
Health and Adult Social Care Scrutiny Committee – 28th August 2019

Report of the Lead for Law and Governance and the Statutory Scrutiny Officer

The Dudley Group NHS Foundation Trust - Care Quality Commission Report

Purpose

1. To consider quality improvements following the Care Quality Commission (CQC) comprehensive inspection in January to February, 2019.

Recommendations

2. That the Committee comment and make any recommendations on the information reported at this meeting concerning the improvements implemented since the CQC inspections in January to February, 2019 and the further work in progress.

Background

3. This meeting of the Scrutiny Committee has been convened after discussions with The Dudley Group NHS Foundation Trust and the Dudley Clinical Commission Group. The CQC reported in July, following an inspection undertaken in January to February, 2019. The [Inspection Report](#) is available on the CQC website together with the [Use of Resources Assessment Report](#) Copies have been sent to Members of the Committee.
4. Attached as an Appendix is a report from the Chief Executive of The Dudley Group NHS Foundation Trust and further information will be presented at the meeting.
5. The Committee is invited to consider the submissions and proposals to build on good practice, improve the existing proactive and collaborative approach and ensure the best possible services can be achieved and maintained in Dudley Borough Hospitals.

Finance

6. Financial issues are dealt with in the [Use of Resources assessment report](#). Work will continue to improve and build on the proactive and collaborative approach to the improvement journey following the CQC report.

Law

7. This Committee has responsibility for overview and scrutiny functions as they relate to the improvement of local health and associated services, as a contribution to the Council's community leadership role, in accordance with relevant legislation,

statutory instruments, regulations and associated guidance. This includes the Health and Social Care Acts 2001 and 2012, the National Health Service Act 2006, the Local Government Act 2000 and the Localism Act 2011.

8. The Trust must comply with its regulators of the Care Quality Commission and any recommendations or notices applied to it.

Equality Impact

9. The services provided impact on all sections of the local community. All partner organisations are committed to ensuring that equality and diversity is reflected in all areas of service provision.

Organisational Development/Transformation

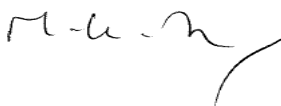
10. The Trust is required to provide a comprehensive, robust action plan to the CQC to address a range of organisational and transformation issues as part of the overall improvement journey.

Commercial/Procurement

11. This is dealt with in the Inspection and Use of Resources assessment report.

Health, Wellbeing and Safety

12. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens. All partners are committed to working to continue the improvement journey following the CQC report.



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Background Documents

[Report of the Care Quality Commission \(CQC\)](#)
[Use of Resources Assessment Report](#)

The Dudley Group Care Quality Commission Ratings

Summary

- The Care Quality Commission (CQC) undertook a large inspection of eight core services between 15th January and 4th February 2019;
- CQC rated Russells Hall Hospital and the Guest Hospital an overall rating of Requires Improvement;
- CQC rated Corbett Hospital an overall rating of Inadequate

This report provides an overview of the Must and Should Do actions for each core service inspected by Domain.

The Trust's overall rating remains the same from the previous inspection in 2017 at Requires Improvement. We are pleased that the hard work of our teams is paying off in our urgent and emergency services whose overall rating has improved to Requires Improvement.

The CQC recognised the outstanding aspects of our community end of life service which was rated good overall and received outstanding for caring. Community health services for adults received a good overall rating. This is great recognition of the dedication and commitment to excellent patient care these teams deliver to their patients.

Our surgical services received an outstanding rating for being a caring service and are rated good overall. Our critical care service improved to a good rating, in recognition of the improvements made by the teams in delivering safe patient care.

We are making steady progress across all of our services but we are, of course, disappointed that our diagnostic imaging services has been rated inadequate overall, and overall the Trust was inadequate for the safe domain.

This is the first time our diagnostic service was subject to a CQC inspection. The team responded immediately to the concerns and put actions in place at the time of the inspection and we are confident of the improvements. Immediately, we introduced a matron to oversee quality and safety and have increased monitoring 24/7 of our inpatients waiting for imaging. We also conducted a comprehensive staffing review to ensure any additional posts are in the right places to support patient care and safety. We had an external expert's view on our staffing review and skill mix within the department. Since then we have recruited ten more radiographers and eleven support staff; we are looking to appoint five more radiologists.

What was inspected?

The CQC inspected the Trust between the 15th January and 4th February, 2019 and reviewed both registered sites, Russells Hall Hospital (this includes the Guest Outpatient Centre and community) and Corbett Outpatient Centre. In total they inspected eight core services which included:-

- Urgent and emergency services (Russells Hall Hospital)
- Outpatients (Russells Hall Hospital, Guest Hospital and Corbett Hospital),
- Diagnostics/Imaging (Russells Hall Hospital, Guest Hospital and Corbett Hospital),
- Surgery (Russells Hall Hospital and Corbett Hospital),
- End of life care (Russells Hall Hospital and the Community,
- Critical care (Russells Hall Hospital)
- Children and young peoples (Russells Hall Hospital)
- Maternity (Russells Hall Hospital)

In addition a well-led review was completed from the 13th February to 15th February, 2019. The CQC published the report on 12th July 2019. The full report can be found on the Trust website or on the CQC website.

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0739.pdf

Ratings

The CQC use five domains to inspect and rate services these are safety, effectiveness, caring, responsive and well-led.

The following tables outline the CQC published ratings for the Trusts two registered sites, namely Russells Hall Hospital and Corbett Outpatient Centre. The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time.

Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019	Requires improvement ↑ May 2019	Requires improvement ↑ May 2019
Medical care (including older people's care)	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Maternity	Requires improvement ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
End of life care	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Outpatients	Requires improvement ↓ May 2019	N/A	Good ↔ May 2019	Good ↑ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Requires improvement May 2019	Requires improvement May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
Overall*	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

Ratings for Corbett Outpatients Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate May 2019	Good May 2019	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019

Areas for improvement

The CQC inspection report clearly outlines a number of regulatory actions to be taken by the Trust, and these are categorised as “Must dos” in addition a number of “Should do” areas for the Trust to consider. In respect of the CQC definitions “Must do’s” are regulatory actions that the trust is required to comply with. “Should do’s” are areas of further improvement for the trust to consider.

It is important to note that the numerous Must and Should dos are not reflective of the number of individual concerns for improvement as some actions are repeated within each of the core services e.g. mandatory training. The following table provides an overview of the Must and Should Dos (including the duplicated) against each core service. And the detail of the actions is contained in the report thereafter.

Core Service	Site	Must Dos	Should Dos	Totals Actions
Urgent and Emergency Care	Russells Hall Hospital	13	6	19
Surgery	Russells Hall Hospital		7	7
	Corbett Outpatient Centre	1	3	4
Children and Young People	Russells Hall Hospital	8	2	11
Outpatients	Russells Hall Hospital & Guest Outpatient Centre	6	9	15
Outpatients	Corbett Outpatient Centre	6	3	9

Diagnostic and Imaging	Russells Hall Hospital & Guest Outpatient Centre	13	5	18
	Corbett Outpatient Centre	6		6
Maternity	Russells Hall Hospital		6	6
Critical Care	Russells Hall Hospital		8	8
End of Life	Russells Hall Hospital		2	2
	Community		1	1
TOTAL		54	52	106

Driving improvement

All actions identified including the subset actions have been pulled into a single action plan which will be monitored, driven and assurance gained through our Achieving Excellence Group. The Trust is committed to not just completing the actions but ensuring they are embedded and continually improving its delivery of high quality safe patient care and the experience for both patients and staff. Many of the actions identified in the CQC inspection report were identified at the time of inspection and immediate action was taken; these will be reflected in the action plan. The progress against these actions will be reported via the Achieving Excellence Group to the Clinical Quality Safety and Patient Experience Committee which is a Board level Committee. The following provides an extract from the action plan of the Must and Should Dos from the CQC inspection report per core service.

CQC INSPECTION REPORT July 2019 MUST DO AND SHOULD DOS	
CHILDREN AND YOUNG PEOPLE – RUSSELLS HALL HOSPITAL	
Must	The provider must ensure that the premises used by the service are safe for their intended purpose, including ensuring the premises are safe for patients admitted with a mental health condition.
Must	The provider must review the counting of trainee nurse associates within the registered staff numbers on the neonatal unit.
Must	The provider must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced medical staff available to provide care to children and young people.
Must	The provider must ensure that suitable transitional pathways from children's services to adult services are in place to meet the needs and reflect the personal preferences of young people.
Must	The provider must ensure that care is planned and delivered in a way that meets the individual needs of all children, young people and those close to them, including those children and young people with a mental health condition.(Regulation 9(1)).

Must	The provider must have systems and processes in place to monitor progress against plans, including a vision and strategy, to improve the quality and safety of services.
Must	The provider must ensure it has systems and processes in place to collect, analyse and use information to improve quality and safety across the service.
Should	The Trust should ensure that children, young people and their families are involved in making decisions about care
Should	The Trust should review how it obtains feedback from children, young people and those close to them to improve and shape services.
Should	The Trust should ensure that children, young people and their families are involved in making decisions about care
Should	The Trust should review how it obtains feedback from children, young people and those close to them to improve and shape services.
CRITICAL CARE – RUSSELLS HALL HOSPITAL	
Should	The service should ensure hand hygiene audits are large enough sample to provide assurance
Should	The service should ensure venous thromboembolism (VTE) assessments are completed on all patients
Should	The service should ensure SHDU has a resuscitation trolley based on the unit
Should	The service should ensure it meets the Guidelines for the Provision of Intensive Care Services (GPICS) for dietician's staff.
Should	The service should ensure medical staff mental health law meets the Trust's target.
Should	The service should ensure it complies NICE requirements QS158 for rehabilitation after critical care illness for adults.
Should	The service should ensure complaints are managed in line with its complaints policy.
Should	The service should ensure patients are discharged in less than eight hours.
DIAGNOSTIC IMAGING – RUSSELLS HALL HOSPITAL AND GUEST HOSPITAL	
Must	The Trust must ensure they improve mandatory staff training compliance
Must	The Trust must ensure they improve the uptake of safeguarding staff training

Must	The Trust must ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support
Must	The Trust must ensure they improve resuscitation adults staff training compliance
Must	The Trust must ensure they put in place an effective system for measuring the safety of imaging services
Must	The Trust must ensure they put in place a system of medical supervision of inpatients waiting on corridors for Imaging appointments
Must	The Trust must ensure inpatients and ED patients waiting for imaging appointment's on corridors are kept sufficiently warm
Must	The Trust must ensure inpatients and ED patients waiting for imaging appointment's on corridors are able to be modestly covered
Must	The Trust must ensure they put in place guidelines for pain assessment in children
Must	The Trust must ensure they take effective steps to meet the diagnostic standard and to catch up with paediatrics anaesthetic, colonoscopy and cardiac waiting lists.
Must	The Trust must ensure they put in place an effective management and governance structure in imaging services and monitor its performance
Must	The Trust must ensure confidential patient information is protected from casual view and hearing in imaging services.
Should	The Trust should ensure they increase the numbers/availability of radiographers competent to interpret and clinically report on diagnostic images as recommended by the CQC July 2018 national report on reducing wait times for imaging results.
Should	The Trust should ensure they make available information to patients and visitors on safeguarding children and vulnerable adults from abuse
Should	The Trust should ensure they provide drinking water for patients with imaging services areas.
Should	The Trust should ensure they encourage use of the telephone interpreter service over the use of staff and relatives
Should	The Trust should ensure they make staff aware of guidelines in place for use of pain score for patients with dementia.

DIAGNOSTIC IMAGING – CORBETT OUTPATIENT CENTRE

Must	The Trust must ensure they review and improve the diagnostic imaging services measures of quality and patient outcomes.
Must	The Trust must ensure they put in place an effective management and governance structure in diagnostic imaging services and monitor its performance.
Must	The Trust must ensure they improve mandatory staff training compliance.
Must	The Trust must ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support.
Must	The Trust must ensure they improve resuscitation for adults' staff training compliance.
Must	The Trust must ensure they put in place an effective system for measuring the safety of diagnostic imaging services.

END OF LIFE - RUSSELLS HALLS HOSPITAL AND COMMUNITY

Should	The Trust should ensure they have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
Should	The service should ensure they have enough suitable qualified staff to ensure compliance with recommendations from national bodies such as The Association of Palliative Medicine for Great Britain and Ireland and the National Council for Palliative Care.
Should	The service should ensure they continue its efforts to provide a seven-day service.

MATERNITY - RUSSELLS HALLS HOSPITAL AND COMMUNITY

Should	The Trust should ensure all staff maintain to complete documentation around CTG monitoring, including 'fresh eyes' to ensure its consistent throughout the service.
Should	The Trust should ensure all records are kept up to date and completed accurately.
Should	The Trust should ensure all staff adhere to Infection Prevention and control policy.
Should	The service should ensure complaints are managed in line with the Trust's complaints policy.
Should	The Trust should ensure the clinical audit programme for maternity services is fully embedded within the service.

Should	The service should ensure governance arrangements within maternity should ensure they have a full overview of the service.
OUTPATIENTS – RUSSELLS HALL HOSPITAL AND GUEST OUTPATIENT CENTRE	
Must	The Trust must ensure clear plans are in place around deteriorating patients; to include a review of the availability of resuscitation equipment, the storage of anaphylaxis kits, cascading learning from the revised cardiac arrest procedure and assessing the risk of clinical support workers working in clinics without the direct supervision of a registered nurse.
Must	The Trust must ensure systems are in place to improve the accessibility of patient notes, to include effectively monitoring the volume of missing notes and developing clear plans of action to reduce the use of temporary notes.
Must	The Trust must improve the storage of patient notes within the department in relation to confidentiality and information governance requirements and health and safety.
Must	The Trust must ensure all risks are mitigated and reviewed on the departmental risk registers and that action is taken to move risks on.
Must	The Trust must ensure risks to patients in urology are effectively managed in relation to the use of trolleys with no sides for patients undergoing invasive procedures.
Must	The Trust must ensure they review the suitability of the outpatient premises in relation to patient flow through the department.
Should	The Trust should ensure that risk assessments are completed around only being one resuscitation trolley in the outpatients' department and be certain all staff know who will fetch the trolley in an emergency and that scenario training is completed to include reception staff.
Should	The Trust should ensure notes are legible and do not contain loose pages.
Should	The Trust should ensure relevant staff can access all medications easily in the ophthalmology department.
Should	The Trust should ensure they consider representation at morbidity and mortality meetings to aid learning.
Should	The Trust should ensure they consider a programme of audit around compliance in areas such as national institute for health and care excellence (NICE) guidelines, consent and did not attend patients.
Should	The Trust should ensure they continue to reduce outstanding follow up appointments.

Should	The Trust should ensure annual refresher training for patient group directives (PGD's).
Should	The Trust should ensure they consider ways of improving communication with the rapid access team.
Should	The Trust should ensure they review storage space in the department and complete risk assessments in relation to staff handling the records.
OUTPATIENTS – CORBETT OUTPATIENT CENTRE	
Must	The Trust must ensure clear plans are in place around deteriorating patients; to include a review of the availability of resuscitation equipment, the storage of anaphylaxis kits, cascading learning from the revised cardiac arrest procedure and assessing the risk of clinical support workers working in clinics without the direct supervision of a registered nurse.
Must	The Trust must improve the storage of patient notes within the department in relation to confidentiality and information governance requirements and health and safety.
Must	The Trust must ensure all risks are reviewed on the departmental risk registers and that action is taken to move risks on.
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Must	The Trust must ensure risks to patients in urology are effectively managed in relation to the use of trolleys with no sides for patients undergoing invasive procedures.
Must	The Trust must ensure they review the suitability of the outpatient premises in relation to patient flow through the department.
Should	The Trust should ensure all risks are recorded on the departmental risk register.
Should	The Trust should ensure they continue to reduce outstanding follow up appointments
Should	The Trust should ensure review processes for staff engagement and involvement in decisions affecting their roles.
SURGERY – RUSSELLS HALL HOSPITAL	
Should	The Trust should ensure medical are up to date with mandatory training; including mental health and safeguarding training.
Should	The Trust should ensure substance managed under Control of Substances Hazardous to Health (COSHH) regulations are stored safely

Should	The Trust should ensure patients attending the surgical ambulatory assessment unit are triaged within trust targets; and this is formally monitored.
Should	The Trust should ensure records are updated with 24-hour venous thromboembolism (VTE) assessment outcomes.
Should	The Trust should ensure all staff have access to learning following never events and serious incidents.
Should	The Trust should ensure staff follow a standardised approach to reducing unnecessary fasting prior to surgery. Enable a way for this to be audited consistently by local managers.
Should	The Trust should ensure staff are trained in autism and where necessary access materials to support awareness and to aid individualised treatment and care
SURGERY – CORBETT OUTPATIENT CENTRE	
Must	The Trust must ensure it follows through with plans to train all recovery staff in Advanced Life Support training in line with guidance
Should	The Trust should ensure that it follows through with plans to replace all the wooden cabinets with metal cabinets which are used to store flammable liquids in line with guidance.
Should	The Trust should ensure that it carries out observational audits of the World Health Organisation (WHO) checklist
Should	The Trust should ensure that all staff are aware of the major incident plan and that there is a copy of the plan on the unit.
URGENT AND EMERGENCY CARE – RUSSELLS HALL HOSPITAL	
Must	The Trust must ensure that there are robust escalation and full capacity protocols in place aimed at avoiding a crowded emergency department and that they are followed in times of high demand
Must	The Trust must ensure that all patients in the emergency department are subject to the same safety checks
Must	The Trust must ensure that ambulance crews are able to handover the care of their patients as soon as they arrive at the emergency department.
Must	The Trust must ensure that all staff within the emergency department complete mandatory training and additional training for their role as per trust policy.

Must	The Trust must ensure that all staff in the emergency department are trained in and to the appropriate levels of safeguarding for adults and children.
Must	The Trust must ensure that patients being cared for on corridors are appropriately supervised at all times.
Must	The Trust must ensure that all required patients presenting to the emergency department receive a robust clinical assessment in line with national guidelines and standards within 15 minutes of arrival.
Must	The Trust must ensure that patients with deteriorating conditions are effectively identified and treated within the emergency department.
Must	The Trust must ensure the appropriate storage, checking and administration of medicines at all times within the emergency department.
Must	The Trust must ensure that all staff within the emergency department understand their responsibilities in supervising mental health patients and have the skills, training and competency to do so.
Must	The Trust must ensure that risks within the emergency department are appropriately identified and managed.
Must	The Trust must ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. The clinicians should provide the oversight of care provision, ensuring all patients receive care from senior clinicians that is safe, effective, timely and in line with best practice.
Must	The Trust must ensure that there is enough staff within the emergency department with the right qualification, skills, training and experience to keep people safe and to provide the right care and treatment.
Should	The Trust should ensure that at night, senior doctors in the emergency department have sufficient time to treat children as well as patients in the resuscitation room.
Should	The Trust should ensure that infection control policies and practice are implemented and followed throughout the emergency department.
Should	The Trust should ensure that patients' privacy is respected in the waiting and reception areas of the emergency department.
Should	The Trust should ensure effective monitoring and audit of treatment and interventions used for mental health patients within the emergency department.
Should	The emergency department should ensure that leaflets are information are available in other languages than English

Should	The Trust should ensure that paediatric staff are alerted to unwell children on their way to the department
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Next Steps

The Trust was required to provide a comprehensive, robust action plan to the Care Quality Commission no later than 21st August 2019.

At the time of writing this report, the Trust was on track to deliver this. The intervention being that the Clinical Quality Safety and Patient Experience (CQSPE) will receive a report on progress against delivery at each meeting.

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