

Shrewsbury and Telford Hospital NHS Trust

Quality Report


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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin, and mid Wales. Of the area covered by the trust, 90% is rural. There are two main locations: the Royal Shrewsbury Hospital (RSH) in Shrewsbury, and the Princess Royal Hospital (PRH) in Telford. The trust also provides a number of services at Ludlow, Bridgnorth and Oswestry Community Hospitals.

We carried out this comprehensive inspection because the trust had been flagged as a potential risk on CQC's Intelligent Monitoring system. The inspection took place between 14 and 16 October 2014, and an unannounced inspection visit took place on 27 October.

Overall, this trust requires improvement. We rated it good for caring for patients, but it requires improvement in providing safe care, effective care, being responsive to patients' needs, and being well-led.

Our key findings were as follows:

- Staff were caring and compassionate, and treated patients with dignity and respect.
- Both of the main hospitals were clean and well maintained. Infection control rates in the hospital were lower when compared to those of other trusts.
- Patient's experiences of care were good, and results from the NHS Friends and Family Test were in line with the national average for most inpatient wards, but were above the national average for A&E.
- The trust had recently opened the new Shropshire Women and Children's Centre at the Princess Royal site. This had seen all consultant-led maternity services and inpatient paediatrics move across from the Royal Shrewsbury site. We found that this had had a positive impact on these services.
- The trust had consistently not met the national target for treating 95% of patients attending A&E within four hours. However, we saw at the Princess Royal Hospital that services were safe and effective, with adequate staffing, and the team were well-led. There were greater challenges at the Royal Shrewsbury site.
- There was some good care delivered in the medical wards, but high staff vacancies and heavy reliance on bank staff were putting considerable pressure on the staff.
- We were concerned about Ward 31 at the Royal Shrewsbury Hospital, which was being used for day surgery patients whilst the purpose-built day surgery unit was being used to accommodate inpatients. Ward 31 had no heating, there was no emergency call bell, and we were concerned about staffing on this ward. Although the trust addressed these issues immediately when we brought them to their attention, this arrangement does not provide day-case patients with an effective service.
- The trust was not meeting the Core Standards for Intensive Care Units at either site. We were concerned about nurse staffing levels, and asked the trust to look at the situation immediately. During our unannounced inspection we were pleased to see that the trust had responded.
- The trust had recognised that end of life care was an area for development for them, and had recently started to make progress; however, our inspection found that there was still much more to be done. We were concerned about the safety and effectiveness of the mortuary arrangements, particularly at the Royal Shrewsbury Hospital.

We saw several areas of outstanding practice, including:

- The trust had outstanding safeguarding procedures in place. The safeguarding team had links in every department where children were seen, with safeguarding information shared across the trust.
- The trust had appointed an Independent Domestic Violence Advisor (IDVA). The post had been substantiated through funding from the Police Crime Commissioner, due to excellent outcomes recorded by the trust. We were told that referrals from the trust to the Multi-Agency Risk Assessment Conference (MARAC) had been endorsed as excellent practice by the Co-ordinated Action Against Domestic Abuse (CAADA). CAADA is a national charity supporting a multi-agency and risk-led response to domestic abuse.
- The compassionate and caring dedication for end of life care within the renal service was outstanding,

Summary of findings

especially the development and introduction of the 'my wishes' document at the Princess Royal Hospital, for supporting people who had been diagnosed with an 'end stage' decision.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly:

- The trust must review the levels of nursing staff across A&E critical care, labour ward and end of life services to ensure they are safe and meet the requirements of the service.
- The trust must ensure 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.

- The trust must ensure that staff are able to access mandatory training in all areas.
- The trust must ensure that accident and emergency and all surgical wards are able to access all the necessary equipment to provide safe and effective care.
- The trust must review pathways of care for the patients in surgery, to ensure that they reflect current good practice guidelines and recommendations.

There were also areas of practice where the trust should take action, which are identified in the hospital reports.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Shrewsbury and Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin, and mid Wales. Of the area covered by the trust, 90% is rural.

Deprivation is higher than average for the area, but varies (180 out of 326 local authorities for Shropshire, and for Telford 96 out of 326 local authorities). A total of 6,755 children live in poverty in Shropshire, and 8,615 in Telford & Wrekin. Life expectancy for both men and women is higher than the England average in Shropshire, and lower than the England average for both men and women in Telford & Wrekin.

There are two main locations, approximately 16 miles apart; the Royal Shrewsbury Hospital (RSH) in Shrewsbury, and the Princess Royal Hospital (PRH) in Telford. RSH was formed in 1979, following the merger/closure of a number of hospitals in the town. PRH was built in the late 1980s. Both hospitals were managed separately until 2003, when the Shrewsbury and Telford Hospital NHS Trust was formed.

Both hospitals provide a wide range of acute hospital services, including accident and emergency, outpatients, diagnostics, inpatient medical care and critical care. Additionally, each location has its own speciality focus. RSH is the main centre for acute and emergency surgery, there is a trauma unit which is part of the region-wide network, and it is the main centre for oncology and haematology. PRH is the main centre for hyper-acute/acute stroke services, inpatient head and neck surgery, and inpatient women's and children's services. The trust also provides a number of community and outreach services, including midwife-led units in Ludlow, Bridgnorth and Oswestry. Services are predominantly commissioned from three commissioning bodies. The

trust has around 835 beds, and over 5,000 staff. There is a legacy issue from two-site working across two small-medium hospitals, which poses a strategic challenge for the trust and the local health economy.

The trust has a relatively new executive team. The finance director has been in post since 2011. The chief executive and chief operating officer since 2012, and the director of nursing and the medical director are the most recent appointments, in 2013. The chair has also been in post since 2013.

Shrewsbury and Telford Hospital NHS Trust had been inspected 11 times since its registration with the CQC in April 2010. Both sites were last inspected in 2013. Both locations were found to be non-compliant with a number of the Essential Standards, and had compliance actions to continue to improve.

We inspected this trust as part of our in-depth hospital inspection programme. We chose this trust because it represented a variation in hospital care according to our new Intelligent Monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations. Using this model, the trust was considered to be a high-risk service.

The inspection team inspected the following eight core services:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology services
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

Our inspection team

Our inspection team was led by:

Chair: Louise Stead, Director of Nursing and Patient Experience, Royal Surrey County Hospital NHS Trust

Team Leader: Fiona Allinson, Head of Hospital Inspection, Care Quality Commission

Summary of findings

The team of 35 included CQC inspectors and a variety of specialists: medical consultant, surgical consultant, consultant obstetrician, consultant paediatrician, consultant anaesthetist, junior doctor, board level nurses, modern matrons, specialist nurses, theatre nurses,

emergency nurse practitioner, supervisor of midwives, student nurses and a paramedic, and four 'experts by experience'. (Experts by experience have personal experience of using or caring for someone who uses the type of service that we were inspecting.)

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), NHS Trust Development Authority, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the royal colleges and the two local Healthwatch organisations.

We held two listening events, in Shrewsbury and Telford on 14 October 2014, when people shared their views and experiences of both hospitals. Some people who were unable to attend the listening events shared their experiences via email or telephone.

We carried out an announced inspection visit on 14–16 October 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We also carried out an unannounced inspection on Monday 27 October 2014.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Shrewsbury and Telford Hospital NHS Trust.

What people who use the trust's services say

- We spoke to over 30 people at our listening events. Some people told us that they had good care at the trust and were kept informed. People told us that staff were friendly and caring. One person had concerns over the complaints process at the trust, and this case was discussed with the trust. Others told us that they had experienced good care from staff who appeared, in their opinion, to be doing a good job under difficult circumstances.
- Between September 2013 and January 2014 a questionnaire was sent to 850 recent inpatients at the trust, as part of the CQC Adult Inpatient Survey 2013. 502 responses were received. Overall, the trust was

rated the same as other trusts. The survey asked questions about waiting times for appointments, waiting for admission to a hospital bed, the hospital environment, having trusting relationships with doctors and nurses, care and treatment, and operative procedures, being treated with dignity and respect, and leaving the hospital.

- The Cancer Patient Experience Survey (CPES), Department of Health, 2012/13, showed that the trust was one of the highest scoring trusts for one question

Summary of findings

(information given about support groups); average for 63 questions; and in the lowest scoring 20% of trusts for four questions. This included privacy when discussing treatment, and respect and dignity.

- The trust's Friends and Family Test score for inpatient services was the same as the England average, and above the England average for accident and emergency services.
- CQC's Survey of Women's Experiences of Birth 2013, showed that the trust was better than the national average on six out of 17 measures, and was about the same as other trusts on all other questions on care, treatment and information during labour and birth, and care after birth.

- Patient-led assessments of the care environment (PLACE) are self-assessments undertaken by teams, which focus on NHS and independent healthcare staff, and also the public and patients. In 2014, Shrewsbury and Telford NHS Trust scored above the national average for cleanliness (99% compared to the national average 98%). The hospital scored below the national average for privacy, dignity and well-being (79% compared to 87%), for facilities (91% compared to 92%), and food and hydration (79% compared to 87%).

Facts and data about this trust


The annual turnover (total income) for the trust was £314 million in 2013/14. The trust surplus (deficit) was £65,000 for 2013/14. During 2012/13, the trust had 77,252 inpatient admissions, 594,879 outpatient attendances and 108,579 attendances in the emergency department. Between May 2013 and April 2014 4,721 babies were born at the trust.

Bed occupancy for general and acute care was 90.4% between April and June 2014. This was above both the

England average of 87.5%, and the 85% level, at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital. Adult critical care was also higher than the England average; 90% against the average of 85.7%. Maternity was at 55% bed occupancy – lower than the England average of 58.6%.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We assessed this domain as requiring improvement, although some aspects were good.</p> <p>Safeguarding was well organised, and staff were fully aware of their responsibilities. Although the majority of staff told us that they did report incidents, this was not consistent and some staff said they did not have time to report them. All staff told us that feedback was limited or non-existent, and learning from incidents was not uniform across the trust.</p> <p>We were concerned about staff in some parts of the trust, and raised specific concerns with the trust about the intensive care unit (ICU), high dependency unit (HDU) and coronary care unit (CCU). We were pleased to see that they had taken immediate action, but long-term arrangements need to be in place to ensure patients safety and to meet national standards.</p> <p>The Safety Thermometer was in use across the trust, and we saw that the hospitals were visibly clean and tidy. Most areas had access to equipment, but we were concerned about the lack of ECG machines and resuscitation trolleys in A&E at Shrewsbury; the trust addressed this immediately.</p> <p>Safeguarding</p> <ul style="list-style-type: none">• A new adult safeguarding policy and procedure was introduced throughout Shropshire, Telford and Wrekin in April 2013. All agencies within the local adult safeguarding board, including Shrewsbury and Telford Hospital, have adopted the West Midlands multi-agency policy.• A safeguarding policy for children was in place across the trust. We saw that the trust's staff intranet had a dedicated page relating to safeguarding, which included useful links for staff to access.• The director of nursing led safeguarding arrangements for the trust. The trust had clear governance and quarterly reporting arrangements in place for safeguarding, which included both children's and adult's services.• Staff we spoke with during the inspection were knowledgeable, and demonstrated underpinning knowledge of safeguarding both children and vulnerable adults. Staff were fully aware of how to refer a safeguarding issue and had received training.	<p>Requires improvement </p>

Summary of findings

- The staff told us that the safeguarding lead nurse for the trust advised them whilst reporting incidents, and was very supportive. They supported nurses when attending adult safeguarding meetings.

Incidents

- During 2013/14, the trust reported a total of 7,699 incidents. Of these, 161 were considered serious and were reported to the Strategic Executive Information System (STEIS). The trust had a lower rate of incident reporting than the England average, but our analysis indicated that this is not statistically low.
- All the staff we spoke with were aware of the trust's IT-based reporting system (Datix). The vast majority of staff told us that they did report incidents and were able to describe what should and should not be reported.
- Many staff told us that they did not get feedback on incidents, and some said that they did not have confidence that concerns would be taken seriously. However, we did find evidence of changes to practice as a result of reported incidents, and there were mechanisms in place to share learning, such as newsletters and safety bulletins. Learning from investigations was also a standing agenda item for many of the divisional clinical governance meetings.
- Serious incidents were investigated using root cause analysis (RCA) processes. We reviewed a number of reports resulting from these investigations, and found that they were comprehensive.

Staffing

- Staffing levels to deliver safe care varied across the trust. We found that in outpatients and paediatrics there were no concerns in this area. The trust was not meeting the Core Standards for Intensive Care Units and was not meeting the RCN 'BEST' policy in accident and emergency.
- In medicine and surgery, staffing was to safe levels, but there was a heavy reliance on bank and agency staff due to the high number of vacancies and staff sickness in some areas.
- For example, at the Royal Shrewsbury Hospital, Ward 22 had vacancies for six full time nurses and had a further three nurses who would not be available to work for some time. This was a significant proportion of staff, as the ward had 24 beds.
- Data we reviewed prior to the inspection indicated that the trust had a higher use of agency and bank staff than the England average.

Summary of findings

- Agency and bank staff completed a full induction, and in some areas, had been block booked to enhance a consistent team of ward-based staff. Some trained agency staff had completed the trust competency skills assessment, allowing them to perform high level tasks, such as giving intravenous drugs.
- The safe staffing dashboard was displayed, showing details of the required levels of staffing, and actual levels present on each shift.

Are services at this trust effective?

We assessed this domain as requiring improvement, although some aspects were good. National Institute for Health and Care Excellence (NICE) guidance, and local protocols, were in place to ensure patient's needs were assessed, and treatment was delivered in line with evidence-based guidance. However, we found in surgery that some of the pathways in use were not up to date. The trust took part in a number of national audits. Performance against a number of key indicators across a range of specialities varied enormously; the trust failed to meet a number of these targets.

We saw good multi-disciplinary working, and effective management of consent and awareness of the Mental Capacity Act. The trust was not able to offer seven-day services in a number of key areas, which was hampering the effectiveness of treatment in medical and surgical services.

Evidence based care and treatment

- We observed patient care being provided in accordance with the National Institute for Health and Care Excellence (NICE) guidelines in accident and emergency, intensive care, paediatrics and end of life care services. In most cases, there were clear local protocols for staff to follow.
- We also saw that the relevant specialist guidance was also being adhered to, such as College of Emergency Medicine guidelines, Intensive Care Society and Faculty of Intensive Care Medicine guidelines, and Royal College of Paediatrics and Child Health (RCPCH) guidance.
- However, there were a limited number of surgical pathways, and those that were used were not always current. For example, we saw that the fractured neck of femur pathway was dated to 2010. NICE guidance for fractured neck of femur was published in 2011, with a short update in 2014. This meant that we could not be sure that the pathway reflected current NICE guidance or best practice.

Requires improvement



Summary of findings

Patient outcomes

- The A&E department took part in national College of Emergency Medicine audits; the majority of results were within the lower England quartile. We could not see evidence that the results had been used to assess the effectiveness of the department.
- The trust submitted data to the Sentinel Stroke National Audit Programme (SSNAP) and was assessed as Level E in September 2014. Poor results in a number of areas had led to the low score. An improvement plan for 2014/15 was in place.
- The Myocardial Ischaemia National Audit Project (MINAP) 2012/13 showed the trust to be below the England average for three measures at both hospital sites.
- Of 21 National Diabetes Inpatient Audit (NaDIA) measures, 11 were better than the England average, and 10 measures worse than average, including medication and management errors, poor staff knowledge and delayed foot risk assessments.
- The trust performed worse than the England average for seven measures in the hip fracture audit, including time taken to surgery. The trust had recently appointed an ortho-geriatrician, and they expected performance to improve as a result. On average, patients waited longer than 36 hours for their hip operation, against an England average of 31 hours.
- Patient length of stay following surgery was in line with the England average. The readmission rates for elective and emergency patients at the hospital were better than the England average.
- Readmission rates for patients for emergency surgery showed that whilst the hospital overall was in line with the England average, it was worse for general surgery, and significantly worse for colorectal surgery.
- The Patient Reported Outcome Measures (PROMs) showed that the majority of patients reported improvement following surgical intervention, and the trust was in line with or better than the England average for hip and knee replacement.
- The trust contributed to the Intensive Care National Audit and Research Centre (ICNARC) database. The data showed that the hospitals critical care units performed better than other trusts on unplanned readmissions, but worse on patients whose discharge was delayed for more than four hours, and on out of hours transfers from the unit. The trust also performed worse than expected for the number of deaths within adult critical care when compared to other similar critical care departments.
- In maternity services, overall clinical performance was equal to or above expected performance, with the occasional exception by month.

Summary of findings

- We saw a copy of the 2013/14 Neonatal Service Performance Benchmark report, and noted that the trust had scored highly against the five benchmarked standards chosen for measure. The trust performance in national audits of paediatric asthma and diabetes was in line with national averages.
- The trust had taken part in the National Care of the Dying Audit of Hospitals (NCDAH) 2014. Of the seven key performance organisational indicators, the trust achieved above average on three indicators, but did not meet the other four indicators. Of the 10 clinical key performance indicators, the trust did not achieve any of the required recommendations.
- The diagnostic imaging data set (DID) statistics showed that overall trust performance was in line with the national average in most areas within diagnostic imaging services.

Multidisciplinary working

- Multidisciplinary team (MDT) working was effective, and resulted in good outcomes for patients. MDTs worked effectively at both ward and division level. Staff reported a good working relationship with colleagues, across the hospitals, and externally with other agencies.
- For example, there was a daily ward round on ICU with input from nursing staff. Multidisciplinary team members, such as physiotherapists, the pharmacist, and speech and language therapists, had a handover when they visited the unit.
- There were good communications and links with local GPs, as well as with social services; information was regularly received from social services regarding individuals, specifying any support they may be receiving or may need.

Consent, Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

- Staff told us that they were aware of their responsibilities around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate a good understanding of the process.
- We asked senior staff in both outpatients and imaging services how they catered for patients with special needs, such as learning disabilities, or people with mental health issues. They were able to describe the process they would use to ensure that consent to care and treatment had been properly assessed and documented, to ensure that best interest decisions had been made.
- Parents were involved in giving consent for examinations, as were children when they were at an age to have a sufficient level of understanding.

Summary of findings

- We observed how staff talked and explained procedures to a child, in a way that they could understand without getting frightened. Staff were aware of Gillick competencies and Fraser guidelines, in relation to consent for young people less than 16 years of age, and followed these when necessary.

Seven-day services

- Occupational therapy or physiotherapy services were not available at weekends or Bank Holidays on the medical wards. Some staff had trialled Saturday working on a voluntary basis, to ascertain its value.
- At present the trust is unable to provide a full seven day stroke service; recruitment to a fourth consultant post had been identified, with the plan being to expand the team by the end of 2014.
- We were concerned to find in orthopaedics that there was no seven-day physiotherapy service, as they did not always cover weekends. This meant that patients who had surgery for a fractured hip on a Friday may not get specialist physiotherapy until the Monday. Staff told us that a physiotherapy service was only provided on a voluntary basis, and as such, it may not always be available. Early mobilisation is an important indicator of patient outcome and to reduce the risk of complications.
- An intensive care consultant was present in the ICU/ HDU from 8am to 5pm, Monday to Friday. Out of hours at weekends and on nights there was an on-call consultant rota to provide cover in critical care, but they might not be an intensive care specialist. The core standards for intensive care units identify: 'A Consultant in intensive care medicine must be immediately available 24/7, and be able to attend in 30 minutes.' The critical care unit was not meeting ITU core standards.
- The palliative care service was only available Monday to Friday within working hours. Out-of-hours support was provided from the local hospice at weekends, although no formal agreement had been established.

Are services at this trust caring?

We assessed this domain as good. Staff were caring and compassionate, and treated patients with dignity and respect. However, we did see some exceptions to this in surgery.

Staff communicated with patients in a way that ensured that they understood their care and treatment, and we saw many examples of emotional support being offered to enable people to cope.

Good



Summary of findings

Compassionate care

- We witnessed multiple episodes of patient and staff interaction, during which staff demonstrated caring, compassionate attitudes towards patients, which were also respectful to both patients and relatives. However, we did note some exceptions to this on the surgical wards at the Royal Shrewsbury Hospital.
- During our inspection we saw that staff responded in a timely manner to patients who requested help or required assistance.
- Staff we spoke with demonstrated an understanding of the need to recognise the cultural, social and religious individual needs of patients.
- Nursing and medical staff ensured that privacy was maintained, and dignity respected when carrying out physical examinations and providing care, with curtains pulled or doors closed at all times.

Patient involvement in care

- Patients, relatives and parents told us that they felt informed about their patient journey, and that staff were responsive.
- Patients were involved in care, and in taking decisions when they were able to do so.
- We saw that people's independence was respected and supported, which enabled them to manage their own health, care and well-being.

Emotional support

- Staff built up trusting relationships with patients and their relatives, by working in an open, honest and supportive way. Patients and relatives were given good emotional support.
- We saw that people's independence was respected and supported, which enabled them to manage their own health, care and well-being.

Are services at this trust responsive?

We assessed this domain as requiring improvement, although some aspects were good.

Services were planned with the involvement of key stakeholders and commissioners. Services reflected the needs of the local population; an example of this is the Shropshire Women and Children's Centre.

The trust had arrangements in place to meet people's individual needs, and we saw a number of practical examples of how this is taken into account. The trust had good systems in place for responding to and learning from complaints.

Requires improvement



Summary of findings

The trust is under enormous pressure with regard to beds, and we saw this demonstrated through the high levels of occupancy. This is impacting on the trusts ability to see patients in a timely manner in accident and emergency, although we saw that cancellations were in line with the England average.

The NHS Future Fit programme, led by the local CCGs, has recently commenced. The programme aims to find a lasting and sustainable solution to respond to the needs of the local population, and provide safe care that brings together specialist expertise in the best way to offer patients the best outcomes.

Service planning and delivery to meet the needs of local people

- The Commissioning for Quality and Innovation (CQUIN) included ensuring that at least 90% of patients aged over 75, and who are admitted, were assessed for dementia and referred on to the specialist services. The target to reduce avoidable death, disability and chronic ill health from VTE was met, with 90% of admitted patients having a VTE assessment every month.
- The trust had recently opened the new Shropshire Women and Children's Centre at the Princess Royal site. This had been in response to an in-depth review of services, and the involvement of key stakeholders in the planning process.
- The new end of life care plan, which has yet to be launched within the trust, has been developed across all health services within Shropshire. The end of life lead doctor and director of nursing referred to this as 'care without walls'. This document developed by the trust has been agreed throughout the community, to ensure that patients have one care plan that ensures continuity in care.

Meeting people's individual needs

- Staff demonstrated a good understanding of people's social and cultural needs. Staff told us that if they had a patient with additional needs, such as a learning disability, mental health difficulties or dementia, additional support was made available. For example, a learning disabilities nurse specialist was available to support patients with learning disability diagnosis.
- The trust had listened to carers groups, and implemented a carer's passport scheme, which enabled a designated carer or family member carer to support a patient's stay in hospital outside of normal visiting hours. The main beneficiaries of the scheme will be people caring for patients with dementia; it was expected that this will be available to all people who have a

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significant caring role for the patient in the community. Support may involve being on the ward at mealtimes to assist with feeding or sitting, and providing comfort and reassurance to a relative who is agitated or confused. The scheme had encouraged staff to value and support each person's carers, and to include them as active members of the care team, and to support their visits during the day.

- The trust arranged, when necessary, for an interpreter or translator to assist patient consultation, either face to face, or by telephone. Interpretation services were available in both the form of a language line (a telephone translation service) and with face-to-face interpreters.
- The hospital chapels were designed predominantly for people of Christian faith, with stained glass windows and an altar area. Mats were available for Muslim prayer, although these were out of view. There was limited signage or information to support people of alternative religions to find the available materials needed to support their religious needs.
- Facilities for bereaved relatives to view the deceased were not conducive to their needs, particularly for children. Staff had recognised this and had made some provisions but acknowledged the areas were not fit for purpose.
- The trust is compiling its data and evidence of patients who are able to die in their preferred location. Whilst no actual figures were available at the time of our inspection, the director of nursing recognised that improvements around the delivery of patients' needs was required.
- The renal unit at the Princess Royal Hospital had developed a document called 'my wishes'. This document supports people to make decisions regarding their care and their plans, when they are at the 'end stage' of their condition. Staff shared with us examples of how this document would benefit the empowerment of people to make decisions and arrangements in the early stages of their condition, and encourage them to seek support.

Access and flow

- The pressure on bed space meant that waiting times in A&E were often not meeting targets, and this impacted upon patient care. The A&E department had regularly breached the Government's four-hour waiting target for 95% of patients to be seen and discharged from the department (to their home or on to a ward, for example). The lowest result was 88% in January 2014.

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- The trust is performing below the England average, with regard to handover of patient care from the ambulance crew to the accident and emergency department.
- The trust is performing worse than the England average for the percentage of emergency admissions via the accident and emergency department waiting 4-12 hours, from the decision to admit until being admitted. In February 2014, the trust was performing at 22%, with the England average being 6%.
- Bed occupancy for the trust in the last quarter was at 90%. This was higher than the England average. The number of operations cancelled was in line with the England average.
- Data for referral to treatment times (RTT) was reviewed for August 2014. This showed that the trust was failing to meet the 90% treatment target for orthopaedics (66%), ophthalmology (80%), and oral surgery (65%). They were meeting targets for general surgery (94%) and urology (95%).
- We spoke with staff who told us that cancellations in day surgery were common due to the number of inpatients being cared for on the day surgery unit. The week before our inspection, the day surgery unit had increased its inpatient beds to 20. We saw that a number of patients had had their admission cancelled due to a shortage of day surgery beds. We were concerned to be told that on occasions, the day surgery unit was asked to accept patients directly from the emergency department.
- Bed occupancy in ICU/HDU was 86%, which reflected national levels. This is above the Royal College of Anaesthetists' recommended critical care bed occupancy of 70%. Persistent bed occupancy of more than 70% suggests that a unit is too small, and occupancy of 80% or more is likely to result in non-clinical transfers that carry associated risks. The bed occupancy for coronary care was 99%.

Learning from complaints and concerns

- The trust had good systems in place for responding to and learning from complaints.
- During 2013/14, the trust received 444 formal complaints, all of which were acknowledged within three working days.
- Since July 2013, the trust has had a target of responding to complaints within 35 working days. The Complaints Annual report stated that this target was achieved for 75% of complaints.
- Of the 444 complaints received, 23% were fully upheld, 43% were partially upheld and 33% were not upheld by the trust. Three were referred to the Parliamentary and Health Ombudsman for investigation.

Summary of findings

- The main issues highlighted by the complaints were clinical care, communication and attitude.
- The trust revised its complaints policy in July 2014, when a new head of complaints was appointed.
- We reviewed five randomly-selected complaints to the trust during our inspection. We found that complaints were handled effectively, with regular communication, regarding progress if it was a complex case. All complaints are 'triaged' by the head of complaints, who determines how the complaint will be handled; the head of complaints also quality assures all correspondence with complainants to ensure that they are to the correct standard.
- We reviewed a number of investigation reports, and found that investigations were thorough, proportionate and recorded a clear outcome.
- The complaints team monitor progress of the investigation, and completion of action plans resulting from the investigations.
- We observed information for patients and relatives regarding how to contact the Patient Advice and Liaison Service (PALs), or to make a complaint on the wards and departments. Patients and relatives we spoke to told us that they were aware of how to make a complaint, and would do so if they had a concern. Staff told us that they would direct patients to the Patient Advice and Liaison Service team if they had a concern they could not resolve immediately, and the PALs team would offer them support.

Are services at this trust well-led?

The trust had a relatively new senior management team, with most directors having been in post for less than 18 months. The trust has held the majority of each of its board meetings in the public domain with minimal time given to private meetings. The chair of the trust board stated that the culture of the trust was set by the trust board, which was one of robust honesty and respect for the 'frontline staff'. However, the chief executive and other senior staff acknowledged that the trust still struggles to get the 'frontline staff' engaged in the vision and strategy for the organisation.

Having spoken to staff, we considered that the ward staff were not engaged in the vision or strategy for this hospital. We found that the ward staff had good ideas about improvements to the service, which were not being heard by the senior team. The chief executive described a 'permafrost' between the senior management team and the leaders at ward or departmental level, and this was evident

Requires improvement



Summary of findings

when speaking to both groups of people. We found that governance systems required embedding and also a concern relating to an individual case of financial probity which was already being investigated by the Trust.

Vision and strategy for this trust

- The trust has a vision and strategy which is well articulated by senior managers. This has been cascaded to all staff, but has yet to be embedded.
- The values of the organisation are advertised to staff on the lanyards for their staff ID cards; however, whilst staff were able to articulate these, it was evident that these were yet to be embedded, as staff talked about them in the abstract.

Governance, risk management and quality measurement

-
- Senior managers were aware of the current risks that the organisation faces. The chief executive described the three biggest risks as flow and capacity, medical staffing, and engagement of staff.
- Risk registers were used to identify risks to each department, and these were reviewed at board level. Senior managers described the balance to be made between risk, capital and patient safety. We were assured that patient safety was the top priority.
- The highest ranking risk was the lack of equipment. The trust had the support of the hospitals League of Friends, who supplied key items of equipment for the individual departments. However, we found a number of items which were either not in use, or which were required to meet the needs of patients throughout our visit.
- Governance systems are in place to identify risks and quality oversight. Each care group has governance meetings, which feed into the senior management processes. However, these are not as developed or consistent in their approach. The senior team is aware of this issue, and is addressing it by feedback to the relevant groups.
- Staff are aware of how to report incidents and how to use the current IT systems. These are analysed for trends, and discussed through the governance systems.
- The senior staff were aware of the limitations of IT systems in order to support performance management; however, all of the senior team were able to highlight the risks within the organisation as they saw them.

Summary of findings

Leadership of trust

- The senior team came from a diverse background, which was an added benefit to the management of the trust. The team were aware that they had had to act as a 'turnaround team', in that they were required to put structures and processes in place in order to manage the trust efficiently. This process had been ongoing for the last two years.
- On occasions we found that the director of nursing had not been supported by some of the heads of nursing. This was evidenced through the lack of awareness of the issues we found during our inspection. However, once she was alerted to these issues, actions were taken to ensure that patients were safe, and services effective. The director of nursing was aware of the situation, and had started to address this by putting systems and processes in place to ensure that she was aware of quality issues.
- Most staff told us that they knew who the director of nursing was, and could name the chief executive. However, a number of staff at both sites, but more predominantly at the Princess Royal Hospital in Telford, felt that they did not have much interaction with the chief executive.
- Senior managers told us that they tried to visit the Telford site at least once a week; however, staff at this site told us that the senior managers were not visible at this hospital.
- We saw that action was being taken to address issues of poor performance, and that this was done in a supporting and encouraging manner.

Culture within the trust

- There was an obvious disconnect between the senior team, and the ward or department managers and their staff. All staff, both senior and junior, within the trust, were aware of this disconnect. We could not see any plans, at this time, for the trust in resolving this disconnect.
- Staff in the wards and departments displayed a culture which was centred on the patient and their experience of the hospital. We met groups of staff who went the extra mile to ensure that patients were safe, and that the service was both effective and responsive to their needs. Patients found nursing and medical staff very caring.
- Teams within the wards and departments worked well together, and felt that they were able to raise issues of concern to their line managers. However, at some point, these messages seemed to get lost, and did not translate into discussions at a more senior level.

Summary of findings

- We wrote to the trust to request further information on two issues, and the trust were responsive and open about the challenges they faced, and what actions they had taken to respond to our concerns.

Public and staff engagement

- The trust senior management team had initiated a Chairman's Award, for which staff were nominated by their co-workers. This sought to recognise excellence in practice and team working. Staff felt engaged in this process.
- The trust board meetings always started with an account given from a patient's perspective, so that patients remained the focus and driver for improvement.
- The trust engaged with the local population through the Patient Experience and Involvement Panel (PEIP). The role of the panel is to give the patient a voice when the trust is developing services, and to ensure patient issues are seen and heard by the board. Each volunteer is assigned to a ward or area, and they will liaise with staff and patients on these designated areas, to identify and action any issues arising. The panel provide constructive feedback to the board on service developments, and ensure patients views are fully represented.
- The trust engages patient representatives, to assist in capturing the feedback from its patients.
- The trusts values were distilled from the feedback given by staff, on what they felt were the most important values to staff.
- There is an annual conference which ward managers attend.
- The trust commenced its leadership programme this year which started with the executive team and is being rolled out throughout the management structure. Ward Managers will receive this in 2015.

Innovation, improvement and sustainability

- The local NHS has developed proposals for a single emergency centre supported by a network of urgent care centres. Consultation on the future configuration of hospital services is expected to begin in late 2015.
- Staffing shortages are being addressed, and proactive recruitment is underway within the nursing arena. However, the trust needs to work on the recruitment of medical staff.

Overview of ratings

Our ratings for 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

Our ratings for 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

Overview of ratings

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

Our ratings for Oswestry Maternity Unit

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Ludlow Maternity Unit

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Bridgnorth Maternity Unit

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Shrewsbury and Telford Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

<Notes here>

Outstanding practice and areas for improvement

Outstanding practice

- The trust had outstanding safeguarding procedures in place. The safeguarding team had links in every department where children were seen, with safeguarding information shared across the trust.
- The trust had appointed an Independent Domestic Violence Advisor (IDVA). The post had been substantiated through funding from the Police Crime Commissioner, due to excellent outcomes recorded by the trust. We were told that referrals from the trust to the Multi-Agency Risk Assessment Conference (MARAC) had been endorsed as excellent practice by the Co-ordinated Action Against Domestic Abuse (CAADA). CAADA is a national charity supporting a multi-agency and risk-led response to domestic abuse.
- The compassionate and caring dedication for end of life care within the renal service was outstanding, especially the development and introduction of the 'my wishes' document, for supporting people who had been diagnosed with an 'end stage' decision.

Areas for improvement

Action the trust MUST take to improve

- The trust must review the levels of nursing staff across A&E critical care, labour ward and end of life services to ensure they are safe and meet the requirements of the service.
- The trust must ensure 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.
- The trust must ensure that staff are able to access mandatory training in all areas.
- The trust must ensure that accident and emergency and all surgical wards are able to access all the necessary equipment to provide safe and effective care.
- The trust must review pathways of care for the patients in surgery, to ensure that they reflect current good practice guidelines and recommendations.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Deceased patients were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance of the fridge storage area.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
Bereaved relatives viewing their relative in the mortuary are not treated with consideration or respect because the viewing room environment for children and adults is not considerate to their needs

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
People who use services and others were not protected against the risks associated, with not having sufficient numbers of suitably qualified staff in order to receive care. Breaches include:
Insufficient staffing in the critical care unit that reflect national guidelines for this area.