

Reporting to:	Trust Board – 29 January 2015														
Title	Care Quality Commission Report Summary – October 2014 Inspection														
Sponsoring Director	Sarah Bloomfield – Director of Nursing & Quality														
Author(s)	Helen Coleman – Associate Director of Patient Safety Sarah Bloomfield – Director of Nursing & Quality														
Previously considered by															
Executive Summary	<p>This report summarises the findings presented in the report from the Care Quality Commission (CQC) following an announced and unannounced inspection in October 2014.</p> <p>Ratings</p> <table style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Safe</th> <th>Effective</th> <th>Caring</th> <th>Responsive</th> <th>Well-led</th> <th>Overall</th> </tr> </thead> <tbody> <tr> <td>Overall trust</td> <td>Requires improvement</td> <td>Requires improvement</td> <td>Good</td> <td>Requires improvement</td> <td>Requires improvement</td> <td>Requires improvement</td> </tr> </tbody> </table> <p>Next steps are outlined within the paper and the Trust Action Plan will be presented at the next Board meeting.</p>		Safe	Effective	Caring	Responsive	Well-led	Overall	Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
	Safe	Effective	Caring	Responsive	Well-led	Overall									
Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement									
Strategic Priorities															
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy														
2a) Healthcare Standards: Operational Performance Standards	<input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16														
2b) Healthcare Standards: Service Reconfiguration	<input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services														
3. People and Innovation	<input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)														
4 Community and Partnership	<input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy														
5 Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme														

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation To receive and review the Trust's position

Care Quality Commission Inspection Report – October 2014 Inspection

1.0 Introduction

This paper provides a briefing on the main findings of the Care Quality Commission (CQC) inspection in October 2014. It identifies the key areas for improvement and compliance actions the Trust is required to report action against. The report is considered to be fair and balanced with recognition of key areas of good and outstanding practice as well as areas for improvement. The Trust conducted a detailed self assessment exercise in preparation for the inspection which resulted in a rating of “Requires Improvement”. This matched the CQC rating and delivered no unexpected areas of improvement for the organisation.

2.0 Background

Shrewsbury and Telford Hospital underwent an announced CQC formal inspection on the 14th – 16th October 2014. The team of 35 inspectors visited a range of wards and departments at both the Royal Shrewsbury and the Princess Royal Hospital. They also inspected Ludlow, Bridgnorth and Oswestry Midwifery led Units. In addition there were a number of focus groups and drop in sessions which staff from all disciplines and levels in the organisation attended. . Prior to the inspection two local listening events took place to ascertain the views of patients, public and other organisations. The announced visit was followed up with an unannounced visit on the 27th October 2014.

The inspection team inspected the following core services

- Urgent and Emergency care
- Medicine
- Surgery
- Critical care
- Maternity and Gynaecology services
- Children and younger people services
- End of life care
- Outpatient and Diagnostic imaging

A number of reports and ratings are given to the organisation. An overall rating and report for the Trust is issued along with individual ratings and reports for each site, including each Midwifery Led Units. Each of the 8 services is assessed against the 5 domains stated below and this is done separately for each site. Approximately 50% of all ratings were in the “good” category.

3.0 Overall ratings

The quality of care the trust provides is judged on the following five domains,

- **Safe, Effective, Caring, Responsive and Well Led**

The following ratings are based on a combination of what the CQC team found when they inspected, information from the “Intelligent monitoring” programme and information given to them from patients, the public and other organisations

4.0 Summary of Key Findings and Ratings

Royal Shrewsbury Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Inadequate	Inadequate	Good	Requires improvement	Requires improvement	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Princess Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The CQC Reports can be accessed via the CQC Website:

<http://www.cqc.org.uk/provider/RXW>

4.1 Safe REQUIRES IMPROVEMENT

All hospital sites were clean and well maintained with infection rates lower than compared to other trusts.

The Trust had outstanding safeguarding procedures in place with staff demonstrating a good understanding of safe guarding for both children and adults. The appointment of an Independent Domestic Violence Advisor was endorsed as an area of excellent practice.

The majority of staff knew how to report incidents but reported that there was very limited or non-existent feedback and learning from incidents was not uniform across the organisation.

Concerns were raised about staffing in some areas, in particular intensive care and coronary care units, which did not meet core standards. It was recommended that the Trust review the staffing levels for the Emergency Departments and noted that the RCN "BEST" tool had not been implemented.

It was acknowledged that although staffing levels were adequate in medicine and surgery there were high nursing staff vacancies in some areas with a reliance on bank and agency staff, which was putting considerable pressure on staff.

There was a need to improve Mandatory training attendance particularly in Medicine, OPD and Maternity.

The environment and equipment within the mortuary were inadequate which posed a risk to patients and visitors; there were concerns about the appropriateness of the mortuary viewing rooms at RSH.

4.2 Effective REQUIRES IMPROVEMENT

There was evidence of care being provided in line with NICE guidelines and local protocols were in place to assess patients needs, however in Surgery some pathways were out of date.

The team witnessed effective MDT working at both ward and divisional level but it was noted that there was limited or no 7 day working in certain areas such as Physiotherapy, Occupational therapy, Pharmacy and Palliative Care services.

Staff were aware of their responsibilities around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), being able to demonstrate a good understanding of the process.

4.3 Caring GOOD

Overall staff were found to be caring and compassionate and treated patients with dignity and respect. Patient's experiences of care were good with patients being involved in care and in making decisions when they were able to do so. Patients and relatives were found to be given good emotional support. Staff were reported as being observed to "go the extra mile" consistently and being very committed to providing a good service for patients.

4.4 Responsive REQUIRES IMPROVEMENT

Services were planned with the involvement of key stakeholders and Commissioners and reflected the needs of the local population. The new Women and Children's center was seen as having had a positive impact on service provision.

There was evidence of the involvement and engagement of carers and patient representatives in service development and improvements.

On an individual level people were well cared for but there was no trust wide strategy for the development of end of life care services. However the compassionate and caring dedication for end of life care within the renal service was noted as outstanding, especially the development and introduction of the 'My Wishes' document, for supporting people who had been diagnosed with an 'end stage' disease.

There was evidence of initiatives to support patients with Dementia but these had yet to be embedded across all areas.

The Trust was felt to have good systems in place for responding to and learning from complaints.

The pressure of beds and the Trust high levels of occupancy were noted as was the Trust challenges in meeting the 4 hour A/E target and its referral to treatment times in certain surgical specialties.

4.5 Well led REQUIRES IMPROVEMENT

The Trust has a vision and strategy which is well articulated by senior managers but has yet to be embedded by front line staff. There was felt to be an obvious disconnect between the senior management team, and the ward or department managers and their staff.

The CQC recognized that the Executive Team is still relatively new but were very clear in their understanding of the improvements required.

Teams within the wards and departments worked well together, and were able to raise issues of concern to their line managers. However staff felt that their ideas and views were not always being heard by the senior management teams.

5.0 Compliance actions

The team identified a number of areas where essential standards of quality and safety were not being met and required action.

- Inadequate estate and facilities of the Mortuary refrigeration units, storage areas and entrances.
- The entrance and viewing rooms at RSH mortuary were not, appropriate or respectful for bereaved families of both adults and children.
- Nurse staffing and out of hours Medical cover in the critical care units did not meet core national guidelines.

5.1 Key areas for Improvement

5.11 In addition the following were identify as areas that Trust **MUST** take action to improve

- Review nurse staffing in the A/E departments, including paediatric nurses provision, end of life care services and Midwives in the Labour ward.
- Ensuring staff in all areas have access to mandatory training.
- Ensuring that all staff are consistently reporting incidents, and that staff receive feedback on all incidents raised, so that service development and learning can take place across the organisation.
- Pathways of care for patients in surgery required review to ensure they reflect current good practice guidelines and recommendations.

- Ensure accident and emergency and all surgical wards are able to access the necessary equipment, to provide safe and effective care.
- Take steps to ensure the Trust meets its 95% A/E four hour target.
- Ensure that all staff on the wards have access to and are trained to provide appropriate end of life care to patients.

5.12 There were a number of other areas that were identified as areas the Trust **SHOULD** take action to improve

- Review arrangements for seven-day working in Therapies, Pharmacy and support services to ensure wards/departments are supported over weekends and improve outcomes for patients.
- Review the communication between senior managers and staff to ensure that initiatives and issues are captured and the values of the Trust embedded in frontline staff.
- Review the capacity and flow within surgery and critical care to reduce waiting times and improve services to patients.
- To develop a strategy for the development of end of life care to include, staffing and management, sustainability plans and budgetary support to ensure patients can access this service throughout the week.
- Review the specific equipment required to support people with dementia.
- To ensure that the Butterfly scheme to support patient with Dementia and memory loss is embedded across the organisation.
- To review and ensure that medicines are held securely in ward and department areas.
- Ensure that quality dashboards report accurately reflects performance against targets and that thresholds are set.

6.0 Next Steps

A Quality Summit was held on 16th January 2015 which was attended by key stakeholders from the local health economy and national organisations. All CQC inspections of acute providers are followed by a summit where the report and findings can be discussed. The main purpose of this summit is for the Trust to give an initial response to the report and for stakeholders to comment, but more importantly outline what support they can provide to the Trust to deliver the improvements required.

The Trust is required to submit an action plan to the CQC within 28 days outlining how it is going to address the issues and make improvements, to move the Trust position from *Requires Improvement* to *Good*. The CQC will revisit the Trust after the final target date identified in the plan has been reached. A number of actions have already been completed or commenced and these were presented at the Quality Summit.

Each care group will need to develop their local action plans to take forward these key findings and implement the Trust action plan, as well as give further consideration to action a number of further areas for development identified in the main findings.