

The Princess Alexandra Hospital NHS Trust

Inspection report

Princess Alexandra Hospital
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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.

Summary of findings

Background to the trust

The Princess Alexandra Hospital was built in the mid 1960's, and the building is showing very significant signs of age with a backlog of maintenance estimated to be around £50m, and there is very little room for expansion on the current site.

The Princess Alexandra Hospital NHS Trust was established as an NHS Trust in April 1995. The trust provides a comprehensive range of acute and specialist services. The main site is the Princess Alexandra Hospital, which is a district general hospital. There are also two smaller sites where services are provided. These are:

- Herts and Essex Hospital
- St Margaret's Hospital

The trust has 480 acute inpatient beds, 12 critical care beds and 61 maternity beds and employs around 2,846 full time equivalent staff across the four sites. Of these staff, 634 are nurses, 427 are medical staff and 1,785 are classified as other staff.

The hospital is located in Harlow, Essex and provides acute and specialist services to a population of around 350,000 people from the West Essex and Hertfordshire region. within the area of Harlow, Epping, Uttlesford, Bishops Stortford and Loughton. Outlying clinics are based in Bishops Stortford, Loughton and Epping. Harlow is on the border between Essex and Hertfordshire and the Trust is commissioned by two CCG's, NHS West Essex CCG and NHS East and North Hertfordshire CCG.

From July 2016 to June 2017, the trust saw:

- 53,712 inpatient admissions (July 15 – June 16 - 53,389),
- 334,090 outpatient attendances (July 15 – June 16 – 324,506)
- 101,155 A&E attendances (July 15 – June 16 – 102,388)
- 3,970 babies born (July 15 – June16 – 3,961)
- 983 hospital deaths (July 15 – June 16 – 989)
- 163,348 bed days (July 15 - June 16 – 148,014)

Overall summary

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



What this trust does

The Princess Alexandra Hospital NHS Trust provides a comprehensive range of acute and specialist services. The main site is the Princess Alexandra Hospital, which is a district general hospital. There are also two smaller sites where services are provided. These are:

- Herts and Essex Hospital
- St Margaret's Hospital

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Summary of findings

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?

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.

The trust was last inspected in June 2016 as part of our comprehensive inspection programme, where we found there had been deterioration in the quality of services provided since our previous inspection in 2015.

In June 2016, we rated urgent and emergency services, critical care, and end of life care as inadequate, medical care, surgery and services for children and young people as requires improvement, outpatient and diagnostic imaging as good and maternity and gynaecology as outstanding.

At our inspection in June 2016, we rated safe, responsive and well-led as inadequate, effective was rated as requires improvement and caring was rated as good. The trust was rated as inadequate overall due to significant concerns in safety, responsiveness and leadership, with an apparent disconnect between the trust board level and the ward level. Following this inspection, the trust was placed in special measures. This enabled the trust to receive support from the special measures regime.

Between 5 and 7 December 2017, we inspected six of the core services provided by this trust at the Princess Alexandra Hospital. These services included urgent and emergency care, medicine, surgery, critical care, children and young people's services and end of life care.

We inspected the above core services provided by this trust as part of our continual checks on the safety and quality of healthcare services and to establish whether improvements to the safety and quality of these services had been made.

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 the trust level. Our findings are in the section headed, Is this organisation well-led?

What we found

Our overall rating of the trust improved from inadequate to requires improvement, and on the basis of this inspection, we recommended that the trust be removed from the special measures process.

Overall trust

- Our rating of the trust improved. We rated it as requires improvement because:
- Safe and responsive were requires improvement and effective, caring and well-led were good.
- Urgent and emergency care had improved from inadequate to requires improvement overall. The question of safety went from inadequate to requires improvement. The question of effective went from requires improvement to good

Summary of findings

and well-led went up from inadequate to requires improvement. The question of caring remained good and responsive improved from inadequate to requires improvement. The department had made improvements in assessing and responding to patient risk, staff knew how to report incidents and learning from incidents was shared amongst staff. The department had a clear management structure in place and demonstrated effective oversight of risk within the service. Well-led remained as requires improvement.

- Medical care (including older people's care) overall rating remained as requires improvement. Safe and responsive remained requires improvement, effective and caring remained good and well-led went down from good to requires improvement. Concerns remained around staffing levels and the low numbers of staff completing mandatory training. Waiting times from referral to treatment and discharge of patients were not in line with targets or national averages. However, staff were kind and compassionate and the service took account of patients' individual needs and planned around the needs of local people.
- Surgery services overall rating remained as requires improvement. The safe rating improved from inadequate to 'requires improvement' with effective, caring and well-led improving to 'good' and responsive remaining 'requires improvement'. There was improvement in the reporting and learning from incidents. Care was evidenced based and delivered with compassion and there was an improved culture of support with more visible leadership team. However, safeguarding children level three training remained a concern as did medical staff mandatory training and appraisal and referral to treatment performances against national standards were variable.
- Critical care (CRCU) improved from inadequate to good overall. Safe, effective and well-led all improved to a rating of good, caring remained rated good and responsive improved from inadequate to requires improvement. Concerns remained around the mixed gender accommodation breaches in the CRCU and lack of space in high dependency unit (HDU) due to the outdated design of the estate. Nursing and medical staff were still not meeting mandatory training targets.
- Services for children and young people remained rated as requires improvement overall. The question of safety improved from inadequate to requires improvement. The questions of effective and caring both remained rated as good. The question of responsive went down from good to requires improvement. The question of well-led stayed as requires improvement. The service had made improvements notably in terms of safeguarding and checks of resuscitation trolleys; and had a strong leadership team in place with a team-based culture. However, we had concerns within the service, notably due to the lack of transition arrangements to meet the needs of adolescent pathways and low compliance with life support training, which remained an issue since the previous inspection. We were also concerned about the arrangements for staffing on Dolphin ward as they were not always in line with the Royal College of Nursing (RCN) guidelines.
- End of life care services overall improved from inadequate to good. The question for safety improved from requires improvement to good and effective stayed requires improvement. The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms did not always get completed correctly. There was lack of assurance that the Mental Capacity Act and Deprivation of Liberty Safeguards were always being implemented for people who had DNACPR documentation. Caring remained good. The question for responsive improved from inadequate to good and well-led improved from inadequate to good. The service provided care and treatment based on national guidance and evidence of its effectiveness were monitored.

Are services safe?

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

- Urgent and emergency care services improved from inadequate to requires improvement. The trust had taken steps to improve the clinical oversight of patients in the department. Staff knew how to report incidents, protect patients

Summary of findings

from abuse and we saw evidence that learning from incidents was shared with staff. However, medical records were not always complete and some records lacked relevant risk assessments. Patients were not always receiving an initial assessment within the recommended period of 15 minutes. Mandatory training targets had not met the Trust's target of 95%.

- Medical care (including older people's care) remained rated requires improvement for safe, because the service did not have enough staff with the right qualifications, skills, training and experience to keep people safe and an insufficient number of staff had completed mandatory training. However, staff report and managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff kept themselves, equipment and the premises clean.
- Surgery services improved for safe went up one rating from inadequate to requires improvement. Medical staff mandatory training rates were notably lower than trust requirements. Safeguarding children level three training was a concern despite the service regularly treating children. Some theatre equipment was damaged and represented infection and effectiveness risks. World Health Organisation (WHO) "Surgical Safety Checklist and five steps to safer surgery", was not observed to be entirely in line with national best practice guidelines. However, although the service did not always have enough staff they generally managed to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff followed infection control measures to prevent the spread of infection and kept, equipment and the premises clean. Incidents were investigated well and learning was shared.
- Critical care (CRCU) improved from inadequate to good for safe. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The service used safety monitoring results and staff collected safety information and shared it with patients and visitors, staff used the information to improve the service. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service prescribed, gave, recorded and stored medicines well and staff kept appropriate records of patients' care and treatment. Staff had received training on how to recognise and report abuse and they knew how to apply it. Staff had the right qualifications, skills, training and experience to care for patients. However, the HDU was small and required modernisation and medical staff did not meet the trust target for mandatory safeguarding adults level two training.
- Children and young people's services improved from inadequate to requires improvement for safe. There was significant improvements in safeguarding awareness and processes; and in regular checks of resuscitation trolleys since our previous inspection. However, the service had a low compliance rates with mandatory training; was not meeting national standards for training in paediatric life support; had a high vacancy rate on Dolphin ward; and staffing arrangements were not always in line with the Royal College of Nursing (RCN) guidelines. We were also concerned that records were not always fully completed.
- Services for end of life care improved from requires improvement to good for safety. The service did not have a planned preventative maintenance (PPM) schedule for the mortuary equipment, such as trolleys, taps and air handling unit to show they were being tested and regularly maintained. Administration of liquid medication on Gibberd ward did not follow the correct trust procedure where bottles of liquid medication did not routinely get signed and dated once opened, which resulted in a medication that had expired being given to patients seven times. However, the service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staffing level for the specialist palliative care team (SPCT) was in line with national guidance and the SPCT were up to date with mandatory and safeguarding training.

Are services effective?

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

Summary of findings

- Services for urgent and emergency care improved from requires improvement to good. Staff provided care based on national guidance, which informed policy development within the service. Staff had received meaningful appraisal to ensure they were competent in their role. We saw that staff worked cohesively as a team and regularly engaged with other relevant healthcare professionals. However, records did not always demonstrate that consent had been obtained or that the nutritional and hydration needs of patients were being met.
- Medical care (including older people's care) remained rated good for effective, because the service provided care and treatment based on national guidance, monitored its effectiveness and used findings to improve it. The service met patients' nutritional needs and made adjustments for patients' religious and cultural preferences.
- Surgery services improved for effective and went up one rating from requires improvement to good. Care and treatment was based on national guidance, audited to assure compliance, and compared to results with other services to learn from them. The service made adjustments for patients' religious, cultural and other preferences. Staff worked together as a team to benefit patients. However, we were not provided with any assurance regarding medical staff competencies or appraisals. Improvements were required for some patient outcomes. Consent for surgery was occasionally obtained on the day of the procedure which did not comply with accepted best practice.
- Critical care (CRCU) improved from requires improvement to good for effective. The service provided care and treatment based on national guidance, monitored the effectiveness and used findings to improve it. Patients' nutritional needs were met and the service made adjustments for patients' religious, cultural and other preferences. Staff were competent for their roles and staff of different kinds worked together as a team to benefit patients. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Children and young people's services remained rated as good for effective, because staff worked in accordance with national guidance and local policy; pain was assessed and managed well; staff were supported to maintain and develop their competencies; and there was evidence of good internal multidisciplinary team (MDT) working. However, staff were not all up to date with appraisals and external MDT working was a challenge for the service.
- Services for end of life care remained requires improvement. The 'do not attempt cardio-pulmonary resuscitation' were not always completed in line with trust policy or national best practice. There was lack of evidence that Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation. There was no on site seven day specialist palliative care service. However, the specialist palliative care provided was in line with national guidance, documentation had been revised and individualised care plans introduced. Referrals to the SPCT were monitored and response times audited to measure effectiveness of the service.

Are services caring?

- Our rating of caring stayed the same. We rated it as good because:
- Services for urgent and emergency care remained the same for caring. Staff demonstrated compassionate care, which was supported by positive patient feedback gathered during our inspection. Patients felt involved in their care and treatment, and staff ensured that patients' privacy and dignity were respected.
- Medical care (including older people's care) remained rated good for caring, because staff treated patients with compassion and dignity. Feedback from patients confirmed that staff treated them with kindness. Staff involved patients and those close to them in decisions about their care and treatment.

Summary of findings

- Surgery services improved for caring and went up by one rating to good. Staff showed compassion when caring for patients and feedback from patients was very positive with Friends and Family Test results for the surgical wards being better than the England average. Patients and those close to them were involved in decisions about their care and treatment. Staff stayed after their shifts ended to ensure that patients received the appropriate care.
- Critical care (CRCU) remained rated good for caring. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients and their relatives to minimise their distress.
- Children and young people's services remained rated as good for caring, because parents and carers were happy with the care of their child, staff were compassionate and kind in their approach, and there was access to emotional support if required. However, there was some negative parent feedback regarding not being kept well informed.
- Services for end of life remained good for caring. Both medical and nursing staff treated their patients receiving end of life care, and their families, in a sensitive manner. Dignity and respect was embedded across all disciplines of staff including nurses, doctors, chaplains and porters. Individualised care plans included psychological and spiritual needs

Are services responsive?

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

- Services for urgent and emergency care remained the same for responsiveness. The service was not meeting the Department of Health's standards for emergency departments. Patients spent longer in the department in comparison with the England average. At the time of our inspection the department was undergoing a period of re-design, with closure of various clinical areas including the clinical decisions unit. This impacted on flow throughout the department. However, we the service was taking in to account the individual needs of patients. The number of patients leaving the department before being seen was lower than the England average.
- Medical care (including older people's care) remained rated requires improvement for responsive, because local people could not access the service and treatment in a timely manner. However, the service took account of patients' individual needs and treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff across the service.
- Surgery services remained requires improvement for responsive. The trust's referral to treatment time for admitted pathways for surgery was worse than the England average. Patients were frequently moved more than once in the immediate post-operative period and discharged late in the evening between 10pm and 7am. However, the service treated concerns and complaints seriously and learned lessons and shared the results. People could mostly access the service when they needed it and the service took account of patients' individual needs.
- Critical care (CRCU) was rated requires improvement for responsive, this was an improvement from inadequate. The trust planned and provided services in a way that met the needs of local people and people could access the service when they needed it. The service took account of patients' individual needs and treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, there were frequent mixed sex accommodation breaches in the CRCU with regular delayed discharges to ward. The high dependency unit (HDU) was very small, there was a shortage of space around beds and staff had to pass through bed spaces of the other patients in the unit in order to wash their hands.
- Children and young people's services rating went down from good to requires improvement for responsive because there was no dedicated transition team or pathway for adolescents and we were concerned that patients aged 16 and

Summary of findings

17 were at risk of not having their holistic and individual needs met. We were also concerned that Dolphin ward was not formally monitoring delayed discharges. However, there were measures to meet individual needs such as translation services, sensory equipment, and access to the learning disabilities specialist team; the NNU had implemented measures to reduce delayed discharges; and the service was responsive to complaints and feedback.

- Services for end of life care improved from requires improvement to good for responsiveness. Visiting hours were flexible to ensure relatives could spend as much time as needed with their loved ones. Complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life steering group meeting. Where themes in complaints around end of life care was found areas of learning were identified and changes implemented.

Are services well-led?

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

- There had been significant changes to leadership and management structures since our last inspection. Staff reported significant improvements in culture, engagement and support from managers since our last inspection.
- The trust had managers, at all levels, with the right skills and abilities to run the service and promote a positive culture that supported and valued staff.
- The leadership teams had a clear understanding of the current challenges and pressures impacting on service delivery and patient care.
- The trust had a clear vision and strategy that all staff understood and put into practice. This had been developed in consultation with staff, patients and external stakeholders.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting learning and empowering staff to innovate.
- Effective governance, risk management and quality measures were in place in most areas to improve patient care, safety and outcomes.

However:

- There was no holistic strategy in place within medical services (including older people's services) to enable the service to adequately address the concerns throughout the service and the service had been slow to make sufficient progress in relation to concerns raised at our last inspection in June 2016.
- There was a lack of vision and strategy, specifically for children and young people's services. The potential risk in relation to the lack of transition pathways and arrangements for adolescent patients had not been identified on the risk register, even though service leads spoke about it and it had the potential to impact on the care and experience of adolescent patients in the service.

Acute Service

The Princess Alexandra Hospital

What we found is summarised above under the sub-heading Overall trust

Urgent and emergency services

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

Summary of findings

- The department had improved oversight of the ambulance waiting area. Patients were cared for by dedicated staff, to ensure that clinical deterioration was identified in a timely manner.
- The service provided care which was evidence based and in line with national guidance.
- Managers had improved the rate of appraisal compliance. Whilst not all staff had met the trust's target, compliance was improved in comparison to our previous inspection in June 2016. Staff reported the appraisal process as meaningful.
- Equipment was clean, well maintained and regularly checked.
- The environment was clean. Effective processes were in place to prevent and control the spread of infection.
- Staff from various teams worked well together as a team to monitor and improve patient care and outcomes.

However:

- The emergency department was failing to achieve the Department of Health's standard for emergency departments, that 95% of patients should be admitted, transferred or discharged within four hours. There were multiple factors affecting flow through the department including a high rate of bed occupancy in the main hospital. The department failed to meet this standard in the 12-month period prior to our inspection.
- Guidance by the Royal College of Emergency Medicine (RCEM) states that a clinician should carry out a face-to-face assessment of patients within 15 minutes of arrival. Following our previous inspection in June 2016, an action the department must take to improve was to ensure patients arriving by ambulance in to the emergency department were appropriately assessed and triaged in a timely manner. The median time from arrival to initial assessment, from March 2017 to September 2017, ranged between 13 and 17 minutes. This was above the England average and did not meet the RCEM guidelines.
- From November 2016 to October 2017, the trust's monthly percentage of patients waiting between four and twelve hours from the decision to admit until being admitted was worse than the England average.
- Nursing assessments were not always fully completed. Risk assessments were not always carried out when they should have been, for example, pressure ulcer assessments were lacking in our review of medical records.
- The patient safety checklist was not routinely completed. In addition, we reviewed medical records relating to the care and treatment provided for patients with known or suspected sepsis. Records were not always completed comprehensively.
- The department was not meeting the trust's target for compliance with mandatory training. Following our inspection in June 2016 an action that the hospital must take to improve was to ensure that staff received appropriate training. Training compliance for adult and paediatric basic life support was low, with 55% of staff having completed this training.
- Staff were not consistently monitoring and recording medication fridge temperatures to ensure medicines were stored in a safe manner.
- The recording of consent was not consistently documented in patients' medical records.

Medical care (including older people's care)

Our overall rating for this service remained 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 and an insufficient number of staff had completed mandatory training.

Summary of findings

- The service provided mandatory training in key skills to staff, but insufficient staff had completed their mandatory training.
- There were high levels of vacancies across the medical wards and a reliance on the use of bank and agency staff. Nursing staff were frequently moved between wards to provide cover.

However:

- Staff report and managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff kept themselves, equipment and the premises clean.
- 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. 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. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients and their relatives to minimise their distress.

Surgery

Our overall rating for this service remained the same. We rated it as requires improvement because:

- Nurse mandatory training had improved significantly with rates between 85-100% and nursing safeguarding rates for children level two had improved at 100%.
- The service shared learning from incidents and used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors and used information to improve the service.
- Staff provided evidenced based care and used audit and research to underpin practice and make improvements.
- Staff showed compassion and caring and were committed to providing the best care for their patients. Patients felt informed and involved in their care planning and commented that staff explained things in a way they could understand.
- Patients were generally very complimentary about their care and the staff and the most recent Friends and Family Test results for the surgical wards from October 2017 was better than the England average (96%) for NHS hospitals at 98.6%.
- Staff stayed late following their shift to ensure that all care was provided and went out of their way to accommodate relatives staying with a patient whose first language was not English to ensure the patient did not become distressed.

Summary of findings

- The surgical management team were more stable and there had been an improvement in the culture of the service with staff mostly feeling supportive and valued by managers.

However:

- Mandatory training rates for doctors were low at between 37% and 59%. As at 1 December 2017, 92% of medical staff had received an annual appraisal.
- Safeguarding training remained a concern within parts of the surgery service. Despite the service regularly treating children, level three training rates for medical staff were 62% with only 12.5% of the orthopaedic medical staff trained. The theatre and PACU level three trained staff was very limited with only the most senior nurses at matron and manager level having completed.
- The theatre areas were generally tired and there was equipment being used that represented a safety and an infection control risk.
- Medical and nursing staff generally protected patient's dignity and privacy but we observed a patient transfer that took place in a theatre corridor with very little dignity or respect.
- Patients were frequently moved post operatively between the PACU and the ADSU and discharged between 10pm and 7am, and on occasion straight from the PACU.
- From September 2016 to August 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.

Critical care

Our overall rating for this service improved. We rated it good because:

- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used safety monitoring results well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Despite having some nursing vacancies the service used the staff it had staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- 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.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles and staff of different kinds worked together as a team to benefit patients. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a paper records system that they could all update.
- Staff cared for patients with compassion and involved patients and those close to them in decisions about their care and treatment. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and people could access the service when they needed it.
- The service took account of patients' individual needs and treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected and collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Medical staff did not meet the trust target for mandatory safeguarding adults and children level two training.
- There were frequent mixed sex accommodation breaches in the CRCU and regular delayed discharges to ward.
- The HDU was very small and there was a shortage of space around beds. The two hand basins both had manual taps and were at one end of the unit. Nursing and medical staff had to pass through bed spaces of the other patients in the unit in order to wash their hands.
- In the high dependency unit (HDU), nursing staff used plastic reusable bowls when washing patients but there was no clear plan for sterilising the bowls between uses.

Children and young people's services

Our overall rating for this service remained the same. We rated it as requires improvement because:

- Mandatory training compliance was low, particularly for staff on Dolphin ward.
- Staff on Dolphin ward, the NNU and Children's outpatients were not meeting the trust target compliance rate of 95% in safeguarding children level three training. The agency staff regularly used by Dolphin ward were not trained to level three safeguarding children.
- The service was not meeting the trust target or the standards set by the Royal College of Nursing in relation to both basic and intermediate paediatric life support training.
- The children's outpatients department was small and cramped.
- Within main surgery there was not always a paediatric trained member of staff present, which was not in line with guidance from the Royal College of Anaesthetists (RCoA).

Summary of findings

- There was a high vacancy rate on Dolphin ward (28%). Actual staffing levels did not generally meet planned staffing levels, although the service mitigated the risk by using a core group of fully inducted agency staff and borrowing staff from NNU if safe to do so.
- Actions taken to mitigate risks associated with low staffing levels, such as moving staff from the NNU and paediatric emergency department were not always in line with the Royal College of Nursing (RCN) guidance.
- Records were variable in their completion, particularly around documentation of discussion with parents and inclusion of the patient's name and NHS number on every page.
- Staff were not all up to date with yearly appraisals.
- External MDT working was variable. Clinical leads recognised it as a concern that their access to community services depended on where the patient's GP was based.
- The service was not carrying out regular consent audits to monitor documentation of consent and identify any areas for improvement.
- Feedback was variable regarding parents being kept well informed. The ward manager on Dolphin ward recognised that ensuring all information was communicated with parents was an area of development for them.
- Patients aged 16 and 17 were treated in adult wards. There was no dedicated transition team or clear transition pathway for adolescents and we were concerned that patients aged 16 and 17 were at risk of not having their holistic and individual needs met. This had not been identified on the local risk register.
- There was only one play specialist who worked part time meaning there was not cover every day, although the service was recruiting for another play specialist at the time of our inspection.
- The ward was not formally monitoring delayed discharges to identify any increases or trends in delayed discharges and action them accordingly.

However:

- Staff knew how to report incidents and there was evidence of sharing learning from incidents, which was shared with staff.
- The service controlled infection risk well. Staff used control measures, which were audited, to reduce the risk of infection. We consistently observed good hand hygiene and use of personal protective equipment such as aprons and gloves.
- There was good staff awareness of safeguarding procedures, actions and learning from safeguarding concerns. The culture around safeguarding had improved from our last inspection.
- Nurse staffing levels on NNU were meeting recommended levels and were sufficient to safely meet patients' needs. Medical staffing levels and skill mix were appropriate to meet patient needs.
- The service followed good medicines management practices.
- The service used national guidelines to inform their own local policies and protocols. Staff worked in accordance with best practice and national standards.
- There was a comprehensive local audit schedule and evidence of shared learning and improvements from audits.
- Staff had the appropriate skills and competencies to carry out their work and there were opportunities for staff to progress or develop additional competencies.

Summary of findings

- There was good internal MDT working across the service. Nursing and medical teams worked well together as one team to best support children's needs.
- All parents and carers we spoke with were happy with the care of their child and all observations of staff interaction with patients and parents or relatives were compassionate and kind.
- The NNU had recently updated their facilities to meet parents' needs, including two bedrooms for parents to stay overnight and a private breastfeeding room.
- There was evidence of responding to individual needs; for example, through improved links with the learning disabilities specialist team, the use of a sensory room and sensory bathroom on the ward, and good access to interpretation services.
- Discharge planning began on admission to the ward to ensure timeliness and was documented in records.
- The service responded to and dealt with complaints in a timely way and in accordance with trust policy. There was evidence of learning from complaints and feedback.
- The service had a strong local leadership team. Nursing and medical staff consistently reported good relationships with service leads and described managers as approachable and supportive.
- The service was represented in the trust-wise clinical quality service strategy and the local vision and strategy included key goals and steps to achieve them.
- There was a positive, team-based culture across the service. The clinical leads were proud of the positive change in culture since our previous inspection.
- Service leads were able to explain the key risks for the service.
- There was evidence of public and parental engagement with the service, particularly in NNU.
- Staff were committed to improving services with innovation evident throughout the service. Staff felt engaged and were encouraged to suggest changes or improvements.

End of life care

Our overall rating for this service improved. We rated it good because:

- There were inconsistencies in following the correct procedure when administering liquid medication on Gibberd ward, where bottles of liquid medication did not routinely get signed and dated once opened.
- The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were not completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- There was no on site seven day specialist palliative care service in place at the time of the inspection.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance.
- The service provided care and treatment based on national guidance and evidence of its effectiveness where the organisation did not meet clinical indicators there were actions from audits in place.

Summary of findings

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff treated patients with compassion, dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. The service had open visiting hours, allowed relatives and carers to stay overnight and made arrangements to meet individual's needs.
- Staff provided emotional support to patients to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and sign posted families to relevant information and support, including counselling services provided by external providers.
- The trust planned and provided services in a way that met the needs of local people. The trust had a system in place to highlight patients who were at the end of their lives by putting a gold hand magnet around their bed space on the ward white board for ease of identification and discussed at board round.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.

Ratings tables

The ratings tables in our full report 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 took into account 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 Children and Young People's services and critical care.

For more information, see the outstanding practice section in this report.

Areas for improvement

We found areas for improvement including breaches of four regulations that the trust must put right. We also found 15 things 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 the quality of services.

Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in urgent and emergency services, medical care (including older people's care) surgery, critical care, children and young people's services and end of life care.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure 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.

Summary of findings

Outstanding practice

We found the following outstanding practice in children and young people's service:

- The neonatal unit (NNU) had recently implemented the 'HAPPY' project to improve nurse-led discharges in straightforward and low risk cases, meaning nursing staff did not have to wait for a doctor to approve the discharge. There had been recent training on timely discharge summaries and the service leads confirmed they did not have concerns about delayed discharges. The effectiveness of this was supported by audit results.
- The ward manager for the NNU had been supported through the leadership programme and won a trust award for commitment to her work.
- The NNU had recently tried to encourage more parental engagement with the service by inviting parents whose babies had previously been on the unit to attend staff study days to share their experience. They said this was well received by both parents and staff.
- The critical care unit had recently implemented a secure medication return bin, which meant staff could return any unused medicines on the unit to the pharmacy for recycling or disposal. In the first month of use, the bin had saved the hospital £1200 by recycling unused medicines.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is 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 the quality of services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to six services and the trust overall. The services were urgent and emergency services, medical care (including older people's care) surgery, critical care, children and young people's services and end of life care.

For the overall trust

- The trust must ensure that mandatory training compliance information improve to meet the trusts target of 95%.
- The trust must ensure that staff annual appraisal completion rates improve.

In Urgent and Emergency services

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

In Medical Care (Including older people's care)

Summary of findings

- The trust must ensure staff are up to date with their mandatory training in line with the trusts target.

In Surgery

- The trust must improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level three and hospital life support.

In Critical Care

- The trust must take action to address the frequent mixed gender accommodation breaches, which occur on CRCU.

In Children and Young People's services

We found areas for improvement in this service.

Actions the trust MUST take to improve:

- The trust must ensure it meets the Royal College of Nursing (RCN) requirements to ensure there are enough staff with the correct competencies to provide care for patients on Dolphin ward.
- The trust should ensure there is a paediatric-trained member of staff in main theatres at all times.
- The trust must improve paediatric life support training to ensure staff have the required knowledge and competencies to recognise and respond to patients at risk.
- The trust must improve transition arrangements for adolescent patients, taking into account their preferences and holistic needs and ensure that there is a person-centred approach to each adolescent patient and meeting their needs, including risk assessments prior to caring for them on adult wards.
- The trust must ensure staff are all up-to-date with mandatory training.
- The trust must ensure staff receive yearly appraisals.

In End of Life Care

- The trust must review 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms to ensure they are completed fully and in line with trust policy and national guidance.
- The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services. This action related to five services and the trust overall. The services were urgent and emergency services, medical care (including older people's care) surgery, critical care, children and young people's services and end of life care.

In urgent and emergency services

- The trust should ensure staff undertake regular care rounds and emergency care safety checklists are completed.

In Medical Care (Including older people's care)

- The trust should continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for patients in line with national guidance.
- The trust should work to reduce the number of discharges and bed moves between 10pm and 8am.

Summary of findings

In Surgery

- The trust should review the continued reliance of using the post anaesthetic care unit (PACU) late at night.

In Critical Care

- The trust should introduce disposable bowls for washing patients in order to minimise risks of cross infection.
- The trust should consider the sink area in HDU when the area is next refurbished so that nursing and medical staff can wash their hands without passing through the bed space of other patients.
- The trust should consider the space required to provide safe movement around a bed space and space between beds when the HDU area is next refurbished.
- The trust should address the delayed discharges to the wards from CRCU.

In Children and Young People's services

- The trust should consider recruitment initiatives to fill the vacancies on Dolphin ward to ensure there are safe nurse staffing levels at all times.
- The trust should ensure consent is consistently documented and consider audits to monitor this.
- The trust should implement measures to improve communication with parents and ensure they have all the information they require.
- The trust should monitor delayed discharges to identify any trends or areas for improvement.
- The trust should ensure records are complete and comprehensive, in particular by improving documentation of discussions with parents in patient records.

End of life care

- The trust should continue to ensure bottles of liquid medications are dated and signed on opening to ensure they do not exceed their expiry date.
- The trust must ensure that there is a planned preventative maintenance schedule for all equipment used in the mortuary.

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.

This was our first review of well led at the trust under our next phase methodology. We rated well led at the trust as good because:

- The trust had managers at all levels with the right skills and abilities to run a service and provide high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Summary of findings

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- 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 address the negative culture that had been observed at our previous inspection in June 2016. Senior leaders regularly met with staff to provide information about changes and listen to concerns from staff.
- 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 newly developed trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the health care groups. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- 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. The leaders were visible and approachable.
- The 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 flows 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 were clear about the risks within their service and were working to mitigate risks throughout the trust.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting learning and empowering staff to innovate.
- We raised issues with the trust during our core service inspection. Once highlighted, the senior team undertook immediate action to address these issues in a timely manner.

However:

- The chief executive officer (CEO) had only been in post for seven months, and although we could see that improvements had been made, these had not yet become embedded throughout the trust. Elements of quality improvement were evident, but some work was still required to ensure quality improvement processes became fully embedded.
- There was a lack of governance, performance and management arrangements relating to Mental Health Act (MHA) administration and the provision of psychiatric liaison services. There were no board reports or an executive mental health lead for MHA provision.
- Although there was a strategy to meet the needs of people with dementia, there was no strategy for meeting the needs of patients with mental health conditions, learning disabilities or autism.

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 ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Requires improvement ↑ Mar 2018	Good ↑↑ Mar 2018	Requires improvement ↑ Mar 2018

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 ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↑ Mar 2018	Requires improvement ↑ Mar 2018
Medical care (including older people's care)	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↔ Mar 2018
Surgery	Requires improvement ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Critical care	Good ↑↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↑ Mar 2018	Good ↑↑ Mar 2018	Good ↑↑ Mar 2018
Services for children and young people	Requires improvement ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
End of life care	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑↑ Mar 2018	Good ↑↑ Mar 2018	Good ↑↑ Mar 2018
Maternity and gynaecology	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding 2016
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Requires improvement ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↑ Mar 2018	Requires improvement ↑ Mar 2018	Requires improvement ↑ Mar 2018

*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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Key facts and figures

The Princess Alexandra Hospital was built in the mid 1960's, and the building is showing very significant signs of age with a backlog of maintenance estimated to be around £50m, and there is very little room for expansion on the current site.

The Princess Alexandra Hospital NHS Trust was established as an NHS Trust in April 1995. The trust provides a comprehensive range of acute and specialist services. The main site is the Princess Alexandra Hospital, which is a district general hospital. There are also three smaller sites where services are provided. These are:

- Herts and Essex Hospital
- St Margaret's Hospital

The trust was last inspected in June 2016 as part of our comprehensive inspection programme, where we found there had been deterioration in the quality of services provided since our previous inspection in 2015.

In June 2016, we rated urgent and emergency services, critical care, and end of life care as inadequate, medical care, surgery and services for children and young people as requires improvement, outpatient and diagnostic imaging as good and maternity and gynaecology as outstanding.

At our inspection in June 2016, we rated safe, responsive and well led as inadequate, effective was rated as requires improvement and caring was rated as good. The trust was rated as inadequate overall due to significant concerns in safety, responsiveness and leadership, with an apparent disconnect between the trust board level and the ward level. Following this inspection, the trust was placed in special measures. This enabled the trust to receive support from the special measures regime.

During this inspection, we found there had been an improvement in the quality of services provided since our previous inspection in June 2016.

Facts and data about the trust

The trust has 480 acute inpatient beds, 12 critical care beds and 61 maternity beds and employs around 2,846 full time equivalent staff across the four sites. Of these staff, 634 are nurses, 427 are medical staff and 1,785 are classified as other staff.

The hospital is located in Harlow, Essex and provides acute and specialist services to a population of around 350,000 people from the West Essex and Hertfordshire region. within the area of Harlow, Epping, Uttlesford, Bishops Stortford and Loughton. Outlying clinics are based in Bishops Stortford, Loughton and Epping. Harlow is on the border between Essex and Hertfordshire and the Trust is commissioned by two CCG's, NHS West Essex CCG and NHS East and North Hertfordshire CCG.

Summary of findings

Patient numbers

July 2016 to June 2017, the trust saw:

- 53,712 inpatient admissions (July 15 – June 16 - 53,389)
- 334,090 outpatient attendances (July 15 – June 16 – 324,506)
- 101,155 A&E attendances (July 15 – June 16 – 102,388)
- 3,970 babies born (July 15 – June 16 – 3,961)
- 983 hospital deaths (July 15 – June 16 – 989)
- 163,348 bed days (July 15 - June 16 – 148,014)

Urgent and emergency services

Requires improvement  

Key facts and figures

The emergency department at The Princess Alexandra hospital provides care for the local population 24 hours a day, seven days a week.

From September 2016 to August 2017, there were 100,689 attendances to the urgent and emergency care department. Of this total, 26.8% of these were children and 21.5% arrived by ambulance. Out of all attendances, 19.7% resulted in admission to hospital which is lower than the England average.

The department has a resuscitation room with three bays, one of which is equipped to treat children. There is a minors and majors area in the department along with a rapid assessment and triage (RAT) area that enables patients to be streamed to the most appropriate care pathways. In addition, the department operates two general practitioners to stream patients from the waiting area.

The adult emergency department has a dedicated mental health room. The paediatric emergency department is open 24 hours a day, seven days a week and has cubicle space for minor and major illnesses and injuries, along with a high dependency bay.

There is an entrance for patients that self-present to the department and a dedicated entrance for ambulance arrivals.

The last comprehensive inspection of the department took place in June 2016 where the emergency department was rated as inadequate overall. Safe and well-led were rated as inadequate, caring as good and effective and responsive as requires improvement.

We carried out a short notice announced inspection of urgent and emergency care services from 5 to 7 December 2017 and an unannounced inspection on 17 December 2017. We visited various areas in the adult and paediatric emergency departments including the resuscitation area, majors and minors area, minor injuries unit and the newly implemented rapid assessment and triage (RAT) area. We spoke 18 with staff from varying clinical and non-clinical roles, reviewed 50 sets of medical records to assess for accuracy and completeness. We spoke with patients 12 and relatives who had used the service.

Summary of this service

Our rating of this service improved. We rated it as requires improvement.

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement  

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

Urgent and emergency services

- Patients did not always received face-to-face assessment within the recommended time of 15 minutes. The service's performance was worse than the England average for the 12 months prior to our inspection. In order to mitigate the risk of patients not always receiving a face-to-face assessment within the recommended time of 15 minutes, the trust had a rapid assessment and treatment (RAT) procedure. This allowed staff to prioritise the most clinically unwell patients upon arrival to the department.
- Staff did not keep an accurate and contemporaneous record of patients' care and treatment. We saw that risk assessments and other care records were not always completed.
- Staff did not consistently record early warning scores to enable the timely recognition of patient deterioration.
- Mandatory training rates were not reaching the trust's target, which meant not all staff had completed relevant training for their role. Training rates for adult and paediatric basic life support were well below the trust's target.
- The service did not have enough medical or nursing staff. Vacancy rates were high meaning the department relied heavily on the use of agency and bank staff.
- The department missed the target for ambulance crews to handover within one hour 1,803 times from August 2016 to July 2017. The service managed incidents well.

However:

- The service managed incidents well. Staff knew how to recognise and report incidents. Managers regularly shared incident investigation outcomes to provide learning for staff.
- Staff understood how to protect patients from abuse. Staff had received training on how to recognise and report abuse.
- The service controlled infection risks well. Staff were acting in line with infection prevention and control guidelines, the equipment and environment was clean.
- Processes in place meant that staff had oversight of ambulance waiting areas when the department was experiencing high demand.
- Patients were seen and treated in order of clinical priority. The RAT area was located adjacent to the waiting area and ambulance handover point so staff could see the patient at point of handover. An emergency nurse practitioner oversaw the RAT area and staff had a named doctor to escalate concerns to in the event of patient deterioration. This was an improvement since our previous inspection.
- An emergency nurse practitioner oversaw the RAT area and staff had a named doctor to escalate concerns to in the event of patient deterioration.

Is the service effective?

Good  

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

- Staff provided care based on national guidance and evidence. This was used to guide and develop policies, which were used for guidance when treating patients.
- The department participated in national audits. For the Royal College of Emergency Medicine (RCEM) Consultant sign-off 2016/17 survey, the service met all of the required standards.

Urgent and emergency services

- Staff assessed and treated pain in a timely manner. Records demonstrated that analgesia was administered where clinically appropriate.
- The service made sure that staff were competent for their roles. Managers supported staff through regular appraisals, which staff described as meaningful.
- Staff worked cohesively as a team and regularly engaged with other healthcare professionals to improve patient care and outcomes.
- Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). Staff did not always document that consent had been obtained.

However:

- Medical records did not demonstrate that the nutritional and hydration needs of patients were being effectively assessed and acted upon.
- There was limited access for food and drink for relatives and carers that visited the department.

Is the service caring?

Good ● → ←

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

- Patient feedback consistently demonstrated that patients found staff to be kind, caring and helpful.
- Staff involved patients in their care. Patients we spoke with felt well informed regarding the care and treatment they had received and what to expect next.
- Staff ensured that patients' privacy and dignity was respected.

Is the service responsive?

Requires improvement ● → ←

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

- The service was not meeting the Department of Health's 95% standard for emergency departments. Patients were not routinely being admitted, transferred or discharged within four hours of arrival in the emergency department.
- The percentage of emergency admissions via the emergency department waiting four to 12 hours from the decision to admit until being admitted was worse than the England average.
- Patients consistently spent longer in the emergency department in comparison with the England average.
- There was limited access for food and drink for relatives and carers that visited the department.

However:

- The service took accounts of patients' individual needs. The communication needs of patients with sensory loss and disabilities were being identified and met.
- The number of patients leaving the department before being seen was below the England average.

Urgent and emergency services

- Managers shared outcomes and learning from complaints with staff to prevent recurrence and improve patients care and experiences in the department.

Is the service well-led?

Requires improvement  

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

- Mandatory training rates had improved however; the department was failing to meet the trust's target of 95% in a number of subjects.
- Senior staff were not effectively monitoring and improving the quality and completeness of medical records. For example, there was limited oversight of the patient safety checklist. This meant that processes in place to monitor the deteriorating patient were not effectively used.

However:

- There was a clear management structure at both divisional and departmental level.
- Managers were clear on the top risks the department faced and various processes had been implemented to mitigate risk of waiting ambulances and delays in time to initial assessment.
- The department had effective systems in place to identify, monitor and record risks. The local risk register identified key risks that the service faced.
- Staff described the culture in the service as open and transparent.
- Senior leaders were described as approachable. Staff felt supported by the trust wide management team during periods of high demand.
- Service values were clearly displayed throughout the department and staff worked in accordance with the values of the organisation.
- The service engaged with both the public and members of staff through a variety of methods such as newsletters, social media and the internet.

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 the trust provides care and treatment for gastroenterology, respiratory, diabetes, endocrinology, care of the elderly and general medicine, fractured neck of femur, frailty, neurology and dermatology.

There are 270 medical inpatient beds located across 13 wards at the Princess Alexandra Hospital site.

The trust had 27,231 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 15,360 (56%), 211 (1%) were elective, and the remaining 11,660 (43%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 13,056
- Gastroenterology: 4,133
- Clinical haematology: 3,119

During our inspection we spoke with 13 medical staff, 24 nursing staff, five healthcare assistants, two patient journey coordinators, two physiotherapists, and nine patients and relatives. We visited 13 wards, the endoscopy unit, cardiac catheterisation laboratory ward, the medical admissions unit (MAU), and the discharge lounge. We reviewed 17 patient medical care records along with other documents such as team meeting minutes and trust policies

Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

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 abuse and to provide the right care and treatment.
- The service provided mandatory training in key skills to staff, but insufficient staff had completed their mandatory training
- People could not always access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with targets or national averages.
- There were high levels of vacancies across the medical wards and a reliance on the use of bank and agency staff. Nursing staff were frequently moved between wards to provide cover.
- There was a high usage of agency staff across the medical wards.

However:

Medical care (including older people's care)

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service had suitable premises and equipment and looked after them well.
- Although 50% of staff on the medical wards were agency staff, the trust block booked agency staff to ensure continuity and to ensure nurses had the most appropriate competency assessments.
- There was a robust escalation process in place to address staff shortages and to maintain safety across the trust. There was an executive team member on call. Whilst we had concerns around the number of vacancies on the medical wards, these were being risk assessed and risks were reviewed throughout the day.

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. 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. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

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 involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients and their relatives to minimise their distress.

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. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with targets or national averages.

However:

Medical care (including older people's care)

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Requires improvement ● ↓

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

- The service did not have a holistic strategy in place to enable them to address the concerns throughout the service.
- The service had been slow to make sufficient progress in relation to concerns raised at our last inspection in June 2016.

However:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- 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 had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

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

Surgery

Requires improvement   

Key facts and figures

The Princess Alexandra NHS Trust provides an acute surgical service serving the local population of Hertfordshire and Essex. Areas of speciality include: general surgery, including vascular, urology and breast surgery, head & neck, including ophthalmology, oral and ear, nose and throat and trauma & orthopaedics.

There had been some reconfiguration of the surgical service in the previous 12 months and at the time of the inspection the service was comprised of ;

- Three inpatient surgical wards; Henry Moore with 19 (capacity for 22) beds which is used for elective orthopaedic admissions only, and Tye Green and Penn wards with 31 and 28 beds respectively which are used for emergency admissions and step down care from the Intensive Care Unit.
- The Alexandra Day Stay Unit (ADSU) which was located in a separate building and had four operating theatres and 27 beds including a separate six bedded paediatric area.
- The same day admission unit on Nettleswell.
- Eight operating theatres in the main operating suite (and one obstetric theatre located in the obstetric department but not inspected on this occasion)
- The Post-Operative Anaesthetic Care Unit (PACU) with 11 recovery spaces including one dedicated paediatric space.
- A surgical assessment unit comprising two trolley spaces, one examination/treatment room and seven chair spaces was in the process of opening on the last day of inspection on Melvin ward.
- The trust also offered an acute pain service and had sterile services on site.

The previous inspection in 2015 rated the service as overall requires improvement with safe rated as inadequate. The main concerns were; extended periods of time patients spent in PACU, referral to treatment time standards not being met, inconsistent discharge planning and high numbers of out of hours transfers, instability in senior management and lack of attention to policies and procedures.

During this inspection we visited the wards, operating theatres, admission and day stay unit and the PACU. We spoke with 49 staff, including medical, nursing and administrative staff and eight patients and relatives. We reviewed policies and information supplied by the trust and 19 patient and prescription records.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.”

The trust had 17,248 surgical admissions from August 2016 to July 2017. Emergency admissions accounted for 4,571 cases (26.5 %), 8,879 (51.4 %) were day case, and the remaining 3,798 (22%) were elective.

Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

Surgery

Is the service safe?

Requires improvement  

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

- Mandatory training rates for staff did not meet the trust expected levels of 95%. Medical staff training rates were notably lower than expected. We were not supplied with numbers of staff trained to advance adult or paediatric life support.
- Safeguarding training was a concern within parts of the surgery service. Despite the service regularly treating children. Level three safeguarding children training rates for medical staff were 62% with only 12.5% of the orthopaedic medical staff trained. The theatre and PACU nursing staff were not trained to level three but did instigate training following the inspection. They had all completed level two training.
- The lead aprons used for staff protection during x-rays in the theatre corridors were not stored appropriately which could potentially render the apron ineffective. Some theatre equipment was damaged and represented an infection risk.
- Staff followed the principals of the World Health Organisation (WHO) "Surgical Safety Checklist and five steps to safer surgery", however our observations showed that whilst the staff followed the principals of the checklist, there were concerns about staff not being present that would potentially mean that their audit of compliance was not accurate.
- Staff in the post-operative anaesthetic care unit were frequently expected to care for patients transferred back to the unit from the day surgery unit late in the evening when they generally had less staff available (usually staffed for emergency surgery only). There was a consultation planned in the near future to review this process. Following our inspection, the trust provided evidence of the outcome of the consultation that supported staffing was in line with guidance for theatre staffing.
- The service did not always have enough staff with the right qualifications, skills, training and experience but generally managed to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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.

Is the service effective?

Good  

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

Surgery

- 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 hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service 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.
- Local audits were undertaken and action plans were used to improve any areas of concerns identified through audits.
- The risk adjusted mortality ratios for the service were good.
- Nurse managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff usually had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- 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

- We were not provided with any assurance regarding medical staff competencies or appraisals.
- Improvements were required for some patient outcomes. National data showed that the proportion of patients having surgery on the day of or day after admission was 75.9%, which was worse than the national standard of 85%.
- The perioperative medical assessment rate was 90.1%, which failed to meet the national standard of 100%. The 2015 figure was 92.9%. The proportion of patients not developing pressure ulcers was 89.5% which falls in the bottom 25% of trusts.
- Consent for surgery was occasionally obtained on the day of the procedure. This did not comply with accepted best practice as the Royal College of Surgeons.

Is the service caring?

Good  

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

- Feedback from patients was very positive and confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment and ensured that they understood.
- Staff provided emotional support to patients to minimise their distress and there were faith champions available on the wards to provide emotional support and spiritual care.
- The most recent Friends and Family Test results for the surgical wards showed a better than England average response rate and a better than England average rating of 98.6%.
- Staff stayed well after their shifts ended to ensure that patients received the appropriate care.

Surgery

Is the service responsive?

Requires improvement ● ➡ ⬅

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

- From September 2016 to August 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average.
- The PACU were not staffed for caring and discharging extra patients late at night. This had been raised as a concern by staff, although through completed incident report forms.
- Patients were frequently discharged between 10pm and 7am, and on occasion straight from the PACU.
- The percentage of cancelled operations at the trust showed an upward trend after a period of reduced performance, and was generally lower than the England average. However, they were making improvements to address this.

However:

- People could mostly access the service when they needed it. Waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice although did not always meet England averages.

Is the service well-led?

Good ● ↑

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

- The surgery division had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There were clearly defined and visible leadership roles across the surgical division. The leads were supported by teams of directorate and operational managers, matrons, ward and theatre managers.
- Most managers across the surgery division generally promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt this had improved since the last inspection.
- The surgery division had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The surgery division collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The surgery division engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The surgery division was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Staff knew of the trust vision 'Your future, our hospital' and what it wanted to achieve but there was no specific vision or strategy for the surgical division in place. Senior staff commented that it had not been rolled out yet and was 'a work in progress', at present they used the trust vision.

Surgery

- The General Medical Council (GMC) National Training Survey results for 2017 showed significantly lower scores than the national averages in a number of questions for general surgery and urology respondents. The questions covered a range of subjects from general satisfaction to clinical supervision and workload. The themes for poor scores related to handover and teamwork with the most significant low score in general surgery being workload.

Areas for improvement

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

Critical care

Good   

Key facts and figures

The critical care department at The Princess Alexandra Hospital comprises of the intensive treatment unit, the high dependency unit and a nurse led critical care outreach team (CCOT).

The critical care unit (CRCU) can accommodate both intensive (level 3) patients plus high dependency (level 2) patients. The critical care unit is also able to respond to the needs of their patients flexibly to ensure an appropriate level of care is delivered at all times.

Princess Alexandra Hospital has two critical care wards; the intensive treatment unit (ITU) and the high dependency unit (HDU). As of July 2017, there were 54.14 nursing whole time equivalents (WTE) and six other clinical WTE.

(Source: Trust Provider Information Request)

During our inspection, we visited ITU and HDU. We spoke with 18 members of staff, three patients, three family or carers and reviewed six medical care records.

Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Good   

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

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The service had suitable equipment and looked after it well.
- Despite having some nursing vacancies the service used the staff it had staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff had the right qualifications, skills, training and experience.

However:

- The service provided mandatory training in key skills to all staff. Medical staff did not meet the trust target for mandatory safeguarding adults and children level 2 training.
- In the high dependency unit (HDU) nursing staff used plastic reusable bowls when washing patients but there was no clear plan for sterilising the bowls between uses. We were concerned this was not good practice due to the bowls being used for all aspects of personal care and the possible risks of cross infection from wound sites or intimate areas.
- The HDU had two hand basins, both with manual taps, at one end of the unit. Nursing and medical staff had to pass through bed spaces of the other patients in the unit in order to wash their hands. We were concerned about the infection prevention and control (IPC) implications.

Critical care

- The HDU was very small and there was a shortage of space around beds. This was on the risk register for the unit but staff told us compliance could not be achieved without an entirely new site for the CRCU.

Is the service effective?

Good  

Our rating of effective improved. 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.
- The service 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 always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a paper records system that they could all update.
- 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.

Is the service caring?

Good   

Our rating of caring improved. 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 involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients and their relatives to minimise their distress.

Is the service responsive?

Requires improvement  

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

- There were frequent mixed sex accommodation breaches in the CRCU and regular delayed discharges to ward.

Critical care

- The HDU was very small and there was a shortage of space around beds. The two hand basins, both had manual taps and were at one end of the unit. Nursing and medical staff had to pass through bed spaces of the other patients in the unit in order to wash their hands.
- In the high dependency unit (HDU) nursing staff used plastic reusable bowls when washing patients but there was no clear plan for sterilising the bowls between uses.

However:

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

Is the service well-led?

Good   

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- 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 had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

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.

Services for children and young people

Requires improvement   

Key facts and figures

Services for children and young people comprised an inpatient children's ward, neonatal unit, day surgery service, and children's outpatients. The trust has 20 inpatient paediatric beds in total on Dolphin ward, for patients up to 16. Patients aged 16 or 17 were cared for in adult wards. The neonatal unit has 16 cots, comprising 10 special care cots and six intensive therapy or high dependency cots. The neonatal unit provides level two care and supports transfer of babies requiring level three care to specialist units in neighbouring trusts. Children requiring day surgery are cared for in any of the five dedicated children's beds in the day surgery unit.

Our inspection was announced at short notice (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection we visited the Dolphin ward for inpatients, the neonatal unit (NNU) and the children's outpatients department. We spoke with 17 members of staff, 14 parents and one patient. We also reviewed 15 sets of patient records.

Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement  

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

- Dolphin ward was not meeting the trust target of 95% for any of its mandatory training modules, with the lowest compliance rate at 31%. This was because high staff vacancies meant they had not been able to take staff away from their clinical work for dedicated training time.
- Staff on Dolphin ward, the NNU and Children's outpatients were not meeting the trust target compliance rate of 95% in safeguarding children level three training. The agency staff used by Dolphin ward were not trained to level three safeguarding children.
- The service was not meeting the trust target or the standards set by the Royal College of Nursing in relation to both basic and intermediate paediatric life support training.
- The children's outpatients department was small and staff reported it could often be cramped in the waiting area, although they never had to use the adults outpatients waiting room despite this.
- Within main surgery, there was not always a paediatric trained member of staff present, which was not in line with guidance from the Royal College of Anaesthetists (RCOA). However, a nurse from Dolphin ward would always accompany them to theatres beforehand and back to the ward after, once they had become stable in recovery.

Services for children and young people

- There was a high vacancy rate on Dolphin ward (28%) and they had difficulty recruiting to the ward. The ward manager often had to step in to do clinical shifts when they were meant to be supernumerary. Actual staffing levels did not generally meet planned staffing levels. There was a high use of bank and agency staff on Dolphin ward in particular.
- Actions taken to mitigate risks associated with low staffing levels, such as moving staff from the NNU and paediatric emergency department were not always in line with the Royal College of Nursing (RCN) guidance.
- Records were variable in their completion, particularly around documentation of discussion with parents and inclusion of the patient's name and NHS number on every page.
- The NNU was relying on notes and observations rather than a specific tool for observations and monitoring of the deteriorating baby.

However:

- There had been no never events or serious incidents in the service from October 2016 to September 2017. Staff knew how to report incidents and there was evidence of learning from incidents, which was shared with staff.
- The environment was clean and staff practised good infection prevention and control (IPC) and hand hygiene procedures.
- Safeguarding was a central focus for the service and there was good staff awareness of safeguarding procedures, actions and learning from safeguarding concerns. This was an improvement from our previous inspection
- Daily checks of the resuscitation trolleys were completed on the ward, NNU and children's outpatients and we saw that the contents matched the equipment checklist. This was an improvement from our previous inspection.
- The service had a sepsis assessment tool with a clear escalation flowchart, which was based on best practice and national guidance. Sepsis risk for particular patients was discussed at the handover we attended on NNU.
- Nurse staffing levels on NNU and children's outpatients were meeting recommended levels and were sufficient to safely meet patients' needs.
- Medical staffing levels and skill mix were appropriate to meet patient needs.
- The service followed good medicines management practices.

Is the service effective?

Good   

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

- The service used national guidelines such as those published by the National Institute of Health and Care Excellence (NICE) to inform their own local policies and protocols. Staff worked in accordance with best practice and national standards including constant monitoring by the anaesthetist.
- There was a comprehensive local audit schedule. There was a monthly departmental audit meeting where the results of audits were shared. The feedback was also shared at weekly team huddles, bimonthly forums for band six and seven nurses, and via email newsletter, to ensure all staff were captured in this shared learning.
- Pain was assessed and managed appropriately using a range of tools dependent on the child's age and behaviour.
- Readmission rates following emergency admissions were lower (better) than the national average.

Services for children and young people

- Staff had the appropriate skills and competencies to carry out their work and induction was comprehensive, including classroom sessions and a two-week shadowing period to sign off clinical competencies. There was an 18-month preceptorship programme for staff to develop skills and competencies and also gain additional experience in any specialist areas of interest.
- Nursing staff were supported in their revalidation by a dedicated practice development nurse. They were provided throughout the year with any personal feedback from patients and parents and other staff, and were able to use this in their revalidation meetings.
- There were examples of staff having opportunities to develop additional skills and competencies; such as secondments to tertiary centres, and support through advanced nurse practitioner courses.
- There was good internal MDT working across the service including in the theatre case we observed. MDT meetings on Dolphin ward involved all relevant staff and everyone had an opportunity to contribute. Nursing and medical teams worked well together as one team to best support children's needs.
- There was an up-to-date policy on obtaining consent for treatment on children and staff showed good understanding of the principles of consent.
- Staff were not all up to date with yearly appraisals. This was mainly due to low staffing levels in Dolphin ward meaning the manager was having difficulty taking staff away from their clinical work to carry out appraisals.
- External MDT working was variable. Clinical leads recognised it as a concern that their access to community services depended on where the patient's GP was based. They said that for some areas, there were strong external links for home cover and that community staff would attend ward rounds for complex cases, but that other areas were much more limited.
- Out of five records we reviewed on Dolphin ward, only two had documentation of consent. The service was not carrying out regular consent audits to monitor documentation of consent and identify any areas for improvement.

Is the service caring?

Good   

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

- All parents and carers we spoke with were happy with the care of their child and all observations of staff interaction with patients and parents or relatives were compassionate and kind.
- Staff tailored their communication to best suit the age and needs of each child.
- Five regular volunteers helped out in children's services in a non-clinical capacity, to provide support for patients and their families, and respite for parents and carers.
- Parents on the NNU could access support from PETALS, a charity based at another local trust, for emotional and bereavement support if needed.
- In our observations on the ward of interactions between staff and patients or relatives, staff explained conditions, care plans and progress clearly and listened to and responded to any concerns or questions raised.

However:

Services for children and young people

- Feedback was variable regarding parents being kept well informed. The ward manager on Dolphin ward recognised that ensuring all information was communicated with parents was an area of development for them. On NNU However, the unit scored lower for the question 'were you given enough information to help you understand your baby's condition?' with only nine positive responses out of 16 in the September parent feedback survey.

Is the service responsive?

Requires improvement  

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

- Patients aged 16 and 17 were treated in adult wards. There was no dedicated transition team or clear transition pathway for adolescents and we were concerned that patients aged 16 and 17 were at risk of not having their holistic and individual needs met. Although service leads told us that adult and paediatric services would hold a complex care special planning meeting to gain input from both teams, this had not happened for the 16 year old patient we spoke with.
- Parents frequently raised the lack of free parking as a complaint and this was acknowledged as an issue by the NNU ward manager, although parking was subsidised.
- The service did not run any community paediatric outpatients clinics to help meet the needs of patients who could not easily access the trust.
- There was only one play specialist who worked part time meaning there was not cover every day, although the service was recruiting for another play specialist at the time of our inspection.
- The ward was not formally monitoring delayed discharges. Although delayed discharges were not a concern for the service, the lack of documented monitoring meant the service may not be able to clearly identify any increases or trends in delayed discharges and action them accordingly.

However:

- The NNU had recently updated their overnight facilities, which included two bedrooms for parents to stay overnight.
- The NNU had recently installed a quiet and private breastfeeding room with reclining breastfeeding chairs separated by a screen. They were also offering sandwiches and light refreshments to parents, in response to feedback from parents.
- The service had school teachers based on the ward from Monday to Friday during term time to provide children with learning and educational activities for all ages.
- The service had good links with the learning disabilities specialist team to meet the needs of children with learning disabilities.
- There was a sensory room and sensory bathroom on the ward, with a range of light, sound and music therapy and sensory toys, which we were told was particularly beneficial for meeting the needs of oncology patients.
- The service had a play specialist, who used distraction techniques to help reduce anxiety in children throughout their stay and whilst receiving treatment, including in the pre-operative stage before a child went into theatre.
- Staff could access an interpretation service for children and parents whose first language was not English. This included both phone and face-to-face interpretation options, and staff reported they were quick to respond.

Services for children and young people

- Discharge planning began on admission to the ward to ensure timeliness and was documented in records. The NNU had recently implemented the 'HAPPY' project to improve nurse-led discharges in straightforward and low risk cases, meaning nursing staff did not have to wait for a doctor to approve the discharge.
- The service responded to and dealt with complaints in a timely way and in accordance with trust policy. There was evidence of learning from complaints and feedback.

Is the service well-led?

Requires improvement   

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

- There was a lack of vision and strategy, specifically for children and young people's services.
- The potential risk in relation to the lack of transition pathways and arrangements for adolescent patients had not been identified on the risk register, even though service leads spoke about it and it had the potential to impact on the care and experience of adolescent patients in the service.
- Although the service took short-term actions to mitigate risks, relating to staffing levels on dolphin ward. These were not always in line with the Royal College of Nursing (RCN) guidance. Risks associated with staffing on Dolphin ward did not feature on the health care group's risk register.
- The leadership team were not responsive to the wishes of young people above the age of 16 years and where they preferred to receive their care.

However:

- The leadership structure of the service was established and all staff were clear about who had responsibility.
- Both nursing and medical staff consistently reported they had good relationships with service leads and described managers as approachable and supportive.
- Staff reported that the senior leadership team were visible and regularly spent time within the service. The trust chief executive officer (CEO) ran a weekly meeting, which all staff were welcome to attend, and encouraged all staff to raise any questions or concerns directly to them.
- The service was represented in the trust-wide clinical quality service strategy. Their vision and strategy included developing a paediatric assessment unit (PAU) as part of a wider clinical network for paediatrics, to help sustainability and flow within the service.
- There was a positive, team-based culture across the service. The clinical leads were proud of the positive change in culture since our previous inspection.
- Service leads were able to explain the key risks for the service and this was reflected on the risk register. Each risk had an appropriate person allocated to overseeing it and appropriate actions in place to mitigate them as far as possible. They also had target risk levels to help drive improvement, and target dates for addressing the risks.
- The top three local risks were displayed on an information board on Dolphin ward and NNU to ensure everyone remained aware of them.
- Staff we spoke with felt engaged with their work and with the development of children's services. They were encouraged to suggest and help implement developments such as the 'HAPPY' project.

Services for children and young people

- The service had an 'employee of the month' scheme to recognise staff commitment, care and achievement in children's services.
- The NNU had recently tried to encourage more parental engagement with the service by inviting parents whose babies had previously been on the unit to attend staff study days to share their experience. They said this was well received by both parents and staff.

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 The Princess Alexandra Hospital. 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 1,099 deaths from August 2016 to July 2017.

Princess Alexandra Hospital does not have a dedicated ward for end of life care. However the trust opened Gibberd Ward, 27 bedded ward in September 2017, which provides care for patients with Dementia and those requiring end of life care. Patients 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), which consists of specialist consultants and nurses, provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of life. SPCT consisted of three whole time equivalent (WTE) clinical nurse specialists (CNS) in palliative care, one WTE ceilings of treatment nurse adviser, one 0.4 WTE palliative care practice development clinical nurse specialist and one WTE administrative and clerical support.

The SPCT received 692 referrals from December 2016 to November 2017, 59% of these being for patients with a diagnosis of cancer. The SPCT was available six days a week, from 9am to 5pm, Monday to Friday. Outside these hours, advice was provided by the local hospice via telephone or in person if required. The Specialist Palliative Care Team work six days a week, Monday to Saturday, 9am to 5pm.

Palliative and end of life care champions were identified within each clinical area and team, including allied health professionals. Champions were given additional ongoing training to support them within their roles.

The service was previously inspected in June 2016 and was rated overall as inadequate.

We completed a short notice inspection of the end of life care service from 5 to 7 December 2017 and an unannounced visit on the 17 December. We visited 12 areas, including accident and emergency, medical wards, surgical wards, mortuary, bereavement suit and hospital chapel. We spoke with one patient and five relatives. We spoke with 40 members of staff including medical director, non-executive director with responsibility for end of life care, medical and nursing staff, allied health professionals, and the SPCT, portering, mortuary and chaplaincy staff. We reviewed 11 patient care records, 37 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits. We observed board rounds, SPCT MDT meeting and attended the End of Life Improvement Programme Steering Group's meeting.

Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

End of life care

Is the service safe?

Good  

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

- The trust did not have systems in place for planned preventative maintenance (PPM) schedule for the mortuary equipment, such as trolleys, taps and air handling unit to show they were being tested and regularly maintained. The mortuary manager told us that they would report any faults on equipment to the trust estates department for repairs but didn't have systems in place for PPM.
- There were inconsistencies in following the correct procedure when administering liquid medication. During our inspection, we found that staff on Gibberd ward did not routinely sign and date the bottles of liquid medication once it had been opened. Although a bottle of liquid medication has an expiry date, once opened, the expiry date is shortened. We found an out of date liquid medication that had expired due to there being no date of opening on the bottle. The medication which had been administered seven times since it had expired. There was no date of opening on the bottle.

However:

- 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 had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The staffing for the specialist palliative care team (SPCT) was in line with national guidance and were up to date with mandatory and safeguarding training. This was an improvement from the last inspection.
- Staff completed individualised care plans for patients receiving end of life care. This was in line with national guidance and was an improvement since our last inspection.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Requires improvement   

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

- The trust's 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were not consistently completed in line with trust policy or national best practice guidelines. We were not assured that the Mental Capacity Act and Deprivation of Liberty Safeguards were always implemented for people who had do not attempt cardio pulmonary resuscitation (DNACPR) documentation.
- There was no on site seven day specialist palliative care service in place at the time of the inspection.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Where the organisation did not meet clinical indicators there were actions from audits in place.

End of life care

- The service made sure staff were competent for their roles. The SPCT offered training study days and all wards we visited had an end of life champion. The trust developed a training programme for volunteers to support end of life care patients and their family in the hospital.
- Referrals to the SPCT were monitored and the response times were audited to ensure the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit 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 treated patients with compassion, dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. The service had open visiting hours, allowed relatives and carers to stay overnight and made arrangements to meet individual's needs.
- Staff provided emotional support to patients to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and signposted families to relevant information and support, including counselling services provided by external providers.

Is the service responsive?

Good ● ↑ ↑

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

- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients.
- The trust planned and provided services in a way that met the needs of local people. The trust had a system in place to highlight patients who were at the end of their lives by putting a gold hand magnet around their bed space on the ward white board for ease of identification and discussed at board round.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.

Is the service well-led?

Good ● ↑ ↑

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

End of life care

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The medical director was the executive lead for end of life care. The end of life care steering group was chaired by an associated clinical director of nursing. The trust had a named non-executive director with the responsibility for end of life care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The end of life care strategy referenced key national guidance and included defined local priorities, outcomes and measures of success. Staff were engaged in the development of the end of life care strategy and SPCT staff understood their role in delivering the strategy.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff recorded risks relating to end of life care on divisional risk registers.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust also had a patient representative on their end of life care steering group. The trust had undertaken a bereavement survey in November 2017.

Areas for improvement

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

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)

This guidance (see 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

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Our inspection team

This inspection was led by Fiona Allinson, Head of Hospital Inspection, Fiona Collier and Mark Heath, Inspection Managers. Three specialist advisors supported the well-led inspection.

The team for the core service inspection included 10 inspectors, one of which was a mental health inspector, two pharmacists and six specialist advisers. Specialist advisers are experts in their field who we do not directly employ.