Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The Wolverton Centre, for providing comprehensive sexual health services; for provision of service alerts for vulnerable patients, including young people, and those with a learning disability.
- A comprehensive dementia strategy, which enabled staff to support people living with dementia. A dedicated dementia improvement lead provided visibility and support to staff, ensuring positive interventions were implemented. The carer’s support pack, therapeutic activities and a memory café contributed to the enhancement of services.
- The trust’s engagement with ‘John’s campaign’, promoting the rights of people living with dementia to be supported by their carers in hospital. To facilitate this, there was open visiting and a free car park for respective carers and relatives. Family members and carers were offered beds to stay overnight if needed.
- The specialist palliative care (SPC) team stood out as highly skilled and effective. They supported staff to provide good quality, sensitive care to patients at the end of life and to the people close to them.
- Staff of all disciplines demonstrated an impressive understanding of their role in addressing the needs of people at the end of life and of providing sensitive and compassionate care.
- The paediatric diabetes team were a top performer in the National Paediatric Diabetes Audit 2014 to 2015 due to HbA1C rates being better than the England average.
- The trust participated in the Sentinel Stroke National Audit Programme (SSNAP), and achieved an A rating for the period January 2015 to March 2015.
- The physiotherapists in the critical care unit had reduced the length of stay for their patients through the early implementation of rehabilitation.
- The engagement and involvement of volunteers was recognised as an invaluable team to support service delivery.
- Patient pathway co-ordinators in outpatients had impacted positively on the effectiveness of appointment arrangements.

Areas for improvement

Action the hospital MUST take to improve

- Ensure that individuals who lack capacity are subjected to a mental capacity assessment and best interest decisions where they require restraint. Such information must be recorded in the patient record.
- Make improvements to ensure medicines are not accessible to unauthorised persons; are stored safely, and in accordance with recommended temperatures.
- Make improvements to the systems for monitoring of equipment maintenance and safety checks in order to assure a responsive service.
- Ensure that the Duty of Candour is adhered to by including a formal apology within correspondence to relevant persons and that such a record is retained.
- Ensure the management, governance and culture in ED, supports the delivery of high quality care.
- Improve the quality and accuracy of performance data in ED, and increase its use in identifying poor performance and areas for improvement.
- Ensure all identified risks are reflected on the ED risk register and timely action is taken to manage risks.

Action the hospital SHOULD take to improve

- Review patient outcome measures to consider how performance can be improved.
- Staff should have timely access to regular training with respect to the Mental Capacity Act (2005) and Deprivation of Liberties Safeguarding.
- Review length of stay and ways of decreasing this in care of the elderly and cardiology services.
- Take steps to embed debriefings after operating lists across all surgery services, as part of the World Health Organization (WHO) Surgical Safety Checklist.
Outstanding practice and areas for improvement

- Ensure better compliance with hand hygiene and cleaning of clinical equipment in the emergency department.
- Review the skill mix and flexibility of staff within ED in order to respond to changes in activity levels and demand surges.
- Improve ED staffs understanding and compliance with the trust's incident reporting procedures, complaints handling and application of learning from these.
- Ensure there is accurate performance information in the ED.
- Seek ways of consistently improving patient flow through the ED.
- Ensure the systems for routine safety processes such as recording timely observations of patients, checking resuscitation equipment, and making sure medicines and cleaning chemicals were stored safely.
- Ensure adequate and safe facilities for patients with mental health needs.
- Ensure staff use computers securely in ED and do not share login cards.
- Improve staff engagement in main operating theatres.
- Establish a robust system for ensuring required surgical instruments are readily available.
- Increase visibility and leadership engagement within theatres.
- Optimise pre-assessment procedures in order to limit cancellations on the day of scheduled surgery.
- Take steps to ensure all nursing staff understand how to communicate with vulnerable and elderly patients in an appropriate way.
- Improve responsiveness of nursing staff to patient call bells at weekends.
- Consider how the environment and facilities in the CCU could be improved.
- Review CCU records in order that capacity assessments can be documented.
- Explore the benefits of having a follow up services available for patients who have used CCU so they are able to reflect upon their stay and can address long term psychological concerns.
- Review maternity service bed capacity in order to address the increasing activity.
- Ensure midwifery staff have access to required equipment.
- Review staffing levels in maternity services in order to avoid delays of induction and elective caesarean sections.

- Ensure children have an appropriate waiting area in the fracture clinic.
- Review areas used by children and young people with a focus on age appropriate décor.
- Ensure staff working in children's and young people's services have access to up to date editions of the British National Formulary (BNF).
- Ensure registered nursing staff levels in children's and young people's services are in accordance with RCN and BAPM guidelines.
- Review the specialist palliative consultant and nursing presence at the hospital in order to maintain progress towards meeting the provision of excellent end of life care.
- Review the environment of the chapel and multi-faith facilities.
- Consider how the environment on medical wards and in outpatients can be developed to enhance the experiences of people living with dementia.
- Provide greater privacy for inpatients who attend the CT scanning unit.
- Reinforce best practice around the use of appropriate interpreters.
- Ensure information about chaperones is made easily available in all OPD clinics.
- Ensure waiting times and clinic delays are appropriately displayed and communicated to waiting patients.
- Have a consistent approach to sending reminders to patients about their appointments, to minimised non attendance.
- Ensure that patient examination couches are checked and maintained as appropriate in the general outpatient area.
- Address recommendations made by the Anti-Terrorism Squad for the safe monitoring of radionuclide medicine delivery.
- Ensure proper systems are in place to facilitate governance meetings in each outpatient service.
- Consider how daily cleaning schedules can be completed and quality checks and sign off of these are routinely undertaken.
- Arrangements around equipment storage should be reviewed so that shower rooms are not used.
- Utility rooms containing hazardous chemicals should be locked, with additional provision for secure storage of such products.
Outstanding practice and areas for improvement

- Fire safety precautions should be reinforced with staff to ensure fire doors are not propped open.
- The policy for medicines management is followed to support the use of patients own medicines.
- Review existing arrangements to ensure that suitable governance and assurances mechanisms are in place with regards to the trust's statutory duty to ensure that directors are fit and proper.
### Requirement notices

**Action we have told the provider to take**

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td><strong>Systems and processes were not established or operated effectively to ensure the safety of service users. This was because:</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>• Equipment in use by patients had not always been serviced and safety checked.</td>
</tr>
<tr>
<td></td>
<td>• Resuscitation trolleys were not always checked to ensure they were fit for use.</td>
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<td></td>
<td>• Medicines were not always stored safely and could be accessed by unauthorised individuals.</td>
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<td></td>
<td>• Temperature checks on storage units were not always carried out.</td>
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<tr>
<td></td>
<td><strong>Regulation 12 (2) (e) &amp; (g)</strong></td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 20 HSCA (RA) Regulations 2014 Duty of candour</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td><strong>A formal apology was not always included in all letters written to relevant persons during and following the safety incident review process.</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>Regulation 20 (1) (2) (d) &amp; (e)</strong></td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</td>
</tr>
<tr>
<td>Nursing care</td>
<td><strong>Individuals who lacked capacity were not always subject to a mental capacity assessment.</strong></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td></td>
</tr>
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<td>Treatment of disease, disorder or injury</td>
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</table>
Individuals were being restrained without evidence of mental capacity assessment or best interest decisions having been formally made and recorded.

Systems and processes were not sufficiently established around training of staff with regard to the Mental Capacity Act (2005) and Deprivation of Liberties Safeguarding.

Regulation 13 (1) (2), (4) (b), (5) & (7) (b)

Regulated activity

Nursing care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided in ED because;

- The quality and accuracy of performance data and its use in identifying poor performance and areas for improvement was not adequate.
- The management, governance and culture in ED, did not support the delivery of high quality care.
- Risks in the ED service were not always identified, analysed and managed.

Regulation 17 (1) (2) (a) & (b)