

Burton Hospitals NHS Foundation Trust

Quality Report

Queen's Hospital
Belvedere Road
Burton On Trent
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Date of inspection visit: 24-25 April and 6-7 May 2014
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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?

Good



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

We carried out this comprehensive inspection because Burton Hospitals NHS Foundation Trust had been flagged as a potential risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was one of 11 trusts placed into special measures in July 2013 after Sir Bruce Keogh's review into hospitals with higher than average mortality rates. There were concerns about the systematic approach in place for ensuring the collection, reporting and action on information about the quality of service, a lack of support for junior doctors, medical staffing levels, appropriate skills mix of staff and equipment safety checks being carried out.

We inspected Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital. The announced inspection took place between 24 and 25 April 2014 and unannounced inspection visits took place on 6 and 7 May 2014.

Overall, this trust requires improvement. We have rated the trust as requires improvement for safety, responsiveness and leadership, and good for caring and effectiveness.

Our key findings were as follows:

- The trust has made progress since the Keogh inspection in July 2013. On inspection in April 2014 47 of the 61 actions had been delivered, and as of June 2014 only seven actions were remaining.
- Staff were committed to the organisation and the delivery of high quality care, and they saw patient experience as a priority.
- There remained challenges in relation to staffing across the trust. Recruitment is a recognised challenge for the trust. Bank, agency and locum staff were used to fill vacant posts, some staff worked additional hours and there remained a high dependency on temporary staff.
- There were areas within the trust that were not compliant with national guidance on staffing levels.
- There were areas where the training of staff was not adequate, specifically resuscitation training and appropriate levels of safeguarding training. Not all staff had appropriate knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to ensure that patients' best interests were protected.

- There were a number of concerns relating to care being delivered to children. We raised our concerns immediately with the CEO and Chairman and the trust was responsive. We have subsequently been advised of a number of actions and an ongoing review that was due to begin.
- Monitoring of quality had improved and in many areas. However there were areas where further focus and assurance was required.
- The trust demonstrated a commitment to caring for patients living with dementia, and had had a strategy in place since 2009. However this was not delivered consistently across the trust.
- The current Resuscitation Council Guidelines were not reflected in the trust's resuscitation policy or in the resuscitation department's staffing levels. The resuscitation committee had not met since November 2013.
- The trust's end of life provision was not clearly defined and information relating to the service was not used to inform resources. There was a designated board lead. However there were no clear lines of accountability and assurance of the delivery of end of life care.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR) paperwork was not fully completed, and there was a lack of guidance for staff to follow on the action they should take if mental capacity assessments found that an individual lacked capacity.
- Incident reporting systems were in place. However, learning was not always shared across the trust and staff use of the system was variable.
- We identified areas where there was no clear ownership of the risks on the risk register and lack of assurance that improvements were in progress.
- The board receives a quarterly report on complaints, detailing ongoing challenge with responding to complainants. The report contains processes and themes. However it does not detail how they intend to address the lack of responsiveness and ensure organisational learning.

We saw several areas of outstanding practice including:

Summary of findings

- The recent efforts of the board to improve visibility. Engagement with staff was evident, and in particular the CEO and director of nursing had an impact.
- In May 2014, the maternity services were recognised by an independent provider of healthcare intelligence and quality improvement as providing excellent care.
- The service was one of the only maternity services nationally to use the enhanced recovery programme for women following a caesarean section, if it was clinically appropriate for them.
- The breast clinic ran a bra-fitting initiative for women to overcome pain and discomfort after a mastectomy, and this was being adopted by other breast care clinics across the country. The success of the initiative had not been formally audited at the time of our inspection, but the patient feedback was very positive.
- The orthopaedic team's introduction of the enhanced recovery pathway for hip and knee replacements had reduced patients' length of stay. National data demonstrated that their hip and knee revision rates were significantly lower than other trusts.
- A tool developed by a nurse and a pharmacy colleague, which assessed the impact of certain medicines in contributing to patient falls, had been shortlisted for a national award. This tool was used on wards and believed to have contributed to the reduction in the number of falls.
- The bereavement office participated in the doctor's training programme, delivering joint training with coroners on a range of issues, including the completion of death certificates. This resulted in a significant reduction in the number of death certificates completed incorrectly.

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

Importantly, the trust must:

- Complete the outstanding actions from the Keogh review that have not yet been delivered and are now overdue. During the inspection we were told of 14 partial or completely outstanding actions. However on 19 June 2014 the trust confirmed that only seven actions were outstanding.

- Ensure that all relevant staff in the trust are appropriately trained.
- Review staffing levels in areas where standards are not met and concerns have been raised in the location reports.
- Review children's services and specifically the arrangements and facilities for the stabilisation of high dependency children on the paediatric ward.
- Review the resuscitation committee, including identifying a non-executive director to chair the committee and schedule regular meetings. Ensure resuscitation equipment is accessible and the trust's resuscitation policy reflects current best practice.
- Review the Do Not Attempt Resuscitation (DNA CPR) paperwork currently in use, and take action on the findings to ensure that this is fit for purpose and staff are trained in the completion of this paperwork.
- Review the pathway of care for patients at the end of their life and ensure all nurses know who to contact and when.
- Take action on the findings of the recent records audit, which found that children's documentation did not include information such as immunisation history, whether they were known to social services, and specific discharge checklists.
- Take action to ensure that the care for people living with dementia is embedded in all appropriate divisions across the trust.
- Review the training provided to staff in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, as not all staff had appropriate knowledge of these areas to ensure that patients' best interests were protected.
- Review bed capacity to reduce the number of medical outliers and minimise the number of times patients are moved during their stay in hospital.
- Take action on the findings of the WHO surgical safety checklist audit and strengthen the assurance process.

Professor Sir Mike Richards
Chief Inspector of Hospitals

July 2014

Summary of findings

Background to Burton Hospital NHS Foundation Trust

The trust was formed in 1993. Burton Hospitals NHS Foundation Trust became a foundation trust in 2008.

The trust serves a population of more than 360,000 people in Burton upon Trent and surrounding areas, including South Staffordshire, South Derbyshire and North West Leicestershire.

The trust provides services from three locations: Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital. In 2011, the trust took over the management of the treatment centre based at the Queen's Hospital providing day case and ophthalmology services to the immediate area and beyond.

Queen's Hospital provides accident and emergency (A&E), medical and surgical services, critical care, maternity, children's service and outpatient services. Sir Robert Peel Community Hospital provides a minor injury service, rehabilitation, care of older people, general medical care, diagnostics, day surgery and outpatients. Samuel Johnson Community Hospital provides services including rehabilitation, care of older people, general medical care, outpatient, minor injuries service, diagnostics and midwifery-led maternity services.

The trust employs around 2,500 staff and has 496 inpatient beds across the three locations.

The trust carries out 47,000 planned and emergency operations and undertakes around 13,000 day-case procedures annually. In the last 12 months there were more than 130,000 attendances at accident and emergency and minor injuries units.

The trust has a stable board, with only two of the executive directors having been appointed in the last 18 months.

The trust had a significantly higher than expected mortality rate from April 2012 to March 2013. As a result, the trust was included in Professor Sir Bruce Keogh's review of trusts in 2013. The overview report Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England is available on the NHS Choices website. A number of areas of good practice were identified as part of the review. However, the report identified a number of areas of concern, such as no systematic approach in place for ensuring the collection, reporting and action on information about the quality of services. It also found that there was a lack of support for junior doctors, medical staffing levels and skills mix were not appropriate and equipment safety checks had not been carried out.

Before and during our inspection we heard from patients, relatives, senior managers and other staff about some key issues that were having an impact on the service provided at this trust. We also held a listening event in Burton where patients and members of the public were given an opportunity to share their views and experiences of all the trust's locations.

We inspected this trust as part of our in-depth hospital inspection programme. We chose it because it represented the 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, Burton Hospitals NHS Foundation Trust was considered to be a high-risk service. When we inspected the trust in April 2014, 14 of the 61 recommended actions following the Keogh inspection had still to be completed.

Our inspection team

Our inspection team was led by:

Chair: Brigid Stacey, Director of Nursing and Quality NHS England (Central)

Head of Hospital Inspections: Siobhan Jordan, Care Quality Commission

Inspection Lead: Fiona Wray, Inspection Manager, Care Quality Commission

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The team included CQC inspectors, analysts, doctors, nurses, midwives, patients and public representatives, Experts by Experience and senior NHS managers.

How we carried out this inspection

In planning for this inspection, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the Clinical Commissioning Groups (CCGs), the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Royal Colleges.

We carried out our announced visit on 24 and 25 April 2014. During the visit we held focus groups with a range of staff in the hospital: nurses, doctors, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We talked with patients and staff from all areas of trust including the wards, theatre, outpatients and departments. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care and treatment records. We held a listening event on 23 April 2014 where patients and members of the public shared their views and experiences.

We carried out further unannounced inspections on 6 and 7 May 2014 when we inspected A&E and ward areas to collect additional information as part of the inspection.

The inspection team inspected the following core services:

- Accident and emergency (A&E) and minor injuries unit
- Medical care (including older people's care)
- Surgical care
- Critical care
- Maternity & family planning
- Services for children and young people
- End of life care
- Outpatients

What people who use the trust's services say

In the Friends and Family Test, the trust has been performing better than the England average for the Inpatient tests and significantly better for A&E. The survey results were consistently over 80% positive. (October 2013-January 2014) and the response rate was similar to the England average.

The CQC adult inpatient survey (2013) described how the trust had performed the 'same as other trusts' for all 10 questions in the survey.

The CQC Maternity survey (2013) considers three areas:

- Labour and birth scored average when compared with other trusts
- Staff during labour and birth scored above average compared with other trusts
- Care in hospital after the birth scored above average compared to other trusts

The NHS Choices website showed that from November 2007 to June 2014, based on 131 ratings:

- Queen's Hospital had an overall score of 4 stars out of 5 stars.
- Samuel Johnson Hospital had an overall score of 4 stars out of 5 stars.
- Sir Robert Peel Hospital had an overall score of 4.5 stars out of 5 stars.
- Negative themes from the comments are appointments, rude staff, communication, and concerns about the switchboard service.

The Cancer Patient Experience Survey showed that, out of 69 questions, the trust was in the top 20% nationally for 18 questions.

During our inspection a total of 83 comments were received across the three trust locations. The majority of these were positive and related to the good or excellent

Summary of findings

care that patients or relatives received while having treatment at the trust. Many comments related to the fact that the trust was always found to be clean. However, the negative comments were about poor communication between staff and patients/relatives.

Facts and data about this trust

Burton Hospitals NHS Foundation Trust was formed in 1993 and became a Foundation Trust in 2008.

The trust serves a population of over of approximately 360,000 in Burton upon Trent and surrounding areas, including South Staffordshire, South Derbyshire and North West Leicestershire.

The trust provides services from three locations: Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital. In 2011, the trust took over the management of the treatment centre based at the Queen's Hospital providing day case and ophthalmology services to the immediate area and beyond.



The trust employs about 2,500 staff over three sites.

The trust carries out more than 47,000 planned and emergency operations and carries out around 13,000 day case procedures annually. In the last 12 months the trust had more than 60,000 A&E attendances and 70,000 minor injuries unit attendances.

On average, 97% of the trust's population are registered with a GP. The life expectancy is worse than average for men and better than average for women in East Staffordshire. This is similar to the England average for Lichfield and Tamworth.

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Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated the safety of services in the trust as requires improvement.</p> <p>We identified, in areas where children were being treated, that systems and process and prompts were not in place to ensure the safety of children. The level at which staff were trained was not clear. We had particular concern about a lack of discussion, and documentation of when families had existing relationships with social services was not in place.</p> <p>The outcome of the trust's audit against compliances with the WHO surgical safety check list did not provide positive assurance. We could not be confident that this matter had been addressed and that the trust had ongoing assurance of compliance with this nationally recognised safety check list.</p> <p>There were a number of areas in the trust where staffing was insufficient. The neonatal unit did not meet BAPM standards guidance for safe staffing recommendations. While on inspection, we observed that the ITU was unable to comply with the national standard. We witnessed four level 3 patients being cared for by two nurses when guidance advises one to one care; such staffing issues could compromise patient safety.</p> <p>Patients were not always kept safe from the risk of infection in the ICU at Queen's Hospital because there were no options to isolate patients with infections. This issue had been recorded on the critical care risk register. However, to date no action had been taken to resolve this issue.</p> <p>We noted improvements in mortality at the trust, a key action following the Keogh review, and strengthened governance in this area. The mortality assurance group was chaired by the CEO, supported by the MD and well attended.</p> <p>For specific information please refer to the reports for Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital.</p>	<p>Requires improvement</p> 
<p>Are services at this trust effective?</p> <p>Overall we rated the effectiveness of services in the trust as good.</p>	<p>Good</p> 

Summary of findings

The mortality rates were now within the statistically expected limits. There were effective outcomes for orthopaedic patients and the enhanced recovery programme had been successfully implemented.

There was evidence that the trust participated in 46 of the 51 national audits they were eligible for in 2012/13, including the National Diabetes Inpatient Audit and the Sentinel Stroke National Audit Programme (SSNAP). The SSNAP allows comparison of key indicators that contribute to better outcomes for patients. Overall performance is rated from A (highest, which no service achieved) to E. It is acknowledged by the audit that very stringent standards are set; data from 1 October to 31 December 2013 shows that the trust had made improvements and achieved a grade D overall.

Maternity care was based on nationally recommended guidelines and performance had been sustained over time. The proportion of 'normal' births was better than the national average and some initiatives had been recently implemented to reduce the number of elective caesarean sections.

For specific information please refer to the reports for Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital.

Are services at this trust caring?

Overall we rated the caring aspects of services in the trust as good.

There was an overwhelming sense that this was a caring organisation. People using the service spoke highly of the staff and said they had been well looked after. We saw numerous examples of this taking place. Patients told us that they understood what their care and treatment involved and the NHS Friends and Family Test (FFT) results demonstrated this. In the FFT conducted in A&E between October 2013 and January 2014, when patients were asked if they would recommend the service to other people, an average of 73% of people said they would recommend the department. This was above the England average of 56%, with a similar response rate.

Patients within the surgical areas of the trust told us they felt well cared for and staff were attentive to them. They spoke of the comfort rounds that were undertaken by the nursing staff, to ensure that they were being well cared for and their needs were being met. The FFT for surgery generally scored above 85% and results were displayed on the quality boards at the ward entrances.

Women and their families spoke of how they were treated with compassion, dignity and respect; they felt the care they had received

Good



Summary of findings

had been excellent. They felt informed, involved and able to ask questions when they were unsure. Staff demonstrated that providing a positive experience for woman who used the service was their main priority.

The trust's 'Ask Me' initiative, which encourages patients and relatives to ask staff questions, was embedded across the medical care wards, and staff felt that its introduction had promoted more patient interaction and feedback. We also noted a number of very caring and committed volunteers in the trust; these were sited around the hospital to signpost patients to the correct ward or department and also to speak with them if they were particularly anxious.

For specific information please refer to the reports for Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital.

Are services at this trust responsive?

Overall we rated the responsiveness of services in the trust as requires improvement.

Patients attending the A&E department were seen in a timely manner. In April 2013 the trust had introduced a new model for how people were to be cared for and treated when attending the hospital. This had significantly improved patients' waiting times and supported the consistent achievement of the national A&E target.

Appropriate care and support for patients living with dementia was not consistently provided across the trust. Patients discharged from the hospital received an inconsistent and often insufficient response to their needs. The discharge lounge was an inappropriate environment for patients, as it doubled-up as a medical day care service. Therefore patients could not be appropriately cared for.

Patient bed moves happened during the night, and there were a significant number of medical patients on surgical wards or in medical beds designated for other specialties. Evidence showed that some inpatients experienced multiple bed moves, which increased the risk of them not receiving the appropriate continuity of care.

Patients we spoke with told us that they'd experienced long delays for appointments in the outpatients department. Staff were aware that the service did not meet the demands and complexities of their patients. They were reviewing ways to increase capacity and reduce the waiting times where possible.

We noted that, as of May 2014, the trust had failed to provide a full response to complaints, with only 43% of complainants receiving a

Requires improvement



Summary of findings

response within 35 working days. The trust complaints policy stated, “It is important not to introduce delays into system by exceeding agreed stated time limits. The aim will be to process the complaint speedily and thoroughly at all stages. The standard is that complaints are acknowledged within three working days and that a full response is sent from the Chief Executive within 25 working days or the timescale as agreed with the complainant at the outset.” The board received papers detailing the continuing issues in this area, but it was not reported how the trust intended to address the lack of responsiveness and ensure organisational learning from complaints.

For specific information please refer to the reports for Queen’s Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital.

Are services at this trust well-led?

The trust leadership was rated as requires improvement.

Since entering special measures, the trust had demonstrated committed to addressing the areas outlined in the Keogh review (July 2013). The majority of the board members recognised the positive impact of the Keogh review and showed resilience and commitment. Both the Chair and the CEO shared a firm commitment to leading the organisation out of special measures and into a stable position where the quality of patients’ care was assured.

The majority of actions have been delivered. Seven actions remained in June 2014 and also areas where further assurance is essential are detailed in the location reports.

The Keogh team inspected Queen’s Hospital and found that patients felt that staff did not always communicate effectively with them. We identified on this inspection that a number of mechanisms were in place to improve communications with patients; patients themselves spoke of positive communication. Qualified staff told us that they had worked hard to improve the level of communication within the wards and they were seeing positive benefits, for example an increase in compliments. The Keogh team found that the resolution of complaints was not systematically fed back to staff teams. Ward sisters told us they were now more involved with the complaints process, but this was not yet embedded. Also the timeliness of responses and the actions and organisational learning were still in the early stages.

The Keogh team found that the electronic rostering system was far from optimally designed, and this remained a problem within the hospital. We were told that re-working of the process was being carried out.

Requires improvement



Summary of findings

The Keogh team found that equipment safety checks had not been carried out. We found that this had improved. Ward sisters and department managers had been proactive in ensuring their equipment was well maintained and safety checks were completed.

We noted improvements in mortality at the trust, a key action following the Keogh review, and strengthened governance in this area. The mortality assurance group was established.

The trust were rated 'worse than expected' for five of the 28 NHS Staff Survey questions 2013 and 'tending towards worse than expected' for six questions. Issues included communication between senior management and staff, as well as staff job satisfaction. However the majority of the staff were proud to work at the trust and demonstrated commitment to both the patients and the organisation.

For specific information please refer to the reports for Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital.

Vision and strategy for this service

- The trust developed and approved an organisational quality strategy in March 2012 based on the vision, values and objectives of the organisation.
- Following the Keogh review, the trust leadership team re-launched the trust quality improvement strategy. The three objectives were: consistently safe, consistently effective and perceived by patients in a positive way.
- There was mixed feedback across the trust on the strategy and individual areas' alignment with it.
- Effective specifically aims at providing excellent care with explicit pathways for patients living with dementia, but we did not see this consistently. However effective also refers to advances in total knee replacement and in this area there has been success.
- The trust's longer term vision was less clear, given the challenges that the organisation was currently facing. However the senior management team acknowledged the immediate actions required to inform the next step.

Governance, risk management and quality measurement

- The majority of staff were aware on the importance of reporting risks and were proactive.
- There was a varied response of staff awareness of the risk register and actions being taken to mitigate risk were not widely known.

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- Risks such as staffing on both the ITU and the neonatal unit were known to the trust for some time and confirmed by external review nine months prior to our inspection, but no actions had been taken.
- The trust actively participated in the safety thermometer and in most areas this data is used to demonstrate the quality of care being delivered. However this not consistent and in all areas.
- The ward assurance report demonstrated improvement month on month; in January 2014 it demonstrated achievement of 97%.
- Children's care was not being actively monitored using metrics specific to children; tools designed for use with adult patients were being applied to children.
- The trust had a very comprehensive maternity dashboard and was holding itself to account on stretch metrics, such as the way it monitored normal deliveries. We noted appropriate quality tools and metrics in place to assure the board of the care being delivered in maternity services.

Leadership of service

- The Chairman and the CEO were both committed and realistic regarding the organisation. They gave examples of where they had made significant progress and examples of where the challenges remained. They recognised the impact of the Keogh review and were working to reinstate staff confidence in the organisation.
- We were told by many of the people that we spoke to that the board had been actively engaging with frontline staff and visiting departments. Both the CEO and the Director of Nursing were specifically identified as being visible and approachable.
- Keogh recommended that the trust should undertake a regular programme for all board members to visit patients' care areas.
- The Board to Ward paper was presented in September 2013 to the board. The update detailed in December 2013 that 18 visits had taken place; this recognised that this work is in the early stages. However there is evidence that all of the executive and non-executive team will be participating.
- There was a mixed response as to how engaged outpatient staff, at all levels, felt about leadership within the trust. Some staff thought the board was open and accessible; others told us that the communication from the executive team was poor and they did not feel listened to if they or patients raised concerns.
- The trust's level of staff sickness is less than West Midlands average of 4.4% and the England average is 4.2%; the trust is 4.0%.
- There was a notably high number of staff in interim positions.

Summary of findings

Culture within the service

- Staff spoke of their commitment to the trust, their disappointment following the Keogh findings and their pledge to address the findings, as they did not recognise or wish to be seen as a hospital that was not providing high quality care.
- Staff described an open culture and a very pleasant, friendly culture. They commented on how they did not recognise the Keogh findings.
- The staff survey illustrated the trust rated 'worse than expected' for five of the 28 NHS Staff Survey questions in 2013 and 'tending towards worse than expected' for six questions. Issues included communication between senior management and staff as well as staff job satisfaction.

Public and staff engagement

- Staff had participated in the 2013 NHS Staff Survey. We saw that five out of 11 staffing areas, across the trust, were performing the same or better than the NHS England median for staff engagement, but the trust's overall performance was lower than the national average. This result was affected by radiography, maintenance and ancillary staff, who were dissatisfied.
- The trust's executive board engaged with staff through "board to ward" visits. Some staff within the wards and department at all locations told us that the chief executive, director of nursing and operations director had visited their department or attended their departmental meetings. The breast clinic staff told us there had been a more visible board presence in the last 12 months. However, we found that some outpatient departments, such as radiology, the fracture clinic and patient access/administration, felt "sidelined" or "invisible". They told us they had not been visited by the board members and would not know who they were unless they had seen pictures of them.
- The staff who had met and seen board members in their department welcomed the engagement they had with them. They told us they felt approachable and had the opportunity to discuss issues that related to their role.
- The trust had recently introduced the Listening into Action™ (LiA) strategy (a comprehensive, outcome-oriented approach to engage all the right people in quality outcomes) to improve the patient experience.
- The focus of LiA is how to deliver effective care in a timely manner in the patient's best interests. One suggested initiative

Summary of findings

was to reduce the bed moves around the hospital and this would reduce frustrations for both family and staff. This was a well-recognised issue in the trust and LiA hadn't had the opportunity to resolve it at the time of our inspection.

- We were told that clinical engagement and ownership of change is the key to LiA approach. The approach makes staff feel empowered, energised and supported to make their services the best they can be for patients. The in-house discussions aim to highlight and then reduce repetition, by streamlining processes and removing frustrating steps and practices.
- Staff on the orthopaedic ward told us they attended LiA meetings to share experiences and make requests for change. We saw one of the suggested changes in place: a mobile writing trolley. These trolleys allow staff to write up care records in patient areas, therefore increasing patient observation and staff visibility.
- The trust supports the Nursing Times Speak Out Safely campaign, which encourages any staff member who has a genuine patient safety concern to raise this within the organisation at the earliest opportunity.
- A staff magazine was distributed, updating staff on current issues. However, some staff told us they felt that, although communication had improved in recent times, they didn't always know what was going on, or changes that were being planned in the trust.

Innovation, improvement and sustainability

- The trust's revised model of emergency care was successful and patients were being seen, treated, discharged or admitted in line with the national A&E target. Since May 2013 the trust has been better than the England average and not only meeting but being above the target the majority of the time.
- To celebrate the outstanding achievements of hard-working individuals and teams across the trust, staff attended the annual PRIDE awards ceremony (celebrating the trust's vision of Passion, Responsibility, Innovation, Drive and Empowerment). The enhanced recovery pathway in orthopaedics received an award in recognition of their achievements.
- The newborn observation track and trigger chart had been developed by a midwife working at the trust, with input from the paediatric team. This neonatal observation chart had been nominated for a national award by the Royal College of Midwives.

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- The children's ward was engaging with college students to identify ways of improving children and young people's experience of being in hospital.
- The breast clinic ran a bra-fitting initiative for women to overcome pain and discomfort after a mastectomy. This was being adopted by other breast care clinics across the country. The staff were supporting ladies in local department stores on how to fit a bra on women who had breast surgery.
- Improvements at the trust with a focus on quality had been expedited as a direct result of the Keogh review. The trust was actively engaging in initiatives to improve.
- There remained ongoing challenges for the trust. The sustainability of the current model was acknowledged by the senior management, and consideration of the right long-term plan was evolving.

Overview of ratings

Our ratings for Queen's Hospital, Burton Upon Trent

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

Our ratings for Sir Robert Peel Community Hospital

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

Overview of ratings

Our ratings for Samuel Johnson Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Requires improvement	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Our ratings for the trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The recent efforts of the board to improve visibility. Engagement with staff was evident, and in particular the CEO and director of nursing had an impact.
- In May 2014, the maternity services were recognised by an independent provider of healthcare intelligence and quality improvement as providing excellent care.
- The service was one of the only maternity services nationally to use the enhanced recovery programme for women following a caesarean section, if it was clinically appropriate for them.
- The breast clinic ran a bra-fitting initiative for women to overcome pain and discomfort after a mastectomy, and this was being adopted by other breast care clinics across the country. The success of the initiative had not been formally audited at the time of our inspection, but the patient feedback was very positive.
- The orthopaedic team's introduction of the enhanced recovery pathway for hip and knee replacements had reduced patients' length of stay. National data demonstrated that their hip and knee revision rates were significantly lower than other trusts.
- A tool developed by a nurse and a pharmacy colleague, which assessed the impact of certain medicines in contributing to patient falls, had been shortlisted for a national award. This tool was used on wards and believed to have contributed to the reduction in the number of falls.
- The bereavement office participated in the doctor's training programme, delivering joint training with coroners on a range of issues, including the completion of death certificates. This resulted in a significant reduction in the number of death certificates completed incorrectly.

Areas for improvement

Action the trust MUST take to improve

- Complete the outstanding actions from the Keogh review that have not yet been delivered and are now overdue. During the inspection we were told of 14 partial or completely outstanding actions. However on 19 June 2014 the trust confirmed that only seven actions were outstanding.
- Ensure that all relevant staff in the trust are appropriately trained.
- Review staffing levels in areas where standards are not met and concerns have been raised in the location reports.
- Review children's services and specifically the arrangements and facilities for the stabilisation of high dependency children on the paediatric ward.
- Review the resuscitation committee, including identifying a non-executive director to chair the committee and schedule regular meetings. Ensure resuscitation equipment is accessible and the trust's resuscitation policy reflects current best practice.
- Review the Do Not Attempt Resuscitation (DNA CPR) paperwork currently in use, and take action on the findings to ensure that this is fit for purpose and staff are trained in the completion of this paperwork.
- Review the pathway of care for patients at the end of their life and ensure all nurses know who to contact and when.
- Take action on the findings of the recent records audit, which found that children's documentation did not include information such as immunisation history, whether they were known to social services, and specific discharge checklists.
- Take action to ensure that the care for people living with dementia is embedded in all appropriate divisions across the trust.
- Review the training provided to staff in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, as not all staff had appropriate knowledge of these areas to ensure that patients' best interests were protected.
- Review bed capacity to reduce the number of medical outliers and minimise the number of times patients are moved during their stay in hospital.
- Take action on the findings of the WHO surgical safety checklist audit and strengthen the assurance process.