

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
<p>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:</p>				
<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. <p><i>Regulation 10 (1) (a) (b) (c)(i) (e)</i></p>	<p>ICNARC license application - May 2014 Confirmed joining – June 5, 2014.</p> <p>Data collection in place with NWL <i>Critical Care Network Quality measures uploaded</i> for first quarter of 2014/15</p>	<p>Sue Field / Jamie Zanardo</p>	<p>Complete</p> <p>Complete</p>	

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>Sept 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>Review protocols and guidelines relevant for staff working within Surgery</p> <p>Identify gaps in delivery that may require specific guidance</p> <p>Develop necessary protocols</p> <p>Ensure that staff are aware of correct policies and guidelines relevant to their area of work</p>	<p>Antony Fitzgerald / Clinical Director Surgery</p>	<p>Oct 2014</p> <p>Oct 2014</p> <p>Oct 2014</p> <p>Oct 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 maintain ongoing compliance. 	<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) • Develop women's feedback plan on maternity pathway, to include: <ul style="list-style-type: none"> ➤ Increased staff engagement and ownership ➤ Local surveys ➤ Parents forum ➤ Improve response rate of F&F test. ➤ Raise profile of Maternity Services Liaison Committee. ➤ Debriefing Service ➤ Themes and trends from on call supervisor of midwives and bleep holder ➤ Repeat of national survey • Update Women's Experience Improvement action plan. • Evidence of feedback, learning and change incorporated into: <ul style="list-style-type: none"> ➤ Divisional Monthly Clinical Governance meetings. ➤ Divisional performance 		<p>Sept 2014 Review appt Nov 2014</p> <p>September 2014</p> <p>January 2015</p> <p>September 2014</p> <p>Oct 2014</p> <p>Quarter 3 by</p>	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
	<p>management meetings.</p> <ul style="list-style-type: none"> ➤ Report to Clinical Performance & Patient Experience subcommittee of the Trust Board. 		<p>Dec 2014</p> <p>September 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 • Review clinical and bed management escalation protocol and re-launch • audit / evaluate • Establish joint midwifery and obstetrician handover • audit / evaluate 	<p>Carole Flowers/Charles Cayley</p> <p>Jayne Adams / Gloria Rowland/Onsy Louca</p>	<p>September 2014</p> <p>November 2014</p> <p>September 2014</p> <p>November 2014</p> <p>October 2014</p> <p>January 2015.</p>	

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">Re-launch Comfort roundsComfort Rounds Audit Evaluate as part of the Women's Experience Improvement action plan	Carole Flowers Jayne Adams / Gloria Rowland	September 2014 November 2014. December 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">Develop a Trust- wide customer care policyProvide ongoing customer care training. Re-launch expected standards for staff attitude & behaviour➤ Re-launch Trust 'Working together in partnership: A charter for patients,	Carole Flowers Jayne Adams / Gloria Rowland Colette Mannion – Pt Experience	September 2014 Review training compliance September 2014

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date
	<p>visitors and colleagues' outlines expected attitudes and behaviour</p> <ul style="list-style-type: none"> ➤ Re-launch Maternity services staff attitude and behaviour charter & card. • Re-launch 'See something say something campaign' for staff to raise concerns • Ensure clear display of Trust posters and information on: 'Listening, responding and improving your experience' • Audit compliance • Develop a women's feedback plan on the maternity pathway. • Undertake Matron's 'ward' rounds to receive feedback from women and take proactive actions to improve their experience in the moment. • Thematic report of outcomes, learning and changes in practice • Undertake observational audits to assess patient safety and welfare standards. • External Peer Review • Implementation of midwifery consultation paper to ensure right staff, right skills right 		<p>September 2014</p> <p>September 2014</p> <p>September 2014</p> <p>September 2014</p> <p>December 2014</p> <p>September 2014 - ongoing</p> <p>October 2014</p>

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date
	<p>place. Consultation started February 2014 and completed March 2014. Implementation started 1st April 2014, staged programme completion date March 2015.</p> <ul style="list-style-type: none"> Increased team and Individual awareness of complaints and taking ownership of their own behaviour through group and personal feedback, reflection and ownership and performance management of improvement plans. 		<p>March 2015 (Monthly Review)</p> <p>October 2014 and ongoing</p>

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	Sept 2014 for scoping to be completed	
<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 and On going	



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>Review process to implement when we have pneumatic tube failure</p> <ul style="list-style-type: none"> HCA on shift identified by shift leader to act as runner and transport the blood samples to the lab, expectation this will be done 4 hrly until pneumatic system back up. The samples will be stored in treatment room 	<p>Carole Flowers</p> <p>Jayne Adams / Jackie Waldron</p>	<p>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
<p>People who use services and others were not protected against the risks associated with the safety and suitability of equipment in that:</p>				
<p>Jack's place</p> <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. <p><i>Regulation 16 (1) (a)</i></p>	 <p>CQC Inspection-Jacks Plac</p>	<p>Paul Kingsmore / Antony Rankin</p>	<p>Complete</p>	
<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. <p><i>Regulation 16(1)(a)</i></p>	 <p>220814 Jacks Place Completed Maintenanc</p>	<p>Paul Kingsmore / Antony Rankin</p>	<p>Complete</p>	<p>Please find enclosed "220814 report. Confirmation of all medical devices serviced within date.</p>

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>	

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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
<p>People who use services did not always have their health and welfare needs met by sufficient numbers of appropriate staff in that:</p>				
<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. <p><i>Regulation 22</i></p>	<p>Recruitment & Retention – Middle grade recruitment and development</p> <p>Leadership – Increased leadership in A&E, Clinical Engagement</p> <p>Demand & Capacity – map demand surges with Rota capacity, 6 day cover & weekend discharges</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>On going</p> <p>Sept 2014</p> <p>Current ED complete New ED – Nov 2014</p> <p>Spring 2015</p>	

Recommendation / Finding	Action taken	Exec Lead / Manager Responsible	Completion date	Comments
<ul style="list-style-type: none"> There were low numbers of middle grade doctors in general surgery. <i>Regulation 22</i>	Review middle grade staffing numbers and allocation across general surgery Develop associated recruitment plan with temporary cover if necessary	Charles Cayley Antony Fitzgerald / Clinical Director Surgery	Sept 2014 Sept 2014	
<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. <i>Regulation 22</i>	Clinical Lead appointed May 2014 with dedicated time to develop unit Robust weekly MDT Programme and Mortality Review meetings Middle grades – 6 recruited, 2 outstanding 1 Consultant recruited commences August 2014, 0.5 WTE commences Oct 2014	Charles Cayley Sue Field / Clinical Director Critical Care	October 2014	