

Agenda Item: 06.03.01



Healthwatch Telford and Wrekin Board Meeting

Date:

2 February 2015

Title:

CQC Inspection of SaTH (Royal Shrewsbury & Princes Royal etc.) & Quality Review

Author:

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For Information X

For Decision

Executive Summary:

- CQC Inspections & Arrangements
- Findings from the Inspection - The Good
- Action taken by the Trust

Financial Implications:

None specifically

Equality and Diversity:

None specifically

Public Engagement:

None specifically

Legal Impact:

None specifically

Recommendations:

- Healthwatch Telford and Wrekin board are recommended to note the contents of this report

Is there a need to consider inclusion in the Corporate Risk Register?

No

Healthwatch Telford & Wrekin

Briefing Note

CQC Inspection of SaTH (Royal Shrewsbury & Princes Royal etc.) & Quality Review

Background

We have good relations with the Hospital Trust as a critical friend and regularly meet with the Senior Management Team and Director of Nursing and Gill is now attending the SaTH Board. In addition we hold regular engagement events at PRH and have been closely monitoring the establishment of and have information at - the new Women & Children's Unit. We have made Enter & View visits to hospital wards & worked with Shropshire HW on the A&E Survey and helped as much as we could with the "listening events" held before the Inspection.

SaTH provides general district hospital services to nearly half a million people in Telford & Wrekin, Shropshire and Powys on two sites 16 miles apart but linked by the M54/A5 corridor. The trust has 835 beds and over 5,000 staff. RSH was formed in 1979 from the merger of local hospitals and PRH was constructed in the late 1980's. They were brought together into a single Trust in 2003. Currently both hospitals provide a wide range of acute hospital services including accident & emergency services, outpatients, diagnostics, inpatient medical and critical care. Each has specialisms and RSH is the main centre for acute & emergency surgery and is a regional trauma unit and is a main centre for oncology & haematology. PRH is the main centre for hyper-acute & acute stroke services and inpatient head & neck surgery & women & children services.

Shropshire is apart from Shrewsbury & market towns very rural (as is Powys) with a growing & high number of older people, affluent, but with pockets of deprivation. Telford has higher general levels of adult & child poverty with a younger population.

The total annual income 20013/14 of the Trust was £314M with a deficit of £65,000. During 2012/13 the Trust had 77,252 inpatient admissions, 594,879 inpatient admissions and 108,579 attendances in A&E and in the same period 721 babies were born at the Trust. Bed occupancy rose in a three month period to 90.4% above the England average and the 85% safe level. Adult critical care was also higher.

CQC Inspections & Arrangements

This inspection was part of the new CQC in-depth hospital inspection programme and the Trust had been identified in the new Intelligent Monitoring Model. The trust has been inspected 11 times since registration in 2010 most recently in 2013 when both locations were found non-compliment with some essential standards. The Inspection looked at core services and asked the following questions:

| Core Services | Service questions? |
|--|---|
| <ul style="list-style-type: none">• Urgent & Emergency• Medical & Older People care• Surgery | <ul style="list-style-type: none">• Is it safe• Is it effective• Is it caring |

| | |
|---|--|
| <ul style="list-style-type: none"> • Critical Care • Maternity & gynaecology • Children & Young People • End of Life care • Outpatients & diagnostic imaging | <ul style="list-style-type: none"> • Is it responsive to people's needs • Is it well led |
|---|--|

The inspection was carried out 14-16 October 2014 and an unannounced inspection on 27 October. Prior to the inspection the CQC collected a range of data and held 2 listening events. The Inspection team included an Inspection Chair & a Team Leader and 35 other clinical, nursing and specialist inspectors plus 4 'experts by experience' to provide a lay view. The Hospital presented its own challenges to the CQC at the start of the Inspection.

The overall ratings can be: Inadequate, Requires Improvement, Good. Outstanding:

A colour matrix of findings against the (table) is provided in the SaTH reports in the office

Findings from the Inspection – The Good

- Staff on both sites were found to be very caring & compassionate and treated patients with dignity & respect
- Both hospitals were clean & well maintained with lower than average infection control rates
- Patient experience of care was good & Friend & Family tests were in line with the national average but higher for A&E.
- The new Women's & Children's Unit at PRH had had a positive impact
- The A&E units had consistently not met the target to treat patients with 4 Hours but the PRH unit was safe & effective with adequate staffing & was well led.
- The Trust had outstanding Safeguarding procedures
- There had been excellent efforts & arrangements re Domestic Violence
- There was compassion & caring & good practice in End of Life services
- The Oswestry, Ludlow & Bridgnorth Maternity units were all rated good.

Requiring Improvement

- The Trust to review the levels of nursing staff across A&E, critical care, labour ward and End of Life to ensure safety and meet requirements.
- The Trust to ensure that staff are consistently recoding incidents & getting feedback
- The trust must ensure staff are able to access mandatory training in all areas
- The Trust must ensure that A&E and all surgical wards can access necessary equipment
- The Trust to review the care pathways for patients in surgery to meet recommendations and ensure good practice.
- Medical wards provided good care but staff vacancies and bank staff added to pressure on staff
- There had been problems in Ward 31 at the RSH temporary housing day surgery patients due to pressure on ward space. The ward lacked heating, emergency call bells and nursing staff.
- The Trust was asked to quickly respond to not meeting the core standards for intensive care
- The Trust was asked to make improvements to End of Life care including in the Mortuary area with regard to refrigeration, viewing areas and safe access to the Mortuary particularly at RSH.

Action taken by the Trust

The CQC had been impressed by the rapid action taken by the Trust & Trust Board to rectify issues identified in the inspection e.g. rapid investment and improvements to the Mortuary viewing areas & relatives facilities.

Conclusions

- Healthwatch staff, volunteers and Board members are urged to read the fuller copies of the CQC detailed report as this is an incomplete summary.
- We hope press & media present balanced reports on the Hospitals
- A number of key issues have been identified in discussions following the report including:
 - The difficulty of working across general twin sites.
 - The difficulty in recruiting nursing and medical staff to our area
 - The need to solve the many issues around in-appropriate referrals to A&E, the need to reduce the number of in-patient admission and the need to improve rates of effective discharge particularly the frail elderly.
- The urgent need to address through Fitness First and Better Care the effective re-organisation of the acute services, care and resources but also to look at a complimentary review and reorganisation of Primary & Preventative care.
- The Trust has a relatively new & effective senior management team engaged in transformation but the CQC wish SMT to develop better relations & visibility with all staff.
- The need to avoid working in silos and break down barriers between health, different providers local authorities, the Care & Voluntary sectors and organisations representing patient & community views to create a partnership approach to solving the above and other issues.