Cover page	
Meeting	Trust Board
Paper Title	CQC Report 2020
Date of meeting	28th May 2020
Date paper was written	21st May 2020
Responsible Director	Maggie Bayley, Interim Chief Nurse
Author	Maggie Bayley, interim Chief Nurse

Executive Summary

This presentation provides an overview of the 2019 CQC inspection that occurred between the 12th November 2019 and 10th January 2020. All core services with the exception of critical care were reviewed. The report was subsequently published on 8th April 2020.

The Board should note that the overall rating received was Inadequate, with a deterioration in ratings in three of the five domains:
- Effective
- Safe and
- Caring

Outpatients were rated good for all domains reviewed and Maternity services improved in the effective and responsive domain and retained good for caring. Three areas of outstanding practice were highlighted in the report, two of which were in outpatients and dementia care.

The CQC found areas for improvement including 92 breaches of legal requirements that the Trust must put right and 75 things that the trust should improve to comply with a minor breach of duty that does not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

The CQC has issued nine notices to the Trust and also took urgent action and issued eight new conditions of registration and varied two existing conditions of registration as well as issuing a section 29A warning notice. In total the Trust has 21 conditions against its registration.

An improvement plan was submitted to the CQC on 4 May 2020 following endorsement from the Board.

A summary of themes identified for action in relation to the report is outlines with 10% achievement on submission.

New governance arrangements have been agreed to review, monitor and ensure progress and delivery at pace and an update regarding the position as of 20.05.20 is detailed- demonstrating 20% achievement.

The Board are asked to Note the findings of the report and progress against delivery of improvements to address areas highlighted by the CQC

Previously considered by	An update has been provided to the Quality and safety Assurance committee in regards to progress on 20.05.20

The Board (Committee) is asked to:

☑ Approve	☐ Receive	☐ Note	☑ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☑ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	*Are any Board Assurance Framework risks relevant to the paper?*

Equality Impact Assessment	⦿ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	⦿ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	None

CQC Report April 2020

Overall CQC Rating

The CQC inspection took place from 12 November 2019 to 10th January 2020 the chart below shows the overall ratings and changes that have occurred since 2018

NOVEMBER 2018	Safe	Effective	Caring	Responsive	Well led	Overall
Royal Shrewsbury Hospital	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Princess Royal Hospital	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Overall Trust	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

NOVEMBER 2019	Safe	Effective	Caring	Responsive	Well led	Overall
Royal Shrewsbury Hospital	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Princess Royal Hospital	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Overall Trust	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

The following slide provides the ratings for the individual hospital sites and it should be noted the only core service not visited was critical care and therefore the 2018 ratings remain for this service. Maternity shows improvement form the previous inspection

CQC Rating by Site

Ratings for Royal Shrewsbury Hospital

NOVEMBER 2018	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	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
End of Life Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Good	Good	Good
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

NOVEMBER 2019	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Requires Improvement	Good	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

Ratings for Princess Royal Hospital

NOVEMBER 2018	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	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	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Good	Good	Good
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

NOVEMBER 2019	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Medical Care (including older people's care)	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
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	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Services for children and young people	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement
End of Life Care	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Good	Not Rated	Good	Good	Good	Good
Overall	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

2020 Urgent and Emergency Care Inspections

Ratings for Princess Royal Hospital

FEBRUARY 2020	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Not Rated	Requires Improvement	Inadequate	Inadequate	Inadequate

Ratings for Royal Shrewsbury Hospital

FEBRUARY 2020	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent & Emergency Services	Inadequate	Not Rated	Inadequate	Inadequate	Inadequate	Inadequate

CQC Report – Areas for Improvement

CQC Report April 20 - Areas for Improvement
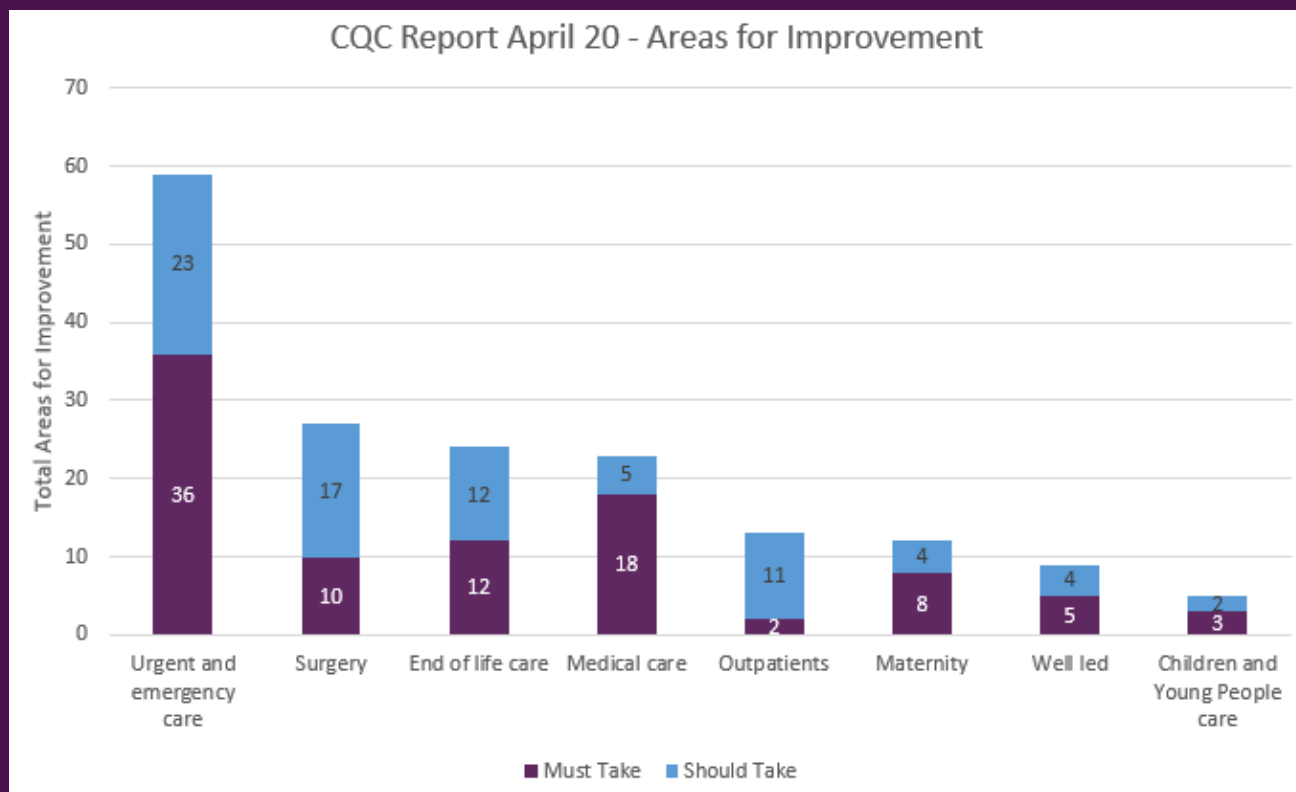
- The CQC found **92** breaches of legal requirements that the Trust **Must** put right.
- The CQC found **75** things the Trust **Should** improve
- The CQC highlighted three areas of Outstanding Practice
- The chart to the left shows areas for improvement by inspection area.

CQC Report 2019

The trust has breached its CQC registration in 11 regulations:

Regulation 5: Fit and proper persons- directors

Regulation 09: person Centred Care

Regulation 10: Dignity and Respect

Regulation 11: Need for Consent

Regulation 12: Safe Care and treatment

Regulation 13: Safeguarding

Regulation 15: Premises and Equipment

Regulation 16: Complaints

Regulation:17: Good Governance

Regulation 18: Staffing

Regulation 20: Duty of Candour

 This has resulted in nine requirement notices, an eight new conditions and variation to two existing conditions as well as the CQC issuing a section 29A warning notice. In total there are 21 conditions applied to the Trusts registration as shown in slides 11 & 12.

21 Conditions applied against the Trust by the CQC (1-10)

Condition	Description	Applies to	Date
1, 2	The provider must ensure that there is an effective system in place to identify, escalate and manage all services users in line with the relevant national clinical guidelines who present with possible sepsis or a deteriorating medical condition.	ED PRH, RSH	Variation Nov 19
3, 4	Provide weekly reports describing the system in place for effective management of service users under the age of 18 through the emergency care pathway including the following: a) The number of service users under the age of 18 not triaged within 15 minutes of arrival to the emergency department or seen by the paediatric medical team within the hour and details of any harm arising as a result of the delay. b) Results of monitoring data and audits undertaken that provide assurance that a process is in place for the management of children requiring emergency care and treatment. c) Details of all children who left the department without being seen. d) Details of any follow-up and details of any harm arising through the result of the child leaving the department without being seen.	ED PRH, RSH	New Condition Dec 19
5, 6	The provider must ensure that there is an effective system in place to ensure mental health risk assessments are completed in line with relevant national guidance.	ED PRH, RSH	New Condition
7	The provider must ensure that emergency department premises at The Princess Royal Hospital are safe for their intended purpose with equipment stored safely. The registered provider must ensure that risk assessments are carried out and reviewed to ensure the environment remains safe for its intended purpose and that all staff are aware of and adhere to protocols.	ED PRH	Existing Condition Sept 2018
8	Provide weekly reports confirming that there is a system in place to ensure effective environmental risk assessment and management across PRH ED. The report must include the following: a) The results of any monitoring data and audits undertaken that provide assurance that the system of risk assessment and risk management in place is effective.	ED PRH	Existing Condition Sept 2018
9	Implement an effective system with the aim of ensuring that all adults who present to the emergency department are assessed within 15 minutes of arrival in accordance with the relevant national clinical guidelines.		Existing Condition
10	Ensure that the systems in place across the department can account for patient acuity, and the location of patients at all times.		Existing Condition

21 Conditions applied against the Trust by the CQC (11-21)

| Condition	Description	Applies to	Date
11	Ensure that the system makes provision for effective monitoring of the patient's pathway through the department from arrival.		**Existing Condition**
12	Ensure that the staff required to implement the system as set out in the previous condition are suitably qualified and competent to carry out their roles in that system, and in particular to undertake triage, to understand the system being used, to identify and to escalate clinical risks appropriately.		**Existing Condition**
13, 15	Ensure that there is an effective system in place RSH to ensure de-escalation management and intervention holds are completed in line with relevant national guidance. This includes but not limited to the use of rapid tranquilisation.	**All wards, RSH, PRH**	**New Condition Dec 19**
14, 16	Weekly reporting describing the system in place for ensuring de-escalation management and intervention holds are completed in line with national guidance at RSH, to include: • Details of de-escalation management and intervention holds including type and length of hold and post hold action. • Results of monitoring data and audits undertaken that provide assurance that a process is in place for the management of physical intervention.	**All wards, RSH**	**New Condition Dec 19**
17, 18	Weekly reporting describing the system in place for effective management of deteriorating patients and sepsis to include: a) Confirmation of actions taken to ensure that the system is implemented and is effective b) Details of action taken to ensure the system it is being audited monitored and continues to be followed. c) Results of monitoring data and audits undertaken that provide assurance that action is taken to improve the quality and safety of services.	**PRH, RSH**	**Variation to Existing Condition Dec 2019**
19	Ensure that there is an effective system in place to ensure effective and continued clinical management for low and high-risk patients who present to the midwifery services in line with national clinical guidelines. This includes cardiotocography (CTG), Modified Early Obstetric Warning System (MEOWS), reduced fetal movement and triage guidelines. The provider must ensure that trust guidelines include a clear escalation plan to secure timely review from medical staff.	**Midwifery**	**Existing Condition Sept 2018**
20	Weekly reporting describing the system in place for effective clinical management of patients presenting at the midwifery services, to include: a) The actions taken to ensure that the system is implemented and effective. b) The actions taken to ensure the system is being audited and monitored and continues to be followed. c) The report should include results of any monitoring data and audits undertaken that provide assurance that an effective clinical management system is in place, and patients are escalated appropriately for medical support and review in line with national clinical guidelines.	**Midwifery**	**Existing Condition Sept 2018**
21	The Provider must provide the Commission with a report setting out the steps it has taken to implement the system as required in the new conditions within five days.		

Response

- The PMO and Quality Team and Care groups developed an overarching improvement plan in response to the CQC report, regulation 31 breaches and section 29A and submitted this to CQC on 4th May 2020

Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Percentage Complete
Trustwide	Trust Wide	121	1	9	108	-	7%
Urgent and emergency care	Urgent and emergency care	157	5	27	124	-	17%
Medical care	Medical care	30	-	4	26	-	13%
Scheduled Care	Surgery	37	-	1	36	-	3%
	End of life care	9	-	-	9	-	0%
	Outpatients	2	-	-	2	-	0%
	Critical Care	2	-	-	2	-	0%
Women & Children	Maternity	34	-	-	34	-	0%
	Children and Young People care	13	-	-	13	-	0%
Total		405	6	41	354	-	10%

Actions

- A governance framework has been developed to monitor and take mitigating actions to ensure the Trust addresses the issues raised and ensures safe, effective, responsive, kind and well led patient care at every level in the organisation.

- Additionally, for maternity as well as the response to CQC, an improvement plan is in final stages of development. This will address all areas for improvement including external visit reports feedback. Compliance CNST. These will shape the transformational change required to move maternity forwards
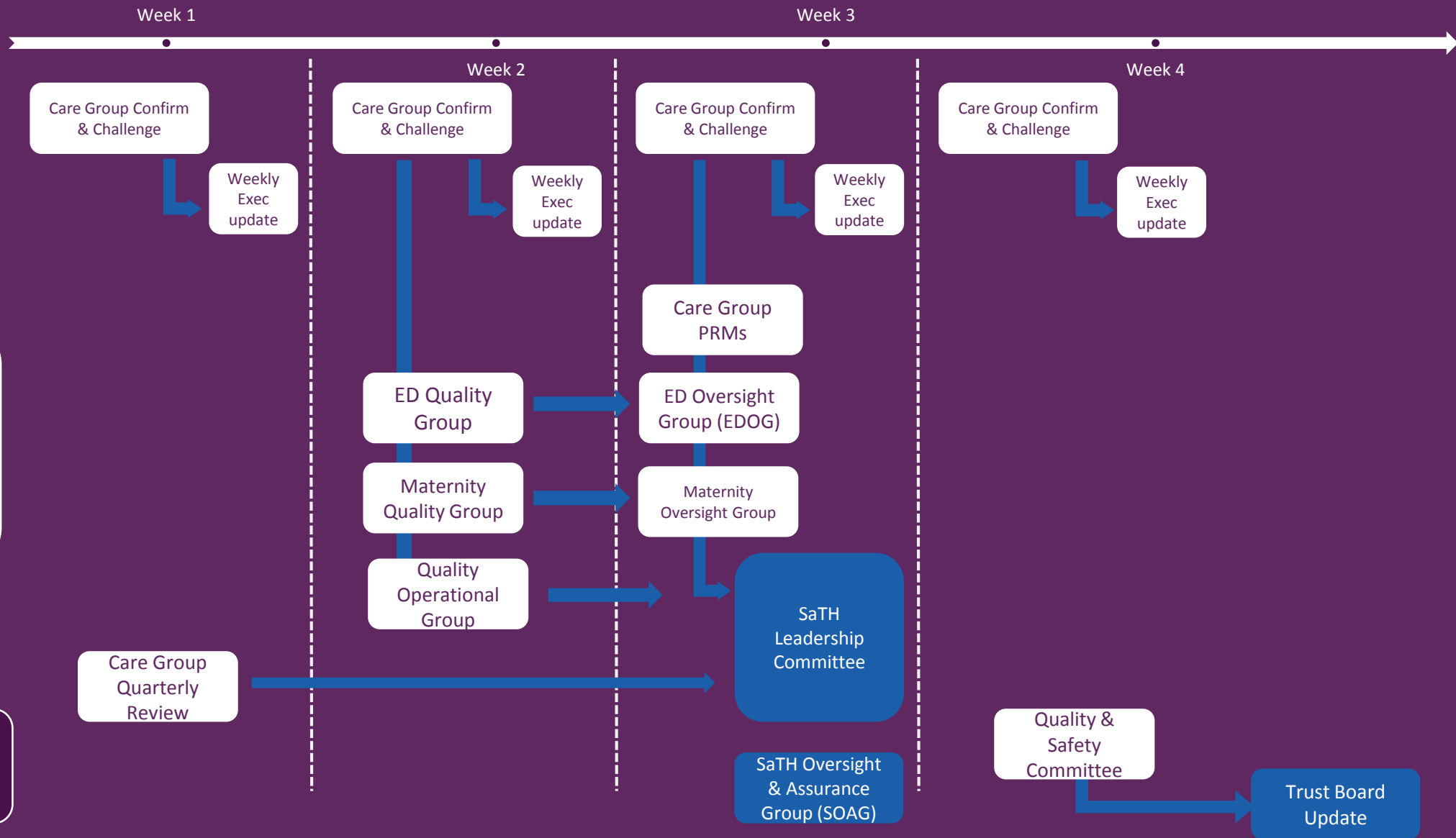
Quality Improvement Plan (QIP) Structure

PMO to consolidate QIPs into Trust QIP

SaTH Quality Improvement Plan

Care Group / Directorate QIPs

Workforce	Corporate & Cross Cutting	Urgent & Emergency	Medicine	Scheduled Care	Women and Children	Clinical Support Services

PMO Support

Duncan Ashton	Duncan Ashton	Lindsay Roberts	Steve Jones	Gareth Downes	Gareth Downes	Duncan Ashton

- Care Groups / Directorates to maintain QIP with support from aligned PMO.
- PMO to consolidate Care Group / Directorate QIPs into SaTH Quality Improvement Plan.

Current Position

Improvement Plan Status Summary

Date: 20/05/2020

Summarty by Area

Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Not Yet Started	Percentage Complete
Trustwide	Trust Wide	121	1	8	108	-	4	7%
Urgent and emergency care	Urgent and emergency care	157	8	46	102	-	1	34%
Medical care	Medical care	30	-	5	25	-	-	17%
Scheduled Care	Surgery	37	-	13	24	-	-	35%
Scheduled Care	End of life care	9	-	1	8	-	-	11%
Scheduled Care	Outpatients	2	-	-	2	-	-	0%
Scheduled Care	Critical Care	2	-	-	2	-	-	0%
Women & Children	Maternity	34	1	-	33	-	-	3%
Women & Children	Children and Young People care	13	-	-	13	-	-	0%
Total		**405**	**10**	**73**	**317**	**-**	**5**	**20%**