The Princess Alexandra Hospital NHS Trust

Quality Report

Princess Alexandra Hospital
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Inadequate
Are services at this trust safe?	Inadequate
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Inadequate
Are services at this trust well-led?	Inadequate

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection on 28 and 29 June 2016 as part of our regular inspection programme. This inspection was carried out as a comprehensive follow up inspection to assess if improvements have been made in all core services since our last inspection in July 2015.

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 460 bedded District General Hospital providing a comprehensive range of safe and reliable acute and specialist services to a local population of 350,000 people. The trust has 5 sites; Princess Alexandra Hospital, St Margaret's Hospital, Herts and Essex Hospital, Cheshunt Community Hospital and Rectory Lane Clinic. At our inspection on 28 and 29 June 2016, we inspected The Princess Alexandra Hospital. On our unannounced inspection on 2 and 5 July 2016, we inspected The Princess Alexandra Hospital. We reviewed the service provided at the Rectory Lane Clinic and found that this location did not require registration. The trust informed us that they would be applying to remove this location.

During this inspection, we found that there had been deterioration in the quality of services provided since our previous inspection in 2015. There was a lack of management oversight and lack of understanding of the detail of issues which we observed. We found that the trust had significant capacity issues and was having to reassess bed capacity at least three times a day. This pressure on beds meant that patients were allocated the next available bed rather than being treated on a ward specifically for their condition. We found that staff shortages meant that wards were struggling to cope with the numbers of patients and that staff were moved from one ward to cover staff shortages on others. The trust sees on average around 350 patients a day in its emergency department (ED).

We have rated the Princess Alexandra Hospital location as inadequate overall due to significant concerns in safety, responsiveness and leadership, with an apparent disconnect between the trust board leadership level and the ward level. It was evident that the trust leaders were not aware of many of the concerns we identified through this inspection. However, we found that the staff were very caring in all areas. We have rated the maternity and gynaecology service as outstanding overall.

Our key findings were as follows:

- Shortages of staff across disciplines coupled with increased capacity meant that services did not always protect patients from avoidable harm, impacted upon seven day provision of services and meant that patients were not always treated in wards that specialised in the care their condition.
- The disconnect between ward staff and the matron level had improved, however some cultural issues remained at this level which required further work.
- The relationship between staff and the site management team had improved, though this was still work in progress and the trust acknowledged further work was required here.
- Agency staff did not always receive appropriate orientation, or have their competency checks undertaken for IV care for patients on individual wards. This had improved by the time our unannounced inspection concluded.
- The storage, administration and safety of medication was not always monitored and effective.
- Information flows and how information was shared to trust staff were not robust. This meant that staff were not always communicated to in the most effective ways.
- The staff provided good care despite nursing shortages.
- There were poor cultural behaviours noted in some areas, with some wards not declaring how many staff or beds they had overnight to try and ease the workloads. This was a result of constant pressure on the service activities.
- The mortuary fridges had deteriorated since our last inspection and were no longer fit for purpose. These were replaced during our unannounced inspection to ensure they provided an appropriate environment for patients.
- Across surgery, there were notable delays in answering call bells on surgical wards including Kingsmoor and Saunders ward.

Summary of findings

- Gynaecology inpatient care had not improved, but declined, since our previous inspection. The inpatient gynaecology service, which was operated through surgery, was not responsive to the needs of women.

We saw several areas of outstanding practice including:

- The ward manager for the Dolphin children's ward had significantly improved the ward and performance of children's services since our last inspection
- The tissue viability nurse in theatres produced models of pressure ulcers to support the education and prevention of pressure ulcer development in theatres. This also helped to increase reporting.
- The improvement and dedication to resolve the backlog and issues within outpatients was outstanding.
- The advanced nurse practitioner groups within the emergency department were an outstanding team, who worked to develop themselves to improve care for their patients.
- The gynaecology early pregnancy unit and termination services was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- MSSA rates reported at the trust placed them in the top quartile of the country.
- The permanent staff who worked within women's services were passionate, dedicated and determined to deliver the best care possible for women and were outstanding individuals.
- The lead nurse for dementia was innovative in their strategy to improve the care for people living with dementia.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that fit and proper persons processes are ratified, assessed and embedded across the trust board and throughout the employment processes for the trust.
- Ensure that the risk management processes, including board assurance processes, are reviewed urgently to enable improved management of risk from ward to board.
- Ensure that safeguarding children's processes are improved urgently and that learning from previous incidents is shared.
- Ensure that staff are provided with appraisals, that are valuable and benefit staff development.
- Improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level 3, moving and handling, and hospital life support.
- Ensure that trust staff are knowledgeable and provide care and treatment that follows the requirements of the Mental Capacity Act 2005.

These are the areas the trust should improve on:

- Review the priority improvement programme to ensure that the mortuary is refurbished.
- Review the cleaning schedules for the public areas throughout the hospital, and review the disposal of rubbish arrangements from the portering area to reduce the impacts of waste build up.
- Review the processes of how ward to board escalation is embedded to ensure that all concerns are captured where possible.

As a result of the findings from this inspection I have recommended to NHS Improvement that the trust be placed into special measures. It is hoped that the trust will make significant improvements through receipt of support from the special measures regime prior to our next inspection.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to The Princess Alexandra Hospital NHS Trust

Sites and Locations:

The trust has four sites. The main site is The Princess Alexandra Hospital. There are also smaller sites where services are provided including St Margaret's Hospital, Herts and Essex Hospital and the Rectory Lane Clinic.

Population served:

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 460 bedded District General Hospital providing a comprehensive range of safe and reliable acute and specialist services to a local population of 350,000 people. Harlow is classed as an urban area, in which the largest age group is 16-44 (38.6%). The distribution of age groups is similar to the England average. BAME residents make up 11.1% of the population, within which the largest group are those identifying as Asian / Asian British (4.6%) of total population.

Deprivation:

The Princess Alexandra Hospital is situated in Harlow, Essex. Harlow Local Authority is in the second most deprived quintile nationally. The health of people in Harlow is varied compared with the England average; about 20% of children live in poverty. Life expectancy is lower than the England average. 18.2% of children (year 6) and 27% of adults are classified as obese and the levels of teenage pregnancy are worse than the England average. The rate of smoking related deaths was worse than the average for England and rates of sexually transmitted infections and TB are worse than average.

Our inspection team

Our inspection team was led by:

Chair: Gill Hooper, former Director of Nursing.

Head of Hospital Inspections: Fiona Allinson. Head of Hospital inspections, Care Quality Commission

The team included 10 CQC inspectors and a variety of specialists including, a director, a director of nursing, head of clinical services and quality, a pharmacist, two medical consultants, a consultant in emergency medicine, a consultant obstetrician, an intensive care consultant, a consultant midwife, a consultant critical care nurse, a junior doctor and seven nurses at a variety of levels across the core service specialities.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The announced inspection took place on 28 and 29 June 2016. The unannounced inspections took place on 2 and 5 July 2016.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); the Trust Development Agency; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

Summary of findings

We carried out an announced inspection visit on 28 and 29 June 2016. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Princess Alexandra Hospital NHS Trust.

What people who use the trust's services say

The trust's friends and family test results of the percentage of patients who recommend the service showed that the trust has a better score than the national average. Results from the CQC in-patient survey indicate the trust is performing about the same as other trusts for most of the indicators. However, for the length of delays leaving hospital, the trust is one of the worst performing trusts.

The Cancer Patient Experience Survey 2014 indicates that trust scored in the bottom 20% for 10 questions, and in the top 20% for four questions out of 34.

The trust's Patient-Led Assessments of the Care Environment scores have decreased from 2014 to 2015 and are now all below the national average.

Facts and data about this trust

1. **Size and throughput**

This organisation has four locations.

There are 501 beds in the trust. With 388 for emergency and elective adult inpatients. .

The main commissioning CCG at this trust is West Essex CCG and East and North Herts CCG.

The trust serves a population of approximately 350,000 people from Harlow, Essex and East Hertfordshire.

The trust employs 2817 staff (WTE).

The trust revenue is £196.1million and cost was £233.8million, leaving a 2015/16 deficit of £37.7million.

There were approximately 115,000 A&E attendances at this trust between 2015/16 and 72,120 inpatient admissions. There were 210,017 outpatient attendances between April 2015 and March 2016.

- **Safety**

There were two never events reported between March 2015 and March 2016. Both were reported in surgery.

There have been zero counts of MRSA, 20 of C.Diff and 3 of MSSA reported between March 2015 and March 2016. MSSA rates reported at the trust placed them in the top quartile of the country.

- **Effective**

There were two mortality outliers in this trust in Skin and subcutaneous tissue infections and Therapeutic endoscopic procedures on upper GI tract.

- **Caring**

In the CQC Inpatient Survey 2015 the trust performed "about the same" as other trusts for all but one question.

- **Responsive**

Between 2015/16, this trust received 292 complaints.

Public funding was the most common reason for delayed transfer of care (38.2% for the trust where the England average is 4.5%).

Bed occupancy for the trust has been consistently higher than the England average since January to March 2015/16.

Summary of findings

- **Well led**

Since January 2014 sickness levels have decreased and have remained below the national average.

In the GMC National Training Scheme Survey (2015), all answers except two were “within expectation”. The two areas of concern were linked to handovers and feedback.

The NHS Staff Survey 2015, showed that the trust had 14 negative findings and 10 positive findings. Negative findings included staff recommending the trust as a place to work, feeling valued by the organisation, support from managers, experiencing stress at work, experiencing bullying or harassment at work. Positive indicators included staff reporting incidents and unsafe clinical practice, reduced rates of violence towards staff, and reduced rates of discrimination towards staff.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Services at the trust were inadequate in respect of providing safe services. • Nursing vacancies led to nurses being moved throughout the hospital to support patients. This meant that they may not be familiar with the ward or to the specific needs of patients. Local induction was taking place but not consistently on all wards. • The competency of agency nurses on duty were not routinely checked and was a significant concern as agency nurses were administering IV care without the trust knowing if they are competent. The trust did take action on these concerns and new procedures were implemented by the time our unannounced inspection took place, though further work to embed this was required. • Learning from incidents was inconsistent, particularly within the surgical healthcare group. There were improvements noted in outpatients, where appointments were now being managed with an effective clinical prioritisation process. This reduced the likelihood that patients would be at risk of harm through missed or delayed appointments. • The safety of patients being stored in the mortuary fridges was a potential concern, which was raised to the trust. The condition of the fridges had deteriorated since our inspection in 2015 and required immediate action by the trust. The trust were in the process of repairing and replacing the fridges and decommissioned some fridges by the time we completed our unannounced inspection. There were also refurbishment plans that had been brought forward to ensure that the patients cared for in the mortuary are cared for in a suitable environment. • Care for patients in the emergency department was challenged at times. We observed several occasions where one nurse cared for three highly clinically dependent patients in the resuscitation area, which was not acceptable. There was also no clinical oversight over the ambulance arrival area. This area was not managed in accordance with best practice recommendations from the Royal College of Emergency Medicine. The trust took immediate action to resolve these	**Inadequate** 

issues by arranging for additional nurse support for the resuscitation area, and medical and nursing support for the ambulance triage area. Staff reported that these improvements made the department safer.
- Throughout the hospital we identified concerns with regards to the checking of resuscitation trolleys, as well as the security of medicines with rooms and cupboards being left open.

Duty of Candour

- The trust had a duty of candour policy dated April 2015. The trust stated that it was "committed to an open and fair culture and the overall approach expected within the organisation is one of help and support rather than blame and recrimination." All staff were expected to follow this approach.
- Staff were aware of duty of candour, which ensured that patients and/or their relatives were informed of incidents which had affected their care and treatment and were given an apology.
- We were provided with several examples of where duty of candour had been applied. These were also recorded in the incident investigation record if the event was more serious.
- Under duty of candour, the trust makes contact with patients and families. This trust routinely met with patients and their families to discuss these investigations, which was positive. Patients' and their families' feedback to the trust was positive on this approach.
- The final investigation reports were reviewed at a scrutiny panel and the patient was kept updated with steps taken to prevent a reoccurrence and received an apology.
- Duty of candour details were displayed on posters on the wards. These posters outlined the requirements and actions the trust would take to communicate with patients and families following incidents. The inspection team throughout the clinical areas saw examples of 'being open' discussions and duty of candour discussions being recorded in the patients' records along with an incident number. This was positive practice.

Safeguarding

- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate any concerns. They told us the trust's safeguarding team managed the referral to the local authority and staff received feedback from them following referrals.

Summary of findings

- Two social work teams were based at the hospital and this facilitated liaison and multi-disciplinary working. Information was available for staff to refer to on the intranet if they required it at any time.
- The processes for the safeguarding of children were not robust. Whilst the processes were in place for the escalation and reporting of safeguarding concerns, five safeguarding serious incidents (SI's) had occurred in the period March 2015 to June 2016. This indicates that the concerns around safeguarding children process noted at our last inspection had not been addressed effectively.
- Safeguarding attendance training rates were varied across the trust. Generally most staff had received training. However, low rates of training were reported in surgery, where 94% of staff had received safeguarding adult training, and 58% of nursing staff had been trained to safeguarding children level 2 and 3.
- Across the trust 60% medical staff were reported as having received training in safeguarding level 3.

Incidents

- Staff were aware of what should be reported as incidents. The feedback from incidents and learning, however, was inconsistent across the healthcare groups. In surgery we saw that significant numbers of incidents were still pending investigation and reporting. "Safety huddles" were used to discuss incidents and complaints on medical wards.
- The trust reported lower than expected numbers of serious incidents compared to the number of incidents reported. We were not fully assured that all serious incidents were being recognised by staff and declared to the trust for investigation.
- Some staff were able to cite incidents where practice had changed as a result of learning from incidents. This included where practice had changed following recent never events.

Staffing

- There were high levels of vacancies across the trust. Each healthcare group struggled with staffing vacancies. However, staff worked well together in local teams to ensure that patients were safely cared for.
- Staff were moved across wards where gaps were identified in staffing numbers to meet patient need. Daily meetings were held to manage staffing verses patient need. Agency and bank staff were used to support the numbers of staff needed to care for patients.

- The trust was undertaking a review of how to recruit and retain staff. This included the provision of training for some staff to enhance their role.
- We found that the undertaking of local induction for nursing and medical staff throughout the trust was not consistently completed.
- We were concerned about the checking of agency staff competency when they were on duty. We identified that agency staff were administering medicines and providing IV care and administration of medicines, which is a high risk task. Agency nurses were undertaking this work without providing evidence of competencies, which was not in line with trust policy.
- We were informed that the matrons were aware of this practice but chose not to enforce the policy in order to get agency staff on duty. The trust executive team were not aware this practice was occurring. The trust executive team reissued the policy with immediate effect and we saw evidence that this was implemented during our unannounced inspection. However, there were concerns overnight that there were not sufficient numbers of competent staff on duty to administer IVs. This placed patients at risk of delayed care. Whilst we were assured the trust were taking the issue seriously, further work was needed to embed this procedure to ensure that staff and patients were safe.

Environment and Equipment

- The environment was one of the top risks for the trust. The estate was aged and in need of repairs costing tens of millions, which was not possible due to the large financial deficit in the trust. This meant that the trust was having to balance many high priority risks for completion, which was challenging.
- However, during this inspection we noted that the condition of the fridges in the mortuary had deteriorated since our last inspection. The service was meant to have a refurbishment prior to our inspection this year. However, the trust was required to move £3million in capital funding over to their revenue which meant that the work was not undertaken. This potentially compromised the safety of patients in the mortuary.
- The public toilets in areas such as outpatients and maternity had reduced cleaning schedules in place. We were informed that this was due to the need to focus on ward areas. However, some of these toilets were noted to be unclean on several occasions throughout the inspection.

Summary of findings

- There was a concern that there was a notable build up of rubbish near the porters area. This was attracting rodents. The build up was the result of a reduced removal programme due to a lack of working equipment. We raised this to the trust for their attention.

Mandatory training

- The mandatory training rates across the trust were lower than expected, with 73% of nurses and 68% of doctors receiving training against an overall trust target of 95%. Hospital Life Support (60% nursing, 76% medical). Dementia (80% nursing, 50% medical). Equality and Diversity (79% nursing, 63% medical). Fire safety (66% nursing, 55% medical). Infection Control (64% nursing, 57% medical). Moving and Handling (63% nursing, 18% medical). Safeguarding adults (85% nursing, 100% medical). Safeguarding Children Level 2 (58% nursing, 61% medical). Safeguarding children level 3 (58% nursing, 60% medical).

Are services at this trust effective?

Requires improvement

We rated the effectiveness of services as requires improvement.

- The trust's services participated in all the national audits relevant to their specialty and national peer reviews. However, performance was below the England average in some areas, including medicine, services for children and young people and end of life care, and robust action plans were not in place to ensure improvement.
- There was an excellent patient pathway for patients following hip and knee joint surgery and fractured neck of femur which ensured that all patients were transferred to Harold ward under the consultant ortho-geriatrician.
- Stroke services were raised as a concern at the last inspection and concerns were noted prior to this inspection; however, the trust had ceased providing acute stroke care on site and instead linked with a hospital trust in east London for acute stroke care.
- The provision and plans for end of life care had improved since our last inspection, the care for end of life was recognised throughout the trust. The prescribing of anticipatory medicines was noted to be an area of very good practice in the trust. However, we found that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were completed well in some services, but poorly in others. Poor reasons used for DNACPR included 'frailty' and 'mobility', which was not acceptable or in line with best practice and GMC requirements.

- Multidisciplinary communication between the teams, alongside the care from clinical nurse specialists worked well in some areas of medicine but was not as robust in surgery. The completion of mental capacity assessments and deprivation of liberty safeguards had improved in medicine, but not in surgery services.

However:

- Outcomes for women who use the maternity, early pregnancy service and TOP service were outstanding.

Evidence based care and treatment

- Staff were aware of National Institute for Health and Care Excellence (NICE) guidance relevant to their specialty and we saw they had access to the guidance via the trust's intranet.
- Local protocols were in place in line with NICE guidance. In particular we found there were well written protocols and pathways for use in many services which were followed by staff.
- Integrated care pathways were also used to ensure adherence to national guidance.
- The local policies and guidance on the children's areas in urgent and emergency services was not up to date.

Patient outcomes

- Many of the national audit outcomes were the same as the inspection last year. There were few updates on national audit outcomes due to the frequency that they were completed. The trust did participate in all required national audits.
- The Sentinel Stroke National Audit Programme (SSNAP) and the Myocardial Ischaemia National Project (MINAP), published in 2014, were below the national average.
- Outcomes for women who use maternity services were consistently better than expected when compared with other similar sized services.
- There was a new end of life care plan in the trust, which was still being embedded. We observed it used well throughout the trust. The prescribing of anticipatory medicines was seen as a significant improvement in the service with positive outcomes for patients.
- End of life care was discussed at trustwide level three times per day at the operational matrons meeting, which was positive. The matrons were aware of how many patients were in the hospital and on an end of life care plan at any time. They were also notified of preferred place of death and were enabled to support and escalate this where needed.

Multidisciplinary working

Summary of findings

- We observed that staff across all disciplines in medicine worked effectively together, both internally and in the community. Further work was needed across surgery to improve multidisciplinary (MDT) working.
- There were detailed multidisciplinary (MDT) team meetings which ensured effective care and treatment plans and handover of patient care.
- Care and treatment plans were documented and communicated to relevant health care professionals, such as GPs and health visitors, to ensure continuity of care. However, there were notable delays in getting patients support they needed outside of the hospital in the community.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Consent to care and treatment was obtained in line with national legislation and guidance.
- Staff understood the Gillick competence. This meant that staff were able to assess whether a child under the age of 16 was competent to consent to their own treatment without the permission or knowledge of their parents.
- Training on consent, the Mental Capacity Act, Deprivation of Liberty Safeguards (DOLs) and learning disability was part of mandatory training for all staff.
- The Mental Capacity Act 2005 was not always implemented effectively across the trust. We saw some examples of DNAPCR decisions that mental capacity was not always assessed routinely. We observed examples of reasons given for DNACPR as 'frailty' and 'mobility', which were not appropriate.
- Deprivation of Liberty Safeguards (DoLS) were monitored at a trustwide level and discussed routinely as part of the operational matrons meeting. The teams recorded in the records the need for DoLS and we observed that appropriate applications for use were submitted. However, in surgery there were delays in requesting DoLS due to staffing levels. There were five patients on Kingsmoor ward who were identified as in need of assessment who had not been assessed during our inspection.

Are services at this trust caring?

Good

We rated caring of services as good.

- Staff across the trust provided care that was compassionate, involved patients in decision making and provided good emotional support to patients and those close to them.

Summary of findings

- We found that care in the maternity unit was outstanding. We observed several times throughout the inspection that the staff were dedicated, compassionate, caring and they consistently went beyond the call of duty to deliver the best experience possible for the women.

However:

- There was no dedicated gynaecology inpatient ward, the care for women admitted for a gynaecological reason or termination was not consistent and did not ensure that the emotional needs of women were met. Throughout the trust, the patients we spoke with provided positive feedback about the care they received.

Compassionate care

- Throughout the inspection we observed really good interactions between staff, patients, women, children and families.
- Data reviewed from the Friends and Family Test showed for the period August 2015 to May 2016 that the majority of patients scored the trust's services positively. The trust scored between 93% and 97% on average, which was higher than the national average of 95%. There was one month during this time, in November 2015, where the trust scored 88% but this was the only anomaly.
- In the Cancer Patient Survey, the trust scored in the bottom 20% for 10 questions, and in the top 20% for four questions out of 34.

Understanding and involvement of patients and those close to them

- Most patients we talked with said they felt staff communicated with them well and kept them up to date with what was happening.
- Generally across the hospital, patients and their families felt that they were involved in their care and understood what was expected in relation to their care. There were some exceptions, for example, in the emergency department we received reports that people were not always clear on why there were delays for beds. Also in surgery, people were not clear why they had multiple bed moves during their inpatient stay.

Emotional support

- The chaplaincy service provided spiritual and emotional support to patients and their families.

Summary of findings

- The services within maternity and gynaecology had dedicated staff who could provide emotional and counselling support to women who went through terminations, miscarriages or loss of a baby before or after birth. However, without a dedicated ward or ring fenced beds to provide this care through the women's healthcare group, the care was provided across a variety of surgical and medical wards. This meant that the inpatient care for women with gynaecological conditions was not consistent or provided in a way that met their emotional needs.
- Throughout the wards, patients we spoke with reported that their emotional needs were being met.

Are services at this trust responsive?

Inadequate

The trust was rated as inadequate for being responsive to the needs of patients because:

- Long waits in the emergency department and capacity issues in the wards meant that patients were not always seen in a timely manner, with many patients in the emergency department breaching four hour and 12 hour targets.
- Ambulance handover delays were also much worse than expected for the emergency department.
- The trust had a history of cancelled operations that were not rebooked within 28 days being worse than the England average, showing a lack of support for people to have their care re-arranged in as quick a time as possible.
- The trust had continued to have a higher than expected number of cancelled surgeries across the surgery service, which were predominantly linked to capacity issues.
- Care for women admitted for gynaecological reasons was not always responsive to meet their needs due to the trust not having any dedicated beds for gynaecology patients. However, patients had access to specialist nurses to assist with their care.
- Consultant ward rounds did not always occur in a timely way across medicine and surgery, which resulted in delays to plans for the services and bed management.
- We observed that ward rounds often did not start until after 10am, which mean that plans for discharges, transport, and care packages could not be implemented quickly or before 6pm as required by external agencies. This meant that capacity and flow was affected as a result.
- There had been positive improvements in the waiting lists for the outpatient services. The waiting lists and backlogs had been cleared in the majority, with others being significantly reduced. This demonstrated enormous levels of effort by staff to meet the needs of patients.

Summary of findings

Service planning and delivery to meet the needs of local people

- There was evidence of service planning to meet the needs of local people and the trust was working with stakeholders to identify solutions across the health community.
- We saw a number of initiatives across the trust services to increase capacity or reduce admissions through working with key stakeholders in these areas. However, we noted that this could often be challenged due to capacity and staffing issues in the community.

Meeting people's individual needs

- When patients with learning disabilities were admitted to hospital, the Learning Disabilities team were informed with the details and location of the admission so that additional support could be given to these patients. Support arrangements for these patients were discussed at the matrons meeting, which took place at least twice daily.
- Information was available to patients to inform them about the trust's general services and to support them in their treatment. Translation services were available to those that required it.
- Services for women with gynaecological concerns were not always responsive to their needs. Women admitted with a gynaecological condition as an emergency or as an elective patient were admitted into a surgical or medical ward as there were no gynaecology beds. Staff were not updated on competencies and support needs of women with specific conditions. Women were not always placed in the right place. Whilst the gynaecology doctors were working to try and meet the needs of women, this was not always possible when they were admitted to specialty wards that were not gynaecology.
- When women were admitted for a termination, their journey started on one ward, but we were informed by a member of the executive team that they may regularly have to be held in theatre as their bed would be given away to a patient waiting in the emergency department. The woman may then be placed on a medical or surgical ward where staff would not be trained or aware of what would be required to meet their individual needs.
- There were mixed sex accommodation breaches noted on the HDU area of critical care. Patients of mixed sex were accommodated in the same area when identified as ward ready, which meant that the requirements of single sex accommodation was breached.

Summary of findings

- Data was requested on the target time for rapid discharge and the rapid discharge process. Therefore we could not be assured that patients were being discharged in a timely manner. The trust did not routinely audit patients' preferred place of care (PPC) or preferred place of death (PPD).

Access and flow

- Access to outpatient appointments had significantly improved in the trust, with waiting times notably down since our previous inspection.
- The trust saw a high number of patients within their emergency and urgent care services and this led to significant capacity issues within the trust. This meant that patients were not always placed in the specialty most appropriate to their diagnosis.
- The four hour ED performance figures steadily declined from 81% in November 2015 to 73% in May 2016. Performance for February was 74%, March was 76%, April was 75%, and May was 73%. Whilst we note that few trusts were achieving the standard, the service was below the national average of 88% during this period.
- During winter 2014/15, the trust was in the 25% of trusts in England with the most ambulances delayed over 30 minutes. There were 563 black breaches between August 2015 and March 2016, and a further 520 breaches between 1 April and 17 July 2016.
- Access and bed placement for elective surgeries was a concern. We spoke with the chief executive officer about this, who informed us that it was common that patients would be held in PACU and go back to a different bed due to capacity issues in the hospital. This was to avoid breaches in the ED. However, this meant that the planned elective lists were not being organised in a way that was responsive to the needs of patients. For example, women who had had a termination could be placed on a gastroenterology or orthopaedic ward to recover, which was not acceptable for a planned list and was not responsive to patients' needs.
- A large proportion of bed moves in medicine and surgery occurred out of hours. For example, in medicine 10% of patients had one ward move and 8% had two or more ward moves during their admission between March 2015 and February 2016.
- There were high numbers of out of hours discharges taking place across the trust. For example, in medicine there were 1443 discharges between 10pm and 8am between June 2015 and March 2016.

Summary of findings

- In surgery, theatre utilisation was impacting on service delivery and 42 theatre sessions had been cancelled in May 2016.
- Between June 2015 and May 2016, the critical care unit reported 213 discharges delayed by over 24 hours (32.6% of all admissions). There were an additional 250 discharges delayed for between four and 24 hours (38.3% of all admissions). The ICNARC report for April 2015 to March 2016 showed that the service was a significant statistical outlier on delayed admissions and discharges.
- The trust was not meeting the cancer referral to treatment times (RTT) due to ongoing capacity issues. There were recovery plans in place to help improve their cancer trajectories.

Learning from complaints and concerns

- Staff told us if a complaint or concern was reported to them they would try to rectify the issue if they could and would escalate to the nurse in charge or Matron if they couldn't deal with the issue themselves.
- Complaints were identified on monthly ward 'Exception Reports', which identified quality issues and concerns and were discussed at the Patient Safety and Quality Group.
- Staff had a "you said we did" board so that patients could see the outcomes of this survey.
- Across the core services approaches to learning from complaints was inconsistent. Whilst we saw good learning from complaints in medicine, maternity and children's services, complaints were not being looked at for themes, trends or learning in end of life care. Implementation of learning in ED and in surgery was also inconsistent.

Are services at this trust well-led?

Inadequate

Well-led at trust level has been rated as inadequate.

- The vision for the trust was not clearly articulated by the senior team and staff. The executive team all provided us with different visions, different top risks and different strategies for the future, which did not assure us that the team were working cohesively.
- Fit and proper persons, which is a legal requirement for trusts to undertake, was not fully embedded in the trust. Whilst we found that some board members had been checked, others had not. The trust policy had also not been ratified despite the regulation coming into effect from November 2014.
- There was a governance structure in place but the identification, discussion and challenge around risk needed

further development. For example, there were three risk registers used in the trust. One was a general risk register, one was a Board Assurance Framework and another was an emerging risk register. The trust also had three top risks which they discussed at board, not linked to the risk register. When asked why there was such an array of risk registers, we were informed that the risk register process was not fit for purpose. It was not clear how risk recognition and documentation within risk registers travelled up and down the organisation. The trust did not have a structured method of assessing and responding to risk, which was evident with significant issues we found not being known to the executive team.

- The senior management team did not always receive feedback about challenges staff faced in the clinical areas. For example, staff were not keen to continue to raise concerns as they did not feel things would change. An example of this was regarding staffing of the resuscitation area in the emergency department. Staff did not feel safe working in there with one staff member; however the executive team were not aware of this. Another example would be the concern regarding agency competency. The matrons were aware of the trust not adhering to the policy, however continued to operate against it without the knowledge of the executive team, which was disappointing.
- The culture within the trust was said to be that of a family team. However, we found that there was a disconnect between the executive team and the front line staff. Some of this was linked to the matron level management, which still required improvement. It is important to note that when we raised serious safety concerns during the visit, the trust took appropriate action to address these.

Vision and strategy

- There was recognition that the health economy within Essex was challenged and recently it had been announced that the trust would not be part of the Essex success regime, and would be part of the STP footprint for Hertfordshire.
- The trust had visions and values in place. Staff awareness of these was good in some areas, such as maternity, however poor in others, such as the emergency department.
- There was a general acknowledgement that the trust was not sustainable in its present form at board level. The trust were working with partners and stakeholders to try and establish what the future for this service would be.

Governance, risk management and quality measurement

Summary of findings

- Monthly performance and quality meetings were held between the executive team and also locally within the health groups. These reviewed quality, workforce, operational performance and finance as well as performance measures under the CQUIN programme.
- The trust had a Board Assurance Framework, a risk register, emerging risks register and another register which was used to monitor risk. These documents were confusing and did not all contain consistent information. When we asked the chief executive officer about this they told us that the risk register process and Board Assurance Framework, “was not fit for purpose”.
- The risk registers, where completed locally, did not all link or identify with the issues reported on the trust Board Assurance Framework or emerging risks register.
- The board and the chair undertook “board walkabouts” on a monthly basis to assess the quality of services in the clinical areas.
- The trust acknowledged that the relationships with external partners were not as good as they could be, but that they had improved since the last inspection. They felt that the challenges were now more associated with the system rather than the relationships. All stakeholder partners in the area were struggling to deliver due to capacity, funding and demand.
- The trust monitored serious incidents through a daily serious incident group. This was described as a meeting to review the known facts, resolve immediate issues and take actions including a robust investigation. However, the trust reported fewer serious incidents than other trusts in the country, which did not correlate with the patient throughout in the service. We were concerned that serious incidents were not always being identified or declared.
- Mortality and morbidity meetings took place across all healthcare groups. There were inconsistencies in the quality of meeting minutes, which meant that we were not assured that meetings covered the required areas of a mortality review.
- The trust had a mortality outlier, which had been outstanding since our last inspection. Concerns were noted within CQC and stakeholders about the poor quality of responses provided by the trust to these concerns. We spoke with executive members including the Chief Medical Officer and Chief Executive about this, who informed us that the trust had made a mistake in how they responded but were now addressing these issues.
- On reviewing the data linked to the mortality outlier, we were assured that the trust had taken appropriate action to identify and address the concerns regarding care identified.

- We attended a quality meeting during this inspection. This meeting covered subjects including pressure ulcers, falls and incidents across the trust. The meeting was well attended and had a structured agenda. The minutes of the meeting were shared with the senior staff across the trust for information and dissemination to their staff.
- The trust has invested in nurse staffing as this is one of the highest risks for the trust. This work has been undertaken between the finance department and the chief nurse and director of workforce. The trust were undertaking a number of initiatives in order to retain staff, such as looking into support with housing costs in the area with the local council. Staff gave mixed feedback on developmental opportunities, particularly in ED where some staff groups were funding their own development as they felt that they were not given fair opportunity.

Leadership of the trust

- The senior team were made up of long term existing members of staff and some relatively new members of the team appointed within the last year. The non-executives had a strong background in health care or in related areas of experience relevant to the trust. However during interviews with the senior management team we were given opposing information in relation to services and performance. Therefore we could not be assured that the executive team were working cohesively. Following our inspection we were assured action had been taken to address areas highlighted as significant concern. However, at our unannounced inspection we found that the actions which the senior management team had required to be taken were not in place. The senior management team was not aware that these actions had not been taken.
- Staff felt well supported by their local manager but reported that they did not see the executive team, apart from the chief nurse, in ward areas. The chair was noted to regularly walk around the wards of the trust.
- Staff spoke highly of the medical and nursing director; they felt that as leaders they were approachable and that they would listen to concerns.
- At our last inspection a number of concerns were raised to us about the pressurisation and management style of the matron level nurses. We noted that there had been some improvement in the approach of the site managers, and there was ongoing work to improve this area. However, concerns were still raised at this inspection that staff felt that they were not all valued or

respected by the matrons or senior nursing staff. We raised this issue with the senior leadership team, who had recognised this as an issue and were still working on improving the culture with this staff group.

- We were concerned that the leadership team of the trust did not have a real grip on the issues that were being raised by staff as these concerns were not reaching the executive level in all cases. For example, the concerns about staffing of the resuscitation area of ED had reportedly been raised on numerous occasions yet the executive team were not aware of this. Once aware, they took action to improve the safety of staffing in this area. We were concerned that not all concerns were making their way from ward to board.

Culture within the trust

- The ward staff felt that the Chief Nurse was approachable and supportive. However, they felt pressurised by the senior nursing staff at matron level specifically in site management and the surgery service.
- The NHS Staff Survey (2015) showed that the trust had 14 negative findings and 10 positive findings. Negative findings included staff recommending the trust as a place to work, feeling valued by the organisation, support from managers, experiencing stress at work, experiencing bullying or harassment at work. Positive indicators included staff reporting incidents and unsafe clinical practice, reduced rates of violence towards staff, and reduced rates of discrimination towards staff.
- We found the morale within surgery and in the emergency department to be low. This was linked to support and pressures placed on the services to deliver their work.
- The executive team reported that relationships with external partners and stakeholders had improved since the last inspection. There were still some tensions with stakeholder partners and the executive team, which the team informed us they were working on.

Fit and Proper Persons

- The trust had a draft process in place for assessing that its senior leaders were fit and proper people to run the trust. However, fit and proper persons, which is a legal requirement for trusts to undertake, was not fully embedded in the trust. Whilst we found that some board members had been checked,

others had not. The trust policy had also not been ratified despite the regulation coming into effect from November 2014. The trust assured us that they would implement immediate checks on all executive team members.

- The Trust Development Agency appoints non-executive members and undertakes the fit and proper persons check. Our checks on the non-executive staff files demonstrated that appropriate checks were undertaken.

Public engagement

- As part of this inspection we met with members of the patient panel. The patient panel provided, amongst other things, advice on patient information. Two representatives of the patient panel attended the Quality and Safety Committee. Patient panel members walked the wards and clinical areas and spoke with patients in order to feedback to the trust senior leaders. They also reviewed complaints responses to ensure that they are easily understandable and addressed the complaint.
- The trust had a wealth of volunteers who supported the hospital by undertaking tea rounds, being meal time buddies and assisting patients and their relatives around the hospital. These volunteers were committed to their hospital, in some cases for long periods of time.

Staff engagement

- The CEO had introduced an 'Open Conversation' where staff could speak freely regarding their concerns directly with him.
- There was an anonymous system for staff to raise concerns within the hospital. Staff were aware of this process.
- The daisy award was a process where staff were recognised for good work within the trust. This was a scheme where staff could nominate each other and pass the award badge between departments for good work. However, the name of this process had the potential to cause confusion as it was named the same as the 'Daisy Project', which is a programme for recognising and acting on domestic violence.
- Senior nursing staff and nurses reported that safety huddles occurred across the hospital to discuss new information or policies.

Innovation, improvement and sustainability

Summary of findings

- The trust had worked in partnership with the Daisy Project to ensure that the women of Harlow had a safe place to disclose domestic abuse within a health care setting. The trust trained staff in maternity and the accident and emergency unit and had recently expanded the training to cover all members of staff.
- The emergency department had been working in partnership with local GP partners. The GP at the front door of the department worked to refer patients to more appropriate pathways when suitable.
- The tissue viability specialist in theatres was proactive and had been innovative with training aids and methods to train staff. They had developed models to visually represent the varying degrees of tissue damage as this often had greater impact on staff.
- The consultants within the unit utilised a consultants' dashboard, which allowed the medical team to monitor patients and outcomes on a daily basis. This was innovative and good practice.
- The set up and establishment of the standalone outpatient gynaecology ambulatory service was innovative and completely responsive to the needs of women who self-referred.

Overview of ratings

Our ratings for The Princess Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity and gynaecology	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Services for children and young people	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Our ratings for The Princess Alexandra Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Outstanding practice and areas for improvement

Outstanding practice

- The ward manager for the Dolphin children's ward had significantly improved the ward and performance of children's services since our last inspection
- The tissue viability nurse in theatres produced models of pressure ulcers to support the education and prevention of pressure ulcer development in theatres. This also helped to increase reporting.
- The improvement and dedication to resolve the backlog and issues within outpatients was outstanding.
- The advanced nurse practitioner groups within the emergency department were an outstanding team, who worked to develop themselves to improve care for their patients.
- The gynaecology early pregnancy unit and termination services was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- MSSA rates reported at the trust placed them in the top quartile of the country.
- The permanent staff who worked within women's services were passionate, dedicated and determined to deliver the best care possible for women and were outstanding individuals.
- The lead nurse for dementia was innovative in their strategy to improve the care for people living with dementia.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

- Ensure that fit and proper persons processes are ratified, assessed and embedded across the trust board and throughout the employment processes for the trust.
- Ensure that the risk management processes, including board assurance processes, are reviewed urgently to enable improved management of risk from ward to board.
- Ensure that safeguarding children's processes are improved urgently and that learning from previous incidents is shared.
- Ensure that staff are provided with appraisals, that are valuable and benefit staff development.
- Improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level 3, moving and handling, and hospital life support.
- Ensure that trust staff are knowledgeable ad provide care and treatment that follows the requirements of the Mental Capacity Act 2005.