**

- The service must ensure it has enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service must ensure that systems and processes to identify risk at ward level are embedded.
- The service must ensure that staff keep detailed records in relation to risk assessments and care plans for patient falls and pressure ulcers.
- The service must ensure broken crockery and glass is safely disposed of on all wards.
- The service must ensure that medical staff training meets the trust compliance target of 90%.
- The service must ensure that hazardous chemicals are kept in a locked cupboard.

#### **Surgery**

- The service must ensure that actions to protect patient safety are put in place in a timely manner.
- The service must continue to monitor and actively recruit to ensure staffing with the appropriate skill mix is in line with national guidance.
- The service must ensure that assessments are updated in patient records and that there is oversight of NEWS2 observation timeliness for deteriorating patients.
- The service must ensure that policies are reviewed in a timely manner and that they are shared with staff.



# Summary of findings

## Maternity

- The service must ensure staff accurately complete women's care records with all necessary assessments required to safely monitor mothers and their babies.
- The service must ensure staff complete fetal growth charts at each appointment.
- The service must ensure staff complete and annotate cardiotocograph traces in line with national guidance.
- The service must ensure policy and guidance documents are reviewed in a timely way and reflect current working practices to enable staff to be able to give women the most up to date information.
- The service must ensure staff compliance with basic life support training meets the trust's compliance target of 90%.
- The service must ensure medicines and hazardous substances are stored securely.
- The service must ensure all incidents are reviewed in a timely way to promote learning and service improvement.
- The service must ensure risk registers accurately reflect the risks identified, are updated in a timely way and risks are closed appropriately once all actions are completed.
- The service must ensure that staff complete mandatory training to meet the trust's compliance target.

## Action the trust SHOULD take to improve

### For the overall trust

- The trust should ensure that structures and processes for governance are fully embedded at all levels throughout the trust to enable a timely response to risk and safety issues.

### Urgent and emergency services

- The trust should ensure that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

### Medical care (including older people's care)

- The service should ensure all staff complete safeguarding training in line with national guidance.
- The service should monitor national audits and use the results to improve outcomes for patients.

### Surgery

- The service should consider revising the consenting of patients on the day of surgery in line with best practice.

## Maternity

- The service should ensure there is an arrangement in place for a dirty utility in the antenatal clinic.
- The trust should ensure staff circulating in theatres wear personal protective equipment in line with national guidance to prevent health care associated infections.
- The trust should ensure reusable equipment is cleaned appropriately after its use.
- The trust should ensure that electrical equipment is up-to-date with safety testing.
- The trust should ensure senior midwives and consultants participate in skill simulation training.
- The trust should ensure maternity services have access to designated maternity physiotherapy practitioners.
- The trust should ensure improved sustainability and transformation partnership working in maternity services.

# Summary of findings

- The trust should ensure managers use effective change management processes to facilitate required improvements in a timely way.
- The trust should ensure detailed minutes of meetings are recorded to accurately reflect discussions, actions and responsibilities.

## Services for children and young people

- The service should continue to ensure staff complete safeguarding training, in line with national guidance.
- The service should ensure there is a nurse trained in advanced paediatric life support (APLS) or European paediatric advanced life support (EPALS) on every shift, in line with guidelines from the Royal College of Nursing.
- The service should ensure discharge summaries are sent to GPs within 72 hours of discharge.
- The service should continue to improve transitional arrangements for young people moving to adult services.
- The service should improve access to allied health professionals, specifically in the Neonatal Intensive Care Unit.

## End of life care

- The trust should continue to work towards providing a seven-day face to face service to support the care of patients at the end of life.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led as good because:

- The executive directors had the skills, knowledge, experience and integrity to lead the trust.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The senior leaders were cohesive as a team and understood their role in developing a positive culture within the organisation. The senior leaders had worked well to sustain the culture that had been observed at our previous inspection in December 2017. Senior leaders regularly met with staff to provide information about changes and listened to concerns from staff.
- Throughout our well-led inspection, we saw evidence of collective leadership from the trust board with a strong focus on staff well-being and delivering patient-centred care.
- The board structure worked effectively, with clear lines of accountability.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The trust had embedded effective processes to ensure employment checks were undertaken for executive staff and this was in line with the Fit and Proper Persons Requirements (FPPR).

# Summary of findings

- Senior leaders and members of the executive team were visible throughout the hospital and had a good understanding of the challenges staff and the services faced. All leaders were visible and approachable.
- The senior leadership team worked well with the clinical leads and where appropriate, encouraged the health care groups to share learning across the trust.
- The health care group structure was working well with information flow improving between those managing the health care groups and senior leaders. Health care group leaders felt empowered to make changes within their services and received support from senior leaders to improve the services they offered.
- Leaders of all levels understood the risks within their service and were working to mitigate risks throughout the trust.
- Senior leaders were committed to improving services by learning from when things went well and when they went wrong, promoting learning and empowering staff to innovate.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. People's views and experiences were gathered and acted upon to shape and improve the services and culture.
- Throughout our core service inspection and staff focus groups, feedback about the executive team was positive. Staff felt that senior leads were invested in the clinical work of the service. Most staff told us the senior leadership team, including the board were engaging and approachable.
- Senior leaders were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Structures, systems and processes for governance were not fully embedded or effective. Although the trust had a defined reporting structure to the board, the governance structure was not effective, and this meant issues across some services within the trust had not always been identified and addressed in a timely manner.
- Information technology (IT) systems were not always used effectively to manage risk. In February 2019, the trust identified a significant backlog of incidents on its incident reporting system.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RQW/Reports](http://www.cqc.org.uk/provider/RQW/Reports)

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for The Princess Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019
Medical care (including older people's care)	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019
Surgery	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Critical care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018
Maternity	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Services for children and young people	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
End of life care	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Outpatients	Good Jun 2016	Not rated	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# The Princess Alexandra Hospital

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Harlow  
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## Key facts and figures

The Princess Alexandra Hospital NHS Trust provides specialist and acute hospital services to a population of approximately 350,000 people in east and north Hertfordshire and west Essex.

*(Source: Trust website)*

The Princess Alexandra Hospital NHS Trust (PAH) was established in 1995. It is a 508-bedded hospital which provides a range of general acute services, including: a 24/7 accident and emergency department, an intensive care unit, a maternity unit and a Level II neonatal intensive care unit (NICU).

The trust currently employs approximately 3,000 whole time equivalent (WTE) staff and serves a core population of around 350,000 in West Essex and East Hertfordshire. In addition to the communities of Harlow and Epping, the trust serves the populations of Bishops Stortford and Saffron Walden in the north, Loughton and Waltham Abbey in the south, Great Dunmow in the east, and Hoddesdon and Broxbourne in the west. Its extended catchment (a radius of 11 to 13 miles) incorporates a population of up to 500,000.

## Summary of services at The Princess Alexandra Hospital

**Requires improvement** ● → ←

Our rating of services stayed the same. We rated it them as requires improvement.

A summary of services at this trust appears in the overall summary above.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

### Details of emergency departments and other urgent and emergency care services

- Princess Alexandra Hospital emergency department
- Princess Alexandra Hospital paediatric emergency department

Urgent and emergency care services at the trust are provided 24 hours per day, 365 days per year. The trust has a level 1 consultant led department with approximately 101,000 attendances per year, of which approximately 25,000 are children. Last year, the department was refurbished to support changes in patient flow, assessment and increase resuscitation capacity.

A separate paediatric emergency department facility is adjacent to the main department. This is staffed by registered children's nurses and treats children under the age of 16 years.

From November 2017 to October 2018 there were 102,857 attendances at the trust's urgent and emergency care services.

During our inspection we spoke with 46 members of staff including matrons, nurses, health care assistants, doctors, junior doctors, consultants, paediatric doctors and nurses. We also spoke with housekeeping staff, reception staff, safeguarding lead for children, safeguarding adult nurse, advanced nurse practitioners, psychiatric liaison staff, occupational therapy staff, physiotherapy staff, ward managers, practice development nurse and ambulance staff.

We inspected the resuscitation areas, majors and minors, rapid assessment and treatment (RAT), the clinical decisions unit (CDU), paediatric emergency department and paediatric ambulatory care, minors and the general practitioners (GP) and reception areas.

We spoke with six patients and relatives to ask about their experience of care.

We reviewed 32 sets of patient records in relation to their care, treatment and medication. We also reviewed policies, procedures and guidelines within the emergency department and reviewed equipment to ensure it was clean and serviced in line with manufacturer guidance.

Following our previous inspection in December 2017 we issued the trust with Requirement Notices and told the trust it must make improvements in relation to:

- The trust must ensure that medication fridge temperatures are consistently monitored and acted upon when concerns are identified.
- Medical records must contain a complete and contemporaneous record in respect of each patient and that appropriate risk assessments are completed and documented.
- Staff must receive training to ensure competence in their role. In particular, but not limited to; fire, safeguarding and infection prevention and control.

# Urgent and emergency services

- The trust must ensure that patients arriving by ambulance to the emergency department are appropriately assessed and triaged in a timely manner in accordance with Royal College of Emergency Medicine (RCEM) guidelines.

We also told the trust that it should ensure staff undertake regular care rounds and emergency care safety checklists are completed.

At our recent inspection March 2019, we found the trust had addressed most of the points within our Requirement Notices, however concerns remained regarding the completion of patient records and risk assessments and medical staff mandatory training required improvement.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to staff but did not ensure everyone completed it.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep detailed records of patients care and treatment.
- People could not always access the service when they needed it.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From February 2018 to January 2019 the trust consistently failed to meet the standard and consistently performed worse than the England average.
- From February 2018 to January 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average in 10 out of 12 months.
- From February 2018 to January 2019 the trust's monthly median total time in ED for all patients was higher than the England average for eight of the nine months for which data were available.
- The trust leadership team did not ensure that all staff completed mandatory training.
- Managers did not ensure that key performance targets were consistently met in relation to patient flow and waiting times.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service-controlled infection risk well. Equipment and premises were clean. Staff used control measures to prevent the spread of infection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.



# Urgent and emergency services

- The service reported safety incidents well, staff recognised incidents and reported them appropriately.
- The service monitored performance and activity to understand risks and provide a clear accurate picture of patient safety.
- The service provided care and treatment that was planned and delivered in line with current evidence-based guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Key services were available seven days a week to support patient care.
- Staff were proactive in supporting patients to live healthier lives.
- Staff obtained consent to care and treatment in line with legislation.
- Staff treated patients with compassion, dignity and respect during interactions.
- Patients were given support to cope emotionally with their care, treatment or condition.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.
- Services were tailored to meet individual needs and person-centred pathways involved other providers.
- The service demonstrated a pro-active approach to understand the needs of the different patient groups to deliver care to meet those needs, which is accessible and promotes equality.
- The service managed and responded to concerns and complaints.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Governance arrangements are proactively reviewed and reflected best practice. A systematic approach was implemented to work with other organisations to improve patient experiences and outcomes.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation

# Urgent and emergency services

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to staff but did not ensure everyone completed it.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep detailed records of patients care and treatment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Equipment and premises were clean. Staff used control measures to prevent the spread of infection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service reported safety incidents well, staff recognised incidents and reported them appropriately.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment that was planned and delivered in line with current evidence-based guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Key services were available seven days a week to support patient care.
- Staff were proactive in supporting patients to live healthier lives.
- Staff obtained consent to care and treatment in line with legislation.

# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion, dignity and respect during interactions.
- Patients were given support to cope emotionally with their care, treatment or condition.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People could not always access the service when they needed it.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From February 2018 to January 2019 the trust consistently failed to meet the standard and consistently performed worse than the England average.
- From February 2018 to January 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average in 10 out of 12 months.
- From February 2018 to January 2019 the trust's monthly median total time in ED for all patients was higher than the England average for eight of the nine months for which data were available.

However:

- Services were tailored to meet individual needs and person-centred pathways involved other providers.
- The service demonstrated a pro-active approach to understand the needs of the different patient groups to deliver care to meet those needs, which is accessible and promotes equality.
- People could access the service when they needed it.
- The service managed and responded to concerns and complaints.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.

# Urgent and emergency services

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Governance arrangements are proactively reviewed and reflected best practice. A systematic approach was implemented to work with other organisations to improve patient experiences and outcomes.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

However:

- The trust leadership team did not ensure that all staff completed mandatory training.
- Managers did not ensure that key performance targets were consistently met in relation to patient flow and waiting times.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at Princess Alexandra Hospital provides care and treatment for specialties including cardiology, dermatology, diabetes and endocrinology, gastroenterology, geriatric medicine, neurology and respiratory medicine.

The hospital has 286 medical inpatient beds located across 14 wards and units.

The trust had 26,660 medical admissions from November 2017 to October 2018. Emergency admissions accounted for 15,901 (59.6%), 114 (0.4%) were elective, and the remaining 10,645 (39.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 13,755
- Gastroenterology: 3,512
- Clinical haematology: 2,825

The service was last inspected in December 2017 using our current inspection methodology. The service was rated as requires improvement overall. We rated safe, responsive and well led as requires improvement and caring and effective as good.

During this inspection we inspected seven medical wards, Harvey, Saunders, Lister, Ray, Gibberd, Fleming and Winter, as well as the chemotherapy day unit and endoscopy service. We spoke with 47 members of staff including service leaders, nurses, doctors, allied health professionals, pharmacists, healthcare assistants and clinical nurse specialists. We spoke with six patients and three relatives. We observed care and looked at 23 sets of patient care records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

We rated safe, effective and well led as requires improvement and caring and responsive as good.

- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The use of facilities and environment in the service did not always keep people safe. We found, inappropriately stored glass waste, one piece of broken equipment in use and a hazardous substance left in an unlocked dirty utility room. We were not assured that risks to patients were always managed positively within the service. Comprehensive risk assessments were not always completed. Staff did not keep clear records of patients' care and treatment and records were not always written and managed in a way that kept patients safe.
- Staff within the service did not always monitor the effectiveness of care and treatment. The service had a limited local audit programme and did not provide us with action plans for national audits when we requested them. As a result, we could not see evidence that staff used the findings to improve outcomes for patients.

# Medical care (including older people's care)

- We were not assured that managers at ward level in the service had the right skills and abilities to run a service providing high-quality sustainable care. The service had a vision for what it wanted to achieve however it did not yet have a strategy that was regularly reviewed and updated by senior leaders within the service. The service had structures, processes and systems of accountability in place to support the delivery of the trust's strategy. However, ward level governance structures were not always embedded. There were not effective systems in place to identify and manage local risks on some of the wards we inspected.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse but the service did not meet their targets for safeguarding training for medical staff. The service had effective systems in place to manage deteriorating patients. Staff were aware of how to escalate concerns with patients and we were assured that patients observations were being undertaken regularly. The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care including other healthcare providers and the local sustainability and transformation partnership. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There remained a high vacancy rate for nursing staff with frequent use of agency. Gibberd and Saunders wards frequently operated below planned staffing levels.
- The service did not meet their targets for safeguarding training for medical staff.

# Medical care (including older people's care)

- Equipment was not always clean or well maintained.
- The service did not always ensure the environment and facilities kept people safe. We found inappropriately stored glass waste, broken equipment and a hazardous substance left in an unlocked dirty utility room.
- We were not assured that risks to patients were always managed positively within the service. Comprehensive risk assessments were not always completed. Whilst assessments were completed on most wards we visited, we consistently found on Gibberd, Fleming and Saunders wards that assessments for falls and skin care plans were incomplete.
- Staff did not keep clear records of patients' care and treatment and records were not always written and managed in a way that kept patients safe. Care plans were not always updated, and it was difficult to establish information about patients' pressure sores and pre-existing health information.
- Sepsis training did not form part of the trusts mandatory training and only 31.3% of medical and nursing staff had received sepsis training.

However:

- The service provided mandatory training in key skills to staff and were working towards all staff completing it. Mandatory training rates had improved since our last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff identified and quickly acted upon patients at risk of deterioration. Staff were aware of how to escalate concerns with patients and we were assured that patients observations were being undertaken regularly.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always monitor the effectiveness of care and treatment. The service did not provide us with action plans for three out of the four national audits when we requested them. As a result, we could not see evidence that staff used the findings to improve outcomes for patients.
- The action plan the trust provided for the National Audit of Inpatient Falls had not been updated since 2018 and areas of poor practice identified in the 2017 audit were identified to be still occurring on our latest inspection such as a lack of undertaking lying/standing blood pressures as part of falls assessments.
- The medical service had a limited local audit programme, with only four internal clinical audits being undertaken in the last year. We were concerned that medical staff were not encouraged to undertake clinical audit.

However:

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with the wider health system and local organisations to plan care. The service worked alongside other healthcare providers, the local sustainability and transformation partnership and East of England Cancer Alliance to plan their services and give patients access to new cancer trials and drug treatments.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to enable patients to access services. Where appropriate, they coordinated care with other services and providers.



# Medical care (including older people's care)

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were monitored by the service. There were measures in place to improve flow throughout the hospital.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- There was mixed information for the service's referral to treatment time data. The service only provided the completed admitted referral pathways for medicine and therefore we only had data for 34 pathways. 77% of the admitted pathways were completed within 18 weeks of referral.
- Whilst the average length of stay for both elective and non-elective patients was similar to the England average, the average length of stay for elective cardiology patients was twice the England average and the average length of stay for general medicine was longer than the England average.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- We were not assured that nursing leaders had the right skills and abilities on three of the wards we visited. We were concerned that some leaders demonstrated a lack of knowledge and oversight on processes for condemned equipment and had not rectified issues that had previously been identified by staff including hazardous chemicals being left in an unlocked room and the inappropriate storage of glass waste.
- The service had structures, processes and systems of accountability in place to support the delivery of the trust's strategy, but at ward level, governance structures were not embedded. New meetings had been introduced to improve ward-level governance but at the time of our inspection these were poorly attended and did not have set agendas.
- The service had effective systems for identifying risks and planning to reduce them at triumvirate level, but there were not effective systems in place to identify and manage local risks on some of the wards we inspected. We were concerned that risks that we had identified on inspection were still not rectified when we revisited the inspection on our unannounced inspection including the unsafe disposal of glass waste and poor documentation for patients' skin and falls assessments.
- We were concerned about the lack of discussion at service-level risk meetings about service's consistently operating below planned staffing levels. Some staff we spoke with told us that low staffing levels created low morale and that they felt that staffing levels being below planned rates was normalised.
- We were not assured that the service was using patient outcome data to improve the quality of services. The service had a limited number of local audits, we did not see evidence that national audit results were regularly monitored and discussed at service level meetings and we saw evidence that staff had raised concerns that there was a lack of clinician engagement with audits.

However:

# Medical care (including older people's care)

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service was committed to improving services by learning from when things went well and when they went wrong.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Surgery

Good ● ↑

## Key facts and figures

### Princess Alexandra Hospital

Princess Alexandra Hospital has eight main operating theatres and four day surgery theatres.

The surgery core service at the hospital provides care and treatment for specialties including breast surgery, general surgery, head & neck surgery, ophthalmology, trauma and orthopaedics, urology and vascular surgery.

(Source: Acute Routine Provider Information Request (RPIR) – Context Acute tab)

### Princess Alexandra Hospital

The hospital has 74 surgical inpatient beds located across eight wards and units: Surgical patients were also located on Jon Snow Ward (gynaecology) and Tye Green Ward which was part of the medical directorate and cared for elderly patients, some of whom were admitted following trauma such as falls with fractured hips that required surgical treatment.

Ward/unit	Specialty or description	Inpatient beds
Alexandra day unit	Day surgical unit for planned care	n/a
Bevan unit	Oral surgery outpatients & day case procedure unit	n/a
Henry Moore Ward	Elective and planned orthopaedic ward	19
Netteswell same day admissions unit	Same day admissions for elective surgery and pre-assessment clinics	n/a
Penn Ward	A mixed sex surgical ward	28
Post anaesthetic care unit (PACU)	Integrated with main operating theatres and provides immediate post-operative recovery	n/a
Charnley Ward formerly Tye Green Ward	A mixed sex surgical ward (opened January 2019)	27

# Surgery

Jon Snow Ward (gynaecology) and Tye Green ward (medical elderly care ward)

**Some general surgical patients were also accommodated on a non-general surgical ward (the gynaecology ward) and specific trauma patients (hip fracture) on a medicine elderly care ward.**

The trust realigned the surgical wards following the opening of a new purpose-built ward in January 2019.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust had 17,758 surgical admissions from November 2017 to October 2018. Emergency admissions accounted for 6,091 (34.3%), 9,704 (54.6%) were day case, and the remaining 1,963 (11.1%) were elective.

*(Source: Hospital Episode Statistics)*

During this inspection we, we visited the wards, operating theatres, post anaesthetic care unit (PACU) admission/pre-assessment unit, day stay unit and the Bevan unit. We spoke with 38 staff, including medical, nursing and administrative staff and seven patients and relatives. We reviewed policies and information supplied by the trust and 14 patient records and 13 prescription records.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Mandatory training for nursing staff had improved significantly since our last inspection and mostly met the 90% target. Medical staff mandatory training had also improved to 60% with an action plan to improve to 90% by July 2019.
- Staff understood how to protect patients from abuse and safeguarding training had also improved with the addition of level three safeguarding for children.
- Staff collected safety monitoring information and shared results with staff, patients and visitors.
- The service generally controlled infection risk well and used control measures to prevent the spread of infection.
- The service made sure patients received the right medication at the right dose at the right time including assessing for pain relief.
- The service provided care and treatment that was planned and delivered in line with current evidence-based guidance. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Managers ensured staff were competent for their roles appraised staff's work performance and held supervision meetings with them to provide support.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Surgery

- Staff cared for patients with compassion and dignity and provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs and developed services to meet them.
- The service treated concerns and complaints seriously, learned from them and shared these with staff.
- Service leads had the skills and abilities to run the service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service used a systematic approach to quality improvement creating an environment in which generally reflected best practice. Governance structures, processes and systems of accountability were clearly set out.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

However:

- The service did not take timely action to protect patients from harm following recognition of patient risk, and we were not assured that duty of candour was always applied when things went wrong.
- Staffing remained a concern with significant vacancies both within the nursing teams and some medical staff teams.
- There was a lack of oversight in ensuring that deteriorating patients received the appropriate level of observations according to trust policy.
- Staff but did not always consent patients for surgery in line with best practice.
- There was a lack of oversight in ensuring that all out of date policies were reviewed and available for staff to use for example the fasting policy had been under review since 2014.
- People could not always access the service when they needed it. Waiting times from referral to treatment were not always in line with good practice or the England average.
- The service had systems to identify risks and risk management processes to eliminate or reduce them, but we were not assured that actions were always taken in a timely way.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not always manage patient safety incidents in a timely way. Staff mostly recognised incidents and reported them appropriately but there were concerns regarding the length of time the trust took to implement patient safety actions and to apply the duty of candour when things went wrong.

# Surgery

- The service did not consistently have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing remained a concern with significant vacancies and recruitment continued to be a major risk on the trust and divisional risk registers.
- The service mostly had suitable premises and equipment and looked after them, however we found inappropriate storage of medication and pre-operative drinks in a dirty utility room on the Netteswell unit. The trust rectified this once we escalated our concerns to them.
- Staff mostly completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, there were some gaps when updating risk assessments and there was no oversight of NEWS2 completion to provide assurance that patient observations for patients who may be deteriorating were completed on time.
- Medical staff safeguarding training remained low at 51% although it was included in the mandatory training action plan.

However:

- The service provided mandatory training in key skills to staff and mostly made sure everyone completed it. Medical staff compliance was 63% but the trust had an action plan and trajectory to improve it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had introduced level three safeguarding training and overall nursing staff compliance rates were 93.8%.
- The service controlled infection risk well. Staff kept their uniforms, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, and recording medicines administration. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Surgery

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff supported patients to be involved in monitoring of their health and provided advice and signposting to patients for healthy living.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent but did not always consent patients for surgery in line with best practice.
- The fasting policy was out of date and had been under review for five years. Staff were unclear regarding fasting procedure and the provision of intravenous therapy for fasting patients.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff recognised when people who used services needed additional support and enabled them to access this.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt fully informed about their care and described both medical and nursing staff positively in respect of keeping them up to date with information and updates.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs and developed dementia peri-operative pathways to support patients living with dementia.

# Surgery

- The service ensured that cancellations of surgery were re-scheduled wherever possible within 28 days. Cancellations of elective surgery were generally below the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- People could mostly access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients had not always been in line with good practice but were improving.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- There had been an improvement in the leadership of the service since our last inspection.]
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to improve the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. Governance structures, processes and systems of accountability were clearly set out within the surgical services division.
- The service mostly collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected but there was inconsistent monitoring and actions to resolve risks.
- The service aligned with the trust's vision for what it wanted to achieve but had not yet developed its strategy and workable plans to turn it into action.
- There was a lack of oversight to ensure that guidance documents; for example, the fasting policy were reviewed in a timely way and guidance shared with staff.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.



# Maternity

Requires improvement  

## Key facts and figures

The family and women's healthcare group provide both routine and emergency obstetric care. The trust has a consultant led high risk labour ward with nine delivery rooms. There are two maternity theatres, as well as a three-bedded recovery room. Elective and emergency caesarean sections are carried out on the labour ward in maternity theatre. Antenatal inpatient services include a 16-bedded ward with one bereavement suite. The postnatal inpatient ward has 22 beds.

There is a co-located birthing unit for low risk women to access midwifery led care. The birthing unit has three delivery rooms, all with the provision for water births. There are also 12 postnatal beds on the birthing unit. Infant feeding specialists and a maternity helpline are both located on the birthing unit.

There is a maternal and foetal assessment unit which is open from 8am to 8pm seven days a week.

The trust has 62 maternity beds at the Princess Alexandra site. These beds are located within four wards and units:

- Birthing Unit (midwife led birthing unit for low risk women): 12 beds
- Chamberlen Ward (antenatal inpatient ward): 16 beds
- Labour ward (consultant led obstetric unit): 12 beds
- Samson Ward (Postnatal inpatient ward): 22 beds

From October 2017 to September 2018 there were 3,791 deliveries at the trust.

The service was last inspected in June 2016 using the comprehensive inspection methodology. Following the last inspection, we rated the service as good for safe, effective and responsive with the caring and well-led rated as outstanding providing an outstanding rating overall. This was the first inspection of the service using the current inspection methodology. We inspected this service following concerns raised about an increase in intrauterine deaths and baby deaths. The trust had commissioned an external thematic review and responded positively to the recommendations.

During this inspection, we visited the maternity wards, the midwifery lead birthing unit (MLBU), the maternity outpatient department and maternity theatres. We spoke with six women and their relatives and 42 members of staff including medical, midwifery and nursing staff, healthcare assistants and domestic staff. We observed care and looked at 19 sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The overall rating went down by two ratings from outstanding to requires improvement as the service was not providing assurance that changes required to reduce risks and the improve safety of care provided to women and their babies were fully implemented and embedded.
- The service provided mandatory training in key skills to all staff, however not everyone completed it. The service did not always make sure staff were competent for their roles. Not all staff had the skills and competencies for their roles.

# Maternity

- The service did not always control infection risk well. We found dirty equipment in maternity theatres and theatre circulation staff did not wear surgical masks in line with national guidance.
- Staff did not always complete and update risk assessments for each patient. They did not always keep clear records and complete mandatory training necessary to manage risks to patients. Staff did not keep detailed records of patients' care and treatment.
- The service had enough midwifery staff and medical staff, but we were not assured staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Records did not always contain information such as completed fetal growth charts and records were not always signed and dated correctly.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Medicines were not always stored securely on the labour ward.
- The service did not manage patient safety incidents well. Staff recognised incidents and reported them appropriately, but managers did not always investigate incidents and share lessons learned with the whole team and the wider service.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not always check to make sure staff followed guidance.
- The service had not fully implemented changes required to reduce risks and increase the safety of the service provision. The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service did not have robust systems in place to improve safety and quality of care, despite monitoring the quality and standards of its services and care.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff gave women enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored women regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment against local and national targets.
- Staff of different kinds worked together as a team to benefit women. Doctors, midwives and other healthcare professionals supported each other to provide co-ordinated care.
- Staff understood how and when to assess whether women had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for women with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved women and those close to them in decisions about their care and treatment and provided emotional support to minimise their distress.
- The trust mostly planned and provided services in a way that met the needs of local people and took account of patients' individual needs. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Maternity

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women, and key groups representing the local community. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The service mostly engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service had developed initiatives to improve services when things went wrong.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however not everyone completed it.
- The service did not always control infection risk well. We found dirty equipment in maternity theatres and theatre circulation staff did not wear surgical masks in line with national guidance. Staff did not always complete and update risk assessments for each patient. They did not always keep clear records and complete mandatory training necessary to manage risks to women.
- Staff did not keep detailed records of women' care and treatment. Records did not always contain information such as completed fetal growth charts and records were not always signed and dated correctly.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Medicines were not always stored securely on the labour ward.
- The service did not managed patient safety incidents well. Staff recognised incidents and reported them appropriately. However, managers did not always investigate incidents and share lessons learned with the whole team and the wider service. Managers had not always identified when things went wrong, to ensure staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results. Staff collected safety information but did not share this information with patients and visitors.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly had suitable premises and equipment and looked after them.
- The service mostly had enough midwifery staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Maternity

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness was not always monitored. Managers did not always check to make sure staff followed guidance. Guidelines and policies were mainly in date, although we reviewed two that were significantly out of date since 2018.
- The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance to provide support and monitor the effectiveness of the service. Not all staff had the skills and competencies for their roles.
- The service did not have a visual pain score chart for women with communication difficulties.
- Staff did not always complete Mental Capacity Act training which formed part of the trust's mandatory training programme. Although staff we spoke with understood how and when to assess whether a patient woman had the capacity to make decisions about their care.
- Staff of different kinds mostly worked together as a team to benefit patients. Although they did not have a safety huddle on the labour ward daily to review risk and acuity of the service.

## Is the service caring?

**Good** ● ↓

Our rating of caring went down. We rated it as good because:

- Staff cared for women with compassion. Feedback from women mostly confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service mostly planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Maternity

## Is the service well-led?

**Requires improvement** ● ↓↓

Our rating of well-led went down. We rated it as requires improvement because:

- Managers in the service had not fully implemented and embedded changes required to reduce risks and improve the safety of the service provision.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service did not have robust systems in place to improve safety and quality of care, despite monitoring the quality and standards of its services and care.

However, we also found:

- The service followed the trust vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women, and key groups representing the local community
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- The service mostly engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service had developed some initiatives to improve services when things went wrong. Not all initiatives were fully embedded within the service.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Services for children and young people

Good ● ↑

## Key facts and figures

The Princess Alexandra Hospital NHS Trust provides services for children and young people to a local population, predominantly from West Essex and Hertfordshire. Children and young people services include an inpatient children's ward, a neonatal unit, an ambulatory unit, a day surgery service, and a children's outpatient department. A neonatal community team provided care to infants in homes across West Essex. A paediatric diabetes team ran outpatient clinics, supporting children and young people with diabetes management and transition.

Children and young people services are mainly provided from Princess Alexandra Hospital, with some paediatric outpatient clinics provided at St Margaret's Hospital.

From November 2017 to October 2018, the trust had 3,107 children and young people spells (inpatient stays). Emergency spells accounted for 75.6% (2,349 spells), 19% (590 spells) were day case spells, and the remaining 5.4% (168 spells) were elective.

During this inspection, we visited the inpatient children's ward (Dolphin Ward), the paediatric ambulatory unit (PAU), the Neonatal Intensive Care Unit (NICU), the children's outpatient department and the Alexandra Day Surgery Unit. We spoke with two patients, six relatives and 26 members of staff including medical and nursing staff, healthcare assistants, therapy and domestic staff. We observed care and looked at six sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff received training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Services for children and young people

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Although staff understood how to protect patients from abuse, not all staff had received safeguarding training in line with national guidance.
- A nurse trained in advanced paediatric life support (APLS) or European paediatric advanced life support (EPALS) was not available on every shift. This was not in line with standards set by the Royal College of Nursing.
- Access to allied health professionals was limited, particularly on the Neonatal Intensive Care Unit.
- Discharge summaries were not consistently sent to GPs within 72 hours of discharge.
- Transition arrangements had improved since our last inspection but there was still more work to be done. Transitional pathways for children with epilepsy and children with complex allergies were under development.
- There was currently no formal strategy specifically for the service. Service leads had a plan to develop a strategy with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- The service provided effective training in safety systems, processes and practices. Although below trust targets, medical staff training compliance had significantly improved since our last inspection.
- The service had effective processes in place to keep people safe and protected from abuse.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Health risks to children and young people were assessed, monitored and managed appropriately. Staff identified and quickly acted upon patients at risk of deterioration.
- Although turnover rates were high, ward staffing levels and skill mix were planned and reviewed so that patient needs were met.
- Patient records had improved since our last inspection. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients and their parents honest information and suitable support.
- The service used monitoring results well to improve safety.



# Services for children and young people

However:

- Although staff understood how to protect patients from abuse, not all staff had received safeguarding training, in line with national guidance. The service recognised safeguarding training levels as a risk and safeguarding training was on the service's risk register. The safeguarding team was mitigating the risk by facilitating additional training sessions each week.
- A nurse trained in advanced paediatric life support (APLS) or European paediatric advanced life support (EPALS) was not available on every shift. This was not in line with standards set by the Royal College of Nursing. With this said, all nursing staff had completed annual training in either paediatric immediate life support or new-born life support, and a doctor trained in EPALS was available on every shift.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service promoted and supported breastfeeding.
- Staff used age-appropriate pain assessment tools to assess and record patient pain. Staff gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. Consent to care and treatment was sought in line with legislation and guidance.

However:

- Access to allied health professionals was limited, particularly on the Neonatal Intensive Care Unit. The head of children's nursing was currently liaising with the trust's physiotherapy lead to establish physiotherapy cover for the unit.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:



# Services for children and young people

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed staff greet patients appropriately for their age and introduce themselves by name.
- Staff gave good examples of the play team going above and beyond what was expected of them. For example, the team decorated patient rooms with their favourite cartoon characters, prior to their admission.
- Staff provided exceptional emotional support to patients to minimise their distress. Staff on Dolphin Ward worked with local nurseries to try and educate young children about what happens in a hospital to reduce their fears.
- Staff embraced new technology and took part in new initiatives to provide assurance to anxious patients and parents. For example, the service participated in Harvey's gang initiative, enabling children with complex needs and long-term conditions to become trainee biomedical scientists for the day. The children received a tailored tour of the trust's haematology laboratories with their families, where they could ask questions and gain a better understanding of what happened to their blood samples.
- Staff understood and respected the cultural, spiritual and religious needs of patients.
- Since our last inspection, communication with parents had improved. Staff communicated with patients, about their care and treatment, in a way they could understand. Staff used alternative ways to communicate with patients who had additional needs.
- Staff supported and involved children, young people and their families to make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- Where possible, the service involved children, young people and their families in the design and running of the service. For example, the ward manager on Dolphin Ward had contacted a local school to help design a new food menu.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Transition arrangements had improved since our last inspection. The service had implemented the 'ready, steady, go' programme, which helped young people gain the confidence and skills to transition to adult services.
- People could access the service when they needed it and received the right care promptly. Discharge planning began on admission and discharge delays were rare.
- There were clear processes for staff to manage complaints and concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although transition arrangements had improved, there was still more work to be done. Transitional pathways for children with epilepsy and children with complex allergies were under development.

# Services for children and young people

- Discharge summaries were not consistently sent to GPs within 72 hours of discharge. Service leads were hoping that the recently appointed physician associate would support staff to send discharge summaries on time.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services.

However:

- There was currently no formal strategy specifically for the service. Service leads had a plan to develop a strategy with involvement from staff, patients, and key groups representing the local community.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# End of life care

Good   

## Key facts and figures

The trust provides end of life care at its Princess Alexandra Hospital site. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had a dedicated dementia and end of life ward that was opened in September 2017. Gibberd Ward is a 27 bedded ward and patient admitted to this ward must have documented agreed ceilings of treatment, a Treatment Escalation Plan, (TEP) and they must have an indefinite do not attempt cardiopulmonary resuscitation (DNACPR) order in place. The Specialist Palliative Care Team (SPCT) consists of specialist palliative care nurses and 1.4 whole time equivalent (WTE) consultants. The trust had 1,241 deaths from November 2017 to October 2018.

The team supports the delivery of the specialist palliative care and end of life care strategy alongside the health care groups within the organisation.

The trust has a dedicated end of life care ward which is in the medical health care group. The ward specialises in caring for patients in their anticipated last days of life and supporting patients on end of life pathways to be discharged to their preferred place of care. The teams work in close collaboration with the trust's discharge team and community providers.

The trust has enlisted the support of the Ann Robson Trust butterfly volunteers who support patients and relatives at end of life.

The trust has strong links with two hospices in west Essex and east Hertfordshire.

The bereavement team supports recently bereaved families with the process of registering patient deaths and other practical information and offers advice for bereavement counselling.

The trust's mortuary at Princess Alexandra Hospital provides suitable storage facilities for the deceased and work closely with the Essex and Hertfordshire coroners service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- All nursing staff in the end of life care team had completed their mandatory training.
- The maintenance and use of equipment kept patients safe, syringe drivers were maintained and used appropriately.
- Records were well maintained and kept securely.
- There were systems and processes in place to report incidents and staff told us they were encouraged to do so.
- Patient's needs were assessed, and care and treatment delivered in line with evidence-based guidance to achieve effective outcomes.
- Pain was assessed and managed and there were assessment processes in place for patients who have difficulty communicating.

# End of life care

- The service ensured that staff had the skills, knowledge, and experience to deliver effective care, support, and treatment.
- The service ensured that patients were treated with kindness, respect, and compassion, and that they were given emotional support when needed.
- Patients were supported to be actively involved in making decisions about their care.
- Patients at the end of life were generally nursed in side rooms and there were facilities available for relatives to stay overnight.
- The special palliative care team would generally visit the patient on the day of referral.
- Leaders were visible and approachable. They had the skills needed and understood the challenges to quality and sustainability for end of life care services.
- Staff felt positive and proud of the quality of end of life care delivered and there was a strong culture of quality end of life care throughout that included both specialist and generalist staff.
- Risk registers included identified risks in relation to end of life care and these were regularly reviewed and actioned.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- All nursing staff in the end of life care team had completed their mandatory training.
- Safeguarding systems processes, and practices were developed, implemented and communicated to staff.
- All members of the specialist palliative care team were up to date on their safeguarding training.
- There were infection control and prevention systems in place to keep patients safe.
- The maintenance and use of equipment kept patients safe, syringe drivers were maintained and used appropriately.
- Staff identified and responded appropriately to changing risks to patients at the end of life.
- Nursing staffing levels and skill mix in the specialist palliative care team were in line with National Guidance.
- Medical cover sufficiently met the needs of patients.
- Records were well maintained and kept securely.
- Information was available for staff to deliver safe care and treatment to patients at the end of life.
- There were systems in place for the safe management and administration of medicines.
- There were systems and processes in place to report incidents and staff told us they were encouraged to do so.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

# End of life care

- Patient's needs were assessed, and care and treatment delivered in line with evidence-based guidance to achieve effective outcomes.
- Patient's nutrition and hydration needs were identified and met in relation to national guidance for caring for patients in the last days and hours of life.
- Pain was assessed and managed and there were assessment processes in place for patients who have difficulty communicating.
- Patient's care and treatment outcomes were monitored through trust participation in the local end of life care audits.
- The service ensured that staff had the skills, knowledge, and experience to deliver effective care, support, and treatment.
- Staff teams and services worked together across the organisation to deliver effective end of life care.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service did not provide a seven-day face to face service to support the care of patients at the end of life.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- The service ensured that patients were treated with kindness, respect, and compassion, and that they were given emotional support when needed.
- Staff understood the impact that a patient's care, treatment, or condition had on their wellbeing and on those close to them, both emotionally and socially.
- Patients were supported to be actively involved in making decisions about their care.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Patients at the end of life were generally nursed in side rooms and there were facilities available for relatives to stay overnight.
- The service took account of the individual needs and choices of different patients.
- Patients could access care in a timely way.
- The special palliative care team would generally visit the patient on the day of referral.
- Complaints relating to the care of patients at the end of life were reviewed by the specialist palliative care team with a view to learning/ lessons and improving care.

# End of life care

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders were visible and approachable. They had the skills needed and understood the challenges to quality and sustainability for end of life care services.
- There was a clear vision and strategy with identified priorities.
- Quality and sustainability were a key priority for the service and the end of life care team.
- Staff felt positive and proud of the quality of end of life care delivered and there was a strong culture of quality end of life care throughout that included both specialist and generalist staff.
- The structures, processes and systems of accountability supported good quality and sustainable services.
- Staff were actively engaged in end of life care across the trust through the development of end of life care champions.
- The service had systems in place to highlight patients who were at the end of their lives.
- Risk registers included identified risks in relation to end of life care and these were regularly reviewed and actioned.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

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This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Fiona Collier, Inspection Manager led this inspection. Fiona Allinson, Head of Hospital Inspection, two specialist advisers and a pharmacy inspector supported our inspection of well-led for the trust overall. An executive reviewer, Fiona Noden, supported our inspection of well-led for the trust overall. A senior finance lead and a programme manager from NHS Improvement also supported our well-led inspection.

The team for the core service inspection included two inspection managers, 11 inspectors, including two mental health inspectors, a pharmacy inspector, two assistant inspectors and nine specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.