Agenda Item No. 7

Health Scrutiny Committee – 24th September 2015

Report of Paula Clark, Chief Executive, The Dudley Group NHS Foundation Trust

CQC Inspection Closure, Monitor License Breach and CCG Unannounced Visit.

1.0 Purpose of Report

1.1 To advise the Committee of the progress and closure of actions arising from the Care Quality Commission (CQC) inspection in March 2014, the breach of license conditions with Monitor and the CCG unannounced visit in March 2015.

2.0 Background

2.1 In March 2014, The Dudley Group NHS Foundation Trust was inspected by the Care Quality Commission in March. Eight areas for improvement were highlighted and as part of the Trust's normal process action was taken in respect of each of the areas for improvement identified.

2.2 The Committee have received a verbal report in November 2014 and a written report in January 2015 advising of outcomes of the inspections and actions being taken respectively.

2.3 This paper takes the committee through each of the areas of concern raised by the CQC in March and provides information about the actions already taken. There two areas which remain in progress, these are in respect of the Phlebotomy Service and the Trust's Opthalmology provision where service redesign has meant that we are keeping the actions open to ensure these improvements achieve their intended outcomes.

2.4 This paper also provides an update on the breach of license conditions with the Trust's regulator Monitor and an unannounced Clinical Commissioning Visit to Russells Hall Hospital.

3.0 Care Quality Commission Inspection Report – Areas for Improvement Response

The Trust was inspected by the Care Quality Commission in March 2014. A number of areas for improvement were highlighted. This paper takes the committee through each of the areas of concern raised by the CQC in March and provides a position statement of the actions taken.

3.1 Do Not Attempt Resuscitation Policy: Adherence, Training and Audit:

3.1.1 Action identified by the CQC for the Trust to improve:

- DNACPR forms should be correctly completed and signed and reviewed at appropriate intervals

3.1.2 Progress against action:

Although the Inspectors found good adherence to the policy on the wards they had concerns with 2 out of 17 notes reviewed. The Trust enhanced its procedures to provide more assurance that compliance with the Trust policy would be adhered too. In summary these enhancements included

- DNAR is now on the new ward round checklist/bundle that has been developed with a Divisional Director. Ward clerks ensure there is a copy in each patient's notes.

- For patients with an active DNAR in place where there are concerns about capacity, each ward sends a list on a daily basis to the Mental Health team to check and challenge as appropriate.

- Training has been provided for medical staff by the Trust's legal advisors during 2014 with further refresher training sessions planned. Refresher sessions will continue to be planned to ensure staff are up to date with the latest legal guidance and advice.

- The Trust has developed an audit tool to be completed to monitor compliance to DNAR. This commences in June 2015.

3.1.3 Assurance:

- A new acute trust, Clinical Commissioning Group and Local Hospice policy for Do Not Attempt Resuscitation has been developed and ratified in October 2014. The policy works to the 2015 National Guidance on DNA CPR orders. The policy has been rolled out across the care community with the provision of on-going training and support.

- The trial for daily reviews of patients where there are concerns about capacity was proven to be a successful model to ensure on-going challenge and audit of compliance. This process has been taken over by the Resuscitation Officers and now includes in addition reviews following changes in circumstance for patients admitted and discharge with existing orders. This provides an on-going monitoring framework.

- Audit review of compliance will be reported to the Quality and Safety Group which feed the Clinical Quality Safety and Patient Experience Board Committee

3.1.4 Action closed

3.2 Emergency Department Flow:

3.2.1 Action identified by the CQC for the Trust to improve:

- Trust to review its flow of patients from A&E through the hospital

3.2.2 Progress against action:

At the time of the visit in March 2014 the Trust was failing the 4 hour ED target and had done so for two successive quarters. Concerns were raised by the Inspectors about the responsiveness of the service given the delays being experienced by patients.

The Trust also failed Q1in 2014/15, but management arrangements have since been changed and performance has improved to be one of the best in the region and nationally with the Trust achieving for each of the remaining quarters in 2014/15 the target. Focus on "pull" from the ED and improved processes on the wards has all contributed to this sustained improvement, despite the national pressure over the winter period. The Trust has also seen the successful introduction of the Urgent Care Centre on the Russell's Hall site. A robust project plan was established supported by a "soft launch" in the month of March 2015 allowing operational issues to be resolved quickly prior to its full planned opening in April 2015.

3.2.3 Assurance:

The trust has achieved the ED target for all quarters since July 2014 and has seen its national position for Q4 move from 107th of all DGHs to 7th. Q1 has continued this trend with an April achievement of 98.56% and a reduction in breaches from 712 in April 2014 to only 114 in April 2015, this has seen the Trust consolidate its position nationally in respect of the delivery of this target. The Trust's performance against all key targets including ED is challenged by the Finance and Performance Committee.

3.2.4 Action closed.

3.3 Ophthalmology Clinic Provision:

3.3.1 Action identified by the CQC for the Trust to Improve:

- Trust to review its Opthalmology provision (follow up of patients from the Opthalmology clinic is not being undertaken for all patients following surgery). When this is done the patients can have a long wait to be seen.

3.3.2 Progress against action:

The pressure on the ophthalmology service is long standing. This has been for two reasons; firstly national shortage of consultants and secondly because of increasing demand as the population ages.

The Trust had a new glaucoma consultant start in March 2015 providing an extra 3 clinics per week for the management of this long-term condition. In addition a review of consultant job plans was completed for consultants who work sessions at Sandwell and West Birmingham which has initially repatriated three clinics back to Russells Hall Hospital.

The Trust is working with the Clinical Commissioning Group embedding a triage of referrals to ensure they are appropriate and are directed to the right clinician to reduce the consultant to consultant referrals and avoid wasted appointment slots. In addition work has been completed to ensure staff follow the Trust's own Access Policy to discharge patients who DNA (do not attend).

The service is monitored monthly and new ways of working continue to be explored. One of these is to look at increasing its nurse-led post op cataract clinics to include an extra evening clinic to provide additional capacity and patients an alternative time slot that may be more suitable around other commitments.

3.2.3 Assurance:

Performance of this service is monitored by Finance and Performance in terms of slot availability and by the Divisional Performance meetings held monthly. As these changes are recent it is to early to be assured that that the changes made are sufficient to address the waiting times so this action is being classified as open.

3.2.4 Action Open

3.4 Phlebotomy Capacity:

3.4.1 Action identified by the CQC for the Trust to Improve:

- The Trust must review its capacity in phlebotomy clinics at both Russells Hall and Corbett Hospital (in both areas patients are standing and waiting for long periods)

3.4.2 Progress against action:

The Inspectors witnessed crowded clinics with patients waiting long periods and in some cases having to stand. This was unusual as at the time of the inspection most patients were being seen quickly, many within a few minutes. However demand on the service continues to increase and with the launch of the Urgent Care Centre the Trust has made changes in the service provision which during the early month of these changes increased the wait for some sessions.

The phlebotomy service has increased the total number of ‘bleeding stations’ within the three Trust sites, relocating the service at RHH to accommodate the Urgent Care Centre, additional new location at Dudley Guest in March 2015 and at Corbett with more ‘bleeding stations’ (from May 2015) and additional waiting area to accommodate approx. 25-28 seats. All sites have an electronic system to record time of arrival and time individuals were called through to the phlebotomist. This allows the monitoring of maximum and average wait time and patient numbers which is supporting the Service in their on-going development of the workforce plans to better align to patient flow and demands.

In addition, the establishment has been increased but not all not all posts have been recruited to as yet and the service is scoping the introduction of planned bookable appointments for some types of referral. This will work in parallel to the current walk-in service and support of Outpatient clinics.

3.4.3 Assurance:

The Trust received an increase in patient complaints in relation to the service at Russells Hall Hospital due to combination of the reduced service from Russells Hall and patients not wanting to initially travel further and from an issue that the General Practitioner letters sent to patients did not reflect the new time slots and their location so patients had wasted journeys.

More recent information is that these issued have worked through the system and the more service delivery is bedding down. However we are keeping this action as open as it remains early to assess the impact of the service changes. Further assurance will also become available from the planned Patient Safety Leadership Walkrounds which will visit this area later this year and its outcome is reported to the Patient Experience Group which feed the Clinical Quality Safety and Patient Experience Board Committee

3.4.4 Action Open

3.5 Documentation for the Use of Compression Stockings:

3.5.1 Action identified by the CQC for the Trust to Improve:

- The Trust must review its documentation on the use of compression stockings on the critical care unit.

3.5.2 Progress against action:

During the inspection it came to light that the forms used for VTE assessment could be confusing for staff who were not familiar with them. The Inspectors were concerned that this could lead to patients who may need compression stockings not being given them potentially putting them at risk.

After the inspection all critical care patients were checked and they had all received either compression stockings or the appropriate VTE prevention treatment.

As a result of the CQC visit the Trust changed the VTE assessment form to make this much clearer and to avoid any confusion during the summer of 2014.

In addition all wards and departments receive a daily email alert if no VTE assessment has been entered on the electronic system, staff follow this up with medics to ensure its completion. The alert notifications are monitored by the anticoagulation team who escalate none compliance.

3.5.3 Assurance:

The changes to the form and the practice/procedure to be followed have been fed back to the staff on Critical Care at 'Huddle Board' meetings, staff meetings and by the Link Nurse.

Compliance with VTE assessments is monitored monthly via the Safety Thermometer audit and reported to the Quality and Safety Group (a reporting group of the Clinical Quality Safety and Patient Experience Board Committee).

3.5.4 Action closed.

3.6 Incident Recording and Reporting:

3.6.1 Action identified by the CQC for the Trust to Improve:

- The Trust must review its incident recording and reporting, as it is not consistent across the organisation.
- Learning from incidents was not consistently shared across the organisation

3.6.2 Progress against action:

The inspection found that in many areas this was good but there was some inconsistency. Although the Trust is a medium reporting trust nationally it is recognised we can do better. Therefore the governance team at both a Corporate level and at a Divisional level have been working to share learning and improve communication in respect to incidents, complaints and claims.

The Trust has made improvements in respect of its governance communication flows across the organisation. This has been achieved by the initiation of monthly meeting for Divisional Governance Leads to meet with the Corporate Governance team to share knowledge of incidents and issues, discuss new initiates regarding “learning events” and ensure a coordinated and agreed way forward to embed good governance frameworks and learning across the organisation.

Additional training has been provided to support incident reporting and investigation within the Trust with further joint training with the CCG being provided on Root Cause Analysis. The Trust is actively working with its IT Department to re-launch our upgraded and remapped DATIX incident and complaints ,management database, which is to be supported by a programme of training for staff focusing as much on the process of incident management as it will on the reporting and learning from past events.

3.6.3 Assurance:

The Trust participated in a CQUIN scheme with on “learning” and has revised its reporting to draw out lessons / trends / themes and then track the learning from this reporting. The CCG have commented very positively on this change to our reporting and the Trust received the full CQUIN value associated with this scheme. The Clinical Quality, Safety and Patient Experience Committee of the Board supported by a Complaints Review group have scrutinised the revised reporting and the levels of incidents and any reported trends across the year, this regular reporting is embedded into the Committee’s cycle of business.

3.6.4 Action closed

3.7 Staffing Level Reporting and Recording in Maternity:

3.7.1 Action identified by the CQC for the Trust to Improve:

- The Trust must review its method of agreeing staffing levels in maternity so that only one figure is understood by the whole trust.
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3.7.2 Progress against action:

This was an issue of reporting midwife to birth ratios rather than direct concerns about staffing levels. The Inspection team wanted to ensure clarity with the Trust reporting one measure in the unit so that there was a better understanding of staffing levels on a daily basis.

The Trust agreed staffing levels is monitored using the same tool across both nursing and midwifery. This involves ward staffing levels being monitored daily using the Safer Staffing Tool and biannual reviews using the Safer Nursing Care Tool. This measures compliance of an agreed staffing level for each area and allows the Trust to be sure that one understood measure of staffing is reporting across the Trust.

3.7.3 Assurance:

The results of the Nurse / Midwife Staffing position is reported monthly to the Board of Directors and is published on the Public website. This measure is also discussed at the Matron's meetings. Further assurance over the data quality of the measured data is being provided by Internal Audit in 2015/16 as part of their cyclical review of data quality across the Trust.

3.7.4 Action closed

3.8 Staffing Levels and Cover for Vacant Shifts:

3.8.1 Action identified by the CQC for the Trust to Improve:

- The Trust must ensure that staffing levels and cover for vacant shifts is satisfactory and does not place overreliance of staff who have already worked full shifts to cover these

3.8.2 Progress against action:

The Inspection team were content that the Trust had the appropriate staffing levels in place but concerns were raised about the reliance on bank staff, many of whom were Trust staff, to fill vacant shifts.

In a difficult recruitment climate for qualified nurses, the Trust has continued to recruit and had undertaken another successful round of recruitment in Portugal. The latest round of recruitment has brought the Trust close to full establishment for qualified nurses. We are still actively recruiting to ensure that we are we are able to meet new vacancies as they arise through natural turnover.

The Trust plays a leading role in the Black Country Education and Training Council and the Chief Executive has a seat on the West Midlands Health Education Board. Therefore the Trust is in a good position to influence training and education and has been successful in getting increased training numbers and courses for sonographers and ODPs in addition to more nurse training places. Although this strategy will take three years to come to fruition with the new graduates, the Trust will continue its policy of recruiting abroad and in trying to make Dudley Group the best place to work to attract local candidates in a difficult market.

Ward staffing levels are monitored daily and reported to the Board on a monthly basis under the Safer Staffing initiative. The reliance on bank and agency staff use has reduced over 2014/15 and is evident in the reporting to the Finance and Performance Committee.

3.8.3 Assurance:

The results of the Nurse/Midwife Staffing position is reported monthly to the Board of Directors and is published on the Public website. This measure is also discussed at the Matron's meetings.

The Finance and Performance Committee regularly scrutinise the use of bank and agency staff and have assured the Board on the "grip" being applied by the Division in this area.

Further assurance over the data quality of the measured data is being provided by Internal Audit in 2015/16 as part of their cyclical review of data quality across the Trust.

3.8.4 Action closed

4. Breach of License conditions Monitor

The Trust's regulator Monitor secured legally binding commitments from the Trust in January 2015 to develop and implement an effective financial recovery plan for breaking even. The breach of our licence conditions arose from an in year review by Monitor of our 2014/15 budget, together with concerns about longer term financial sustainability. We had already taken the difficult decision to reduce our workforce to save £14m on our pay costs over two years. The Trust is confident the recovery plans put in place will return us to compliance with our licence by the autumn of 2015.

5. CCG Unannounced Visit Report

Dudley Clinical Commissioning Group (CCG) undertook an unannounced visit to The Dudley Group NHS Foundation Trust (DGFT) on Thursday 5 March 2015. The visit was conducted as a component part of the routine quality surveillance of commissioned services as part of an integrated quality assurance framework consisting of hard data, soft intelligence, KPI analysis and the need to 'go and look / show me'. The visiting team were on site for five hours and visited eleven clinical areas.

The visiting team were very positive with what they saw and did not identify any areas of concern. They reported to us:

☐ There is a strong culture of good leadership across the clinical areas.

☐ Clinical areas were calm and welcoming environments, uncluttered and clean

☐ Staff were responsive and approachable and keen to share their views.

☐ Patients were complimentary about the care they received.

☐ Staff were happy and proud to work for the organisation.

☐ Observed compliance with hand hygiene and PPE.

☐ Motivated staff who want to make a difference.

☐ The wellbeing support workers are a fantastic development and are making a real difference.

☐ Staff would be happy to have a relative cared for on their ward.

☐ Staff are happy to raise concerns and know how to do this.

☐ Staff care about their patients, each other and value the teamwork philosophy.

☐ One area was flagged as being at odds with what the visiting team had seen elsewhere and this was to do with equipment being stored on a second floor corridor.

The CCG team felt that the Trust appeared well organised with a strong focus on quality. All the staff met were very helpful to the visiting team should be congratulated on their commitment to both the Trust and to the delivery of good patient care.
Without exception patients were happy with their level of care; examples of comments captured from both patients and the "thank you" cards that were displayed on wards are detailed below:

☐ “I have been treated like royalty”

☐ “I have been in this hospital ten times in as many years and would not go anywhere else, despite others trying to get me there”

☐ “I would recommend the staff who have looked after me here 110%”

☐ “Nothing is too much trouble”

☐ “They make me feel like a duchess”

☐ “Marvellous staff – nothing too much trouble”

All the staff involved should be rightly proud of the findings as a testament to their hard work and dedication to our patients.

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