

Southport and Ormskirk Hospital NHS Trust

Quality Report

Southport and Ormskirk Hospital NHS Trust
Southport and Formby District General Hospital
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Date of inspection visit: 12th-14th Nov 2014

Website: <http://www.southportandormskirk.nhs.uk> Date of publication: 13/05/2015

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

Southport and Ormskirk NHS Trust has two hospitals and a walk in centre and provides community services to a local population of 258,000 people across Southport, Formby and West Lancashire. The trust is not a foundation trust, but aspires to achieve foundation trust status. In 2011 following merger with community services the Trust registered as an integrated care organisation.

Southport and Formby District General Hospital provides emergency services, medical and surgical services and outpatient services which are fully supported by on site critical care services and diagnostic services. The North West Regional Spinal Injuries Centre is also located at Southport and Formby District General Hospital.

Ormskirk District General Hospital (eight miles away) provides the maternity services for the Southport and Ormskirk area as well as services for children including a specialist children's emergency department. They also provide some medical and surgical services and an outpatient facility. There are no critical care services on site and pathology support is provided out of hours from Southport and Formby.

Adult community services include community nursing (including out of hours), community matrons, community emergency response team (CERT), therapies, leg ulcer, podiatry and continence management.

Children and Young Adults community services consisted solely of sexual health services.

We undertook an announced inspection of the trust between 12 and 14 November 2014, and an unannounced inspection at both hospitals on 20 November 2014 between 10pm and 1am.

Overall the provider trust is rated as requires improvement. For safety both acute hospital sites and community services were rated as requires improvement. For effectiveness acute and community services were rated as requires improvement. Caring was rated as good for acute and community services. Responsiveness was rated as requires improvement for acute and community services. Well Led was rated requires improvement for acute and community services.

Our key findings were as follows:

SAFE

- Staffing levels in the North West Regional Spinal Injuries Centre were significantly below benchmarked levels.
- Facilities were clean and well maintained with infection control policies, procedures and protective equipment in place.
- Staff knew how to report incidents, however staff did not always receive feedback or opportunity to learn from incidents. This was particularly notable in Maternity services and Emergency Care.
- District nursing staffing levels had stagnated despite a significant increase in workload.
- Health records were largely recorded appropriately and securely stored.
- That out of hours arrangements with regard to medical, nursing and support service cover at Ormskirk Hospital led to significant safety risks in maternity, emergency, medical and surgical services when staff were moved to provide cover to areas under pressure.
- Safety data was demonstrated to be in use in departments, however it was of concern that Maternity services were not using such data to identify risks or service improvements.
- Although the RMO model for medical cover employed at Ormskirk District General is accepted, the level of exhaustion described, poor rest facilities, working hours and reports from staff regarding competency gave cause for concern.
- Access to diagnostics and multidisciplinary working was good with the major exception being access to Blood Transfusion laboratory support to Maternity services. This service is provided from Southport and Formby District General Hospital between the hours of 22.00 and 08.00. The potential for delayed treatment for deteriorating patients was confirmed by a reported incident of delay.
- Although equipment was largely clean with documentation demonstrating appropriate maintenance, we saw and heard concerns from staff regarding an aging equipment fleet with no trust wide strategic replacement plan.

Summary of findings

- A mandatory training programme and a number of staff indicated the provision of the opportunity to develop. In Maternity services the low numbers of medical staff who had completed training in maternal resuscitation and the management of severe pre eclampsia was of concern.
- The surgical theatres used appropriately trained staff and maintained levels with the use of both bank and agency staff. However, in obstetric theatres midwives were deployed without appropriate training and with no competency assessment, contravening recognised guidelines.

EFFECTIVE

- National guidelines were in use throughout services and audit was encouraged.
- The end of life care team had successfully implemented an individual plan of care for those thought likely to be dying to replace the Liverpool Care Pathway.
- The trust was an outlier for a number of national indicators including SHMI, Sentinel Stroke Audit and cerebrovascular mortality but had sought external support to develop improvement plans.

CARING

- Across the Trust we saw many examples that evidenced that staff were caring, compassionate and treated patients with dignity. We have however highlighted issues relating to caring on the North West Regional Spinal Centre.
- Patients we spoke to felt they had been given sufficient information and had been involved in decisions surrounding their care.

RESPONSIVE

- Patient flow was challenging on the Southport and Formby site leading to difficulties in maintaining emergency access targets, with patients being moved on numerous occasions during their stay and issues with the tracking of medical outliers.
- Following the decision to close the breast service, communications employed did not provide assurance to staff and patients about transition of care into the new model.

- The end of life care team was seen to be highly responsive to the needs of patients under their care, whilst the mortuary team also demonstrated a highly responsive approach to supporting relatives.
- The trust had a clear process for the management of complaints, responding in an appropriate timescale. Teams discussed complaints at team meetings using the information for service development. However, this was not the case within the Maternity service.
- Children's services and pathways had been well developed to meet the needs of patients

WELL LED

- The trust had augmented experienced and well established members of the executive with recently appointed Chair, Director of Nursing and Executive Medical Director.
- The trust is an integrated care organisation and has developed with stakeholder involvement, a corporate strategy that provides a high level framework until 2020. There was concern about the lack of clarity as to how this translates to a sustainability plan that meets the aspirations of Foundation Trust status, financial balance, estate rationalisation and clinical strategy. The trust is developing with external support and with local stakeholders a sustainability plan.
- The trust acknowledged the staff engagement challenge that staff survey results indicated and had initiated a canon of approaches to meet this, however recent evidence presented to the board indicated that large numbers of staff remain with a feeling of not being valued.
- Our interviews and focus groups with staff detected the feeling of a hierarchy of importance within the trust headed by the Southport and Formby site, followed by Ormskirk and then Community Services.
- Extreme risks had been identified relating to staffing in the North West Regional Spinal Injuries Centre and District Nursing without clear mitigation and resolution actions.
- The trust had introduced a detailed performance management structure which was still in the process of becoming fully embedded in practice.
- Communication from our BME focus group and from consultants in writing indicated that these groups were not engaged with the Trust executive, leading to suggestions of behaviour that may constitute bullying and harassment. As a result of the allegations the CQC

Summary of findings

initiated a regulatory challenge relating to Fit and Proper Person Regulation. In response the Trust commissioned an independent, external investigation the final report of which has been received by the Trust Board. The investigation found no evidence or grounds for the allegations. The CQC has reviewed the report viewing it as thorough and comprehensive whilst also noting the supported actions of:-

- establish a BME Network Group to inform the Workforce Committee on relevant issues.
- enhance the workforce dashboard that informs the Workforce Committee to include analysis of the BME workforce indicators such as turnover and grievances, and recommendations from the BME Network Group.
- review the membership of the Equality Assurance Group and seek a nomination from the medical staff group via the JMSNC

The Trust has yet to complete and communicate an action plan relating to the investigation

We saw several areas of outstanding practice including:

- The development of the CERT (Community Emergency Response Team).
- A very responsive end of life care team who had ensured that 85% of patients who had a documented preferred place of death, died where they chose to.
- The consideration and care that Mortuary staff have taken to deliver an excellent service that takes due consideration of cultural and religious beliefs of deceased patients and their relatives.
- Compassionate improvements and re-design of the outpatients departments to reduce anxiety for young children and patients with a learning disability. Child friendly activity boards are being erected. An access film showing the experience of a child attending an outpatient department is being posted on the Trust website. This will allow parents of young children or carers of patients with learning difficulties to view the film with them and explain the process and what to expect before they attend for their own appointment.
- Specialist paediatric nurses were employed to support children with diabetes and respiratory conditions. They held specialist multidisciplinary clinics on a regular basis. We heard of exemplary good practice such as specialist nurses visiting schools to give support and training to teaching staff.

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

Importantly, the trust must:

Southport and Formby District General Hospital

- Ensure adequate nurse staffing levels and an appropriate skill mix in all areas but notably the emergency department.
- Ensure equipment used in the theatres is fit for purpose and older equipment is replaced under a planned replacement schedule.
- Ensure medicines management meets national standards in the critical care unit and in the emergency department.
- Improve infection prevention and control processes within the medical directorate.
- Ensure that there are suitably qualified, skilled and experienced staff to meet the needs of the patients in the North West Regional Spinal Injuries Centre.
- The trust must ensure adequate senior nursing management is afforded to the North West Regional Spinal Injuries Centre.
- Ensure the equipment used is fit for purpose and older equipment is replaced under a planned replacement schedule.

Ormskirk District General Hospital

- Ensure adequate medical and nursing staffing levels and an appropriate skill mix in all areas notably maternity.
- Ensure medical and senior nurse cover out of hours is safe and fit for purpose.
- Ensure consent for obstetric procedures is recorded appropriately.
- Ensure all staff working in obstetric theatres are appropriately trained and experienced to provide safe care.
- Review the incidence of peripartum hysterectomies and the use of forceps delivery to ensure they are appropriate and safe.
- Ensure all newly qualified midwives receive support and supervision as per their perceptorship guidance, taking into account the number of experienced midwives working with them on any shift.

Summary of findings

- Ensure the leadership of the maternity services encourages and enables an open and transparent culture.
- Ensure the equipment used in the theatres is fit for purpose and older equipment is replaced under a planned replacement schedule.

Community Adult Services

- Complete the staffing review for district nursing and establish a clear plan for the management of increasing workloads.

In addition the trust should:

Southport and Formby District General Hospital

Medicine

- Take immediate action to prevent the sharing of computer passwords between medical staff.
- Improve storage on medical wards for essential pieces of equipment and staffs' personal clothing and belongings.
- Improve feedback and learning from incidents.
- Increase 7 day working for all disciplines across the medical directorate.
- Improve the flow of medical patients within the hospital.
- Improve learning from complaints.
- Improve the way risks are communicated to nursing staff within the medical directorate.
- Improve the storage facilities for patients' clothes and belongings in the North West Regional Spinal Injuries Centre.

Summary of findings

Surgery

- Reduce clutter in the theatres.
- Improve compliance with the national hip fracture audit.
- Reduce the number of patients that are readmitted to hospital after having elective urology and general surgery.
- Improve performance relating to the patient length of stay at the hospital.
- Reduce delays to admitted patients awaiting surgery in the theatres.
- Improve bed capacity on the surgical wards.

Urgent and emergency services

- Continue to ensure that all staff complete their mandatory training in a timely manner.
- Have a list of appropriate staff that have been trained with the required scene safety and awareness training.
- Ensure the environment in the triage area can allow patient conversations to be private.
- Ensure that all items of equipment have a record of being serviced or calibrated and that the service is in date.
- Ensure that two members of staff check controlled drugs during dispensation and as part of the daily stock check.
- Designate a lead for education in the department.
- Look to improve the location target to treat 95% of patients within 4 hours.
- Tackle the issue of junior medical staff who felt bullied by senior staff

Summary of findings

Outpatients

- Ensure concerns raised about outpatient services are addressed appropriately and in a timely manner

Ormskirk District General Hospital

Urgent and emergency care

- Keep a list of appropriate staff that have had the required scene safety and awareness training.
- Ensure sufficient numbers of staff are recruited.
- Ensure the department is safely staffed when staff are called away from the A&E department to assist in other duties such as covering the bed management and being the designated on call person for the site.

Summary of findings

Medicine

- Improve feedback and learning from incidents.
- Increase seven day working for all disciplines across the medical directorate.
- Improve the way risks are communicated to nursing staff within the medical directorate.
- Improve access to blood transfusions for medical patients.

Surgery

- Ensure there is suitable medical staffing cover on the orthopaedic surgical ward.
- Ensure there are sufficient numbers of trained staff in the theatres department.
- Improve the completion of the WHO Safer Surgery procedure.
- Improve performance relating to patients having elective trauma and orthopaedic surgery who are readmitted to hospital.

Summary of findings

Maternity

- The records in the maternity services should be stored securely at all times.
- Staff in the maternity services should be aware of their role within the major incident plans.
- The layout of the waiting areas for patients in the termination of pregnancy outpatients area should be separated from the ante-natal and fertility clinic.
- Ensure all staff receive information of lessons learnt following incidents.

Outpatients

- Ensure that people are protected from the risks associated with unsafe use and management of medicines. This is something that is required as part of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010, in relation to the management of medicines. However it was considered that it would not be proportionate for that one finding to result in a judgement of a breach of the Regulation overall at the location.
- The trust should consider the process for formalising team and multidisciplinary team meetings in order increase understanding and information flow.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Southport and Ormskirk Hospital NHS Trust

Southport and Ormskirk Hospital NHS Trust has two hospitals and a walk in centre and it provides community services to a local population of 258,000 people across Southport, Formby and West Lancashire. The trust is not a foundation trust, but aspires to achieve foundation trust status. In 2011, following merger with community services the Trust registered as an integrated care organisation.

Southport and Formby District General Hospital provides emergency services, medical and surgical services and outpatient services which are fully supported by on site critical care services and diagnostic services. The North West Regional Spinal Injuries Centre is also located at Southport and Formby District General Hospital.

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provide some medical and surgical services and an outpatient facility. There are no critical care services on site and pathology support is provided out of hours from Southport and Formby.

Adult community services include community nursing (including out of hours), community matrons, community emergency response team (CERT), therapies, leg ulcer, podiatry and continence management.

Children and Young Adults community services consisted solely of sexual health services.

The trust has 485 beds (including 54 maternity and 9 critical care beds); has approximately 3,200 staff (over 250 medical staff, over 1,000 nursing staff). Income for the trust is around £190m.

The trust had around 248,000 outpatient contacts, 61,000 admissions and 69,000 A&E attendances.

The trust was inspected as part of a comprehensive inspection.

Our inspection team

Our inspection team was led by:

Chair: Christopher Tibbs, Medical Director and Consultant Gastroenterologist at The Royal Surrey County Hospital.

Heads of Hospital Inspections: Tim Cooper and Alan Thorne, Care Quality Commission

The team included CQC inspectors and a variety of specialists including consultants in paediatrics, acute medicine, trauma and orthopaedics, gastroenterology,

obstetrics and gynaecology and a consultant anaesthetist. There was also a chief nurse, deputy director of nursing, consultant nurse in orthopaedics, McMillan nurse specialist, advanced nurse practitioner in paediatrics, midwife and specialist nurses in accident and emergency and medicine. The team also had a risk manager, senior manager in paediatrics, physiotherapist and speech and language specialist. It was further supported by four experts by experience who were lay members of the team.

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

Summary of findings

knew about the hospital. These included the clinical commissioning group, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We undertook an announced inspection of the trust between 12 and 14 November 2014, and an unannounced inspection at both hospitals on 20 November 2014 between 10pm and 1am.

We looked at the following core services :

- Accident and emergency (A&E)
- Services for children and young people
- Medical care
- Surgery
- Critical care
- Maternity including the maternity high dependency unit (HDU)
- Palliative and end of life care

- Outpatients and diagnostic services
- Community services for children
- Community services for adults
- Community in patient services for adults

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 also trialled a focus group for BME staff that was well attended.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, spoke with carers and/or family members, and reviewed patients' records of personal care and treatment.

What people who use the trust's services say

We held a listening event in Southport on 5 November 2014 when 100 people attended and shared their views and experiences of both Southport and Formby District General Hospital and Ormskirk District General Hospital. Some people who were unable to attend the listening event shared their experiences via our web site, by letter or telephone.

We also made available the opportunity for local people to attend a drop in session at Skelmersdale Walk-in Centre on 13 November.

- People were concerned about apparent lack of competencies of some staff who were attending to their care needs, especially in nursing.
- Many patients reported staff as being caring and focused on person-centred care. However, some people said this could be undermined by the sheer scale of the task, which could distract staff from their caring role. This might in some cases lead to a less professional attitude.

- We heard of communication challenges between services (a two month appointment was poorly communicated as a 12 month appointment) and poor hand-over of information as patients passed from one service to another.
- We heard from some patients who praised the speed of referral for suspected cancer patients and praise for both availability of a Saturday list and the involvement of their partner in the discussion.
- Members of the public shared significant concerns about closure of the Trusts breast cancer service which was without public consultation. People at the listening event felt that the trust had made a decision without reference to their needs. They said communication on this issue was poor and happened 'almost overnight'.
- People praised dermatology, children's A&E services and diabetes community teams (although we heard examples of concern about acute diabetic care).
- Inpatients' survey results suggested that the trust performed 'about the same' as other trusts (in other words, not among either the best or worst performing trusts). Twelve of the 34 indicators in the national Cancer Patient Experience Survey rated in the top 20%

Summary of findings

of trusts audited and 7 rated in the bottom 20%. Among those rated in the bottom 20% were pain control and issues relating to communication of information.

- Patient-led assessments of the Care Environment (PLACE) indicated that ratings for quality of food were significantly below average.

Facts and data about this trust

Southport and Ormskirk Hospital NHS Trust provides healthcare in hospital and the community to 258,000 people across Southport, Formby and West Lancashire. Care is provided at Southport & Formby District General Hospital and Ormskirk & District General Hospital, 8 miles apart.


The trust is also home to the North West Regional Spinal Injuries Centre.

Following merger with Community Services in 2011 the Trust became an integrated care organisation.

- The trust has 485 beds (including 54 maternity and 9 critical care beds); and approximately 3,200 staff (over 250 medical staff, over 1,000 nursing staff). Income for the trust is around £190 million.
- The trust had around 248,000 outpatient contacts, 61,000 admissions and 69,000 A&E attendances last year.
- Intelligent Monitoring show the trust as a band 4 risk (where band one is the highest risk and band six is the lowest risk). This position had been stable from October 2013.
- The trust flagged as an elevated risk for compliance with national hip fracture data base and whistleblowing events whilst risk was identified relating to in hospital mortality for cerebrovascular events, SSNAP (stroke) data, Friends and Family score and ratio of consultant doctors to non-consultant doctors.
- The trust had reported two surgical never events during 2013/14 (A never event is something that should never happen if appropriate procedures are followed). One related to a retained swab, the second to mal-administration of potassium. The trust reported incidents in the numbers that would be expected. 90% of reports the NRLS (the National Reporting and Learning Service) are of no or low harm.
- There is a higher (worse) than expected level of pressure ulcers, however a low level of falls in the trust.
- Deprivation in communities predominantly served by the trust is mixed compared with the England average – better in the Sefton area and worse in West Lancashire. Life expectancy rates are below the England average.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The rating for Maternity and Gynaecology was inadequate, however the provider trust was rated overall as requires improvement for safety.</p> <p>We found that:-</p> <ul style="list-style-type: none">• Infection control procedures and practice were followed and hand gel was readily available at many locations for use by staff and visitors.• We noted that the trust had a higher (worse) rate of Clostridium difficile (C.Diff) infection than the national average, peaking at considerably above the national figure in November 2013 and March 2014. The trust had no reported incidents of MRSA during that period. Engagement with the infection control was good.• We also saw evidence of the correct use of the Mental Capacity Act and Deprivation of Liberty Safeguards across the trust, particularly in the medical unit for frail elderly people.• However areas of staffing, incident reporting, equipment and support services gave concern. <p>Staffing and training</p> <ul style="list-style-type: none">• Staffing and skill mix levels in maternity and A&E services were below those needed to provide a consistently safe service. Of particular concern was the use of band 5 staff for duties above their level of competency and the lack of trained operating theatre personnel in obstetrics.• Cover out of hours was also highlighted at Ormskirk Hospital with issues relating to the Resident Medical Officer Model whose job design, working conditions and support did not constitute robust safe care. The job design, working conditions and support of the RMO did not constitute robust safe care. The RMO, who came from an agency, provided 24-hour medical cover each day for clinical issues, responding to emergency calls and out-of-hours medical requests. They also carried a clinical workload during normal working hours Monday to Friday. They provided this cover in a 2-week long stint without a break.	<p>Requires improvement </p>

Summary of findings

- The lack of cover arrangements for site management at Ormskirk Hospital was also reported to generate significant risk in medical, surgical and paediatric emergency areas as staff were removed to provide cover to on call/site management, often leaving staff of lower grades responsible for care.
- Compliance with training for medical staff in managing emergency situations in maternity was identified as being at very low level and there was no dedicated anaesthetic cover for obstetrics.
- Staffing levels on the North West Regional Spinal Injuries Centre were significantly below the National Institute for Health and Care Excellence (NICE) guidelines and this has been substantiated by local review. The paper clearly detailed care deficiencies and risk on the unit. No actions are currently agreed to address this.
- We identified a number of incidents that had been raised in relation to a shortage of medical staff and community nurse staffing. While the trust board had committed £1.3 million to support acute hospital nursing staffing levels, there was no evidence of staffing issues being addressed within the community.
- The duty bed manager was called to help on the antenatal ward if needed. This supplemented the staffing in this clinical area, but there was no backfill for the bed management role.
- Data showed that the trust had a higher than national average use of agency staff (6.8% versus 6.1%)

Incident reporting and learning

- The trust had reported two surgical 'never events' in 2013/14. A 'never event' is a serious, largely preventable patient safety incident that should not occur if proper preventative measures are taken. One related to a retained swab, the second to maladministration of potassium
- The trust reported all incidents in the numbers that would be expected. Ninety per cent of reports to the National Reporting and Learning Service (NRLS) were of no or low harm
- We were also concerned that the trusts processes for rapid and comprehensive feedback to staff following reporting of incidents were hampering the ability to learn from these and reduce the risk of reoccurrence.
- Some staff told us they did not receive feedback; others told us feedback was limited to those who reported the incident. Some feedback was by a newsletter three months after the incident was reported. The 'lessons learned' bulletin was extensively issued in 2013, however in 2014 only one bulletin was issued prior to the inspection.

Summary of findings

Equipment

- Equipment was both reported and observed to be an issue, notably in theatres. There was a theme across the trust that indicated a lack of capital planning for equipment replacement, and this was now having an impact on the service.
- In theatre, we saw an ageing equipment fleet with no replacement plan, although there was a maintenance plan. This was causing staff significant concern. In addition, podiatry equipment was reported to have been broken for 9 months; nonetheless, we were told, and observed, that it was still in use with patients.

Support Services

- Transfusion laboratory services were not available on site to maternity between 22.00 and 8.00 weekdays and 16.00 - 8.00 at weekends. Although blood is available on site (8 units O neg) there remains a risk of delay in provision of blood products as demonstrated in a reported incident.
- A lack of pharmacy capacity was identified as a barrier to service improvement from audits of medicines reconciliation on admission to hospital and an external audit of safe aseptic manufacturing. Additionally, only limited pharmacy support was provided to the Critical Care Unit.
- The trust's aseptic suite was audited by Quality Control North West in December 2013. The audit found that "capacity issues raise concerns that patient safety may be compromised if insufficient resources are identified. The unit is currently working under contingency to ensure the safety around the preparation of medicines is assured". The unit provides services to Oncology and also provides PN (Parenteral Nutrition). This risk had been acknowledged by the Trust and a Business plan had been developed, but not yet approved.

Pharmacy Services

- The Trust had recently revised its medicines governance and incident reporting structure in response to a national directive (Improving medication error incident reporting and learning, NHS England, March 2014). [This new structure had not been in place long enough for its effectiveness to be assessed. For example, the terms of reference for the Medicines – Security and Safe Handling Sub-Committee were still under revision].
- A new group aimed with improving public engagement about medicine use at the Trust had also been started. Action plans had been drawn up in response to these initial meetings.

Summary of findings

- The trust had secured funding for the implementation of an electronic prescribing system for chemotherapy, required in order to meet with the chemotherapy service specifications for NHS England. This project was being monitored with a completion date of April 2015
- A medicines optimisation strategy was being drafted in response to a request from the NHS Trust Development Authority but had not yet received board approval and was not linked to the Trust's business plan for pharmacy services development.
- There is a need to consider replacing the pharmacy dispensing robot and older equipment within the aseptic suite was included on the pharmacy risk register.
- A clinical pharmacy service was available on all wards from Monday to Friday, with a limited service to admission wards at weekends. However, the Trust did not have sufficient specialised critical care pharmacist time.

Are services at this trust effective?

We rated this as requires improvement.

While outcomes were seen as largely effective and in line with national expectations, a number of areas appeared as outliers.

- The trust had a higher than expected mortality according to the summary hospital mortality indicator (SHMI), which measures the ratio of actual to expected number of deaths. The SHMI for Southport and Ormskirk Hospital NHS Trust was 1.142, which was worse than expected (1.00 is where the number of actual deaths is the same as expected).
- That although the outcomes for stroke patients as measured Sentinel Stroke National Audit Paper for allied health professionals was next to best, overall the trust was rated in the next to worse category for stroke outcomes.
- The trust has been consistently an outlier for cerebrovascular mortality since April 2012
- Bowel preparation practices were inconsistent with some patients receiving care outside of evidence based NICE guidelines
- The readmission rates for trauma and orthopaedics were higher than national average.
- The percentage of hip fracture patients who received perioperative assessment by an orthogeriatrician was very low (0.4%). Whilst the trust was actively seeking to recruit additional orthogeriatrician resource the issue was further exacerbated by the lack of orthopaedic clinical nurse specialist.

Requires improvement



Summary of findings

- Audits were undertaken to assess the handling of medicines in accordance with the trust's medicine policies and national guidance. The audit of the safe storage of medicines reported in September 2014 highlighted continued non-compliance with current guidance for the safe storage of medicines in the intensive therapy unit (ITU), critical care unit (CCU) and spinal ITU. These issues had been highlighted 2 years before, with little progress made towards resolution.

However, the trust had included a number of positive initiatives including:-

- Seeking external support by commissioning Dr Foster to conduct a review into stroke and perinatal mortality
- Setting up a Core Quality Group that included Dr Foster representation
- Royal College of Physicians commissioned review of mortality in stroke patients
- working with the strategic clinical network for stroke to validate internal audit data.

Are services at this trust caring?

The provider trust was rated overall for being caring as **Good**.

We saw examples in all areas where care was provided with dignity, compassion and respect even when staff were working under significant pressure.

- We spoke with staff who were very proud of their work and the care they provided to patients.
- The trust had started a Southport and Ormskirk 'So Proud' initiative to recognise the importance of pride in the provision of care.
- We saw an outstanding example of staff taking full account of both spiritual and physical care appropriate to the religious and cultural beliefs of deceased patients and their families. We saw evidence of patients' and carers' needs being accounted for in their care plan.
- We heard from patients and carers who spoke positively of the care and support that they had received.
- The CQC inpatient survey did not identify significant risk

However, we also heard some concerns from patients about lapses in professional standards and communication between patients and staff. Incidents of treatment with lack of dignity and poor response to patients calling were witnessed in the North West Regional Spinal Injuries Centre.

Good



Summary of findings

Are services at this trust responsive?

The provider trust was rated as **requires improvement** for being responsive to patient needs.

Our findings included:

- Significant concerns were expressed by staff and patients regarding the rapid closure of the breast service. Whilst patient safety may have been at the core of the decision communication processes to staff, patients and other stakeholders did not engender confidence and support in the decision particularly with respect to the management of patients on treatment pathways.
- The trust had developed a dementia strategy and an action plan was in place.
- It had started a series of 'In Your Shoes' events to enhance responsiveness to patient needs. A 'secret shopper' initiative was also planned.
- A patient experience group meets on a monthly basis that includes patient representatives, external stakeholders a wide range of trust staff.
- Evidence of integrated working across community and acute units was limited however the community CERT team was reported as having a significant impact on avoiding hospital admission.
- Bed capacity for medical patients was marginal and the management of medical outliers was reported as problematic. Bed occupancy has regularly exceeded 85% in the past year. Formal processes for the identification of medical outliers by junior doctors were not defined.
- The trust had a very high proportion of delayed discharges resulting from 'patient/family choice'. This was significantly higher than the national rate (71% compared with 13%). [AS1]
- Significant improvements to RTT had been achieved over the last year.
- The trust had completed an annual report detailing incidents and serious untoward incidents (SUIs) with trend analyses.
- An annual Customer Services Report reviewed complaints, issues and concerns identifying trends by unit.

The response by the trust end of life care team to the withdrawal of the Liverpool Care Pathway was viewed as excellent on inspection.

Requires improvement



Are services at this trust well-led?

The provider Trust was rated as **requires improvement** for being well led.

Our findings included:

Requires improvement



Summary of findings

- The trust board and executive team were in a period of transition. A new chair had been appointed (commencing November 2014), the arrival of a new director of nursing was imminent and the executive medical director had been in post for 18 months. Other Board and executive members were well established, thereby affording extensive organisational memory.
- The trust lacked a clear strategy that encompassed the delivery of financial targets and attaining foundation trust status, consolidation of estate and services and full integration of community services. Understanding of market movements, for example reduction in maternity activity, was limited.
- The executive medical director had initiated significant improvements in the performance management structure within the trust and also the re-invigoration of a professional code of practice. Both elements were still in the process of being embedded in the organisation.
- The trust had a well-developed set of values (SCOPE) that under-pinned a vision of 'providing safe, clean and friendly care' and 'excellent, lifelong, integrated care'. These were largely recognised by the front line teams.
- The chief executive officer was highly experienced and used senior manager's breakfast meetings and 'Pastries with Parry' to both recognise staff and enhance staff engagement and was also integral to staff induction processes.
- Staff engagement had been historically problematic as demonstrated by staff survey results. A number of initiatives had been introduced, however recent board reports on workforce engagement indicated that a large number of staff engaged felt both undervalued and unrecognised. A number of areas indicated a lack of connection with the executive during the inspection. Some staff reported a culture of disempowerment.
- A hierarchy of importance was indicated by staff with the Southport site of primary importance followed by Ormskirk and then Community services.
- Sick rates for the trust were above the national average
- The BME focus group was very well attended and provided indication that this element of the workforce felt highly disengaged from the executive. Concerns were expressed regarding limitation of opportunities for promotion and development, bullying and harassment and a punitive approach to medical re-validation and the application of professional standards to BME staff. It was highlighted that no BME staff had received staff excellence awards.

Summary of findings

- Thirty members of the consultant workforce also indicated in writing the presence of a culture of bullying and harassment. The trust has since fully investigated these processes.
- As a result of the allegations the CQC initiated a regulatory challenge relating to Fit and Proper Person Regulation. In response the Trust commissioned an independent, external investigation the final report of which has been received by the Trust Board. The investigation found no evidence or grounds for the allegations. The CQC has reviewed the report viewing it as thorough and comprehensive whilst also noting the supported actions of:-
 - establish a BME Network Group to inform the Workforce Committee on relevant issues.
 - enhance the workforce dashboard that informs the Workforce Committee to include analysis of the BME workforce indicators such as turnover and grievances, and recommendations from the BME Network Group.
 - review the membership of the Equality Assurance Group and seek a nomination from the medical staff group via the JMSNC
- The trust has yet to complete and communicate an action plan relating to the investigation.
- In response to Duty of Candour regulation the trust has developed a 'Being Open' policy which fully incorporates duty of candour.
- There is a quality strategy in place in the trust. This links to the corporate strategy of the organisation.
- There is a dashboard showing high-level performance and quality indicators for trust services (in both clinical and non-clinical areas). The dashboard data is reported to the trust board. From this data, hot-spot areas for action are identified.
- The trust had a long-established culture that we saw being challenged by new staff. This was important in helping to develop and improve services.
- We saw strong elements of peer-to-peer staff support, where members of staff provided good support to each other.
- The trust ran a 'come dine with me' programme in which it asked for (and trained) volunteers to help support patients who were unable to feed themselves and were therefore at risk of malnutrition.
- The trust was successfully working with local education providers (Edge Hill University) leading to enhanced nursing recruitment.

Overview of ratings

Our ratings for Southport and Formby District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Regional spinal injuries centre	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
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 Ormskirk General Hospital

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

Overview of ratings

Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
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Our ratings for Community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Southport and Ormskirk Hospitals NHS Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The development of the CERT (Community Emergency Response Team).
- A very responsive end of life care team who had ensured that 85% of patients who had a documented preferred place of death died where they chose to.
- The consideration and care that Mortuary staff have taken to deliver an excellent service that takes due consideration of cultural and religious beliefs of deceased patients and their relatives.
- Compassionate improvements and re-design of the outpatients departments to reduce anxiety for young children and patients with a learning disability. Child friendly activity boards are being erected. An access film showing the experience of a child attending an outpatient department is being posted on the Trust website. This will allow parents of young children or carers of patients with learning difficulties to view the film with them and explain the process and what to expect before they attend for their own appointment.
- Specialist paediatric nurses were employed to support children with diabetes and respiratory conditions. They held specialist multidisciplinary clinics on a regular basis. We heard of exemplary good practice such as specialist nurses visiting schools to give support and training to teaching staff.

Areas for improvement

Action the trust MUST take to improve

Importantly, the trust must:

Southport and Formby District General Hospital

- Ensure adequate nurse staffing levels and an appropriate skill mix in all areas but notably the emergency department.
- Ensure equipment used in the theatres is fit for purpose and older equipment is replaced under a planned replacement schedule.
- Ensure medicines management meets national standards in the critical care unit and in the emergency department.
- Improve infection prevention and control processes within the medical directorate.
- Ensure that there are suitably qualified, skilled and experienced staff to meet the needs of the patients in the North Regional Spinal Injuries Centre.

Ormskirk District General Hospital

- Ensure adequate medical and nursing staffing levels and an appropriate skill mix in all areas notably maternity.

- Ensure medical and senior nurse cover out of hours is safe and fit for purpose.
- Ensure consent for obstetric procedures is recorded appropriately.
- Ensure all staff working in obstetric theatres are appropriately trained and experienced to provide safe care.
- Review the incident of peripartum hysterectomies and the use of forceps delivery are appropriate and safe.
- Ensure all newly qualified midwives receive support and supervision as per their preceptorship guidance, taking into account the number of experienced midwives working with them on any shift.
- Ensure the leadership of the maternity services encourages and enables an open and transparent culture.
- Ensure the equipment used in the theatres is fit for purpose and older equipment is replaced under a planned replacement schedule.

Community Adult Services

- Complete the staffing review for district nursing and establish a clear plan for the management of increasing workloads.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Nursing care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
People who use the medical and critical care services at Southport and Formby DGH were not always protected against identifiable risks of infection. Regulation 12 (1) (a) (b) (c) (2) (a) (c).

Regulated activity

Nursing care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
The management of medicines on critical care and in A&E at Southport and Formby DGH did not always protect patients from risks associated with the unsafe use of management of medicines. Regulation 13

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment
Patients were supported with the right equipment; however there was no approved schedule for replacing the older equipment in Southport and Formby DGH or Ormskirk DGH where some equipment was not fit for purpose. Records of service status were inconsistent. Regulation 16 (1) (a)
People who use services at the North West Regional Spinal Injuries Centre were at risk from equipment that is not properly maintained. Regulation 16 (1) (a)

Regulated activity

Regulation

This section is primarily information for the provider

Compliance actions

Accommodation for persons who require nursing or personal care

Maternity and midwifery services

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Medical and nursing staff at the trust did not always meet the needs of the patients as there was high use of locum, agency, and bank staff which affected skill mix.

The trust's October 2014 monthly staffing report identified all community nursing teams with the exception of Ainsdale as having below the required 90% staffing establishment. Caseloads were also seen to be high for some staff.

There were insufficient numbers of suitably qualified skilled and experienced nursing staff to safeguard the health, safety and welfare of users of the North West Regional Spinal Injuries Centre.

Regulation 22

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Patients using the maternity services were not protected against the risks of receiving care or treatment that was inappropriate or unsafe because the planning and delivery of care did not reflect, where appropriate, published research evidence and guidance issued by the Anaesthetists Association of Great Britain and Ireland and The Royal College of Obstetrics and Gynaecology. Regulation 9(1) (b) (i)(ii)(iii)

Care and treatment at the North West Regional Spinal Injuries Centre was not delivered in such a way as to ensure the welfare and safety of service user's or to meet their individual needs. Regulation 9 (b) (i) (ii)

Regulated activity

Maternity and midwifery services

Surgical procedures

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

This section is primarily information for the provider

Compliance actions

Midwives providing care and treatment in the obstetric theatre and during patient's recovery from regional or general anaesthetic were not appropriately trained in relation to their responsibilities. Regulation 23 (1) (a)(b)

Regulated activity

Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents
Consent for obstetric operations is not always recorded accurately. Regulation 18

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers
There were not enough senior nurse managers on the Regional Spinal Injuries Unit to be able to provide effective leadership for this service. Nursing roles and responsibilities lacked clarity. Poor local decision making regarding the staff allocation resulted in some patients being exposed to unnecessary risk. There was no clear strategy for the development of the centre and no effective methods of staff engagement. Regulation 10 (1) (a)(b) (2) (d)(i)(ii) (e)
Patients using the maternity services at Ormskirk DGH were not being protected against the risks of inappropriate or unsafe care and treatment due to a lack of assessment and monitoring of the quality of the services provided. Risks identified did not have actions in place to mitigate them and protect the health and welfare of patients. Regulation 10 (1) (a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

This section is primarily information for the provider

Compliance actions

Patients dignity was not always respected on the Regional Spinal Injuries Centre. Regulation 17 (1)(a) (2) (a)

This section is primarily information for the provider

Enforcement 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.