

Stockport NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Good	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Stockport Foundation Trust provides services for around 350,000 people in and around the Stockport area with approximately 912 inpatient beds provided in both acute and community services. We carried out our comprehensive Inspection of Stockport NHS Foundation Trust on 19–22 January 2016.

We inspected and rated the following locations and services

- **Stepping Hill Hospital** is a busy general hospital that provided 833 inpatient beds and a full range of services including urgent care, maternity and children's services. We found that services were provided by dedicated, caring staff, and patients were treated with dignity and respect. However, improvements were needed to ensure that all services were safe, effective, well led and responsive to people's needs.

We rated the hospital as Requires Improvement overall.

- **Community Services for Inpatients (Shire Hill Intermediate Care Unit and the Devonshire Unit). Adults, Children and young People and End of Life Services .**
- We rated the Community Service for Adults as Requires Improvement and the Inpatient services, Children and young People and End of Life Services as Good overall.

We collated all the ratings and rated the trust as Requires Improvement overall.

Our key findings were as follows:

Key Question - Well Led

Leadership and Culture

Staff in hospital based services confirmed that the executive team and board members were accessible and responsive. Staff, in the main, felt well supported by their line managers and senior management as a whole. Staff felt positive and valued by the organisation.

There was an open culture that supported the reporting of incidents to improve care and create opportunities for learning.

Staff felt encouraged to raise issues and concerns and were confident in doing so.

However, in Community Services for Adults, we found that there was a disconnect between staff above Band 7 and staff below. Locally staff were well supported however, staff reported that they never saw the Senior Team and did not feel part of the trust but rather part of an individual Community Healthcare Service. Staff in this service felt that the communication with the Executive Team was poor and infrequent.

In Community End of Life Services Staff we found that locally there was clear leadership for end of life care within the specialist community services. However, the team felt remote from the day-to-day activities of the trust. When we asked if staff felt supported by managers there were mixed responses. There had recently been changes to the middle management structure within the Stockport team and staff felt that they would benefit from better communication from senior leaders to support this change.

Macmillan nurses in Tameside and Glossop felt that the support network within their team was excellent.

Community staff were familiar with the Chief Executive 'Choc and Chat' meetings and other staff engagement opportunities but stated that due to work pressures they found it difficult to attend.

Overall, we found that Staff employed by the trust were proud of the work they did and demonstrated a commitment to providing patients with high quality services. Although there was an improving culture in most areas, there were still some staff groups that felt the trust still had work to do to address their concerns and improve engagement. This was particularly evident in community services.

Vision and values

The trust's vision was to be nationally recognised for specialism in the care of older people and as an

Summary of findings

organisation that provides excellent cancer care. The vision was underpinned by the trust's 'Your Health. Our Priority' promise and a range of values and value based behaviours that included;

Quality & Safety

- Safe, high quality and compassionate care.
- Clean and safe environment for better care.

Communication

- To treat patients, their families and our staff with dignity and respect.
- To communicate with everyone in a clear and open way.

Service

- To provide effective, efficient and innovative care.
- To work in partnership with others, to deliver improved care, in the right place at the right time.

Strategy

The trust had developed a strategy for the future provision of services with specialist Health Economists over an 18 month period accounting for demand, the health needs of the population served and future growth.

The Strategy had been developed into a delivery plan and included an innovation programme focused on improving quality, a focus on caring for older people and providing cancer care out of hospital. The plans were being implemented at the time of our inspection and included a capital development of £20m in a new Surgical Centre scheduled for September 2016 that would significantly improve the trusts estate and enhance patient experience.

Governance and risk management

The trust's governance and risk management arrangements had been externally reviewed against Monitor's "Well led Framework" in 2014- 15. (Monitor was the former regulator for NHS Foundation Trusts) (Since April 2016 Monitor has become part of NHS Improvement a new body that is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers

that provide NHS-funded care. The organisation offers support to providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable).

In July 2015 Monitor determined that it was satisfied that the trust had complied with the actions in relation to board effectiveness and governance of the discretionary requirements it had imposed in August 2014.

It was evident that since the imposition of the requirements the trust had strengthened its governance systems and processes. There was an improved assurance meetings structure for the Board, Council of Governors and Business Groups, as well as an improved Board Assurance Framework and Board reporting of performance through the development of the Integrated Performance Report (IPR). The Board Assurance Framework (BAF) was better aligned to the trust vision and priorities. The BAF was linked appropriately to a risk register that was regularly reviewed

In addition, there had been investment in regular Board and Council development; examples included Haelo, 'Making Safety Visible' programme and IOSH training.

The trust was one of the first trusts to achieve ISO 22301(Business Continuity Management).

Key Question - Safe

Nurse Staffing

The trust used a nationally recognised acuity tool to determine the number and skill staff required in wards, departments and services. Staffing establishments were reviewed twice yearly.

In adult inpatient services across the trust monthly safe staffing figures showed an overall fill rate of over 90% against funded establishments.

However, in Stepping Hill Hospital we found staffing shortfalls in Maternity, Paediatric and Urgent Care services. In medical services there was also a heavy reliance on staff moving across wards, coupled with the use of agency and bank staff to maintain adequate staffing levels. The use of staff in this way was not sustainable in the longer term and addressing staff vacancies was a priority for the trust.

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Nurse staffing levels on the Treetops (children's) ward did not reflect Royal College of Nursing (RCN) standards and staffing on the neonatal unit did not always meet standards of staffing recommended by the British Association of Perinatal Medicine (BAPM).

In the Urgent and Emergency care department the staffing levels also required improvement. The expected day time shift for the department were 12 registered nurses and three health care assistants. There were occasions when the required staffing levels were not met. This resulted in additional pressures on an already very busy department.

Midwifery staffing was described as a day to day "challenge" by the managers. 96 incidents had been reported between November 2014 and October 2015 about low staffing numbers that had affected patient care. The ratio of midwives to births was 1 to 30 which was worse than the England average of 1 to 27.

Actions to improve the midwifery staffing included an additional five full time midwives on 12 month contracts to cover maternity leave and long term sickness vacancies.

There was an escalation policy which included moving staff between areas, using non-clinical staff to provide cover in a clinical area or asking staff to come in from home. In order to support the staff on the maternity units the band 7 midwives had an on call rota and there was always a supervisor of midwives on call. There was a supernumerary co-ordinator on the delivery suite every day.

The trust was aware of its staffing challenges and had an ongoing programme of staff recruitment both locally and overseas. As a result the numbers of trained nurses and midwives was increasing and reliance on agency staffing was reducing.

Nevertheless the trust still faced a number of staffing challenges both in the hospital and community settings that meant there were times when services did not have appropriate numbers of staff to meet patient needs.

Community Nurse Staffing

Reviews of District Nursing services carried out by NHS England and by the trust indicated that the services were operating with reduced staffing levels that had not been

planned to meet the needs of the local population. Nurses' working beyond their contracted hours was not an exception but an almost daily occurrence. This was a matter that required focused action.

Medical Staffing

There were sufficient numbers of suitably skilled medical staff to care for patients. Where vacancies were present the trust employed locum doctors to support and maintain suitable medical cover to meet patient's needs. Nevertheless we were concerned that there was a 50% vacancy rate for consultant posts within the emergency department. Managers were using locum consultants to maintain the consultant rotas; however, again this was not a sustainable long term position. Senior managers recognised this and were working to recruit additional consultants as a priority.

Mortality Rates

There was good oversight of mortality rates and there were robust systems and processes in place to review mortality and share learning as appropriate.

Mortality reports were regularly submitted to Business Group Quality Board.

In Surgical and Critical Care there were processes in place to review all deaths and in Medicine, review process were based on 'red flag' triggers that were condition or disease related.

The trust's mortality rates compared well with the England average. (SHMI, RAMI, HSMR comparative data)

Safeguarding

Staff were able to identify and escalate appropriately issues of abuse and neglect. Practice was supported by ongoing staff training. The trust safeguarding team provided support and guidance for staff so that safeguarding issues were escalated and managed appropriately.

Trust data confirmed that 87% of all staff had completed their adult safeguarding training. (The trust target was 85%).

In services for children and young people 91% of staff in the children and families division were up to date with level 2 safeguarding adults training and 94% with safeguarding children.

Summary of findings

In the last year staff were required to complete safeguarding in children training to level 3. In September 2015 80% of relevant staff had completed this training.

Staff had also received training in the recognition and reporting procedures for female genital mutilation (FGM). Midwives were aware of the trusts' policy and changes to reporting requirements which had come into force in October 2015. However, not all junior doctors were conversant with FGM legislation.

Current procedures for reporting a safeguarding concern were readily available to staff in written format and on the intranet.

There were also procedures in place to safeguard patients who did not attend for antenatal or postnatal appointments. This included prompts to identify patients in vulnerable circumstances and steps to ensure their safety status was followed up.

Cleanliness and Hygiene

There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.

The trust had introduced PCR testing for clostridium-difficile that ensured rapid results were available to medical teams to reduce the potential spread of infection within inpatient areas. We considered this to be an example of good practice.

There were regular audits of cleanliness and infection control standards with good levels of compliance. Where audits identified shortfalls in practice action plans were developed and implemented to secure improvement.

Infection rates were within the England average.

Key Question - Effective

Hydration and nutrition

Across all in - patient and community services patient records included assessments of patient's nutritional requirements; fluid and food charts were reviewed and updated regularly.

Specialist dieticians were involved with patients who were identified as needing a special diet or support.

Patient records included appropriate assessment of nutritional requirements and were regularly reviewed.

Patients who required support and assistance with eating and drinking were supported in a sensitive and discreet way.

Patients were generally positive about the range and quality of food available.

Children and young people were offered a choice of meals that were age appropriate and met their individual needs. A review of meals available to children was being undertaken at the time of our inspection.

There were two paediatric dieticians available who supported children with specialist dietary needs.

However in the adult A&E department Patients' nutritional and hydration needs were not always identified and addressed appropriately.

Key Question - Caring

Care and treatment was delivered by caring, committed, and compassionate staff.

Staff at all grades and in all disciplines treated people with dignity and respect. Patients were positive about their interactions with the staff team. Staff were open, friendly and helpful, many went out of their way to help and support patients.

Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients felt included and valued by the staff and felt encouraged to be partners in care.

Patients and those close to them understood their treatment and the choices available to them.

Meeting people's emotional needs was recognised as important by staff and they were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.

Key Question - Responsive

Access and Flow

The trust continued to experience significant difficulties in the Accident and Emergency department. The trust had consistently failed to meet The Department of Health target for emergency departments to admit, transfer or

Summary of findings

discharge 95% of patients within four hours of arrival. This meant that large numbers of patients frequently and consistently experienced unacceptable waits and were not able to access emergency care in a timely way.

We also found that there was routine overcrowding in the adult A&E department. Ambulance crews frequently queued in the department corridors with patients waiting to be admitted and there were considerable delays in patient handovers.

The trust was aware of this long term problem and had invested in a number of improvement programmes as well as investment in extra medical and nursing staff. Initiatives included: the introduction of an Ambulatory Care Unit, a new Medical Assessment Unit, a Surgical Assessment Unit, a Short Stay Older People's Unit, an electronic ED system, coupled with additional consultant investment in Cardiology, Gastroenterology, Acute Medicine and Older People's Medicine.

However, many of these initiatives had been hampered by the designated service areas being used to place patients who were waiting to be moved to an inpatient area or to be discharged, consequently staff were not able to maximise the potential for impact on improving patient access and flow throughout the hospital.

The trust was working closely with the Local System Resilience Group on this important issue and the trust had met with local commissioning board's to discuss performance and monitor the implementation and monitoring of improvement. Nevertheless performance remained poor and was in need of significant improvement.

More positively, the trust was meeting referral to treatment targets in many other areas. All cancer targets had been achieved, the national 6 week diagnostic target was achieved and pressures in Outpatient delays in Medicine were resolving and performance was improving. The rescheduling of cancelled operations had been of concern; however, performance had improved considerably over the last six months.

We saw several areas of outstanding practice including:

- The introduction of PCR testing for clostridium-difficile ensured rapid results were available to medical teams to reduce the potential spread of infection within inpatient areas.

- The paediatric unit had created specific packs to support parents whose children were having specific procedures for example a DVD and self-help pack had been created for children having spica surgery. This included contact details for parents who had had a similar experience.
- The neonatal unit had a range of leaflets that complemented their 'baby passport'. The leaflets were staged depending on the baby's development. Parents were prompted via the 'baby passport' and nursing staff to know which information leaflets were relevant to them at a particular point in time.
- Care on the Laurel suite and on the Bobby Moore Unit was outstanding. Staff were strongly person centred and understood and respected the totality of patient's needs. They involved patients as partners in their care and provided high levels of emotional support.

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

Importantly, the trust must:

Stepping Hill Hospital

Urgent and Emergency Services

- The trust must ensure that all medications in the emergency department are securely stored at all times.
- The trust must ensure that patients received their medications in timely manner and ensure that any necessary checks are completed in line with local and national guidance and policy in the emergency department.
- The trust must ensure that patient records are accurate, up to date and reflect the care the patient received in the emergency department.
- The trust must ensure that all staff are up to date with their mandatory training in the emergency department. Specifically in relation to life support and patient manual handling.

Summary of findings

- The trust must ensure that patients are protected from infections by isolating patients with suspected infections and cleaning areas where patients receive care in line with their infection control policies and procedures in the Emergency Department.
- The trust must ensure that patients risk is appropriately identified and all possible measures are taken to minimise risks to patients safety are in place. Specifically in relation to patients being accommodated in areas not designed for clinical care such as corridor areas.
- The trust must ensure that patients are treated with dignity and compassion and that their dignity and privacy is maintained at all times while they are in the emergency department.
- The trust must ensure that patients can access emergency care and treatment in a timely way.
- In times of pressure the trust must ensure that the trusts internal escalation policies are followed appropriately.
- The trust must ensure that there is an adequate policy or procedure to guide the practice of 'boarding' to ensure patient safety.
- The trust must ensure that all risks identified in relation to the emergency department are appropriately risk assessed and appropriate control measures are in place.

Critical Care

- The trust must ensure that the practice of pre-filling syringes with intravenous medicines and then storing them in the fridge is not continued. For any scenario where a clinical decision results in this practice being reconsidered, then a detailed risk assessment should be undertaken, which should include the involvement of the critical care pharmacist.

Maternity and Gynaecology

- The trust must ensure all staff are up to date with adult basic life support training
- The trust must ensure there is a system in place to learn and share learning from incidents.

- The trust must ensure all steps of the safer surgery checklist are completed for all surgical procedures in the obstetric theatre.
- The trust must ensure a system is in place to monitor patient outcomes against set local or national targets.
- The trust must ensure midwives are up to date with skills and drills training
- The trust must ensure midwives assisting the anaesthetist in the obstetric theatre are trained in line with national guidance.
- The trust must ensure there is a system for continuous monitoring of the quality of the service provided and make necessary improvements.

Children and Young People

- The trust must ensure there is a senior staff member on each shift on the paediatric unit.
- The trust must ensure there is a staff member that is HDU trained on each shift on the paediatric unit.
- The trust must ensure the door exit systems on the paediatric and neonatal unit are secure.
- The trust must ensure staff members' medications are securely stored and do not include the trust's generic medications.
- The trust must ensure that fridge temperatures are regularly checked, documented and acted upon in accordance with the trust's policy and procedures.
- The trust must ensure all staff working with children and young people have level three safeguarding training.

Community services

Action the provider MUST take to improve

- The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff in District Nursing services to make sure that they can meet people's care and treatment needs in a timely and appropriate way. Staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.
- The trust must desist from the sharing of treatment rooms for patients at Hazel Grove Health Centre to ensure the privacy and dignity of service users.

Summary of findings

- The trust must screen off or move the area in reception used for a Mother and Baby Clinic at Hazel Grove Health Centre to ensure the privacy and dignity of service users.
- The trust must ensure that patient consent to treatment is indicated on Diabetic Clinic notes, even if this is just implied consent.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Stockport NHS Foundation Trust

Stockport NHS Foundation Trust was one of the first ten Foundation Trusts in the country. The trust provides hospital services for children and adults across Stockport and the High Peak district, as well as community health services for Stockport, Tameside and Glossop.

Stepping Hill Hospital is the Trusts main acute site which provides emergency, surgical and medical services and is accompanied by 17 community sites and serves a population of approximately 350,000 people.

Overall, Stockport and the High Peak have lower levels of deprivation than the England average, with life expectancy and mortality rates in line with the England average.

The rate of alcohol-specific hospital stays for under 18s and hospital stays for self-harm is significantly worse than the England average in both areas.

Health priorities in the High Peak areas include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

Health priorities in Stockport include reducing alcohol misuse, promoting mental wellbeing and resilience, reducing health inequalities, and promoting physical activity.

Our inspection team

Our inspection team was led by

Chair: Dr Gill Gaskin Medical Director

Head of Hospital Inspections: Ann Ford , Care Quality Commission

The team included a CQC Inspection Manager, 16 CQC inspectors and a variety of specialists including a, Community Matron, Consultant Physician, Clinical Nurse

Specialist:, Consultant Surgeon, Matron for Theatres, Midwife, Consultant Obstetrician, Paediatric Nurse Consultant, a Head of Safeguarding, a Senior Governance and Risk Manager, Clinical Governance lead, a Medical Director an Emergency Department nurse specialist, a Paramedic team manager, a Critical Care nurse, an End of Life Care Consultant and Nurse Specialist and an Expert by Experience

How we carried out this inspection

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

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

Prior to the inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. We interviewed staff and talked with patients and staff from all the services we visited.

We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We received feedback through focus groups for a variety of staff groups.

Summary of findings

We held a listening event on the 12 January 2016 where members of the public were invited to discuss their experience of services provided by the Trust.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at the trust.

What people who use the trust's services say

- The Friends and Family test (FFT) asks patients how likely they are to recommend a hospital after treatment. At the time of the inspection the Devonshire centre scored 100% with the number of responses being five. Patients and visitors also had opportunity to give feedback via a comments box which was available at the entrance to the ward. Data regarding the comment cards submitted has been requested from the trust.
- For the NHS Friends and Family Test (FFT) the trust is similar to the England average for those who would recommend the trust between July 2014 and June 2015. However the trust response rate was 44.1% against the England average of 34.5%.
- The Trust has been higher than the England average for the Patient-Led Assessments (PLACE) from 2013 - 15
- The Trust scored in the middle 60% for 42 out of 63 questions in the Cancer Patient Survey. 16 questions scored in the bottom 20% and 5 questions scored in the top 20%.
- The Trust scored about the same as others for the majority of questions in the CQC In-patient survey, and better in one (Q48).
- The trust scored about the same as other trusts for 15 of the 23 caring questions and better than other trusts for 8 questions in the Children's survey.

Facts and data about this trust

The Trust provides 833 Beds.

- 766 General and acute beds
- 54 Maternity beds
- 13 Critical care beds

The Trust Employs 5768 staff

- 328 Medical staff
- 1894 Nursing staff
- 3546 Other staff

The Trusts Activity summary (Acute)

Activity type

- Outpatient (total attendances June 14 – June 15)
- Accident & Emergency

(attendances 04/01/15 – 11/10/15)

Number of attendances

Outpatient (total attendances June 14 – June 15) 394,141

Accident & Emergency (attendances 04/01/15 – 11/10/15) 71,594

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated the safety domain as Requires Improvement because;</p> <ul style="list-style-type: none">• In Stepping Hill Hospital, we found that the systems to prevent avoidable harm were not always consistently applied and placed patients at risk as a result.• This was a particular issue in the Adult A&E department where we found safety to be compromised in a number of key areas including medicines management, staffing and the observation and recording of patients whose condition may deteriorate.• There were also areas of concern in relation to cleanliness in the A&E department where we found that cubicles and other patient areas were not always thoroughly cleaned in between patient use.• In maternity and services for children and young people nurse staffing and skill mix was a concern. In both areas staffing levels did not meet national guidance (paediatrics) and there were times when there were insufficient midwives to meet the needs of patients.• Also in maternity services we found that medicines were not managed in accordance with best practice guidance and there was limited feedback provided to staff following incident reporting. This meant that opportunities for learning and improvement could be lost.• In addition, in Community Services, reviews of District Nursing services carried out by NHS England and by the trust indicated that the services were operating with reduced staffing levels that had not been planned to meet the needs of the local population. Nurses' working beyond their contracted hours was not an exception but an almost daily occurrence. This was not a sustainable position and a matter that required focused action by the trust. <p>However,</p> <ul style="list-style-type: none">• The trust had systems and processes in place to promote the provision of harm free care to patients.	<p>Requires improvement </p>

Summary of findings

- Patients in the main received care and treatment in environments that were visibly clean and there were robust systems for the prevention and control of infection
- Staff were aware of and adhered to current infection prevention and control guidelines. Cleaning schedules were in place, with clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- Infection rates were within an acceptable range for a trust of this size.
- Incident reporting was, in the main, well understood by staff. Staff escalated and reported incidents appropriately. There was evidence of organisational learning and improvement as a result of incident investigations. There had been a range of work undertaken to improve the investigation of never events (Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented) and serious incidents with a view to improve and implement opportunities for learning to prevent reoccurrence.
- There were good systems in place to identify patients whose condition was deteriorating so that prompt medical intervention could be sought. However this was not consistently applied in the adult A&E service at Stepping Hill hospital.
- Staff were able to identify and escalate appropriately issues of abuse and neglect. Practice was supported by regular and ongoing staff training. The trust safeguarding team provide support and guidance for staff so that safeguarding issues were escalated and managed.
- In adult in patient services there were sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patient's needs were met appropriately and promptly.
- Patients care and treatment was regularly reviewed by skilled and competent medical staff.

Safety Thermometer (Avoidable Harm)

- The NHS safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and 'harm free' care. Performance against the four

Summary of findings

possible harms; falls, pressure ulcers, catheter acquired urinary tract infections (CAUTI) and blood clots (venous thromboembolism or VTE), should be monitored on a monthly basis.

- The trust reported low numbers of Pressure ulcers, Falls and C.UTI's between September 14 and September 15.
- In wards where a patient had suffered a fall staff adopted 'stop look and listen' falls prevention initiative and implemented the 'falls pictorial assessment prompt card' to support appropriate risk assessment a reduction in the numbers of falls.

Incidents

- The trust has an average rate of incident reporting than the England average based on the November 2015 data. The Trust reported 8,375 incidents with 5,936 reported as no harm. This indicates a positive reporting culture.
- The trust had robust electronic systems for reporting actual and near miss incidents across all services. The reporting system was underpinned by an incident management policy and a serious incident standard operating procedure.
- Staff were supported and encouraged to report incidents in a culture of improvement
- The trust had reported 206 Serious Incidents between October 2014 and November 2015.
- 4 Never Events were reported between October 2014 and November 2015:
- The trust had commissioned an external review of the never events in response to the review the trust had taken action to implement a range of recommendations including:
- Set up of a task and finish group to consider recommendations from the review
- Incorporated the Safer Surgery checklist criteria into Radiology interventional procedures and the cardiac catheter lab
- Work was in progress to ensure that all national guidance related to interventional procedures had been incorporated into an overarching policy
- Recommendations of the Association for Perioperative Practice (AfPP) for swab checks incorporated into Trust policy
- Guideline for surgical procedure checks written as a policy, including the escalation process to follow in the event of a missing item
- Established a Safer Invasive Procedures Steering Group
- Implemented arrangements for the introduction of formal audits and spot checks for the departments of radiology, endoscopy, catheter lab and theatre.

Summary of findings

- Since November 2015 there had been no further reports of never events
- We reviewed 5 serious incident investigations and there was evidence of a robust approach to investigation, organizational learning was captured and examples of changes in practice to prevent recurrence.
- Learning from incidents was discussed within the monthly governance meeting. There was evidence of lessons learned being discussed and cascaded to front line staff.
- However in Maternity services at Stepping Hill Hospital we found that there was a lack of learning and feedback from incidents to ensure necessary changes were made to prevent incidents of a similar nature.

Control and prevention of infection.

- Patient areas throughout the trust were visibly clean and maintained to a good standard.
- Staff were aware of and adhered to current infection prevention and control guidelines. Cleaning schedules were in place, with clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- There were infection control nurses in place who supported staff in good practice.
- There were regular audits of cleanliness and infection control standards with high levels of compliance across the trust. Where audits identified shortfalls in practice action plans were developed and implemented to secure improvement.
- There have been 3 cases of MRSA between August 14 and August 15.
- MSSA incidents were generally below the England average aside from notable increases in September 14, October 14 and August 15.
- The number of C.Diff incidents was generally similar to the England average aside from a notable increase in August 15. In response the trust had implemented
 - An improved turnaround time for diagnostic testing
 - An AQUA facilitated workshop on isolation facilities
 - Introduced an Antibiotic app
 - Reviewed antibiotic guidelines
 - Syndromic prescribing
 - Deep Ward cleans on a rolling programme.

Overall Infection rates were consistent with the England average.

Nurse staffing

Summary of findings

- Staffing levels were set and reviewed every six months using the ‘safer nursing care tool (Shelford Group, 2013)’ endorsed by the National Institute for Health and Care Excellence. This is an evidence based tool that allows nurses to assess patient acuity and dependency and to determine the recommended number of staff.
- In adult in patient services, there were sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patient’s needs were appropriately met.
- Staff escalated staffing concerns to managers in accordance with the trust wide escalation policy.
- Where there were staff vacancies, staffing levels were maintained by staff working overtime and with the use of bank and agency staff. Agency staff were subject to local induction and checks were made to ensure they were competent in the area in which they were placed.
- All adult acute inpatient wards compliant with NICE guidance 1: 8 ratio
- Monthly safe staffing figures showed an overall fill rate of over 90% against funded establishments in these areas.
- There was evidence that reliance on agency staffing was reducing (3.4% RNs (Nov 15))
- The trust continued to recruit nurses both locally and internationally.
- However, in Stepping Hill Hospital we found staffing shortfalls in Maternity, Paediatric and Urgent Care services. In medical services there was also a heavy reliance on staff moving across wards, agency and bank staff to maintain adequate staffing levels. The use of staff in this way is not sustainable in the longer term and addressing staff vacancies was a priority for the trust.
- Nurse staffing levels on the Treehouse ward (Children’s) did not reflect Royal College of Nursing (RCN) standards and staffing on the neonatal unit did not always meet standards of staffing recommended by the British Association of Perinatal Medicine (BAPM).
- In the Urgent and Emergency care department the staffing levels also required improvement. The expected day time shift for the department were 12 registered nurses and three health care assistants. The required staffing levels were not always met.
- Midwifery staffing was described as a day to day “challenge” by the managers. 96 incidents had been reported between

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November 2014 and October 2015 about low staffing numbers that had affected patient care. The ratio of midwives to births was 1 to 30 which was worse than the England average of 1 to 27.

- Actions to improve the midwifery staffing included an additional five full time midwives on 12 month contracts to cover maternity leave and long term sickness vacancies.
- There was an escalation policy in Maternity that included moving staff between areas, using non-clinical staff to provide cover in a clinical area or asking staff to come in from home. In order to support the staff on the maternity units the band 7 midwives had an on call rota and there was always a supervisor of midwives on call. There was a supernumerary co-ordinator on the delivery suite every day.

Community Nurse Staffing

- Reviews of District Nursing services carried out by NHS England and by the trust indicated that the services were operating with reduced staffing levels that had not been planned to meet the needs of the local population. Nurses' working beyond their contracted hours was not an exception but an almost daily occurrence. This was a matter that required focused action

Assessing and responding to risk

- The trust had implemented a range of systems and processes across all of its services to manage risks to patients.
- Patients at high risk were placed on care pathways and individualised care plans were put in place to ensure they received appropriate care.
- Risk assessments included falls, pressure ulcer and nutrition (Malnutrition Universal Screening Tool or MUST).
- A paediatric early warning score (PEWS) system was in use in services for children and young people. This tool supported early identification of children at risk.
- We reviewed a number of records and we found that children were managed in accordance with the trust's deteriorating child policy.
- An early warning score (EWS) system had been implemented across adult acute in patient services. The EWS system was used to monitor and identify patients at risk of deterioration and prompt staff to take appropriate action in response to any deterioration. Staff were required to carry out monitoring in

Summary of findings

response to patients' individual needs to identify any changes in their condition quickly; however the system was not consistently applied. This was a particular issue in the Accident and Emergency Department in Stepping Hill Hospital.

- In addition the trusts own policy for the identification and management of patients with sepsis was also not consistently applied within the adult Accident and Emergency Department.
- In Maternity Services at Stepping Hill Hospital the systems for checking emergency equipment did not provide assurance that it would be in full working order with all items present if required.

Duty of Candour

- The trust had good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff, with the exception of the staff we spoke with in the Critical Care Service at Stepping Hill Hospital were aware of their responsibilities in this regard and Duty of Candour training was included as part of investigation training.
- There was evidence that the trust was open and honest with patients and those close to them when things went wrong.
- Records showed that in cases of harm meetings with, and formal apologies to patients and their relatives had been made, along with an explanation of the actions that would be taken to prevent the issue happening again.
- Patients who were involved in a Duty of Candour incident were provided with a leaflet explaining the process and what they could and should expect from the trust in respect of the incident.

Safeguarding

- The trust was active and responsive in meeting its obligations in respect of child and adult safeguarding.
- Staff were able to identify and escalate appropriately issues of abuse and neglect.
- Practice was supported by ongoing staff training. The trust safe guarding team provide support and guidance for staff so that safeguarding issues were escalated and managed appropriately.

Summary of findings

- Trust data confirmed that 87% of all staff had completed their adult safeguarding training. (The trust target was 85%).
- In services for children and young people 91% of staff in the children and families division were up to date with level 2 safeguarding adults training and 94% with safeguarding children.
- In the last year staff were required to complete safeguarding in children training to level 3. In September 2015 80% of relevant staff had completed this training and the trust was on track to meet its internal training target.
- Staff had also received training in the recognition and reporting procedures for female genital mutilation (FGM).
- Midwives were aware of the trusts' policy and changes to reporting requirements which had come into force in October 2015. However, not all junior doctors were conversant with FGM legislation.
- Current procedures for reporting a safeguarding concern were readily available to staff in written format and on the intranet.
- There were also procedures in place to safeguard patients who did not attend for antenatal or postnatal appointments. This included prompts to identify patients in vulnerable circumstances so that appropriate enquiries and checks could be made.
- The trust had developed a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors including volunteers in response to the Saville Report recommendations.

Medicines management

- The trust had developed a Medicines Management strategy (2015-2017) designed to align with Trust strategic priorities of quality, collaboration and efficiency.
- In addition, the trust had a comprehensive Medicines Management Policy in place for the use of all staff who prescribe, administer or handle medicines as part of their role. The implementation of the strategy and the implementation of the policy were overseen by Medicines Management Committee who in turn reported to the board via the Quality Governance committee.
- The policy was underpinned with a range of systems and processes in place for the safe management of medicines, however these were not consistently followed and there were a number of areas where medicines management required improvement. This was a particular concern in Stepping Hill Hospital.

Summary of findings

- In the Urgent and Emergency care department medications were not always securely stored and arrangements for secure transfer not always followed. The operation of an electronic and paper based system presented a risk in terms of administration of medicines with the potential for doses of medicines to be duplicated or omitted.
- Patients were not always receiving prescribed pain relief in a timely way while they were in the adult accident and emergency department.
- In the Critical Care unit there was a practice of pre-filling syringes with intravenous medicines and then storing them in the fridge which was then left unlocked. This was not safe practice. We raised this with the trust at the time of our inspection and the practice was immediately ceased.
- In the paediatric unit staff medications were found to be stored within a cupboard with patient medication. On examination of the cupboard, codeine phosphate belonging to the trust was found in with staff's own medications. This gave cause for concern that trust medications may be being taken for staff members' personal use. Additionally this medication should have been securely stored.
- In addition, in Maternity services there was no input by the pharmacy department into the management of medicines and not all medicine administration practices met with best practice guidance.
- In community services, the Devonshire Unit and Shire Hill intermediate care services, medicines management was robust.
- In Maternity services there was no input by the pharmacy department into the management of medicines and not all medicine administration practices met with best practice guidance.

Are services at this trust effective?

We rated the effective domain as good overall because;

- The care and treatment provided to patients was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Clinical pathways were used to ensure appropriate and timely care for patients in accordance with nationally recognised

Good



Summary of findings

standards. However there was work to do in the Adult Emergency Department at Stepping Hill Hospital to ensure that best practice guidance in relation to the management of patients with sepsis was consistently applied.

- There was good use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement. There were some positive examples of action planning to improve performance and patient outcomes following audits.

However,

- We found that in Maternity Services at Stepping Hill Hospital there was very limited evidence of a robust system for monitoring patient outcomes to assess the quality of service delivered. Areas of potential concern we found had not been identified by the trust. Information gathered was not used to benchmark performance against other trusts or National targets.
- Multi-disciplinary team work was well established across the trust and focused on securing the best outcomes for patients
- Staff in all disciplines worked well together for the benefit of patients in their care.
- Care and treatment was delivered by skilled and committed staff.
- The numbers of staff who had received an annual appraisal fell below the trusts own performance target and required improvement.
- However, staff appraisal rates varied across services and required improvement.

Evidence based care and treatment

- Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- A range of evidence based clinical care pathways were available and put in place for patients with relevant conditions. Pathways included prompts and treatment steps for staff to follow. Patients were placed on appropriate pathways as soon as their condition was diagnosed which so that they received timely and appropriate interventions.
- The pathways were regularly reviewed on a trust wide basis so that current best practice could be maintained.

Summary of findings

- In community services clinicians used a new nursing assessment document when assessing patient needs and planning care.
- The Nursing Assessment document linked to local CQINs (Commissioning for Quality Innovation) on frailty screening and smoking and alcohol intake. For example, if the assessment showed a score higher than 3 for frailty, the patient was referred to their GP for a frailty screening assessment.
- Clinicians followed NICE best practice guidance examples included; prevention and management of pressure ulcers, type 1 diabetes and urinary incontinence.
- Community based nurses provided guidance and training to care homes and carers regarding NICE guidelines on pressure ulcers for turning and tilting patients to help support best practice in a range of care settings.
- The most commonly used community based care pathways were for the management and promotion of Continence, End of Life care, Diabetes and Wound Care (including pressure ulcers).

Patient outcomes

- Patient outcomes were, in the main, in line the average for England. The trust used national and local audits to monitor and improve performance.
- Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement, However, we found that in some services actions and improvement were not comprehensively monitored and evaluated. This was the case in Maternity and in Adult A&E services.
- The sentinel stroke national audit programme (SSNAP) audit shows the trust at Level C for April - June, there was a decrease in performance to level D from September 2014 to June 2015. However the reporting period July-September 2015 shows an improvement to Level B. There was good performance in scanning and the stroke unit throughout the reporting period.
- The 2014-15 annual report had identified the provision of appropriate care of patients admitted with heart failure as a priority, in line with the CQIN advance in quality program targets had been set to secure continuous improvement. A re-audit in 2014 against these targets showed there had been improvements in the standards of care.
- National diabetes in-patient audit (NADIA) 2013 shows the trust scored worse than the median for 14 out of 20 indicators. The trust introduced a mandatory diabetes e-learning module for staff to complete and diabetes link nurse training. An action

Summary of findings

was developed in response to the audit; the plan had an identified lead and recommendations for implementation that included the development of a business case to expand the staff team. This was due for completion in 2015.

- The annual quality report 2015 had identified improvements in the service as a priority and outlined progress to date.
- In addition the diabetes task and finish group commenced in June 2014 to determine required actions to reduce patient harm in relation to the management of diabetes and insulin administration
- The trust scored in the middle 60% for 42 out of 63 questions in the cancer patient survey. 16 questions scored in the bottom 20% and 5 questions scored in the top 20%.
- The trust endoscopy unit was awarded Joint Advisory Group (JAG) accreditation. The accreditation process assessed the unit's policies, procedures and audit programmes to ensure best practice guidelines were met. A re-audit by JAG was set for 2016.
- The hip fracture audit (2015) showed the trust performed better than the national average in five indicators and worse in four indicators. They were significantly better admitting patients into orthopaedic care within four hours and more patients received their operation on the same or day following admittance than the national average. However patients had longer hospital stays and received less specialist geriatrician input than elsewhere in England.
- The bowel cancer audit (2014) showed the trust performed better than the England average for case ascertainment rate, data completeness, multidisciplinary team discussions and having a CT scan, but performed worse for clinical nurse specialist input and more patients stayed in hospital longer than 5 days than they did on average across England (77% at Stepping Hill; England average 69%).
- The emergency laparotomy audit (2015) showed mixed results, Stepping Hill achieved moderate adherence with most key processes of care, however they achieved consultant surgical review of patients within 12 hours of an emergency admission in less than 50% of patients.
- The standardised relative readmission risk for surgical patients at Stepping Hill was higher than the England average for both elective and non-elective procedures in general surgery the risk of readmission following non-elective trauma and orthopaedic procedures was lower than the England average.

Summary of findings

- Performance reported outcomes measures (PROMs) data between April 2014 and March 2015 showed the percentage of patients that had improved following groin hernia, hip replacement and knee replacement procedures was either similar to or better than the England average.
- In critical care services the latest validated (ICNARC) data showed that patient outcomes and mortality were generally within the expected ranges when compared with similar units nationally. The exception being for delayed discharges where the unit's performance was slightly worse than the England average.
- There was no robust system for monitoring patient outcomes in maternity services to assess the quality of service delivered. Areas of potential concern we found had not been identified by the trust. Information gathered was not used to benchmark performance against other trusts or National targets.
- The Paediatric Diabetes Audit 2013/14 showed that the trust had performed better than the national average for the percentage of children and young people achieving the NICE recommended HbA1C target.
- The emergency re-admission rate within two days was lower than the England average for non-elective paediatric admissions. .
- The rate of multiple admissions within 12 months for asthma and epilepsy is higher than the England average. The asthma readmission rate was 19.7% against an average of 16.8%. Specialist nurses see asthma patients to help patients manage their condition and avoid hospital admission.
- However, no audits had been undertaken to assess the impact of this facility. For epilepsy, the readmission rate was 32.1% against an average of 27.8%.
- The number of infants having breast milk at discharge from the neonatal unit was 80%, above the national average of 70%.
- In the National Neonatal Audit Programme published in 2014 a standard is that 98-100% of babies to have their temperature taken within an hour of birth. At Stepping Hill 100% had their temperature taken within an hour of birth,
- In the National Neonatal Audit Programme published in 2014 a standard is that 85% of mothers receive a dose of antenatal steroids. The service achieved this standard by giving steroids to 85% of mothers.

Summary of findings

- The neonatal unit improved benchmarking in December 2015 by changing it to 'Best Practice Standards' to encourage sharing of good practice. The nursing education leads from the Greater Manchester Network meet monthly to discuss most recent evidence basis and set the standards for care.
- For the NCDAAH clinical KPIs the trust percentage of cases which met the requirements were all higher (better) than the national average.

Multidisciplinary working

- Staff worked well as part of multi-disciplinary teams to promote and enhance patient recovery.
- Multidisciplinary team work was well established and focused on securing good outcomes for patients.
- Staff across all disciplines worked well together in this regard. There were robust mechanisms in place such as combined ward rounds and regular MDT meetings in services that enabled all relevant disciplines to positively contribute to the care and treatment of patients.
- It was evident that colleagues valued each other's contribution; relationships between the disciplines were professional and positive

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff were able to demonstrate appropriate skills and knowledge to seek consent from patients or their representatives.
- Records confirmed that verbal or written consent had been obtained from patients or an appropriate person.
- Staff understood the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards.
- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- There was a trust-wide safeguarding team that were able to provide and secure support for staff in relation to mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.
- Staff in services for children and young people were confident and competent in the use and understanding of the Fraser Guidelines and the Gillick Competency Framework.

Competent staff

Summary of findings

- The trust wide appraisal system was used to underpin and support the ongoing professional development of staff.
- Staff were positive about the process and the support they received regarding their ongoing development.
- However the numbers of staff who had received an annual appraisal varied across the range of service provision and in many areas required improvement, for example 100% of staff had received an appraisal in Medical services, however, in the Adult accident and Emergency department only 50% of medical staff had received an appraisal and 60% of nurses.
- In community services the numbers of staff receiving a 12-monthly appraisal was falling well below the trust target of 95% at 73.40% across the Communities Business Group. For example, in Stockport District Nursing only 41.84% of staff had received an appraisal at the time of our inspection.

Are services at this trust caring?

We rated the caring domain as good overall because;

- Care and treatment was delivered by caring, committed, and compassionate staff.
- Staff at all grades and in all disciplines treated people with dignity and respect. Patients were positive about their interactions with the staff team. Staff were open, friendly and helpful, many went out of their way to help and support patients.
- Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients felt included and valued by the staff and felt encouraged to be partners in care.
- Patients and those close to them understood their treatment and the choices available to them.
- Meeting people's emotional needs was recognised as important by staff and they were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.

Compassionate care

- Care and treatment was delivered by caring, committed, and compassionate staff.
- Patients were positive about their interactions with staff. Staff were open, friendly and helpful, many went out of their way to help and support patients.
- The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare they have

Good



Summary of findings

received. The latest data between showed the indicated that the trust consistently scored above the England average, indicating that the majority (90%plus) of patients felt confident in recommending the hospital to friends and family.

- Comments received from the FFT included: “I didn't expect such thoughtfulness and care even extending to the meal provided”, “I could not ask for better help and assistance from the community team at Shirehill [sic]...” and “Very good all staff work very hard”.
- In services for Children and young people services were provided through an integrated approach. Family centred care was the prevailing philosophy with children involved and positioned at the centre of their care in a sensitive and appropriate way.
- Parents were consistently positive about the care their children received from the medical and nursing staff. We observed positive, compassionate interactions between staff, patients and families.
- Staff were fully committed to working in partnership with patients and their families to ensure their needs were addressed in an individualised and sensitive way.

Understanding and involvement of patients and those close to them

- Staff respected patients' rights to make choices about their care.
- Patients and those close to them and received information about their care and treatment in a manner they understood.
- Patients and those close to them felt they understood their treatment and the choices available to them and were actively involved in their care and treatment.
- Patients felt included and valued by the staff team.
- In community services efforts were made to promote self-care in patients, for example, patients were trained to self-administer insulin injections and use syringe drivers. Patients with diabetes were also given dietary advice and coaching to stabilise and maintain their condition.
- In the Devonshire Unit patients all had a named nurse, key worker and consultant who worked together with the patient in determining a plan of care and the setting of individualised goals.
- Patients we spoke to said they had received good information about their care and were involved in their plan of care and setting goals.

Emotional support

Summary of findings

- Meeting people's emotional needs was recognised as important by all staff.
- Staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.
- Counselling and individualised support packages were available for patients and staff who had suffered a traumatic event.
- Trained volunteers provided emotional support for patients at the end of life.
- Multi faith spiritual leaders were available 24 hours a day for patients requiring spiritual support.
- The bereavement midwife supported patients through their bereavement by carrying out home visits and offering guidance through any following pregnancy.
- Information of available counselling services was provided to bereaved parents.
- Patients also had access to emotional and psychological support from nurses specialising in cancer care, heart failure, diabetes, pain relief and safeguarding.

Are services at this trust responsive?

We rated the responsive domain as requires improvement overall because;

- The trust continued to experience significant difficulties in the Accident and Emergency department. The trust had consistently failed to meet The Department of Health target for emergency departments to admit, transfer or discharge 95% of patients within four hours of arrival. This meant that large numbers of patients frequently and consistently experienced unacceptable waits and were not able to access emergency care in a timely way.
- In addition, the high demand for medical services was having an impact on patients' length of stay, delayed transfers of care and timely discharge. This meant that patient's needs were not always met in a timely way.
- The trust had developed a strategy for the future provision of services with specialist Health Economists over an 18 month period accounting for demand, the health needs of the population served and future growth.
- Patients were appropriately assessed and provided with treatment plans based on clinical priority. There was a strengthening approach to discharge planning beginning at the patient's admission.

Requires improvement



Summary of findings

- The trust had performed better than the England average for the percentage of patients seen within two weeks for urgent cancer referrals and for patients receiving their first definitive treatment within 62 days.
- The national 6 week diagnostic target was achieved. Outpatient delays in medicine were resolving and performance was improving. The rescheduling of cancelled operations had been of concern; however, performance had improved considerably over the last six months.
- There were some very good examples of initiatives to meet the needs of patients whose circumstances or illness made them vulnerable including patients who were living with dementia or who had a learning disability.
- Interpreters were available on demand for patients whose first language was not English.
- British Sign Language interpreters were also available for patients who were deaf.

Service planning and delivery to meet the needs of local people

- The trust had developed a strategy for the future provision of services with specialist Health Economists over 18 month period accounting for demand, the health needs of the population served and future growth.
- The Strategy had been developed in to a delivery plan and included an innovation programme focused on improving quality, a focus on caring for older people and providing cancer care out of hospital. The plans were being implemented at the time of our inspection and included a capital development of £20m in a new Surgical Centre scheduled for September 2016 that would significantly improve the trusts estate and enhance patient experience.
- The Trust had also developed a comprehensive Dementia Care strategy to support the delivery of a responsive and individualised approach for patients living with dementia.

Meeting people's individual needs

- Information leaflets about services and treatments were readily available in all patient areas.
- Leaflets and written information could be provided in different languages or other formats, such as braille on request.

Summary of findings

- Interpreter services for patients' whose first language was not English were available. Staff also had access to a telephone interpreter facility.
- A patient passport was in place for patients living with a disability. This pathway alerted staff to any reasonable adjustments that they needed to make so that patients individual needs could be met in a sensitive way.
- Access to psychiatric support was readily available for patients who had or developed a mental illness.
- The Critical Care services unit had developed and implemented a multi-faith bereavement service that was held in high regard by both families and staff. It was run by a team of likeminded critical care nurses, often in their own time, providing a source of sensitive support for families as they dealt with the grieving process.
- Staff in the A&E department were aware that some patients attending the department were living with limited means and some patients were homeless. Staff were working with local food banks and provided patients who required this type of help with vouchers to take to their nearest food bank to obtain food.
- The Maternity Services Liaison Committee (MSLC) had held a meeting on 14 January 2016 to discuss perinatal mental health in Stockport. They had raised concerns about poor provision of perinatal mental health services in 2014 and results of the Picker survey 2015 had shown some areas which required improvement. As a result an action plan had been developed to improve these services. Plans included a review of the community services to improve the continuity of midwife support, training in mental health for all midwives and the development of information packs for patients.
- The trust used a yellow wrist band to indicate that a patient was at risk of falls. This alerted staff to look at the risk assessment and care plan to ensure reasonable adjustments were made to mitigate any risks.

Dementia

- The Trust had implemented a comprehensive dementia strategy underpinned by staff training so that the needs of patients with dementia could be met in a person centred and sensitive way.
- There were specialist link nurses who were able to offer support and guidance to staff so that the needs of patients living with dementia were met appropriately and risks associated with their condition managed and mitigated.

Summary of findings

- For all patients who were aged 75 and over a dementia screen was added to the electronic patient record. Once this screen was completed, if the person has a diagnosis of dementia, a flag was added to the record to alert staff so that appropriate care plans could be developed.

Access and Flow (Service Specific)

Accident and Emergency Department

- The trust continued to experience significant difficulties in the Accident and Emergency department. The trust had consistently failed to meet The Department of Health target for emergency departments to admit, transfer or discharge 95% of patients within four hours of arrival. This meant that large numbers of patients frequently and consistently experienced unacceptable waits and were not able to access emergency care in a timely way.
- We also found that there was routine overcrowding in the adult A&E department. Ambulance crews frequently queued in the department corridors with patients waiting to be admitted and there were considerable delays in patient handovers.
- The trust was aware of this long term problem and had invested in a number of improvement programmes as well as investment in extra medical and nursing staff.
- Initiatives included: the introduction of an Ambulatory Care Unit, a new Medical Assessment Unit, a Surgical Assessment Unit, a Short Stay Older People's Unit, an electronic ED system, coupled with additional consultant investment in Cardiology, Gastroenterology, Acute Medicine and Older People's Medicine.
- However, many of these initiatives had been hampered by the designated service areas being used to place patients who were waiting to be moved to an inpatient area or to be discharged and consequently were not able to maximise the potential for impact on improving patient access and flow throughout the hospital.
- The trust was working closely with the Local System Resilience Group on this important issue and the trust had met with local commissioning board's to discuss the issues and monitor the implementation and monitoring of improvement.
- Nevertheless performance remained poor and was in need of significant improvement.

Medical Services

Summary of findings

- As a result of bed pressures medical patients were often placed on wards that were outside their speciality. In September 2015 there were 142 medical outliers 95 of which were placed on surgical wards. This meant that this group of patients were not always placed in areas best suited to their needs.
- In addition patients experienced a number of moves during their stay. There were also examples of patients being moved across wards out of hours and some patients experienced one or more moves during their stay in hospital. Between October 14 to September 15 257 patients moved more than 4 times and 632 moved more than 3 times. This is not considered a positive experience for patients.
- Patients sometimes remained in hospital longer than they needed to be, this was due to a variety of reasons including delays in the provision of community based care packages and placement in long term care settings. At the time of our inspection there were 35 patients who were medically fit for discharge, however remained in hospital.

Surgical Services

- NHS England require that patients should see a specialist within 18 weeks of being referred and that trusts should aim to achieve this for at least 92% of patients.
- Overall the trust met the 92% target for referral to treatment times (RTTs), however some individual specialities did not.
- In December 2015, general surgery achieved 86.4%, ear, nose and throat surgery achieved 85.9% and oral surgery achieved 90.4%.
- More positively, all national access cancer targets had been achieved, the national 6 week diagnostic target was achieved.
- The rescheduling of cancelled operations had been of concern; however, performance had improved considerably over the last six months and the rescheduling of operations was better than the England average.
- Surgical services had a good system for booking appointments, both for pre-operative assessment clinic and for admission. There was flexibility in arranging appointments which meant patients could access treatment at a time that suited them.
- Some patients who had been referred to surgery during outpatient appointments were immediately sent to the pre-operative clinic to have their assessments completed. The clinic had pre-planned vacant appointments for such patients which prevented a return visit to the hospital and facilitated timely access to treatment.

Summary of findings

Intermediate care services

- Within 24 hours of admission, a full assessment of the patient's nursing needs was completed by nursing staff. Physiotherapy assessment was carried out within one working day of admission to assess the initial moving and handling needs of the patient, presenting problems, set objectives and plan treatment.
- Occupational therapy assessment was completed within 72 hours of admission to identify presenting problems and potential barriers to discharge, and develop a treatment plan.
- A medical assessment was undertaken within 36 hours of admission.
- The average length of stay for patients admitted to Shire Hill Intermediate Care Unit between July 2015 and December 2015 was 30 days. Length of stay at the time of inspection was documented as 25 days but the average was 29 days.
- Discharge planning commenced on admission and staff worked closely with community colleagues to ensure a smooth and timely transition for patients.

Delayed Transfers of Care

- The high demand for medical services was having an impact on patients' length of stay, delayed transfers of care and timely discharge.
- Delays in discharge were attributed to issues relating to accessing care packages and care facilities in the community.
- Between April 2015 and July 2015 bed occupancy across medical services at the trust was consistently above 90%. Evidence shows when bed occupancy rises above 85% it can affect the quality of care provided to patients and the running of the hospital
- At the time of our inspection there were 35 delayed discharges across all specialities.
- There was a multidisciplinary approach to support the discharge of patients across the trust.
- Staff worked well with social services, care homes, district nurses and GPs to organise packages of care and treatment outside of the acute setting.

Outpatient Departments

- Outpatient delays in medicine were resolving and performance was improving. The trust had failed to meet the standard of 95% for non-admitted referral to treatment rate and had been worse than the England average between October 2014 and September 2015.

Summary of findings

- Diagnostic waiting times had been consistently lower than the England average between November 2013 and September 2015. There were rapid access and drop in clinics scheduled five days a week in radiology.
- The trust had performed consistently better than the England standard for incomplete pathways referral to treatment times between October 2014 and September 2015.
- The trust had performed better than the England average for the percentage of patients seen within two weeks for urgent cancer referrals and for patients receiving their first definitive treatment within 62 days.
- There were four specialities within the trust with high numbers of patients awaiting follow up appointments who were past their due date. These were ophthalmology (211 patients overdue), gastroenterology (1892), respiratory medicine (287) and cardiology (53). There were plans in place to reduce these numbers, but gastroenterology, ophthalmology and respiratory medicine were behind the targets set by the trust.

Learning from complaints and concerns

- All formal complaints were recorded on the trust-wide system.
- Staff understood the trust wide policy and process for receiving and managing complaints
- The Trust aimed to investigate and provide a full response to 95% of all complaints within 25, 35 or 45 working days depending on complexity
- Complaints, emerging themes and actions for improvement were discussed and monitored at board level.
- Learning from complaints was shared and disseminated to secure improvement and improve patient experience.
- Leaflets detailing how to make a complaint were readily available in all patient areas.
- Notice boards within the clinical areas included information including the number of complaints and improvements made in response.
- There had been a 29% increase in the number of people contacting the trust in order to make a formal complaint, informal complaint or general enquiry over the last year.
- The trust received 773 formal complaints; the number of upheld complaints was 11.7%.
- Despite the increase in volume, performance in terms of response had improved in 2014-15.
- The Patient and Customer Services department acknowledged 96.9% of complaints within three working days, compared with 75% in the previous year.

Summary of findings

- The trust responded to 87.8% of complaints on target, compared with 70 % in the previous year.

Are services at this trust well-led?

We rated the well led domain as good overall because although two core services in Stepping Hill Hospital and Adult community services were rated as requires improvement in the well led domain, we found that overall the trust was well managed at a senior level with good board oversight, improved governance mechanisms that facilitated more robust challenge and scrutiny of performance and risk.

As a result we determined that overall the trust should be rated as good in the well led domain.

- The trust's vision was to be nationally recognised for specialism in the care of older people and as an organisation that provided excellent cancer care. The vision was underpinned by the trust's 'Your Health. Our Priority' promise and a range of values and value based behaviours.
- The trust had presented to the board a range of supporting strategies for each Business Group (January 2015). There was quarterly board reporting regarding the trusts strategic objectives that included actions planned and taken if performance was not in line with expectations or anticipated trajectories.
- The trust was led and managed by a visible executive team. Staff in hospital based services stated that the executive team and board members were accessible and responsive. Staff, in the main, felt well supported by their line managers and senior management as a whole. Staff felt positive and valued by the organisation. There was an open culture that supported the reporting of incidents to improve care and create opportunities for learning.
- Staff felt encouraged to raise issues and concerns and felt confident in doing so.
- There was an improved assurance structure for the Board, Council of Governors and Business Groups, as well as an improved Board Assurance Framework that now included many features of good practice.
- The trust had refreshed its risk management strategy there was an increased focus on risk management supported by risk

Good



Summary of findings

management training for Board members and senior staff. In addition there was Improved Board reporting of performance through the development of the Integrated Performance Report.

- In response to the staff survey 2014-15 the trust had made a concerted effort to improve staff engagement. There was a range of opportunities for staff to engage with senior managers and board directors these included Chief Executive Drop-in sessions, Board and senior leader's walkabouts, Medical Engagement Sessions and Junior Doctors lunchtime feedback sessions.
- The trust also provided regular team briefing sessions so that staff were aware of the successes and challenges and could discuss the trust's response to address them.

However,

- In Community Services for Adults, we found that there was a disconnect between staff above Band 7 and staff below. Locally staff were well supported however, staff reported that they never saw the Senior Team and did not feel part of the trust but rather part of an individual Community Healthcare Service. Staff in this service felt that the communication with the Executive Team was poor and infrequent.
- In Community End of Life Services Staff we found that locally there was clear leadership for end of life care within the specialist community services. However, the team felt remote from the day-to-day activities of the trust. When we asked if staff felt supported by managers there were mixed responses. There had recently been changes to the middle management structure within the end of life services and staff felt that they would benefit from better communication.

Vision and strategy

- The trust's vision was to be nationally recognised for specialism in the care of older people and as an organisation that provides excellent cancer care. The vision was underpinned by the trust's 'Your Health. Our Priority' promise and a range of values and value based behaviours that included;

Quality & Safety

- Safe, high quality and compassionate care.
- Clean and safe environment for better care.

Summary of findings

Communication

- To treat patients, their families and our staff with dignity and respect.
- To communicate with everyone in a clear and open way.

Service

- To provide effective, efficient and innovative care.
- To work in partnership with others, to deliver improved care, in the right place at the right time
- The trust had developed a strategy for the future provision of services with specialist Health Economists over 18 month period accounting for demand, the health needs of the population served and future growth. The strategy had been developed into a delivery plan and included an innovation programme focused on improving quality, a focus on caring for older people and providing cancer care out of hospital. The plans were being implemented at the time of our inspection.
- The trust had presented to the board a range of supporting strategies for each Business Group (January 2015). There was quarterly board reporting regarding the trusts strategic objectives that included actions planned and taken if performance was not in line with expectations or anticipated trajectories.

Governance, risk management and quality measurement

- The trust's governance and risk management arrangements had been externally reviewed against Monitor's "Well led Framework" in 2014- 15. (Monitor was the former regulator for NHS Foundation Trusts).
- In July 2015 Monitor determined that it was satisfied that the Trust has complied with the actions in relation to board effectiveness and governance of the discretionary requirements it had imposed in August 2014.
- It was evident that since the imposition of the discretionary requirements the trust had strengthened its governance systems and processes.
- There was an improved assurance structure for the Board, Council of Governors and Business Groups, as well as an improved Board Assurance Framework that now included many features of good practice.
- The Board Assurance Framework (BAF) was better aligned to the trust vision and priorities.
- There were dedicated assurance committees for Finance, Quality, Workforce and Organisational Development.

Summary of findings

- The trust had refreshed its risk management strategy there was an increased focus on risk management and meaningful review supported by risk management training for Board members and senior staff.
- Improved Board reporting of performance through the development of the Integrated Performance Report (IPR) was seen as a very positive development that enabled performance to be monitored at both a granular and strategic level.
- These reports were also available locally that enabled discussion at a Business Group Level that could be shared and disseminated through service specific monthly governance meetings. These meetings provided opportunities for issues and achievements to be escalated and shared appropriately.
- Staff in the wards and departments had access to performance information and were in the main able to describe the risks and plans that were relevant to their service.
- Regular governance meetings took place at ward, department and Business Group levels
- A number of sub - executive level posts had been made that had strengthened management capacity in relation strategy and planning.
- In addition, there had been investment in regular Board and Council development; examples included Haelo, 'Making Safety Visible' programme and IOSH training.
- The trust was one of the first trust's to achieve ISO 22301(Business Continuity Management).

Leadership of the trust

- Staff in hospital based services stated that the executive team and board members were accessible and responsive. Staff, in the main, felt well supported by their line managers and senior management as a whole. Staff felt positive and valued by the organisation. There was an open culture that supported the reporting of incidents to improve care and create opportunities for learning.
- Staff felt encouraged to raise issues and concerns and felt confident in doing so.
- However in Community Services for Adults, we found that there was a disconnect between staff above Band 7 and staff below. Locally staff were well supported however, staff reported that they never saw the Senior Team and did not feel part of the trust but rather part of an individual Community Healthcare Service. Staff in this service felt that the communication with

Summary of findings

the Executive Team was poor and infrequent. We found that the lack of visibility of the team in community settings was a missed opportunity to engage and support community staff during a time of change.

- Community staff were familiar with the Chief Executive 'Choc and Chat' meetings and other staff engagement opportunities but stated that due to work pressures they found it difficult to attend. However, we saw limited evidence of the senior team travelling out to community services.
- In Community End of Life Services, we found that there was clear and supportive leadership locally, however, the team felt remote from the day-to-day activities of the trust and the senior team.
- When we asked community staff if they felt supported by their managers there were mixed responses. There had recently been changes to the middle management structure within the Stockport team and staff felt that they would benefit from better communication from senior leaders to support this change.
- Macmillan nurses in Tameside and Glossop felt that the support network within their team was excellent.
- Leadership training and development included a 2 day coaching course for triumvirate business group leaders. In addition over 60 senior staff had been provided with coaching training.
- There was an internal development programme that supported staff in developing their knowledge and skills.
- There was evidence of bespoke organisational development interventions and support, for managers including team development and mentoring

Culture within the trust

- Staff were proud of the work they did and demonstrated a commitment to providing patients with high quality services. Staff in the main were proud of their service and proud of the trust.
- Although there was an improving and positive culture in most areas, there were still some staff groups that felt the trust still had work to do to address their concerns and improve engagement. This was particularly evident in community services.

Summary of findings

- Staff were encouraged to speak freely and to raise concerns so that action could be taken. A Freedom to Speak Up Guardian had been appointed to support staff in making their views and concerns known. The trust was committed to staff raising concerns in a culture of 'no blame'.
- There was a range of reward and recognition schemes. Staff were supported and encouraged to be proud of their service and achievements.
- Successes were acknowledged and celebrated through award schemes and ceremonies such as the Celebration of Care Events
- Staff were supported to maintain a positive work life balance and a safe and timely return to work following health related absence as part of the Health & Wellbeing Strategy and initiatives

Fit and Proper Persons

- The trust had suitable systems in place meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, employment history, professional registration and qualification checks.
- The trust conducted a check with any and all relevant professional bodies and carried out due diligence checks for all senior appointments.

Public engagement

- Strategies and plans for Stockport NHS Foundation Trust were available online to the public via their website and gave information about performance and strategic plans for the Trust.
- The website provided information on how patients, carers and relatives could provide feedback to the trust and offered a number of ways to do so including an automated web form.
- The trust had held a number of engagement events to capture the views of local people. The trust reported that these events were well attended.
- The trust had appointed three young members of the public to act as youth ambassadors to represent the views of younger people in decision making regarding service provision.

Summary of findings

- The trust has around 17,500 public and staff members who provide input into decisions, take part in surveys, elect governors and receive a member's newsletter.
- There was a maternity services liaison committee that met monthly. The meetings were well attended by patient representatives, specialist midwives, community health workers and representatives from local voluntary groups. These meetings were recorded and where issues had been raised we saw actions had been taken and updates were provided.

Staff engagement

- In response to the staff survey 2014-15 the trust had made a concerted effort to improve staff engagement.
- There was a range of opportunities to staff to engage with senior managers and board directors these included Chief Executive Drop-in sessions, Board and senior leader's walkabouts, Medical Engagement Sessions and Junior Doctors lunchtime feedback sessions.
- The Trust also provided regular team briefing sessions so that staff were aware of the successes and challenges and could discuss the trusts response to address them.
- Many of the staff we spoke with were aware of the strategies and plans for both their service and the trust as a whole; however staff in community settings did report that they did not feel part of the wider trust but received good support locally.
- Morale throughout the services was positive in the main.
- The trust had eight positive findings within the NHS staff survey, four negative findings and the remaining 19 questions were within expectations.
- An example of positive findings being the 'Percentage believing that trust provides equal opportunities for career progression or promotion' was 92% against the national average of 87%.
- An example of negative findings being 'Effective team working Score (1-5)'. The trust scored slightly lower than the national average of 3.85.
- From January 2011 to January 2015 the trust's sickness levels were generally higher than the England average.

Innovation, improvement and sustainability

- There was a commitment to improve and sustain high quality service provision apparent in future strategies and service plans.

Summary of findings

- Staff were able to contribute their ideas for service development and innovations through the range of engagement opportunities for example the ‘choc and chat’ sessions with the CEO were an opportunity for staff to suggest improvements and innovations.
- The trust had implemented an innovation programme to support the development of it becoming an innovative organisation.
- The programme implementation included 3 work streams, the work streams below were being implemented at the time of our inspection:
 - Evolving Trust Culture, behaviours and ways of working
 - Implementing and delivering service innovation
 - Measuring cause-effect of innovation on performance outcomes

Overview of ratings

Our ratings for Stepping Hill Hospital

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

Our ratings for Community Adults

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

Our ratings for Community Children and Young People

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

Overview of ratings

Our ratings for Community End of Life

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

Our ratings for Community Inpatients

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

Our ratings for Stockport NHS Foundation Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

In Acute Services

- The introduction of PCR testing for clostridium-difficile ensured rapid results were available to medical teams to reduce the potential spread of infection within inpatient areas.
- The paediatric unit had created specific packs to support parents whose children were having specific procedures for example a DVD and self-help pack had been created for children having spiker surgery. This included contact details for parents who had had a similar experience.
- The neonatal unit had a range of leaflets that complemented their 'baby passport'. The leaflets were staged depending on the baby's development. Parents were prompted via the 'baby passport' and nursing staff to know which information leaflets were relevant to them at a particular point in time.
- Care on the Laurel suite and on the Bobby Moore Unit was outstanding. Staff were strongly person centred and understood and respected the totality of patient's needs. They involved patients as partners in their care and provided high levels of emotional support.

In Community Services

- We found the Daisy project run by the Dignity Matron within the Trust and local external stakeholders to be an outstanding service
- The parent-infant mental health pathway was a unique evidence based, integrated mental health care pathway developed with the Pennine care NHS trust. There were a number of comprehensive, multi-agency care pathways to meet the needs of parents and children. The programme was well established in Tameside and Glossop and had influenced health visitor training and the delivery of services.
- The therapists work with parents to wean children and young people off tube feeding. The therapists had presented a paper at an international conference and a parent support group had been set up to support parents before and after the withdrawal of the tube feeding.

Areas for improvement

Action the trust MUST take to improve

Urgent and Emergency Services

- Ensure that all medications in the emergency department are securely stored at all times.
- Ensure that patients received their medications in timely manner and ensure that any necessary checks are completed in line with local and national guidance and policy in the emergency department.
- Ensure that patient records are accurate, up to date and reflect the care the patient receives in the emergency department.
- Ensure that all staff are up to date with their mandatory training in the emergency department. Specifically in relation to life support and patient manual handling.
- Ensure that patients are protected from infections by isolating patients with suspected infections and cleaning areas where patients receive care in line with their infection control policies and procedures in the Emergency Department.
- Ensure that patients risk is appropriately identified and all possible measures are taken to minimise risks to patients safety are in place. Specifically in relation to patients being accommodated in areas not designed for clinical care such as corridor areas.

Outstanding practice and areas for improvement

- Ensure that patients are treated with dignity and compassion and that their dignity and privacy is maintained at all times while they are in the emergency department.
- Ensure that patients can access emergency care and treatment in a timely way.
- Ensure that the trusts internal escalation policies are followed appropriately.
- Ensure that there is an adequate policy or procedure to guide the practice of 'boarding' to ensure patient safety.
- Ensure that all risks identified in relation to the emergency department are appropriately risk assessed and appropriate control measures are in place.

Medical Services

- Ensure the agreed establishment of qualified nurses are employed and deployed in the medical division
-
- Ensure patients are not transferred from ward to ward for non clinical reasons and out of hours

Critical Care

- Ensure that the practice of pre-filling syringes with intravenous medicines and then storing them in the fridge is not continued. For any scenario where a clinical decision results in this practice being reconsidered, then a detailed risk assessment should be undertaken, which should include the involvement of the critical care pharmacist.

Maternity and Gynaecology

- Ensure all staff are up to date with adult basic life support training
- Ensure there is a system in place to learn and share learning from incidents.
- Ensure all steps of the safer surgery checklist are completed for all surgical procedures in the obstetric theatre.
- Ensure a system is in place to monitor patient outcomes against set local or national targets.
- Ensure midwives are up to date with skills and drills training

- Ensure midwives assisting the anaesthetist in the obstetric theatre are trained in line with national guidance.
- Ensure there is a system for continuous monitoring the quality of the service provided and make necessary improvements.

Children and Young People

- Ensure there is a senior staff member on each shift on the paediatric unit.
- Ensure there is a staff member that is HDU trained on each shift on the paediatric unit.
- Ensure the door exit systems on the paediatric and neonatal unit are secure.
- Ensure staff members' medications are securely stored and do not include the trust's generic medications.
- Ensure that fridge temperatures are regularly checked, documented and acted upon in accordance with the trust's policy and procedures.
- Ensure all staff working with children and young people have level three safeguarding training.

Community Adults

- Ensure the privacy and dignity of service users by stopping the sharing of treatment rooms at Hazel Grove.
- Ensure the reception area used for mother and baby clinic at Hazel Grove Health Centre is screened off to maintain service users privacy and dignity.
- Ensure that patient consent to treatment is indicated on Diabetic Clinic notes, even if this is just implied consent.
- Ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff in District Nursing services are deployed to make sure that they can meet people's care and treatment needs and keep them safe at all times. Staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

For should actions please refer to location reports

This section is primarily information for the provider

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
Nursing care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 12 (1)(2) (a)(b)(c)(g)(h) Care and treatment must be provided in a safe way for service users. We found that risks to patients were not always recognised and assessed. Control measures were not always in place to mitigate these risks. Medicines were not always managed safely and were not always stored securely. Patients were not always protected from risk of infections. We observed patients who were not isolated when showing symptoms of a communicable infection and clinical areas were not always cleaned between patient uses in the emergency department.
Nursing care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 17 (1)(2) (b)(c) Systems or processes must be established and operated effectively to ensure compliance. In the emergency department we found that key risks had not been identified and assessed including the risk of patients being placed and accommodated in non clinical areas such as corridors. Records were also not always up to date and lacked detail in some cases.

This section is primarily information for the provider

Requirement notices

Regulated activity

Nursing care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 (Part 3)

Regulation 18 (1)(2) (a)

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

In the emergency department we found routine staffing deficits with 54 out of 121 shifts in a four month period being understaffed by at least one qualified nurse. The uptake for mandatory training for nursing staff and medical staff was significantly lower than the expected target in a number of subjects. The appraisal rates for staff were consistently and significantly below the trusts target.