

# Stockport NHS Foundation Trust, Stepping Hill Hospital

## 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?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Stepping Hill Hospital is the main location providing inpatient care as part of Stockport NHS Foundation Trust. In total Stepping Hill Hospital has 833 inpatient beds.

We carried out an unannounced focussed inspection of Stepping Hill Hospital on the 21, 22 and 28 March 2017. We carried out this inspection to particularly look at the care and treatment received by patients in the Urgent and Emergency care department and patients receiving care from the Medical services team at the hospital.

We inspected these areas because of concerns identified at our announced inspection of the Trust in January 2016 and information received from other agencies during that time that indicated a lack of improvement in some areas.

Overall, we rated Stepping Hill Hospital as Requires Improvement. We found that staff treated patients with dignity and respect, however this was at times compromised due to a shortage of nursing staff and patient safety was compromised. We requested immediate assurance from the trust to address the lack of nursing staff in the areas identified during the inspection to assure patients safety. The trust did respond to this and put a number of measures in place to address this in the short term. However these would not be sustainable in the medium or long term. The shortage of nursing staff and poor record keeping were identified as breaches in regulation at the last inspection, these issues still persisted in areas on both the emergency department and medical division. Improvements were needed to ensure that all services were safe, effective, caring well-led and responsive to people's needs.

We inspected the Urgent and Emergency care services and medical services in January 2016. Following this inspection we told the trust that they must take actions to make improvements to key areas including the safe delivery of care and treatment, nurse staffing, privacy and dignity, timely access to emergency and medical services and the management of patient records. When we returned for this inspection we found that the trust had not made sufficient or significant progress and improvement in a number of areas. Safety in the emergency department was still not a sufficient priority, nurse staffing was still a significant challenge and patients were still experiencing unacceptable delays in

accessing care and treatment. In the medical services we found that access and flow remained a significant concern with the number of delayed transfers of care increasing by 30 per day since the last inspection.

We also found that in some areas the trust had deteriorated since our last inspection. In the emergency department we found that staff lacked an understanding of the Mental Capacity Act (2005) and consideration of this was evident in patient records. In the medical services we found that staff also lacked an understanding of the Mental Capacity Act (2005) and were not applying the deprivation of liberty safeguards appropriately. We also found that nurse staffing was below expected standards in the medical division and we observed occasions where this negatively impacted on patients safety.

### Incidents

- All staff had access to the trust wide electronic incident reporting system.
- Staff were aware of what type of incidents they should report and were able to show us how they would report an incident.
- Some incidents were not investigated appropriately and associated action plans were not always up to date and meaningful. We also found that duty of candour was not always considered in a timely way.
- Staff told us that learning from incidents was disseminated through emails, communication files, newsletters and at daily meetings. However, a number of senior staff told us that when they incident reported staffing concerns they did not get feedback and the situation did not change.
- We reviewed the summary of incidents for the 4916 incidents reported in the medical division. We noted inconsistency in the grading of incidents, for example a clostridium difficile (c.diff) infection was categorised as minor, moderate and major. We received the incident grading from the trust, which explained to all staff the appropriate grades for types of incident. However, we found several instances of deviation from this policy and no evidence of action taken as a result of this.
- The trust's incident grading criteria did not reflect across to general incident grading criteria used in

# Summary of findings

other NHS organisations, for example the trust did not use no or low harm categorisation instead using 'minor' as a categorisation for low or no harm incidents. This left the trust open to mistakes in incident reporting categorisation particularly by bank and agency staff, which, at the time of our inspection, the trust heavily relied on.

## Nurse Staffing

- Across both the Emergency and Medical services divisions there were significant shortfalls in nursing staff.
- During the inspection we saw examples of where this had impacted on the safety and quality of care patients received; for example
- In the Emergency and Urgent care department early warning scores (EWS) designed to identify patient who were deteriorating, were not completed in line with the trusts protocol in all cases we reviewed.
- We observed that trolleys and cubicles were not always cleaned between patients use and the sluice room was found in visibly soiled state.
- In the medical department staff were frequently moved from their usual area of practice to fill gaps in rotas. This resulted in staff being placed in areas where they felt they did not have the necessary skills and competence to meet the needs of patients.
- At the time of our inspection on ward A11, there were two nurses and three HCAs on duty, when there should have been three nurses and four HCAs. Two patients had left the ward without being observed, one of which was subject to a DoLS.
- Ward staff had taken appropriate action once they discovered the patients had left but steps had not been put in place to address the staffing issue until we escalated this to the trust.
- During our inspection, on all the wards that we visited there was one to two nurses less per shift than had been identified as required to meet patients' needs. A number of senior nursing staff told us that patient care was compromised when staff were taken away from the wards to support other areas. . On one ward during our inspection there was one registered nurse to 10.5 patients. On another ward, there was one registered nurse to 13 patients. Staff told us the impact on

patient care is that falls assessments and risk assessments are not completed, as priority has to be given to direct patient care and the provision of medication.

- In the Emergency and Urgent care department shift fill rates varied across recent months but were consistently below 80%. In some cases the numbers of shifts unfilled by bank or agency staff exceeded 50%.
- In the medical services some areas including the coronary care shift fill rates were consistently below expected standards and at times were below 50%.

## Medical Staffing

- There was a high rate of medical staff vacancies across the medical division and the turnover of medical staff was within the trust target.
- There were rotas in place which included medical trainees. There was an on call rota which ensured there was consultant cover 24 hours a day seven days a week. This meant that senior advice was available at all times. Nursing staff told us that they were able to access medical assistance and advice easily
- The number of consultants working at the trust was about the same as the England average but the number of junior doctors was lower than the England average.
- Medical staff morale was low in the emergency department with medical staff telling us that they felt they could not provide the level of care they wanted to due to capacity issues.
- The general medical council had implemented enhanced monitoring of the trust medical staffing due to safety concerns raised by junior doctors in the emergency department.
- Medical staff told us that they felt the education program offered to them was not sufficient.

## Mental capacity and deprivation of liberty safeguards (DoLS)

- Across both the emergency and medical services department's staff did not have a good understanding of the mental capacity act (2005) (MCA) and its application or the deprivation of liberty safeguards (DoLS).
- When speaking to the staff there was a limited understanding of the trusts own policy regarding MCA and DoLS.

# Summary of findings

- The application of both the MCA and DoLs at ward and department level was inconsistent and in the majority of cases we inspected records were unclear and incomplete.

## Cleanliness, infection control and hygiene

- Staff were observed using personal protective equipment, such as gloves and aprons and changing this equipment between patient contacts and we saw staff washing their hands using the appropriate techniques.
- We saw that staff followed the 'bare arms below the elbow' guidance.
- There was adequate access to hand washing sinks and hand gels.
- Monthly infection control audits were undertaken across all wards and departments, which looked at standards such as the cleanliness of patient equipment and hand hygiene. We reviewed these infection prevention audits.
- The hand hygiene audit findings were below the trust's target of 90% compliance. These ranged from 68.8% to 79.4%
- The audit which looked at how well the infection control and prevention measures in relation to indwelling devices was managed ranged between 80% and 52% these were below the trust's target of 90% compliance
- Infection prevention and control staff training figures were 90% for level one training and 87% for level two training, which were both below the trust's target of 95%.
- Staff training in infection control in the emergency department was above the trusts 90% target.

## Records

- The hospital used electronic and paper based patient records across the medicine division, only a very few paper records were used in the emergency department.
- During our last inspection we identified that the records trolleys that were inspected were unlocked which meant they were potentially accessible by members of the public.
- During this inspection across the emergency department electronic records were secure, restricted

to authorised access and easily accessible to authorised staff. However paper records were not kept secure and were stored in pigeon holes which were accessible to members of the public.

- Across the medical division in all areas we visited, except A11, records trolleys were unlocked. Whilst the records trolleys were located at the front of nursing stations, we observed that these areas were not always manned therefore representing the same risk.
- Records audits were undertaken to review compliance with the trust's record policy.
- These audits showed a mixed rate of compliance across the six month period prior to our inspection.

## Access and Flow

- There were high numbers of delayed transfers of care (patients who were medically fit to be discharged but remained in hospital) and these had increased significantly since the last inspection in January 2016. This was having an adverse impact on the medical division's ability to accommodate and care for patients safely and effectively.
- There had been a significant increase in the number of 'black breaches' (Black breaches occur when the time from an ambulance's arrival to the patient being handed over to the department staff is greater than 60 minutes). Since the last inspection. During the last inspection we found that from November 2014 to October 2015 there were 199. During this inspection we found that in one month alone this figure had been exceeded and there were no months between January 2016 and January 2017 where less than 20 black breaches occurred.
- We observed the department lacked capacity to accommodate patients and patients were routinely treated and accommodated in the corridor areas.
- There is a Department of Health standard for emergency departments to admit, transfer or discharge 95% of patients within four hours of arrival. From January 2016 to January 2017 the hospital did not meet this standard for all 12 months and the average percentage of patients admitted and transferred or discharged was 77.4%.

There were areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

# Summary of findings

## In 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 safeguarding.
- 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 staff follow clinical guideline sand provide evidence based care.
- 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.
- 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 all risks identified in relation to the emergency department are appropriately risk assessed and appropriate control measures are in place.

## In medical services (including older people's care)

- The trust must ensure that records are securely stored.
- The trust must ensure that patient risk assessments are completed and updated at regular intervals.
- The trust must ensure that it is compliant with the Mental Capacity Act and that all staff have the required level of training in this area.
- The trust must ensure that its mandatory training reporting systems are accurate and reflective of the training needs and requirements of all staff.
- The trust must ensure all staff are up to date with their mandatory training.
- The trust must ensure that at all times there is a suitably trained member of staff on each medical ward and unit that has current adult life support training.
- The trust must ensure there is consistent categorisation of the same type of incident in the trust's incident reporting system.
- The trust must ensure safeguarding training levels for staff are in accordance with the trust's own policy and best practice guidance.
- The trust must ensure there is an adequate skills mix on all medical wards and that staff have the right level of competence to effectively nurse the patients they are asked to care for.
- The trust must do all that is reasonably practicable to ensure there is safe staffing on the medical wards.
- The trust must address the delayed transfers of care and formulate an action plan outlining how it will address this issue within a reasonable time period.
- The trust must ensure nursing intervention records are consistently completed.
- The trust must ensure that thickening powder is securely stored.
- The trust must ensure that patient's dignity is preserved at all times across the medicine division.

In addition the trust should:

- The trust should consider implementing clear guidance for senior staff to use when making judgments about staff moves.
- The trust should ensure that where audit findings fall below the trust's expected standards, action plans to address this are created and monitored.
- The trust should improve the appraisal rate for the medicine division.

# Summary of findings

- The trust should ensure the proportion of patients seen by a cancer nurse specialist is above audit minimum standard of 80% for lung cancer.
- The trust should ensure that patients' discharge summaries are published within 48 hours.

**Professor Ted Baker**

**Chief Inspector of Hospitals**

# Summary of findings

## Background to Stockport NHS Foundation Trust, Stepping Hill Hospital

Stepping Hill Hospital is the main location providing inpatient care as part of Stockport NHS Foundation Trust. It provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, a neonatal unit, children and young people's services, maternity services and a range of outpatient and diagnostic imaging services.

Stockport Foundation Trust provides services for around 350,000 people in and around the Stockport area with approximately 912 inpatient beds. In total, Stepping Hill Hospital has 833 inpatient beds.

During this inspection we inspected the accident and emergency department and medical care services at the hospital that provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology and a specialist stroke centre serving the south of Greater Manchester. The hospital also provides surgical services, critical care services, maternity and gynaecology services, paediatric services, end of life care (EOLC) and a range of outpatient and diagnostic services which were not inspected as part of this inspection.

## Our inspection team

Our inspection team was led by: **Inspection manager** Wendy Dixon, Care Quality Commission

The team consisted of an inspection manager three CQC inspectors and a variety of specialists including a, Consultant Physician, Clinical Nurse Specialist, Emergency Department nurse specialist, and a senior Emergency Department doctor

## 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?

The inspection team inspected the following core services at Stepping Hill Hospital:

- Urgent and Emergency Department
- Medical care (including older people's care)

Following the unannounced inspection, we reviewed a range of information we held about the hospital and requested further data from the Trust. We talked with

patients and interviewed staff from the ward areas and the accident and emergency department 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 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 Stepping Hill Hospital.

Details of our inspection findings (21, 22 and 28 March 2017) can be found in our Stepping Hill Hospital location report.

## Our Judgements

# Summary of findings

## Urgent & emergency services

We rated urgent care services as inadequate because:

- Although we noted an improvement in the senior nurse leadership in the service and found a more open and positive culture there were still significant issues which persisted from the last inspection.
- There was poor infection control compliance including patients not being isolated appropriately, visibly soiled equipment and less than 60% compliance with key audits.
- Duty of candour was delayed in some cases.
- There were low nurse staffing levels and low shift fill rates of less than 50% at times. This also included very high use of agency staff.
- There was a low compliance with the early warning score system and poor management and recognition of sepsis.
- Medicine management issues persisted which included lack of security and delayed administration.
- We found poor compliance with risk assessment processes and patients were being held in corridors on routine basis. There had been no improvement to the arrangements to manage the patients held in the corridor area. We found that very unwell patients were being held there with very little or no supervision this included patients with cardiac issues and sepsis.
- The performance in relation to the 15 minute face to face assessment, four hour standard and ambulance handovers remained very poor and had deteriorated since the last inspection. Black breaches had increased five fold from 199 in 12 months in the last inspection to 218 in one month during this inspection.
- Clinical guidelines were not always followed and we found occasions when this had negatively impacted on patient outcomes.
- The department had undertaken one national audit since the last inspection and this showed that they were not compliant with all four standards looked at.
- Audit findings were not always actioned and action plans were not always monitored.
- Patients were left in an undignified manner in the corridor areas including having physical examination in the corridor areas. Some patients told us that they were humiliated by their treatment.
- Medical staff did not always feel supported and felt that their education and development program was not sufficient.
- The viewing room for deceased patients had not improved since the last inspection and remained visibly soiled and clinical.
- We found that deceased patient's property was not treated in a sensitive manner and we found bags of un-labelled property stacked up on the floor in the viewing room.
- We observed very poor record keeping which we saw negatively impact on patient care and safety, including staff being unaware that a patient had left the department until three hours later when inspection team noted this.
- There was routine overcrowding and the department consistently failed to meet the department of health standard of seeing, treating and discharging or transferring patients within four hours.
- Some risks were not identified or mitigated appropriately.
- Medical staff told us that concerns they raised were not listened to or acted on.

However:

- Staff were knowledgeable about how to manage safeguarding issues and we observed them acting on safeguarding concerns appropriately.
- Equipment was checked regularly and appeared to be in good working order.
- The paediatric department had improved their safety since the last inspection.
- Staff told us that since the new matron and nurse consultant had been appointed, safety was more of a priority and focus.
- Staff spoke positively about the newly appointed matron and the changes she had implemented.
- Staff sought appropriate consent from patients before delivering treatment and care.
- The department had a team of highly skilled and competent nurse and medical staff.
- Appraisal rates were much improved from the last inspection.
- Staff were observed to be treating patients with compassion and dignity in their one to one interactions with patients.
- Some patients spoke positively about the way staff treated them.
- Staff were caring and compassionate in their approach to patient care.

# Summary of findings

## Medical care (including older people's care)

We rated this service as requires improvement because:

- The trust had not responded appropriately to the risk expressed to them at our last inspection regarding the security of patients' records.
- The trust regularly moved their own staff and had a heavy reliance on agency and bank staff, resulting in inappropriate skills mix and staff feeling they were nursing in wards where they did not have the required competence to care for patients.
- Decisions to move nursing staff were made on clinical judgment without a clear guidance document or minimum set standards.
- Records completion was not in accordance with best practice guidance.
- Incident reports did not have consistent categorisation for the same type of incident.
- Infection protection audits showed low levels of compliance with the trust's policy. At the time of reporting action plans to address this were not provided.
- Safeguarding training levels for staff were not in accordance with the trust's own policy or best practice guidance.
- There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was informed or in line with guidance and legislation. Decision-makers did not always make decisions in the best interests of people who lack the mental capacity to make decisions for themselves, in accordance with legislation. Restraint and deprivation of liberty were not always recognised or less restrictive options used where possible. Applications to authorise a deprivation of liberty were not always made appropriately or in a timely manner to the Court of Protection or by using the Deprivation of Liberty Safeguards.
- Due to staffing pressures, patients' dignity was not consistently maintained.
- The arrangements for governance and performance management did not always operate effectively.
- Risks, issues and poor performance were not always dealt with appropriately or in a timely way. The risks and issues described by staff do not consistently correspond to those reported to and understood by leaders.

- In view of the expenditure for agency staffing, the sustainable delivery of quality care was put at risk by the financial challenge.

However:

- Staff understood their responsibility to report incidents.
- Staff were aware of the duty of candour and their obligations regarding this.
- All areas we inspected were visibly clean and tidy.
- Throughout our inspection, in most wards we visited, we did not identify any major environmental risks or hazards.
- Safeguarding policies and procedures were in place and staff knew how to refer a safeguarding issue to protect adults and children from abuse.
- Medicine storage was secure and accurate logs and records maintained.
- Since the last inspection, the service had achieved JAG Accreditation for their endoscopy services.
- Patients' nutritional status and dietary needs were assessed using a recognised assessment tool.
- Multidisciplinary team (MDT) working was established on the medical wards. We saw good examples of MDT working on all of the wards and units we visited.
- Staff offered kind and considerate care to patients and those close to them. We saw that for most patients, privacy and dignity was maintained and that most patients' needs were appropriately met. 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 all staff disciplines, and staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.
- In geriatric medicine, the service was above the England average for admitted RTT (percentage within 18 weeks).
- There was a clear statement of vision and values, driven by quality and safety. It had been translated into a credible strategy with well-defined objectives that were regularly reviewed to ensure that they remain achievable and relevant.

# Summary of findings

- The vision, values and strategy had been developed through a structured planning process with regular engagement from internal and external stakeholders, including people who use the service, staff, commissioners and others
- The trust's staff in all areas knew and understood the vision, values and strategic goals.

## Information about the service

Urgent and emergency services are provided at Stepping Hill Hospital. The Emergency Department (ED) at Stepping Hospital is open 24 hours a day, seven days a week, providing emergency and urgent care and treatment for children and adults, across Stockport and wider Manchester area.

The department saw approximately 21,147 patients between January 2016 and January 2017. Approximately 32% of these patients were admitted to hospital, this was above the England average of 22.2%.

The Emergency Department consists of a four trolley resuscitation area, 19 major's trolleys, a three cubicle hyper acute stroke area, one sub-wait area and four examination rooms.

There is a self-contained children's ED (consisting of 3 cubicles) and a minor's stream which is run by enhanced nurse practitioners seven days a week between 07:30am-00:00am.

As part of our inspection we visited the emergency department for an unannounced inspection on 21, 22 and 28 March 2017. We spoke with patients and relatives, observed care and treatment and reviewed 18 records, including observation charts, medication charts and full care records. We spoke with a range of staff at different grades including nurses, doctors, health care assistants, reception staff, ambulance staff, senior managers and matrons.

## Facts and data about this trust

Urgent and emergency services at Stepping Hill Hospital saw approximately 96,217 patients between January 2016 and January 2017. Approximately 32% of these patients were admitted to hospital, this was above the England average of 22.2%. The department is open 24 hours a day, seven days a week and provided treatment and care for children and adults. The department saw 21,147 children during this time period. There was a resuscitation area, examination rooms and a waiting area. There is also a self-contained children's area.

From March 2016 – February 2017 the trust had 89,659 medical admissions including day case admissions. 28,390 of these admissions were from the emergency department. This averaged 7,472 admissions per month and with the exception on November 2016, remained around that average figure month on month.

There are a total of 833 beds at the hospital and serves a population of 350,000 people.

# Overview of ratings

## Our ratings for Stepping Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	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	N/A	Good	Good	Good	Good
<b>Overall</b>	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Stockport NHS Foundation Trust, Stepping Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

# Overview of ratings

## Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Good	 Outstanding	Good	 Outstanding	 Outstanding	 Outstanding
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community End of Life Care services	Good	Good	Good	Good	Good	Good
<b>Overall Community</b>	Good	Good	Good	Good	Good	Good

# Outstanding practice and areas for improvement

## Outstanding practice

- The trust had introduced an improving wound care diploma devised and agreed by the newly formed Wound Care Steering Group, chaired by the district nursing service.

## Areas for improvement

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

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

- The trust must ensure that records are securely stored.
- The trust must ensure there is an adequate skills mix on all medical wards and that staff have the right level of competence to effectively nurse the patients they are asked to care for.
- The trust must do all that is reasonably practicable to ensure there is safe staffing on the medical wards.
- The trust must ensure that patient risk assessments are completed and updated at regular intervals.
- The trust must ensure that it is compliant with the Mental Capacity Act and that all staff have the required level of training in this area.
- The trust must ensure that its mandatory training reporting systems are accurate and reflective of the training needs and requirements of all staff.
- The trust must ensure all staff are up to date with their mandatory training.
- The trust must ensure that at all times there is a suitably trained member of staff on each medical ward and unit that has current adult life support training.
- The trust must ensure there is consistent categorisation of the same type of incident in the trust's incident reporting system.
- The trust must ensure safeguarding training levels for staff are in accordance with the trust's own policy and best practice guidance.

- The trust must address the delayed transfers of care and formulate an action plan outlining how it will address this issue within a reasonable time period.
- The trust must ensure nursing intervention records are consistently completed.
- The trust must ensure that thickening powder is securely stored.
- The trust must ensure that patient's dignity is preserved at all times across the medicine division.

#### Action the hospital **SHOULD** take to improve

- The trust should ensure there are regular morbidity and mortality meetings across the medicine division.
- The trust should consider implementing clear guidance for senior staff to use when making judgments about staff moves.
- The trust should ensure that where audit findings fall below the trust's expected standards, action plans to address this are created and monitored.
- The trust should improve the appraisal rate for the medicine division.
- The trust should ensure the proportion of patients seen by a cancer nurse specialist is above audit minimum standard of 80% for lung cancer.
- The trust should ensure that patients' discharge summaries are published within 48 hours.

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
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <ol style="list-style-type: none"><li>1. Service users must be treated with dignity and respect.</li><li>2. Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—<ol style="list-style-type: none"><li>a. ensuring the privacy of the service user;</li><li>b. supporting the autonomy, independence and involvement in the community of the service user;</li><li>c. having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.</li></ol></li></ol> <p>The trust was not always ensuring the privacy of the service users it was providing care for.</p>
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none"><li>1. Care and treatment must be provided in a safe way for service users.</li><li>2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<ol style="list-style-type: none"><li>a. assessing the risks to the health and safety of service users of receiving the care or treatment;</li><li>b. doing all that is reasonably practicable to mitigate any such risks;</li><li>g. the proper and safe management of medicines;</li></ol></li></ol>

This section is primarily information for the provider

## Requirement notices

h. assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

The trust was assessing and responding to risks to the safety of service users. The trust was not at all times managing medicines safely.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—
  - a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
  - b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
  - c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;
  - d. maintain securely such other records as are necessary to be kept in relation to—
    - i. persons employed in the carrying on of the regulated activity, and
    - ii. management of the regulated activity;

The trust was not monitoring and mitigating risks to service users effectively. Records were not always maintained and stored securely.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.

There were not always sufficient numbers of suitably qualified persons deployed across the medical and urgent care area. This was observed to have a direct negative impact on patient care and experience.