Report to Board – 23 November 2016

<table>
<thead>
<tr>
<th>Report title</th>
<th>St George’s NHS Foundation Trust CQC Report</th>
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<tbody>
<tr>
<td>Report from</td>
<td>Steven Davies, Chief Finance Officer</td>
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<td>Tracy Luckett, Director of Nursing and Allied Health Professionals</td>
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<td>Chris Harding, Director of Estates</td>
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<td>Previously reviewed at</td>
<td>Management Executive, 8 November 2016</td>
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<td></td>
<td>Membership Council, 17 November 2016</td>
</tr>
</tbody>
</table>

**Brief summary of report**

The St George’s NHS FT (SGH) CQC inspection report identified a number of significant improvements required to be made by SGH. The Management Executive felt it important to set out for the Membership Council the process that exists within Moorfields Eye Hospital (MEH) to provide consistent assurance that the findings detailed in the report, do not have an adverse impact on clinical care and patient experience for MEH patients treated within the overall SGH infrastructure.

This report provides information as to how Moorfields ensures compliance and patient safety with:

- Water Safety
- Theatre Ventilation Compliance
- Fire Safety
- Infection Control

**Action Required/Recommendation.**

The Board is asked to note this report.

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<thead>
<tr>
<th>Decision</th>
<th>Discussion</th>
<th>Note</th>
</tr>
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Report to Trust Board: St George’s Site CQC Report

Purpose

Following the publication of the St George’s NHS FT (SGH) CQC inspection report on the 1\textsuperscript{st} of November 2016, that identified a number of significant improvements required to be made by SGH, the Management Executive felt it important to set out for the Trust Board the process that exists within Moorfields Eye Hospital (MEH) to provide consistent assurance that the findings detailed in the report, do not have an adverse impact on clinical care and patient experience for MEH patients treated within the overall SGH infrastructure.

In addition, and specifically, this report will provide information as to how Moorfields ensures compliance and patient safety with:

- Water Safety
- Theatre Ventilation Compliance
- Fire Safety
- Infection Control

Service, Accommodation and Contractual Relationship

The MEH service at St George’s is the largest satellite site in the network. At this site MEH undertakes approximately 4,000 theatre procedures per year, approximately 65,000 outpatient attendances and approximately 3,500 IV injections.

Moorfields (MEH) occupies space in Lanesborough Wing on the ground floor (outpatients), 4\textsuperscript{th} floor (administration office) and 5\textsuperscript{th} floor (Duke Elder Ward, Daycare and Theatres) under an implied lease agreement.

SGH is responsible for ensuring statutory compliance and providing estates and facilities services in our demise under a Service Level Agreement. To seek assurance of the validity of areas of statutory compliance in our demise, as tenants, audits and testing are carried out by the landlord and subsequently shared with MEH as the tenant.

The following sections detail the specific areas and assurance held.

Legionella Control (Water Safety)

HSC – L8 is the recognised statutory standard for control of legionella. We comply with and exceed the testing requirements of the standard at the MEH SGH site. MEH exceeds these standards by testing a higher percentage of outlets on a regular basis than is required.

Historically, there were a number of positive legionella results from random samples of hot and cold water outlets identified. Meetings were held with the estates management team at SGH to identify measures that could be taken to help eradicate the problem.

To provide further reassurance and to support the mitigation of risk a full maintenance contract was raised by the MEH Estates department in 2015, to manage the water quality assurance process within our demise which incurs a cost of approximately £20k per year. It should be noted that the Trust have chosen to commission this contract over and above what would normally be
expected of a tenant receiving assurance from their landlord. Since this process has been operating there have been no reportable incidents of positive legionella in the area occupied by MEH.

Water monitoring results (quarterly) from the independent water contractor in addition to those provided by SGH estates, are reviewed initially by MEH estates infection control teams.

Should there ever be any results regarded as ‘out of range’, then there is a separate, well-established process for these to be reviewed by a consultant microbiologist for advice and recommendation of any management and control measures required for patient and staff safety. This may include regular flushing of outlet by local staff, or isolation, removal, cleaning and chlorination, followed by re-testing of the outlet.

**Fire Safety**

The annual review of the Fire Risk Assessment of the MEH areas in St. George’s was completed on 14th March 2016. The final document and recommended actions were shared with the Head of Estates, Estates Managers and Fire Safety Officer at St. George’s Hospital to action within the recommended action period. As a result of this annual assessment there are actions that SGH are required to undertake, which the team at MEH are monitoring through the MEH Fire Safety Committee. Some of these actions still remain outstanding and the MEH estates management are reviewing whether the trust will need to intervene to undertake these works in advance of the next fire inspection. It should be noted that the area remains legally compliant but it is important to ensure that all actions suggested and detailed over and above those required absolutely are addressed.

Fire safety awareness and fire warden training is provided by the host trust on request. An attendance record of either session is directed to the Learning and Development team at MEH to validate staff compliance which is reported through the internal committees at MEH. Fire safety training compliance for the site currently stands at 87% of staff having undertaken training against the Trust’s 80% target.

A practical fire evacuation drill was carried out on 8th April 2016, a process that is required to be carried out yearly with training in how to use evacuation materials and staff awareness. This was regarded as largely a successful exercise with any lessons learnt now being addressed.

**Theatre verification**

MEH occupy theatre 4 and theatre 5 in Duke Elder Ward, Lanesborough Wing at SGH. It is a statutory requirement that an annual verification is undertaken on each theatre to assure compliance. The theatre validation verification should confirm that the theatre function is compliant with the relevant HTM standards (HTM03-01).

It is the responsibility of SGH to undertake this verification and share the report findings with the MEH estates and infection control teams. Every report is also reviewed by the Trust’s microbiologist who is based at Guy’s and St Thomas’ NHS Foundation Trust. Any actions and recommendations are discussed and monitored between the two sites.

The last theatre verification was carried out on 15th to 17th December 2015. Following the completion of remedial works, the air flow and ventilation were revalidated on 24th July 2016.
It should be noted that due to the team at MEH receiving a number of adverse verification reports MEH took the decision to cease services for a time during early 2016. It is therefore important to emphasise to the Membership Council that as expected the team from MEH will always place patient safety as the most important factor in any decision taken as to whether to operate.

In addition to the regular reports it is important to note that the theatre plant within the MEH accommodation at SGH, although having passed its verification test in July 2016, is aged and in need of remedial works. Discussions are ongoing with SGH around undertaking this work and a short and medium term process to ensure robust and continued high performance.

**Infection Control**

Moorfields infection control team is responsive to a wide selection of information that provides an overview of standards and performance including infection control data, audits and communication about clinical practice and management of the premises. To seek assurance on compliance with infection control practice the team undertake a number of inspections and request audit data from the local management team.

This data includes an annual site inspection of theatres and injection rooms (in 2016 audit scores were both RAG rated as green 93% and 95% respectively) and submissions of monthly hand hygiene and cleanliness audits. The site overall audit scores for 2015/16 were RAG rated as green, 95% for hand hygiene compliance and 97% for cleanliness. Any areas identified as requiring action are documented within an action plan and timescales are agreed for completion. The action plan is the responsibility of the clinical team with support from MEH infection control team and the host site.

In addition to the observational audits, the local clinical team submit audits against a number of Trust policies and practices. The results are reported as a trust wide compliance figure, which is reported to the infection control committee and in the annual infection control report to the board. This was shared with the Trust Board in July 2016.

An important indicator to consider in relation to control of infection are the cases of endophthalmitis (eye infection) following surgery and other invasive procedures. Our service at St George’s remains below the Trust benchmark for endophthalmitis cases.

**Other Areas Highlighted in the SGH CQC Report**

The report also makes reference to a number of other areas for improvement, currently affecting patient experience. For example, it refers to waiting times for outpatient treatment, investigations and privacy and dignity being compromised in the Accident and Emergency department.

In regards to the waiting times for outpatient appointments and investigations, our service remains compliant with national access waiting standards.

Patients presenting with eye conditions via the accident and emergency department are assessed by the triage nurse and referred to the Moorfields’ urgent care clinic or Duke Elder ward. Therefore limited time is spent in the main accident and emergency department reducing the risk of privacy and dignity being compromised.
Environment: Space and Configuration

It must be acknowledged that the physical environment from which MEH operate the MEH services at St George’s requires improvement. The outpatient area is space constrained whilst the ward has similar constraints, which has led to mixed sex accommodation breaches. Much of the accommodation is in need of refurbishment and the wider challenges SGH are experiencing, mean this is not always undertaken in a timely manner.

The Trust have attempted to find long and medium term solutions to these issues over recent years, and the board and membership council have approved a number of business cases. These haven’t proceeded for a variety of reasons, not least the instability in leadership at SGH. Work is now underway with senior colleagues at SGH to agree a longer term solution for the significant services provided from that site.

The Trust has taken action to improve some decoration of the environment, regardless of this being a landlord responsibility, but this sadly does not address the fundamental space and refurbishment issues which can only be addressed by a move to a new or significantly enhanced location on the site. The trust will also undertake a comprehensive risk assessment of MEH clinical environment and will form part of the ongoing monitoring.

As set out the MEH executive is currently working on interim solutions to address issues where possible in the short term, and these will be shared with the Membership council in early form and as they are being prepared for further business case approval.

Steven Davies, Chief Finance Officer
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