

Chesterfield Royal Hospital NHS Foundation Trust

Quality Report

Chesterfield Road
Calow
Chesterfield
Derbyshire
S44 5BL

Tel: 01246 277271

Website: www.chesterfieldroyal.nhs.uk

Date of inspection visit: 20 February 2017

Date of publication: 17/05/2017

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

Good



Are services at this trust well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Chesterfield Royal Hospital NHS Foundation Trust was one of the first hospitals in the country to become a Foundation Trust in January 2005, and serves a population of around 441,000 across the Bolsover, Chesterfield, Derbyshire Dales and North Amber Valley, High Peak and North East Derbyshire districts.

Chesterfield Royal Hospital is a medium sized District General Hospital based a mile outside the centre of Chesterfield in an area known as Calow. The hospital is the town's largest employer with a workforce in excess of 3,500 staff and has a total revenue of £221.2 million.

Chesterfield Royal Hospitals NHS Foundation Trust is registered to provide the following Regulated Activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family Planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Surgical Procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

Chesterfield Royal Hospital NHS Foundation Trust was inspected on 20 February 2017. This inspection was a focused inspection following a comprehensive inspection in April 2015. The purpose of this inspection was to review how the provider was leading the organisation.

Our key findings were as follows:

- The trust had a clear vision of where it wanted to be which was articulated by staff.
- There were clear lines of accountability and appropriate board sub committee's in place.
- Information being provided to the board was relevant, timely and the narrative statements in reports supported the quantitative data being presented.
- The board used an integrated assurance system which provided the board with assurance of quality and performance. We reviewed the papers for the board and found papers to contain key information about performance and assurance. They were well organised and structured and actions monitored.

- Risks were reported to the trust board through the board assurance framework and the significant risk register, with the top risks being reviewed by the board at every meeting.
- Senior leaders were knowledgeable about the risks for the organisation.
- The leadership team were very cohesive and worked well together. They were clear about the direction of the trust and were committed to delivering the strategic vision.
- Staff told us there had continued to be a positive culture change in the organisation and staff were supported to develop. Leadership development had continued and the programme was highly valued by staff.
- There were systems in place for staff to be able to speak up. We did not receive any concerns from staff during this inspection in relation to bullying or harassment. The staff survey results for 2016 echoed this and the percentage of staff reporting they experienced bullying or abuse by staff was much better than the national average.
- The staff survey response rate was low with 34% of respondents completing the survey compared with 56% in 2015.
- The results of the 2016 NHS staff survey were disappointing. Their overall staff engagement score was 3.71 which put them in the lowest (worst) 20% when compared with trusts of a similar type. There had been no improvement in this score for the past four consecutive years.

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

Importantly, the trust should:

- The trust should take action to increase the response rate for the annual NHS Staff Survey.
- The trust should take action to improve the overall staff engagement score in the NHS Staff Survey.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Chesterfield Royal Hospital NHS Foundation Trust

Chesterfield Royal Hospital was built in the 1980s and became a foundation trust in 2005.

The hospital serves five local districts with a population of approximately 441,000. There is a small ethnic minority population, with over 96% of the population belonging to a white ethnic group. Life expectancy for both men and women in two districts (Chesterfield and Bolsover) is worse than the England average. In all five districts, the smoking status for mothers at time of delivery is worse than the England average.

The hospital provides 547 inpatient beds, and employs over 3,950 staff. In the year 2015 -16 there were more than 24,735 inpatient admissions, and 409,286 outpatient attendances.

The deprivation in the areas served by the Trust varies considerably with the highest levels of deprivation seen in Bolsover and Chesterfield ranked 58th and 91st most deprived local authorities out of 326, respectively. The three other districts serviced by the Trust have much lower levels of deprivation with East Derbyshire ranked 169th, High Peak ranked 189th and Derbyshire Dales ranked 241st.

Our inspection team

Chair: Ellen Armistead

Head of Hospital Inspections: Carolyn Jenkinson, Head of Hospital Inspection

The team included a CQC inspection manager, two inspectors and an assistant inspector.

Facts and data about this trust

Chesterfield Royal Hospital NHS Foundation Trust serves five local districts with a population of approximately 441,000.

It has 547 beds: 501 general and acute, 31 maternity and 15 critical care.


The trust employs 3,951 whole time equivalent (WTE) staff.

The trust has a total revenue of £221.2 million and its full costs were £220.4 million. It has a surplus of £0.8 million.

There were 24,735 inpatient admissions, and 409,286 outpatients (total attendances) between November 2015 and April 2016.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust well-led?</p> <p>We rated well-led as good because</p> <ul style="list-style-type: none">• The trust had a clear vision of where it wanted to be which was articulated by staff.• There were clear lines of accountability and appropriate board sub committee's in place.• The board used an integrated assurance system which provided the board with assurance of quality and performance. We reviewed the papers for the board and found papers to contain key information about performance and assurance. They were well organised and structured and actions monitored.• Risks were reported to the trust board through the board assurance framework and the significant risk register, with the top risks being reviewed by the board at every meeting.• The leadership team were very cohesive and worked well together. They were clear about the direction of the trust and were committed to delivering the strategic vision.• Staff told us there had continued to be a positive culture change in the organisation and staff were supported to develop. Leadership development had continued and the programme was highly valued by staff.• There were systems in place for staff to be able to speak up. We did not receive any concerns from staff during this inspection in relation to bullying or harassment. The staff survey results for 2016 echoed this and the percentage of staff reporting they experienced bullying or abuse by staff was much better than the national average.• The trusts Use of Resources Metric score at the end of February 2017 was "1." The Use of resources score is used by NHS Improvement to categorise providers against a list of metrics. Trusts are given of score of "1-4" with "1" being the best outcome.• Information being provided to the board was relevant, timely and the narrative statements in reports supported the quantitative data being presented.• Senior leaders were knowledgeable about the risks for the organisation. <p>However:</p>	<p>Good </p>

Summary of findings

- The staff survey response rate was low with 34% of respondents completing the survey compared with 56% in 2015.
- The results of the 2016 NHS staff survey was poor. Their overall staff engagement score was 3.71 which put them in the lowest (worst) 20% when compared with trusts of a similar type. This was the fourth consecutive year where the score was in the lowest 20%.

Vision and strategy

- The trust had a clear vision of where it wanted to be; “A first-class district general hospital (DGH) – the model for what a DGH can be in the service of its community – delivering sustainable high quality clinical care, offering an exceptional experience for our patients; and creating a great place for our staff to work.”
- Their ambition was underpinned by four values; compassion, achievement, relationships, and environment. These values were encompassed in the trusts statement, “Proud to Care.” This was used in all trust communication and was promoted throughout the hospital and services. The vision and values of the trust were known by staff.
- There were six core strategic objectives for the trust that were all underpinned by various strategies such as the quality strategy. In July 2016 the trust refreshed and launched its quality strategy which described how it will improve the quality of its services. There were a number of goals for improvement cited in this strategy. Each had their own improvement plan and actions were specific, measurable, achievable, realistic and timely (SMART). Performance against the improvement plan was reported bi-monthly to the Quality Assurance Committee (QAC) which was a sub-committee of the trust board. We saw progress was being made against the improvement plan.
- The trust had a focus on wanting to improve the quality and safety of the care being delivered to patients.

Governance, risk management and quality measurement

- An integrated quality governance team was led by the Director of Nursing and Patient Care.
- The trust had clear lines of accountability and appropriate board sub committee’s that were chaired by non-executive directors. All of the sub committees had terms of reference in place.
- We saw evidence of both the sub committees and the trust board reviewing their assurance and challenging where they did not have sufficient assurance.
- The board used an integrated assurance system which provided the board with assurance of quality and performance.

Summary of findings

We reviewed the papers for the board and found papers to contain key information about performance and assurance. They were well organised and structured and actions monitored.

- Risks were reported to the trust board through the board assurance framework and the significant risk register, with the top risks being reviewed by the board at every meeting. The BAF had recently been reviewed and revised. We saw that all risks were assigned to board committees and strategic risks were assigned to the board.
- There were four divisions in the trust, all of which had monthly quality meetings. The agendas for these quality meetings were standardised so that each division reported on the same areas.
- The leaders we spoke with during the inspection all felt there was the right balance of importance of both quality and finance at the trust board.
- We spoke with one non-executive director and the trust chair and they both told us there was a great deal of rigour and challenge at the trust board in order to gain assurance. From our review of board papers and minutes of the relevant sub committees we could see how the board were sighted on risk and sought assurance appropriately.
- Information being provided to the board was relevant, timely and the narrative statements in reports supported the quantitative data being presented.
- Senior leaders were knowledgeable about the risks for the organisation.

Leadership of the trust

- Since our last inspection in 2015 there had been a change in Chief Executive of the trust and a new Chief executive was appointed in October 2016.
- The trust Chair had been in post since 2015 and was very clear about her role in holding the executive team to account.
- The leadership team were very cohesive and worked well together. They were clear about the direction of the trust and were committed to delivering the strategic vision.
- Leaders in the organisation were visible and staff told us they were approachable. From our discussions with senior leaders we found evidence they shared the values of the organisation and were supportive of its vision and strategic aims.
- The trust Board met regularly in both public and private. It was made up of the required numbers of non-executive members. The non-executive directors brought a good mix of skills to the board and we saw evidence in the trust board minutes of how they challenged and held the executives to account.

Summary of findings

- The Medical and Nursing director worked well together and had been in post for some time. They were well established within the organisation and staff spoke highly of their leadership. The Chief Executive wanted to strengthen the clinical leadership and there were plans to introduce a deputy medical director post for the organisation.
- The trust had been a Foundation Trust since 2005 and had an established Council of Governors. We didn't speak with the Governors at this inspection because we had no evidence to indicate our previous assessment had changed. The Governors were valued by the trusts executive team and there were good relationships in place where the Governors felt able to hold the trust board to account. The minutes of meetings from the Governors demonstrated challenge being given back to the trust executive team.

Culture within the trust

- When we inspected the trust in 2015, we identified the culture of the organisation had changed to one where the focus was more on quality and safety. We noted the trust needed to work harder on its engagement with staff, and to ensure its most valuable resource were well motivated advocates for their organisation. At this inspection we spoke with staff who told us there had continued to be a positive culture change in the organisation and staff were supported to develop. Leadership development had continued and the programme was highly valued by staff.
- The Chief Executive, who was new in post at the time of this inspection told us about plans to strengthen middle management in the trusts.
- The trust held a "Leadership Assembly" which was a regular event with senior and middle managers and leaders to cascade key messages to leaders within the organisation. The aim was to ensure messages from the trust board were passed through the organisation. We saw how key messages had been cascaded and staff were positive about this approach.
- At our last inspection in 2015 some of our findings when we spoke with staff were at odds with the staff survey results. It was clear that staff were proud of their hospital and they liked working there. Many staff described a friendly, family feel to the hospital and felt they worked in supportive teams. We found the same during this inspection, with the staff at our focus groups speaking very positively about working at the trust. We

Summary of findings

did not hear any negative comments from staff at the focus groups we held. Furthermore, we have not received any comments from staff wanting to raise concerns with us after our inspection

- The trust had signed up to the 'Speak Out Safely' campaign which aims to encourage staff to raise concerns. There was a hot line in place for staff to share concerns. Staff had been encouraged by their leaders to be open with the inspectors during the inspection. The trust had also appointed a Freedom to Speak Up Guardian.
- We did not receive any concerns from staff during this inspection in relation to bullying or harassment. The staff survey results for 2016 echoed this and the percentage of staff reporting they experienced bullying or abuse by staff was much better than the national average.

Equalities and Diversity – including Workforce Race Equality Standard

- As part of our inspection, we reviewed how well the trust was adopting the Workforce Race Equality Standard (WRES) and realistically working towards achieving workforce race equality. The WRES and Equality Delivery System (EDS2) became mandatory in April 2015 for NHS providers. Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. The trust published their WRES report on their website.
- The trust had published their equality objectives on the trust website, which included for example establishing E-learning for E&D, regular reporting of workforce demographics and developing links with local E&D groups. The paper included updates of progress in relation to the objectives up to January 2017, indicating progress in promoting the E&D agenda across the trust, supported at board level.
- The trust had completed an EDS2 ratings evaluation with an outcome rating of 'developing'. The evaluation had included a range of equality and diversity (E&D) areas under the headings - Better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership.
- Chesterfield Royal Hospital NHS Foundation Trust (CRH) had a workforce which reflected the ethnicity of the local population with 95% as white British and 5% from visibly black and minority (BME) community backgrounds.
- The trust had a WRES lead at deputy director level and we saw evidence in trust board minutes of equality and diversity as a standing agenda item.

Summary of findings

- A People Committee established in July 2016, chaired by a non-executive, had a broad remit, which included equality and diversity and was an outcome of the trusts Peoples Strategy. The strategy included being inclusive and recognising diversity as a key value. Staff told us they were aware of these initiatives and said they had not experienced any discrimination, personal or within career development opportunities. However, Trust data and staff survey results (National NHS Staff Survey 2015) indicated 7% of staff had experienced discrimination at work in the previous 12 months.
- There had been no disciplinary action involving BME staff for the 12 months prior to our inspection.
- The trust did not have specific BME or lesbian, bisexual, gay or transgender groups (LBGT). However, actions had taken place to identify those who may benefit from such a group through requesting expressions of interest within staff communication systems.

Public engagement

- The Friends and Family Test (FFT) scores were about average when compared with other trusts. This test is based on a question asked of patients in all NHS trusts in England, “How likely are you to recommend this ward/clinic to friends and family if they needed similar care or treatment.”
- The trust set themselves local targets for the FFT and they were above the target for all areas with the exception of the emergency department.
- Following some investment over the previous 12 months, the trust had implemented real time patient feedback. Patients were able to provide live feedback in a variety of ways from paper based to electronic devices on wards and via SMS’ Staff could view electronic feedback through the hospital intranet. The questions in the real time survey included questions linked to the quality strategy ambitions. We saw detailed reports on the patient experience were reported to the trust board. Most importantly, these report described how the organisation had made changes as a result of patient feedback. It reinforced the trusts commitment to listen to patients and carers experiences of their care and treatment at the hospital.
- Each of the divisions had completed more in depth patient surveys and were developing plans to address the themes.
- Patients were invited to tell their stories at the beginning of trust board meetings and we saw evidence of this in meeting minutes. Patients had also attended divisional staff meetings. Staff told us they found these provided a powerful insight into patient experience.

Summary of findings

- The patient engagement team worked with the local Healthwatch and attended their patient forums in order to gain more information from people who used services at the trust.
- The trust had an Assistance and Complaints Service for patients and aimed to resolve as many as possible close to the point of the issue arising. The trust knew what their top themes of complaints and concerns were so they could aim to focus their work. The trust broke down the top themes from patient feedback by division and we saw this information was presented very clearly to enable staff to make improvements. We also saw evidence of how they had made changes as a result of patient feedback.
- The trust were using benchmarking data to compare understand their patient experience position in comparison to other trusts, particularly to those trusts rated as outstanding by the Care Quality Commission. Data showed the trust were in a good position compared with the national picture.

Staff engagement

- We met with staff side representatives during our inspection. Quarterly Staff Forum and monthly Staff Partnership Committee meetings were held. Representatives told us there was good engagement and cooperation with the trust. We were given examples where the board had listened to staff views, for example proposals to change the pay date each month did not proceed after concerns from staff.
- Staff side representatives confirmed to us they were actively involved in human resource policy decisions. One suggestion for improvement was that communication through middle management could be improved, however staff side representatives told us that senior managers were willing to listen to staff views.
- Staff forums were held on a quarterly basis. Minutes from the meeting identified actions to be taken and identified the staff responsible. A range of topics were discussed including staff uniforms, concerns about patient bed moves and car parking.
- The Staff Friends and Family Test was launched in April 2014 in all NHS trusts providing acute, community, ambulance and mental health services in England. Seventy four per cent of staff would recommend the organisation as a place to receive care.
- A new staff recognition and reward scheme was introduced called 'Applause'. The new scheme aimed to make it more accessible for groups of staff that were not always recognised for their contribution. The new scheme included ideas thank you cards, local schemes so that divisions could say thank you in their own way.

Summary of findings

- There was a staff health and well-being group who met regularly. A range of activities were available for staff to become involved in, these included yoga, hydration, a running group, the 5k Bolsover run and resilience training for staff.
- Staff attendance was constant at 95% for the rolling year.
- Staff turnover rates for the trust were 11.6% for the year 2016/17. The overall staff vacancy rates at January 2017 were 4%, this had increased since November 2016 when it was 3.5%.
- The overall staff sickness rate in December 2016 was 4.9%.
- Total spend on agency staff decreased to £930k in February, from £1,022k in January. This total spend comprised of £506k on medics (reduced from £626k in January), £293k on nursing (increased from £228k) and £132k on other staff groups (decreased from £169k). This equated to 7% of the pay bill.
- Consultant appraisal rates were 78% in March 2017 and appraisals for all non-medical staff were 68% in March 2017.
- The staff survey response rate was low with 34% of staff completing the survey compared with 56% in 2015.
- The results of the 2016 NHS staff survey were disappointing. Although there were improvements in some areas the trust continued to be a way off their ambition to be in the top 20% of trusts for staff engagement. Their overall staff engagement score was 3.71 which put them in the lowest (worst) 20% when compared with trusts of a similar type. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. This was the fourth consecutive year which the staff engagement score was low. Actions the trust had taken to improve the engagement score had failed to make the required improvements.
- The trust had a plan for how they addressed the staff survey and presented it to the trust board in March 2017. The plan set out a range of initiatives to address the findings but to also engage staff around the importance of giving their views.
- The trust were planning to implement Listening Into Action during 2017/18 pending approval they had been accepted onto the programme. Listening into Action is a nationally recognised method for engaging and empowering staff in improving the quality of patient care and experience.

Innovation, improvement and sustainability

- The Trust had been set a target level of agency spend for the financial year of £11.599m by NHS Improvement. The total agency spend at January 2017 was £1.9m worse than trajectory. Whilst the Trust had found the agency cap challenging and there was further progress to be made the Trust could evidence

Summary of findings

a 18% (£2.6m) reduction in agency spend compared to the equivalent 2015/16 financial position. This represented a reduction against both nursing (£0.6m) and medical agency (£2.1m) spend.

- The trust has been running a number of GP practices as part of its portfolio. The trust has created an 'arms-length organisation' (ALO) to help facilitate its transition into an organisation that provides a full range of healthcare services and specialties for people across the community. Officially registered with Companies House as 'Derbyshire Primary Care and Commercial Services' the arms-length organisation is classed as a limited company within the NHS.