Mid Staffordshire NHS Foundation Trust
Stafford Hospital

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<th>Region:</th>
<th>West Midlands</th>
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| Location address:  | Weston Road
                     Stafford
                     Staffordshire
                     ST16 3SA                           |
| Type of service:   | Acute services with overnight beds |
| Date of Publication: | August 2011                        |
| Overview of the service: | Mid Staffordshire NHS Foundation Trust is the main provider of acute emergency & planned general hospital services, community midwifery and paediatric services in and around South Staffordshire. The trust operates from two main hospital sites. Stafford Hospital has 360 inpatient beds and the main accident and emergency department for the area. Cannock Chase Hospital has 98 inpatient beds |
and a minor injuries unit which is open from 8am to 12 midnight.
Our current overall judgement

Stafford Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Stafford Hospital had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 11 - Safety, availability and suitability of equipment
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider’s records.

What people told us

In the Accident and Emergency Department (A&E) patients were very pleased with the care and support they were receiving. They told us
"Oh the staff here are great. I have no complaints at all about the place."
"I have been seen very quickly."
"Staff are very attentive, they keep coming in and checking me."
The family of one person told us that nurses had all been very helpful and considerate, and had explained to them what was happening and why it was happening. This alleviated their anxieties, and helped to settle their relative into the ward.

In the Special Care Baby Unit (SCBU) people told us

"I had plenty of information before I came into the labour ward, this information was given to me during ante natal classes and you are taken on a tour of the unit and told what to
expect"
"You are told what your choices are and this is discussed with you by your midwife before you go into labour” “This is good because you know what to expect”

What we found about the standards we reviewed and how well Stafford Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service were involved in making decisions about their care, treatment and support. Their privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People that use the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The Trust was working hard to ensure that people who use the service were being protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The Trust does not fully protect people against the risks associated with the unsafe use and management of medication by means of making appropriate arrangements for the safe use of medicines in that: There were delays in fully implementing guidance contained within national safety alerts and embedding the Trusts recently reviewed medicines policy.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who use the service were in a safe, accessible environment that promoted their wellbeing.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People who use the services benefited from equipment that was safe, comfortable and met their needs.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People who use services were safe and their health and welfare needs were met by staff
that were appropriately qualified and were physically and mentally able to do their job.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The Trust was continuing to ensure that people who use services were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. However, despite the Trust efforts, staff recruitment remained an issue which they were trying to address.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use the service were safe and their health and welfare needs were met by competent staff. Staff were well supported to provide care and treatment to individuals in that they were properly trained and appraised. All registered staff were given the opportunity to attend clinical supervision training. Clinical supervision had not yet been fully implemented or embedded through the Trust although an ongoing clinical supervision programme is in place for 2011.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People who use service benefited from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People who used the service could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remain confidential. Other records required to be kept to protect their safety and wellbeing were maintained and held securely where required.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We spoke to a parent in the SCBU and she told us that she had been given plenty of information about what to expect on the unit. She said that staff do respect her privacy and dignity, always knock before coming into the room and are very polite. One lady told us "The doctors always talk to me about what they are doing when they come to examine my baby, and they talk me through the whole process." She said "I was given loads of information about the unit but this was verbal information, I can't remember having any leaflets."

We spoke to parents on Shugborough ward (Children's) who told us that staff were very good and that they had been given "loads of information". They also said that staff were polite and respectful. They told us that medical staff always explain procedures and "all the staff are very good with us and the children."

We spoke to four mothers on the post natal ward and asked them about their experiences on this ward and on the labour ward. They were all complimentary about the way that they had been cared for and treated by staff. "They ask before they do anything. They asked me before my baby was given vitamin K and explained what this was for". They ask me for permission to examine my baby and they explain what they are doing"
"Before I came in I had a birth plan in place, but unfortunately due to problems arising we couldn't stick to this plan. The midwives were great, they explained the reasons for this and why we couldn't use the plan."

"I had plenty of information before I came into the labour ward, this information was given to me during ante natal classes and we were taken on a tour of the unit and told what to expect"

"You are told what your choices are and this is discussed with you by your midwife before you go into labour, this is good because you know what to expect" We spoke with six visitors on ward two (Medical). One visitor told us that she didn't think that she had been given enough information about what was going on with her relative. She said "The staff were very nice but they were all too busy to stop and talk and explain about things." One relative spoken to told us "My wife has been very well looked after here, the staff work very hard and keep us informed. We have both been treated well."

We spoke to four people on the surgical ward and they were all impressed with the care and attention they were receiving. They told us the ward seems busy but the staff were efficient and friendly. One man told us he had dreaded coming in to the hospital but it had been a pleasant experience, especially now he was feeling better.

We spoke with five patients in A&E and they told us that they were pleased with the care they had received so far and that they had been kept fully informed of what was happening to them. "I have no complaints about anything, they have explained everything to me and why I need the tests."

"They are great here; they tell you what's going on all the time."

When we asked if privacy and dignity were promoted and upheld we were told "Yes staff are very polite and respectful."

"Staff were polite and always drew the curtain around and kept me covered."

**Other evidence**

The Provider Compliance Assessment (PCA) sent to us by the Trust told us that patients are involved in assessing, planning and implementation of care plans. The Trust uses 'About Me' documents and the 'hospital passport' as tools to engage patients and carers. The tools support staff to respect individual care needs and involve patients and carers in decision making. The tools also support staff to make reasonable adjustments to improve access to healthcare for patients.

The Trust told us they facilitate focus groups, including a hospital user group and the patient and carers councils. Focus groups are also facilitated bi-monthly with Trust members to listen and act on their views. Patients have access to information leaflets regarding treatments and procedures. This information supports them to make informed decisions and understand various choices. Patient representatives attend the patient information group to ensure that all information produced by the Trust is fit for purpose and is understandable from a patient's perspective.

We noted that in the SCBU there were posters in place with relevant information for parents. The nurse told us that parents are given an information pack to take home on discharge. We discussed the possibility of parents been given an admission pack also, as presently most information is given verbally.

We observed staff knocking on the doors of the rooms where parents were with their babies. Staff were seen talking quietly outside the rooms where parents and babies were sleeping so as not to disturb them.

In the parents' kitchen there was information on the walls about meal arrangements. We were told by staff that nursing mothers were given free meals. Parents were also
able to prepare and store their own meals in the kitchen.

On Shugborough ward we saw a lot of information up on the walls and there were many leaflets available for parents. There is also a locker book which gives patients and relatives information on the ward. We noted this on every ward we visited. Posters are on the walls throughout the hospital giving information about Patient Advice and Liaison Services (PALS) and how to raise concerns. The wards we visited also had suggestion posters and boxes for comments or suggested improvements. Parents and children were given a discharge pack when they leave Shugborough ward.

In the A&E waiting room there was a large visual display screen which gave people a wealth of information including information about the current waiting time, health advice help-line contact numbers and what to do about concerns or complaints.

We looked at the Care Quality Commissions (CQC) Quality Risk Profile (QRP) we hold for this Trust, and the CQC 2010 survey of adult inpatients. These showed improved results for the Trust, nine items had improved in Outcome 1 and three had deteriorated. The three areas that had deteriorated were related to doctors’ discussions, examination privacy and General Practitioner (GP) referral letters not being sent out.

In 2010 the Stafford site scored ‘Acceptable’ for privacy and dignity as part of the Patient Environment Action Team (PEAT) annual assessment of inpatient healthcare sites in England with more than ten beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). PEAT also highlights areas for improvement and shares best practice across the NHS. NHS organisations are each given scores from one (unacceptable) to five (excellent) for standards of privacy and dignity, environment and food within their buildings. The National Patient Safety Agency (NPSA) publishes these results every year to all NHS organisations, as well as stakeholders, the media and the general public.

Our judgement
People who use the service were involved in making decisions about their care, treatment and support. Their privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided.
Outcome 04: Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings
What people who use the service experienced and told us
We spoke with one person in the SCBU who told us that the staff were "very caring and attentive". She said that one nurse had been particularly helpful and had talked to her at length and made a referral for her to receive further care and support which she needed. She said that staff helped her with breast feeding and caring for her premature baby.

We spoke with parents on Shugborough ward and they told us that staff are "Very helpful and that they attend to all the child’s needs."

Some visitors on ward two told us "They were unhappy with the care provided to their relative and the care was poor". The ward manager told us she was going to speak to the family to alleviate their concerns.

In A&E patients were very pleased with the care and support they were receiving. "Oh the staff are great here, I have no complaints at all about the place." "I have been seen very quickly." "Staff are very attentive and keep coming in and checking me."

The family of one person told us that nurses had all been very helpful and considerate, and had explained to them what was happening and why it was happening. This alleviated their anxieties, and helped to settle their relative into the ward.

Other evidence
The PCA sent to us by the Trust told us that monthly divisional governance meetings take place to discuss current issues, complaints, quality issues and to determine changes that have taken place following incidents and lessons learned. An incident review group oversee the progress against actions for incidents and the implementation of changes to improve practice.
The matron and nurse on the maternity ward confirmed that they have the required medical support and that there is a paediatrician allocated to the unit daily. The Trust has an infant feeding coordinator and breast feeding coordinator available to support new mothers' feeding regimes and to give advice before leaving the hospital. We noted that the unit had a paediatric resuscitation trolley which was kept stocked up and can be taken through to the adjacent labour ward at any time. We were also shown a resuscitation room in the SCBU. We were told that the SCBU unit is level one and does not offer intensive care, only immediate resuscitation. Any babies needing intensive care would be transferred to another appropriately equipped hospital. Examination of care records in SCBU and Shugborough ward identified that babies and children receive safe and appropriate care. Care plans were updated regularly, sometimes changing daily or twice daily. Plans on these wards also reflect individual needs and preferences and the views and wishes of parents. Care plans on Shugborough ward contained inserts from parents and they told us that they are involved with the care of their child and have a section for writing in. Shugborough ward is divided into separate areas and each area is designed to meet differing needs of the children. The community paediatric nurses also have an office on this ward, so this is beneficial for linking in with ward staff and for continuity of care. The ward manager told us that children between 16 to 19 years of age can also choose to be cared for in an adult ward if they prefer and, in this case, links with the children’s ward are maintained for specialised care, treatment and support. Care records examined on ward two evidenced that fluid intake and output had been completed, calculated and recorded. Other records relating to nursing care had been documented. Individual medical, nursing and personal care needs are being met but not always in a person centred way. Individual choices and preferences in respect of activities of daily life were not always upheld or promoted.

On the surgical ward we saw that care plans and daily records were uniformly and clearly kept. People spoken with were aware of their own care plan, and what was recorded about them. Food intake, fluid balance and general observation charts, and the recording of routine visits by doctors and other professionals were also documented and up to date.

In A&E we observed staff speaking to patients respectfully and staff appeared caring and attentive to the needs of people. We observed staff paying attention to privacy and dignity, drawing curtains, covering people up, and speaking quietly to them. This was especially noted, although not restricted to, the small observation unit. Patients we spoke with in A&E were happy that their needs were being attended to and we observed staff being attentive.

From our discussions it was evident that the manager of A&E had the necessary knowledge, skills and relevant experience to oversee the delivery of emergency care on the unit. He was in the process of introducing new ways of working on the unit to help improve the outcome for patients.

Staff told us that there is a need for more doctors in A&E and that medical cover is sometimes a problem. The A&E manager told us this problem was being addressed with urgency. We looked at the QRP and the CQC 2010 survey of adult inpatients and this showed that two items had improved and were no longer below expected.
Our judgement
People that use the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.
Outcome 07:
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People we spoke to told us they had no cause to feel unsafe in the hospital since admission. One man told us that he thought the staff were very comforting and reassured him well. One person told us that she had seen the posters on how to report abuse, but had no issues of concern.
One person in A & E told us that when they were admitted they were asked to alert the staff if they had any concerns at all.

Other evidence
The PCA sent to us by the Trust told us that the Trust adheres to the inter-agency adult protection procedures as part of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership. The Trust has representation at the Executive and Operational Board of the Partnership. Any alleged abuse is reported to adult protection through the referral system and also internally investigated. All incidents are reviewed and if any relate to potential abuse then it is escalated as such. Complaints are reviewed and any concerns of abuse are also escalated. All measures are taken to maintain the safety of the patient and all those involved if alleged abuse occurs in the hospital. The Trust participates in external investigation review meetings if alleged abuse reported by the hospital has taken place in the community.

We contacted Staffordshire Adult Safeguarding team who reported to us that they are working closely with the Trust and the reporting of incidents had improved.

The Trust Safeguarding Policy (March 2011) is available electronically on the intranet.
and also as a hard copy on the wards and departments. Posters and easy read guides are also available to support staff and patients to raise any concerns of abuse.

Staff told us that there is a Whistle Blowing Policy (May 2010) and procedure in place and that the service has a designated staff member responsible for safeguarding matters and for ensuring the training of staff is carried out. We were told that all policies and procedures for the Trust can be accessed easily on their intranet.

Staff on the wards we visited told us that they were aware of the procedures for raising concerns if they suspected abuse. They also confirmed that they had training in abuse. We were told that all the staff had abuse awareness training and the nursing and care staff go on to do further training in adult safeguarding.

Nurses who work with children confirmed that they were given training in the safeguarding of children and that this is ongoing and some children's nurses have the advanced level of training. Midwives also confirmed that they have advanced safeguarding training.

On the maternity ward we spoke with the lead Midwife for vulnerable women. She told us that this is a new role created by the Trust and coordinates the care of vulnerable women, domestic abuse victims, mental health issues, teenage pregnancies and child protection. She explained how she liaises and works with social services and the mental health team. Within her role she meets with the paediatric staff monthly and has close links with A&E staff. She explained how she attends regular meetings with various safeguarding organisations within the community and how this collaborative working helps to ensure that people and children who are at risk are identified early, monitored through their hospital stay and supported and monitored after their discharge in order to help keep them safe.

Throughout ward areas including A&E there was information displayed in relation to raising safeguarding concerns and a contact telephone number.

When we spoke with staff they told us that the safeguarding and whistle blowing policies were available with the other Trust’s policies on the intranet. The Trust employs Safeguard Liaison nurses throughout the various directorates.

Our judgement

The Trust was working hard to ensure that people who use the service were being protected from abuse, or the risk of abuse, and their human rights were respected and upheld.
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke with six patients whilst visiting the hospital. People we spoke with confirmed that their medicines were checked when they first came to hospital and that they were generally informed about what their medicines were for, and about any changes. Most people told us that medicines were administered at the right times and that they had any pain-relief they needed. But, on one ward a patient described how they had to wait until one o'clock in the morning for their evening medicines, as nurses were busy with other patients. This person thought that "there was not enough staff and they have staff here that don't know the ward." Patients told us that their medicines were locked in personal bedside cabinets and those wishing to self-administer for example, inhalers or insulin were able to do so. We found a lack of information about how this was supported and monitored by nurses. When asked, one person told us that they didn't have to let anyone know when they used their inhaler but a nurse told us that patients should let the nurses know.

Other evidence
Since our previous visit the Trust's medicines policies had been updated but staff training had not yet been delivered, nor was there any information for nurses to draw their attention to any areas of change. Managers told us that one area that had been reviewed was supporting safe self-administration, but nurses spoken with where not familiar with this policy and we found a lack of documentation or assessments for people who had chosen to administer some of their own medicines. One person had some self-administered medicines that were not included on their prescription chart.
One nurse told us that medicines were not always transferred with patients when they changed wards and this could result in delays in people having their medicines. This had also been identified by the pharmacy department and a new category had been added to the incident reporting system so that effect and extent of this could better be measured.

We looked at a sample of medicines records. We found that people were asked about any allergies they may have on admission to the hospital and that this information was clearly recorded. We saw evidence of the checks carried out by the ward pharmacists to help ensure that people had all their current medicines when they arrived at the hospital and to ensure their current medicines charts were clearly and accurately written. Most medicine records clearly showed the treatment people had received but on occasion there was a lack of clarity where for example, administration or the reason for non-administration of a dose had not been recorded.

All wards at the hospital were supported by the clinical ward pharmacy team. Pharmacists did not participate in ward rounds but were responsible for ensuring that any medication issues they identified were followed up with medical and nursing staff. The presence of pharmacists on the wards was valued by nursing staff who felt that a good pharmacy service was provided. However, we found that where a directorate governance meeting had identified the need for additional pharmacist support this had been slow to progress.

We looked at how the hospital responded to national alerts or internal concerns about the handling of medication. Staff spoken with confirmed their use and understanding of the hospital's electronic incident reporting system, and confirmed that feedback and support was given where appropriate. Senior managers explained the role of the Trust's 'Safe Medicines Practice Group' in analysing medicines related incidents and the action that had been taken following the third quarter 2010/11 report. The effectiveness of these actions in improving outcomes for patients remained to be measured but the hospital's 'Safe Medicines Practice Group' was preparing to discuss an action plan from the final quarter of 2010/11. There were delays in acting upon the pharmacy related patient safety alerts disseminated by the National Patient Safety Agency (NPSA) and many had not been acted upon within required timescales. The action plan provided by the Trust after our previous visit told us that a key action was to reduce incidence(s) of non-administered medicines (missed doses) in conjunction with the NPSA alert by ratifying the action taken on time but this did not happen. The trust provided a list of planned medicines related audits for 2011/12 but some of these had no agreed dates.

**Our judgement**

The Trust does not fully protect people against the risks associated with the unsafe use and management of medication by means of making appropriate arrangements for the safe use of medicines in that: There were delays in fully implementing guidance contained within national safety alerts and embedding the Trusts recently reviewed medicines policy.
### Outcome 10: Safety and suitability of premises

**What the outcome says**

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

**What we found**

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**Our findings**

**What people who use the service experienced and told us**

Not applicable

**Other evidence**

The PCA sent to us by the Trust told us that to ensure compliance with the Health and Safety Act 1974, risk assessments were undertaken at all levels and action plans were completed to mitigate the risk to an acceptable level. The Trust's risks are entered on the safeguard reporting system, and are reviewed by the directorates and divisions responsible for the risks; these are discussed and documented at the governance meetings which are held monthly.

The Trust showed us evidence that all necessary licences were in place for the safe collection, transport, handling and disposal of the clinical waste. The contracted company undertakes audits on behalf of the Trust to ensure compliance. The Manager responsible for waste carries out weekly waste audits of the disposal rooms and this information is collated and used for the reports required by the Environmental Agency.

We previously had a minor concern for this outcome as the results of an audit reflected gaps in compliance against waste segregation. Work in this area has continued and will further develop to be environmentally friendly.

In 2010 the Trust scored good overall for the environment assessed as part of the PEAT assessment.

**Our judgement**

People who use the service were in a safe, accessible environment that promoted their wellbeing.
Outcome 11: Safety, availability and suitability of equipment

What the outcome says
This is what people should expect.

People who use services and people who work in or visit the premises:
* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
* Benefit from equipment that is comfortable and meets their needs.

What we found

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We asked patients about access to suitable equipment and we had a positive response to this. No one said that they had had to wait for equipment. We saw some people who needed special mattresses being nursed on them.

Staff told us that availability of equipment was not a problem; they told us that only occasionally do they have to wait for a mattress to be delivered to the ward.

Staff in A&E did not raise any concerns about a lack of equipment on the unit.

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The PCA sent to us by the Trust told us that the medical equipment library was established at the end of 2010. A project manager was appointed to oversee the implementation of the facility and to provide the guidelines for use. There is now a runner and a technician employed to ensure that the medical equipment in the Trust is stored in this library, to ensure that the equipment is in service date and in full working order. Equipment is stored centrally to ensure that it is available for all the wards and departments and this prevents areas of the hospital storing equipment and therefore a shortfall in availability in other areas.

We did not observe any patient having to wait for equipment during the visit. The patients we saw that had been assessed as being at risk of developing pressure ulcers were being nursed on appropriate mattresses. Some patients were seen sitting out in chairs on special pressure relieving cushions.

The care plans we examined identified that patients who were at risk of developing
pressure sores were provided with the necessary special mattresses and cushions.

The hospital has a no lifting policy and we saw electrical hoists available on the wards to support this. When we looked at care plans we saw that patients had been assessed as to their individual mobility and the need for specific pieces of equipment had been identified.

We spoke with staff, people using the service and visiting relatives. One person told us she had brought in her own walking frame, but had received instruction on using the frame since admission, because she had a dressing on her foot. Another person told us that he had been advised by the staff to use a wheelchair when mobilising longer distances. Staff confirmed that they were trained in moving and handling, and how to use any equipment in compliance with the instructions and guidance. The training is undertaken annually on a mandatory basis, and equipment is monitored on an ongoing basis, with staff receiving updated information accordingly.

We observed that the service was well equipped with the necessary nursing beds, nursing adaptations and aids for independence, such as pressure relieving air mattresses, hoists, wheelchairs, walking frames, and stand aids. We were told by staff that there was a central equipment store, and that they had not experienced any difficulty in obtaining equipment.

We observed that all furnishings were of a good standard. One ward manager told us that she had identified the need to replace some furnishings. These had been placed on order, and delivery was expected in a few weeks time.

**Our judgement**

People who use the services benefited from equipment that was safe, comfortable and met their needs.
Outcome 12:
Requirements relating to workers

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement
The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Not applicable

Other evidence
The PCA sent to us by the Trust told us that all staff completes a model declaration A in accordance with exemptions to the Rehabilitation of Offenders Act 1974 (ROA). All staff provide several forms of identity (ID), including photo ID where possible. When necessary staff undergo CRB checks at the enhanced level. All staff were instructed that they must provide references from previous employers and we saw evidence of this. All staff undergoes an occupational health assessment and a Trust induction. All these checks were undertaken before the staff start to work in the Trust. The recruitment team uses checklists to ensure all areas are complete before an offer of employment is made. We saw evidence that these processes and procedures were carried out and verified as part of the recruitment process.

Staff spoken with told us that they had undergone the necessary security checks during their recruitment process. This included the provision of an application form, two references, identification and a Criminal Records Bureau (CRB) check. Formal interviews are held and Personal Identification Numbers (PIN) are verified and recorded. This process ensures that staff were registered with the relevant professional body or professional regulator and are allowed to work. Staff also confirmed their attendance at an induction course and subsequent mandatory yearly training for fire, moving and handling, first aid and resuscitation.

Our judgement
People who use services were safe and their health and welfare needs were met by staff that were appropriately qualified and were physically and mentally able to do their job.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

**Our judgement**
There are minor concerns with Outcome 13: Staffing

**Our findings**

**What people who use the service experienced and told us**
The majority of the people we spoke with during the ward and department visits were very complimentary about the staff looking after them. One person told us "Oh they are wonderful." Several people told us "Nothing is too much trouble for them."
The exception to this was on ward two where visitors of two separate patients told us that "staff were too busy to talk to you" and one set of visitors in particular were unhappy about the quality of staff provided and said "The ward is run on agency staff. Last night there was the ward manager on duty with one agency nurse, an agency health care support worker and a part time support worker."
We spoke with the ward two manager, she confirmed that at the time of our visit that agency staff were being used as there was four full-time equivalent members of staff off sick and one staff member on maternity leave. She was aware that the Trust had experienced difficulties in the recruitment of new staff, however she did confirm that recruitment was in progress.

On ward two we spoke with staff, people using the service and their visiting relatives. Comments received in relation to staffing included," the nurses are great", "It's been very busy on this ward, the nurses never stop working, but I have only to ask for something, and they get it for me."

**Other evidence**
The Provider Compliance Assessment (PCA) sent to us by the Trust told us that the Trust has made progress in the recruitment of nursing staff for both wards and theatres. When gaps are identified through sickness or vacancies, the Trust has a successful
record of covering from its own internal bank or agencies. We saw evidence that the Trust continues to recruit both to its nursing establishment and to its internal bank. The Trust remains concerned about a number of vacancies within the medical workforce, particularly with regard to junior doctors and has not signed this outcome as compliant as a result. This has continued to be the case in the last three to four months. Many of these vacancies relate to junior doctor posts which are usually filled by the West Midlands Deanery. However, many posts have been left vacant by the deanery necessitating local recruitment. The pool of junior doctors nationally is at is lowest point in many years, so the Trust are always in direct competition with other Trusts for the limited resource available. The Trust is hoping improvements will be seen from August 2011.

The Trust is reviewing its nursing establishment through the use of the Association of University UK Hospitals (AUKUH) activity review tool to ensure that there is sufficient staff to meet the patients’ needs. This is an ongoing process. We saw evidence that workforce statistics are discussed at management and board meetings. The Trust workforce report highlights any areas of concern and actions taken to address these concerns. There are specific internal project teams which have been established to examine optimal use of the existing workforce, staffing levels and bank and agency staff usage. Their work is also ongoing.

A ward nursing dashboard (display) is updated by managers on a weekly basis so that senior management has a better understanding of operational difficulties relating to sickness, vacancies, maternity leave etc. which enables them to proactively plan for any potential shortfalls in staffing. The Consultant recruitment position has improved significantly. Whilst the Trust has engaged some long term locum’s and enabled internal staff to "act up", there are currently, approximately seven unfilled consultant vacancies.

We visited the Surgical Assessment Unit (SAU) next to A&E and the unit manager told us that she had just escalated a concern about the staffing arrangements on her unit due to the increase in hours that the unit was open. The main hospital wards had no beds available for the new admission patients on the previous day so a decision had been made to place these patients in the assessment unit overnight. The manager had concerns about having the right staff on duty to meet the needs of the patients. A nurse on SCBU told us that, for most of the time, staffing on the unit was fine but when the unit was busy and/or when there was an emergency situation then usually there were not enough staff to see to the needs of the other babies and parents. The matron for the paediatric unit told us that the staffing ratio on SCBU was in keeping with Nursing and Midwifery Council (NMC) guidelines.

Wards we visited, including A&E were sufficiently staffed with the exception of more medical staff required in A&E but the Trust is aware of the need for this. We were told that there is an ongoing staff training programme, and that staff complete mandatory training as per the essential standards of quality and safety as laid down by the Care Quality Commission (CQC), to promote current good practices within the service. We saw evidence that training needs were identified annually during the individuals staff appraisal. 87% of staff received appraisals during the previous 12 months and 74% of these people had a development plan in place.

Our judgement
The Trust was continuing to ensure that people who use services were safe and their health and welfare needs were met by sufficient numbers of appropriate staff. However, despite the Trust efforts, staff recruitment remained an issue which they were trying to address.
Outcome 14:
Supporting staff

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
Staff spoken to told us they had received an induction, yearly mandatory training, appraisal and ongoing training including customer care, infection control and blood transfusion procedures. The staff were aware of the Trust's plans to introduce clinical supervision, but this had not yet been implemented for all staff. An ongoing programme was in place for clinical supervision for the rest of the year. Staff told us that they had undergone appropriate recruitment checks prior to their employment with the Trust. We spoke with three staff members and discussed formal staff supervision, they confirmed that this had not been fully implemented, but they were aware that it was in the process of being put into place for all clinical staff.

Other evidence
The PCA sent to us by the Trust told us that the Trust obtains assurance that patients receive safe and quality care from staff that were competent to carry out their roles, in three ways.
Firstly, through careful adherence to good recruitment practices which verify that new staff are properly qualified and registered for their role.
Secondly, by defining training requirements for all staff, and delivering training to enable staff to meet the requirements for their role.
Thirdly, by maintaining accurate records of training received, from which monthly and interim reports can be extracted. The Trust uses a learning management system which is linked directly to the electronic staff record.
Additionally, the Trust is investing in clinical supervision for its nursing staff, and has improved appraisal rates. We saw evidence that all new employees attend a two day corporate induction prior to starting their role in the Trust. The second day of induction
covers the mandatory and statutory training syllabus.

We saw that the corporate induction is supplemented by local induction which includes confirmation of the medical devices that the staff member is required to use in their workplace, and that they are competent to use these devices. We saw that a recent update to Trust policy requires that a completed copy of the local induction checklist is forwarded to the Trust Organisation Development and Training Team, who will update the central training record.

More than 80% of Trust staff have attended statutory and mandatory training over the 12 months to 31 March 2011. Attendance at mandatory training is reported on a monthly basis to the Trust Board via the workforce report.

We saw that in addition to the induction programme all newly recruited registered nurses attend a clinical training day, and newly recruited health care support workers complete a two day clinical training event, which includes assessment of specific competences.

We saw evidence that a project is underway to ensure all mandatory training and essential skills training will be recorded in (and can be reported direct from) a central record. This project is 90% complete, with the majority of training now captured. The Trust is continuing to pursue e-learning options to increase flexibility of access to training; however demand has been limited so far.

The Trust has achieved Level One in the 2011 assessment by National Health Service Litigation Authority (NHSLA), which included confirmation that the training needs analysis met requirements and all supporting documents were in place.

We spoke to staff on all of the wards we visited about training including A&E and the SAU and all, without exception told us that they were well supported with their training needs. They told us that they undertake mandatory training at least annually. This includes infection control, moving and handling, fire safety, safeguarding and other training. Nurses told us that they are supported to attend further training within their clinical spheres.

However some nurses were not as happy with the level of clinical and formal supervision they received. One nurse told us that she had not had any clinical supervision in the years she had worked for the Trust. She also told us that de-briefing sessions often come too late after events and staff can be left feeling frustrated. Midwives told us that they were happy with the level of training, support and supervision they received.

A nurse on SCBU told us that, in the last 12 months she had done a two day breast feeding course, a child bereavement course and the mandatory training updates. She felt supported with her training needs, but not with supervision.

There was evidence that a revised Whistleblowing Policy (May 2010) was launched in Summer 2010 and communicated widely, so that staff are able to raise their concerns in an open culture and are supported by the Trust when they do so. We saw that staff are helped and supported if they are confronted by violence or aggression and in line with national guidance, the Trust provides all front line staff with opportunities to attend Conflict Resolution Training every three years.

The Trust intranet includes a Training and Education section which provides clear
routes of access to training and development.

**Our judgement**
People who use the service were safe and their health and welfare needs were met by competent staff. Staff were well supported to provide care and treatment to individuals in that they were properly trained and appraised. All registered staff were given the opportunity to attend clinical supervision training. Clinical supervision had not yet been fully implemented or embedded through the Trust although an ongoing clinical supervision programme is in place for 2011.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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| **What people who use the service experienced and told us**
Some people we spoke to told us that they had been to the hospital in the past and felt this time things were generally better. They told us staff attitude was much more pleasant and professional. One man told us "I was quite nervous to come into hospital but the experience has been great. They are obviously improving things and making it a better hospital."

**Other evidence**
The PCA sent to us told us and we saw evidence that the Trust assesses and monitors services through a system of reporting and accountability. At the highest level within the organisation, the board of directors regularly start their meeting with a patient experience story. The board also receives a number of regular reports which focus on the quality of service, for example mortality reports, a summary of actions taken to investigate serious incidents, the identification of lessons learned from incidents and complaints. The board of directors also receive reports on hospital acquired infections and the Trusts performance against the Commissioning for Quality and Innovation (CQUIN) quality indicators. The healthcare governance committee, which is a sub-committee of the board of directors, receives similar more detailed report for discussion including patient experience, incident report group, information governance and patient safety group.

We saw evidence that each division director holds monthly governance meetings where complaints, incidents and claims are discussed and this is where patterns and trends are identified.
We saw that the quality of care received by the people that use the service is monitored through audits of specific areas of care detailed within the Trust audit plan, benchmarking against local and national practices. The Trust publicly reports on its involvement in national audits via the annual quality accounts report.

We evidenced a trained volunteer using an electronic patient experience tracker device. This device is used on a regular basis to randomly identify people that use the service and log their current views. Patient comments were communicated back to the relevant ward/department at the earliest opportunity to ensure that any lessons learned were put into action immediately. Summary reports from the comments are used to triangulate information comparing data from patient experience, complaints, incidents and claims. The Trust also engages a number of patient focus groups to seek comments and suggestions. The group comprises members of the public, Trust staff and governors. The Trust participates in a number of local committees and groups and has worked with the Community Council of Staffordshire in reviewing their outpatient services. The Trust has developed documentation, known as the passport, which captures the needs of patients prior to attending hospital. This document has been developed in consultation with Local Intelligence Network (LINk), learning disability and dementia groups and the Carers Association. The patient experience is reported at all levels including board of directors, the healthcare governance committee and at individual division/director level meetings.

The Trust utilises an online incident reporting system which is accessible to all staff. Where computer systems are not readily accessible, reporting can be made by a paper based system. Third part assurance on the effectiveness of the incident reporting system is obtained from the National Patient Safety Agency (NPSA) quarterly report on adverse incident reporting.

In the group, of small acute hospitals, the Trust is placed in the upper quartile for the number of incident reported, the NPSA conclude from this data that the Trust has a good incident reporting culture.

The Trust produces on a daily basis an incident reporting summary, which summarises all the incidents, reported in the previous twenty four hours. This summary is circulated to all the executive directors and senior managers within the Trust to enable them to act at an early stage. This ensures that all serious incident investigations are managed effectively and issues are escalated in a timely manner. The serious incident report to the board of directors includes a section on lessons learned and changes in practice which has come about following the investigation into the incident.

The healthcare governance committee, a sub-committee of the board of directors receives on a monthly basis a report on adverse incidents and an analysis of the top incidents reported. The Trust performance on the management of incidents is monitored through their monthly contractual meetings with the Primary Care Trust (PCT). Each claim, incident, complaint and coroners case is risk assessed and an appropriate level of investigation is undertaken as per the policy on incident reporting.

We looked at the QRP, and the CQC 2010 survey of adult inpatients showed that the risk estimate had decreased with six out of 21 data items being below expected. Data in this outcome does not identify any theme or concern about Trust performance within the outcome.

**Our judgement**

People who use service benefited from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.
Outcome 21: Records

What the outcome says
This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
Not applicable.

Other evidence
The PCA sent to us by the Trust told us that the Trust recognises the importance of the patient's rights and expectations within the NHS Patient Constitution. Person identifiable records are managed and maintained, the management is underpinned by compliance with the Health Records Management Retention and Storage Policy (December 2010) and the Records Management Policy (September 2010). To summarise; these policies reflect the overall expectation of staff to ensure the management for accurate and secure records and defines the principles on which the policies are based. They relate to all operational and corporate records held in any format by the Trust. The policy identifies scheduled audits for compliance and is reported to Patient Data Quality Group (PDQ).
An external audit of Trust corporate records (in identified areas) has recently been completed, the outcome of which will generate recommendations and action plans with agreed ownerships and time scales.
All patients' records were provided for inpatient, outpatient and results to ensure that care and treatment is documented at the earliest opportunity. Clinical staff were expected to follow their professional guidance regarding recording keeping. This is monitored and audited as above. Training and annual refresher sessions for record keeping are provided to all appropriate staff. At the request of patients the Trust has
recently produced a process to manage electronic clinical correspondence with patients. We observed that records were appropriately kept. All records are kept according to the Data Protection Act 1998, these included care plans, daily records, Medication Administration Records (MAR).

Health records are stored on two sites and both are accessible by approved use of a swipe card, thus reducing any unauthorised access. Transportation of records is by means of recently implemented secure plastic carriers and plastic lidded boxes. All case notes are tracked in and out of departments by the use of a tracking system. Case notes that are urgently required to be sent to other Trusts are photocopied, checked and verified and recorded as special delivery through the Royal Mail. A standing operational procedure describes this process. Staff are instructed to ensure all person identifiable correspondence is marked 'Private and Confidential', to protect the recipient and maintain patient confidentiality as per the guidance within Confidentiality and the Information Security Management NHS Code of Practice. Each patient has a unique identifiable number, which allows staff to link all previous episodes of care, and allows their health records to be accessed and updated if necessary. Training for the Trust Patient Administration System (PAS) which is the master index for registering and identifying patients is customary at commencement of employment and the relevant user rights are granted to the appropriate staff.

The Health records are held appropriately in accordance with the Department of Health (DoH) records management's code of practice. The health records team identify when notes can be confidentially destroyed or archived according to the guidance. All notes that have been destroyed under guidance are recorded on the disposal log and the Trust PAS. Guidance regarding organisational records is provided within the Records Management Policy and Life Cycle Strategy. The staff were informed of the policies via attendance at mandatory training. A further records audit will be commissioned during this financial year to monitor compliance and support staff where necessary. The Trust is in the early stages of development of an on-line Trust document management system. This will ensure the timely and accurate up-dating management and archiving of corporate documents.

The mechanism for the storage and destruction of health care records are in line with national recommendations. This national guidance is interpreted locally via the Trust Health Records Management Storage and Retention Policy. A records library is established on site which ensures medical records are easily accessible. Records are archived and stored off site at secure locations with procedures in place to retrieve records as required. We were told that any breaches in records confidentiality are reported to the Information Commissioner and the Trust adheres to the regional policy on the Strategic Executive Information System (STEIS) which allows NHS users to report incidents relating to breaches of confidentiality. We were given assurances that all staff receives instruction on patient record confidentiality and the importance of secure storage and tracking of notes at induction and staff confirmed this when questioned. We looked at the Quality Risk Profile (QRP), the CQC 2010 survey of adult inpatients showed that two items had improved and were no longer below expected.
**Our judgement**

People who used the service could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remain confidential. Other records required to be kept to protect their safety and wellbeing were maintained and held securely where required.
Compliance actions

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

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<th>Regulated activity</th>
<th>Regulation</th>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
**Information for the reader**

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