

Care Quality Commission Chief Inspector of Hospitals Inspection Compliance Action Plan

Regulation:

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.

Regulated Activity:

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

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
People who use services and others were not protected against the risks associated with ineffective decision-making in order to protect their health, welfare or safety. In that:				
<ul style="list-style-type: none"> Very little information was systematically collected on the safety and quality of care and treatment provided within critical care. <i>Regulation 10 (1) (a) (b) (c)(i) (e)</i>	ICNARC license application - May 2014 Confirmed joining – June 5, 2014. Data collection in place with NWL <i>Critical Care Network Quality measures uploaded</i> for first quarter of 2014/15	Sue Field / Jamie Zanardo	Complete Complete	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
	<p>Clinical Lead – dedicated 1PA for development, leadership and overseeing of quality measure return.</p> <p>Recruitment to Audit Nurse Post underway – interview date 16/9/14</p>		<p>Complete</p> <p>Nov 2014</p>	
<ul style="list-style-type: none"> There was a lack of up-to-date protocols and guidelines for staff to work from within surgery. <p><i>Regulation 10 (1)(b) (2) (b)(iv)</i></p>	<p>Clinical teams to review and update clinical protocols and guidelines in line with best and evidence based practice.</p>	<p>Antony Fitzgerald / Clinical Director Surgery</p>	<p>Consult and write up to end of Oct 2014</p> <p>Approval during Nov 2014</p> <p>Publicise and test efficacy during Dec 2014</p>	
<ul style="list-style-type: none"> The maternity service did not respond to complaints in a timely manner, nor did it actively seek women's feedback on the maternity pathway. <p><i>Regulation 10 (1) (a) (b) (2) (b)(i)</i></p>	<ul style="list-style-type: none"> Ensure clear display of Trust posters and information on: 'Listening, responding and improving your experience' Audit compliance Staff engagement workshop Develop Complaints management improvement plan and trajectory for compliance with response standards and to sustain continued Trust wide performance 	<p>Carole Flowers</p> <p>Jayne Adams / Gloria Rowland/Onsy Louca</p> <p>James Nugent – Pt relations Pami Kalia - HR</p>	<p>September 2014</p> <p>September 2014</p>	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
	<ul style="list-style-type: none"> Recruit designated maternity Patient Experience & Quality Improvement Lead. (appoint interim) Explore mechanisms for real time patient feedback Develop women's feedback plan on maternity pathway, to include: <ul style="list-style-type: none"> ➤ Improve response rate of F&F test. ➤ Themes and trends from on call supervisor of midwives and bleep holder ➤ Repeat of national survey Evidence of feedback, learning and change incorporated into: <ul style="list-style-type: none"> ➤ Divisional Monthly Clinical Governance meetings. ➤ Report to Clinical Performance & Patient Experience subcommittee of the Trust Board. 		<p>Sept 2014 – interim in post Review appt substantively Nov 2014</p> <p>September 2014</p> <p>January 2015</p> <p>Oct 2014</p> <p>October 2014 and quarterly.</p>	
<ul style="list-style-type: none"> The lack of escalation processes in maternity. <i>Regulation 10 (1)(b)</i> 	<ul style="list-style-type: none"> Re-launch Maternity Early warning Signs MEOWS assessment and escalation tool Audit compliance 	<p>Carole Flowers/Charles Cayley</p> <p>Jayne Adams / Gloria</p>	<p>September 2014</p> <p>November 2014</p>	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
	<ul style="list-style-type: none"> Review clinical and bed management escalation protocol and re-launch with compliance testing by audit Establish joint midwifery and obstetrician handover - compliance testing by audit 	Rowland/Onsy Louca	September 2014 November 2014 October 2014 January 2015.	

Regulation:

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare

Regulated Activity:

Treatment of disease, disorder or injury

Maternity and midwifery services

Surgical procedures

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date
Women who use maternity services at Northwick Park Hospital were not protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of –			
<ul style="list-style-type: none">Having their individual needs met as comfort checks on the postnatal ward were not regular. <i>Regulation 9(1)(b)(i)</i>	<ul style="list-style-type: none">Comfort Rounds Audit with process review to ensure outcome of regular checks noted is established	Carole Flowers Jayne Adams / Gloria Rowland	November 2014.
<ul style="list-style-type: none">Having their safety and welfare ensured because behaviour and attitudes of some midwives towards women fell below expectations. <i>Regulation 9(1)(b)(ii)</i>	<ul style="list-style-type: none">Provide ongoing customer care training.Re-launch expected standards for staff attitude & behaviour➤ Re-launch Maternity services staff attitude and behaviour charter & card.Launch 'See something say something campaign' for staff to raise concerns	Carole Flowers Jayne Adams / Gloria Rowland Colette Mannion – Pt Experience	September 2014 Review training compliance - Dec 2014 October 2014 Oct / Nov 2014

Regulation:

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises.

Regulated Activity:

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
People who use services and others were not protected against the risks associated with the safe and suitability of premises in that:				
Jack's Place: <ul style="list-style-type: none">The design of the ward meant that many areas were not observable from the nurses' station, or the reception desk, which posed a safety risk when children were playing in the ward. <i>Regulation 15 (1) (a)</i>	Review of ward configuration undertaken with options for changes being scoped and costed.	Paul Kingsmore/ Carole Flowers Jayne Adams / Kay Larkin	May 2015	
<ul style="list-style-type: none">The ward appeared clean, but it was cluttered which meant thorough cleaning could not be achieved. <i>Regulation 15 (1)(c)(i)</i>	Weekly monitoring of ward using PLACE template	Paul Kingsmore/ Carole Flowers Jayne Adams / Jackie Waldron	Complete	



Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
<ul style="list-style-type: none"> The treatment room and store room doors on the ward were left open, potentially allowing access to children. <p><i>Regulation 15 (1) (b)</i></p>	<p>Door now remains locked with ongoing spot checks</p>	<p>Carole Flowers</p> <p>Jayne Adams / Ward manager Jack's Place</p>	<p>Completed May 2014</p>	
<ul style="list-style-type: none"> On the day of our visit, there were blood samples on a shelf in the open area of Jack's Place awaiting collection, because the pneumatic tube system to take samples to the laboratory was out of order. <p><i>Regulation 15 (1) (b)</i></p>	<p>New process in place for contingency in event of pneumatic tube failure</p>	<p>Carole Flowers</p> <p>Jayne Adams / Jackie Waldron</p>	<p>Sept/ October 2014</p>	

Regulation:

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment.

Regulated Activity:

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
People who use services and others were not protected against the risks associated with the safety and suitability of equipment in that:				
Jack's place <ul style="list-style-type: none"> Not all equipment in the ward was on the trust's asset register, which was why service dates had been overlooked. <i>Regulation 16 (1) (a)</i>	 CQC Inspection-Jacks Place	Paul Kingsmore / Antony Rankin	Complete	
<ul style="list-style-type: none"> Some electrical equipment did not have PAT testing dates, and trust records showed that on the children's ward 24% of equipment had passed their due date for servicing. <i>Regulation 16(1)(a)</i>	 220814 Jacks Place Completed Maintenance	Paul Kingsmore / Antony Rankin	Complete	Please find enclosed "220814 report. Confirmation of all medical devices serviced within date.

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
<p>Neonatal unit</p> <ul style="list-style-type: none"> We noted that a fridge in the neonatal unit was iced up and there were gaps in the temperature recording. <p><i>Regulation 16 (1) (a)</i></p>	<ul style="list-style-type: none"> Fridge defrosted. Out of samples disposed off HCA to add to rota of temperature recordings 	<p>Carole Flowers /</p> <p>Jayne Adams /</p> <p>Gene Taylor</p>	<p>Complete</p>	

Regulation:

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

Regulated Activity:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
People who use services did not always have their health and welfare needs met by sufficient numbers of appropriate staff in that:				
<ul style="list-style-type: none"> There were inadequate staffing levels to provide safe care to patients within the major's treatment area in the A&E department. <i>Regulation 22</i>	<p>Additional staffing available post CMH A&E closure</p> <p>Appointment of new clinical leads</p> <p>Full Business case submitted for additional beds submitted to TDA</p> <p>Beds/4 hour performance – Estates Strategy, Carroll Ward, Treat & Transfer CMH, Modular Units (up to 100 beds by Oct 2015)</p>	<p>Chris Pocklington</p> <p>James Walters / Nigel Stephens</p>	<p>Sept 2014</p> <p>Complete</p> <p>Oct 2015</p>	
<ul style="list-style-type: none"> There were low numbers of middle grade doctors in 	Review middle grade staffing numbers and allocation across	Charles Cayley	Oct 2014	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
<p>general surgery. <i>Regulation 22</i></p>	<p>general surgery to assure sufficient cover and move to Consultant delivered service with associated recruitment plan as required</p>	<p>Antony Fitzgerald / Clinical Director Surgery</p>		
<ul style="list-style-type: none"> Medical staffing levels were very low in critical care. A large number of positions were filled by locums and clinical fellows. The trainees in the department were very junior and unable to take on many tasks independently. <p><i>Regulation 22</i></p>	<p>Clinical Lead appointed May 2014 with dedicated time to develop unit this includes the clinical teams</p> <p>Robust weekly MDT Programme and Mortality Review meetings</p> <p>Recruitment plan in place and in progress</p>	<p>Charles Cayley</p> <p>Sue Field / Clinical Director Critical Care</p>	<p>October 2014</p> <p>Oct 2014</p> <p>Jan 2015</p>	