

Briefing on the CQC investigation and improvement actions underway

December 2011

Overview

The Care Quality Commission published its report of the investigation into BHRUT on 27th October with final sections published on 6th December 2011. The Trust takes the findings of this report extremely seriously and is deeply concerned about the examples of poor practice and unacceptable care detailed in the report. The report contains 79 recommendations and the Trust has given its commitment to implement these as quickly and effectively as possible.

In some of the key areas of the recommendations, the Trust already had a programme of improvement underway by the time of the report's publication. We recognise the need to speed up the pace of improvements, and address all the areas of the report's recommendations. A detailed action plan is in preparation, and wherever possible, actions are already being taken, although some of the actions will take time to implement or have full effect or require the support of our partners. Where improvement actions are already underway, we will continue to monitor their impact until there is confidence these are delivering the best possible outcomes for our patients.

It is important to note that there will be no reduction in services at King George Hospital (under the Health for North East London plans, approved by the Secretary of State) until improvements have been made to the quality and capacity of Queen's Hospital.

Maternity

Some of the most serious concerns in the report related to the Trust's maternity care, and in particular, that for higher risk women at Queen's Hospital in Romford. The Trust was well aware of the issues with its maternity service ahead of this report's publication, as a result of its own monitoring and the CQC warning notice issued in March 2011. We recognised issues with ensuring there were sufficient qualified midwives, with patient satisfaction and unacceptable waits to be assessed or offered pain relief. Action has already been taken (see below) but we recognise the need to bed in these changes and improve the experience of women using our maternity services:

- Leadership has been strengthened with a new management team
- Recruited an additional 72 midwives to ensure one-to-one care for women in labour
- Enhanced staff rotas with high levels of experienced midwives available on every shift
- One of the best midwife to birth ratios anywhere in London (1:29)
- Queen's maternity service has one of the highest levels of senior doctor cover in the country and the highest level in London (98 hours)
- A new system is in place to ensure the unit is never too busy to provide high quality care to women in labour
- Improved clinical governance support, including a conference for staff to learn from incidents, held in September and a regular briefing on learning from incidents and complaints
- Improved feedback from women using the maternity service, with real-time patient surveys and the involvement of local mothers through the Maternity Service Liaison Committee



- Reduced delays in time to assessment, time to be given pain relief and in time to urgent caesarean section deliveries.
- A review by the Royal College of Obstetricians and Gynaecologists into the maternity capacity plans and the safest way to manage our capacity.
- Regular, independent monitoring of performance every week with CQC visits and support from NHS London and NHS ONEL.

Leadership and governance

The report issued a strategic recommendation that the Trust, in conjunction with NHS London, should seek external expertise to support a programme of organisational change and service improvement. The report notes long-standing issues around staff attitude and behaviour.

- A programme of staff engagement is underway, which included large staff briefings at both hospitals on the day of the report's launch
- An in-depth meeting was held with a cross-section of staff the day after the report's launch, to discuss what support staff needed from managers to implement the recommendations
- Training and support for managers to tackle poor performance and provide leadership is provided and this will be reviewed to identify what further support is needed
- A staff behaviour study has been conducted in Maternity with the assistance of an external company, to identify areas needing improvement and how best to introduce this
- A new complaints system has been introduced, with staff involved in a complainant's care taking a greater responsibility for promptly and more fully responding to their concerns.
- A firm line is being taken on poor performance and a zero tolerance approach to rudeness and poor attitude to vulnerable patients. This has been communicated to staff and has the support of our trades unions.
- Work of the new Chair, Chief Executive, Director of Nursing and Medical Director to lead cultural change.

Capacity

A further strategic recommendation was that the Trust, in conjunction with its commissioners and other partners, should identify and implement plans to secure a long term solution to reduce over capacity at Queen's Hospital.

- **Pressures on maternity.** A short to medium term plan to take immediate action to reduce the pressure on Queen's maternity services was implemented at the end of September. This plan, agreed with NHS London, NHS Outer North East London and NHS South Essex, sought to reduce the number of births at Queen's. Elective caesarean sections are to be offered at the Homerton, rather than Queen's, mothers to be from Essex are being asked to have their babies in Essex hospitals, and action has been taken to cap the number of births on busy days so that are maternity wards are never too busy to provide the highest quality care. We are working with two professors from the Royal College of Obstetricians and Gynaecologists to review this arrangement and identify the safest way to manage our capacity.
- **New capacity for maternity.** BHRUT intends to build additional capacity and extend choice for mothers-to-be through a new midwife-led unit alongside the obstetric unit at Queen's Hospital. This will enable lower risk women to have their babies in a more homely environment, knowing that there are doctors and more high tech facilities and services on hand should these be needed. A funding application is with NHS London and subject to its approval, this unit could be operational by summer 2012.

- **Patient flow and Emergency department delays** were also highlighted by the CQC. We recognise that patients have experienced unacceptable delays and had to wait too long in A&E at Queen's, on a regular basis as well as in times of increased demand. The main issue is with patient flow, where patients are not being admitted to beds quickly enough, reducing capacity for new patients coming in for treatment. We are stepping up use of the IT system Jonah, which identifies where patients are delayed across the hospital and flags up who needs to take specific actions to tackle this. Tackling each cause of a delay reduces the amount of time patients spend waiting in beds across the hospital and frees up beds for patients being admitted as emergencies.
- **Working with partners across the local area.** We are working with social services and primary care to make sure patients can be supported outside hospital rather than waiting in a hospital bed. As well as being better for patients, this will help patient flow and reduce delays in the A&E department. We are also working with GPs and other care providers to help patients get the right care, at the right time, in the right place, reducing the need for them to come into hospital.
- **Emergency department capacity.** A further issue is the physical capacity of the Queen's emergency department. We have plans to expand the capacity of Majors, Resuscitation and intensive care (ITU) before implementing the Secretary of State's decision about the King George A&E department. We will also be working with primary care and our commissioners to make sure patients are able to access services outside hospital where this is appropriate for them and to make sure patients are aware of their choices for health care outside hospital.

Improvements elsewhere in the Trust are also producing results:

- **Dignity and Nutrition.** The CQC recently named King George Hospital as one of just 45 out of 100 hospitals inspected who fully complied with standards on dignity and nutrition. Queen's Hospital was not inspected for this report. The report on King George demonstrates the improvements that have come about since the introduction of our Elderly Care Units at both hospitals.
- **Mortality indicators.** The NHS Information Centre has recently announced that the Trust has better than average mortality rates. The new indicator of deaths – developed following the original Francis inquiry into Mid Staffordshire NHS Trust - measures how many patients die in hospital, or within 30 days of being discharged. That figure is then divided by how many patients would be expected to die at a Trust of that size and with the same specialities. The score for this Trust has been published as 97 (100 being average) – meaning that fewer patients died than would be expected.
- **Infection control.** The Trust was praised for its improved record on infection control and measures taken to reduce the risk of patients suffering a hospital acquired infection. As of the start of December 2011, we have had nine cases of MRSA bacteraemias this year and 34 cases of Clostridium difficile. We are taking further steps to tackle this, with an Infection Control matron and senior nursing leadership, MRSA screening for all patients coming into hospital, a strong uniform policy and antibiotic policy, and investigations of the root cause of every MRSA infection.