

# Royal Cornwall Hospitals NHS Trust

## Quality Report

Treliske  
Truro  
Cornwall  
TR1 3LJ  
Tel: 01872 250000  
Website: [www.rcht.nhs.uk](http://www.rcht.nhs.uk)

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

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The Trust is not a Foundation Trust and performance is monitored by the Trust Development Authority (TDA).

The Trust serves a population of around 450,000 people, a figure that can be doubled by holidaymakers during the busiest times of the year.

This is the second comprehensive inspection we have carried out at Royal Cornwall Hospital NHS Trust. The first being in January 2014 when the Trust was rated as requires improvement. In June 2015 we carried out a follow up to the first inspection and found the trust had not made sufficient progress in urgent and emergency services, medical care and surgery. At this time we issued the trust with a section 29A warning notice in regard to concerns around staffing in the emergency department and the high care bay on Wellington ward. We returned to the trust in October 2015 to review progress against the warning notice and found the trust had made improvements and met the requirements of the notice. Due to the lack of sufficient progress in all areas since January 2014, we decided that a second comprehensive inspection was required.

We inspected the trust on 12 – 15, 19 and 20 and 26 of January 2016 and visited:

- Royal Cornwall Hospital
- St Michael's Hospital
- West Cornwall hospital

We did not inspect:

- Penrice birthing unit

Overall the trust was rated as requires improvement, with Royal Cornwall Hospital rated as requires improvement, West Cornwall Hospital as good and St Michael's Hospital as good. We rated safe, effective, responsive and well led as requires improvement and caring as good overall.

We wrote to the trust shortly after the inspection asking them to send us action plans for some of the concerns we found. This was to ensure action was being put in place in ahead of the report being published. The areas of concern were:

- Ongoing delays for cardiology patients,
- Lack of robust recording of patient early warning scores leading to delays in escalating concerns to a doctor
- The continued situation of only 51% of stroke patients spending 90% of their time on the stroke unit (the contracted target was 92%).

The trust provided us with an update of actions being taken for all of the above which included:

- Provision of cardiology procedures at another provider organisation to reduce the length of time patients had to wait
- A programme of real-time audit and feedback of patient early warning scores in the emergency department supported by a programme of staff education and awareness
- Review of the bed management and outlier policy to ensure the site and bed management teams have a clear process to adhere by and which can be monitored.

Our key findings were as follows:

### Safety

- Nursing staff levels remained a challenge for the trust in particular areas of medicine, surgery, theatres, and the trust continued to use a high level of bank and agency staff to maintain planned staffing levels. Although at times registered nurse shifts were filled with healthcare assistants. While staffing had improved in the emergency department there were insufficient numbers of consultants to provide cover in line with guidelines.
- We did however find the respiratory high care bay was staffed to the required levels even though there was reliance on agency staff patients were safe.
- A rapid assessment and treatment system had been implemented in the emergency department and this had improved the initial assessment of ambulance patients.

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- In the emergency department we found that staff did not always record National Early Warning Score (NEWS) at the required frequency and at times escalation of a patient's condition did not follow the trust guidelines for medical review. Audits of NEWS in other areas showed improvement but not all wards were consistent in this.
- Staff we spoke with understood their responsibilities to raise concerns and report incidents and they told us they were encouraged to do so. They confirmed that they received feedback when they reported concerns.
- In critical care there was a safe environment and the right equipment and the unit was clean with low rates of infection.
- Safety in surgery using checklists and briefings, was seen to be good.
- Most staff had a good understanding of their responsibilities for safeguarding people. However some junior doctors were not up to date with this training.
- We found there were inconsistencies in the completion of patient records. This was in relation to the recording of mental capacity assessments around a patient's ability to make decisions regarding whether to attempt patient resuscitation. We found patient safety was potentially compromised by these records not being completed.
- We saw in several outpatient clinics where patient records were not stored securely and could have been accessible to unauthorised people.
- Best practice in hand hygiene was variable with some areas meeting compliance levels and others not consistently applied.
- The trust flagged as an elevated risk for three other indicators for Patient Reported Outcome Measures post-surgery and the Sentinel Stroke National Audit Programme.
- Performance against national standards in relation to stroke care had made significant improvements. Although aspects of the stroke pathway which were dependent on patient flow continued to be poor, with only 51% of stroke patients spending 90% of their time on the stroke unit (the contracted target was 92%). The number of patients directly admitted to the stroke unit within 4 hours was 38% against the contracted target of 67%.
- The hospital was not meeting the best-practice outcome for patients requiring surgery for a fractured neck of femur. In the first quarter of 2015/16 (April to June), 68% of patients were operated on within 36 hours. This improved to 82% in quarter three. In January 2016, the percentage had declined to 67%.
- Patients' needs were assessed and their care planned and delivered in line with evidence-based guidance, standards and good practice such as National Institute for Health and Care Excellence (NICE) guidelines.
- Staff demonstrated a good understanding of their responsibilities in relation to consent, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). However in relation to end of life care we found patients who had information recorded about resuscitation that had not had an assessment of their capacity completed. It was not possible to be assured patients or relatives had been involved appropriately about decisions about whether they would have resuscitation attempted if this became a possible action.

## Effective

- The trust flagged as an elevated risk for Dr Foster Hospital Standardised Mortality Ratio (both weekday and weekend) in May 2015. It flagged as a risk for in-hospital mortality for cardiological conditions and procedures and in-hospital mortality for infectious diseases.
- Nursing staff were not well supported with clinical supervision. Appraisal rates across the divisions were poor, ranging from 20 to 100% of staff having been appraised as at December 2015.
- There were a range of clinical nurse specialists who provided advice, support and training to staff trust-wide. These included nurses who specialised in the

# Summary of findings

complex needs of older people and specialist learning disability nurses who were noted to be well accessed by staff and patients to ensure needs were met.

## Caring

- Feedback from patients and their families had been almost entirely positive. Patients we met spoke without criticism of the service they received and of the compassion, kindness and caring of all staff.
- Staff name badges were printed with 'Hello, my name is...' Patients and relatives told us they liked this initiative as it made conversations already more personal. It also gave the relatives an opportunity to say who they were as some commented that, in the past, they had either not been asked, or not included in the conversation.
- At West Cornwall hospital there was a 'memory café' in the day room on a weekly basis. Patients and family members could attend for free and were invited to engage in singing, quizzes and games to help engage people living with dementia.

## Responsive

- The ambulatory care unit adjacent to the emergency department was operating well but limited in terms of its capacity to offer a better service.
- Maternity services had at times struggled to meet women's needs and staff were pleased to hear a business plan for redevelopment of the service had been approved which included the development of a birth centre with four en-suite delivery rooms with birth pools. Building was anticipated to take two years and start during 2016.
- People with a learning disability were flagged on the trust computer system to ensure staff could respond and refer for input from the learning disability nurses.
- Bed capacity and patient flow were constant challenges within the trust and the impact was often felt in the emergency department who were unable to meet the standards for seeing and admitting patients due to a lack of bed availability. Patients did

not always receive care and treatment in the most appropriate clinical setting. This meant inequitable standards of care were provided, with some patients having to wait longer for specialist support.

- A significant number of patients who had their operation cancelled on the day they were due to arrive were not treated within 28 days of the cancellation.
- Some patients waited too long for diagnostic cardiology procedures because elective cardiac beds were being used to accommodate medical outliers.
- Stroke patients did not always receive specialist care on a stroke ward.
- The service at St Michael's hospital had low numbers of cancelled operations over the past year.
- The trust worked with partners to maintain flow and reduce the amount of patients who were ready to be discharged but unable to be due to lack of appropriate onward care. As a result the impact on the hospital and the emergency department continued, with crowding and long waits for patients needing admission.
- Complaints were investigated and responded to in a timely way.
- The trust met most of the cancer targets for outpatient appointments, however many other speciality clinics were not meeting the required timescales for new and follow up appointments.

## Well led

- The trust has a clear vision simply expressed that refers to outstanding care and better health outcomes. The trust has recently refreshed their values and did this in a collaborative way. Awareness of these values was variable across the trust.
- An external review of governance arrangements had identified a number of cross cutting themes. The board were committed to improving governance arrangements but progress in implementing the recommendations of the review was limited. Significant changes, including new divisional structures and changes to the governance and risk frameworks were underway.

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- There had been significant and continuing instability at board level however the appointment of an experienced chairman in 2015 was having an impact and there was a sense that the leadership team which included an interim chief executive, an interim human resources director and a seconded nurse director were working well together.
- It was recognised that improvements in culture were needed but despite the continued poor staff survey results staff at the trust were dedicated, caring and passionate about doing the right thing for patients.
- There was a strong and vibrant community of volunteers who were well organised and supported and were making a significant contribution.
- Innovation was encouraged and rewarded and there were a number of examples where participation in research had led directly to improved patient care. Whilst the trust had been under sustained financial pressure there was no evidence that this had impacted directly on patient safety.

We saw several areas of outstanding practice including:

- Kerensa ward had been appropriately designed to provide a safe and suitable environment for patients living with dementia.
- Advanced nurse practitioners in acute oncology provided an effective 24 hour telephone advisory service for patients receiving chemotherapy treatment. There was an established pathway for patients with suspected neutropenic sepsis, who were seen promptly by an advanced nurse practitioner in the Acute Admissions Unit or the Ambulatory Emergency Care Unit.
- A system of escalating concerns had been introduced, comprising communication prompts which were used to alert clinician colleagues of concerns which required immediate attention. SBAR - Situation, Background Assessment, Recommendation is a nationally recognised communication tool. This had been adapted to include 'Decision'. SBAR-D information was recorded on bright yellow 'escalation of care' labels, which were affixed in patients' notes.
- Surgical services had a compassionate and caring approach to people with a learning disability. There

was a team of experienced staff to support people with different needs, and an innovative approach to meeting their needs, which included carrying out procedures at home if this was safe.

- There was an outstanding example of individualised and multi-professional care for a patient who had been in the unit for 10 months. The critical care team, the ambulance crew, the family and community teams were all instrumental in enabling the patient to go home safely. A member of the team arranged what was described as a "huge meeting with all the people who needed to be there to formalise [the patient's] discharge." There had been the arrangement of two visits home for the patient to build their confidence before the permanent move.
- The medical simulation training program training provided to obstetrics and gynaecology services (and other specialties) was outstanding. Training was provided every month and could be arranged on any of the obstetric clinical environments, or within a dedicated simulation suite. There was an emphasis on learning through the debriefing sessions that immediately followed simulation sessions. Staff feedback was consistently positive stating it enhanced team working, learning and confidence.
- Training programmes for staff on the paediatric units which involves allied health professionals and the regular use of simulation training. A programme of training was organised for clinical staff and allied health professionals to take part in. This involved multi professional meetings with specialist speakers, reviewing cases to share any learning points and a programme of using simulation training on a fortnightly basis. The simulation training was shared across the hospital and alternated between neonatal and paediatric scenarios. The scenario was videoed for future reference and sharing with colleagues who were unable to attend. Discussion and critique was a valuable part of the process and staff valued these opportunities to improve their skills without patient risk.
- Processes to engage with patients and the wider community such as the use of Facebook for surveys, using schools to consult with how children would like to see the service improve, using a form of real time feedback and responding to comments. There was a

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trial where medical and nursing students consulted with patients and families and fed back results to staff immediately. Staff said they had found this motivating and could deal with issues as they occurred.

- The interventional radiology team had won an innovation award for their success with the vascular access service. The vascular nurses used an ultrasound scanner to guide venous access for patients who were difficult to cannulate. They had extended this service to provide assistance to other teams within the trust where arterial access was difficult to achieve. The British Society of Interventional Radiology had awarded the interventional radiology department 'exemplar' status following an inspection in April 2015
- In the fracture clinic, a quick response code that could be read by personal mobile phones was attached to patients plaster casts that when scanned, provided information specific to the individual regarding their plaster care.
- At West Cornwall Hospital staff went the extra mile by providing a 'memory café' in the day room on a weekly basis. Patients and family members could attend for free and were invited to engage in singing, quizzes and games to help engage people living with dementia. Patients received tea and homemade cakes made by the nurses, along with prizes.
- The hospital worked closely with Age UK to provide additional services to patients on discharge. This ensured their home was ready for them when they returned. Their presence within the hospital also supported the care of patients living with dementia.

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

Importantly, the trust must:

- Ensure all patients are clinically assessed by a competent member of staff within fifteen minutes of arrival in the emergency department.
- Ensure deteriorating patients are recognised and treated quickly and are monitored effectively in the emergency department.
- Ensure staff are trained to recognise sepsis and that sepsis guidelines are followed in the emergency department.

- Ensure patients presenting to the emergency department are not re-directed to primary care services before being assessed by a competent member of clinical staff.
- Ensure there are systems in place to prevent repeat doses of medicines being given in error in the emergency department.
- Ensure patients' pain is assessed on arrival in the emergency department, treated quickly and re-assessed regularly.
- Ensure systems and process for quality monitoring and governance in the emergency department operate effectively to identify risk. Results from clinical audits must be reviewed and lead to changes in practice to improve patient safety. Performance data must be collected and discussed at relevant governance meetings.
- Take action to improve substantive staffing levels across the clinical divisions and reduce reliance on temporary staff who may not be suitably skilled or experienced. This will reduce the risk that patients' care and treatment is delayed or compromised. Also ensure nursing staff levels enable managerial staff to fulfil their responsibilities.
- Strengthen the nursing levels and reduce the number of agency staff used in critical care to reduce pressure on substantive staff. Alongside this, ensure there are full time managerial supernumerary roles, including the role of the clinical nurse educator, in line with the recommendations of the Faculty of Intensive Care Medicine Core Standards.
- Must ensure there are sufficient numbers of medical staff in obstetrics and gynaecology and the emergency department to provide care and treatment to patients in line with national guidance.
- Ensure there are sufficient staff in the clinical decision unit and children's emergency department.
- Take action to ensure that all staff are supported and enabled to undertake regular mandatory and professional training.
- Ensure staff working with children in the outpatients and diagnostic services are adequately trained in



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safeguarding children level three as recommended by the intercollegiate guidelines published by the Royal College of Paediatrics and Child Health in March 2014.

- Ensure that staff receive regular supervision and performance appraisal in all divisions.
- Ensure that staff who set up syringe driving equipment are appropriately trained.
- Ensure that medical patients are admitted to the most appropriate specialty ward, according to their clinical needs. This should include the review of the outlier policy and the consistent application of bed management and escalation policies and processes designed to ensure that stroke and cardiology patients receive prompt and appropriate care and treatment.
- Take immediate steps to ensure that the backlog of patients awaiting cardiology procedures is eradicated.
- Continue to take steps to reduce the incidence of avoidable harm as a result of falls.
- Provide care and therapy to patients to enable them to receive an enhanced recovery from orthopaedic surgery.
- Improve bed management for elective surgery patients to ensure it is meeting the needs of all patients needing surgery in a timely, safe and responsive way.
- Ensure all patients whose surgery is unavoidably cancelled are treated within 28 days of their cancellation.
- Ensure the access and flow of patients in the rest of the hospital reduces delays from critical care for patients admitted to wards. Reduce the risks of this situation not enabling admission of patients when they need to be, or being discharged too early in their care. Reduce the unacceptable number of patient discharges at night. Ensure staffing levels safely support all commissioned beds. Reduce occupancy levels in critical care to recommended levels.
- Ensure that all patient's personalised end of life wishes are discussed and recorded. This should

include their preferred place of dying and any spiritual needs. They should ensure that a patient's unmet emotional needs are identified and discussions with patients and relatives around end of life wishes are appropriately recorded.

- Take further action to reduce the number of clinics that are cancelled for avoidable reasons
- Ensure critical care staff have sufficient understanding of the Deprivation of Liberty Safeguards so practice meets both the law in this regard and trust policy.
- Must take effective action to transform how midwives are supported and embed an open, honest and transparent culture across the maternity services.
- Ensure that patients considered to be in need of end of life care have the designated documentation completed.
- Ensure that Do Not Attempt Coronary Pulmonary Resuscitation part of the Treatment Escalation Plan is completed when required and is signed by the appropriate person and that assessments about patient's mental capacity are completed when required and that the reasons for the decisions are accurately recorded.
- Ensure that patient records are stored securely. Patient confidentiality must be maintained in accordance with the Data Protection Act
- Ensure the effectiveness of the isolator used for blood labelling used in nuclear medicine are monitored and that this equipment is maintained.
- Ensure that the environments where diagnostic testing takes place are adequately maintained so as to enable adequate decontamination to occur.
- Ensure the outpatient improvement board is effective in addressing the challenges to ensure patients have timely access to first and follow up outpatient clinics for all specialities and that clinics are run and booked to reduce cancellations.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to Royal Cornwall Hospitals NHS Trust

Royal Cornwall Hospitals NHS Trust provides care to 450,000 people across Cornwall. This includes general and acute services at Royal Cornwall Hospital, elective surgery at St Michael's Hospital, day surgery, medicine and renal services at West Cornwall Hospital and maternity services at Penrice unit at St Austell Hospital.

The Trust has 743 beds of which 74 are maternity and is staffed by approximately 4,383 members of staff.

At the time of the inspection there had been a significant period of instability at board level. Since the last inspection in January 2014 there had been three chief executives in post, two of those on an interim basis. Interviews for a permanent chief executive were taking place in the week following the inspection. Both the director of nursing and director of human resources and organisational development posts were interim appointments with the nursing director having been in

place for five weeks at the time of the inspection. A new and experienced chair was appointed in 2015. The director of operations had joined the trust in September 2015. The director of finance was the longest standing of the team having been in post for five years.

We inspected the trust because the findings of our follow up inspection in June 2015 showed services had not improved since our first comprehensive inspection in January 2014.

CQC uses an intelligent monitoring model to identify priority inspection bands. This model 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. Against this the trust was judged as a high risk, at level one (the highest risk level) which it had been at since May 2015.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Edward Baker, Deputy Chief Inspector of Hospitals, Care Quality Commission

**Head of Hospital Inspections:** Mary Cridge, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Emergency department consultant, Professor of vascular surgery, critical care consultant, paediatric

consultant, consultant surgeon, obstetrician, consultant renal physician, Chief executive of an NHS Trust, respiratory matron, a midwife, palliative care specialist nurse, director of nursing, care of the elderly nurse, specialist pain nurse, children's nurse, a pharmacist and a senior radiographer.

The team was also supported by two experts by experience, analysts and an inspection planner.

## How we carried out this inspection

To get to the heart of patient's 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?

The inspection team inspected eight core services as well as an additional service, sexual health

Royal Cornwall Hospital

- Urgent and emergency services
- Medical care (including older people's care)



# Summary of findings

- Surgery
- Critical care
- Maternity and gynaecology
- Services for children's and young people
- End of life care
- Outpatients and diagnostic imaging
  - Sexual health services
  - St Michael's Hospital - Surgery
    - West Cornwall Hospital - Medicine (including care of the elderly)

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about Royal Cornwall Hospital. These included the local commissioning group, the Trust Development Authority (TDA), the local council, Cornwall Healthwatch, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges.

We held a listening event for the public on 11 January 2016 where some people came and told us about their experience of using services at the trust. We used this information during our inspection. People also contacted us via our website and contact centre to share their experience.

We carried out an announced inspection on 12,13,14,15 January and an unannounced inspection on 19, 20 and 26 January 2016. We held focus groups and drop-in sessions with a range of staff in the three hospitals we visited, including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and maintenance staff. We also spoke with staff individually as requested.

We talked with patients and staff from across the hospitals we visited. We observed how people were being cared for, talked with carers and family members, and reviewed patients' records of their care and treatment.

## What people who use the trust's services say

In the 2014 inpatient survey responses were received from 414 patients at Royal Cornwall Hospitals NHS Trust. The trust scored about the same as others in A&E for being given enough information on their condition and treatment and for being given enough privacy when being examined or treated in A&E.

Patients feeling that they waited the right amount of time on the waiting list to be admitted for procedures scored 7.4 out of 10 which was worse than other trusts. Patients scored the trust as 8.9 out of 10 for not having their admission date changed by the hospital which was about the same as other hospitals scored for this question.

In the 2014 A&E survey the trust scored better than average for patients not having to wait too long before being examined by a doctor or nurse. They also scored about the same as other trusts for feeling reassured by staff if distressed while in A&E and for not having a long wait to receive pain relief if requested.

The trust was in the top 20% of trusts for 13 of the 34 questions in the Cancer Patient Experience Survey in 2013/14.

In the Friends and Family test for August 2014 to July 2015 the trust had good performance.

## Facts and data about this trust

According to the 2011 Census, Cornwall's population was 98.1% white. Twenty-three per cent of the population were aged 65 and over.

Cornwall performed better than the England averages for 25 of the 32 indicators in the Area Health Profile 2015. Areas where the county performed worse than average included excess weight in adults and incidence of malignant melanoma.

In the 2015 Indices of Multiple Deprivation, Cornwall was in the second-to-worse quintile for deprivation.

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During 2014-15 the trust activity was as follows:


- 64,794 inpatient admissions
- 449,167 outpatient total attendances
- 78,692 accident and emergency attendances

In the 2015 staff survey the trust scored better when compared to the England average for the percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell, which had fallen to 55 % from 64% in 2014. They scored worse than the England average for

staff satisfaction with the quality of work and patient care they are able to deliver with a score of 3.63 against the national score of 3.93. There was a slight improvement when compared to 2014 for staff recommending the organisation as a place to work or receive treatment up from 3.0 in 2014 to 3.30 but this was overall a worse score than the England average for all trusts. Other areas where the trust scored worse than 2014 survey when compared to other trusts, included good communication with senior management and staff and the percentage of staff agreeing that their role makes a difference to patients.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Overall, we rated safety of the services in the trust as 'requires improvement'. For specific information, please refer to the reports for Royal Cornwall, St Michael's and West Cornwall Hospitals.</p> <p>The team made judgements about 11 services. Of those, four were judged to be requiring improvement five as good and two as inadequate. Therefore the trust was not consistently delivering good standards of safety in all areas. There were concerns with nurse staffing levels in some areas particularly in medical, surgical wards and theatres. In the emergency department we found that staff did not always record National Early Warning Score (NEWS) at the required frequency. Staff understood their responsibilities to raise concerns, record safety incidents and near misses and to report these appropriately staff received feedback and learnt were learnt to improve care.</p> <p><b>Duty of Candour</b></p> <ul style="list-style-type: none"><li>• Duty of candour, Regulation 20, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a new regulation, which was introduced in November 2014. This Regulation requires an NHS trust to be open and transparent with a patient when things go wrong in relation to their care, and the patient suffers harm or could suffer harm that falls into defined thresholds.</li><li>• There was variable understanding amongst staff with regard to the duty of candour regulation, however, all staff understood and expressed commitment to the values of openness, honesty and transparency. We saw documentation in medical records, letters to patients, and meeting minutes identifying how patients and their relatives had been informed of issues and invited to be part of investigations.</li><li>• The trust had produced a guide for staff to follow explaining the legal requirements upon them and the trust when things went wrong.</li><li>• Levels of MRSA were low with one case between April 2014 and October 2015.</li></ul> <p><b>Safeguarding</b></p>	<p><b>Requires improvement</b></p> 

# Summary of findings

- Staff we spoke with demonstrated a good understanding of their responsibilities to safeguard people from abuse and their responsibility to report concerns. Most staff had received mandatory safeguarding training; however some junior medical staff were not up-to-date with this training.
- There was an identified team for safeguarding children and young people including named nurse, doctor and executive lead. Guidance for reporting concerns was available for staff to view and included flow charts of advised actions, people to contact and body maps for use where appropriate. An annual report had been produced and presented to the trust board in December 2015 in line with national guidance.
- The electronic patient record system had a flagging system to alert staff about child protection concerns regarding a child or young person attending the hospital and was accessible in the wards and outpatient departments.

## Assessing and responding to patient risk

- The trust had implemented and was using the National Early Warning Score (NEWS) system for the monitoring of adult patients on wards.
- In the emergency department we found that staff did not always record NEWS scores at the required frequency and at times escalation of a patient's condition did not follow the trust guidelines for medical review.
- Audits completed each quarter of the use of NEWS on the wards were mostly good, but some results were not showing consistent improvement. The Surgical Admissions Lounge showed improvements.
- There was a NEWS and Escalation of Care improvement Programme led by the matron for respiratory and cardiology wards. This had entailed education and training, implementing changes in recording and communication practices and weekly peer audit of documentation. The aim was to improve 95% compliance with this safety system. Results after one year showed progress, although with room for improvement, with yearly averages by ward ranging from 80% to 90%.

## Incidents

- The trust had reported one Never Event in adult surgery services in the last 12 months (November 2015). This event related to a change in a planned operation on a patient's eye (at the patient's request). The procedure initially reverted to the original eye, before this was recognised and corrected. There was no enduring harm to the patient.

# Summary of findings

- Staff received instruction on incident reporting as part of their induction training. All staff could use the electronic system or liaise with a manager to report an incident and staff we spoke with understood their responsibilities to raise concerns and report incidents and they told us they were encouraged to do so. They confirmed that they received feedback when they reported concerns.

## Staffing

- Levels of registered nurse vacancies remained high across several areas of the trust. In particular in the medical and surgical division. Staffing levels (staff in post versus the funded establishment) were monitored and reported in the monthly performance assurance framework. In September 2015 there was a vacancy rate of 23% for registered nurses in the medical division. All but three medical wards had a deficit of over 10%. The sickness rate across the divisions was variable but at times consistently higher than national averages. .
- There were also high numbers of vacancies among the nursing staff, nursing assistants and operating-department practitioners across the surgery services at Royal Cornwall Hospital. This included the wards, the Surgical Admission Lounge, and a high number of vacancies in the operating theatres.
- The level of vacancies meant the trust continued to have a heavy reliance on bank and agency staff. While the majority of shifts were covered by regular agency staff at times the fill rate was below 90% at times for both registered nurses and healthcare assistant.
- Regular agency staff we reported to make a positive contribution overall but at times there were concerns if they unfamiliar with the ward or the specialty and not able to administer intravenous medicines or use the electronic prescribing and medicines administration system.
- When we inspected in June 2015 we found that there were insufficient suitably skilled nurses employed on Wellington ward, particularly in the high care bay where level 2 patients (who required a higher level of care, monitoring, observation and intervention) were cared for.
- When we returned in January 2016 staffing levels continued to be a challenge, although there was an ongoing recruitment campaign, which included overseas recruitment.
- Nursing and medical staffing levels were a concern in the chemotherapy unit and an item relating to this had been recorded on the trust risk register in January 2016.
- Levels of nursing staff were adequate and appropriate in the childrens services.

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## Are services at this trust effective?

Overall, we rated effectiveness of the services in the trust as 'requires improvement'. For specific information, please refer to the reports for Royal Cornwall, St Michael's and West Cornwall Hospitals.

The team made judgements about ten services. Of those, two were judged to be requiring improvement seven as good and one as inadequate.

Treatment was provided in line with evidence based practice and multi-disciplinary working was good. Not all staff were receiving an annual appraisal. Consent and knowledge of the mental capacity act was good however the recording of this needed improvement.

## Evidence based care and treatment

- The hospital had a policy for identifying and disseminating new or updated national guidance, standards and practice. This included guidance from NHS England, the National Institute for Health and Care Excellence (NICE) and Public Health England. The trust's guidelines and steering committee implemented, distributed and monitored NICE guidance and safety alerts.
- Patients' needs were assessed and their care planned and delivered in line with evidence-based guidance, standards and good practice such as National Institute for Health and Care Excellence (NICE) guidelines.

## Patient outcomes

- The trust's mortality rate was higher than the national average. The trust's risk register (January 2016) identified specific areas of high mortality, which included acute stroke, pneumonia and post chemotherapy lung cancer. Specialty-led mortality review took place in all divisions which reported to the trust-wide mortality review committee.
- Performance against national standards in relation to stroke care had made significant improvements. Although aspects of the stroke pathway which were dependent on patient flow continued to be poor, with only 51% of stroke patients spending 90% of their time on the stroke unit (the contracted target was 92%). The number of patients directly admitted to the stroke unit within 4 hours was 38% against the contracted target of 67%.
- There was insufficient physiotherapy for some time-critical procedures, including post-operative fractured neck of femur (hip) and knee-replacement patients. Staff in the trauma and orthopaedic services confirmed there had not been enough

## Requires improvement





# Summary of findings

physiotherapists to provide therapy to support patients to achieve the best outcomes. New staff had recently been appointed and there were plans to improve post-operative therapy, but these were limited.

- The hospital was not meeting the best-practice outcome for patients requiring surgery for a fractured neck of femur. In the first quarter of 2015/16 (April to June), 68% of patients were operated on within 36 hours. This improved to 82% in quarter three. In January 2016, the percentage had declined to 67%.
- The hospital performed well in the majority of measures of the 2015 national hip fracture audit when compared with national results. In particular the hospital performed well for the length of stay for patients, which was well below the England average.
- Key performance standards in cardiology were also not met.

## Multidisciplinary working

- Regular multidisciplinary patient reviews took place to ensure that all relevant services worked together to provide seamless care. Regular multidisciplinary “board” meetings took place on all wards. At the meetings we observed, staff demonstrated a holistic approach to assessing people’s individual needs, including consideration of their physical, psychological and social needs. They worked together develop a coordinated plan to meet the range and complexity of needs.
- Staff and teams worked well together to deliver coordinated care and treatment.
- Therapy staff worked closely with the medical and nursing teams to provide a collaborative approach to patient rehabilitation. Staff and patients spoke highly of the physiotherapy care provided to surgery patients.
- Staffs in the paediatric, maternity and obstetric were proud of multidisciplinary team working practice.

## Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff demonstrated a good understanding of their responsibilities in relation to consent, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Systems were in place to support children young people and their families to provide informed consent for any procedures.
- Training in the Mental Capacity Act 2005 was provided as part of mandatory safeguarding training. As referred to under ‘Safeguarding’ (above), most staff had completed this training, with the exception of some junior medical staff.
- Where people lacked capacity, staff made best interests decisions in accordance with legislation. On Roskear ward we

# Summary of findings

saw an appropriate DOLs application had been made, after ruling out possible medical reasons for incapacity. We found that a combination of inconsistent provision of training and guidance to staff had led to varied understanding and implementation of the trusts end of life strategy and guidance for appropriate assessment and completion of DNACPR forms.

- The hospital had documents and processes for assessing a patient's mental capacity, competence to make their own decisions, and what to do if that was lacking. Those forms we saw in patient notes were not always completed as required.

## Competent staff

- Nursing staff were not well supported, with an unstructured approach to training, development and clinical supervision. Appraisal rates across the divisions were poor, ranging from 20 to 100% of staff appraised as at December 2015.
- There were clinical nurse specialists who provided advice, support and training to staff trust-wide. These included nurse who specialised in the complex needs of older people and specialist learning disability nurses. Ward staff told us these services were supportive and responsive.
- The hospital had introduced apprentice schemes for healthcare assistants. The apprentices were working through a 15-month skills course, had a mentor within the staffing team, and went to college one day a week. One of the apprentices we met on Pendennis ward said: "I love it."
- Critical care had an established and well-equipped simulation training room. Training included sessions in 'human factors'. However at times, session attendance was affected by problems with staffing levels.
- Systems were in place to ensure children and young people were cared for appropriately by competent staff in paediatric areas of the trust. Some areas where children shared areas with adult patients did not have staff trained in paediatric care.

## Are services at this trust caring?

Overall, we rated caring for the services in the trust as good. For specific information, please refer to the reports for Royal Cornwall, St Michael's and West Cornwall Hospitals.

The team made judgements about 11 services. Of those, 10 were judged to be good and one to be outstanding.

The majority of feedback from patients was positive with people and their relatives feeling supported and informed. The provision of a memory café at West Cornwall hospital was particularly good.

**Good**



# Summary of findings

## Compassionate care

- Feedback from patients and their families had been almost entirely positive. Patients we met spoke without criticism of the service they received and of the compassion, kindness and caring of all staff. Staff ensured patients experienced dignified and respectful care, and worked hard to promote patients' individuality and human rights.
- A number of patients told us about acts of kindness where they considered that staff had gone 'above and beyond the call of duty'. One patient described their doctor as "the most caring doctor I have ever known."
- We observed that staff were polite and welcoming, greeting them and introducing themselves to patients. We saw that they were attentive and sensitive to people's different needs. Patients and those close to them were involved as partners in their care. Patients felt well informed about their condition, care and treatment. They told us that staff took time to explain things to patients and their families in a way that could understand.
- We observed good attention from all staff to patient privacy and dignity. Any patients we observed in the operating theatres were fully covered in all preparation and recovery rooms, and when returning to the ward areas.
- The maternity services had consistently positive feedback from patients who participated in the NHS Friends and Family test. Between December 2014 and November 2015 the percentage of positive patient feedback (would recommend the service) was between 90% and 100%. This was for antenatal, perinatal and postnatal care.

## Understanding and involvement of patients and those close to them

- Patients and those close to them were involved as partners in their care. Patients felt well informed about their condition, care and treatment. They told us that staff took time to explain things to patients and their families in a way that could understand.
- Patients were given time to ask questions about their procedure and address any anxieties or fears. A patient on Pendennis ward commented: "The surgeons are amazing. They explained everything."
- Staff name badges were printed with 'Hello, my name is...' Patients and relatives told us they liked this initiative as it made

# Summary of findings

conversations already more personal. It also gave the relatives an opportunity to say who they were as some commented that, in the past, they had either not been asked, or not included in the conversation.

- Staff were kind and compassionate in their communications with parents and their children and they felt informed and involved in their treatment options. Regard was given to emotional health and support was provided to promote independence when the child was discharged.
- Feedback from children and young people who used the service and their families was positive with quotes of “staff are fantastic”.

## Emotional support

- There was access to a team of chaplains, chaplains’ assistants, pastoral visitors and befrienders for people of all faiths or none. The team were available in working hours and then on call 24 hours a day all year round. There was a chapel, a prayer room and ablution facilities and all facilities were available 24 hours a day all year round.
- Critical care staff had introduced the use of the patient diary for longer-stay patients. Although they recognised their use, staff admitted they were not as successful as they had hoped and they had not yet persuaded relatives or visitors to use them to their full potential.
- There was focussed support for patients attending the termination of pregnancy service who were able to access an accredited counsellor.

## Are services at this trust responsive?

Overall, we rated responsiveness of the services in the trust as ‘requires improvement’. For specific information, please refer to the reports for Royal Cornwall, St Michael’s and West Cornwall Hospitals.

The team made judgements about 11 services. Of those, six were judged to be requiring improvement and five as good.

For some patients access to care and treatment was not timely. Some patients were not cared for on the correct specialty wards and others who were medically fit for discharge were delayed due to lack of appropriate on-going care provision. Provision for people with a learning disability was good with a team of responsive specialist nurses.

## Service planning and delivery to meet the needs of local people

**Requires improvement**



# Summary of findings

- The ambulatory emergency care unit was a positive admission avoidance initiative but its effectiveness was limited by its operational capacity and the range of care and treatment it was able to offer. The unit was currently operation from Monday to Friday, with plans to extend to a six-day service (anticipated February 2016) and eventually, a seven-day service.
- Patients were assessed for surgery pre-operatively to ensure they were able to proceed or if any changes or adaptations needed to be made. There was a re-launched pre-operative assessment service which had been expanded to more specialities for surgery such as orthopaedic and general surgery.
- The maternity facilities and premises were outdated and not large enough to provide a full range of maternity services to meet the needs of local people. A business plan for redevelopment of the service had been approved which included the development of a birth centre with four en-suite delivery rooms with birth pools. Building was anticipated to take two years and start during 2016.
- Patients had been involved in re design of the facilities for adolescents on the children's ward. The teenage social area was redecorated and more facilities were provided including a games table and Wi Fi provision.

## Meeting people's individual needs

- Patients with a learning disability were identified through the patient information system and staff told us that support could be sought from the trust's learning disability liaison service. Three specialist nurses provided a trust-wide service from Monday to Friday. Staff told us that patients with a learning disability would often be cared for in a side room where carers could also be accommodated.
- The trust had set up a system to identify for people with a learning disability that were known to them and the local authority. With their permission, patients' names and details were shared and a flag added to the patient administration system. This meant that on arrival in the emergency department, patients were identified and an email alert would be sent to the learning disability liaison service. A member of the team would then visit the patient. Although this wasn't a seven-day service, the team would follow up any patients admitted to medical wards which occurred out of hours, even if they had been discharged.

# Summary of findings

- In the maternity services staff told us if patients had a learning disability, where possible they worked with other carers to provide personalised support or referred to the trust's specialist learning disability team for advice.
- In the children's services professionals worked together from a variety of disciplines such as the learning disability team. There was a limited availability of mental health beds for children and young people. The impact was that a child or young person would remain on an acute general ward when they were clinically fit to be discharged, with staff who were not mental health specialists.
- Children and young people with complex health needs were supported to access health care in a co-ordinated way. We were told of a time when the learning disabilities team and the ward staff created a pathway plan for a frequently attending patient with learning difficulties. The pathway was shared with emergency department staff and it resulted in less frequent admissions for the patient.

## Dementia

- The trust commissioned the Alzheimer's Society to conduct monthly surveys to capture feedback from patients living with dementia and their carers. Reports were provided twice yearly to the Trust Management Governance Committee. The most recent report (October 2015) reported on feedback received from April to September 2015. Findings were mainly positive:
- Patients were treated with dignity and respect. Staff were described as caring; they interacted well with patients and in a way that the patient understood.
- Patients and carers were positive about the environment which was felt to be appropriate for the needs of people living with dementia.
- Most patients/carers reported that adequate support was provided to support people who required assistance with eating and drinking.
- Some areas for improvement were identified:
- Whilst some staff were reported to be very knowledgeable about dementia care, other staff, particularly agency staff, showed less awareness of the needs of people who were living with dementia.
- Some patients/ carers were unhappy about being moved to another ward at night, which they reported, caused anxiety and disorientation.
- Patients living with dementia were identified on the electronic ward information boards using a forget-me-not symbol (a



# Summary of findings

nationally recognised symbol which helps staff recognise when someone is experiencing memory problems or confusion). We noted however that the symbol was not displayed on the white boards at each patient's bedside. This meant that some visiting staff, such as housekeepers, may not be alert to this status

- We were told that there was a network of 'forget-me-not champions', with around 90 staff across the hospital who attended quarterly meetings and received training so that they could provide advice and support to their colleagues in relation to dementia care.
- Some of the elder care wards and to recruit volunteers to knit 'twiddle muffs'. These are knitted hand muffs with items such as ribbons and buttons attached. They are used to provide a source of visual, tactile and sensory stimulation for people living with dementia who have restless hands.
- Advanced, proactive arrangements could be made for a patient with a learning disability to make their hospital experience easier. Staff in theatres said this had included arranging a 'walk-through' of the operating theatre, the use of quiet rooms, or early appointments. Patients were able to bring with them a 'hospital passport' or have one produced with the learning disability liaison team.
- At West Cornwall the hospital worked collaboratively with outside agencies to ensure patient needs were met. Two posts had recently been created for 22.5 hours a week on each ward. The staff had just been recruited and were employed by Age UK for a one year pilot with the potential to continue after this. Their primary remit was in supporting the care of patients living with dementia through daily ward based activities.

## Access and flow

- Bed capacity and patient flow were constant challenges within the trust. Patients did not always receive care and treatment in the most appropriate clinical setting. This meant inequitable standards of care were provided, with some patients having to wait longer for specialist support.
- Due to pressure on beds, too many planned operations were cancelled and some not rebooked within the required standard of 28 days. In addition, patients were looked after in recovery areas after their operation for too long, or moved to another part of the hospital to recover. There were insufficient beds available in critical care for all patients to be discharged from theatre recovery in a timely way. In 2014 there were 83 patients held in recovery as no critical care bed was available. This had not improved in 2015 when there were 82 patients held in recovery.

# Summary of findings

- A significant number of patients who had their operation cancelled on the day they were due to arrive were not treated within 28 days of the cancellation. The number of cancellations ranged from 131 for January to March 2015 and 57 between July and September 2015. This is against an NHS average of 11 breaches of this standard in April to June 2015
- Some patients waited too long for diagnostic cardiology procedures because elective cardiac beds were being used to accommodate medical outliers. In January 2016 we found that, although steps had been taken to improve this performance, including the introduction of a protected bed policy in the cardiac investigations unit, delays and cancellations continued to occur, due to the high numbers of acute medical admissions. Between 1 October 2015 and 22 January 2016 a total of 80 elective cardiac procedures were cancelled, of which 68 were cancelled on the day. Eleven patients had their procedure cancelled more than once.
- Stroke patients did not always receive specialist care on a stroke ward. This was because of problems with patient flow which meant that specialist beds were blocked by outlier medical patients or patients whose discharge was delayed because they were not able to access rehabilitation packages of care in the community in a timely way.
- Some patients were moved several times during their inpatient stay, sometimes at night.
- Patients were not always discharged in a timely manner, partly due to staffing issues resulting in delayed assessment and treatment, but mainly due to difficulties arranging suitable care packages in the non-acute NHS sector.
- A significant number of patients remained in hospital after they had been assessed as fit for discharge. This had been a long-standing challenge for the trust. There were over 27,000 delayed transfers of care in the period April 2013 to August 2015. Of these, a significant proportion (and a significantly higher proportion than the national average) was attributed to waiting for further non-acute NHS care.
- Patients were frequently admitted to inappropriate wards because of issues of bed capacity and patient flow. The medical division's risk register (December 2015) recorded this situation as an extreme "red" risk. There was an 'outlier' policy and each patient had a named physician responsible for their care, however staff expressed concerns at the timeliness of patients being moved to outlier beds. As part of the trust plan to manage the high numbers of medical patients 40 beds on surgical wards had been identified for medical patients.

# Summary of findings

- The trust was taking steps to reduce the risks associated with poor patient flow. It was recognised that the whole health and social care community and providers in Cornwall needed to continue to work together to address the capacity issues and enable patients to be discharged home or to other services in a timely way.
- There was poor patient flow from the antenatal ward (Wheal Rose) to the delivery suite, which had an impact upon patient experience and care. The delivery suite was not always able to accommodate the numbers of patients in labour. The proposed new build would address these issues with more capacity.
- The trust met most of the cancer targets for outpatient appointments, however many other speciality clinics were not meeting the required timescales for new and follow up appointments.

## Learning from complaints and concerns

- Staff were familiar with the complaints procedure. They told us that complaints and any learning arising from them were discussed at team meetings and safety briefings.
- Complaints were investigated and responded to in a timely way. Responsiveness was monitored as part of the monthly divisional performance assurance framework which showed the division performed well in December 2015.
- Themes and trends were discussed at specialty meetings and areas of concern were escalated to the divisional quality and governance board.

## Are services at this trust well-led?

The leadership, management and governance of the trust requires improvement in order to assure the delivery of high quality person centred care.

The trust has a clear vision simply expressed that refers to outstanding care and better health outcomes. Quality and safety are implied in that vision but are not stated overtly. The trust has recently refreshed their values and did this in a collaborative way. Awareness of these values was variable across the trust. The trust has set out four clear strategic aims with accompanying prioritised objectives however the detail behind future strategy is not yet fully worked up. It was not clear if progress against those strategic objectives was routinely monitored and reviewed.

An external review of governance arrangements had identified a number of cross cutting themes. The board were committed to

**Requires improvement**



# Summary of findings

improving governance arrangements but progress in implementing the recommendations of the review was limited. Significant changes, including new divisional structures and changes to the governance and risk frameworks were underway.

There had been significant and continuing instability at board level however the appointment of an experienced chairman in 2015 was having an impact and there was a sense that the leadership team which included an interim chief executive, an interim human resources director and a seconded nurse director were working well together.

It was recognised that improvements in culture were needed but despite the continued poor staff survey results staff at the trust were dedicated, caring and passionate about doing the right thing for patients. There was a strong and vibrant community of volunteers who were well organised and supported and were making a significant contribution.

There was a commitment to engagement with the public but this was not captured in a strategy. There were examples of innovative public and patient engagement in some services. Improvements were needed on staff engagement to break the long cycle of poor and deteriorating staff survey results.

Innovation was encouraged and rewarded and there were a number of examples where participation in research had led directly to improved patient care. Whilst the trust had been under sustained financial pressure there was no evidence that this had impacted directly on patient safety.

## **Vision and strategy**

- The trust has set out their vision as “Working together to achieve outstanding care and better health outcomes”. This was captured in the strap line “One + all we care”. This was displayed prominently on signage around the trust and on trust documentation.
- The trust has five values as follows
  - Care + Compassion
  - Inspiration + Innovation
  - Working Together
  - Pride + Achievement
  - Trust + Respect
- The values were introduced in 2015 and were developed by a group of staff following a consultation with staff, patients, carers, governors and partners. There are a set of behaviours and standards that sit alongside the values. The behaviours

# Summary of findings

include making time for people, being polite and friendly and respecting privacy. Awareness of the values was variable across different services and staff groups but without exception all the staff that the team met during the inspection described and displayed a genuine commitment to the care and wellbeing of patients. The values were becoming embedded in trust business, for example values based recruitment had been in place for nurses, health care assistants and consultants for the previous year.

- The trust had set out four strategic aims as follows
  - Quality – Provide compassionate, safe, effective care
  - People – Attract, develop and retain excellent staff
  - Partnership – Offer integrated care as close to home as possible
  - Resources – Make the best use of all our resources
- The trust had set the key priorities under each of the four strategic aims. These included reducing hospital mortality, achieving key targets in emergency and planned care, implementing new clinical structures, collaborating with partners to redesign care pathways and reducing the deficit to £3.8m. The detail of the forward strategy was being worked on.
- Staff did not consistently know and understand the strategy and their role in achieving it. At the time of the inspection there was not a consistently clear link between trust and individual service strategies except at the highest level through the vision of working together to provide outstanding care. Individual service strategies were at different stages of development, for example the Sexual Health Service had a well-developed strategy whilst the critical care service had a very limited part in the relevant divisional strategy (the division of surgery, theatres and anaesthetics). The external review of governance in 2015 had highlighted the need for the trust to refresh its clinical strategy in partnership with clinicians.
- There was limited evidence that progress in delivering the strategy is monitored and reviewed except through the monthly integrated performance report to the board. The areas of focus in that report are linked to the strategic objectives but progress against those objectives is not explicit. At the time of the inspection work was being undertaken on strategy following an external review described below.

## **Governance, risk management and quality measurement**

- An external review of governance arrangements was commissioned by the previous interim chief executive. The wide ranging review included the effectiveness of committee structures, the trust's leadership and governance of quality, risk

# Summary of findings

management approach and processes, the robustness of assurance arrangements, the use of and response to patient experience data and the board's approach to improving staff experience. The review reported in July 2015 and was presented to the board in September 2015.

- The review credits the board for their commitment to improving governance and identifies a number of cross cutting themes as well as making detailed recommendations. The key themes included implementing a more empowering accountability framework that would devolve more responsibility and control to the clinical divisions, strengthening corporate governance arrangements, refreshing the clinical strategy, enhancing the focus on quality and patient experience and shaping a more positive culture.
- The outcomes of that review had influenced trust objectives and priorities. The Governance Committee approved an action plan to commence implementation of the recommendations in January 2016. Of the 35 high priority actions to be completed within three months 22 were rated amber (concerns/on track but some slippage), eight were rated green (on track), five had yet to start and none were complete. These figures, considered alongside the six months that had passed since the review was completed, illustrates both the scale of the work being undertaken and the challenges the trust has in achieving good pace on improvement work.
- The board was actively reviewing and amending the board assurance and risk framework at the time of the inspection. Significant changes had been made to re-order and prioritise strategic objectives and the framework was significantly clearer than it had been 12 months previously.
- Below board level the trust had four large divisions led by divisional directors and comprising a number of specialties. The divisional directors are accountable to the chief operating officer and also professionally accountable to the medical director. The trust had recognised that arrangements were not working well and at the time of the inspection planned to introduce a new divisional structure with smaller clinical divisions from April 2015.
- Whilst recognising the issues with the current arrangements there were governance arrangements in place across the trust and systems that were delivering management and performance information. Divisional performance was monitored and measured through the performance assurance framework which was published monthly and was discussed at ward, specialty and divisional management level. The divisional performance assurance framework formed the basis of



# Summary of findings

performance reviews with the executive team each month, and in turn, the specialty performance assurance framework formed the basis of monthly reviews with the divisional management team.

- The performance assurance framework focussed on a number of domains: quality (patient experience and safety), operational (patient activity and flow issues), finance and workforce. In addition, specialty governance leads contributed to the monthly quality reports, sharing information on patient feedback, including complaints, incidents and risks.
- The governance review found that board level accountability for risk management was very clear but also flagged that some of the key risks highlighted by board members and divisional directors, including the lack of strong clinical engagement, poor staff morale and lack of leadership development were not captured on the trust's risk register. A review of the risk register dated 11 January 2016 showed that five months later those risks had not been added. Leadership development and clinical structures were referred to as part of the action plan for a risk identified on 4 January 2016 relating to the risk of being unable to secure strong and stable leadership to drive transformational change. This means that at the time of the inspection it was not possible to be assured that the key risks that leaders were concerned about were properly captured on the risk register.
- Across the trust risk registers were maintained and monitored at specialty and divisional level. The day to day arrangements seemed to work well in most areas in that risks were regularly discussed by divisional quality and governance boards and escalated or de-escalated as appropriate. Staffing shortages and patient flow were recurring themes. Some of the actions taken in respect of risks had been ineffective for example within medicine the failure to implement a bed protection policy in a sustained way until November 2015 had resulted in unresponsive care to stroke patients and considerable financial penalties for the trust because key national standards were not met.

## Leadership of the trust

- At the time of the inspection there had been a significant period of instability at board level. Since the last inspection in January 2014 there had been three chief executives in post, two of those on an interim basis. Interviews for a permanent chief executive were taking place in the week following the inspection. Both the director of nursing and director of human resources and organisational development posts were interim appointments with the nursing director having been in place for five weeks at

# Summary of findings

the time of the inspection. A new and experienced chair was appointed in 2015. The governance review referred to this period of instability having had an impact on the board and that discussions had had more of an operational as opposed to strategic focus. That said the leadership presented themselves as a cohesive and mutually supportive team during the inspection.

- Many staff commented positively about the current interim chief executive who had earned the reputation of listening and engaging with staff. One staff member on MAU told us that the chief executive had visited the ward on Christmas day and this had boosted staff morale. The newly appointed director of nursing was not yet well known but had recently visited one ward during a night shift and this had been appreciated by staff.
- There were many very positive comments about the new chairman and how he was engaging with staff. One significant difference that the chairman had made was to put appropriate cover and support in place for the interim chief executive. Previously they had been asked to take on the role without additional support for their substantive director role. The chair and interim chief executive were working well together to provide stability ahead of permanent appointments being made. The chair had a clear vision about what needed to be done.
- The non-executive directors displayed an enthusiasm for their roles and a strong commitment to the organisation. The need for effective board development, referred to in the governance review and being driven by the chairman, was apparent in terms of maximising their impact on the organisation. As a group the non executives showed awareness of the issues. They also felt the lack of a dedicated board secretary in terms of having experienced and qualified support in looking at board processes.
- It was not always clear that the board were receiving appropriate information about aspects of leadership and management activity. For example whilst the board received detailed information about recruitment activity in terms of volumes of vacancies, the number of advertisements placed, applications received and new starters by month they did not receive information about the time taken to fill vacancies. There was anecdotal evidence from a number of sources that workforce planning, even at the level of planning ahead for retirements, was not as effective as it could be. There were examples given of it taking six months to fill vacancies.
- Staff side reported that there had not been consistent engagement at an appropriately senior level with senior leaders

# Summary of findings

attending the regular joint meeting on an ad hoc basis and not staying for the whole meeting. It was hoped this would be resolved when a permanent human resources director was appointed. Given the emphasis the board are putting on improving engagement with staff and the challenges of worsening staff survey results it appeared that the trust were not making the most of the opportunities to engage with staff side when compared to other trusts.

- There was a 15 year estates strategy in place that was clinically led and with an overall aim of locally services appropriately. There was evidence of good partnership and multi-agency working and also evidence that project specifications and evaluation was strong. There was a backlog in maintenance work at the time of the inspection.

## Culture within the trust

- The 2014 NHS staff survey, taken as a barometer for the trust's culture does not present a positive picture. One of the key themes emerging from the external review of governance, described in more detail above, was a need to shape a positive culture. That review noted that all board members recognised that that the current culture is not enabling or empowering. Actions, including significant changes in structure, were being taken to help address this.
- There was a consistent message from staff across the trust that there was a strong culture of patients being at the heart of things but also that the continual high levels of scrutiny had contributed to a sense of instability. The new chairman had put a strong emphasis on culture and values and was instilling a sense of aspiration.
- The culture within nursing appeared dedicated, able and caring but the nursing voice was perhaps not as strong within the clinical directorates as might be expected. There seemed to be a permission seeking culture when there were real opportunities for nursing leaders to own and drive improvement.
- The culture amongst medical staff reflected that within the rest of the organisation. There was an overall willingness and will to improve but a sense also of frustration borne from past and recent history. In the midst of this were examples of innovation and excellence that were making a real difference to patients.
- In the 2014 NHS staff survey the trust scored worse than the England average in relation to support from immediate

# Summary of findings

managers and the percentage of staff reporting good communication between senior management and staff. However, most staff told us they felt supported, valued and respected by managers.

- Staff we spoke with told us they mostly enjoyed working at the trust although many commented that morale was impacted by inadequate staffing levels and the resulting pressure of work. Sickness levels and staff turnover, although improving, were still high. In the 2014 staff survey the trust's scores in relation to staff motivation at work and job satisfaction were worse than the England average.
- The trust scored worse than the England average in relation to the percentage of staff who had experienced harassment, bullying or abuse in the last 12 months and the percentage of staff who reported feeling pressure in the last three months to attend work when feeling unwell. Sickness absence rates were above the national average.
- In the 2014 NHS staff survey the trust scored worse than the England average in relation to the percentage of staff who agreed that they would feel secure raising concerns about unsafe clinical practice. However, most of the staff we spoke with told us they felt comfortable to raise concerns and did so.

## Fit and Proper Persons

- The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The regulation came into force in November 2014. There had been interim executive appointments and non-executive appointments since the regulation came in.
- The trust had a Fit and Proper Persons: Director's Policy in place dated 1 April 2015. This was a comprehensive policy covering arrangements for both recruitment and ongoing assurance. The policy included the detail of procedures to be followed including proforma declarations and checklists. The policy reflected current best practice in the NHS and wider public sector.
- The team reviewed six personnel files for executive and non-executive directors. The review confirmed that appropriate checks had been made and that the annual self declaration processes were being completed in a timely way.

## Public engagement

# Summary of findings

- Aside from a generally expressed corporate commitment to engage with communities, partners and patient groups the trust did not have a specific strategy for engagement with the public. The trust previously had a membership strategy that expired in December 2014 and had not been updated.
- One of the trust's priorities is to improve patient experience as measured by the NHS Friends and Family Test (FFT). Results from the FFT were reported to the board as part of the integrated performance report but only as two lines within a large and complex quality scorecard. In recent reports there was no additional comment on those results within the papers and the minutes do not record any significant discussion about them. The discussion that has been held has focused on response rates. The percentage of patients likely or highly likely to recommend the trust to friends and family if they needed similar care or treatment has been between 95% and 96% from April 2015 onwards. The results have shown a trend of improvement since April 2014. The FFT response rates and results are lower for emergency care, at 91% in October 2015. These lower rates are common to many similar trusts.
- FFT results are given more prominence within individual services with results being displayed on boards in wards and clinical areas. Many of these boards also contained direct patient feedback where it was available, including information on compliments and complaints.
- There was good engagement through the volunteering programme with volunteers making a significant contribution at all three trust hospital sites, Royal Cornwall in Truro, St Michael's Hospital in Hayle and West Cornwall Hospital in Penzance. All three hospitals also benefitted from Friends organisations who have made significant grants enabling the purchase of equipment that would not otherwise have been funded. The volunteering programme is run to professional standards with job descriptions, induction for all and additional training depending on the role being undertaken. Volunteers perform a range of roles including gardening, ward support, acting as guides, hospital radio, supporting women who have undergone cancer treatment, assisting at creative workshops and in the memory café at West Cornwall Hospital. It was apparent during the inspection from talking to volunteers, staff, patients and visitors and through observation that volunteers are making a significant contribution to the work of the trust and to the experience of patients and the public.
- The trust had links to a number of organisations to provide additional support to patients and carers. This included local

# Summary of findings

carers' support groups, services for young people, drug and alcohol support, and links to national charities such as the Alzheimer's Society, the Red Cross, and the Women's Royal Voluntary Service.

- There were some examples of innovative public and patient engagement through social media. Examples included a Facebook page set up by midwives to promote patient involvement and gather feedback on services. The page had been positively rated by 494 people. At the time of the inspection the page was being used to gather information about patient preferences for different types of epidural. Staff in the childrens service had developed a parent group Facebook page which was monitored by staff and used to gather views of parents.
- The level of engagement with people varied considerably between services. For example there had been limited engagement with the public to gain feedback about the service for bereaved relatives or patients receiving end of life care. No survey had been undertaken for several years. There was also no formal or informal follow up contact with bereaved relatives. In contrast the sexual health service valued feedback from patients and made practical use of it for example a waiting room had been rearranged as a result of feedback from one patient who felt that the environment was not conducive to the exchange of confidential information. Changes had included the use of screens, layout of the chairs and introduction of a television and radio.

## Staff engagement

- The trust has a long history of poor staff survey results, consistently finding itself in the bottom 20% of acute trusts across many key areas in the survey. The 2014 NHS staff survey, the latest available at the time of the inspection, continued that trend with the overall engagement score showing a decline from the previous year. The trust had the lowest national scores for staff feeling satisfied with the quality of care they were able to give, for feeling that their role made a difference to patient care and for work pressure felt by staff. Engaging with staff more effectively and improving the staff survey outcomes are one of the four top priorities set out in the trust's business plan for 2015/16.
- Low levels of staff engagement have been on the trust risk register as a risk since 13 August 2010. The actions put in place including communication, clinical engagement, health and wellbeing and an organisational developments strategy appear



# Summary of findings

to have had little or no impact if judged by the staff survey results. The external governance review in 2015 noted that all board members recognised that the current culture is not enabling or empowering.

- It was clear that the board, individually and collectively, were highly committed to improving staff experience. The Board had agreed a range of actions in March 2015 to respond to the concerns flagged in the staff survey. These included leadership development programmes, improving appraisal rates and relocating the executive management team into the main body of the hospital. None of these actions had been taken at the time of the inspection. However the Listening into Action programme, originally launched in 2012 had been relaunched and was clearly having an impact. Staff across the trust spoke positively about this and gave examples of improvements that has been made. One staff member told us “things that have needed fixing for some time have been fixed.” Staff were aware that the chairman and current interim chief executive were committed to the programme.
- There were examples of how key changes have been made through staff involvement and engagement and a clear example of that was the staff involvement in the work to establish trust values and behaviours as described above.
- Staff talked to the inspection team about improved internal communication. The trust used an email broadcast facility to cascade messages through staff groups from the executive team and senior managers. Some staff found it difficult to access computers to receive these. For example some staff working in theatres did not have access to a computer at all times and needed to go to the education centre, often in their own time, to make sure they had seen all the information.
- The trust’s plans to refresh the clinical strategy, to introduce new and smaller clinical divisions from April and to devolve responsibility and accountability to those divisions were in large part motivated by the need to improve engagement.

## **Innovation, improvement and sustainability**

- The trust had a research and development directorate to oversee and support all research activity across all healthcare sectors in Cornwall. In the last year 90 papers had been published and presentations had been given at national and international conferences. Staff in a number of services talked about their involvement in research and trials and about the impact of that in terms of improvements and changes to care and care pathways.

# Summary of findings

- A number of initiatives, many of which had started as research projects, had been established to provide convenient care to people in or close to their homes. These included a remote monitoring in the community, including a texting service, or diabetic patients in Camborne and Redruth and surrounding areas, an email service for renal patients to prevent them attending hospital and telephone clinics in neurology for patients with epilepsy.
- One of the trust's gynaecologists had been appointed as a specialist advisor for the scientific committee with the Royal College of Obstetricians and Gynaecologists (RCOG). This consultant was also the overall winner of the National Institute of Health and Care Excellence (NICE) 2015 shared learning award. This was in recognition of actions taken to improve clinical care for women with continence issues.
- Improvements to quality and innovation are recognised and rewarded through the trust "One+All We Care" Awards. The awards are designed to celebrate the contribution of teams and individuals across the trust "as they work to deliver outstanding care whilst meeting the values that we hold important to us as an organisation". The awards are given in five categories, one for each of the five trust values, to teams and individuals. The awards are very prominently displayed in one of the main thoroughfares of the hospital in a position to be seen by staff, visitors, patients and the public.
- The trust had been under significant financial pressure for a number of years. At the time of the inspection the trust was reporting a deficit of £6.9m against a planned deficit of £3.8m. This was a deterioration from the previous month and was due to a failure to deliver cost improvement plans and because variable pay remained high. Income was behind plan and the trust had short term plans in place including loan arrangements. The trust had plans to develop a formal financial recovery plan. Whilst this situation increased demands on managers within the trust there was no evidence that financial pressures had impacted directly on patient care, for example whilst efforts were being made to reduce agency spend the priority was to ensure the safe levels of staffing were achieved.

# Overview of ratings

## Our ratings for Royal Cornwall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Inadequate	Inadequate	Good	Good	Requires improvement	Inadequate
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Sexual health services	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for West Cornwall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	 Outstanding	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

# Overview of ratings

## Our ratings for St Michael's Hospital

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

## Our ratings for Royal Cornwall 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

- Kerensa ward had been appropriately designed to provide a safe and suitable environment for patients living with dementia.
- Advanced nurse practitioners in acute oncology provided an effective 24 hour telephone advisory service for patients receiving chemotherapy treatment. There was an established pathway for patients with suspected neutropenic sepsis, who were seen promptly by an advanced nurse practitioner in the Acute Admissions Unit or the Ambulatory Emergency Care Unit.
- A system of escalating concerns had been introduced, comprising communication prompts which were used to alert clinician colleagues of concerns which required immediate attention. SBAR - Situation, Background Assessment, Recommendation is a nationally recognised communication tool. This had been adapted to include 'Decision'. SBAR-D information was recorded on bright yellow 'escalation of care' labels, which were affixed in patients' notes.
- Surgical services had a compassionate and caring approach to people with a learning disability. There was a team of experienced staff to support people with different needs, and an innovative approach to meeting their needs, which included carrying out procedures at home if this was safe.
- There was an outstanding example of individualised and multi-professional care for a patient who had been in the unit for 10 months. The critical care team, the ambulance crew, the family and community teams were all instrumental in enabling the patient to go home safely. A member of the team arranged what was described as a "huge meeting with all the people who needed to be there to formalise [the patient's] discharge." There had been the arrangement of two visits home for the patient to build their confidence before the permanent move.
- The medical simulation training program training provided to obstetrics and gynaecology services (and other specialties) was outstanding. Training was provided every month and could be arranged on any of the obstetric clinical environments, or within a dedicated simulation suite. There was an emphasis on learning through the debriefing sessions that immediately followed simulation sessions. Staff feedback was consistently positive stating it enhanced team working, learning and confidence.
- Training programmes for staff on the paediatric units which involves allied health professionals and the regular use of simulation training. A programme of training was organised for clinical staff and allied health professionals to take part in. This involved multi professional meetings with specialist speakers, reviewing cases to share any learning points and a programme of using simulation training on a fortnightly basis. The simulation training was shared across the hospital and alternated between neonatal and paediatric scenarios. The scenario was videoed for future reference and sharing with colleagues who were unable to attend. Discussion and critique was a valuable part of the process and staff valued these opportunities to improve their skills without patient risk.
- Processes to engage with patients and the wider community such as the use of Facebook for surveys, using schools to consult with how children would like to see the service improve, using a form of real time feedback and responding to comments. There was a trial where medical and nursing students consulted with patients and families and fed back results to staff immediately. Staff said they had found this motivating and could deal with issues as they occurred.
- The interventional radiology team had won an innovation award for their success with the vascular access service. The vascular nurses used an ultrasound scanner to guide venous access for patients who were difficult to cannulate. They had extended this service to provide assistance to other teams within the trust where arterial access was difficult to achieve. The British Society of Interventional Radiology had awarded the interventional radiology department 'exemplar' status following an inspection in April 2015

# Outstanding practice and areas for improvement

- In the fracture clinic, a quick response code that could be read by personal mobile phones was attached to patients plaster casts that when scanned, provided information specific to the individual regarding their plaster care.
- At West Cornwall Hospital staff went the extra mile by providing a 'memory café' in the day room on a weekly basis. Patients and family members could attend for free and were invited to engage in singing, quizzes and games to help engage people living with dementia. Patients received tea and homemade cakes made by the nurses, along with prizes.
- The hospital worked closely with Age UK to provide additional services to patients on discharge. This ensured their home was ready for them when they returned. Their presence within the hospital also supported the care of patients living with dementia.

## Areas for improvement

### Action the trust **MUST** take to improve

- Ensure all patients are clinically assessed by a competent member of staff within fifteen minutes of arrival in the emergency department.
- Ensure deteriorating patients are recognised and treated quickly and are monitored effectively in the emergency department.
- Ensure staff are trained to recognise sepsis and that sepsis guidelines are followed in the emergency department.
- Ensure patients presenting to the emergency department are not re-directed to primary care services before being assessed by a competent member of clinical staff.
- Ensure there are systems in place to prevent repeat doses of medicines being given in error in the emergency department.
- Ensure patients' pain is assessed on arrival in the emergency department, treated quickly and re-assessed regularly.
- Ensure there are systems in place to prevent repeat doses of medicines being given in error in the emergency department.
- Ensure systems and process for quality monitoring and governance in the emergency department operate effectively to identify risk. Results from clinical audits must be reviewed and lead to changes in practice to improve patient safety. Performance data must be collected and discussed at relevant governance meetings.
- Take action to improve substantive staffing levels across the clinical divisions and reduce reliance on temporary staff who may not be suitably skilled or experienced. This will reduce the risk that patients' care and treatment is delayed or compromised. Also ensure nursing staff levels enable managerial staff to fulfil their responsibilities.
- Strengthen the nursing levels and reduce the number of agency staff used in critical care to reduce pressure on substantive staff. Alongside this, ensure there are full time managerial supernumerary roles, including the role of the clinical nurse educator, in line with the recommendations of the Faculty of Intensive Care Medicine Core Standards.
- Must ensure there are sufficient numbers of medical staff in obstetrics and gynaecology and the emergency department to provide care and treatment to patients in line with national guidance.
- Ensure there are sufficient staff in the clinical decision unit and children's emergency department.
- Take action to ensure that all staff are supported and enabled to undertake regular mandatory and professional training.
- Ensure staff working with children in the outpatients and diagnostic services are adequately trained in

# Outstanding practice and areas for improvement

safeguarding children level three as recommended by the intercollegiate guidelines published by the Royal College of Paediatrics and Child Health in March 2014.

- Ensure that staff receive regular supervision and performance appraisal in all divisions.
- Ensure that staff who set up syringe driving equipment are appropriately trained.
- Ensure that medical patients are admitted to the most appropriate specialty ward, according to their clinical needs. This should include the review of the outlier policy and the consistent application of bed management and escalation policies and processes designed to ensure that stroke and cardiology patients receive prompt and appropriate care and treatment.
- Take immediate steps to ensure that the backlog of patients awaiting cardiology procedures is eradicated.
- Continue to take steps to reduce the incidence of avoidable harm as a result of falls.
- Provide care and therapy to patients to enable them to receive an enhanced recovery from orthopaedic surgery.
- Improve bed management for elective surgery patients to ensure it is meeting the needs of all patients needing surgery in a timely, safe and responsive way.
- Ensure all patients whose surgery is unavoidably cancelled are treated within 28 days of their cancellation.
- Ensure the access and flow of patients in the rest of the hospital reduces delays from critical care for patients admitted to wards. Reduce the risks of this situation not enabling admission of patients when they need to be, or being discharged too early in their care. Reduce the unacceptable number of patient discharges at night. Ensure staffing levels safely support all commissioned beds. Reduce occupancy levels in critical care to recommended levels.
- Ensure that all patient's personalised end of life wishes are discussed and recorded. This should include their preferred place of dying and any spiritual needs. They should ensure that a patient's unmet emotional needs are identified and discussions with patients and relatives around end of life wishes are appropriately recorded.
- Take further action to reduce the number of clinics that are cancelled for avoidable reasons
- Ensure critical care staff have sufficient understanding of the Deprivation of Liberty Safeguards so practice meets both the law in this regard and trust policy.
- Must take effective action to transform how midwives are supported and embed an open, honest, transparent and learning culture across the maternity services.
- Ensure that patients considered to be in need of end of life care have the designated documentation completed.
- Ensure that Do Not Attempt Coronary Pulmonary Resuscitation part of the Treatment Escalation Plan is completed when required and is signed by the appropriate person and that assessments about patient's mental capacity are completed when required and that the reasons for the decisions are accurately recorded.
- Ensure that patient records are stored securely. Patient confidentiality must be maintained in accordance with the Data Protection Act
- Ensure the effectiveness of the isolator used for blood labelling used in nuclear medicine are monitored and that this equipment is maintained.
- Ensure that the environments where diagnostic testing takes place are adequately maintained so as to enable adequate decontamination to occur.
- Ensure the outpatient improvement board is effective in addressing the challenges to ensure patients have timely access to first and follow up outpatient clinics for all specialities and that clinics are run and booked to reduce cancellations.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Maternity and midwifery services	Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Surgical procedures	
Treatment of disease, disorder or injury	<p><b>Staffing</b></p> <p>18 (1)</p> <p>The provider had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff employed to meet the requirements of the fundamental standards.</p> <p>There were not always sufficient numbers of suitably qualified, skilled and experienced nursing staff in a number of areas including:</p> <p>Arrangements for the deployment of temporary staff in the medical division did not prove assurance that these staff were suitably skilled or experienced.</p> <p>The high level of nursing vacancies in critical care meant the supervisory nursing staff were not able to fulfil their managerial responsibilities at all times due to providing front-line care to patients.</p> <p>There were not always sufficient numbers of suitably qualified, skilled and experienced nursing staff in the emergency department in the childrens and clinical decision unit.</p>



## Requirement notices

There were not sufficient numbers of medical staff in obstetrics and gynaecology and the emergency department to provide care and treatment to patients in line with national guidance.

There were too many temporary staff used to fill gaps in shifts, which added pressure to the substantive staff team.

18(2) Persons employed by the service provider in the provision of a regulated activity must –

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The high level of nursing vacancies on surgery wards meant the supervisory nursing staff were not able to fulfil their managerial responsibilities at all times due to providing front-line care to patients.

Compliance with mandatory training was variable in many areas.

There was a lack of assurance that nursing staff had sufficient opportunities for clinical supervision, education or professional development.

Non-medical staff in surgery services had not met the trust targets for being provided with an annual performance appraisal.

Staff were setting up and operating syringe driving equipment without completing appropriate training.

Staff in the emergency department were not always competent to assess patients prior to referral to primary care services.

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Person Centred Care

9(1)(a)(b)

The provider had not taken adequate steps to provide appropriate care and treatment meet their needs

Medical patients were not always admitted to the most appropriate specialty ward, according to their clinical needs.

Cardiology and stroke patient did not always receive prompt and appropriate care and treatment because of the unavailability of specialist beds.

Patients' cardiac investigations were cancelled at short notice, sometimes more than once, because of the unavailability of specialist beds.

Due to poor patient access and flow, and demand for services leading to medical patients being accommodated in surgical wards, there was regular cancellation of surgery. Too many patients who had their surgery cancelled were not being re-booked within 28 days. Patients were remaining too long in recovery at times, some of whom required critical care admission. Some patients were being transferred to another area of the hospital when the recovery areas were full or needed a bed.

Not all patients were able to receive critical care following their surgery due to a lack of beds in that service.

This section is primarily information for the provider

## Requirement notices

Surgery services were not providing timely care and therapy to post-orthopaedic surgery patients to enhance their recovery.

Due to bed pressures, patients in the critical care service were not discharged in a timely way from the unit onto wards when they were ready to leave. Patients were also discharged too often at night and the occupancy in the unit exceeded recommended levels too often. Patients were prevented from accessing critical care due to a lack of beds. Elective surgery was regularly cancelled.

Take further action to reduce the number of clinics that are cancelled for avoidable reasons

9(3)(a)

The provider did not ensure that patients were involved in an assessment of their needs and preferences

Patients in the emergency department did not always have their pain assessed on arrival, treated quickly and re-assessed regularly.

End of life patients did not have personalised care and treatment plans in place and their involvement in these discussions was not sufficiently recorded.

Information was not fully completed for patients considered for do not resuscitate assessments in line with the Mental Capacity Act 2005.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

## Requirement notices

Regulation 13 The Health and Social Care Act 2008  
(Regulated Activities) Regulations 2014

Safeguarding service users from abuse and improper treatment.

13(5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Critical care staff were not following practice around the Derivation of Liberty Safeguards in accordance with the law in that regard, or the trust's policy.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 Health and Social Care Act 2008  
(Regulated Activities) Regulations 2014 (Part 1 and 2)

Good governance

17(2)(b)

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.

In the emergency department Governance and quality monitoring processes did not operate effectively to identify risk. Poor results from clinical audits did not always result in a change in practice that improved patient safety. Performance data was collected and discussed at consultants' meetings but not at governance meetings.

## Requirement notices

### 17(2)(c)

End of life patient care was not recorded consistently in a manner to ensure safety.

Assessments were not fully completed or recorded about patients mental capacity.

Patient records were not stored securely in outpatient departments. We saw evidence of this in all of the clinics we visited except for one. Patients medical records and other patient identifiable data were left unattended in unlocked rooms and on trolleys in corridors that were accessible to the public

### 17 2 (e)

The provider had not taken appropriate steps to ensure that systems and processes operated effectively to ensure compliance with the regulations in the Part. Such systems and processes must enable the registered person, in particular to- Seek and act on feedback from relevant persons on the service provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Whilst systems were in place to seek and act on staff feedback, these were not effective in the maternity and gynaecology services. Staff remained feeling worried and anxious with regard to raising any concerns due to a lack of appropriate support.

## Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 HSCA 2008 (regulated activities)  
Regulations 2014 Safe Care and Treatment

### 12(2 (a) (b)

## Requirement notices

Assessing the risks to the health and safety of service users of receiving the care or treatment. Doing all that is reasonably practicable to mitigate risk.

Not all patients in were clinically assessed by a competent member of staff within fifteen minutes of arrival in the emergency department.

Deteriorating patients in the emergency department were not always recognised and treated quickly and monitored effectively in the emergency.

Staff in the emergency department did not always recognise sepsis and follow the sepsis guidelines.

Systems in place in the emergency department did not protect patients from the risk of repeat doses of medicine being given in error. This was due to both paper and electronic systems both being operational and not all staff having access to the electronic system.

### 12 (2) (e)

The safety of some equipment used by the provider for care and treatment was not assured. The isolator used for blood labelling in the nuclear medicine department was due to be serviced in November 2015, but this had not occurred. A service had been scheduled for February 2016. Without regular servicing, the effectiveness of this machine could not be guaranteed, and there was no quality assurance in place for this isolator. We were told that the trust had not completed leak tests for the blood labelling isolators. There was a risk that the isolator used for blood labelling may not have been working to manufacturers specifications because the room where it was situated did not conform to guidelines that recommend a positive pressure environment. This resulted in a risk of contamination of the blood sample and radiation exposure to staff.

This section is primarily information for the provider

## Requirement notices

### Regulation 12 (2) (d)

All facilities where staff are using unsealed radioactive sources should have sealed walls and floors to enable effective decontamination if a spillage or spray of radioactive material occurs. The bubbling plaster wall in the nuclear medicine department posed a risk of radionuclide being absorbed and decontamination being ineffective.