SUMMARY REPORT

TRUST BOARD

1.15.77 (3)

30th September 2015

Subject: Care Quality Commission Unannounced Focused Inspection - June 2015

Prepared by: Tracey Lee, Interim Governance Support

Approved by: Andrew MacCallum, Deputy Chief Executive/Nurse Executive

Presented by: Andrew MacCallum, Deputy Chief Executive/Nurse Executive

Purpose

The objective of this report is to update the Board on the outcomes from the Care Quality Commission unannounced focused inspection at the Trust in June 2015, including requirement and enforcement actions.

This report sets out the immediate actions taken by the Trust, further actions planned, and the governance arrangements being established to provide robust oversight of the required improvements to the safety and responsiveness of care.

Trust Objectives

<table>
<thead>
<tr>
<th>Quality</th>
<th>People</th>
<th>Partnership</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The CQC inspection carried out at the Trust in June 2015 judged the Trust as follows:

Royal Cornwall Hospitals NHS Trust

- Requires Improvement

Royal Cornwall Hospital

- Emergency and urgent care: Requires improvement
- Medical care: Inadequate
- Surgery: Good
- Critical Care: Good

West Cornwall Hospital

- Medical Care: Good

The reports set out 14 actions the Trust **MUST** take to improve and 21 actions the Trust **SHOULD** take to improve. The Trust has summarised the actions into the following four themes:

- Staffing
- Consistent clinical practice
- Clinical documentation
- Managing patient activity and patient pathways
By 22nd October 2015, the Trust must submit plans to the CQC demonstrating how it will comply with the following Health and Social Care Act Regulations: Regulation 12 (Good governance) and Regulation 17 (Safe care and treatment). These plans will be submitted to the NHS Trust Development Authority for review on the 13th October 2015.

The CQC also served a Warning Notice, under Section 29A of the Health and Social Care Act relating to sufficient staffing levels within the Emergency Department and the Higher Care Bay, Wellington Ward to consistently meet patients’ care and treatment needs. The timescale set to demonstrate compliance with Regulation 18 (1) of the Health and Social Care Act Regulations 2014, as set out in the Warning Notice issued to the Trust, is 9th October 2015. The Trust is on track to be compliant by this date.

Key Recommendations

The Board is asked to:

- consider the findings of the CQC report;
- note the immediate improvement actions taken in response to the 29A Warning Notice and the actions the Trust MUST take to deliver improvements in the safety and responsiveness of services;
- review and approve the governance arrangements being put in place to provide oversight and assurance.

Assurance Framework

The report provides information on the key risks and current level of assurance in meeting the Trust’s objectives.

Next Steps

A comprehensive action plan responding to all the actions the Trust MUST and SHOULD take to improve is being finalised. The Trust is on track to be compliant with the Warning Notice requirements by 9th October 2015. Assurance reports on progress will be provided to the Trust Management Committee: Quality and Safety and the Governance Committee.

Corporate Impact Assessment

<table>
<thead>
<tr>
<th>Corporate Impact Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC Regulations</td>
<td>Covers the safe and responsive domains, and Regulations 12 and 17.</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>None.</td>
</tr>
<tr>
<td>Legal Implications</td>
<td>The Trust must be compliant with Regulation 18 (1), relating to staffing, by 9th October 2015. Requirement notices also set out the actions to be addressed to be compliant with Regulations 12 and 17 of the Health &amp; Social Care Act Regulations 2014.</td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>None.</td>
</tr>
<tr>
<td>Workforce and Staffing</td>
<td>The CQC has raised concerns about the nursing levels in ED and the Higher Care Bay on Wellington Ward.</td>
</tr>
<tr>
<td>Performance Management</td>
<td>The paper sets out proposed arrangements for oversight of delivery of the required improvements.</td>
</tr>
<tr>
<td>Communication</td>
<td>The findings have been communicated internally and externally, and work will continue to maintain and build public confidence in Trust services as the improvements are delivered.</td>
</tr>
</tbody>
</table>

Acronyms / Terms used in Report

- CQC
- Warning Notice
- Health and Social Care Act
- Emergency Department
- Higher Care Bay
- Wellington Ward

Page 2 of 11
1. Introduction / Background

The Care Quality Commission (CQC), the health and social care regulator, carried out an unannounced focused inspection at the Trust on 3rd, 4th, 5th and 15th June 2015. The inspection was to check if improvements had been made following the breaches of regulations (relating to the Safe and Responsive domains) identified when they carried out a comprehensive inspection of the Trust in January 2014. At that time they rated the Trust as requiring improvement in relation to the safe and responsive domains, and overall. The June 2015 visit was also prompted by concerns with ED performance.

This paper, which accompanies the reports issued by the CQC, summarises the findings arising from the inspection, the immediate actions taken by the Trust in response to the findings and the improvement plans now being put in place to deliver sustainable improvements. The report also sets out the governance arrangements established to oversee the improvements and provide assurance to the Board.

The Board has a clear leadership role in ensuring that the Trust is compliant with the fundamental standards of quality and safety that all patients can expect whenever they receive care.

2. Executive Summary

The CQC inspection carried out in June 2015 focused on the following areas:

Royal Cornwall Hospital and West Cornwall Hospital:
- Urgent and emergency care
- Medical services
- Surgical services
- Critical Care

West Cornwall Hospital
- Medical Services

Following the focused inspection, the CQC judged the Trust as follows:

<table>
<thead>
<tr>
<th>Royal Cornwall Hospitals NHS Trust</th>
<th>Requires Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Responsive</td>
<td>Requires Improvement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royal Cornwall Hospital</th>
<th>Requires Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and urgent care</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>
The reports set out 14 actions the Trust must take to improve and 21 actions the Trust should take to improve. The actions can be summarised into the following four themes:

- **Staffing** – nursing levels and skill mix in ED and Wellington Ward
- **Consistent clinical practice** – management of sepsis, consistent use of assessment and treatment tools, variable discharge planning, learning from incidents, complaints and risks, uptake of mandatory training
- **Documentation** – completeness and timeliness of records, treatment plans
- **Managing patient activity and patient pathways** – flow, escalation and outlying patients, cancellations and discharge planning, stroke pathway,

By 22nd October 2015, the Trust must submit plans to the CQC demonstrating how it will comply with the following Health and Social Care Act Regulations: Regulation 12 (Good governance) and Regulation 17 (Safe care and treatment).

The CQC also served a Warning Notice, under Section 29A of the Health and Social Care Act relating to sufficient staffing levels within the Emergency Department and the Higher Care Bay, Wellington Ward to consistently meet patients’ care and treatment needs. This Notice was received by the Trust on 9th July 2015.

Section 29A Warning Notices are issued where the CQC judge an NHS trust requires significant improvement. Where issued the CQC set a timescale for the improvements required to meet the legal obligations of the Trust or to address the matters set out in the notice. The notice received by the Trust stated that the Trust was failing to comply with Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which states:

*Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirement of this Part.*

The timescale set to demonstrate compliance with Regulation 18 (1) is 9th October 2015.

### 3.1 Our organisational response

The Trust accepts the judgements reached by the CQC. We are clear that the care observed falls short of the care that the Trust expects to deliver to our patients, and we are extremely sorry that this is the case. We will do all we can to maintain and build public confidence in our services as we deliver improvements at pace.

---

1 This compares with 2 must do, 13 should do and 14 could do recommendations in January 2014
We have welcomed the report, and the additional focus it provides. The report addresses many issues we are already actively addressing, and the findings resonate with our own previous assessments and external feedback we have proactively secured. This means that the Trust has been able to respond quickly to the issues raised.

The Trust is facing a number of challenges, and the Board itself is undergoing further change. There is therefore a strong commitment over the coming weeks and months to secure additional support, where relevant, to assist the Trust in its improvement plans, and ensure that improvements are delivered at pace. In this regard, the Trust continues to work closely with the Trust Development Authority, and welcomes their recent appointment of an Improvement Director to support the Trust in delivering improvements.

3.2 Our approach to improvement

At the heart of our response to the CQC findings, is an absolute focus on our patients' safety and the responsiveness of the services we deliver.

A Task and Finish Group, the CQC Response Group, has been established to ensure robust response and oversight. This Group, which is meeting weekly and chaired by the Deputy Chief Executive/Nurse Executive, will report to the Trust Management Committee: Quality and Safety and to the Governance Committee.

Through the Governance Committee, assurance will be provided to the Board that the relevant improvements are being made at the right pace. It is also proposed that progress updates are included in the Integrated Performance Reports to the Board over the coming months. Before the next Board meeting, the Executives will give consideration to how the CQC findings are best reflected in the Board Assurance Framework.

The Trust is acting quickly in addressing the CQC findings. Key messages were fed back by the CQC at the time of their visit in June 2015, enabling immediate actions to be taken, particularly in response to the staffing concerns set out in the Warning Notice subsequently served by the CQC.

In addition to the action plan developed to deliver the requirements of the Warning Notice by the 9th October 2015, the Trust is in the process of finalising a robust quality improvement plan, addressing all the recommendations set out in the CQC reports. The focus of attention over the coming days is to ensure that the plan has measurable deliverables, clear accountabilities and timescales for delivery, and assurance criteria that demonstrates compliance.

Action plans to deliver compliance with Regulations 12 and 17 of the Health and Social Care Act are required to be submitted to the CQC by 22nd October 2015. These ‘requirement actions’ will be drawn from the Trust’s quality improvement plan.

The improvement plans need to be taken forward with strong clinical involvement. There is strong correlation between the themes drawn from the CQC reports and the Listening into Action work streams already underway. This provides a key mechanism through which clinicians will be empowered to act to improve safety and responsiveness, and ensure change is sustained and embedded. The LiA workstreams will be an important element of the Trust’s quality improvement plan.
3.3 Celebrating Good Practice and Recognised Improvements

Whilst maintaining a robust and sustained focus on the improvements required, it is also important to reflect on the significant good practice identified by the CQC, including support for dementia patients undergoing surgery, patient ambassadors carrying out point of care observations, bite size learning for theatre staff and good support and care for patients with learning disabilities. The CQC also talked with patients who were complimentary about the care provided.

We have already thanked our dedicated and committed staff in surgery, critical care and at West Cornwall Hospital, all of whom were judged as Good in the domains reviewed by the CQC in June 2015. We will reflect on these achievements, and what other teams can learn from the approaches to work undertaken in these areas.

The CQC also recognised some tangible improvements observed since their 2014 visit. This included increased provision of critical care outreach, and the introduction of lockable storage cabinets for patient records.

3.4 Responding to the Section 29A Warning Notice

The Section 29A Warning Notice was served for the reasons summarised in the table below. The action plan to comply with the requirements of the Warning Notice is nearing completion, and on track to ensure compliance by 9th October 2015. The table below summarises the immediate actions taken to address the concerns raised, as set out in the more detailed action plan.

<table>
<thead>
<tr>
<th>Reasons for Warning Notice being issued</th>
<th>Immediate actions taken in response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to consistently meet people’s care and treatment needs:</td>
<td>All ward staffing rotas reviewed with the involvement of Ward Sisters.</td>
</tr>
<tr>
<td>• In ED</td>
<td>Registered nurse establishment in ED increased (from 12 to 14 in the day and from 9 to 11 overnight).</td>
</tr>
<tr>
<td>• In Children’s ED</td>
<td>Deployment of paediatric nurses (RN Child) is now explicit within the rota for ED.</td>
</tr>
<tr>
<td>Staffing levels and skill mix not reviewed continuously and adapted to the changing need and circumstances of people using the service:</td>
<td></td>
</tr>
<tr>
<td>• In ED</td>
<td>Escalation process for staffing concerns clarified and reinforced with all wards and departments. Role of site operational ‘bed’ meetings in addressing short notice staffing issues strengthened.</td>
</tr>
<tr>
<td>• In the Higher Care Bay, Wellington Ward</td>
<td>Nurse patient ratios adjusted in response to patients on Non-Invasive Ventilation (NIV) requiring level 2 care. Nursing skill mix on Wellington Ward</td>
</tr>
</tbody>
</table>
In addition, an acuity and dependency module is being added to the Trust’s Electronic Rostering System so that acuity and dependency can be assessed daily on wards. Roll out commences in October 2015. Work is also underway to further strengthen and formalise escalation processes.

It is proposed that the completed action plan, together with the key sources of assurance demonstrating compliance with the terms of the Warning Notice, is signed off by TMC: Quality and Safety on 7th October 2015, in advance of being submitted to the Care Quality Commission by 9th October 2015, as well as being shared with the Chair of the Governance Committee for assurance purposes.

3.5 Responding to the actions the Trust MUST take to improve

The following table similarly sets out the actions already taken in response to the actions the Trust MUST take to improve. The actions are grouped according to the themes identified by the Trust:

<table>
<thead>
<tr>
<th>Actions the Trust MUST take to improve</th>
<th>Immediate actions taken in response to CQC findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
</tr>
<tr>
<td>Adequate nursing staffing are available and deployed in ED to ensure people’s care and treatment needs are met at all times.</td>
<td>Actions to enhance nurse establishment levels set out in Warning Notice table above. Monitoring of quality indicators including pain control and observations such as NEWS scoring.</td>
</tr>
<tr>
<td>Sufficient numbers of suitably qualified staff are deployed at all times in the children’s ED area.</td>
<td>Actions as set out in Warning Notice table above.</td>
</tr>
<tr>
<td><strong>Consistent clinical practice</strong></td>
<td></td>
</tr>
<tr>
<td>Equipment in the ED’s resuscitation area is readily available.</td>
<td>Additional pumps purchased. Ear probes for oxygen level monitoring now readily available. Spot checks taking place with regard to daily equipment checks.</td>
</tr>
<tr>
<td><strong>Clinical documentation</strong></td>
<td></td>
</tr>
<tr>
<td>All records in ED are accurate, complete and contemporaneous.</td>
<td>Actions are being taken forward on a Trust wide basis: Review of documentation audit results, spot checks conducted and feedback given to staff. Increase in senior nurse spot checks of bedside documentation.</td>
</tr>
<tr>
<td>Ensure that patients’ records are WCH are up to date and completed in full to ensure that all staff caring for the patients have access to all relevant details regarding ongoing care.</td>
<td></td>
</tr>
<tr>
<td><strong>Managing patient activity and patient pathways</strong></td>
<td></td>
</tr>
<tr>
<td>Action is taken to tackle ongoing</td>
<td>Regular board round assessments of</td>
</tr>
</tbody>
</table>
Strengthening of CARE rounding in ED.  
Revised nurse leadership structure in ED.  
Implementing rapid assessment and treatment, pit stop and see/treat.  
Multi-agency clinical group looking at admission pathway.  
Focus on delivery of ED recovery plan.  
Establishment of clinically led LiA groups focused on various aspects of patient flow, eg elective discharge (home for lunch), hospital 24/7 and reducing the ED conversion rate. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The ED is responsive at times of high patient attendance to mitigate the harmful effects of crowding – for example through a structured and responsive management approach and control of the shop floor.</td>
<td></td>
</tr>
</tbody>
</table>
Ensure the Stroke Unit (Phoenix Ward) is responsive in its care for patients diagnosed with a new stroke. Caring for patients on other wards must not affect their access to therapeutic stroke care.  
Intensive training programme within ED and MAU for swallow assessment by specialist nurse and speech and language therapist, with ongoing monitoring for each patient.  
‘Protected’ beds in place since August.  
Consultant commitment to discharge/flow management. |
| Systems are consistently managed to identify the extent of outlying patients and ensure easy access for staff to appropriate consultant cover. | Strengthened bed management arrangements, eg outliers reviewed by clinical site team to expedite flow.  
Action plan developed.  
Clinical lead appointed.  
Clinical escalation process agreed with tertiary centre.  
‘Protected beds’ within CIU for planned care, coupled with continued use of independent sector. |
| Use of cardiology unit beds for acute medical admissions does not adversely affect planned cardiology procedure admissions. | Delays for patients with planned admissions to the critical care unit do not impact on patient outcomes.  
Discharge planning arrangements are responsive. Processes varied and the resulting delays in discharges impacted on planned admissions and bed availability.  
Risks will be addressed by the related patient flow actions. |
| Discharge planning arrangements are responsive. Processes varied and the resulting delays in discharges impacted on planned admissions and bed availability. | Strengthening awareness of the “SAFER” patient care discharge bundle.  
Revised process for reviewing patients with lengths of stay of 10 days or more.  
Establishment of clinically led LiA groups addressing discharge issues. |
| Reduce the number of patients who have their surgery cancelled and where this is unavoidable ensure that another date is booked and honoured within 28 days of the cancellation. | Focus on ‘urgent’ and ‘cancer’ patients to enable lists to start promptly.  
‘Protection’ of cardiology beds avoiding high volume list cancellations.  
Instigation of formal process to review rebooking.  
Intensive support team visit scheduled.  
Establishment of clinically led LiA group (Reduce Cancellations). |
Other improvement actions required

| All electrical sockets in the children’s ED area are safe or out of reach. | Lower sockets have been moved to a higher level. |

Some of the improvement actions required (relating to the accuracy and completeness of patient records, staffing shortages and the challenges in relation to managing patient flow across the system) were also flagged as requiring improvement following the 2014 CQC inspection, and these therefore require refreshed focus and attention to ensure the required improvements are now delivered in a sustainable way.

The CQC Improvement Plan also includes immediate actions taken for each of the 21 actions the Trust SHOULD take to improve, as well as setting out the actions now being taken forward to deliver the required improvements. Key highlights are set out below:

**Consistent Clinical Practice**
- The Medical Director and Executive Nurse have extended the Trust’s Clinical Safety and Quality Review process to include ED and Respiratory.
- A SEPSIS nurse has been appointed.
- Group established to consider management of patients with Medically Unexplained Symptoms.
- LIA Group established to improve staff training.

**Key next steps**
- Implementation of e-observations across the Trust.
- Roll out of refreshed education and training Trust wide on the SEPSIS 6 bundle.

**Managing patient activity and patient pathways**

**Key next steps**
- Agree action plan for site management and implement.
- Agree/implement ‘front door’ pathway.
- Steering Group to be established by the Medical Director to review critical care provision.
- Focus on scheduling and other hospital reasons for cancelled operations through the Elective Surgery Productivity Programme Board.
- Respond to feedback from IMAS visit.
- Health economy, externally facilitated, workshop in October 2015 to review stroke pathway and develop ‘top 3’ highest impact changes for implementation.
- Cardiology – continue to deliver plan: demand/capacity, process redesign, efficiency/productivity, seven day services and out-patients.

**Clinical Documentation**

**Key next steps**
- Roll out across the Trust of a revised documentation audit tool, including peer review).
- Implementation of documentation ‘tool box’ training.
3.6 Quality Summit

The CQC held a Quality Summit at the Trust on 22nd September 2015 to respond to the CQC inspection. The Trust was able to report on the progress already made and our approach to further improvements. An important element of the Summit was to seek commitment from our partners in attendance from across health and social care, in taking forward high impact cross agency actions to underpin and support the improvements required, particularly with regard to staff recruitment, patient flow and patient pathways.

The Trust’s update on progress and approach moving forward was well received, but the Trust is clear that it will be judged on the actions it can demonstrate have been delivered to improve patient safety and responsiveness, and move us towards our ambition of being ‘outstanding’.

3.7 Key Milestones

<table>
<thead>
<tr>
<th>Dates</th>
<th>Key Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th October 2015</td>
<td>Deadline for being compliant with the requirements of the Warning Notice.</td>
</tr>
<tr>
<td>13th October 2015</td>
<td>Submit the draft action plan with regard to delivering compliance with Regulations 12 and 17 of the Health and Social Care Act to the Trust Development Authority for feedback.</td>
</tr>
<tr>
<td>22nd October 2015</td>
<td>Submit action plan reflecting TDA feedback, to the CQC.</td>
</tr>
<tr>
<td>12th January 2016</td>
<td>The CQC has announced it will undertake a full inspection of the Trust on 12th January 2016. At that time the Trust will need to be able to demonstrate improvement.</td>
</tr>
</tbody>
</table>

4.0 Conclusions

The Trust recognises the significance and seriousness of the CQC findings, and is focused on delivering the required improvements to safety and responsiveness at pace, supported by our partners. We have acted immediately on all of the areas we must improve and are progressing all other improvement actions. We are clear about the action required and are taking a rigorous approach to deliver rapid and sustained improvement, including through strengthening staff involvement and clinical leadership to support change and build ownership.

Whilst the majority of actions are the responsibility of RCHT to address and improve on, we do need partner support, particularly in relation to improving patient flow across the system (see section 3.6). This was a key focus for discussions at the Quality Summit on the 22nd September 2015.

Whilst the focus of activity, as outlined in this report, is on the actions required to improve safety and responsiveness arising from the recent CQC unannounced visit, in parallel the Trust is also now ensuring it is well prepared for the CQC visit on 12th January 2016, and this will be a key feature of future assurance reports.
5.0 Recommendations

The Board is asked to:

- note the findings of the CQC report;
- approve the governance arrangements being put in place to provide oversight and assurance (as set out in section 3.2);
- note the immediate improvement actions taken in response to the 29A Warning Notice and the actions the Trust MUST take to deliver improvements in the safety and responsiveness of services;
- agree the proposal for the Section 29A Warning Notice action plan and assurance of delivery to be signed off by TMC: Quality and Safety, and shared with the Chair of the Governance Committee prior to submission to the Care Quality Commission.