

Date of meeting	17 July 2018
Paper number	Enc F1

CQC report

For approval:		For assurance:	x	To note:	
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Accountable Director	Vicky Morris Chief Nursing Officer		
Presented by	Vicky Morris CNO	Author /s	Kimara Sharpe Company Secretary

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	x	Design healthcare around the needs of our patients, with our partners		Invest and realise the full potential of our staff to provide compassionate and personalised care	x
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business			

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	x	Operational Performance		Quality of Care	x
Finance and use of resources		Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
N/A		

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	All
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Assurance in respect of: process/outcome/other (please detail)			
Significant assurance <input type="checkbox"/> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	Moderate assurance <input type="checkbox"/> <i>General confidence in delivery of existing mechanisms/objectives</i>	Limited assurance <input checked="" type="checkbox"/> <i>Some confidence in delivery of existing mechanisms/objectives</i>	No assurance <input type="checkbox"/> <i>No confidence in delivery</i>

Recommendations	The Board is requested to <ul style="list-style-type: none"> • Receive the summary CQC report, published June 2018 • Note that the action plan was submitted to the CQC by 29 June • Note that the QGC are monitoring progress of the action plan.
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Executive Summary	
<p>The CQC report relating to inspections between 23 January and 22 March was published on 5 June 2018. The overall rating for the Trust remains as Inadequate. The individual components are rated as follows:</p> <ul style="list-style-type: none"> • Safe – inadequate • Effective – requires improvement • Caring – good • Responsive – inadequate • Well led – requires improvement 	
Background	
<p>Between 23 January and 22 March 2018 the CQC inspected six of the core services provided by Worcestershire Acute Hospitals NHS Trust across Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. Services that were inspected were urgent and emergency care, surgery, maternity (at the Worcestershire Royal Hospital only), services for children and young people, outpatients, and diagnostic imaging. At the November 2016 inspection, these core services were rated either as inadequate or requires improvement.</p> <p>The CQC comprehensive inspections of National Health Service trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. The well-led key Inspection took place between 26 and 28 February 2018 and resulted in an improved rating from Inadequate to requires improvement.</p>	
Issues and options	
<ul style="list-style-type: none"> • The summary of findings (pages 1-17 of the full report) are appended to this report. The full report can be downloaded from the CQC website. • Appendix 1 of this report provides a helpful summary of a mapping of the “must do’s” and “should do’s” to both the regulatory requirements and the Key Lines of enquiry and where this will be monitored. • A presentation will be provided to QGC to demonstrate a tool developed by the Quality Hub to provide support to Divisions regarding their compliance and identification of improvement actions required to achieve improvements in care provided but also in our CQC ratings. • The tool will be shared with the next Quality TLG and training and support provided for the use of the tool to enable the Divisional teams to progress their improvement plans at pace. 	
Recommendations	
<p>The Board is requested to</p> <ul style="list-style-type: none"> • Receive the summary CQC report, published June 2018 • Note that the action plan was submitted to the CQC by 29 June • Note that the QGC are monitoring progress of the action plan. 	
Appendices:	
CQC – summary findings	Must and Should Do’s mapping

Worcestershire Acute Hospitals NHS Trust

Inspection report

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
Worcestershire
WR5 1DD
Tel: 01905763333
www.worcsacute.nhs.uk

Date of inspection visit: 23 January to 22 March 2018
Date of publication: 05/06/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related evidence appendix.

Ratings

Overall rating for this trust

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides a service across five sites: Worcestershire Royal Hospital; Alexandra Hospital; Kidderminster Hospital and Treatment Centre; Evesham Community Hospital; and Malvern Community Hospital. The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting.

The trust has been inspected by the Care Quality Commission (CQC) regularly since March 2015. Please see the table below for a summary of the CQC inspections at Worcestershire Acute Hospitals NHS Trust:

The trust has received two Section 29A Warning Notices, one in January 2017 following the November 2016 inspection; and one in July 2017 following the April 2017 inspection. This Notice included detail about how the trust had failed to comply with the requirements and therefore, needed to make significant improvements in the healthcare provided. As a result, the trust remains in special measures. Trusts are placed in special measures when there are concerns about the quality of care they provide.

Facts and data about the trust

Worcestershire Acute Hospitals NHS Trust provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. There are approximately 742 inpatient and day case beds, of which 73 are maternity and 32 are critical care.

In late October 2015, the obstetric and neonatal services were deemed no longer sustainable at Alexandra Hospital and in November 2015 these services were centralised at Worcestershire Royal Hospital. In September 2016, the paediatric inpatient service was centralised on the Worcestershire Royal Hospital site.

The trust is structured under seven divisions:

- Asset management and information technology
- Corporate services
- Clinical support
- Medicine
- Surgery
- Women and children
- Urgent care

The trust employs 5,986 staff as of October 2017, including 725 doctors, 1,843 nursing staff and 2,485 other staff. All staff turnover was 11.2% as of 30 November 2017. The trust target was between 10 and 12%. Medical vacancies remained a risk for the trust at 18% for November 2017, which did not meet the trust target of 10%, but had improved by 2% since March 2017 (20%). The registered nurse and midwifery vacancy rate was 148.85 whole time equivalent qualified posts, a vacancy rate of 8.1% for November 2017. This had improved slightly since March 2017 when the rate was 8.4%. In comparison with other organisations, the trust is not an outlier, although this was above the trust target of 7%.

The health of people in Worcestershire is varied compared to the England average. Deprivation is lower than average and about 15% (14,500) children live in poverty. Life expectancy for both men and women is similar to the England average.

Summary of findings

Information from the last Census in 2011, found that ethnic minorities are relatively small in Worcestershire; with just over 92% of people living in the county classed as White British compared to almost 80% in the whole of England. However, statistics show that Black and Minority Ethnic groups in Worcestershire have risen from 24,700 (4.6%) in 2001 to around 43,000 (7.6%) in 2011, with the vast majority residing in the district of Redditch (12.6%).

Patient numbers

Trust activity for October 2016 to September 2017:

- 186,554 A&E attendances (-2% change compared to the same time 2015/16)
- 134,327 inpatient admissions (+3% compared to the same time 2015/16)
- 843,433 outpatient appointments (+1% compared to the same time 2015/16)
- 1,919 deaths (+1% compared to the same time 2015/16)
- 5,192 births (-5% compared to the same time 2015/16) (July 16 - June 17)

What people who use the trust's services say

In the CQC Inpatient Survey 2016 (published May 2017) the trust performed about the same as other trusts for nine of the 11 questions. Responses were received from 531 patients at Worcestershire Acute Hospitals NHS Trust. Two questions were worse than other trusts:

- For being given enough privacy when being examined or treated in the emergency department.
- Waiting to get a bed on a ward.

To write the well-led evidence appendix, and rate the organisation, we interviewed the members of the board and a range of senior staff across the trust. This included clinical and non-clinical service and specialty directors. We met and talked with a range of staff to ask their views on the leadership and governance of the trust. We looked at a range of performance and quality reports, audits and action plans; board meeting minutes and papers to the board, investigations, and feedback from patients, local people and stakeholders.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Inadequate   

What this trust does

Worcestershire Acute Hospitals NHS Trust provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. There are approximately 742 inpatient and day case beds, of which 73 are maternity and 32 are critical care.

The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 23 January and 22 March 2018 we inspected six of the core services provided by Worcestershire Acute Hospitals NHS Trust across Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

We inspected urgent and emergency care, surgery, maternity (at the Worcestershire Royal Hospital only), services for children and young people, outpatients, and diagnostic imaging. At our November 2016 inspection, these core services were rated either as inadequate or requires improvement.

Our comprehensive inspections of National Health Service trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question between 26 and 28 February 2018.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as inadequate.

We rated safe and responsive as inadequate, and effective and well-led as requires improvement. We rated caring as good. We rated eight of the trust's 16 services we inspected as inadequate, seven as requires improvement and one as good. In rating the trust, we took into account the current ratings of the core services not inspected this time.

Are services safe?

Our rating of safe stayed the same. We rated it as inadequate because:

- The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to emergency department staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure.
- There were inconsistencies in staff being able to recognise and report incidents. Mixed sex breaches were not always reported.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There were inconsistencies with infection control and prevention techniques, particularly hand hygiene.
- The trust did not ensure everyone completed mandatory training.

However:

Summary of findings

- Managers investigated reported incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The hospital had suitable premises in most areas and systems were in place to ensure most equipment was well looked after.
- The hospital prescribed, gave, and recorded medicines well. Patients generally received the right medication of the right dose at the right time.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- Not all staff had received an appraisal.
- Not all staff received supervision to provide support and monitor the effectiveness of the service.
- The hospital managed most patients' pain effectively and provided or offered pain relief regularly. However, children's and young peoples' pain was not always managed effectively.
- There was limited use of national and local audit to monitor performance and drive improvement in some areas.

However:

- Generally, the hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- The hospital managed patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- Multidisciplinary staff worked together as a team to benefit patients.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- There was no privacy and very little confidentiality for patients waiting on trolleys in the emergency department corridor. Staff did not use privacy screens.

Are services responsive?

Our rating of responsive stayed the same. We rated it as inadequate because:

- Patients could not access services when they needed them. Waiting times for treatment were not in line with good practice. The number of cancelled operations for non-clinical reasons was worse than the England average.
- The trust planned but did not provide services in a way that met the needs of local people.
- The outpatients department planned but did not always provide services in a way that met the needs of the local people.

Summary of findings

- People could not always access the outpatient services when they needed them. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice. There was no improvement in most areas since our inspection in November 2016. There were long waiting lists with many patients waiting up to 52 weeks for outpatient services.
- In July 2017, the trust reported that 8,376 patients had not received a follow up ophthalmology appointment due to a change in the way outpatient follow up appointment data was collected. As at January 2018, the backlog had not significantly reduced and 7,655 patients waited for a follow up appointment.
- From October 2016 to September 2017 the trust's referral to treatment time (RTT) for non-admitted pathways was significantly worse than the England overall performance. From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral. The trust's performance was also consistently worse than the England average.
- From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 93% operational standard for people being seen by a specialist within two weeks of an urgent GP referral. The trust's performance was also consistently worse than the England average. In quarter 2 of 2017/18, 81.5% of patients referred urgently by their GP were seen by a specialist at the trust within two weeks. This compared to the England average of 93.9%.

However:

- Services took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The Meadow Birth Centre won the MaMa 2017 national birth centre of the year award, in recognition of its outstanding health care environment. Feedback from women who had had their baby in the birth centre was overwhelmingly positive, and staff were often described as having gone "the extra mile".

Are services well-led?

Our rating of well-led improved from inadequate. We rated it as requires improvement because:

- Services did not always have a documented vision or strategy.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during the inspection were documented on risk registers.
- Information was not always collected, analysed, managed and used well to support activity.
- Some of the performance data was only available trust wide and related to all hospital sites covered by the Worcestershire Acute Hospitals NHS Trust. As the data was not always available at site level, the trust was unable to identify if any of the sites were a particular outlier. Therefore, risk management and oversight remained limited.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- Most managers, but not all, across the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff spoke positively about the senior management team. They told us they were visible and they felt well supported by managers. Staff were confident to raise any concerns they had.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Summary of findings

Ratings tables

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. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in this service.

- The Meadow Birth Centre won the MaMa 2017 national birth centre of the year award, in recognition of its outstanding health care environment. Feedback from women who had had their baby in the birth centre was overwhelmingly positive, and staff were often described as having gone “the extra mile”.
- The service was especially caring and responsive to parents who had suffered a pregnancy loss, such as miscarriage, stillbirth or neonatal death. They were committed to continually improving the care and services they provided for bereaved parents, and had recently raised over £50,000 in charitable donations for a second bereavement suite.
- All healthcare support workers in the MIU were enrolled on a Care Certificate course. This is a course that covers 15 standards of care in health and social care.

Areas for improvement

We found areas for improvement in this service.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements.

- The trust must ensure patients are given privacy and confidentiality where possible.
- The trust must ensure patients are reviewed by specialty doctors within one hour of referral.
- The trust must ensure all staff receive and complete their required mandatory training, including safeguarding and Mental Capacity Act 2005 training.
- The trust must ensure staff routinely wash or sanitise their hands between patients or when entering and leaving clinical areas.
- The trust must ensure processes for routinely checking and recording the safe storage of medicines are followed across all wards, including room and fridge temperatures.
- The trust must ensure all mixed sex breaches are identified and reported accurately in a timely manner.
- The trust must ensure all staff receive an annual appraisal.
- The trust must ensure all medical staff are trained to the required level of safeguarding for both children and adults.
- The trust must ensure all clinical staff have a good understanding of their role in recognising and reporting cases of female genital mutilation and child sexual exploitation.
- The trust must ensure there are robust processes embedded to review the harm of patients waiting over 18 weeks from referral to treatment.
- The trust must ensure patients are being cared for in areas with appropriate facilities, adequate equipment and competent staff to meet patients’ needs.

Summary of findings

- The trust must ensure all staff comply with the trust's infection prevention and control policy, particularly regarding hand hygiene, and equipment is cleaned daily and between patient use.
- The trust must ensure all electrical equipment is safe to use and tested within manufacturers guidelines.
- The trust should ensure equipment is well maintained and stored safely.
- The trust must ensure appropriate checks are in place for disposable equipment so they are within their expiration date.
- The trust must ensure nurse staffing levels are appropriate to meet the acuity of patients on the neonatal unit and that staff recognise and escalate appropriately when this is not met.
- The trust must ensure all clinical staff understand how to gain consent from children and young people to ensure decisions are always made in the patient's best interest.
- The trust must ensure there is a systematic and effective approach to identify and manage risk throughout the service and update risk registers to ensure all risks are identified and mitigated where possible.
- The trust must ensure all staff are able to recognise and report incidents appropriately.
- The trust must ensure there is a governance framework in place for reviewing and sharing learning from patient harm incidents, and ensure staff are competent with categorising incidents.
- The trust must ensure there are enough pharmaceutical staff to keep people safe from avoidable harm and abuse to provide the right care and treatment.
- The trust must ensure patient records are managed to ensure patient confidentiality and that records are contemporaneous.
- The trust must ensure a written record is kept securely to evidence duty of candour.
- The trust must improve performance against the 18 week referral to treatment time, with the aim of meeting the trust target, and deal with the backlog in follow-up appointments and waiting times.
- The trust must improve against the national standard for cancer waiting times. This includes patients with suspected cancer being seen within two weeks.
- The trust must ensure there is a governance framework in place for reviewing referral and treatment times within the Macmillan Cancer Support dietitian service.
- The trust must ensure staff assess and document in children's records the trusts safeguarding questions to protect children from harm and abuse.
- The trust must ensure the risks associated with storing of out of date controlled drugs are removed.
- The trust must ensure risk assessments on patients are completed in line with national guidance, including correctly identifying and responding to the risks of sepsis, escalation of high National Early Warning Scores and venous thromboembolism assessments.
- The trust must ensure policies, procedures and training are put in place to ensure radioactive specimens are disposed of safely.
- The trust must ensure appropriate checks are in place for all medicines, including emollients and creams, so they are within their expiration date.

Action the trust **SHOULD** take to improve

Summary of findings

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- The trust should ensure there is improved medical cover in the emergency department to meet the Royal College of Emergency Medicine recommendation of 16 hours of consultant presence per day.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure there is patient flow through the trust to make available bays in the emergency department for newer patients and limit corridor care.
- The trust should ensure that patients can access urgent and emergency care services when they need it, including patients arriving by ambulance.
- The trust should ensure that cleaning schedules displayed are completed to show areas that have been cleaned.
- The trust should ensure staff complete PREVENT training as set out by the NHS England.
- The trust should ensure mortality and morbidity reviews have adequate detail and evidence of actions or learning as a result.
- The trust should ensure children visiting the emergency department wait and are treated in areas suitable for children.
- The trust should improve Friends and Family Test response rates.
- The trust should reduce the number of patients whose operation was cancelled and not treated within 28 days.
- The trust should improve the admitted referral to treatment time.
- The trust should review the processes for assessing and recording staff competencies, including the use of medical devices.
- The trust should review governance processes to ensure they are effective.
- The trust should review cultural issues impacting on cross-ward working.
- The trust should produce a formal strategy for the surgical service which clearly outlines the future plans and vision for the service.
- The trust should consider whether physiotherapy records should be scanned so all relevant healthcare professionals can access the documentation.
- The trust should consider the need for a risk assessment in relation to the half glass wall on the first floor.
- The trust should ensure staff have access to carbon monoxide monitors so that all pregnant women are offered carbon monoxide testing, in accordance with national recommendations.
- The trust should ensure prescription charts are completed with patients' weight and allergy status, in accordance with national standards.
- The trust should ensure appropriate staff complete annual competency assessments in cardiotocography interpretation.
- The trust should ensure cardiotocography trace peer reviews are consistently completed in line with trust and national guidance.

Summary of findings

- The trust should review the consultant cover for the children's service so that patients are reviewed by a consultant within 14 hours of admission, seven days a week as recommended by national guidance.
- The trust should audit the identification and treatment for sepsis for all children and young people to ensure practice is in line with national guidance.
- The trust should monitor waiting times in the paediatric assessment unit to ensure patients are assessed and reviewed in a timely manner.
- The trust should review the current environment for parents on the neonatal unit, ensuring there is access to an appropriate, confidential room for sensitive discussions.
- The trust should consider ways of improving the environment for children in the operating and recovery areas of the trust.
- The trust should review the safeguarding children policy to ensure it is dated and reflects the most relevant national guidance.
- The trust should review the current arrangements for safeguarding supervision to ensure it is accessible to all medical and nursing staff.
- The trust should review the location of nursing and medical staff handovers on the neonatal unit to ensure patient identifiable information is not discussed within earshot of unauthorised persons.
- The trust should review the number and location of the hand sanitising dispensers on Riverbank ward.
- The trust should improve patient outcome monitoring for patients attending the children's outpatient department.
- The trust should consider monitoring the local child and adolescent mental health service response times so that the service can accurately assess the level of risk to patients who have their assessments delayed.
- The trust should ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex.
- The trust should ensure that patients waiting times for investigations and image reporting times are within trust target.
- The trust should consider how patients privacy and dignity is maintained at all times, including within phlebotomy rooms and outside the plaster room.
- The trust should consider the availability of bariatric chairs within outpatient areas.
- The trust should ensure that staff feel safe working at weekend in radiology.
- The trust should consider putting in place procedures to lower the patient 'did not attend' rates for nuclear medicine.
- The trust should take steps to improve the leadership and management of children's and young peoples' services at Alexandra Hospital and Kidderminster Hospital and Treatment Centre.
- The trust should further develop governance processes to ensure the flow of information from ward to board and encourage effective challenge to bring about improvements.
- The trust should develop a protocol or standard operating procedure for staff to follow if a child or young person becomes unwell in the outpatient department.
- The trust should provide access to staff with children's qualification in adult outpatient clinics where children and young people are seen, to ensure that the needs of children and young people are considered.

Summary of findings

- The trust should complete clinical audits and audit staff adherence to national guidance relevant to care in the outpatient department. They should develop action plans to address areas of non-compliance and communicate these to staff.
- The trust should consider providing facilities suitable for the range of ages of children and young people using them.
- The trust should monitor patient referral to treatment times for children's services.
- The trust should assess and monitor patients pain.
- The trust should ensure all staff comply with guidelines for the safe use of personal protective equipment, particularly with regards to the use of gloves and aprons.
- The service should review the provision of hand sanitising gel and take steps to ensure it is always available.
- The trust should ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex.
- The trust should ensure patient outcomes are collected, monitored, analysed and used to drive service improvements.
- The trust should ensure the minor injuries unit has a systematic programme of clinical audit and local audit and processes in place to review what action should be taken.
- The trust should consider a mental health assessment room in line with the Royal College of Emergency Medicine guidance.
- The trust should ensure that eligible staff receive sepsis training.
- The trust should monitor minor injuries unit waiting times to ensure patients are assessed and reviewed in a timely manner.
- The trust should ensure that information is collected, readily accessible, analysed, managed and used well to support activity.

Action we have taken

We issued six requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet those requirements.

Our action related to breaches of legal requirements in urgent and emergency care, surgery, maternity, services for children and young people, outpatients and diagnostic imaging.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as requires improvement because:

- The stability of the leadership had significantly increased over the last 11 months with only one executive post interim at the time of the inspection. The leadership team understood the challenges to quality and sustainability faced by the trust. They were able to identify the actions needed to address them and recognised the significant volume of work required to improve the quality of care at the trust and ensure it was sustained. However, many of the projects were at an early stage and whilst issues were mostly being recognised and actions put in place to address these they had not yet consistently resulted in the required improvements.
- The leadership team understood the importance of a positive culture and placed significant emphasis on this with the introduction of a cultural change programme across the trust. The aim was that this would create a common purpose to achieve high quality patient care collective achievement of shared goals through determining the vision, priorities and signature behaviours for the organisation. Whilst this was welcomed by many staff, some perceived the action of challenging staff behaviours as bullying. Some staff were unhappy with how they were communicated with feeling the tone was of instruction rather than two way discussion.
- Generally staff recognised incidents but did not always report them. Mixed sex breaches and issues with staffing levels were not always reported.
- A governance framework was in place but this was not yet embedded and working effectively from ward to board. Neither was it mature enough to be fully effective in identifying and mitigating risks or in providing assurance that actions were consistently resulting in improvements to the safety and quality of patient care.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, but these were not always effective. We were not assured levels of harm were always being correctly identified in all services.
- The trust did not always collect, analyse, manage and use information well to support its activities.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Inadequate →← Jun 2018	Requires improvement ↑ Jun 2018	Inadequate →← Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Worcestershire Royal Hospital	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Alexandra Hospital	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Kidderminster Hospital and Treatment Centre	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Evesham Community Hospital	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Overall trust	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good Jan 2018	Requires improvement ↓ Jun 2018	Inadequate Jan 2018	Inadequate Jan 2018	Inadequate ↔ Jun 2018
Medical care (including older people's care)	Requires improvement Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018
Surgery	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↓ Jun 2018
Critical care	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Maternity	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Requires improvement ↑ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Inadequate Jun 2018	N/A	Good Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018
Diagnostic imaging	Requires improvement Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Overall*	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Inadequate Jan 2018	Requires improvement ↑ Jun 2018
Medical care (including older people's care)	Requires improvement Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018
Surgery	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good May 2017	Good Jun 2017	Good Jun 2017
Services for children and young people	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↑ Jun 2017	Requires improvement ↔ Jun 2018
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Inadequate ↔ Jun 2018	N/A	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Diagnostic imaging	Requires improvement Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Maternity and gynaecology	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2016	Requires improvement Jun 2017
Overall*	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Inadequate ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Medical care (including older people's care)	Requires improvement Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018
Surgery	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2017	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 2018
Services for children and young people	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↑ Jun 2017	Requires improvement ↑ Jun 2018
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Inadequate Jun 2018	N/A	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Diagnostic imaging	Requires improvement Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Maternity and gynaecology	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Overall*	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Evesham Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
Overall*	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Must & Should Do's from CQC Report June 2018

Following the Q1, 2018 Inspections of Maternity, Children and Young People, Urgent & Emergency Care (including MIU), Surgery, Outpatients and Diagnostics, the trust was issued with an inspection report which included a list of Must Do's & Should Do. (An evidence appendix accompanied the inspection report)

MUST DO'S							
No	Trust Must Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/Committee/Review)
				KTC	WRH	AGH	
1	The trust must ensure patients are given privacy and confidentiality where possible.	Regulation 10 Dignity & Respect	Caring C3.1		U&EC CYP	Diagnostics	
2	The trust must ensure patients are reviewed by specialty doctors within one hour of referral.	Regulation 12 Safe care & treatment	Responsive 3.1		U&EC	U&EC	
3	The trust must ensure all staff receive and complete their required mandatory training, including safeguarding and Mental Capacity Act 2005 training.	Regulation 13 Safeguarding service users from abuse & improper treatment	Safe 1.5	Surgery CYP OPD Diagnostics	U&EC Surgery Maternity CYP OPD Diagnostics	U&EC Surgery CYP OPD Diagnostics	
4	The trust must ensure staff routinely wash or sanitise their hands between patients or when entering and leaving clinical areas.	Regulation 12 Safe care & treatment	Safe 1.8		U&EC Diagnostics	Diagnostics	
5	The trust must ensure processes for routinely checking and recording the safe storage of medicines are followed across all wards, including room and fridge temperatures.	Regulation 12 Safe care & treatment	Safe 4.1		Surgery	Diagnostics	
6	The trust must ensure all mixed sex breaches are identified and reported accurately in a timely manner.	Regulation 10 Dignity & Respect	Caring C3.1		Surgery		
7	The trust must ensure all staff receives an annual appraisal.	Regulation 18 Staffing	Effective E3.4	U&EC Surgery Diagnostics	Surgery Maternity OPD Diagnostics	Surgery Diagnostics	

Must & Should Do's from CQC Report June 2018

MUST DO'S							
No	Trust Must Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/Committee/Review)
				KTC	WRH	AGH	
8	The trust must ensure all medical staff are trained to the required level of safeguarding for both children and adults.	Regulation 13 Safeguarding service users from abuse & improper treatment	Safe 1.5		Maternity		
9	The trust must ensure all clinical staff have a good understanding of their role in recognising and reporting cases of female genital mutilation and child sexual exploitation.	Regulation 13 Safeguarding service users from abuse & improper treatment	Safe 1.6		CYP		
10	The trust must ensure there are robust processes embedded to review the harm of patients waiting over 18 weeks from referral to treatment.	Regulation 12 Safe care & treatment	Responsive 3.3	OPD		Surgery OPD	
11**	The trust must ensure patients are being cared for in areas with appropriate facilities, adequate equipment and competent staff to meet patients' needs.	Regulation 15 Premises & equipment Regulation 18: Staffing	Safe 1.9 Safe 2.1	Surgery CYP	Surgery CYP	Surgery CYP OPD	
12	The trust must ensure all staff comply with the trust's infection prevention and control policy, particularly regarding hand hygiene, and equipment is cleaned daily and between patient use.	Regulation 12: Safe care & treatment	Safe 1.8		U&EC CYP	U&EC CYP Diagnostics	
13	The trust must ensure all electrical equipment is safe to use and tested within manufacturer's guidelines.	Regulation 12: Safe care & treatment	Safe 1.10	CYP		CYP	
14	The trust should ensure equipment is well maintained and stored safely.	Regulation 12: Safe care & treatment	Safe 1.10			U&EC CYP Diagnostics	
15	The trust must ensure appropriate checks are in place for disposable equipment so they are within their expiration date.	Regulation 12: Safe care & treatment	Safe 1.10			OPD	
16	The trust must ensure nurse staffing levels are appropriate to	Regulation 18: Staffing	Safe 2.1		CYP		

Must & Should Do's from CQC Report June 2018

MUST DO'S							
No	Trust Must Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
	meet the acuity of patients on the neonatal unit and that staff recognise and escalate appropriately when this is not met.						
17	The trust must ensure all clinical staff understand how to gain consent from children and young people to ensure decisions are always made in the patient's best interest.	Regulation 11: Need for Consent	Responsive R1.4		CYP		
18	The trust must ensure there is a systematic and effective approach to identify and manage risk throughout the service and update risk registers to ensure all risks are identified and mitigated where possible.	Regulation 17: Good governance	Well led 5.4	Surgery CYP OPD	Surgery CYP Diagnostics	Surgery CYP OPD	
19	The trust must ensure all staff are able to recognise and report incidents appropriately.	Regulation 17: Good governance	Safe 6.1	Surgery OPD	Surgery CYP	Surgery OPD	
20	The trust must ensure there is a governance framework in place for reviewing and sharing learning from patient harm incidents, and ensure staff are competent with categorising incidents.	Regulation 17: Good governance	Safe 6.2	Surgery OPD	Surgery OPD	Surgery OPD	
21	The trust must ensure there are enough pharmaceutical staff to keep people safe from avoidable harm and abuse to provide the right care and treatment.	Regulation 18: Staffing	Safe 2.1		OPD		
22	The trust must ensure patient records are managed to ensure patient confidentiality and that records are contemporaneous.	Reg 10: Dignity & Respect	Caring C3.3	U&EC	OPD	CYP	
23***	The trust must ensure a written record is kept securely to evidence duty of candour.	Regulation 20: Duty of candour (Cover under Regulation 17 Good Governance?)	Safe 6.3		Surgery		

Must & Should Do's from CQC Report June 2018

MUST DO'S							
No	Trust Must Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
24	The trust must improve performance against the 18 week referral to treatment time, with the aim of meeting the trust target, and deal with the backlog in follow-up appointments and waiting times.	Regulation 12: Safe care & treatment	Responsive 3.3	Surgery CYP OPD Diagnostics	Surgery OPD Diagnostics	Surgery CYP OPD Diagnostics	
25*	The trust must improve against the national standard for cancer waiting times. This includes patients with suspected cancer being seen within two weeks.	Regulation 12: Safe care & treatment	Responsive 3.3	OPD	OPD	OPD	
26*	The trust must ensure there is a governance framework in place for reviewing referral and treatment times within the Macmillan Cancer Support dietitian service.	Regulation 17: Good governance	Responsive 3.3	OPD	OPD	OPD	
27	The trust must ensure staff assess and document in children's records the trusts safeguarding questions to protect children from harm and abuse.	Regulation 13: Safeguarding service users from abuse & improper treatment	Safe 1.1	U&EC			
28	The trust must ensure the risks associated with storing of out of date controlled drugs are removed.	Regulation 12: Safe care and treatment	Safe 4.1			OPD	
29	The trust must ensure risk assessments on patients are completed in line with national guidance, including correctly identifying and responding to the risks of sepsis, escalation of high National Early Warning Scores and venous thromboembolism assessments.	Regulation 12: Safe care and treatment	Safe 2.5	U&EC Surgery CYP	U&EC Surgery	U&EC Surgery CYP	
30*	The trust must ensure policies, procedures and training are put in place to ensure radioactive specimens are disposed of safely.	Regulation 12: Safe care and treatment	Safe 4.1	Surgery		Surgery	
31*	The trust must ensure appropriate checks are in place for all medicines, including emollients and creams, so they are within their expiration date.	Regulation 12: Safe care and treatment	Safe 4.1			OPD	

Must & Should Do's from CQC Report June 2018

*Note 1: Must Do 25, 26, 30 or 31 covered as Must do in provider report without further breakdown. Refer to evidence appendix for breakdown.

**Note 2: Regulation 15 Premises & Equipment (Must do 11) is not listed as requirement notice within provider report

***Note 3: Regulation 20 Duty of Candour (23) is not listed as requirement notice within provider report

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
1	The trust should ensure there is improved medical cover in the emergency department to meet the Royal College of Emergency Medicine recommendation of 16 hours of consultant presence per day.	Regulation 12 Safe care and treatment	Safe S2.1		U&EC	U&EC	
2	The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.	Regulation 12 Safe care and treatment	Responsive R3.3	U&EC			
3	The trust should ensure there is patient flow through the trust to make available bays in the emergency department for newer patients and limit corridor care.	Regulation 12 Safe care and treatment	Responsive R3.1		U&EC	U&EC	
4	The trust should ensure that patients can access urgent and emergency care services when they need it, including patients arriving by ambulance.	Regulation 12 Safe care and treatment	Responsive R3.1		U&EC	U&EC	
5	The trust should ensure that cleaning schedules displayed are completed to show areas that have been cleaned.	Regulation 12 Safe care and treatment	Safe S1.8	U&EC CYP	U&EC Diagnostics	U&EC OPD	
6	The trust should ensure staff complete PREVENT training as set out by the NHS England.	Regulation 13 Safeguarding service users from	Safe S1.5	Diagnostics Surgery	U&EC Surgery Diagnostics	U&EC Surgery	

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
		abuse and improper treatment					
7	The trust should ensure mortality and morbidity reviews have adequate detail and evidence of actions or learning as a result.	Mortality & Morbidity	Well led W8.3		U&EC	U&EC	
8	The trust should ensure children visiting the emergency department wait and are treated in areas suitable for children.	Regulation 15 Premises and equipment	Caring C1.1		U&EC		
9	The trust should improve Friends and Family Test response rates.	Regulation 17 Good governance	Caring C2.3	Surgery U&EC CYP Diagnostics	Surgery CYP Diagnostics	Surgery Diagnostics	
10	The trust should reduce the number of patients whose operation was cancelled and not treated within 28 days.	Regulation 12 Safe care and treatment	Responsive R3.6	Surgery	Surgery	Surgery	
11	The trust should improve the admitted referral to treatment time.	Regulation 12 Safe care and treatment	Responsive R3.1	Surgery	Surgery	Surgery	
12	The trust should review the processes for assessing and recording staff competencies, including the use of medical devices.	Regulation 12 Safe care and treatment	Safe S1.5	Surgery	Surgery	Surgery	
13	The trust should review governance processes to	Regulation 17	Well led W4.1	Surgery	CYP	CYP	

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
	ensure they are effective.	Good governance			Surgery	Surgery	
14	The trust should review cultural issues impacting on cross-ward working.	Regulation 18 Staffing	Caring C1.1		Surgery		
15	The trust should produce a formal strategy for the surgical service which clearly outlines the future plans and vision for the service.	Regulation 17 Good governance	Well led W2.1	Surgery	Surgery	Surgery	
16	The trust should consider whether physiotherapy records should be scanned so all relevant healthcare professionals can access the documentation.	Regulation 17 Good governance	Safe S3.4	OPD	OPD	OPD	
17	The trust should consider the need for a risk assessment in relation to the half glass wall on the first floor.	Regulation 15 Premises and equipment	Safe S1.9			OPD	
18	The trust should ensure staff have access to carbon monoxide monitors so that all pregnant women are offered carbon monoxide testing, in accordance with national recommendations.	Regulation 12 Safe care and treatment	Safe S3.2		Maternity		
19	The trust should ensure prescription charts are completed with patients' weight and allergy status, in accordance with national standards.	Regulation 12 Safe care and treatment	Safe S3.1		Maternity CYP		
20	The trust should ensure appropriate staff complete annual competency assessments in Cardiotocography interpretation.	Regulation 12 Safe care and treatment	Safe S1.5		Maternity		
21	The trust should ensure cardiotocography trace	Regulation 12	Effective E2.4		Maternity		

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
	peer reviews are consistently completed in line with trust and national guidance.	Safe care and treatment					
22	The trust should review the consultant cover for the children's service so that patients are reviewed by a consultant within 14 hours of admission, seven days a week as recommended by national guidance.	Regulation 12 Safe care and treatment	Safe S2.1		CYP		
23	The trust should audit the identification and treatment for sepsis for all children and young people to ensure practice is in line with national guidance.	Regulation 12 Safe care and treatment	Safe S2.5		CYP	CYP	
24	The trust should monitor waiting times in the paediatric assessment unit to ensure patients are assessed and reviewed in a timely manner.	Regulation 12 Safe care and treatment	Responsive R3.3		CYP		
25	The trust should review the current environment for parents on the neonatal unit, ensuring there is access to an appropriate, confidential room for sensitive discussions.	Regulation 10 Dignity and respect	Caring C3.3		CYP		
26	The trust should consider ways of improving the environment for children in the operating and recovery areas of the trust.	Regulation 15 Premises and equipment	Safe 1.9	CYP			
27	The trust should review the safeguarding children policy to ensure it is dated and reflects the most relevant national guidance.	Regulation 13 Safeguarding service users from	Safe S1.6	CYP		CYP	

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
		abuse and improper treatment					
28	The trust should review the current arrangements for safeguarding supervision to ensure it is accessible to all medical and nursing staff.	Regulation 13 Safeguarding service users from abuse and improper treatment	Safe S1.5	CYP	CYP	CYP	
29	The trust should review the location of nursing and medical staff handovers on the neonatal unit to ensure patient identifiable information is not discussed within earshot of unauthorised persons.	Regulation 10 Dignity and respect	Caring C3.1		CYP		
30	The trust should review the number and location of the hand sanitising dispensers on Riverbank ward.	Regulation 12 Safe care and treatment	Safe S1.8		CYP		
31	The trust should improve patient outcome monitoring for patients attending the children's outpatient department.	Regulation 17 Good governance	Effective E4.5	CYP		CYP	
32	The trust should consider monitoring the local child and adolescent mental health service response times so that the service can accurately assess the level of risk to patients who have their assessments delayed.	Regulation 12 Safe care and treatment	Safe S3.3		CYP		

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
33	The trust should ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex.	Regulation 10 Dignity and respect	Caring C3.1		Diagnostics	Diagnostics	
34	The trust should ensure that patients waiting times for investigations and image reporting times are within trust target.	Regulation 12 Safe care and treatment	Responsive R3.1	Diagnostics	Diagnostics		
35	The trust should consider how patients privacy and dignity is maintained at all times, including within phlebotomy rooms and outside the plaster room.	Regulation 10 Dignity and respect	Caring C3.1				
36	The trust should consider the availability of bariatric chairs within outpatient areas.	Regulation 15 Premises and equipment	Responsive R1.3			OPD	
37	The trust should ensure that staff feel safe working at weekend in radiology.	Regulation 18 Staffing	Well led W3.7	Diagnostics			
38	The trust should consider putting in place procedures to lower the patient 'did not attend' rates for nuclear medicine.	Regulation 17 Good governance	Responsive R2.6	Diagnostics	Diagnostics	Diagnostics	
39	The trust should take steps to improve the leadership and management of children's and young peoples' services at Alexandra Hospital and Kidderminster Hospital and Treatment Centre.	Regulation 18 Staffing	Well led W1.3	CYP		CYP	
40	The trust should further develop governance processes to ensure the flow of information from	Regulation 17 Good governance	Well led W6.2		CYP		

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
	ward to board and encourage effective challenge to bring about improvements.						
41	The trust should develop a protocol or standard operating procedure for staff to follow if a child or young person becomes unwell in the outpatient department.	Regulation 12 Safe care and treatment	Safe S2.5			CYP	
42	The trust should provide access to staff with children's qualification in adult outpatient clinics where children and young people are seen, to ensure that the needs of children and young people are considered.	Regulation 18 Staffing	Effective E3.2			CYP	
43	The trust should complete clinical audits and audit staff adherence to national guidance relevant to care in the outpatient department. They should develop action plans to address areas of non-compliance and communicate these to staff.	Regulation 17 Good governance	Well led W5.3	OPD	Surgery	Surgery OPD	
44	The trust should consider providing facilities suitable for the range of ages of children and young people using them.	Regulation 15 Premises and equipment	Safe S1.9		CYP	CYP	
45	The trust should monitor patient referral to treatment times for children's services.	Regulation 12 Safe care and treatment	Responsive R3.1	CYP	CYP	CYP	
46	The trust should assess and monitor patients pain.	Regulation 9 Person centred	Safe S2.5	CYP		CYP	

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
		care					
47	The trust should ensure all staff comply with guidelines for the safe use of personal protective equipment, particularly with regards to the use of gloves and aprons.	Regulation 12 Safe care and treatment	Safe S1.8				
48	The service should review the provision of hand sanitising gel and take steps to ensure it is always available.	Regulation 12 Safe care and treatment	Safe S1.8	CYP	CYP	CYP	
49	The trust should ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex.	DUPLICATE No.33					
50	The trust should ensure patient outcomes are collected, monitored, analysed and used to drive service improvements.	Regulation 17 Good governance	Effective E4.5	U&EC OPD	OPD Surgery	OPD	
51	The trust should ensure the minor injuries unit has a systematic programme of clinical audit and local audit and processes in place to review what action should be taken.	Regulation 17 Good governance	Well led W5.3	U&EC			
52	The trust should consider a mental health assessment room in line with the Royal College of Emergency Medicine guidance.	Regulation 15 Premises and equipment	Safe S1.9	U&EC			
53	The trust should ensure that eligible staff receive sepsis training.	Regulation 18 Staffing	Effective E3.2		Maternity		

Must & Should Do's from CQC Report June 2018

SHOULD DO'S							
No	Trust Should Do	Regulation	KLOE	Core Service/s			Monitored Via (Plan/ Committee/ Review)
				KTC	WRH	AGH	
54	The trust should monitor minor injuries unit waiting times to ensure patients are assessed and reviewed in a timely manner.	Regulation 12 Safe care and treatment	Responsive R3.1	U&EC			
55	The trust should ensure that information is collected, readily accessible, analysed, managed and used well to support activity.	Regulation 17 Good governance	Safe S3.2	U&EC Surgery OPD	Surgery OPD	Surgery OPD	

We were unable to locate the items highlighted in yellow in the Should Do's above within the CQC report and Evidence Appendix.

The item highlighted in blue in the Should Do's above contained the same sentence in a positive and negative comment within the Evidence Appendix.

The item highlighted in grey is a duplicate of Should Do number 33.