

Rt Hon Margaret Hodge MP
Chair
Public Accounts Committee
House of Commons
London SW1A 0AA

9 February 2015

Dear Margaret,

Public Accounts Committee oral evidence session on Circle's withdrawal from Hinchingsbrooke Hospital, Monday 2 February 2015

At the session on Monday, 2 February I agreed to write to you about the factual accuracy comments which Hinchingsbrooke Health Care NHS Trust sent CQC in response to the draft report shared with them in November 2014. I thought it would also be useful to set out the process for factual accuracy checking of our inspection reports. I would also like to clarify some of the statements I made during the course of the session.

Factual accuracy process

Following a comprehensive inspection, the CQC inspection team produces a draft report which goes through internal quality assurance and editorial processes prior to being presented at the CQC National Quality Assurance Group (NQAG). The NQAG is made up of CQC staff, all of whom are independent of the inspection. At the NQAG the report, supporting evidence and draft ratings are challenged by the panel members.

Once the ratings have been determined the report, including the ratings, is sent to the provider as a draft to check for factual accuracy. The provider is given a log to record and submit any factual accuracy challenges, which must be done within 10 working days.

Minor challenges to factual accuracy are generally typos or errors in numbers whereas major challenges are where a provider is able to provide evidence that a statement within the report is factually incorrect. The factual accuracy process is not an opportunity to challenge the professional judgements of CQC, but is an opportunity for the provider to challenge the accuracy and completeness of the evidence on which the ratings are based; there is a separate process for requesting a formal review of the ratings. Any factual accuracy comments that are upheld can result in a change to one or more rating. Where this is a possibility, an additional NQAG will be held to consider the implications of the changes on the

ratings.

Hinchingbrooke Health Care NHS Trust factual accuracy detail

Mr Abdel-Rahman alleged at the oral evidence session with the Committee that the Trust highlighted 300 factual inaccuracies in the report of which the CQC agreed to 65%.

The Trust returned two factual accuracy logs – one each on the provider report and the location report. The factual accuracy challenge from the Trust amounted to 285: 194 related to the location report and 91 to the provider report. To give a flavour of the challenge, I have included an extract (Annex A) showing some of the challenges which were accepted and some which were not. I have attached both logs (Annex B) which show the text from the draft report under challenge, the challenge from the Trust and our response to each challenge.

Given the scale of the factual accuracy challenge, we took the unusual step of convening an additional internal group to consider each line in detail, prior to the NQAG to agree any relevant amendments to the final report and consideration of any implications on the ratings awarded.

The degree of challenge from the Trust on this draft report was unprecedented in our experience. Many of the challenges raised were extremely detailed and in many cases they sought to add context or amend the wording of the report in a way which could potentially change the ratings we had indicated in the draft report. In other cases they were simple challenges to typos, names or spelling. We have been responsive to the Trust and have considered every line. Throughout the process we have sought to enter a dialogue with the Trust to reach a common understanding of the problems revealed without compromising the independence of the report. The approach taken by the Trust to this process, we believe, is symptomatic of an organisation not recognising the scale of the challenges it faces.

Following the challenge at the PAC the factual accuracy logs (annexes A and B) have been reviewed to provide a greater level of insight into the types of challenges made by the trust. I hope this enables committee members to have a more rounded view of the trusts definition of an error and how the CQC have responded.

We have classified the 285 submissions into separate categories as far as is possible. Once items for clarity, repeated challenges and non-applicable submissions were removed from the log, the number of challenges reduced to 225: 155 relating to the location report and 70 to the provider report. As far as possible we have made every attempt to ensure any possible challenge around data inaccuracy/dispute has been accounted for in this grouping.

Of the 225:

- 66 (29%) challenges were not upheld
- 48 (21%) were partially upheld and
- 111 (50%) were upheld.

The table below provides further detail on the breakdown of the challenges:

Hinchingbrooke Health Care NHS Trust Location and Provider Factual Accuracy Challenge Summary								
Classification	Not agreed/amended		Partially agreed/amended		Agreed/amended		Total	
Rating challenge	6	9%					6	3%
Revision of wording	15	23%	29	60%	52	47%	96	43%
Typo					15	14%	15	7%
Data inaccuracy	13	20%	5	10%	15	14%	33	15%
Removal of sentence	9	14%	2	4%	3	3%	14	6%
Reporting period			1	2%	4	4%	5	2%
Corroboration	3	4%	2	4%			5	2%
Sample size	3	4%	2	4%	4	4%	9	4%
New evidence	4	6%	2	4%	4	4%	10	4%
Compliance actions	2	3%			4	4%	6	3%
Other	11	17%	5	10%	10	9%	26	11%
Total	66		48		111		225	
Repeated challenge 37								
Not applicable 13								
Clarification request 10								
Total challenges = 285 Total applicable challenges = 225								

Through this exercise we have reviewed the log returned to the Trust. Around 50% of the challenges are described as agreed, and when the 'agreed in part' is added to 'agreed', the total is around 65%.

The largest single category of challenges was requests for a revision to wording and in 47% of the cases this was agreed. Where there are indisputable inaccuracies, such as typos or data inaccuracy, they are dealt with immediately. There were 58 challenges of this type (25% of the total), and 34 were upheld, or 15% of the total.

All challenges which involve data accuracy are included in the 'data inaccuracy' figures. On the factual accuracy log returned to the Trust, we have described these as having been agreed when in reality we may have agreed them in part rather than fully.

It is important to note that none of the changes made by CQC in response to the factual accuracy comments from the Trust were sufficient to lead to a change in the ratings at the subsequent NQAG.

This contrasts with another recent inspection of an NHS hospital trust when, as a result of challenge we agreed to change three of the ratings. In this case, despite the number of issues raised by the Trust, in NQAG did not feel that there, individually or in aggregate, was sufficient material to change the rating.

Interview with Dr Nik Johnson

I wanted to clarify that the interview with Dr Nik Johnson was a routine interview as part of our inspection process. We interview many members of staff in the course of our inspections both as part of focus groups and in individual interviews, and where we have particular concerns we will seek to interview people working in that area. During the inspection at Hinchingsbrooke Hospital, we spoke to 246 members of staff through a mix of focus groups and individual interviews. We had some concerns about paediatric cover in A&E which emerged through the course of our inspection that we needed to follow up with people working in that area. Dr Johnson is a paediatrician employed by the Trust which has been contracted by Hinchingsbrooke to provide paediatric services at the hospital and is based at Hinchingsbrooke Hospital. As such, he was the natural person to follow up those concerns with.

I hope this letter gives the information you requested. Please do not hesitate to come back to me if you require any further detail on any of this.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Behan', written in a cursive style.

David Behan
Chief Executive

Annex A: Examples of challenge from the factual accuracy log

Examples of challenges upheld included:

CQC draft	HHCT challenge	Amendment/Response to HHCT
<p>"Patients were routinely triaged within the waiting room area with no consideration for their privacy or dignity."</p>	<p>Propose revision "Patients were routinely triaged within the waiting room area with no consideration for their privacy or dignity. This practice was not in line with departmental expectations; the Trust does provide a private room suitable for triage and expects staff to offer patients a choice."</p>	<p>Amended to state: Patients were routinely triaged within the waiting room area with no consideration for their privacy or dignity. This practice was not in line with departmental expectations; the Trust does provide a private room suitable for triage and expects staff to offer patients a choice.</p>
<p>was so poor that patients were soiling themselves'.</p>	<p>The Trust challenges the accuracy of this statement. As written, it would lead the reader to believe that all patients were soiling themselves. Please define the number of patients for whom this was the case, out of a total number of patients interviewed and the total number of patients admitted to the wards in which this arose as a concern. Please confirm how this was evidenced.</p>	<p>Amended to state "two patients of the 53 we spoke to in the medical and surgical areas stated that they had been told to soil themselves. A further one patient reported that they had soiled themselves whilst awaiting assistance. We brought this to the attention of the Trust and they investigated. However neither CQC nor the Trust could corroborate these claims." This was evidenced through talking to patients. There was no documentary evidence recorded by nursing staff which either supported or negated these statements.</p>
<p>We also spoke with 13 patients'.</p>	<p>Propose revision: 'The emergency department sees, on average, just over 100 patients in any given day. During our inspection, we spoke with 13 patients.'</p>	<p>The emergency department sees, on average, just over 100 patients in any given day. During our inspection, we spoke with 13 patients</p>

Examples of those challenges that were dismissed include:

CQC draft	HHCT challenge	Amendment/Response to HHCT
<p>The department was planning a renovation... neither staff nor documents could confirm when this was going to happen".</p>	<p>Propose revision : "The department was planning a renovation... staff could not confirm when this was going to happen; however, Minutes from the Charitable Funds Committee of May 2014 provide detail and record that it is to be added to the 2015/16 capital plan. The Trust also provided the renovation plan diagram."</p>	<p>We spoke to the operations director and were not offered this evidence as such we cannot consider new evidence provided by the Trust at FAC stage. However the minutes provided do not describe that the committee agreed to finance the plans. Indeed they have requested feedback from the patient experience group prior to approval.</p>
<p>"Since our visit the Trust has put digital locks on all medication doors".</p>	<p>Propose rewording: 'Prior to the CQC visit, the Trust had an on-going action plan to implement digital locks Trust wide and these have now been fitted.</p>	<p>There was no evidence supplied or discussed at the time of the inspection or since that this was in progress at the time of the inspection. The only reference we can see relating to locks was on the risk assessment for facilities issues to be reviewed in August 2015. However we have amended the sentence to state: The Trust reported that they were awaiting delivery of digital locks and have replaced all locks with digital lock to ensure security of these areas. The Trust states that these are now in place.</p>
<p>We were not assured that all staff assessing children were competent to deliver such care".</p>	<p>Propose remove. As noted, the Trust meets the RCN 2013 guidance and, in addition to the liaison and SLA with the provider of children's services that is based on the same site as the Trust, HHCT has a contingent of nurses who are suitably qualified, as evidenced via paediatric competency packs, attendance at CAKES</p>	<p>No evidence was submitted during the inspection process to state how many people have attended the CAKES or other courses. The Trust CEO and DoN stated during meetings in October that staff were currently being trained. We spoke with staff during the inspection and they told us that they were not trained in assessing children. We note from new evidence</p>

	course and PILS training and study day. Triage nurses also are a senior member of the nursing team.	submitted only at FAC stage that training remains ongoing for nursing staff in CAKES and PILS courses.
--	---	--