



Review of compliance

Oxford Radcliffe Hospitals NHS Trust
Horton General Hospital

Region:	South East
Location address:	Oxford Road Banbury Oxfordshire OX16 9AL
Type of service:	Acute services
Date the review was completed:	
Overview of the service:	<p>The Horton General Hospital is an acute general hospital in Banbury and serves the population in the north of Oxfordshire and surrounding areas. It has over 220 inpatient beds and over 20 day-case beds. The hospital employs 1,200 people and provides a wide range of services. These include an emergency department (with a clinical decision unit), general surgery, acute general medicine, trauma and orthopaedics, obstetrics and</p>

	<p>gynaecology, paediatrics, a critical care unit, coronary care and cancer resource centre.</p> <p>Acute general medicine also includes a short-stay admissions ward, a medical assessment unit, a day hospital as part of specialised elderly care rehabilitation services and a cardiology service.</p> <p>Other clinical services include physiotherapy, occupational therapy, dietetics, radiology and pathology. The radiology service includes a managed mobile MRI and a breast cancer screening unit. Currently, there are also four main operating theatres and a large day-case unit.</p>
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Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that the Horton General Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews of all health and social care provision. This was a review of the three main hospitals of the Oxford Radcliffe Hospitals NHS Trust. This included visits to the John Radcliffe Hospital, the Churchill Hospital and the Horton General Hospital. Each of these assessments are reported separately. This report lays out the findings of the Horton General Hospital.

How we carried out this review

As part of this review we used a range of information and evidence from various sources. This included reviewing all the information we hold about the trust, and requesting further specific evidence relating to certain outcomes or particular hospitals. We also carried out unannounced visits on 14 September 2010 to each of the hospitals. During these visits we observed how people were being cared for, talked to people who use services and talked to staff. We also checked some of the hospital's patient records.

What people told us

During our visit on 14 September 2010, we interviewed patients at the Horton General Hospital. Patients, on the whole, were very positive about their experiences of care and treatment.

Patients reported that they were involved in their care and treatment decisions and that they were given sufficient information. They stated that staff ensured that their privacy and dignity was maintained. Staff were seen to treat patients with respect and focused on meeting their personal care needs.

The trust also asks patients for their views and experiences of care on a regular basis, and the Commission reviewed these surveys.

The majority of these comments reflected well on the trust, although there were some recurring themes around dissatisfaction with long waiting times for screening and diagnostic procedures and concerns about the attitudes and care delivered by staff in some instances.

In summary, while many patients have provided positive feedback, further work is required by the trust to ensure that patient experience of their care is of a consistently high standard.

What we found about the standards we reviewed and how well the Horton General Hospital was meeting them

This review assessed whether the Horton General Hospital provides care to people that meets essential standards of quality and safety, respects their dignity and ensures their rights. This review focused on all of the 16 regulations and associated outcomes for patients that most directly relate to the quality and safety of care.

The Horton General Hospital has been assessed as being compliant with 12 of the 16 essential standards of quality and safety. For two of the 12 essential standards that the trust is meeting, minor concerns were identified where improvements should be made.

We are not satisfied that the Oxford Radcliffe Hospitals NHS Trust is compliant with four of the essential standards, and the Horton General Hospital is therefore judged to be non compliant in these areas. The trust needs to take action to ensure its hospitals become compliant in these areas. We will monitor their plans to address the concerns raised in this report and take additional action if necessary.

Outcome 1

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall, we found that the Horton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 2

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 4

People should get safe and appropriate care that meets their needs and supports their rights

- Overall, we found that this standard was not being met and improvements are needed.

Outcome 5

Food and drink should meet people's individual dietary needs

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 6

People should get safe and coordinated care when they move between different services

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 7

People should be protected from abuse and staff should respect their human rights

- Overall, we found that the Horton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 8

People should be cared for in a clean environment and protected from the risk of infection

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 9

People should be given the medicines they need when they need them, and in a safe way

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 10

People should be cared for in safe and accessible surroundings that support their health and welfare

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 11

People should be safe from harm from unsafe or unsuitable equipment

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 12

People should be cared for by staff who are properly qualified and able to do their job

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 13

There should be enough members of staff to keep people safe and meet their health and welfare needs

- Overall, we found that this standard was not being met and improvements are needed.

Outcome 14

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

- Overall, we found that this standard was not being met and improvements are needed.

Outcome 16

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- Overall, we found that this standard was not being met and improvements are needed.

Outcome 17

People should have their complaints listened to and acted on properly

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 21

People's personal records, including medical records, should be accurate and kept safe and confidential

- Overall, we found that the Horton General Hospital was meeting this essential standard.

Action we have asked the service to take

The four areas where we have a moderate concern that the Horton Hospital is not compliant with the essential standards of quality and safety relate to trust-wide issues around adequate staffing levels, staff training and systems for monitoring and checking quality of care.

We have asked the trust to send us a report by within 28 days of the receipt of this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

We have asked the provider to send us a report by 25 February 2011 setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The table below shows our judgement on each of the essential standard outcomes we reviewed.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Outcome	Judgement for the service	Judgement for a specific activity
Outcome 1: Respecting and involving people who use services	Minor concern	N/A
Outcome 2: Consent to care and treatment	Compliant	N/A
Outcome 4: Care and welfare of people who use services	Moderate concern	N/A
Outcome 5: Meeting nutritional needs	Compliant	N/A
Outcome 6: Cooperating with other providers	Compliant	N/A
Outcome 7: Safeguarding people who use services from abuse	Minor	N/A
Outcome 8: Cleanliness and infection control	Compliant	N/A
Outcome 9: Management of medicines	Compliant	N/A

Outcome 10: Safety and suitability of premises	Compliant	N/A
Outcome 11: Safety, availability and suitability of equipment	Compliant	N/A
Outcome 12: Requirements relating to workers	Compliant	N/A
Outcome 13: Staffing	Moderate concern	N/A
Outcome 14: Supporting workers	Moderate concern	N/A
Outcome 16: Assessing and monitoring the quality of service provision	Moderate concern	N/A
Outcome 17: Complaints	Compliant	N/A
Outcome 21: Records	Compliant	N/A

The following pages detail our findings and our regulatory judgement for each essential standard and outcome reviewed linked to specific regulated activities where appropriate.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us

In assessing this outcome we used information provided by patients via NHS Choices website, complaints that we have been sent and patient survey results. We also spoke to patients during our visit to the hospital on 14 September 2010.

During our visit, we interviewed patients at the Horton General Hospital. Patients reported that they were involved in their care and treatment decisions and that they were given sufficient information. They stated that staff ensured that their privacy and dignity was maintained. Staff were seen to treat patients with respect and were focused on meeting their personal care needs.

There were 11 comments sent by patients via the NHS Choices website referring to care across all hospitals that make up the Oxford Radcliffe Hospitals NHS Trust. These outlined that patients were happy with their treatment, felt that their care was good and that staff treated them with dignity and respect. There were, however, examples which highlighted that this is not consistent across all parts of the hospital. Patients identified that some staff had been rude, disorganised, lacking compassion and that they had not been treated with dignity or respect.

Complaints received from patients and relatives by the Care Quality Commission (CQC) have also highlighted a range of negative experiences. Although the CQC does not deal with individual complaints, when complaints are received, they are used to inform our assessment of providers of care. These complaints related to care across all hospitals that are part of the trust and in some cases, related to care in wards or departments at more than one hospital. The complaints highlighted some serious concerns about the involvement of patients and their families in decision making. Some patients and relatives also reported poor care and the impact of long waiting times for diagnostic and screening procedures, such as radiology. Others outlined that there was a lack of communication regarding their own or their relative's treatment, including when operations were cancelled or delayed.

The inpatient survey (2009) was returned by 429 patients. This survey gathered patient feedback across the whole trust and results are benchmarked against other trusts. Results show that the trust scored 'about the same' when compared to other trusts. All responses from patients are scored out of 10. The trust scored:

- 7.4 out of 10 for how involved patients felt in decision making about their treatment.
- 8.1 out of 10 for whether they had been given enough information about their treatment and care and
- 9.3 out of 10 for whether they had enough privacy when being examined or treated.
- 6.3 out of 10 for whether family or someone else close to them having enough opportunity to talk to a doctor if they wanted.

Results of the outpatient's survey (2009) were, on the whole, positive. The trust scored highly in relation to patients being given enough privacy when being examined. It also scored well in relation to patients being provided with information about treatments, including the risks and benefits. Patients also responded well to whether they had been treated with respect and dignity. However, the trust scored poorly (below the 20% threshold for all trusts) in relation to patients being told how long they would have to wait and why. This was also identified as a key area of concern more widely within the trust. Patient experience audits, conducted by the Picker Institute, found that some patients had concerns with communication, particularly in relation to delayed or cancelled procedures.

Other evidence

During our visit, staff were observed treating patients with respect and patients' privacy and dignity was maintained. Staff took care to draw curtains when this was required to ensure patient privacy. Staff were very responsive to patients needs. Patients were observed to be cared for in single sex accommodation on the wards that were visited. In the inpatient survey, the trust scored 8.2 out of 10 for patients not having to share a sleeping area, such as a room or bay, with patients of the opposite sex.

Written information for patients and their families and carers was seen to be available. The trust also provided some examples of patient information that is given

to patients.

The trust has a range of methods in place to collect patients' views. This includes patient questionnaires, the use of patient held devices to get immediate feedback, the NHS Choices website and the Patient Advice and Liaison Service (PALS).

Our judgement

Many patients are very positive about their experiences of care and treatment at the Horton General Hospital. There is evidence, however, that some patients have received poor care, that patients and their relatives are not always treated with respect and that communication could be improved in relation to delayed or cancelled procedures.

Overall, we found that the Horton General Hospital was meeting this essential standard, but there are areas of concern where improvements need to be made.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

During our visit, patients reported that they had had the risks and benefits of treatment explained to them when consent for treatment had been required. In the inpatient survey, the trust scored 9 out of 10 for patients being given an explanation that they could understand about the risks and benefits of a procedure.

Other evidence

The trust has policies and procedures in place for obtaining consent and these have been recently reviewed. Staff were found to be knowledgeable about the consent process, including who had responsibility for various parts of the process. Patients also outlined that they had gone through the consent process, where it was required. They also commented that they had been provided with a good level of information, including the risks and benefits associated with different treatment options and/or clinical procedures.

The hospital has conducted audits of health records which included a review of consent processes. This audit showed that consent processes are generally followed, including recording the discussion of risks and benefits of procedures and treatments with patients. While all key elements of consent were being carried out,

the audit provided showed that patients were not routinely being given a copy of their consent form. The trust has stated that it has worked to address this and that it continues to monitor this through ongoing review of patient's health records.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meet their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with outcome 4: Care and welfare of people who use services

Our findings

This outcome covers a range of key issues including how providers assess patient needs, the planning and delivery of care, whether providers take account of published research and guidance, adjusting care to meet people's needs, values and diversity and having arrangements for dealing with foreseeable emergencies.

Delayed transfers of care

Delays in transferring patients to other care provision remains an ongoing concern. The weekly report for the last week in October 2010, from the Oxfordshire County Council shows that Oxfordshire delayed transfers of care increased from 146 to 170 in a short period of time. The year-to-date figures for Oxford Radcliffe Hospitals NHS Trust are more than double the target figure.

The council states that the biggest reason for delays is the provision of care services being provided in people's homes. The second biggest reason is delays in obtaining care home placements. These have recently been reduced by the council. These two reasons count for two thirds of all delays. This is an issue that spans health and social care. There is a taskforce to address delayed transfers of care that includes representatives from the county council, the primary care trust and the Oxford Radcliffe Hospitals NHS Trust. The trust provided copies of the action notes from these meetings. While attempts are being made to reduce delays, further cross-sector work is required to decrease the length of time patients have to wait before leaving hospital.

Radiology reporting

Inconsistencies have been identified in the way radiology reporting is managed across the trust. The time taken to assess scans and report back has varied between hospital sites. The processes used also varied. This has been identified and performance-managed by the primary care trust commissioning team. The commissioning team is responsible for identifying the health needs of the local population and how to best to meet those needs. The trust has an action plan in place and provided evidence of recent improvements in consistency and reporting times at the John Radcliffe Hospital. Improvements have also been made at the Horton General Hospital. In August 2010, the five day turnaround reporting time was being met for computerised tomography scanning, known as a CT scan. However, 86% of magnetic resonance imaging scanning reports (known as a MRI scan) had been produced within the 5 day turnaround. The turnaround time for plain film reporting is well below target with 38% of these produced within 5 working days.

Stroke care

In 2008, the national sentinel stroke audit identified many areas that required improvement in stroke care at both the John Radcliffe Hospital and the Horton General Hospital. The trust has worked with the Oxfordshire Primary Care Trust to put measures in place to address areas of concern. Improvements have been made at the John Radcliffe Hospital. While some areas have improved at the Horton General Hospital, patients are not receiving some procedures and treatments within the required timeframe. All patients who are potential candidates for routine acute stroke intervention are receiving brain imaging within the required 60 minutes. However, only 20% of patients who have sustained a transient ischaemic attack and are at high risk of having a stroke in the future had received the relevant scan (completed and interpreted) within 24 hours of symptom onset. This was compared to 61% of patients at the John Radcliffe Hospital. The percentage of time that stroke patients spend in specialised areas had improved at the Horton General Hospital. The target is still not being met, but in August 2010, 78% of patients had spent at least 90% of their time in hospital on the stroke unit. The hospital has a detailed action plan in place to enable ongoing improvement.

Patient waiting times for treatment

A number of performance management targets, which are systems used to plan and measure achievements and outcomes, are no longer monitored by the Department of Health. These included the 18 weeks waiting time which relates to time taken from a patient being referred for treatment to when they are actually treated. The trust has previously not been meeting the 18 weeks target. The Department of Health states that the time taken from referral to patients receiving treatment will continue to be published and monitored.

The primary care trust also monitors waiting times. Figures from August 2010 show that just over 80% of patients were seen within 18 weeks for specific treatment. The trust has a committee in place to specifically address waiting times. A review of the minutes shows that the trust has spent time determining the accuracy of the number of patients on the waiting list. This includes those who have been waiting for longer than 26 weeks. While the situation is monitored and discussed, there is limited reference to what actions are to be taken specifically to improve waiting time and who will be responsible for these actions.

The trust is, however, meeting other waiting times including the two week maximum wait for rapid access to the chest pain clinic and patients not having to wait more than 13 weeks for revascularisation, the process of restoring the flow of oxygen and nutrients to the heart.

Cancer waits

The trust is currently not meeting target waiting times for patients receiving treatment for suspected cancer. The trust is not meeting waiting times in relation to:

- the proportion of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer.
- the proportion of patients receiving their first definitive treatment for cancer within two months (62 days) of urgent referral from a consultant (consultant upgrade) for suspected cancer.
- the proportion of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer.

The trust has acknowledged that the delivery of the 62 day target of first treatment from urgent referral to treatment has proven to be a significant challenge. The trust has provided evidence that they have carried out an investigation into the cause of not meeting cancer-wait targets and an action plan is being developed. Problems have been identified with both the diagnostic and treatment elements of the patient care pathway. Minutes of the governance meeting also state that theatre sessions have been reduced due to financial reasons and that this has had an impact on cancer targets.

The trust has worked with the Thames Valley Cancer Network and the NHS Intensive Management Support Team (IMAS) for Cancer to try and improve waiting times. In June, the trust had its first diagnostic visit with the IMAS team who met the trust's cancer management team, service teams and primary care trust representatives. The trust stated that a detailed action plan is now being developed. There is, however, no evidence of the impact of current initiatives on waiting times.

Track and trigger

The trust has a process in place to analyse trends with incidents. An analysis of all serious incidents found that there was a concern with how staff recognise and respond to patients when their condition deteriorates. In response to this concern, the trust has implemented a 'track and trigger' system. This provides a method for healthcare professionals to 'rate' patients by assessing signs and symptoms and adapting subsequent levels of observations and care. Staff have received training in the use of the system. Staff who were interviewed stated that they were aware of the 'track and trigger' system and found it very helpful in their assessment of patients.

Bed management

Bed management at the Horton General Hospital was found to be poorly managed on some wards. Patients with differing specialist needs were found being cared for on the same ward. A number of 'outlier' patients were found on the gynaecological

and trauma wards. Staff on the one ward also commented that they regularly take medical patients. The trust has stated that because the number of patients needing gynaecology care is less than the capacity of this female ward, other patients with differing needs are accommodated on this ward. They have also stated that empty surgical beds on the trauma ward are opened to care for medical patients at peak times. However, this may pose some risks for patient care in relation to whether staff have the appropriate skills to meet patient's specific care needs. The mix of patients has also led to difficulties for some consultants when conducting ward rounds as their patients are spread across a number of wards.

National Institute for Health and Clinical Excellence (NICE) Guidance.

The trust stated that it sent out 129 pieces of guidance for medical clinicians to review in 2009/10 and received a 100% response rate. Of the 53 pieces of guidance deemed relevant, medical staff reported full compliance in 36 (68%) instances and partial compliance in 14 (26%) instances. Surgeons reported non-compliance with 3 (6%) interventional procedures and stated that funding issues were hindering implementation.

The trust stated that the review and implementation procedure of newly issued NICE guidance is now becoming routine within most directorate governance meetings. More focus will be undertaken in the coming year to facilitate trust-wide guidance that requires cross-directorate cooperation. The trust also stated that implementing clinical guidelines is a continuing challenge which will be a priority for 2010/2011.

Our judgement

There are significant concerns in relation to patient waiting times for treatments following referral and for waiting times for cancer treatment. There are also high numbers of patients waiting to be transferred from hospital to other care placements. While the trust is monitoring and putting plans in place, evidence of actions taken and their impact is limited.

Radiology turnaround times have improved but the department is still not routinely meeting the target times required. While stroke care has also improved, data collected around key indicators of best practice showed that it they are not always being implemented. Bed management was also found to be poor across a number of wards visited. The trust also needs to ensure that all relevant NICE clinical guidelines are implemented and monitored for their impact on patient outcomes.

Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

During our visit, patients' views of the food provided while in hospital varied. Most patients were happy with the choice and quality of the food. Others felt the food was 'awful' and 'disgusting' and relied on relatives to provide food for them. In the inpatient survey (2009) the trust scored:

- 5 out of 10 on how patients would rate hospital food.
- 8.7 out of 10 on amount of choice of food and
- 7.1 out of 10 on whether patients received enough help with eating.

This was similar when compared with other trusts.

Other evidence

The trust's annual Patient Environment Action Team (PEAT) assessment was completed February 2010. This is an annual assessment of non clinical aspects of care such as the environment, food and privacy and dignity for healthcare sites in England that have more than ten inpatient beds. The scores for each of the trust's three sites is achieved through self assessment and verified by the National Patient Safety Agency. An external assessor was part of the inspection team. The Horton General Hospital scored excellent for food. This rates the menu, choice, availability, quality, quantity, portions, temperature, presentation, service and beverages. Patients interviewed as part of this review had varied views on the food with some stating it had the usual problem associated with mass catering and others happy with the choice and quality.

The trust has a system in place to identify patients who require support with eating and drinking. The trust state that nutritional screening tools are used on wards to identify patients who require help with eating and drinking. A 'red tray' system is then used to identify these patients at mealtimes. Staff were observed using this system on the wards visited. PEAT scores, were lower (i.e. rated acceptable) in relation to the proportion of wards that operate a protected mealtime policy. The

hospital scored 'good' for the proportion of wards that had a nutritional screening group.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

The trust provided some good examples of working relationships with both the Oxfordshire Primary Care Trust and the South Central Strategic Health Authority. The Oxfordshire PCT has worked closely with the trust to improve stroke care and this has resulted in marked improvements, particularly at the Horton General Hospital, as outlined in Outcome 4.

Challenges remain across a range of other areas including waiting times for treatment, including cancer treatment and radiology waiting times. Action plans show that the trust is working with the Thames Valley Cancer Network and a number of actions have been put in place to improve performance.

As commissioners, the Oxfordshire PCT regularly meets with the trust and sits on the governance committee and other committees such as the infection control committee. The relationship with the Local Involvement Network (LINKs) remains at an early stage of development. The LINKs are a community-based network of organisations and individuals established in 2008 to influence how local services are planned and developed.

The trust has publicly stated that it needs to improve working relationships with other parts of the public sector, including the local authorities, other NHS bodies and the local universities.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse.

Our findings

Safeguarding is the process of protecting children and adults from abuse or neglect and in relation to children, preventing impairment of their health and development.

The trust has safeguarding policies and procedures in place for both children and adults. The Oxford Radcliffe Hospitals NHS Trust has a policy entitled 'local arrangements for child protection' dated October 2009. The policy is currently under review. The policy outlines the responsibilities and processes for safeguarding. It states that all staff in the organisation should have safeguarding children awareness training (foundation level). All clinical staff who are involved in caring for children, young people and carers of children and young people within their work should have level 1 training. All professional staff who work regularly with children and young people or who have them as the focus of their work should have level 2 training. Professionals with a strategic responsibility to care for and support the safeguarding of children should have level 3 training.

The trust's safeguarding monthly report for July 2010 shows that attendance at foundation level training for new starters is 91%. However attendance at level 1 and 2 children's safeguarding training, in particular, is low. Of those staff who should have attended:

47% have attended level 1

29% have attended level 2 and

84% have attended level 3.

The trust also has an adult safeguarding policy in place, with a review date of September 2009. An action plan provided by the trust shows that this policy is currently under review. The policy states that managers will provide initial information at staff induction programmes about the adult safeguarding policy. The trust provided evidence to show that only 46% of staff have attended protection of vulnerable adult training. The trust has set a target of 80% to be achieved by 2010/11.

The trust has put some measures in place to address low attendance at both children's and adult safeguarding training. An e-learning package has been developed, where learning is conducted via the internet rather than face-to-face. This training covers children safeguarding level 1 and adult safeguarding training and was introduced in April 2010. The trust has also distributed a leaflet to all staff which details how to identify and respond to safeguarding concerns.

The trust maintains a database of any adult safeguarding concerns which includes action taken and outcomes. There is also a flow chart of action to take is a concern relating to adult safeguarding. In situations where restraint may be required, the trust has guidelines in place. The trust also has a process in place to identify when children do not attend scheduled appointments.

Our judgement

The trust has safeguarding policies and procedures for both adult and child protection in place which advises staff what to do if there are any safeguarding issues or concerns. Both of these policies were due for review and update last year. The trust maintains a database of any adult safeguarding concerns and the actions taken. While the trust has stated that it is recovering this position, attendance at level 1 and 2 training was low mid-way through the year against the annual plan. Further work is required to train staff to ensure that they know how to identify and respond to safeguarding concerns.

Overall, we found that the Horton General Hospital was meeting this essential standard, but there are areas of concern where improvements need to be made.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

The inpatient survey (2009) found that in relation to cleanliness and hand washing, the trust scored similarly when benchmarked against other trusts. The trust scored:

- 8.8 out of 10 in response to how clean was the ward.
- 8.6 out of 10 in relation to the cleanliness of toilets and bathrooms.
- 9.7 out of 10 in response to whether hand-wash gel was available and
- 8.2 and 9.2 out of 10 respectively as to whether nurses and doctors were seen to be washing their hands between touching patients.

During the visit to the hospital, patients reported that they felt that the wards and hospital was of a good standard of cleanliness.

Other evidence

The trust has a large number of policies and procedures that relate to infection control. A sample of job descriptions were reviewed and were found to include reference to responsibilities for infection control. The trust has an infection control team in place and the medical director is the director of infection prevention and control.

The trust annual infection control report for 1 April 2009 to 31 March 2010 states that the trust has continued to meet both national and locally agreed infection control targets for Meticillin Resistant Staphylococcus Aureus (MRSA) blood stream infections and Clostridium difficile. A hygiene code visit was under taken by the Care

Quality Commission in November 2009. This visit found no breaches against the regulations in place to protect patients, workers and others against healthcare associated infection.

The trust demonstrated that it has processes in place to monitor and address the cleanliness of wards and departments. Cleaning audits are routinely undertaken. These assess patient wards and very high risk areas on a monthly basis, out-patients and public corridors every three months and office areas six monthly. The team also uses the National Patient Safety Agency audit tool which analyses cleaning performance by the responsibility categories for domestics, nursing and estates staff.

The trust outlined the processes for reporting results. The matrons declare their departmental cleaning score and this forms part of their monthly divisional report. The trust also maintains a site specific spread sheet, which is updated daily. This details the overall cleaning scores. Results for these from August 2010 show that scores varied from 84 – 94 % across a range of areas, rated by level of risk and that there is scope for improvement.

The trust's Patient Environment Action Team assessment was completed in February 2010. This is an annual assessment of non clinical aspects of care such as the environment, food and privacy and dignity, for healthcare sites in England that have more than ten inpatient beds. The scores for each of the trust's three sites is achieved through self assessment and verified by the National Patient Safety Agency. An external assessor was part of the inspection team. The Horton General Hospital achieved a score of 'acceptable' for cleanliness. It scored 'good' in relation to the proportion of wards that had adequate hand decontamination provision.

The trust provided evidence that it is targeting and addressing cleanliness in high risk areas, including operating theatres. There is also a system in place to request enhanced cleaning for wards where patients are suspected or confirmed as having an infectious organism.

The wards visited during our visit were found to be clean and well kept. Equipment was stored appropriately and corridors and patient areas were free from hazards. Hand washing facilities were available and staff were observed cleaning their hands as they moved between patients and clinical areas. They were also observed using protective clothing when entering the rooms of patients who had been isolated due to an infection.

Attendance at infection prevention and control is mandatory for all staff. Mandatory updates are tailored for each staff group including contractors. The infection control team are developing a new e-learning (learning via electronic media such as the internet) tool for 2010/2011. The trust has trained 25% of its staff between April and July and aims to have 85% trained by the year end.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

The results from the inpatient survey (2009) for the section that contains questions relating to medication. The trust scored:

- 8.6 out of 10 in relation to whether hospital staff explained the purpose of the medicines patients were to take home.
- 5.1 out of 10 for whether a member of staff told patients about medication side effects to watch for when patients left hospital.
- 8.5 out of 10 for whether patients were told how to take your medication in a way you could understand and
- 7.7 out of 10 for whether patients felt they were given clear written information about their medicines.

These scores were similar when compared to other trusts.

Other evidence

The trust monitors its performance in relation to medicine management. A document setting out the goals that have been set for the department and coloured ratings was provided. The number of reported medication errors is monitored, though the trust has some concerns that the numbers reported is low. There were 3 serious incidents in 2009/10 related to drug incidents. The trust's summary report on

accidents and incidents states that there was no common theme to these incidents but one incident led to a trust wide review of the storage of heparin and insulin in all wards.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

The Horton General Hospital is made up of a range of buildings of different ages and configuration in terms of the layout of patient beds. The areas visited were found to be clean and well kept. The toilets and bathrooms were clean and in a good state of repair. There was adequate storage and the corridors were free of hazards and clutter. All four-bedded bays and single rooms include en-suite bathroom facilities. In some parts of the hospital, space was found to be more limited and four-bedded bays were not provided with en-suite facilities. However, bathrooms were nearby and single sex bathroom facilities are available.

The trust's annual Patient Environment Action Team self assessment was completed February 2010. In relation to premises, scores for the Horton General Hospital for 2009/10 were rated overall as good (one level below excellent on a 5 point scale). This included assessment of bathroom environments, maintenance, toilets and décor which were all rated good. An external assessor was part of the assessment process.

All of the wards and departments visited during our visit were found to be of a good standard of cleanliness and in general, good repair. There were no issues concerning safety for patients, their relatives or staff found that related to the premises.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential

standard.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

The trust provided an inventory of medical equipment which lists over 12,000 devices that are currently maintained. Generic equipment which is used by many wards and departments is stored in three equipment libraries. Each library has a coordinator who collects used equipment from the wards and ensures that it is clean and working.

There is some evidence that equipment being used at the trust is either lacking or not up-to-date. An independent review of paediatric cardiac services (July 2010) commissioned by the South Central Strategic Health Authority, found that there was continuing reference in clinical governance meetings to lack of equipment. There was also references made to some equipment 'not being to an up-to-date specification'.

The annual occupational health and manual handling report (2009/10) identified an increase in manual handling incidents. Incidents had increased by 48% on the previous year. The report indicates that this is, in part, due to problems with equipment. The report outlined that the new contractor engaged to service patient hoists had identified that many hoists require replacing. Similarly, there were some hoist fabric slings that did not have a legible safety notice. The report stated that these should therefore be removed from service.

Executive staff 'workarounds' also identified concerns with shortages of general nursing equipment, in particular patient monitoring devices leading to additional

added time pressures for nursing staff. Issues related to the length of time to repair medical devices were also raised. This led to problems with lack of available equipment.

The annual report (2009) states that during 2009 there were 492 device related incidents. Two of these were graded red and investigated as serious untoward incidents.

The trust provided evidence to show that there are arrangements in place to identify and manage risks related to equipment. There is a reporting structure in place and a medical devices group that meets bi-monthly. Minutes of this meeting showed examples of decisions being taken in regard to equipment needs and issues being raised and followed up. There is also a medical equipment prioritisation group.

Information provided by the trust indicates that there are over 500 external maintenance contracts. Contracts are only placed with the original equipment suppliers, or with third parties who are able to provide accredited maintenance for that category of device. The trust stated that there are processes in place to ensure that the quality of in-house maintenance is maintained. The engineering department undergoes regular external and internal audit. Clinical engineering staff were reported to receive accredited training prior to working independently on maintaining medical equipment. During our visit, equipment was checked to see when it was last maintained. Some labels were difficult to read and others did not record a date. This included a defibrillator and suction unit. Resuscitation units are checked daily.

Staff stated that they would report faulty equipment to the senior housekeeper during office hours and that there was a system in place to log calls. They stated that they could do with more sliding sheets for moving patients and on one ward the sluice was in need of renewal. Generally staff reported that there was good access to equipment and repairs were completed in a timely manner.

Our judgement

While the evidence provided raises issues concerning old equipment and an inadequate replacement budget, the trust has robust measures in place to ensure equipment is serviced and maintained. Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

This outcome is about ensuring that the provider has effective recruitment and selection processes in place and that relevant checks have been conducted on staff. It also is about ensuring that staff are registered with the relevant professional regulator or professional body.

Staff employment files were not requested as part of this review. A few staff interviewed across the trust during the review reported that, when they first joined the trust, as part of the recruitment process they had been required to complete an application form and provide references, attended for an interview and was not able to start work until a Criminal Records Bureau check had been completed. The trust has human resources processes in place and no evidence was found to suggest any inappropriate recruitment or selection processes.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The inpatient staff survey (2009) contains a number of questions that indicate whether patients' needs are being addressed in a timely way. Overall, the trust scored similarly to other trusts. There were a number of questions that related to how busy staff are and whether they had time to address patients' care needs. The trust scored 6.1 out of 10 in relation to the question, 'how many minutes after you used the call button did it usually take before you got the help you needed'. The trust scored 7.1 out of 10 in terms of whether patients received enough help from staff with their meals.

Other evidence

NHS trusts were registered under the new Health and Social Care Act (2008) in April 2010. The trust declared non-compliance for this outcome at the time of registration and provided an action plan. This stated that all actions would be complete by 31 March 2010. The trust has provided a substantial amount of data which shows that there are insufficient numbers and type of staff in some parts of the trust.

The trust provided evidence that it monitors staff levels and the skill mix required to adequately treat patients with different levels of need. The weekly detailed workforce report demonstrates that the trust monitors the total number of staff used including contracted, bank and agency staff. On some wards at the Horton General Hospital, there has been a high usage of bank and agency staff. Staff on one ward commented that there was sufficient staff for the 25 funded beds, but that there

were five additional escalation beds and no substantive provision for additional staff. When required, they requested agency staff to cover. On the other wards visited, staff commented that staffing levels were generally adequate.

Figures provided for nursing care showed that as of July 2010, each of the three divisions was rated amber using the safer care matrix, which assess if there is adequate staffing provision. Information presented to the trust board in May 2010 outlined that there were staffing issues in children's services which were being effectively managed by moving staff from area to area. The most problematic wards were outlined as the Horton Hospital's children's ward and both neonatal units (at the John Radcliffe and the Horton General hospitals) where capacity was reported to fluctuate considerably from day to day.

A safer care matrix was submitted by the trust, dated July 2010, which mapped the available staffing ward by ward. At the Horton Hospital, the critical care unit and the special care baby unit were both highlighted as having staffing levels below 70%. In September 2010, the matrix (which was reviewed by the board in November 2010), showed an improved staffing position for the critical care unit (70-85%) and a green rating.

The trust provided a document outlining the obstetric staffing situation at the trust dated July 2009. The report states that that plans had been made to integrate all obstetric services on the John Radcliffe Hospital site, leaving a large maternity led unit on the Horton site. These proposals were rejected leaving two obstetric units, who with the additional pressure of the European working time directive, continue to struggle to maintain adequate obstetric staffing on both sites. In November 2010, there were 271 midwives across all sites, compared to the estimated 326.8 (working time equivalent) required to meet the Safer Childbirth recommendations. The trust stated that this situation remains on both the divisional and trust risk registers.

The impact of staffing pressures on attendance at training is reported generally as an issue in the minutes of a number of key committees. The trust's own safety survey was conducted across the whole trust and completed by 1786 staff. It found that 26%, of those who returned the survey, disagreed with the following statement: 'we have enough staff to handle the workload'. Thirty one percent of staff disagreed with the following statement: 'we work in 'crisis mode' trying to do too much, too quickly'.

An analysis of the evidence held by Care Quality Commission and further evidence provided by the trust shows some correlation between staff shortages and the standard of patient care. Of all the submitted accident and incident forms in the previous year, 158 (2.6% of the total) specifically mention nurse staffing and/or workload as a contributing factor. A review of the 31 serious incidents that occurred between 1 October 2009 to 31 March 2010 shows that staffing was identified as a contributing factor in the root cause analysis of three serious incidents. In two other serious incidents, one action plan states that staffing of the unit was under pressure and in the second highlights issues with staffing levels.

The trust is working to improve staffing levels. Senior ward staff stated that recruitment can be a 'stop/start' process due to financial constraints and that the process takes too long. Senior managers, however, stated that they are now

recruiting to substantive posts. More systems-wide work is also being carried out with Oxfordshire Primary Care Trust in an effort to reduce the pressure on hospital beds. The trust has also appointed a director of intensive support who is working closely with the human resources team to improve workforce and capacity planning. It is too early yet to assess whether this work has led to improvements.

Our judgement

The trust has provided a substantial amount of data which shows that there are insufficient numbers and types of staff in many parts of the trust, including the Horton General Hospital. Some ward areas were rated red this year indicating an urgent need to supplement shortfalls in available substantive staff due to vacancy, maternity leave and sickness. There has been a high use of agency and bank staff in some areas in order to support wards. While this is a positive temporary response, the underlying staffing shortages need to be addressed.

Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with outcome 14: Supporting workers

Our findings

In the 2009 NHS staff survey, the trust was rated worse than average when compared to similar trusts across 22 areas related to level of work pressure and support, quality of job design, communication between senior management and staff, staff appraisal and opportunities for training. While only 5% of staff responded to the survey, a further staff safety survey conducted by the trust itself reinforced some of these findings. The staff safety survey was completed by 1786 staff (18% of the total).

The trust has an action plan in place to address the staff survey and has prioritised four key areas:

- training provision/personal development
- appraisals
- internal communications to improve staff engagement
- bullying and harassment and health and well being.

The plan is monitored through a range of relevant meetings including directorate boards and matrons' meetings. The trust provided evidence of some progress against this plan.

While many of the staff interviewed had attended mandatory and other training, the figures provided by the trust show that this is not indicative of the trust as a whole. Figures for statutory, mandatory and essential training showed that across a range of areas, attendance is low. In November 2010, 56% of eligible staff had attended

fire safety training, 52% had attended general health and safety training and 68% had attended manual handling. As highlighted in outcome 7, 47% of eligible staff had received level 1 safeguarding training, 29% level 2 safeguarding training and 46% of staff had attended safeguarding vulnerable adults training.

In 2009/10, 60% of staff had attended mandatory infection control training. In view of this, the infection control team are developing a new e-learning (learning via electronic media such as the internet) tool for 2010/2011. The trust has trained 25% of its staff between April and July and is on track to have 85% trained by the year end.

An internal review of governance arrangements in the trust in May 2010 reported a 'disconnect between staff and the executive corridor'. Staff reported that the chief nurse has visited the unit and has given a series of talks to senior nursing staff. The trust has undertaken 27 safety 'walkarounds' in 2009/10. These are conducted by senior executives and aim to seek the views and experiences of staff and patients and record any issues and concerns. A wide range of concerns were raised from these visits and the trust provided resulting action plans. There was no written evidence provided to verify whether these actions have been completed.

The trust stated that it uses a range of other approaches to communicate and gain feedback from staff. This includes staffing updates via email, newsletters, team briefs and the intranet. The chief executive officer holds meetings to enable staff to come and talk with him and other senior staff. Staff at the Horton General Hospital reported that they felt they could raise issues with their managers and that they were responsive. The trust has also put a leadership development programme in place to support those employed in the new management structure. A series of workshops are being run initially for the trust management executive team, divisional directors and clinical directors.

Staff stated that clinical supervision for nurses is in place, but that it was provided on an ad-hoc basis. The trust has stated that development of an action plan to address mentorship and supervision arrangements for all staff across the trust is underway.

The trust is currently not ensuring that all staff receive an annual performance appraisal. Figures provided by the trust show that consultant appraisal rates for the past 12 months are low. The trust was divided into three divisions (this has recently changed with the reconfiguration). Appraisal figures across specialities was variable with only 23% of consultants in cancer care, 32% in critical care, 48% in Children's and Clinical Genetics had attended an appraisal in the past 12 months. In radiological services, 70% of consultants had received an appraisal.

Similarly, appraisal performance rates for nurses and other staff are variable. When interviewed staff on some wards had all had an appraisal in the past 12 months and on others, few staff had. The trust has acknowledged that there is further work to do around mandatory training and appraisals. The trust has recently used trust-wide emails over a week-long period to focus staff on the need for statutory, mandatory and essential training as well as appraisals.

Our judgement

Figures for statutory, mandatory and essential training showed that across a range of areas, including adult and children safeguarding training and health and safety

management attendance is low. Supervision of staff in clinical roles is variable and described as ad-hoc for some staff. The trust is also not ensuring that all staff receive an annual performance appraisal. These areas of non compliance are perceived to be the result of staffing pressure in some areas, where staff time cannot be diverted from patient care to allow them to receive appropriate support.

Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

The trust has systems and processes in place for governance, patient safety and risk management. The trust has recently conducted an internal review of clinical governance processes which was reported to the board in May 2010. The review found that there were too many committees involved in governance and that there was a lack of clarity around the remit of these committees. Reporting systems were also found to be overly complex. Similarly, a recent independent review of paediatric cardiac care in July 2010 found risk reporting structures to be complex. The report stated that “there is a significant risk that key risks get missed and are not escalated in a timely manner to ensure appropriate action is taken”. The clinical governance systems were found to lack clarity and transparency.

There have been significant changes to senior executive appointments at the trust over the past twelve months. This includes the chief executive officer, medical director, finance director and some non executive directors. The board has recently reviewed and developed a new clinical management structure which was implemented in November 2010.

The board has also reviewed and changed the format and amount of information it receives. Board minutes identify that the information being presented did not always provide accurate and pertinent information for quality assurance. In the 2009/10

trust quality account, Oxfordshire Primary Care Trust commented that it would benefit from more detailed information. It stated that it required clearer information on what the trust does well and where improvements are needed. As commissioners, the PCT has a role in managing the performance of the trust. The trust has worked to address this concern and more recent minutes of board meetings indicate that information provision about the quality and safety of patient care has improved.

As part of this review, minutes of the trust's key governance and management committees were reviewed. At the time of this review, the care quality board was a key committee in this structure. This group had clinical and operational leadership and its role was to review the quality of care delivered against key measures. This included infection control, serious incidents and other patient-reported outcomes. The group had a wide remit and minutes showed that many issues were discussed. There was, however, limited documentation of how issues will subsequently be addressed and actions monitored. There also appeared to be little systematic review and follow up of issues from meeting to meeting.

At the time of this review, the governance committee had a key role in overseeing governance and provide assurance to the board. This committee met quarterly. There was a lack of clarity about how these two committees work together and how actions were assigned and monitored and their impact assessed.

Following the review of paediatric cardiac services (commissioned by the strategic health authority) and the external review of governance arrangements commissioned by the trust, the trust board approved a revised sub-committee structure at its meeting on 7 October 2010. The new committee structure was implemented on 1 January 2011. The board now has 4 subcommittees: the board in committee, the quality committee (to replace the governance committee), the audit committee and a remuneration and appointments committee.

Risk management and incident reporting

The trust has processes in place to manage risk. There is a corporate risk management team and an incidents, claims and complaints committee. These committees receive and analyse incidents and create reports to be presented to the executive committees, including the trust board. They also have a remit to ensure that actions are taken following serious incidents.

The trust's internal staff safety survey found that 43% of staff who responded (1789 people) had not reported an incident over the past 12 months. The National Patient Safety Agency views a high number of reported incidents as a sign that trusts are open to reporting and addressing concerns. Data from the strategic health authority shows that the level of reporting has increased to 5.1 reported incidents per 100 admissions from April and September 2009. The trust also report a 15% increase in reporting.

Staff who were interviewed at the Horton General Hospital knew the procedure for reporting incidents. The trust has a document called 'At a Glance' which aims to share learning from incidents discussed at the committee.

The trust provided evidence that incidents, including serious incidents are discussed at key committee meetings. Risks are reported and discussed at the care quality board, though there was limited documentation of the actions taken and the lessons learnt. The trust also stated that these are discussed in greater detail at the incidents, claims and complaints committee.

Non-clinical risks

The 2009/10 annual health and safety report highlighted a 'disappointing' level of compliance with health and safety policies by managers. The audit, found that policies were not being implemented, risks were not being identified, assessed and that measures had not been put in place to reduce these at ward level. The Care Quality Commission NHS staff survey (2009) also found that the percentage of staff suffering work related injury in the last twelve months was in the worst 20% of all trusts. Five percent of trust staff returned this survey.

The overall number of RIDDOR¹ reportable incidents has increased by 40% over the past twelve months, most of which related to manual handling incidents. The report states that this increase may be related to a 65% increase in the number of bariatric patients, a decrease in manual handling update training attendance and a reduction in the number of back care facilitators.

The trust has worked to address the increase in reportable incidents. The trust's non-clinical health and safety team was awarded the Royal Society of the Prevention of Accidents silver award for the health and safety management system and processes in place. The trust reported that the number of staff who had attended health and safety and risk assessment courses had increased. There has also been a 5% reduction in the overall number of reported non-clinical incidents over the past 12 months, including the number of cannula injuries to staff. The trust has six safety action groups in place across key areas of risk including falls reduction, needle stick injury reduction and stress management.

Audit

The trust has a clinical audit department and conducts a range of audits, including national audits and reviews. It also undertakes trust-wide audits as part of the trust's contract with commissioners and manages the division's annual audit plans. Some of the nursing and medical staff who were interviewed were involved in monitoring the quality of care at ward level. This was through conducting audits, research and reviews. Examples included nutrition audits, wound care audit, record keeping audit and the national sentinel stroke audit.

The infection control annual audit plan encompasses audits from a range of specialities. The plan also includes hand hygiene audits and with saving lives audits which are reported in the monthly matrons reports along with cleaning scores.

¹ RIDDOR refers to: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). These place a legal duty on employers, self-employed people and people in control of premises to report work-related deaths, major injuries or over-three-day injuries work related diseases and dangerous occurrences (near miss accidents).

The June 2010 quality account states that during 2009 2010 the trust participated in 55 national clinical audits (85.5%) and six national confidential enquiries (100%). The care quality board minutes in May 2010 recorded that data had not been returned for a number of national sentinel audits, which is a mandatory requirement. These related to a number of audits at the Horton Hospital including the National diabetes audit, pain in children audit, fractured neck of femur audit and asthma in adults audits. The care quality board minutes stated that with low staffing in some areas, audit may not always be seen as a priority. However, comments recorded in the governance committee minutes in June 2010 demonstrate that the trust's senior management team is committed to ensuring that the trust participates fully in all future national audits.

Measuring and evaluating patient care

In addition to incident reporting and audit, the trust has a wide range of initiatives in place for assessing and monitoring the quality of patient care. This includes the executive safety 'walkarounds'. In 2009/10, the trust undertook 27 safety 'walk rounds' across all hospital sites. These were led by senior executives, accompanied by a member of the safety, quality and risk team and where possible a non-executive director. These aim to provide an opportunity for staff and patients to discuss safety issues and areas of concern. A summary of these show that a wide range of concerns were raised and corresponding action plans have been developed.

The trust has some processes in place to measure and evaluate patient care. These include:

- a global 'trigger tool' which involves a retrospective review of medical records to look for triggers that are indicative of harm to patients.
- Dr Foster intelligence – 98 red alerts were investigated between May 2009 and April 2010.
- mortality reviews – this has identified a need to improve coding.
- patient experience – as well as the inpatient survey, the trust collects patients' views via handheld devices that allow real-time analysis. The key issues identified relate to communication concerning delayed or cancelled procedures.
- productive ward initiative – this focuses on service improvements including level of observations, direct care time, reduction in complaints and increased staff morale.

The trust monitors complaints and action plans are developed where required. Changes have been implemented as a result of complaints.

Our judgement

The trust has a range of measures in place to assess and monitor the quality of patient care it provides. It has worked to improve the quality of information received at board level to enable decision making and quality assurance. Serious incidents are also investigated thoroughly and action plans developed.

The paediatric cardiac review and the trust's own internal review has identified

issues with clinical governance structures, reporting arrangements and the quality of information produced to monitor the quality and safety of patient care across the organisation. This review also found the committee structure for clinical governance to be complex. Minutes from key meetings showed that when issues are identified and discussed, there was limited reference to what action would be taken and by whom. Overall, it was not clear that there was a systematic process in place to show how actions are implemented, followed-up and their impact monitored. There are examples where the hospital has not participated in relevant national audits.

Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

The inpatient survey (2009) asked a number of questions around access to and use of the complaints processes at the trust. The trust as a whole scored similarly compared to other trusts. In relation to patient complaints, it scored:

- 3.6 out of 10 in relation to whether patients, during their stay in hospital ever saw any posters or leaflets explaining how to complain about the care you received.
- 9.1 out of 10 about whether patients wanted to complain about their stay in hospital (a higher score being more positive).

Other evidence

The trust has a complaints process in place and provides detailed reports to a range of committees, including the board. There is evidence that these reports are considered and discussed. A summary report to the care quality board, attended by executive level staff, showed that the trust monitors complaint types, numbers and trends. It also included a summary of outcomes.

The trust's annual complaints report 2009/10 showed that 680 complaints were received by the trust in 2009-10, an increase of 36% on the previous year's total of 499.

The trust analyses the themes from complaints. The five most prominent issues raised through complaints in 2009-10 were

- patient care/experience 47%
- delays/waiting times 41%
- staff behaviour 14%
- communication 10% and
- environment 3%.

The annual report also showed that 99% of complaints were acknowledged within the standard three days and 92% of complaints were investigated and answered within the targeted 25 days. Eight complaints were referred to the Ombudsman for preliminary assessment. Three of these were discontinued at this stage, three are still being investigated, one was referred back to the trust for local resolution and one proceeded to a formal investigation which has upheld.

The monitoring of serious or 'red rated' complaints is undertaken through the trust's incidents, claims and complaints committee. A number of reports following a serious complaint have been received from the trust. These show that thorough and extensive investigations are conducted into serious complaints. These complaints have an action plan to record changes and improvements to trust practices following the completion of the investigation. The trust states that the directorates and divisions measure and monitor both the acknowledgement and response targets. Learning and action points are monitored at directorate level, though this is difficult to verify. There are a few patients and relatives of patients who have raised concerns about the response from the trust following a complaint. They have contacted the Care Quality Commission as they felt their views were not being considered and acted upon.

The trust provided evidence of actions taken in relation to a number of complaints where areas for learning were identified. Examples included: the correct use of the chaperone policy; improved telephone communication with patients/relatives as agreed with individuals; safeguarding of children when undergoing intimate examinations and increased awareness of monitoring of patients at night.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The trust is compliant with outcome 21: Records

Our findings

Staff at the trust outlined that while various companies have submitted tenders, the trust are still using a paper based system for patient records at the trust rather than an electronic system. Staff felt that an electronic system would make everyone's job easier and they wouldn't need to spend so much time 'chasing paper'. Staff also commented that it would also allow more effective patient tracking both within and between hospitals.

The trust has statistically scored 'similar to expected' for aspects of the Department of Health's information governance toolkit. The toolkit is an online system which allows NHS organisations to assess themselves against information governance policies and standards. The trust has a senior member of the trust board who takes ownership of the trust's information risk policy. Other measures include whether the trust ensures that Registration Authority equipment (hardware and software) and consumables meet current specifications and are adequately maintained and securely stored. The trust scored 'similar to expected' against these measures. Overall, the trust has assessed itself as level three on the health records section of the Department of Health information governance toolkit (the highest rating being three). The trust has, however, identified in clinical governance meeting minutes, that staff attendance at information governance training requires improvement.

There are a number of areas where data held by the Care Quality Commission from various other sources indicates areas for improvement. Evidence from the Audit

Commission's data assurance framework show that the proportion of primary and secondary diagnosis and procedures recorded incorrectly was 'tending towards worse than expected'. This indicates that there may be problems with coding issues and record keeping. However, following the last data assurance report from the Audit Commission, the trust has taken action and organised a repeat coding audit to be undertaken by the Audit Committee. This demonstrated a significant improvement.

Our judgement

Overall, we found that the Horton General Hospital was meeting this essential standard.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.	17	1
	<p>Why we have concerns:</p> <p>Many patients are very positive about their experiences of care and treatment at the Horton General Hospital. There is evidence, however, that some patients have received poor care, that patients and their relatives are not always treated with respect and that communication could be improved in relation to delayed or cancelled procedures.</p> <p>Overall, we found that the Horton General Hospital was meeting this essential standard, but there are areas of concern where improvements need to be made.</p>	
Treatment of disease, disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.	11	7
	<p>Why we have concerns:</p> <p>The trust has safeguarding policies and procedures for both adult and child protection in place which advises staff what to do if there are any safeguarding issues or concerns. Both of these policies were due for review and update last year.</p> <p>The trust maintains a database of any adult safeguarding concerns and the actions taken. While the trust has stated that it is recovering this position, attendance at level 1 and 2 training was low mid-way through the year against the annual plan. Further work is required to train staff to ensure that they know how to identify and respond to safeguarding concerns.</p>	

	Overall, we found that the Horton General Hospital was meeting this essential standard, but there are areas of concern where improvements need to be made.
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation		Outcome
<p>Treatment of disease, disorder or injury.</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983.</p> <p>Surgical procedures.</p> <p>Diagnostic or screening procedures.</p> <p>Maternity and midwifery services.</p> <p>Termination of pregnancies.</p> <p>Family Planning.</p>	<p>9</p> <p>How the regulation is not being met</p> <p>There are significant concerns in relation to patient waiting times for treatments following referral and for waiting times for cancer treatment. There are also high numbers of patients waiting to be transferred from hospital to other care placements. While the trust is monitoring and putting plans in place, evidence of actions taken and their impact is limited.</p> <p>Radiology turnaround times have improved but the department is still not routinely meeting the target times required. While stroke care has also improved, data collected around key indicators of best practice showed that it is not always being implemented. Bed management was also found to be poor across a number of wards visited. The trust also needs to ensure that all relevant NICE clinical guidelines are implemented and monitored for their impact on patient outcomes.</p> <p>Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.</p>		<p>4</p>
<p>Treatment of disease, disorder or injury.</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983.</p> <p>Surgical procedures.</p>	<p>22</p>	<p>13</p>	<p>How the regulation is not being met:</p> <p>The trust has provided a substantial amount of data which shows that there are insufficient numbers and types of staff in many parts of the trust, including the Horton General Hospital. Some ward areas were</p>

<p>Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.</p>	<p>rated red this year indicating an urgent need to supplement shortfalls in available substantive staff due to vacancy, maternity leave and sickness. There has been a high use of agency and bank staff in some areas in order to support wards. While this is a positive temporary response, the underlying staffing shortages need to be addressed.</p> <p>Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.</p>	
<p>Treatment of disease, disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.</p>	<p>23</p>	<p>14</p>
<p>Treatment of disease, disorder or injury. Assessment or medical treatment of persons detained under the Mental Health Act 1983. Surgical procedures. Diagnostic or screening procedures. Maternity and midwifery services. Termination of pregnancies. Family Planning.</p>	<p>10</p>	<p>16</p>
	<p>How the regulation is not being met: Figures for statutory, mandatory and essential training showed that across a range of areas, including adult and children safeguarding training and health and safety management attendance is low. Supervision of staff in clinical roles is variable and described as ad-hoc for some staff. The trust is also not ensuring that all staff receive an annual performance appraisal. These areas of non compliance are perceived to be the result of staffing pressure in some areas, where staff time cannot be diverted from patient care to allow them to receive appropriate support.</p> <p>Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.</p>	
	<p>How the regulation is not being met: The trust has a range of measures in place to assess and monitor the quality of patient care it provides. It has worked to improve the quality of information received at board level to enable decision making and quality assurance. Serious incidents are also investigated thoroughly and action plans developed.</p> <p>The trust's own internal review has identified issues with clinical governance structures, reporting arrangements and the quality of information produced to monitor the quality and safety of patient care across the organisation. This review also found the committee structure for clinical governance to be complex. Minutes from key meetings showed that when issues are identified and discussed, there was</p>	

	<p>limited reference to what action would be taken and by whom. Overall, it was not clear that there was a systematic process in place to show how actions are implemented, followed-up and their impact monitored. There are examples where the hospital has not participated in relevant national audits.</p> <p>Overall, we found that the Horton General Hospital was not meeting this essential standard and action needs to be taken to become compliant.</p>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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