

## LNWUHT BRENT OSC BRIEFING

**Date of Meeting:** 13<sup>th</sup> December 2018

**Overview and  
Scrutiny Committee**

**Item No.**

**Xx**

**Board Report No.**

**Xx**

Approval  
 Endorsement/Decision  
 Discussion  
 Information

**Subject:** LNWUHT CQC Inspection Report.

**Director Responsible:**

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**Summary:**

The Care Quality Commission (CQC) undertook an announced inspection of London North West University Healthcare NHS Trust for 3 days from 5 to 7 June 2018. Scheduled inspections took place across 4 of our sites: Northwick Park, Ealing, Community Inpatients-Willesden and Clayponds and Community Dental. The CQC also undertook a 'Well-Led' specific inspection of the entire service from the 3 to 6 July 2018 through tours and scheduled interviews with senior managers, service leads and the Executive team.

Follow up unannounced inspection visits took place between 8 to 18 July 2018.

As part of the inspection, the CQC spoke to patients, visitors, carers and staff (in the hospitals, in focus groups and formal interviews) to gain a view of London North West University Healthcare NHS Trust's 8 core services; Surgery, Critical care, Maternity/Gynaecology, Services for Children and Young People, Medical care, Urgent & Emergency Care, Community and Community Dental Services.

The CQC methodology seeks to rate each of these in relation to five domains:

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

In the period prior to the inspection, the Trust provided large amounts of documentation to the CQC via a process called the Provider Information Return (PIR). This was followed by further

Data Requests (DR) during and after inspection. A total of approximately 700 DRs were received and responded to. The CQC use this information to provide focus during their inspection and triangulate their inspection results. All responses were provided within the required deadline and the inspection ran smoothly as a result of the robust preparation and engagement with staff at all levels and the CQC commented very positively on how the Trust hosted them.

The CQC issued six potential breaches of legal requirements that the Trust had to put right in advance of the reports publication. The report was published at the end of August and the overall Trust rating remained unchanged as 'Requires Improvement' from the previous CQC 2015 inspection. In North West London the other acute Trust ratings are:

- Imperial Health Care NHS Trust –Requires Improvement
- Chelsea and Westminster NHS FT – Good
- Hillingdon Hospital NHS FT – Requires Improvement

The detail of the LNWUHT’s ratings are in the summary table below;

**Rating for acute services/acute trust**

|                            | Safe                                  | Effective                             | Caring                | Responsive                            | Well-led                              | Overall                               |
|----------------------------|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Northwick Park Hospital    | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Good<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 |
| Ealing Hospital            | Inadequate<br>↓<br>Aug 2018           | Requires improvement<br>↔<br>Aug 2018 | Good<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 |
| Central Middlesex Hospital | Good<br>Aug 2014                      | Good<br>Aug 2014                      | Good<br>Aug 2014      | Good<br>Aug 2014                      | Requires improvement<br>Aug 2014      | Good<br>Aug 2014                      |
| Community Services         | Good<br>↑<br>Aug 2018                 | Requires improvement<br>↔<br>Aug 2018 | Good<br>↔<br>Aug 2018 | Good<br>↑<br>Aug 2018                 | Good<br>↑<br>Aug 2018                 | Good<br>↑<br>Aug 2018                 |
| <b>Overall trust</b>       | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Good<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 |

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Main highlights from the report include overall ratings as follows;

- Good for the 'Caring' domain with outstanding practice identified within Surgery and Community Inpatients services
- Good for Inpatient Community Service
- Inadequate for the 'Safe' domain at the Ealing site
- Inadequate for the Maternity service at Northwick Park site

Within the final report the CQC identified 39 'MUST DOs and 72 SHOULD DOs that the Trust needs to address to comply with breaches that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. The Trust has developed an action plan in response to all of these that was submitted to the CQC by the 30<sup>th</sup> September.

Below is detailed the Trust response to the **6 Warning Notices**:

### **1. Ealing Emergency Department**

- Children treated in A&E department, but should have been stabilised and transferred to Northwick Park (notice now withdrawn)
  - confirmed only 0.05% of children did not follow the planned pathway
  - repeated 'stabilise and transfer' guidance to staff
  - ongoing checks to confirm paediatric pathway is followed
- Resuscitaire not plugged in
  - new signage to prompt equipment check
  - more regular audits (100% compliance in August)
- New location of grab bag medications not known by all staff
  - verbal communication in meetings
  - written reminders out to staff

### **2. Critical care (Northwick Park)**

- More space needed in HDU area for staff to move around easily
  - removed two beds in the HDU unit
  - moved remaining furniture to provide more space
  - developed business case to further expand unit to meet ongoing demand
- More hand-washing facilities needed
  - introduced additional hand-washing facilities

### **3. Maternity (Northwick Park)**

- Neonatal bleep did not work
  - identified cause of technical error
  - reviewed entire bleep system
  - reinstated twice daily bleep tests
  - exception reports escalated appropriately by Switchboard
  - updated bleep contact list
- Public 'tailgating' by following staff into staff lift
  - upgraded staff lift to require swipe access
  - upgraded Delivery Suite doors from theatres to secure access only
  - signage to discourage 'tailgating'
  - Upgrades needed to maternity entrance doors
  - immediate security presence in maternity waiting area
  - security presence out of hours 7 pm – 7 am
  - installed new software to strengthen doors
  - weekly security reports for maternity
  - no public access to maternity from main hospital 7 pm – 7 am

#### 4. Ealing medical services

- **Improvements needed to the way we assess patients and take their observations:**
  - established Ealing Intensive Support Programme:
    - a steering group for Ealing to provide assurance
    - chaired by Chief Nurse or Divisional Head of Nursing for Medicine
    - Quality and Patient Safety Assurance Task and Finish Groups report into the steering group
  - Professional Standards Workshops on documentation with full MDT
  - re-launching documentation booklet in November 2018
  - introduced NEWS 2 on all bedded units in October 2018
  - further improving care quality and experience dashboards

#### 5. Ealing medical services

- **Improvements needed to the way we manage medicines**
  - introduced Omnicell software in 10 areas at Ealing: reducing need for drug trolleys and allowing medicines to be delivered on time
  - delivered medicines management training to more than 250 nurses at Ealing – plan to roll out to whole Trust
  - developed a standardised safety checklist for drug trolleys
  - reintroduced monthly medicines management audits with real time feedback
  - monthly spot checks on all stock items
  - purchasing medication storage lockers to improve storage of patients' own medicines
  - standardised process for returning medication from wards to pharmacy.

#### 6. Ealing Medical Services

- **Improvements needed to medical and nursing staffing levels**
  - developed Standard Operating Procedure to enhance staffing levels for Level 2 care when required
  - reviewed staffing levels on Ward 4 South (Ealing) – these have improved, especially at night
  - training on effective e-Rostering completed at Ealing
  - revised rota for junior doctors in place to ensure consistent junior medical cover (Core Medical Trainee satisfaction results for Ealing now best in north west London)
  - improving international recruitment using innovative methods, such as Skype
  - introducing 'recruitment clinics' to engage with candidates and reduce delays

#### **CQC Quality Summit 6<sup>th</sup> November 2018**

In response to the report a Quality Summit was held at Ealing Hospital on 6<sup>th</sup> November 2018 to discuss the findings from the report. The event was attended by LNWUHT Executive team, Non Executives, staff members, and representatives from the CQC, NHS Improvement, local councils, Healthwatch and other health and social care partners across North West London.

Following a welcome from chairman Peter Worthington, Robert Throw, who led the CQC inspection in June, presented a summary of the findings of their report. Chief executive Dame Jacqueline Docherty followed up with the Trusts response and the actions taken since the inspection to make the necessary improvements.

The attendees were then split into five groups where they discussed how improvements could be made in the following key areas:

- Leadership, Culture, Patient Experience and Staff Engagement
- Maternity
- Ealing Hospital
- Continuous Quality Improvement and Transformation
- Patient flow and Pathways.

Pledges (see Appendix B) were made to consolidate and progress further the current CQC Action plan.

### **Divisional CQC Action Plans' Update**

The Executive team met with the divisional teams to monitor progress against the CQC improvement journey action plans on the 14<sup>th</sup> November 18. Each Triumvirate provided the ETM with the status of their Improvement Plans, highlighting assurances with evidence, exceptions and any areas requiring support as well outlining their Divisional Reporting, Monitoring and Governance Arrangements for the CQC Action plans.

In terms of the areas where the CQC gave an Inadequate Rating at Ealing and within Maternity services at NWP the following actions have been taken:

Ealing: Ealing Hospital was rated inadequate for the Safe domain overall with inadequate overall rating for the ED and another inadequate rating for the Safe domain in Medical care.

Significant work has been undertaken including immediate actions to address the Warning Notices. Treatment of children in the Ealing ED has been stopped; this has been communicated and reiterated to all staff. The Paediatric care environment including transfers is being improved and monitored. **65% of the MUST DO actions are currently RAG rated Green** with the outstanding Amber actions projected to be completed by end of 2018 and a few due for completion in Quarter 4. Further review is in progress to develop trajectories for maintaining and monitoring sustainable improvements of the completed actions. NHSI led work is in place to support all ongoing work and to provide line of sight and assurance to the Trust Board, regulators, staff and the patients and population we serve.

Maternity: The Northwick Park Maternity service was overall rated inadequate with the Well-Led and Safe domains also rated inadequate.

Immediate actions were put in place to address the security issues and bleep system concerns raised by the CQC. **80% of the MUST DO actions have been completed** while the outstanding actions are expected to be completed by end of Quarter 4. The unit is working

with the NHSI Maternity Advisor through the Maternity Safety Support Programme who has now completed the diagnostic phase and plans are in progress to implement a comprehensive Improvement programme.

**Next Steps include;**

- Intensify work with external partners and our new NHSI Improvement Directors to:
  - implement our action plans
  - identify any areas for further improvement
  - design sustainable solutions
- Outputs arising from the Quality Pledges are due to be reviewed and actioned by respective Executive Team Leads including identification of specific outcomes and how they will be progressed, measured and agreed.
- Transformation programme has started to embed quality improvement methodology across all our services, supported by:
  - critical mass of 30 trained Improvement Fellows to deliver sustainable local change and act as quality improvement champions
  - 3 QI managers have been appointed to support and implement sustainable changes within the divisions and across the Trust
- Mandatory training compliance is being accelerated through various initiatives including more face to face and online sessions and introduction of a new system by HR
- With the support of NHSI the Trust has secured the services of Sheila Adam on a 0.5 WTE basis as its Quality Improvement Director (shared with Hillingdon Hospitals NHSFT)
- An NHSI approved Maternity Advisor Barbara Kuypers has commenced support to the Trusts maternity services work stream
- Monthly Board critical review of delivery of CQC action plan, supported by robust evidence, audit, data or sight of changes
- Monthly Board review of Trust progress in improving its CQC insight report ratings, and agreement on ongoing remedial action required to improve outcomes
- Participate in and prepare for CQC revisit in 2019 and/or external review to assure Trust progress against action plans
- Continue to seek support for capital investment (public and private)
- Ambition to move from Requires Improvement to Outstanding in next 2 years.

**Recommendations**

The Oversight and Scrutiny Committee is asked to note the CQC inspection outcomes, action being undertaken and next steps