

The Princess Alexandra Hospital NHS Trust

Quality Report

Princess Alexandra Hospital
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection between 21 and 23 July 2015 as part of our regular inspection programme. In May 2015 the intelligence monitoring system showed that there were two elevated risks and ten risks. The elevated risks were around mortality and the risks included risks from survey questions and audit data such as the four hour target in the A&E department.

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 419 bedded hospital excluding maternity and children's services and escalation areas. The hospital provides a comprehensive range of safe and reliable acute and specialist services to a local population of 258,000 people. The trust has 5 sites; Princess Alexandra Hospital, St Margaret's Hospital, Herts and Essex Hospital, Cheshunt Community Hospital and Rectory Lane. At our inspection on 21- 23 July we inspected The Princess Alexandra Hospital. On our unannounced inspection on 30 July 2015 we inspected The Princess Alexandra Hospital, St Margaret's Hospital and the Herts and Essex Hospital.

During this inspection we found that the trust had significant capacity issues and was having to reassess bed capacity at least three times a day. This pressure on beds meant that patients were allocated the next available bed rather than being treated on a ward specifically for their condition. We found that staff shortages meant that wards were struggling to cope with the numbers of patients and that staff were moved from one ward to cover staff shortages on others. The trust sees on average around 300 patients a day in its emergency services.

We have rated this location as requires improvement overall due to significant concerns in safety, responsiveness and the apparent disconnect between ward staff and the middle managers. We found that the staff were exceptionally caring and that they went the extra mile for their patients.

Our key findings were as follows:

- Shortages of staff across disciplines coupled with increased capacity meant that services did not always

protect patients from avoidable harm, impacted upon seven day provision of services and meant that patients were not always treated in wards that specialised in the care of health issues.

- The security of women, babies and children was not always maintained within the hospital.
- There was a disconnect between ward staff and the duty matron level as capacity pressures were managed.
- Agency staff did not always receive appropriate orientation or training to assist them in the care of patients on individual wards.
- The storage, administration and safety of medication was not always monitored and effective.
- Information flows were not always robust.
- The staff provided good care despite nursing shortages and often went the extra mile to ensure that patients had a good experience within the hospital.
- Staff were compassionate and ensured that patients dignity and privacy was respected.

We saw several areas of outstanding practice including:

- The acting ward manager for the Dolphin Children's ward had made a significant improvement in a short time to the ward and showed outstanding leadership and determination.
- The play specialist providing dedicated time to fundraise to purchase toys and set up playgroups for the children was outstanding.
- The teenage zone within the children's ward was outstanding and was very responsive to the needs of teenagers.
- The gynaecology outpatient and emergency service as a function, including the termination of pregnancy service was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- The permanent staff who worked within women's services were passionate dedicated and determined to deliver the best care possible for women and were outstanding individuals.

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

Summary of findings

Importantly, the trust must:

- Ensure that disposable items of equipment are not reused on patients.
- Ensure that the maternity unit is secure and that there is an effective system in place to ensure the safety of babies from abduction from the unit.
- Ensure that the child abduction policy is updated, reflective of current practice and tested.
- Ensure that the escalation policy is reviewed to prevent medical outliers being placed on the birthing unit at times of high capacity.
- Ensure that medicines administered to patients take into account the patient's allergy status and that the

policy for the administration of medicines is adhered to. That medicines are stored appropriately and that appropriate checks are maintained to ensure the safety of medicines.

- Ensure that all staff are appropriately trained, appraised and inducted for their roles, including agency and temporary staff.
- Ensure that equipment is checked in accordance with trusts policies including resuscitation equipment.
- Ensure that all guidelines and policies within the children's accident and emergency high dependency room are up to date with current practice.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Princess Alexandra Hospital NHS Trust

Sites and Locations:

The trust has 5 sites; Princess Alexandra Hospital, St Margaret's Hospital, Herts and Essex Hospital, Cheshunt Community Hospital and Rectory Lane

Population served:

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 419 bedded hospital excluding maternity and children's services and escalation areas. The hospital provides a comprehensive range of safe and reliable acute and specialist services to a local population of 258,000 people.

Deprivation:

The Indices of Multiple Deprivation indicates that Harlow is the 95th least deprived borough out of the 326 boroughs in the UK. (1st being the most deprived). The health of people in Harlow is varied compared with the England average, about 21% children live in poverty. Life expectancy for men is lower than the England average. The rate of alcohol-specific hospital stays both adults and under 18 are worse than the England average. 18.2% of children (year 6) and 27% of adults are classified as obese and the levels of teenage pregnancy are worse than the England average. The rate of smoking related deaths was worse than the average for England and rates of sexually transmitted infections and TB are worse than average.

Our inspection team

Our inspection team was led by:

Chair: Professor Juliet Beal, National Nursing Advisor, Care Quality Commission

Head of Hospital Inspections: Fiona Allinson. Head of Hospital inspections, Care Quality Commission

The team included nine CQC inspectors and a variety of specialists including, a director, a director of nursing,

head of clinical services and quality, a pharmacist, two medical consultants, a consultant in emergency medicine, a consultant obstetrician, an intensive care consultant, a consultant midwife, a consultant critical care nurse, a junior doctor and 7 nurses at a variety of levels across the core service specialities.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place between 21 and 23 July 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical

commissioning group (CCG); the Trust Development Agency; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 21 July 2015, when people shared their views and experiences of

Summary of findings

The Princess Alexandra Hospital NHS Trust. Some people who were unable to attend the listening event shared their experiences with us via interview email or by telephone.

We carried out an announced inspection visit between 21 and 23 July 2015. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists. We also spoke with staff individually as requested and held 'drop in' sessions.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Princess Alexandra Hospital NHS Trust.

What people who use the trust's services say

The trust's friends and family results of % who recommend the service had increased since March 14 and the trust has a better score than the national average. The inpatient survey Q25 (2014) "Did you have confidence and trust in the doctors treating you?" (Score out of 10) features as a risk on the May 2015 Intelligence monitoring tool. Results from the CQC in-patient survey indicate the trust is performing about the same as other trusts for most of the indicators however for the length of delays leaving hospital the Trust is one of the worst performing trusts.

The trust has had a 40% decrease to their number of written complaints since 2011/12

The Cancer Patient Experience Survey indicates that out of the 34 indicators, the Trust is performing in the bottom 20% of trusts in 10 of them, in the top 20% for 4, and in the middle 60% for the remaining indicators.

The Trust's Patient-led assessments of the Care Environment scores have improved since 2013 and the Trust is performing in line with the national average.

Facts and data about this trust

Size and throughput

This organisation has 5 locations, providing the following services:

There are 511 beds at this trust.

The main commissioning CCG at this trust is West Essex CCG.

The trust serves a population of 350,000 from West Essex and East and North Hertfordshire.

The trust employs 2711 (WTE) of which 17% are bank or agency.

The trust has an annual turnover of £190 m, and in 2014/15 the deficit was £22,274 m.

There were 101,987 emergency attendances in 2014/15 and 284,493 outpatient appointments in 2014/15. There were 42,100 inpatient admissions and 21,706 day case procedures undertaken in 2014/15.

Safety

There were 151 serious incidents, including 3 never events reported on StEIS between 1 April 2014 and 31 May 2015.

There were 3070 events reported to NRLS from 1 April to 30 September 2014, of which 0.4% (less than 1%) caused severe harm to the patient. There was no death within this period.

There were 34 cases of C Difficile in this trust between April 2013 to March 2015, and 1 case of MRSA.

Effective

Summary of findings

As at 2013/14 the HSMR in this trust was 100.9, with a rate of 99.6 during the week and 100.1 at the weekend.

As at 2013/14 the SHMI in this trust was 102.3.

There were 2 mortality outliers in this trust in Skin and subcutaneous tissue infections and Therapeutic endoscopic procedures on upper GI tract.

Caring

From the CQC inpatient survey in 2014, this trust performed in the bottom 20% of trusts for 10 questions. For the remaining 50 questions analysed, the trust performed at a similar level to other trusts.

Responsive

Between 2013/14, this trust received 379 complaints.

The following Trusts did not submit any (admitted, non-admitted and incomplete) RTT pathway data for 2014/15.

For quarter 1 of 2015-16, 97.5% of cancer patients were seen by a specialist within two weeks of an urgent GP referral, which is above the operational standard of 93%. The proportion of patients waiting less than 31 days from diagnosis to first definitive treatment was 97.5%. 86.6% of cancer patients waited less than 62 days from urgent GP referral to first definitive treatment, which is above the standard of 85%.

Well led

As at March 2015 there were 2711 whole-time equivalent staff working in this trust including 783 nurses, 391 doctors and 1537 staff in various other clinical, professional and supporting roles.

Staff sickness levels in this trust were 3.47% for the year to 31 March 2015. Staff turnover was 18.9% gross, with voluntary turnover of 13.9% in the year to 31 March 2015.

Results from the staff survey in 2014 showed that this trust performed in the top 20% of trusts for 2 questions,

and in the bottom 20% of trusts for 5 questions. For the remaining 22 questions analysed, the trust had a similar performance to other trusts. The response rate in this trust was 54%.

CQC intelligent monitoring

In the latest Intelligent Monitoring report (May 2015), this trust had 10 risks and 2 elevated risks.

The priority banding for inspection for this trust was 1, and their percentage risk score was 7.4%.

The risks identified were as follows:

- Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes.
- Composite indicator: A&E waiting times more than 4 hours
- A&E Survey Q41: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department?
- Composite indicator: In-hospital mortality - Genito-urinary conditions
- Composite indicator: Referral to treatment
- Inpatient Survey Q25 (2014) "Did you have confidence and trust in the doctors treating you?" (Score out of 10)
- SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator
- TDA - Escalation score
- Proportion of patients who received all the secondary prevention medications for which they were eligible.
- Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds.

The elevated risks were as follows:

- Composite indicator: In-hospital mortality - Dermatological conditions.
- Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures

Summary of findings

Our judgements about each of our five key questions

| | Rating |
|--|--|
| <p>Are services at this trust safe?</p> <p>Services at the trust require improvement to protect patients from potential harm. Significant nursing vacancies led to nurses being moved throughout the hospital to support patients. This meant that they may not be familiar to the ward or to the specific needs of patients. The trust took steps to mitigate the risk through clinical matron reviews known as the 'safety closedown'. This occurred three times a day in the hospital safety briefing. Learning from incidents was inconsistent, particularly within the surgical directorate. Patients waiting for outpatient appointments were not being adequately protected from potential harm as there was limited clinical prioritisation in place. The safety of children, babies and labouring women was not effectively maintained. There was no security in either the children's ward or in the maternity suite. We raised this with the trust during our inspection and when we returned for our unannounced inspection we found that this had been resolved in the children's ward but that in maternity it was still possible to leave the labour ward unhindered. The trust took immediate action to ensure that women and their babies were safe in this area. A security guard was placed on the door whilst remedial work to ensure that doors were securely locked undertaken.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• The trust has a duty of candour policy approved in November 2014 and ratified in April 2015. The trust states that it is "committed to an open and fair culture and the overall approach expected within the organisation is one of help and support rather than blame and recrimination." All staff are expected to follow this approach.• Staff were aware of the "Duty of Candour" which ensures patients and/or their relatives are informed of incidents which have affected their care and treatment and are given an apology. They told us of incidents which had occurred and had been discussed with patients.• Under duty of candour the trust makes contact with patients and families. Following review at scrutiny panel the patient is kept updated with steps taken to prevent a reoccurrence and received an apology.• Duty of candour details were displayed on posters on the wards. These posters outlined the requirements and actions the trust would take to communicate with patients and families following incidents. | <p>Requires improvement </p> |

Summary of findings

Safeguarding

- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate any concerns. They told us the trust's safeguarding team managed the referral to the local authority and staff received feedback from them following referrals.
- Two social workers were based at the hospital and this facilitated liaison and multi-disciplinary working. Safeguarding champions had been identified across the service as staff who could give additional advice and support. Handbooks were available for staff to refer to if necessary.
- Overall most staff had received safeguarding training as part of their mandatory training.
- Patients waiting for outpatient appointments were not always clinically prioritised to ensure that they were safeguarded from the potential harm that waiting may have.

Incidents

- Staff were aware of what should be reported as incidents. The feedback from incidents and learning however was inconsistent across the health groups. Incidents were reviewed at weekly scrutiny panels and learning was discussed at team meetings. Minutes were emailed to staff and displayed in staff room. In surgery we saw that significant numbers of incidents were still pending investigation and reporting. "Safety huddles" were used to discuss incidents and complaints on medical wards. The trust upgraded its Datix incident reporting system in May 2015. This now includes a feed back facility.
- Some staff were able to cite incidents where practice had changed as a result of learning from incidents. This included in the outpatients department where practice had changed following a never event.

Staffing

- There were high levels of registered nurse vacancies across the trust however the trust has taken steps to ensure non-clinical and clerical support at ward level as well as making effective use of bank and agency staff to ensure appropriate cover is available. However staff worked well together in local teams to ensure that patients were safely cared for.
- Staff were moved across wards where gaps were identified in staffing numbers to meet patient need. Three times a day hospital safety briefings were held to manage staffing verses patient need. Agency and bank staff were used to support the numbers of staff needed to care for patients.

Summary of findings

- The trust had reviewed its recruitment and retention efforts. These included initiatives such as the "home to Harlow", return to practice, open days and international recruitment. This also included the provision of training for some staff to enhance their role.

Are services at this trust effective?

The trusts services participated in all the national audits relevant to their specialty and national peer reviews. However, performance was below the England average in some areas, Medicine, Children's and Young Peoples and End of Life care, and robust action plans were not in place to ensure improvement. We had particular concerns in relation to stroke services. However, there was an excellent patient pathway for patients following hip and knee joint surgery and fractured neck of femur which ensured that all patients were transferred to Harold ward under the consultant orthogeriatrician. Consultant ward rounds did not always occur on a daily basis within medicine. There was no end of life care plan for patients at the end of their lives. This meant that the trust could not be assured that patients received appropriate care during this time. Multidisciplinary communication between the teams, alongside the care from clinical nurse specialists and therapy staff ensured best possible outcome for patients.

Evidence based care and treatment

- Staff were aware of National Institute for Health and Care Excellence (NICE) guidance relevant to their specialty and we saw they had access to the guidance via the Trust's intranet.
- Local protocols were in place in line with NICE guidance. In particular we found there were well written protocols and pathways for use in many services which were followed by staff.
- Integrated care pathways were also used to ensure adherence to national guidance.
- The local policies and guidance on the children's areas in urgent and emergency services was not up to date.

Patient outcomes

- The trust participated in national audits although the results were mixed. The Sentinel Stroke National Audit Programme (SSNAP) and the Myocardial Ischaemia National Project (MINAP) were below the national average. However in maternity outcomes for women who use services are consistently better than expected when compared with other similar sized services.

Requires improvement



Summary of findings

- There was no end of life care plan in place throughout the hospital. This meant that the trust could not be assured that patients received appropriate end of life care. Local audits were also not in place throughout this service in order that the trust could highlight themes and trends to improve care.

Multidisciplinary working

- We observed that staff across all disciplines worked effectively together, both internally and in the community. There were detailed multidisciplinary (MDT) team meetings which ensured effective care and treatment plans and handover of patient care.
- Care and treatment plans were documented and communicated to relevant health care professionals, such as GPs and health visitors, to ensure continuity of care.
- We spoke with staff from other health groups and found that health groups worked well together and that support from maternity was good. Staff from children's services all participated in the monthly perinatal mortality meetings and communicated with one another regularly.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Consent to care and treatment was obtained in line with national legislation and guidance, including the Mental Capacity Act.
- Training on consent, the Mental Capacity Act, Deprivation of Liberty Safeguards (DOLs) and learning disability was part of mandatory training for all staff.

Are services at this trust caring?

Staff across the trust provided care that was compassionate, involved patients in decision making and provided good emotional support to patients and those close to them. We found that care in the Maternity unit was outstanding. We observed several times throughout the inspection that the staff care were dedicated, compassionate, caring and they consistently went beyond the call of duty to deliver the best experience possible for them. Patients provided overwhelmingly positive feedback about the care they received.

Compassionate care

- Throughout the inspection we observed really good interactions between staff, children and families.
- Staff on the Neonatal Intensive Care Unit demonstrated outstanding examples of compassionate care to families. Their

Good



Summary of findings

approach to difficult situations for families and how they were accommodated were outstanding. For example, we observed how they worked with the maternity service and intensive care service to obtain information for a relative to put them at ease whilst visiting their baby during a really difficult time.

- Data reviewed from the Friends and Family Test showed for the period December 2014 to June 2015 that the majority of patients (98.34%) scored the Trust's surgery services positively.

Understanding and involvement of patients and those close to them

- Most patients we talked with said they felt staff communicated with them well and kept them up to date with what was happening. One person said, "I'm completely aware of what is happening from the A&E department through to the ward."
- Another person told us they were involved in their care and the care planning.
- A person told us they did not understand why their condition kept recurring and the senior doctor's explanation was not clear, but they said, "I feel as though I get an honest answer from the Consultant and he explained everything."

Emotional support

- We saw staff providing reassurance and support when people were anxious. An older person who had just arrived on the ward was very distressed and confused and we observed a nurse explain to the person where they were and what was happening. They sat with the person and held their hand for a few minutes and gave lots of reassurance in a very empathetic way.
- The chaplaincy service provided spiritual and emotional support to patients and their families.
- The services within maternity and gynaecology had dedicated staff who could provide emotional and counselling support to women who go through terminations, miscarriages or loss of a baby before or after birth. The service provision available to support the emotional wellbeing of women was very impressive with many of these midwives providing this service on top of their regular midwifery role.

Are services at this trust responsive?

The trust was rated as requiring improvement to ensure that services are responsive to the needs of patients. Long waits in the outpatient clinics, long waits in the emergency department and capacity issues in the wards meant that patients were not always seen in a timely manner. There is a historic trend over four years of

Requires improvement



Summary of findings

cancelled operations that were not rebooked within 28 days being worse than the England average, showing a lack of support for people to have their care re-arranged in as quick a time as possible. However patients have access to specialist nurses to assist with their care.

Service planning and delivery to meet the needs of local people

- There was evidence of service planning to meet the needs of local people and the trust was working with stakeholders to identify solutions across the health community.
- We saw a number of initiatives across the trust services to increase capacity or reduce admissions through working with key stakeholders in these areas.
- The trust was working with stakeholders on plans to deliver a service to meet the needs of local people however these were on going at the time of our inspection.

Meeting people's individual needs

- The lack of administrative staff and poor systems meant that patients waiting for outpatient appointments were often double or triple booked. This meant that patients were waiting in the department for excessive amounts of time.
- When patients with learning disabilities are admitted to hospital, the Learning Disabilities team are informed with the details and location of the admission so that additional support can be given to these patients.
- Information was available to patients to inform them about the trusts general services and to support them in their treatment. Translation services were available to those that required it.
- Whilst the hospital had been extended and new buildings added the signposting for patients was good.
- Services to women and children were very responsive the needs with the maternity and gynaecological service providing services that met the individual needs of women.

Dementia

- The trust had a Dementia Strategy Group and we spoke with a number of staff who were members of this group. The trust and staff were committed to improving care for people with dementia. This was evident within some wards where we saw a number of changes had been introduced to improve the experience of people with dementia. There were also large notice boards on the wards with information about dementia for staff and visitors.

Summary of findings

- There were dementia champions across the trust, staff with additional training to support patients living with dementia. There was a quieter section allocated in the theatre holding area for any patients known to be living with dementia, and quieter clocks had been sourced as during the training a ticking clock had been highlighted as disturbing for patients living with dementia.

Access and flow

- The trust saw a high number of patients within their emergency and urgent care services and this led to significant capacity issues within the trust. This meant that patients were not always placed in the specialty most appropriate to their diagnosis. Whilst Penn ward was nominated to care for women with gynaecological problems we found during our inspection that women with gynaecological issues were placed throughout the hospital. There was no apparent plan in place to move patients to the correct ward for their specialty when a bed became available.
- A large proportion of bed moves in medicine occurred out of hours. 36% (number: 5171) of bed moves occurred between the hours of 2000hrs and 0800 hrs between December 2014 and July 2015. We saw examples of two patients who were transferred to Locke Ward from other wards at 22.20 and 23.30hrs during the week of the inspection. This can be disorientating and unsettling for patients.
- Due to capacity constraints the trust had decided to utilise a bay in the birthing unit as an outlier bay. Whilst the patients admitted to this area were women this was not responsive to their needs or those of labouring women. We brought this to the attention of the senior leaders who immediately stopped this practice.

Learning from complaints and concerns

- We found there were leaflets entitled, ‘Listening, Responding, and Improving your Patient Experience’ were available on the medical wards. These provided information about the Patient Experience Team, PALS, how to make a complaint and the Friends and Family Test.
- Staff told us if a complaint or concern was reported to them they would try to rectify the issue if they could and would escalate to the nurse in charge or Matron if they couldn’t deal with the issue themselves.

Summary of findings

- Complaints were identified on monthly ward ‘Exception Reports’ which identified quality issues and concerns and were discussed at the Patient Safety and Quality Group as well as with Commissioners who received synopses of complaints on a regular basis.
- All healthcare groups had an active team of Patient Safety and Quality leads who actively sought out engagement with the patients in the organisation and were responsible for implementing improvements. The Medical Healthcare Group were able to point to improvements in the Paediatric Emergency Department pathway, Information improvements and work with voluntary sector organisations.
- The trust had a token system whereby patients completed a short questionnaire and placed it in the appropriate section of the box. Staff had a “you said we did” board so that patients could see the outcomes of this survey. This told patients, families and carers how complaints had led to improvements were visible, and referenced parking and support for carers.
- Staff spoke to us about "In Your Shoes" a programme which had involved over 200 members of the public across eleven workshops who had made a complaint and were invited back to work with the trust to enable improvement, examples of improvement were given from work

Are services at this trust well-led?

Well led at trust level has been rated as requiring improvement for the following reasons:

The vision for the trust was not clearly articulated by the senior team and staff. Several staff told us they were uncertain of their future as the trust could not remain in its current form. The senior team did not have clear views or plans about how to make the best ‘success regime’ to secure the future of the trust.

There was a governance structure in place but the identification, discussion and challenge around risk required improvement. It was not clear how risk recognition and documentation within risk registers travelled up and down the organisation. Whilst the trust had a risk management strategy there appeared to be several ways of reporting risks in place at Board level, which included the ‘risk and issues’ log as well as the Board Assurance Framework.

The senior management team did not always receive feedback about challenges staff in the clinical areas had and when they did action was not always taken to address this. An example of this was

Requires improvement



Summary of findings

the outlying of medical patients on the maternity unit which the midwifery staff had opposed due to safety and quality of care issues. However the trust senior team approved the escalation policy which endorsed this action.

The culture within the trust was said to be that of a family team. However we found that there was a disconnect between the duty or site matron level and front line staff. This relationship was described as difficult across several departments and staff groups. It is important to note that when we raised serious safety concerns during the visit the trust took appropriate action to address these.

Vision and strategy

- The vision of the trust was to be a local provider of integrated care. However when we asked members of the trust senior management to explain what this meant we were only provided with a clear explanation by one trust board member, who explained that the vision of the trust was to be a local provider of integrated care. The trust had formally written to the regulator indicating it is not sustainable clinically or financially in its current format. The trust felt that there was a clear sense of communication across the health economy on the options being discussed and the strategic direction would be decided externally to the trust.
- Staff were unable to articulate a vision or strategy for the trust. There was a general acknowledgement that the trust was not sustainable in its present form at Board level. However, when probed further it appeared that there was no clear contingency plan or mitigating actions being taken at pace and so no robust strategic plan was apparent. There was also no communication plan in place to inform staff about the trust's future plans.
- There was recognition that the health economy within Essex was challenged and recently it had been announced that the trust and the Essex community was part of a success regime. The trust had engaged in early discussions around what this may mean for the hospital but had not as yet begun to see the opportunities that this would potentially offer the trust.

Governance, risk management and quality measurement

- The trust had a Board Assurance Framework which had been going through a prolonged period of revision at the time of the inspection. Although Board members who were interviewed told us that the Board Assurance Framework was presented at the Board monthly there was no evidence that this had been the case during 2015. The trust confirmed that the Board Assurance Framework was discussed quarterly. We were told

Summary of findings

that it was to be presented in its revised format at the next Board meeting in July. It was difficult to see the linkage from a corporate risk register to the Board Assurance Framework. In addition to this the trust also used a risk and issues matrix which was commonly referred to as “Phil’s top three”, this was a monthly highlight of the current risks within the Trust which focused on the risks and issues on wards, specialities, finance, operational and service delivery, complaints, clinical and strategic issues, regulatory concerns and estate issues. This top three was discussed at the trust board and well known amongst the executive team. However this list of issues did not have actions or timelines attached to it and risks and issues were added and removed from this list with no clear rationale. It was noted that this had also been raised as an issue by the NEDs. There was no clear link from this risk and issues list to the BAF or vice versa.

- We attended the Quality and Safety Committee meeting during our inspection. We found that this was well chaired with a clear and wide ranging agenda. We heard good evidence that the learning from incidents was disseminated at this meeting and that appropriate system to escalate risks from ward to Board. We saw good challenge between members of the committee and good clinical engagement. It was very positive to see representatives from the patient’s panel at this meeting who also provided a positive contribution and challenge.
- We attended part of the trust board meeting on our unannounced inspection on 30 July 2015. We found that there was little challenge by executive members with only one non-executive challenging the team over issues. We noted that the board assurance framework was on the agenda however we did not observe that part of the meeting where this agenda item was discussed.
- The trust was not currently reporting referral to treatment times (RTT) due to ongoing data quality concerns linked to the new IT system. Staff therefore had to manually assess and review referrals. However there were significant concerns about the number of patients and their tracking in both cardiology and ophthalmology. This was being addressed during our inspection to prevent any avoidable harm to patients. The electronic system would not flag a patient who had changed an appointment as requiring further appointments. There were no processes in place to ensure that patients waiting to be seen at the hospital were screened for clinical need or that they received treatment in a timely manner.
- The board and the chair undertake “board walkabouts” to assess the quality of services in the clinical areas.

Summary of findings

- The trust has invested in nurse staffing as this is one of the highest risks for the trust. This work has been undertaken between the finance department and the Chief Nurse and Director of Workforce. The trust were undertaking a number of initiatives in order to retain staff such as the Improvement Academy and the Return to Harlow initiative. Staff gave mixed feedback on developmental opportunities.
- The trust acknowledged that the relationships with external partners were not as good as they could be. The director for pathways and partnerships was actively working on this. However, the Executive team did not demonstrate engagement in actively improving these relationships.
- The trust monitored serious incidents through a daily serious incident group which was seen as good practice. This was described as a meeting to review the known facts, resolve immediate issues and take actions including a robust investigation. When these meetings were not required due to no serious notifications being received they were cancelled. We raised two serious incidents to the trust and these were included in the daily meeting. These included the security within the birthing unit and the use of a clinical room for surgery. There was good evidence of staff engagement in incident investigations with the above meeting process and other challenge meetings (such as for pressure ulcers and falls) taking place and all staff were invited.

Leadership of the trust

- The trust board were a mixture of long standing and new appointments. The most recent addition was the medical director who joined the trust in January 2015. The Chief Operating Officer was on secondment and we were told that a substantive post will be appointed soon. Individual members of the trust board worked well together however we noted that further changes to the board would occur over the coming year. Members of the board had a mixture of experience within their role with some executives taking up the role for the first time. The chief executive was aware of the need to support others within the executive team and to develop the board including those in interim posts.
- The medical director and the chief nurse worked well together in a supportive relationship. Nursing staff within the trust felt that the medical director was approachable when they experienced difficulties with medical staff. We were provided with an example of this. Nursing staff told us that the Chief Nurse was supportive and accessible.

Summary of findings

- The trust had a number of challenges of which the board were aware. However we saw little challenge between the executive team to ensure that robust action was taken. An example of this was the challenges on capacity and use of the birthing unit, but also the referral to treatment times where there appeared to be little challenge or pace on the issue of being able to demonstrate how many patients were on the outpatient waiting list in different specialties. There was an acceptance that the It system could not provide this information despite the huge amount of hours going into risk mitigation through manual processes
- There was a general acceptance of the issues that the trust had and Board members accepted that the Trust was not viable in its current configuration and that the Trust would have to change in order to continue to provide local healthcare. Several Board members we talked to appeared overwhelmed by the depth and breadth of challenges the Trust faced and could not articulate any productive Board dialogue on how the Trust would overcome these and what the organisation would look like in 5 years' time.

Culture within the trust

- The executives walked the hospital after each board meeting and in between times to ensure that staff were familiar with them and could raise concerns. The chair was frequently seen on ward areas. The chief executive targeted areas that were not public facing in order that every member of staff was able to raise issues with them.
- The ward staff felt that the chief nurse was approachable and supportive. However they felt pressurised by the senior nursing staff at duty matron level to undertake duties for which they felt unprepared. This included the moving of staff between wards, sometimes to manage an unfamiliar ward, accepting patients for which they did not have staff. Staff reported that they did not feel valued or respected by this group of staff. We raised this issue with the senior leadership team who understood the pressures on this level of nurses but assured us that they would address this issue.
- There were a number of ways in which messages were to be cascaded up and down the trust. The chief executive had recently initiated the “big conversation” with the trust staff. However we found that information was slow to be disseminated up and down the organisation. We spoke to many staff within the hospital and heard a variety of views on whether the hospital had an open culture. All said that the local teams were generally supportive and friendly, that the hospital had a

Summary of findings

family feel to it. However a number of staff felt unable to speak out against the pressures they were under that had potential to impact upon the safety of patients. Or had had experience of doing so but felt that they had not been listened to. The senior team were in some cases unaware of their concerns. However in other cases the senior team were aware of concerns and had had put capacity issues above their concerns. An example of this was the siting of medical patients in the birthing unit which was in accordance with the trust approved escalation policy but this would be considered very poor practice nationally.

Fit and Proper Persons

- The trust has process in place for assessing that its senior leaders are fit and proper people to run the trust. For executives already in post this is done at appraisal and background checks are undertaken.
- The Trust Development Agency appoints non-executive members and undertakes the fit and proper persons check.
- We examined the records for some of the executive team and found that appropriate checks were in place prior to the appointment into post.

Public engagement

- There was a strong and dynamic patient engagement focus in the trust supported by a very proactive team
- There is a patient panel with identified members who form part of the trust editorial board for all patient information with the Communications Team. Thus all patient information is reviewed by these members. The patient panel are represented across nine governance and safety committees including: Quality and Safety Committee of the Board, the Infection Control Committee as well as the End of Life Committee. Patient panel members walk the wards and clinical areas and speak with patients in order to feedback to the trust senior leaders. They also review complaints responses to ensure that they are easily understandable and address the complaint.
- The trust runs an 'In Your Shoes' programme which brings staff and patients/users together to hear patient experience and stories. We were told of a recent 'in your shoes' event where previous complainants had feedback to staff what the complaints process had felt like for them, this led onto joint agreement/design as to what improvements could be made in this service. .
- The trust had introduced a token system to obtain feedback. This mirrored the token system used in many supermarkets to

Summary of findings

support charities. However the trust produced a short questionnaire on the patients experience which patients put in separate boxes which were labelled extremely likely, likely, not likely or extremely unlikely or not sure which were sited in each area. We saw that there were many questionnaires in the extremely likely and likely boxes in many areas.

- When the trust received complaints these were investigated by the local team. We heard from one complainant that they had been invited to join a group to improve services at the trust. The chief nurse had personally visited this complainant and discussed what the trust could do to improve services.
- The trust has a wealth of volunteers who support the hospital undertaking tea rounds, being meal time buddies and assisting patients and their relatives around the hospital. These volunteers are committed to their hospital, in some cases for long periods of time. We heard of one volunteer who had been volunteering at the hospital for many years and was currently in their 90's.

Staff engagement

- There is an anonymous system for staff to raise concerns within the hospital. Staff were aware of this process. There around 30 to 40 concerns raised each month by staff. These are responded to by the director of workforce and staff receive an email describing actions taken in response to their concern.
- The chief executive had recently begun to hold “big Conversation” meetings with staff in which they were able to raise areas of concern. We spoke to two focus groups of staff who had ideas on areas where the trust could do better. Whilst there was an incentive scheme in place in which staff were rewarded for good ideas not all staff knew about this scheme. The chief executive was able to provide us with examples of where improvements had been made following a member of staff suggestion being taken on board this included the use of sterile gauze for non-sterile procedures, immediate discharge letters for patients in A&E, and a central repository for nutritional supplements.
- The junior doctors had recently been involved in a “Dragons Den” event where they put to the board and received funding for an initiative to increase the information to general Practitioners “out of area”. This had increased the number of discharge letters given to patients so that 80% of patients received a discharge letter. The junior doctors had initiated training programme for doctors in the A&E department.

Summary of findings

- The trust has staff excellence awards which are regularly present by the chief executive to acknowledge improvements within the hospital.

Innovation, improvement and sustainability

- The trust has worked in partnership with The Daisy Project to ensure that the women of Harlow had a safe place to disclose domestic abuse within a health care setting. The trust trained staff in maternity and accident and emergency unit and had recently expanded the training to cover all members of staff.
- The trust had many challenges including 12% population growth, high numbers of obese and ageing smokers, loss of income from high margin specialist activity and an aged estate. The trust were acutely aware that with the deficit rising and the aged estate that the trust was not sustainable in its present form without significant investment. However an integrated care organisation option had been explored and discussed with stakeholders. This was in its infancy and required further development and commitment to ensure that Harlow retained its health service for local people.

Overview of ratings

Our ratings for The Princess Alexandra Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------|----------------------|-------------|----------------------|----------------------|----------------------|
| Urgent and emergency services | Requires improvement | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Medical care | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |
| Surgery | Requires improvement | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Critical care | Good | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Maternity and gynaecology | Requires improvement | Good | Outstanding | Good | Good | Good |
| Services for children and young people | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |
| End of life care | Requires improvement | Inadequate | Good | Good | Requires improvement | Requires improvement |
| Outpatients and diagnostic imaging | Inadequate | Not rated | Good | Inadequate | Requires improvement | Inadequate |
| Overall | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |

Our ratings for The Princess Alexandra Hospital NHS Trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------|----------------------|----------------------|--------|----------------------|----------------------|----------------------|
| Overall | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Outstanding practice and areas for improvement

Outstanding practice

- The acting ward manager for the Dolphin Children's ward had made a significant improvement in a short time to the ward and showed outstanding leadership and determination.
- The play specialist providing dedicated time to fundraise to purchase toys and set up playgroups for the children was outstanding.
- The teenage zone within the children's ward was outstanding and was very responsive to the needs of teenagers.
- The gynaecology outpatient and emergency service as a function, including the termination of pregnancy service was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- The permanent staff who worked within women's services were passionate dedicated and determined to deliver the best care possible for women and were outstanding individuals.

Areas for improvement

Action the trust MUST take to improve

- Ensure that disposable items of equipment are not reused on patients.
- Ensure that the maternity unit is secure and that there is an effective system in place to ensure the safety of babies from abduction from the unit.
- Ensure that the child abduction policy is updated, reflective of current practice and tested.
- Ensure that the escalation policy is reviewed to prevent medical outliers being placed on the birthing unit at times of high capacity.
- Ensure that medicines administered to patients take into account the patient's allergy status and that the policy for the administration of medicines is adhered to. That medicines are stored appropriately and that appropriate checks are maintained to ensure the safety of medicines.
- Ensure that all staff are appropriately trained, appraised and inducted for their roles, including agency and temporary staff.
- Ensure that equipment is checked in accordance with trusts policies including resuscitation equipment.
- Ensure that all guidelines and policies within the children's accident and emergency high dependency room are up to date with current practice.