

Account Number:	RQQ
Our reference:	SPL1-1378293871
Provider name:	Hinchingbrooke Healthcare NHS Trust
Provider address:	Hinchingbrooke Hospital Hinchingbrooke Park Huntingdon Cambs PE29 6NT

Ref #	Page	Report	Section	Suggested Changes with Explanation	CQC decision	CQC
1	1	Provider report	Ratings	<p><i>"Overall rating for this trust.... Inadequate. Are services at this trust safe.... Inadequate. Are services at this trust caring.... Inadequate. Are services at this trust well led....Inadequate."</i> It is the trust's strong submission that, once the factual inaccuracies have been remedied in the domains of the location report for Hinchingbrooke Health Care NHS Trust, and the wealth of quantitative and qualitative data available to the CQC is included in its considerations, the CQC will be left with residual evidence that contains both characteristics of 'good' and "requires improvement' as set out in the Provider Handbook for NHS acute hospitals. The Trust submits that in the light of the factual accuracy submissions made, there are no reasonable grounds to maintain a rating of 'inadequate' for these domains at Hinchingbrooke Health Care NHS Trust. Inspectors of some of the service domains appear to have reached conclusions based predominantly on the limited observations and interviews during the onsite inspection period without appropriate triangulation and due regard to more detailed relevant data and feedback available to the CQC for the relevant periods. The limited use of the information available to the CQC and the subjectivity demonstrated in certain sections of the report is not in keeping with CQC methodology and undermines its</p>	Not Agreed	CQC has taken into account all of the relevant evidence in relation to this matter, from all sources, in order to reach a determination on each of the factual accuracy challenges, as set out below in our detailed response. This has resulted in a number of changes to the location report as set out below. The ratings remain as before. See the detailed responses in the body of the location FAC comments. Therefore, applying the aggregation principles the ratings the trust is rated overall as inadequate

				decision on ratings.		
2	2	Provider report	Letter from the CIH	<p><i>the trust management have adopted the 'Circle approach'.</i></p> <p>Propose revision: <i>'The Trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health (SoSfH).'</i></p>	Agreed	Amended to state: <i>The Trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health.</i>
3	2	Provider report	Letter from the CIH	<p><i>predominantly run by hospital consultants from a neighbouring hospital... The trust was still medically led.'</i></p> <p>Propose revision: Remove '<i>predominantly run by hospital consultants from a neighbouring hospital</i>' as this is not correct. Please amend text in this paragraph to read as '<i>It is led by a multidisciplinary team of clinical and non-clinical executives with operational accountability to Circle and public accountability through a Trust Board comprising a Chair and two Non-executive Directors.</i></p>	Agreed in part	<i>Sentence changed to state: It is led by a multidisciplinary team of clinical and non-clinical executives partnered with a non-executive Trust Board. However we found that the trust was predominantly medically led although a new director of nursing had been appointed four months prior to our visit....."</i>
4	2	Provider report	Letter from the CIH	<p>The descriptor '<i>Trust Development Agency</i>' should be '<i>Trust Development Authority</i>'.</p> <p>There is inconsistency in this within the report.</p>	Agreed	Amended
5	2	Provider report	Letter from the CIH	<p>Walnut Tree Ward'</p> <p>Propose revision: <i>'Walnut ward'</i></p>	Agreed	Amended
6	2	Provider report	Letter from the CIH	<p>"attended one board meeting'</p> <p>Propose revision: <i>"attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014"</i></p>	Agreed	Amended
7	2	Provider report	Letter from the CIH	<p><i>"There was a lack of paediatric cover within the A&E department, theatres and wards that meant that the care of children in these departments was, at times, unsafe."</i></p> <p>Propose remove: The trust has not met aspirational targets in respect of paediatric cover but has met national standards. Evidence provided.</p>	Agreed in part	We have checked with our specialists in this field and considered the evidence you have supplied. We have amended to state <i>There was a lack of paediatric cover within the A&E department and theatres that meant that the arrangements for the care of children in these department</i>

						<p><i>was, at times, liable to give rise to risks to patient safety.</i> The RCN guidance, 2003 amended 2013 states that in DGH mixed emergency departments, a minimum of one registered children’s nurse with trauma experience and valid EPLS/APLS training must be available at all times. All other registered nurses caring for children must attain and maintain the minimum knowledge, skills and competence outlined above. As the hospital did not have one registered children’s nurse on at all times in the A&E department the service was liable to give risk to children’s safety. In respect of the operating theatre <i>Surgery for children – delivering a first class service</i> produced by The Royal College of Surgeons of England 2007 states that children in the operating theatre should be cared for by operating department staff that have specific paediatric skills and training. At the time of our inspection sufficient staff did not have these specific skills and training.</p>
8	3	Provider report	Letter from the CIH	<p><i>was so poor that patients were soiling themselves’.</i></p> <p>The Trust challenges the accuracy of this statement. As written, it would lead the reader to believe that <u>all</u> patients were soiling themselves. Please define the number of patients for whom this was the case, out of a total number</p>	In part	<p>Amended to state “<i>two patients of the 53 we spoke to in the medical and surgical areas stated that they had been told to soil themselves. A further one patient reported that they had soiled themselves whilst awaiting</i></p>

				of patients interviewed and the total number of patients admitted to the wards in which this arose as a concern. Please confirm how this was evidenced.		assistance. We brought this to the attention of the trust and they investigated. However neither CQC nor the trust could corroborate these claims." This was evidenced through talking to patients. There was no documentary evidence recorded by nursing staff which either supported or negated these statements.
9	3	Provider report	Letter from the CIH	"Risk assessments, although at times undertaken, were not reflective of the needs of patients." Propose revision: "Risk assessments were not always reflective of the needs of patients."	Agreed	Amended to state: Risk assessments were not always reflective of the needs of patients in surgery and medical wards.
10	3	Provider report	Letter from the CIH	"Medicines were not always stored or administered appropriately." Propose revision: "IV fluids were not always stored appropriately. Errors and omissions in medications administration were observed on <please state exact number/out of the total number of prescriptions reviewed" in some areas of the trust.	Amend	Amended to state: Medicines were not always stored or administered appropriately in A&E, Juniper ward, Apple Tree ward or Cherry Tree ward.
11	3	Provider report	Letter from the CIH	<i>Ensure an adequate skill mix in the emergency department, theatres and wards, to ensure that patients of all ages receive a service that meets their needs in a timely manner.</i> Propose remove: The trust has not met aspirational targets in respect of paediatric cover but has met national standards. Evidence provided in respect of skill mix, patient experience and ED performance.	Not agreed	Amended to state: Ensure that the arrangements for the provision of services to children in A&E, operating theatres and outpatients areas provided by the trust, is reviewed to ensure that it meets their needs, and that staff have the appropriate support to raise issues on the service provision. Separate bullet added Ensure that there are sufficient appropriately skilled nursing staff on medical and surgical wards to meet patients' needs in a timely manner
12	3	Provider report	Letter from the CIH	<i>Ensure pressure ulcer care is provided in accordance with NICE guideline CG179'</i>	Agreed	Amended

				Propose revision: ' <i>Ensure pressure ulcer care is consistently provided in accordance with NICE guideline CG179.</i>		
13	3	Provider report	Letter from the CIH	<i>Juniper Wad'</i> Propose revision: ' <i>Juniper ward'</i>	Agreed	Amended
14	3	Provider report	Letter from the CIH	<i>"Risk assessments, although at times undertaken, were not reflective of the needs of patients in surgery and medical wards".</i> The Trust challenges the accuracy of this statement and seeks to understand in how many cases this was observed to be the case. As written, it would lead the reader to believe that <u>all</u> patients in surgery and medical wards did not have accurate risk assessments. Whilst the Trust accepts that CQC may have found some risk assessments that were not reflective of changing needs, the Trust disputes that this finding applied to all patients in all of these wards. Please define the number of risk assessments in which this was the case, out of a total number of risk assessments reviewed. Please confirm how this was evidenced.	Agreed in part	Sentence amended to state: This was evidenced by review of 46 sets of notes of which 19 were found to have incomplete information or review. This does not affect the comment as it is clear from our evidence that risk assessments were not always completed.
15	4	Location report	Letter from the CIH	<i>Take action to ensure that when pre-alert telephone calls are received by the A&E department, action is taken to ensure a timely response.'</i> Propose remove: As evidence on page 20 of the location report evidences, concerns were not raised in respect of this: <i>"We looked at a pre-alert form with regards to a pre-alert that occurred during our inspection, and found that the forms had been completed fully, with any clinical observations recorded, estimated time of arrival of the ambulance to the accident and emergency department, and details of who took the information over the telephone from the ambulance service."</i>	Agreed	Removed

16	4	Provider report	Letter from the CIH	<p><i>Ensure that all patients receive timely referral to the palliative care service.'</i></p> <p>Propose revision: <i>'Ensure that all appropriate patients receive timely referral to the palliative care service.'</i></p>	Agreed	Amended to state: Ensure that all appropriate patients receive timely referral to the palliative care service.
17	5	Provider report	Background to Hinchingsbrooke Health Care NHS Trust	<p><i>"attendance at a public board meeting on 25 September 2014"</i></p> <p>Propose revision: <i>"attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014"</i></p>	Agreed	Amended to state: attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014
18	5	Provider report	How we carried out this inspection	<p><i>"attendance at a public board meeting on 25 September 2014"</i></p> <p>Propose revision: <i>"attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014"</i></p>	Agreed	Amended to state: attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014
19	5	Provider report	Background to Hinchingsbrooke Health Care NHS Trust	Please cross reference with previous comment relating to Page 2. The Trust has not adopted the 'Circle Approach' for governance the governance is derived from the Franchise Agreement and Intervention Order approved by the SOSfH.	Agreed	Amended
20	5	Provider report	Background to Hinchingsbrooke Health Care NHS Trust	Please change <i>"Hichingsbrooke"</i> to <i>"Hinchingsbrooke"</i>	Agreed	Amended
21	6	Provider report	How we carried out this inspection	<p><i>"Thursday 25 to the public board meeting,"</i></p> <p>Propose revision: <i>"Thursday 25 September to the Annual Public Meeting [i.e. the Annual General Meeting] "</i></p>	Agreed	Amended

22	6	Provider report	What people who use the trust's services say	<p><i>We heard from patients who were not in receipt of a service at the time of inspection that the trust was slow to deal with complaints'</i></p> <p>Propose removal: the CQC has not evidenced how many patients stated this, in what time frame they had received a service from the hospital or the dates/ timeframes for submission and response to their complaints; these complaints may relate to historical service provision and deficiencies in response.</p>	Agreed	Removed as relates to previous 12 months.
23	6	Provider report	What people who use the trust's services say	<p><i>The cancer patient's survey showed that patients were not always given the information they required, and that their pain was not always controlled well.'</i></p> <p>Propose remove: The Cancer Patient Survey relied on is not recent and therefore the evidence is outdated. The Trust's own more recent survey more shows an improved and current picture.</p>	In part	Whilst we would agree that the survey is out of date we use the same survey across all trusts to ensure consistency. The trusts report has not been reviewed by CQC and therefore new evidence and cannot be used.
24	7	Provider report	Facts and data about this trust	<p><i>GMC - Enhanced monitoring (01-Mar-09 to 21-Apr-14)</i></p> <p>Propose remove: The CQC is aware that this has only remained an open issue because a new publication has not yet been uploaded that reflects that this issue was closed some months ago.</p>	Not agreed	This was the situation at the time of the inspection and was reflected in the data packs. Having checked the GMC website we would agree that these issues are resolved but monitoring for sustained change continues.
25	7	Provider report	Facts and data about this trust	<p><i>Serious incidents [STEIS] (April 2013 - May 2014) 102</i></p> <p>Propose revision: As notified and agreed prior to the inspection, the number of serious incidents experienced and reported to STEIS by HHCT in this time frame was 41.</p>	Agreed	Amended
26	7	Provider report	Facts and data about this trust	<p><i>HSMR: IM indicator No evidence of risk</i></p> <p>Propose revision: Please include actual figure and context: <i>'HSMR April 13 - March 14 HSMR = 78.06; 'statistically lower than expected'</i></p>	Not agreed	Data we hold contradicts this as Dr Foster Intelligence shows that the trust's HSMR for 2013/14 was 92 ('as expected'). As it's not clear what the figure 78.06 signifies comment not amended.

27	7	Provider report	Facts and data about this trust	<p><i>SHMI IM indicator No evidence of risk</i></p> <p>Propose revision: Please include actual figure and context: 'April 13 - March 14 SHMI = 1.009; 'as expected'</p>	Not agreed	As the figures will not mean anything to the general public so we do not include them.
28	7	Provider report	Facts and data about this trust	<p><i>National reporting and learning system (NRLS) (April 2013-May 2014) Deaths 5, Severe 31, Moderate 86 Total 122.</i></p> <p>Please replace with updated figures published in September 2014: NRLS [1 October 2013 to 31 March 2014] Deaths 2, Severe 19, Moderate 40 Total 61</p>	Not agreed	<p>The 'total' given is the number of notifications of moderate or severe harm or death (i.e. excludes no/low harm incidents).</p> <p>The figures given by the trust come from an NRLS publication covering a different time period to IM.</p>
29	7	Provider report	Facts and data about this trust	<p><i>In section on Caring: CQC Inpatient Survey and Cancer patient experience survey.</i></p> <p>Please provide details of the year of each survey used</p>	Agreed	Amended
30	7	Provider report	Facts and data about this trust	<p><i>Bed occupancy... 82.7%</i></p> <p>Propose revision: "<i>Bed occupancy... 95.2%</i>"</p>	Not agreed	We are unsure where the data presented by the trust is from as our information is from KH03 collection published by NHS England. The 82.7% figure is the published figure for overnight, consultant-led general and acute beds in Q4 (Jan – Mar) of 2013/14,
31	7	Provider report	Facts and data about this trust	<p><i>Trust did not reach the 4 hour waiting time target two out of nine weeks.'</i></p> <p>Why has the CQC selected a nine week period? This seems wholly designed to capture two breaches of target rather than to provide the reader with factual context.</p> <p>As noted prior to inspection, the Trust's performance in July 2014 fell to 92.9%; its first monthly drop below a 95% achievement. Year to date figure was 95.2%. HHCT met all national performance indicators in 2013-14 with the exception of six week diagnostic standard.</p>	Agreed	<p>Out of 52 weeks which ended in 2013/14, the trust missed the 95% target 13 times. Hinchingbrooke was above the England average in 38 of 52 weeks, or 73% of the time. However the figures in the trust's proposed revision are correct. Over the 17 weeks which ended in April – July 2014:</p> <ul style="list-style-type: none"> • The England average was 95.1% compared to the trust's 95.2%. • The trust missed the 95% target

				<p>Propose revision: "The Trust's four-hour waiting time performance in July 2014 fell to 92.9%; its first monthly drop below a 95% achievement. Year to date figure was 95.2%, which compares favourably with other NHS trusts."</p>		<p>in 7 weeks. Its worst performance was in the week ending 20 July when more than 10% of patients waited over 4 hours for admission, transfer or discharge.</p> <p>On balance we have amended the sentence to state Out of 52 weeks which ended in 2013/14, the trust missed the 95% target 13 times. Hinchingsbrooke was above the England average in 38 of 52 weeks, or 73% of the time. However the current year to date figure is just over 95% which is in line with the expected average.</p>
32	7	Provider report	Facts and data about this trust	<p><i>"Cancelled operations No evidence of risk"</i></p> <p>Propose revision: include the actual figure of 0.86% for the first two quarters of 2014/15 and a comparison with England performance</p>	Not agreed	<p>The IM reports include quarterly figures:</p> <ul style="list-style-type: none"> July's IM included figures from Q4 2013/14 which showed the trust cancelled 0.8% of operations compared to an average of 0.9%. December's IM, just published, has figures from Q1 of 2014/15 showing that the trust cancelled 0.9% of operations compared to an expected 0.8%.

33	7	Provider report	Facts and data about this trust	<p><i>GMC training survey: The trust rated worse than expected for 1 out of 12 sections, which was feedback</i></p> <p>Propose revision: <i>'The Trust was within the middle quartile for 11/ 12 sections, including clinical and educational supervision and workload, but was a below outlier on 1 section, which was feedback. Please provide details on which year of survey'</i></p>	Agreed	<p>The results are from the 2014 survey (carried out 26 March to 8 May 2014, results published June 2014 by GMC). The data pack incorrectly cites the 2013 survey as its source.</p> <p>There are no factual accuracy issues. Analysts understand that the response means “interquartile range” (IQR) rather than “middle quartile”. Out of 12 sections the trust was in the IQR for 11, meaning it was not in the top/bottom 25% of trusts for those sections. For one section, Feedback, the trust was a “below outlier” meaning that it scored significantly worse than average.</p> <p>Sentence amended to :</p> <p><i>“GMC Training Survey 2014: Out of 12 survey areas the trust scored within the interquartile range (so about average) for 11, but was significantly worse than expected for one area, which was Feedback”</i></p>
34	8	Provider report	Summary of findings	<p>This section only mentions 6 of the 7 services inspected.</p> <p>Propose revision: "However, the maternity department, critical care service and outpatients and diagnostics functioned well, and patients received good care, which was in line with national guidance."</p>	Agreed	Amended

35	8	Provider report	Summary of findings	<p><i>People were at high risk of avoidable harm or abuse</i></p> <p>Propose remove: The evidence does not support either one of these assertions. The Trust has a statistically lower than expected HSMR [78.06] and an as expected SHMI [1.009], a low level of serious incidents on a background of high reporting of near miss and no harm incidents [41 serious incidents, 96.8% no/low harm, 0.01% death, reference NRLS report September 2014], high patient satisfaction rates and low levels of complaints. If the CQC feels that the evidence obtained during its inspection requires such a statement, then please revise to <i>'People in some areas of the trust were felt to be at risk of avoidable harm and we observed [provide exact number] interactions from agency and substantive staff that were neither emotionally supportive nor demonstrative of compassionate care.'</i></p>		Intelligent Monitoring placed the trust in the lowest-priority risk band, but that needs to be balanced against specific concerns that the inspection found. Hence sentence changed to <i>'People in some areas of the trust were at risk of avoidable harm. The evidence in the location reports for A&E, Surgery, medicine and end of life care highlight these risks.'</i>
36	9	Provider report	Summary of findings	<p><i>Staff recognised they need to do more to increase breastfeeding rates but they lacked plans to do this'</i></p> <p>Propose removal: Breastfeeding initiation is >82%; comments made by staff were indicative of their aspirations to perform even better, as is evidenced by them working actively to achieve Level 2 of Unicef's Baby Friendly Initiative, having achieved Level 1 certification. This statement has been framed in a way that could lead a reader to believe there is low uptake that would indicate poor support by the Trust. It is not a fair reflection of performance.</p>	Agreed	Amended to state <i>The trust was achieving over 82% of women breast feeding their babies staff wanted to increase this further but lacked plans to do this.</i>
37	9	Provider report	Summary of findings	<p><i>"The franchise manager, employed by Circle,</i></p> <p>Propose revision: <i>'The Franchisee Representative, employed by Circle'</i></p>	Agreed	Removed paragraph reworded as described by the trust below (42)
38	9	Provider report	Summary of findings	<p><i>"The chief executive of the trust reports to the franchise manager"</i></p> <p>Propose revision: <i>"The chief executive of the trust reports to the franchisee representative"</i></p>	Agreed	Removed paragraph reworded as described by the trust below (42)

39	10	Provider report	Summary of findings	<p>"The governance system operates through the Circle Operating system."</p> <p>The governance system does not operate through the COS. The COS is a continuous improvement system which forms part of and interacts with the governance systems. The trust governance system is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health"</p>	Agreed	Amended paragraph now states: <i>The trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health , which aims to drive continuous quality improvement (CQI). This system involves three meetings per month reviewing governance, performance and finance, attended by representatives from each clinical area the chief executive and members of the executive team. Reports are then collated and discussed with the Circle Partnership, the NHS Trust Development Authority and Clinical Commissioning Group.</i>
40	10	Provider report	Summary of findings	<p>"Three monthly meetings".</p> <p>Propose revision: <i>"Three meetings per month"</i></p>	Agreed	Amended as above
41	10	Provider report	Summary of findings	Paragraph should end with "and CCG."	Agreed	Amended as above
42	10	Provider report	Summary of findings	<p>The CQC description of accountability does not reflect the Franchise agreement.</p> <p>Proposed revision: <i>"The Trust Board has public accountability obligations as set out in the Intervention Order and the Franchise Agreement. The Trust Board is not mandated to hold the Executive to account as a traditional Trust Board would do. The CQC might not have appreciated the distinction between the role of the HHCT Board in getting sufficient assurance to enable approval of the Annual Accounts and Quality Accounts (with the CEO as Accountable Officer) and the Franchise requirement for Circle to hold the Executive to account for their</i></p>	Agreed	<i>Amended to state: The Trust Board has public accountability obligations as set out in the Intervention Order and the Franchise Agreement. The Trust Board is not mandated to hold the Executive to account as a traditional Trust Board would do. The Board holds Circle to account for meeting the conditions of the Franchise. Circle has delegated management responsibility that includes holding the Executive to account</i>

				<i>performance. The Board holds Circle to account for meeting the conditions of the Franchise. Circle has delegated management responsibility that includes holding the Executive to account."</i>		
43	10	Provider report	Summary of findings	What is the CQC evidence relied upon to make the statement " <i>information did not flow from the executive team to the staff at ward level</i> "? Staff at ward level sit on the Board meetings and there are other methods of dissemination. This is potentially an unfair judgement based on insufficient evidence.	Agreed	We spoke to front line staff at all grades from across the cores services who told us that they did not receive information on decisions made at the governance meetings. Whilst senior clinical staff sit at these meetings information was not consistently passed to ward staff. Staff meeting minutes which we were able to access did not highlight that information was passed to ward staff. We have amended the sentence to state: <i>Despite mechanisms put in place by the trust staff, we spoke to, reported that they did not always receive feedback from the executive team meetings.</i>
44	10	Provider report	Summary of findings	<i>However, we did not find that the challenge was robust, nor were trends analysed, or conclusions and actions drawn from these.</i> This Trust requests that additional text is added to provide context to this statement. Propose revision: <i>'However, we did not find that the challenge was robust, nor were trends analysed, or conclusions and actions drawn from these. Performance and quality issues were also discussed in the Performance and Commissioning Board, which we did not attend, and are supported by a detailed pack including trends and clear records of the actions that have been taken. Local Performance is discussed within the divisions at monthly Divisional Performance meetings. These meetings discuss trends and performance issues along with the actions</i>	Agreed in part	Whilst we did not attend other meetings we reviewed minutes of these meetings and spoke to senior staff about them. We were informed of plans to amalgamate these meetings but this was not in place at the time of the inspection. Sentence amended as per proposal apart from the last sentence which states <i>'However, we did not find that the challenge was robust, nor were trends analysed, or conclusions and actions drawn from these. Performance and quality issues were also discussed in the Performance and Commissioning Board, which we did not attend, and are supported by</i>

				<p><i>agreed to address them. The CQC were not present at any of these meetings but received evidence of this during the inspection. The CQC was informed that plans were in place to amalgamate these two meeting groups in October, to improve the clarity of governance. The first amalgamated meeting was held in October 2014, as planned.'</i></p>		<p>a data pack. Local Performance is discussed within the divisions at monthly Divisional Performance meetings. The CQC were not present at any of these meetings but received evidence of this during the inspection. The CQC was informed that plans were in place to amalgamate these two meeting groups in October, to improve the clarity of governance. The trust told us that the first amalgamated meeting was held in October 2014, as planned.</p>
45	10	Provider report	Summary of findings	<p>"The executive board, trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until it was evident in the media".</p> <p>Propose remove; this is factually incorrect. The Trust Board was made aware of the issues on Juniper Ward both orally and in writing on Friday 8 August following an internal major incident being called on Wednesday 6 August 2014</p>	In part	<p>On reviewing the interview notes made at the inspection we found that this is what we were told at interview with the trust board. However reviewing the notes that were sent the document entitled Time Line and log of events– Stop the Line Juniper dated 18 August 2014 states that a major incident was called around 13.00 on 7 August 2014. Therefore this statement amended to <i>The trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until a major incident was instigated.</i></p>
46	10	Provider report	Summary of findings	<p><i>The Executive Board, Trust Board and Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward (Juniper) until it was evident in the media.</i></p>	In part	<p>Having reviewed the divisional and ward dashboards submitted whilst a number of indicators were showing red ratings little or no improvement was noted in June 2014. Neither</p>

				<p>Propose remove: This is factually inaccurate. Concerns in respect of Juniper Ward were raised previously and discussed within Divisional monthly meetings. Initial concerns and performance anomalies were present in the May Divisional Performance pack, along with actions taken as a result. The division had flagged staffing levels as a risk in the local risk log and the corporate risk register; a divisional head of nursing assumed the duties of ward matron to support the team. The Executive team were fully aware of the issues on Juniper Ward and actions that had been put in place. Email evidence of this, together with action plans, divisional performance packs are submitted as evidence of awareness and actions taken. E52</p>		<p>dashboard demonstrates the actions taken. The risk register for GI shows one risk for medical staff on Juniper dated 1 September 2014. However email trail demonstrates that both parties were informed of a major incident being declared. Sentence amended as above.</p>
47	10	Provider report	Summary of findings	<p><i>"Some staff told us they had been actively discouraged by managers from calling a stop the line meeting"</i></p> <p>Based on this draft report alone, the Trust is unable to check the factual accuracy of this statement. Therefore the Trust requests that the CQC provides the exact number of staff who alleged this from the number of staff interviewed and request confirmation that CQC triangulated this information to be certain that this did not relate to incidences where a 'Stop the Line' activity would have been inappropriate or unnecessary, e.g. if an issue was already being actively managed.</p>	Not Agreed	<p>We asked almost all staff about the stop the line process. 10 staff told us that they had been actively discouraged from calling a stop the line. We asked to see the data for the stop the line process and found that these were rare events. We triangulated the information staff gave us with the stop the line process outlined. None of the two incidents were listed.</p>
48	10	Provider report	Summary of findings	<p><i>We found that there were significant care issues on one ward, Apple, which we identified immediately upon inspection and which were not identified through review of performance dashboards, nor were they raised at this meeting.</i></p> <p>Propose revision: <i>We found that there were significant care issues on one ward, Apple, which we identified immediately upon inspection and which were not identified through review of performance dashboards, nor were they raised at this meeting; however, the ward has a reporting rate of 98.4% no/low harm incidents, which is indicative of a positive reporting culture.'</i> An internal quality review of the ward, undertaken by the Trust on 15 July 2014, highlighted</p>	In part	<p>Whilst the rate of reporting may indicate a reporting culture it is irrelevant here as no one reported this as an occurrence. There was also a lack of willingness by anyone in the trust to call a stop the line in this instance.</p>

				some issues for improvement but nothing of the scale allegedly identified by CQC, indicating that this had been a recent emergent risk.		
49	11	Provider report	Summary of findings	<p><i>"some staff told us that whilst they had been consulted about the running of the Trust, the Trust management team had failed to act on or explain why changes suggested had not materialised."</i></p> <p>The Trust requests clarification on this statement and requests details of the changes referred to by the CQC.</p>	Clarification	At five focus groups staff told us that they had suggested ways of improving the service to patients. These had not been acted upon by the trust nor had the reasons why been explained to staff. We cannot give instances of what changes had been suggested to management as this would identify the staff groups concerned. However it was across grades of staff.
50	11	Provider report	Summary of findings	<p><i>"We found that this was a medically-led organisation, and we were concerned at the difficulty in ensuring that the important voice of the nursing staff was heard and enacted, thus impinging on the quality and safety of care for patients."</i></p> <p>The trust requests that this paragraph is removed or amended to provide an accurate description of the organisation. Like a large number of other NHS Trusts, the Trust has a medical director and clinical directors leads for each clinical division, all of whom are members of HHCT's executive team. This structure is replicated in most NHS hospitals in England. Other professionals are involved through the management structure, including a Director of Nursing, Midwifery and Quality, a nursing qualified Chief Operating Officer (both of who are members of the Executive Board), supported by an Associate Director of Nursing and divisional head nurses supporting clinical divisions. The Trust request clarity from CQC regarding the evidence relied upon by CQC that gave rise to the statements in the report.</p>	Not agreed	The trust wide team discussed this at length with the CEO. Whilst we recognise that there are three people on the executive team with a nursing background there was little support for the director of nursing in promotion of the nursing voice. This was triangulated through minutes of meetings and through speaking to senior nursing staff who felt that their views on proposed changes were not heard.

51	11	Provider report	Summary of findings	<p><i>"the trust met with all employees to devise their credo."</i></p> <p>The Trust did not meet with all employees to devise the Credo. The Credo is from Circle's foundation. The Trust actually met with large numbers of employees to set the annual business plan (the 16 point plan based on the Quality Quartet and the Trust's known AFI. The Trust requests that this statement is amended to reflect the true context.</p>	Agreed	Amended to state The trust met with a large number of employees to set the annual business plan.
52	11	Provider report	Summary of findings	<p><i>"Reviewed the incident reporting mechanisms and adoption of the Datix system."</i></p> <p>The Datix System has not been adopted as a result of the CQC findings but was pan extension of the system used in other Circle organisation and had been planned from March 2014. Other system investments, such as Allocate Health Assure for CQC Assure, NICE Assure, Audit Assure and Board Assurance Framework (BAF) were purchased ahead of the inspection. Implementation was deliberately phased until after the CQC inspection so as not to overload staff with new system roll outs and a CQC inspection at the same time.</p> <p>The Trust requests that this statement is amended to reflect the true context.</p>	Agreed	Amended to state Reviewed the incident reporting mechanisms and expansion of the Datix system.
53	11	Provider report	Summary of findings	<p>On what evidence do the CQC base the judgement that they were concerned in the difficulty in ensuring "the important voice of nursing staff was heard and enacted etc..." when nursing staff sit on the Board.</p> <p>Where has this evidence been triangulated?</p>		As outlined above
54	12	Provider report	Summary of findings	<p><i>"monthly meetings in the areas of performance, finance and integrated governance".</i></p> <p>As before, the Trust holds three separate monthly meetings. The Trust requests that the statement is amended to reflect this fact.</p>	Not agreed	We agree that the trust holds three monthly meetings but this is what this sentence means.
55	12	Provider	Summary of	<i>"This meant that there were gaps in the reporting into the</i>	Not agreed	Gaps included robust data analysis

		report	findings	<p><i>governance structures and the trust may not be aware of the issues of concern."</i></p> <p>In the absence of any detail, the Trust is unable to challenge this statement. The trust requests CQC to provide evidence of the gaps they have identified and if these cannot be provided the Trust requests that this statement is removed or amended to reflect the true context.</p>		to provide reasonable assurance. The trust have merged the performance and integrated governance meetings and reviewed its dashboards since our inspection and in light of issues raised on Juniper and Apple Tree ward which were not reflected in the current dashboards.
56	12	Provider report	Summary of findings	Typographical error: Please amend "form" to read as "from".	Agreed	Amended
57	12	Provider report	Summary of findings	<p>" no robust challenge or trending at the meeting".</p> <p>The Trust is concerned that CQC has continuously relied upon their partial attendance at one Integrated Governance meeting to demonstrate a lack of challenge, yet had not attended any of the other executive meetings. The Trust is particularly concerned that the CQC attendees only observed one hour and 20 mins of a three hour meeting. They were not present to witness the entire proceedings of the full meeting and therefore missed a substantial amount of debate and discussion. Issues, and trend analysis, were present in the quality reports presented at this meeting after inspector departures and are Minuted. Equally, the issue of falls is discussed in the monthly performance meetings on key performance indicators. Despite the Trust explaining in detail the structure of its committees and their roles and responsibilities, CQC has not accurately reflected this in the report. Evidence has been provided throughout the location report sections to support this.</p>	Not agreed	We reviewed all minutes of meeting sent by the trust in relation to IGC and performance meetings. None showed a robust challenge or trend analysis of data. This would allow the trust to identify issues such as those that occurred in relation to Juniper ward. CQC have replicated what they were told by senior staff including the CEO of the governance structures and sought to clarify this with the trust to ensure that it was factually accurate. Sentence amended to state: no robust challenge or trend analysis at the meeting
58	12	Provider report	Summary of findings	<p><i>"A further directorate reported that they had also seen a rise in falls, but there was no discussion about what the Trust as a whole could do, to support these two directorates in managing a reduction in falls, or to raise awareness across the Trust".</i></p> <p>This statement is not an accurate reflection of the true</p>	Agreed in part	<p>We cannot comment on your report that it was discussed at the Performance and Commissioning Board as we have not received this.</p> <p>We were told by the CEO and senior members of the trust that the IGC</p>

			<p>context and the Trust requests that additional text is provided to address this lack of context. Propose revision:</p> <p><i>A further directorate reported that they had also seen a rise in falls, but there was no discussion in this meeting about what the Trust as a whole could do, to support these two directorates in managing a reduction in falls, or to raise awareness across the Trust. This issue had, however, been addressed in the earlier Performance and Commissioning Board meeting held in September (August data), which inspectors did not attend. Minutes from this meeting show the actions agreed Trust wide to address the increase in falls, including a falls action plan to be shared Trust wide and a further investigation commenced into falls. The context of hospital wide issues of concern was in the Top Ten Report later presented after the withdrawal of the inspectors from the Integrated Governance meeting. The Clinical Commissioning Group (CCG) had previously congratulated HHCT in its performance on reducing harm from falls and had asked permission to share its approach with other Trusts.'</i></p>	<p>was the forum where confirm and challenge occurs. There was no evidence of this. Further, not all members of the Integrated Governance Committee attend this meeting on a regular basis as outlined by the rolling attendance figures provided by the trust.</p> <p>Sentence amended to state: <i>We attended part of the integrated governance meeting as we were told by the chief executive and other senior staff that this is where confirm and challenge takes place. We attended this meeting for approximately 1.5 hours and found that there was no robust challenge from other members of the meeting or trend analysis occurring at the meeting we attended. For example, the medical directorate stated that they had seen an increase in falls, and that they were taking steps to address this. A further directorate reported that they had also seen a rise in falls, but there was no discussion about what the trust as a whole could do, to support these two directorates in managing a reduction in falls, or to raise awareness across the trust. The trust stated that this discussion had been held at the Performance and Commissioning Board meeting however we were unable to confirm this.</i></p>
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59	12	Provider report	Summary of findings	<i>They stated that the trust's executive team was held to account by the Circle Partnership team through the Franchise Manager," Propose revision: 'They stated that the trust's executive team was held to account by the Circle Partnership team through the Franchisee Representative.'</i>	Agreed	Amended to state Franchise Representative
60	13	Provider report	Summary of findings	<i>Even during the discussion of this issue with the CEO, it was the CQC who called a 'Stop the Line', not the trust.</i> Propose remove: <i>The CQC alerted the CEO of concerns, following which he called a 'Stop the Line'. Point of clarification: the stop the line was not 'called' by CQC</i>	Not agreed	The CEO stated "So you are calling a Stop the Line" to the Head of Hospital Inspection and the Inspection Chair.
61	13	Provider report	Summary of findings	In relation to an article in the press alerting to issues on Juniper Ward via the Media the CQC state "both". Does this mean two people interviewed on the Trust Board or does it mean The Trust Board and the Circle Exec? In any event it is not a correct statement. Check and challenge.	Agreed in part	One person at the trust board told us this. However subsequent to further information provided the sentence has been amended to state: The trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until a major incident was instigated
62	13	Provider report	Summary of findings	The CQC state, " <i>They found the STL meeting to be focussed on the identification of the people involved....and blame</i> ". Please remove: This is held by the Trust to be a distortion of content; the Trust clearly could not assess risk or manage improvement without knowing exactly who was involved in the alleged incident and the context of their involvement. This is a matter of opinion of the two CQC staff present at the SWARM and also the same two CQC staff who made allegations about staff on Apple Tree Ward.	Not Agreed	We have considered your point that improvement and action could not be taken without knowing the identity of the alleged perpetrators. However this statement clearly states that this is the opinion of the people in attendance at the SWARM. These were the same two people who had seen the behaviours of the staff employed by the trust on Apple Tree ward and who were requested to attend the SWARM by the trust.
63	13	Provider report	Summary of findings	CQC claim the minutes of IGC do not demonstrate evidence of challenge of reds on dashboards. The trust asserts that this may be more a reflection of Minutes accuracy than evidence of lack of challenge.	Agreed	Accurate recording is important to ensure a true reflection of the meeting. Through accurate recording those matters that are the subject of challenge are flagged and recorded so that they can be addressed. If

						these are not present the trust cannot demonstrate the challenge and any subsequent action taken.
64	13	Provider report	Summary of findings	<p><i>"both responded that it had been the article in the press which had alerted them to the issues".</i></p> <p>Propose remove: This is factually incorrect. The Trust Board was made aware of the issues on Juniper Ward both orally and in writing on Friday 8 August following an internal major incident being called on Wednesday 6 August 2014. Evidence of email trails, action planning and response have all been provided within the appropriate section of the location report.</p>	Agreed	As per comment 61. On reviewing the notes that were sent the document entitled Time Line and log of events– Stop the Line Juniper dated 18 August 2014 states that a major incident was called around 13.00 on 7 August 2014. Having reviewed the interview notes made at the inspection we found that this is what we were told at interview with the trust board. Therefore this statement amended to <i>"The trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until a major incident was instigated.</i>
65	14	Provider report	Summary of findings	<p><i>"This triumvirate reported in through the integrated governance meeting to the board.</i></p> <p>Propose revision: <i>"This triumvirate reported in through the integrated governance meeting to the Executive Board".</i></p>	Agreed	Amended to state: <i>This triumvirate reported in through the separate committee meetings to the executive board in addition to the monthly divisional performance meetings to review performance and quality issues.</i>
66	14	Provider report	Summary of findings	<p><i>"This reliance on dedication rather than recognising the necessary support and time required, significantly impaired the ability to run a hospital with the complex problems that an acute NHS trust will experience."</i></p> <p>Propose remove: The Trust disputes this statement and requests that CQC provides clarification of how it reached</p>	Clarification	The CEO recognised in his interview that the time allotted to clinical leads was insufficient and stated that Circle shares would be coming into force which would recompense staff for the extra time they gave to administer these duties. He recognised without

				the judgement of " <i>significantly impaired</i> " and the evidence it relied upon. .		this good will they could not fulfil these job roles. This would therefore potentially impact upon the ability to undertake the effective running of the hospital. Sentence amended to state: <i>This reliance on dedication, rather than recognising the necessary support and time required, potentially impaired the ability to run a hospital with the complex problems that an acute NHS trust will experience.</i>
67	14	Provider report	Summary of findings	" <i>Some leaders were new and inexperienced.</i> " The Trust requests clarification of the evidence CQC used to reach this judgement, in particular how many leaders are classified as "inexperienced" and on what basis? In all NHS trusts, it is normal practice for leaders to be of varying levels and experience. This enables Trusts to support staff in their development and supports the opportunity for succession planning.	Agreed in part	The inspection team spoke to 15 leaders within the inspection of which 5 stated that they did not feel supported to undertake their new role. Sentence amended to state: <i>and did not feel that they had the level of support to undertake their new roles.</i>
68	14	Provider report	Summary of findings	" <i>The trust board was involved in governance meetings within the trust and provided some critical challenge at these meetings.</i> " This statement contradicts the earlier CQC judgement that there was no challenge at governance meetings. The Trust requests that the previous comments are revised and amended to reflect this.	Agreed in part	The only challenge seen at the IGC meeting was from the non-executive trust board member. However this was limited and not robust as described earlier in the report.
69	14	Provider report	Summary of findings	" <i>the nursing voice was less well established</i> ". As described in earlier Trust comments regarding page 11, the nursing voice has representation in the clinical management structure and this has been strengthened by the recent appointment of an experienced Chief Nurse the Trust requests that CQC revise and amend this statement to reflect this.	Agreed in part	Having reviewed the bullet point to ensure clarity for the reader sentence amended to state: <i>We found that the senior medical staff were involved in the management and review of the hospital, but that the nursing voice was less well established. The chief nurse was relatively new in post and was not well supported through nursing structures at the time of the inspection. Since the inspection an</i>

						interim deputy director of nursing has been appointed. This is not a reflection on the abilities of the Chief Nurse but a reflection of the fact that she was new in post and was not adequately supported to champion the nursing voice.
70	14	Provider report	Summary of findings	CQC state that executive board members confirmed that internal systems had not highlighted significant concerns on Juniper Ward. Patient STL identified this and the EB and TB acted via EPRR response. Performance Board is part of the Integrated Governance System and issues on Apple Tree Ward and other Wards had identified concerns of which the Exec Board were aware and managing in relation to DTOC and IPC etc.....HHCT to check the data and ?challenge the judgement.		Requested removal from FAC process by Frances Carey 2 December 2014.
71	14	Provider report	Summary of findings	<p><i>This triumvirate reported in through the integrated governance meeting to the Board.</i></p> <p>Propose revision: <i>' The Hospital's organisational tree demonstrates that at the time of inspection there were four separate Executive Boards; the Membership of each is the same, comprising the full executive team, and the titular division merely reflects the planned scheduling of separate focus areas. In practice, the Executive Team has not complied strictly with this division of focus and, instead, has flexed each agenda to discuss key issues throughout the month. Inspectors attended part of only one of these meetings and so did not experience a comprehensive oversight of the discussions. IN addition, directorate performance and organisational risk is discussed at monthly Divisional performance meetings held with Members of the Executive team. Packs are produced for these meetings that include data analyses, reviews of performance, quality issues and actions agreed from these meetings. The Performance and Commissioning Board is where the majority of discussions take place regarding performance, hotspots, trends and actions. The Trust has subsequently amalgamated its governance and performance committees.'</i></p>	Agreed in part	CQC has explained the organisational structure in this bullet point in line with the trusts comments and amended this sentence in line with comment 65. Bullet reads: <i>There was a new leadership structure in place. Each division was led by a clinical lead, a head of nursing and a manager. This triumvirate reported in through the separate committee meetings to the executive board in addition to the monthly divisional performance meetings to review performance and quality issues.</i> However the inspection team were regularly told that it was at the IGC meeting that confirm and challenge took place by senior members of the trusts team including the CEO.

72	15	Provider report	Summary of findings	The CQC judgement that the SWARM concentrated on identification of the people involved and once it had confirmed that its own staff were not involved failed to recognise that its staff had not appropriately supervised them raised concerns that there was a blame culture. This judgement is based on poor evidence and opinion of TWO CQC staff and evidence could be questioned.	Not agreed	As outlined above in comment 62.
73	15	Provider report	Summary of findings	What evidence do the CQC base the judgement that there was a disconnect between patient facing staff and the senior team in relation to planning and addressing of issues raised? The senior team (Exec Board) largely consists of patient facing staff. This appears to be based on miniature raised by one member of staff, how did CQC triangulate?	Clarification for trust	Senior clinical staff attend IGC but the executive board are managers of areas, such as divisional heads of services, and clinical leads, and are not day to day patient facing staff. This issue was raised by a number of staff through focus groups where they reported that they had raised issues to improve systems but these had not been discussed or outcomes of discussions not fed back to the staff proposing them. This was not a singular member of staff but many staff within focus groups. We cannot identify these staff as this would compromise the confidentiality of staff participating in these focus groups.
74	15	Provider report	Summary of findings	<i>"We looked at equipment which was visibly clean, but found that some equipment</i> Propose revision: "We looked at equipment which was visibly clean. The Trust achieves a 94% compliance rate in respect of servicing of equipment. The Trust has in the past experienced some issues when service labels were attached to the lead, rather than to the main body of the equipment, but this practice has been amended."		Added by Frances Carey 2 December 2014 However this line is not within the provider document. It is however in the location report and has been amended.

75	15	Provider report	Summary of findings	<p><i>"Patients were routinely triaged within the waiting room area with no consideration for their privacy or dignity."</i></p> <p>Propose revision: "Patients were routinely triaged within the waiting room area with no consideration for their privacy or dignity. This practice was not in line with departmental expectations; the Trust does provide a private room suitable for triage and expects staff to offer patients a choice."</p>		Added by Francis Carey 2 December 2014 However this line is not within the provider document. It is however in the location report and has been amended.
76	16	Provider report	Summary of findings	<p><i>"an example of this is the "Stop the Line initiative".</i> Again the Trust questions the breadth and depth of evidence used to support this judgement as it appears to rely again on the same single example of "Stop the Line". The Trust requests that CQC provides further evidence beyond this example and questions the proportionality of this statement. The Trust request that this entire bullet point is removed unless further corroborated evidence can be provided.</p>	Not agreed	We spoke to 245 member's staff from across the trust about the stop the line process and many of these staff stated that they would not use this process as they had little faith in the process 10 staff told us that they had been actively discouraged from using it. A significant number of staff spoken to were also reluctant to use this process.
77	16	Provider report	Summary of findings	<p>Typographical data:</p> <p>Please remove as there is no comment associated with thisBP is absent of data</p>	Agreed	Amended
78	16	Provider report	Summary of findings	<p><i>"A series of meetings are held across the trust in order that staff can input their views into the credo."</i></p> <p>This statement is inaccurate. The staff do not input their views into the Credo, they put them into the "16 point plan" and into CI through the COS. Propose revision: Please replace "credo" with "16 point plan."</p>	Agreed	Amended to state: <i>A series of meetings are held across the trust in order that staff can input their views into the 16 point plan.</i>
79	16	Provider report	Summary of findings	<p><i>"Once the serious issues we identified had been highlighted to the Trust, the management team delegated the senior nurses to speak with patients and their families affected."</i></p> <p>The Trust is concerned about this statement as it infers that the senior management has delegated responsibility in a negative way. It was agreed internally that these staff were the best placed to interact with the patients and their</p>	Agreed	Amended to <i>Once the serious issues we identified had been highlighted to the Trust, the management team delegated the senior nurses to speak with patients and their families affected as the trust determined that these staff were best placed to do this.</i>

				families. They were supported to do this. The Trust requests that this CQC statement is amended to reflect this context.		
80	16	Provider report	Summary of findings	<p>"it is unclear what feedback the volunteers provided to the Trust"?</p> <p>The Trust requests CQC to confirm what evidence is relied upon to reach this judgment and requests that CQC amend this sentence, given that in bullet point 3, CQC acknowledges that the Trust actively seeks the views of patients via the volunteers.</p>	Not agreed	CQC acknowledges that the trust used the volunteers to gain feedback from patients but volunteers were not aware of a system for the volunteers to feedback information on their own views to the trust.
81	16	Provider report	Summary of findings	On what evidence have the CQC judged that the above demonstrated that there was limited ability to improve or engender innovation at the Trust?	Clarification	These two points (80 & 81) are not related. The bullet states that we could not be assured that either the trust board or Circle provided the confirm and challenge required to generate improvement and innovation. An example of this is the trusts actions taken in respect of Juniper ward when there had been no challenge raised in respect of the performance dashboards and no examples of lessons learnt and implemented across the trust.
82	16	Provider report	Summary of findings	<p>"Very few staff were aware of the 'Take a Break' initiative"</p> <p>Based on the high profile communications and feedback from staff related to this the CQC should be asked to evidence the source and proportionality of the evidence and judgement.</p>	Clarification	We spoke to 20 staff on a variety of areas including medicine and surgery that were unaware of this initiative.
83	17	Provider report	Summary of findings	<p>"This demonstrated that there was limited ability to improve or engender innovation at the trust."</p> <p>The Trust questions the validity of this judgement and requests CQC to explain the evidence base for this judgement and to clarify the causal link between the perceived lack of "confirm and challenge" (which the Trust disputes) and the level of improvement and innovation. The Trust requests that this statement is removed.</p>	Clarification	CQC interviewed both the trust board and representatives from Circle Partnership, we attended part of an IGC meeting and reviewed the minutes of all performance and governance meetings sent by the trust. There was a lack of confirm and challenge described in minutes and through the two interviews we

						saw the confusion as to whom provided appropriate challenge to drive innovation within the trust.
84	17	Provider report	Summary of findings	<p>The CQC state that they, “saw little time set aside for teams to discuss performance indicators and to confirm and challenge each other on their performance targets.”</p> <p>On what evidence is this based? This is potentially an unfair judgement.</p>	Clarification	On speaking to members of staff across the trust and in reviewing local team minutes in A&E and medicine in particular we were unable to see time set aside to discuss performance indicators. A lack of evidence in this area formed the basis of this judgement. We have amended the statement to refer to these areas.
85	17	Provider report	Summary of findings	<p>We saw little time set aside for teams to review performance indicators, and to ‘confirm and challenge’ each other on their performance targets.</p> <p>Propose remove: Performance indicators and targets are discussed within each Directorate, covering Risk and Governance, HR and Finance. Issues are then brought to the monthly divisional meetings led by the Executive team. Risks from the divisional meetings are then brought to the Performance and Commissioning board every month to be discussed at executive level.</p>	Not agreed	There was little evidence that performance indicators were discussed at ward or departmental level as highlighted in A&E and medicine service reports. Amended to state: <i>We saw little time set aside for teams to review performance indicators, and to ‘confirm and challenge’ each other on their performance targets. This was particularly evident in the medical and A&E department. There was a lack of ability to identify where issues may arise within the trust before a serious matter occurred.</i>
86	17	Provider report	Summary of findings	What evidence do the CQC have to state, “CIP plans were not locally owned by staff”? CIP plans form part of the 16 point plan that staff participated in the creation of.	Agreed	Sentence removed.
87	18	Provider report	Table of ratings	Please cross reference with factual accuracy responses /		Done

88	19	Provider report	Bullet point 6 of Actions the Trust must take to improve	"... to ensure that patients of all ages..." The findings that gave rise to this judgement related to children and not "all ages". The Trust requests that this is amended.	Not agreed	Bullet amended as per CloH letter: <ul style="list-style-type: none"> Ensure an adequate skill mix in the emergency department and theatres to ensure that paediatric patients receive a service that meets their needs in a timely manner. Ensure that there are sufficient appropriately skilled nursing staff on medical and surgical wards to meet patients' needs in a timely manner.
89	19	Provider report	Areas for improvement	<i>"Disseminate the lessons learnt from incidents to ensure that quality of care for patients is improved."</i> Propose revision: <i>"Standardise and improve the dissemination of lessons learnt from incidents to support the improvement of the provision of high quality care for all patients."</i>	Agreed	Amended
90	21	Provider report	Compliance Actions	NO table has been included. The Trust requests that they are provided with a copy of this draft table in advance of publication of the final report and that an opportunity is provided to complete a factual accuracy check on this within an appropriate timescale.		Amended following NQAG discussions Compliance action added in respect of Regulation 10
91	21	Provider report	Enforcement Actions	NO table has been included. The Trust requests that CQC confirms that there are no enforcement actions to be declared in this report.		There are no enforcement actions taken in this inspection and the table will be deleted.

Completed by (name(s))	Frances Carey
Position(s)	Director of Governance & Risk

Date	26 November 2014
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