

Worcestershire Acute Hospitals NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Inadequate 

Summary of findings

Letter from the Chief Inspector of Hospitals

Worcestershire Acute Hospitals NHS Trust was established on 1 April 2000 to cover all acute services in Worcestershire with approximately 900 beds. It provides a wide range of services to a population of around 570,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield.

Worcestershire Acute Hospitals NHS Trust provides services from four sites: Worcestershire Royal Hospital, Alexandra Hospital, Redditch, Kidderminster Hospital and Treatment Centre and surgical services at Evesham Community Hospital, which is run by Worcestershire Health and Care NHS Trust.

We carried out this inspection between 14th and 17th July 2015 as part of our comprehensive inspection programme, and undertook unannounced inspections at Worcestershire Royal Hospital on 26th and 27th July, and at the Alexandra Hospital Redditch on the 26th July 2015

Overall, we rated Worcestershire Acute Hospitals NHS Trust as inadequate, with 2 of the 5 key questions (safe and well-led) we always ask being inadequate with the main concerns were at both the Worcester and Alexandra Hospital site.

The trust required improvement to be effective and responsive to people's needs.

We have judged the trust 'good' for caring. We found that services were provided by dedicated, caring staff. Patients were treated with kindness, dignity and respect and were provided the appropriate emotional support. We judged that maternity and gynaecology services were outstanding for caring.

Improvements were needed to ensure that services were safe, effective, responsive to people's needs and well-led

Our key findings were as follows:

- Staff we spoke to were friendly and welcoming.
- Staff were caring, compassionate and kind.
- All clinical areas were seen to be tidy and visibly clean.
- Staff followed the trust's infection control policy. Staff were 'bare below the elbow', used sanitising hand gel between patients and used personal protection equipment.
- Rates for methicillin resistant staphylococcus aureus (MRSA) and Clostridium Difficile for the trust were within acceptable range nationally.
- Patients did not always receive timely care and treatment.
- The Emergency Departments were consistently failing to meet the national treatment standards. Actions taken to improve access and flow through the emergency departments had reduced the time patients waited for initial assessment. Although they still did not meet RCEM guidance, waiting times had reduced since our unannounced inspection in March 2015.
- Mandatory training compliance was consistently below the trust's target of 95% across all areas.
- There were challenges in recruiting doctors to some services. Surgical services, medical care, children's and young people's services and maternity and gynaecology especially had high vacancies for middle grade doctors and relied heavily on locum staff rendering some services fragile.
- There were not enough consultants in the Emergency Department to meet College of Emergency Medicine's (CEMs) emergency medicine consultants' workforce recommendations to provide consultant presence in all EDs for 16 hours a day, 7 days a week as a minimum
- In the main nursing staffing levels met patient needs at the time of our inspection but there were not always effective systems in place for agency staff induction.
- There was good feedback from patients about the availability and quality of food and drinks.
- The Malnutrition Universal Scoring Tool (MUST) was used to assess and record patient's nutrition and hydration status. However, this was not consistently completed for all patients.
- Governance systems were not always effective; incidents were not always reported or investigated in a timely way. Lessons learnt from incidents were not always shared.
- The Hospital Standardised Mortality Ratio (HSMR) is an indicator of trust-wide mortality that measures

Summary of findings

whether the number of in-hospital deaths is higher or lower than would be expected. The trust's HSMR for the 12 month period July 2013 to June 2014 was significantly higher than expected.

- The Summary Hospital-level Mortality Indicator (SHMI) is a nationally agreed trust-wide mortality indicator that measures whether the number of deaths both in hospital and within thirty days of discharge is higher or lower than would be expected. In the most recent publication of the SHMI indicator, which covered the 12 month period January 2014 to December 2014, mortality was within the expected range.
- The executive team had undergone recent significant change with the majority of executive directors in interim positions with many being new to the organisation in the recent weeks and months. Regardless of the interim nature of the positions the new executive team demonstrated a level of understanding and commitment to address the issues the trust was facing. However, we found the lack of stability at the board level to be of significant concern when considering issues that required addressing.
- The Future of Acute Hospital Services in Worcestershire review had been ongoing for some time. There was concern from both executive team and some of the staff that we spoke with that the delay in a decision about the future service configuration was impacting on recruitment and services. The trust was reviewing areas of risk and taking interim action when required.

We saw several areas of outstanding practice including:

- There was an outstanding patient observation chart used within the critical care unit. This chart was regularly reviewed and updated with any new developments or patient safety, care quality and outcome measures. The detail within the chart meant few if any crucial measures or indicators were not recorded, regularly reviewed, and deterioration or improvements acted upon.
- The pharmacy department operate an innovative seven day clinical service in the ED. This had shown a reduction in some direct admissions to hospital, patient's treatment had been optimised, patients had been counselled about their medicines to prevent readmission and a significant amount of patients (25%) benefitted from an intervention from the clinical pharmacist to prevent a future admission. The pharmacist told us that they often lectured at healthcare events and had other pharmacists visit the service to share the good practice. The service was planning to roll this practice out to other parts of the trust.
- The critical care unit had shown an outstanding example of responsiveness with obtaining and using noise monitoring devices. Patients need peace and quiet for their recovery in critical care, and this had been recognised by the provision of devices that reminded staff when noise levels were increasing to disruptive levels.
- In Maternity and gynaecology services, overwhelmingly we received feedback that staff were excellent and compassionate. Women reported being treated with respect and dignity and having their privacy respected at all times. Outstanding practice was noted with staff having thought about the caring needs of women and devising innovative solutions to support them. This was demonstrated by staff facilitating a teenage buddying system and developing bereavement care pathway for women who suffer pregnancy losses at any gestation. The patient experience midwife was available to support women who were anxious or fearful about pregnancy and childbirth. We observed staff demonstrating a strong, visible person centred culture throughout the service
- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.
- We observed exceptional care in the early morning whilst visiting Avon 4 ward at WRH, and found the staff approach to patients was extremely respectful, compassionate and caring. The atmosphere on the ward at this early hour was relaxed and calm with appropriate low levels of lighting, and staff spoke with each other in low tones to ensure patients were not disturbed whilst asleep.
- The critical care team provided an outstanding example of compassion to a patient with a learning disability.
- The response time to new referrals to the palliative care team is very fast. An audit of the team's response

Summary of findings

times over 70 days showed that over 92% of patients were seen for the first time on the same day the referral is made. No patient waited more than two days for a first clinical assessment.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust **must**:

- Improve the access and flow of patients in order to reduce delays from critical care for patients being admitted to wards; reduce the unacceptable number of discharges at night; reduce the risks of this situation not enabling patients to be admitted when they needed to be or discharged too early in their care; reduce occupancy to recommended levels; and improve outcomes for patients.
- Ensure all staff meet the trust wide mandatory training target of 95% compliance
- Review the High Dependency Units to bring their data collection and provision of care and treatment up to all Faculty of Intensive Care Medicine Core Standards.
- Ensure there is a timely and appropriate response from the medical teams to the Critical Care Unit requests for support, follow-up and patient discharge.
- Risk assessments must be completed and used effectively to prevent avoidable harm such as the development of pressure ulcers.
- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the service including the provision of daily ward rounds.
- Ensure that patient records are accurate, complete and fit for purpose, and ensure they are safe from removal or the sight of unauthorised people.
- Ensure patients nutrition and hydration status is fully assessed recorded and acted upon in a timely manner.
- Evaluate and improve their practice in response to the results from the hip fracture audit for 2014
- Ensure patients receive appropriate training and information about self-medication such as self-administration of heparin prior to discharge home.
- Ensure that staff providing care or treatment to patients receive appropriate support, and training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Take steps to ensure that all staff are included in lessons learnt from incidents and near misses, including lessons learned from mortality reviews, with effective ward based risk registers and safety dashboards being in place and understood by all staff.
- Ensure that suitably qualified staff in accordance with the agreed numbers set by the trust and taking into account national policy are employed to cover each shift.
- Review the environment within outpatients to ensure that the seating is fit for purpose
- Review the existing arrangements with regards to the management of referrals in to the organisation in order that the backlog of patients on an 18 week pathway are seen in accordance with national standards.
- Develop a robust system to ensure children and young people who present with mental health needs are suitably risk assessed when admitted to the department to ensure care and support provided meets their needs.
- Ensure all medicines are prescribed and stored in accordance with trust procedures.
- Ensure there are effective systems in place for the ongoing management of outlying patients.
- Ensure that the risk matrix in Medical Assessment Unit is completed to the frequency required by the trust policy.
- Review consultant cover in the ED in line with Royal College of Emergency Medicine's (RCEMs) emergency medicine consultants workforce recommendations to provide consultant presence in the ED 16 hours a day, 7 days a week as a minimum
- Respond to complaints within agreed timeframes and summary data and meeting minutes should be explicit as to which location the complaint relates to and where performance times need to be improved.
- Review the existing incident reporting process to ensure that incidents are reported, investigated, patient harm graded in line with national guidance, actions correlate to the concerns identified, lessons learnt are disseminated trust wide, and reports are closed appropriately.
- Ensure there is a sustainable system in place to ensure all surgical patients receive safe and timely care.
- Ensure that risk registers are reviewed regularly in a timely fashion.

Summary of findings

- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the service including the provision of daily ward rounds.
- Ensure that there is sufficient levels of medical staff cover throughout the week to ensure patient reviews are carried out in a timely manner
- Ensure there are the appropriate number of qualified paediatric staff in the ED to meet national guidelines.

- Ensure the facilities in the Early Pregnancy Unit are fit for purpose.

On the basis of this inspection, I have recommended that the trust be placed into special measures

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust (WAHNSHT) was established on 1 April 2000 to cover all acute services in Worcestershire with approximately 900 beds. It provides a wide range of services to a population of around 570,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield. Worcestershire has a greater number of older people than the rest of England; around 19 per cent of the population is aged over 65 compared to 16 per cent nationally and the number is expected to increase by 30,000 over the next 20 years. A quarter of the county's adults are obese and 40 per cent are overweight and while 60 per cent of the population live in the urban centres around Worcester, Kidderminster and Redditch the remaining 40 per cent is spread across the largely rural county covering 650 square miles.

Worcestershire Acute Hospitals NHS Trust provides services from four sites: Worcestershire Royal Hospital (WRH), Alexandra Hospital, Redditch (AHR), Kidderminster Hospital and Treatment Centre (KTC) and surgical services at Evesham Community Hospital, which is run by Worcestershire Health and Care NHS Trust. The trust is now affiliated to the West Midlands Strategic Clinical network and the cancer MDT clinicians engage with the Expert Advisory Groups linked to the network. In 2011 as part of the Trust and NHS Worcestershire Cancer strategy, the University Hospitals Coventry & Warwickshire NHS Trust (UHCWNHST) was appointed as the Strategic Partner for Non-Surgical Oncology Services provision within Trust. This Strategic Partnership has allowed them to take forward the development of cancer services for Worcestershire, including the provision of radiotherapy locally in a brand new build which opened in Jan 2015.

Our inspection team

Our inspection team was led by:

Chair: Liz Childs, Non-Executive Director, Devon Partnership NHS Trust.

Head of Hospital Inspections: Helen Richardson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Experts by Experience, Specialist Advisors including; Medical Director, Head of Patient Experience, Human Resources Lead, Clinical Governance Lead, Adult

Safeguarding Nurse Specialist, Children's Safeguarding Lead, Emergency Department Doctor and Nurses, Medical Consultant and Nurse, Emergency Care Technician, Consultant Surgeons, Surgical Nurses, Critical Care Nurse, Critical Care Consultant, Consultant Obstetrician, Midwife, Paediatric Nurse, Palliative Care Consultant and Nurse Consultant, Radiographer, Consultant Cardiologist, Head of Outpatients, Junior Doctor, Student Nurse, Pharmacist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?

- Is it well-led?

Before visiting, we reviewed a range of information we held about Worcestershire Acute Hospitals NHS Trust and asked other organisations to share what they knew about the hospitals. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England,

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Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges, local MP's, 'Save the Alex' campaign group and the local Healthwatch.

We held listening events in both Worcester and Redditch in the two weeks before the inspection where people shared their views and experiences of services provided by Worcestershire Acute Hospitals NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme. We undertook an announced inspection of Worcestershire Royal Hospital, Alexandra Hospital Redditch, Kidderminster Hospital and Treatment Centre and Burlingham ward and theatre, Evesham Community Hospital between 14 and 17 July, 2015

We also undertook unannounced inspections at Worcestershire Royal Hospital on 26, 27 and 30 July, 2015 and at Alexandra Hospital Redditch on 26 July 2015.

We held focus groups with a range of staff in both the Worcestershire Royal Hospital and the Alexandra Hospital Redditch, including nurses, junior doctors, consultants, health care assistants, midwives, allied health professionals and clerical staff. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Worcestershire Acute Hospitals NHS Trust

What people who use the trust's services say

The Trust was in the top 20% for one of the 34 indicators in the 2013/14 Cancer Patient Experience Survey, and in the bottom 20% for seven indicators.

The Trust scored 'about the same' as other trusts for all 12 indicators in the 2014 CQC in-patient survey.

The Trust's performance in the Friends and Family Test was consistently better than the England average.

In the 2014 PLACE survey, the trust scored above the England average in cleanliness, food and facilities, but slightly below the England average for privacy, dignity and wellbeing.

Facts and data about this trust

The trust has a total of approximately 900 Beds:

- 798 General and acute
- 84 Maternity
- 18 Critical care

The trust employs 5,063 staff:

- 610 Medical
- 1,780 Nursing
- 2,673 Other

The trust's revenue in 2014/2015 was £364,656,000

The trust had a Deficit of £25,918,000

The Trust provides services to a resident population of 550,000 people in Worcestershire.

In the 2011 census the proportion of the population who described themselves as white was 93.3% in Worcester, 92% in Redditch and 96.9% in Wyre Forest

Worcester ranks 144th out of 326 local authorities for deprivation (with 1st being the most deprived); Redditch ranks 117th and Wyre Forest ranks 124th

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated the safety of the services in the trust as inadequate</p> <p>The trust lacked a systematic approach to the reporting, management and analysis of incidents.</p> <p>Incidents were not always reported or investigated in a timely manner and feedback was not always provided on incidents reported leading to a lack of subsequent learning taking place.</p> <p>The understanding of categorisation of incidents was variable across the services.</p> <p>There was lack of understanding of Duty of Candour in some areas.</p> <p>Compliance with mandatory training was poor and a number of staff had not received all mandatory training</p> <p>There were staffing concerns in a number of areas resulting in an over reliance on temporary staff. There were particular concerns relating to provision of medical staff in some services and an over reliance on locum doctors rendering some services fragile.</p> <p>In the emergency department consultant cover did not meet with the Royal College of Emergency Medicine's (RCEMs) emergency medicine consultants' workforce recommendations.</p> <p>Overcrowding in the Emergency Departments was an on-going risk. Actions taken to improve access and flow through the emergency departments had reduced the time patients waited for initial assessment. Although they still did not meet Royal College of Emergency Medicine guidance, waiting times had reduced since our unannounced inspection in March 2015.</p> <p>The trust had not yet fully implemented an action identified as a result of a review undertaken in 2014 by the Royal College of Surgeons to consolidate all emergency acute abdominal surgery at Worcester Royal Hospital. However, a system for the interim management emergency abdominal surgery had been implemented, whereby all emergency laparotomies were being transferred to the WRH.</p> <p>Medicines were not always stored safely and securely to prevent theft, damage and misuse in all services.</p> <p>The environment was generally well maintained.</p>	<p>Inadequate </p>

Summary of findings

There were generally low rates of infections the trust generally had effective systems in place to minimise the risk of infections

Duty of Candour

- Awareness and documentation of the trusts responsibilities under the Duty of Candour varied among the services.
- Staff working in critical care, surgery, medicine, end of life and the ED had a good understanding of this regulation, but it was less understood on maternity and gynaecology, and children's and young people's services.
- Some incidents which involved harm had been shared with patients, but there were some reports where it was not clear whether the Duty of Candour had been considered or acted upon.

Safeguarding

- Staff were able to describe the processes and procedures that were in place for escalating safeguarding concerns of both adults and children.
- Electronic records with safeguarding details were not sufficiently restricted to only allow access on a 'need to know' basis.
- The trust did not have a child abduction policy in place to guide staff in what to do in such a circumstance. We were informed that they were in the process of reviewing their safeguarding children's policy and the revision would include guidance relating to abduction.

Incidents

- Whilst staff were aware of their roles and responsibilities with regards to reporting patient safety incidents, the frequency with which incidents were reported was inconsistent across the trust.
- Where incidents had been reported, the quality of investigation the dissemination of lessons learnt and associated actions was not always sufficiently effective.
- Two never events and 136 Serious Incidents (SI's) were reported between May 2014 and April 2015. Pressure ulcer Grade 3 was the Trust's most commonly reported serious incident.
- Where incidents had been reported, the quality of investigation the dissemination of lessons learnt and associated actions was not always sufficiently effective.
- In the maternity service, safety was not a sufficient priority. Maternity and gynaecology had a large number of outstanding incidents where investigations had not been completed or

Summary of findings

reviewed. This meant that these incidents may not have been fully considered and any actions or learning from them implemented. This was brought to the trust attention at the time of the inspection and action was taken to address this.

- We found that some risks that had been identified were not being reviewed and managed appropriately.
- Information provided at clinical service level within the service dashboards did not always accurately reflect the safety incidents that had occurred.

Staffing

- There were particular concerns relating to provision of medical staff in some services and an over reliance on locum doctors rendering some services fragile.
- There were challenges in recruiting doctors to the trust. Surgical services, medical care, children's and young people's services and maternity and gynaecology especially had high vacancies for middle grade doctors and relied heavily on locum staff and consultants 'acting down' to maintain a safe staffing levels, which was not sustainable. There were systems in place to provide locum staff induction that had been recently strengthened in some areas.
- There were not enough consultants in the Emergency Department to meet College of Emergency Medicine's (CEMs) emergency medicine consultants' workforce recommendations to provide consultant presence in all EDs for 16 hours a day, 7 days a week as a minimum.
- The trust had not yet implemented a multi-speciality hospital at night team
- In the main nursing staffing levels met patient needs at the time of our inspection but there were not always effective systems in place for agency staff induction.
- Some staff said that they felt pressurised, due to high patient dependencies
- Acuity tools were in use in most areas to assess the staffing requirements.
- The maternity service had a ratio of one WTE midwife to 30 births which was meeting the trust target of 1:30. However, this meant the unit's midwifery staffing target was below that of recommended national minimum standard.

Environment and Equipment

- The environment was generally well maintained but some potential risks to patient safety had not been addressed.

Summary of findings

- The early pregnancy assessment unit at the Alexandra Hospital was found to be cramped and not appropriate for its purpose. This was brought to the trust attention at the time and action was being taken to address this.
- We found chemicals hazardous to health were not always securely stored.
- Equipment was well maintained in most areas.

Medicines

- Appropriate systems were in not always in place for the storage, administration and recording of medicines.
- Temperature in some medication storage areas was not effectively monitored or managed.
- Storage areas for clinical equipment, medication and intravenous fluids were not always secure and there was a risk therefore that these items could be tampered with.

Cleanliness, Infection Control and Hygiene

- There were generally low rates of infections the trust generally had effective systems in place to minimise the risk of infections.
- Infection control practice was good we observed good hand hygiene in most areas and appropriate application of infection control policies.
- The environment was observed to be in the main clean and free from clutter.

Mandatory Training

- Compliance with mandatory training was poor and a number of staff had not received all mandatory training.
- There were shortfalls in mandatory training relating to key elements such as basic life support in some areas.

Records

- Most records were well organised, information was easy to access and records were complete and up to date in most areas. However, in some services this needed improving.
- Monthly documentation audits were included in the monthly "matrons' audit "in some areas
- Some wards had posters giving guidance for staff on completing documentation records, such as completing a fluid balance chart.
- Medical records were not kept secure in all areas.

Major Incident Awareness and Training

Summary of findings

- Major incidents arrangements were in place to ensure patients, staff and the public were adequately protected or that patients were cared for appropriately in the event that a major incident occurred.

Assessing and responding to patient risk

- The Future of Acute Hospital Services in Worcestershire review had been ongoing for some time. There was concern from both executive team and some of the staff that we spoke with that the delay in a decision about the future service configuration was impacting on recruitment and services, rendering some services fragile with an over-reliance on agency locum staff. The trust was reviewing areas of risk and taking interim action. There had been a recent review of the proposals had been by the West Midland Clinical Senate and further work was being undertaken to progress this.
- In 2014 an invited review was conducted by the Royal College of Surgeons in response to a higher than average mortality rate compounded by a shortage of middle grade doctors. As a result of this an interim risk mitigation plan was put in place for some patients requiring emergency abdominal surgery to be assessed at the Alexandra Hospital and transferred to the Worcestershire Royal Hospital to have their operation
- The trust's Risk and Options Impact Assessment for this change identified an ongoing risk of a potential delay in care due to the additional ambulance transfer. There was no evidence of actual harm occurring since the change was implemented, however the risk remained.
- The trust produced the Risk and Options Impact Assessment in response to a risk summit jointly chaired by NHS England and the Trust Development Authority in March 2015. It recommended a permanent single county wide acute surgical model, emergency and ambulatory care pathway. At the time of our inspection the trust remained in discussions with both internal and external stakeholders regarding implementation of this plan.

Are services at this trust effective?

Overall we rated the effectiveness of the services in the trust as requires improvement

Although the trust took part in many national audits, activity did not always follow the agreed audit plan, outcomes were not always positive and there was inconsistent evidence that areas of non-compliance were being addressed. Not all audits from the national audit plan were completed

Requires improvement



Summary of findings

Appraisal rates were below the required level in some areas.

Although there was a policy for clinical supervision in place, we did not see evidence of this was embedded in practice'

People did not always have good outcomes as they did not receive effective care and treatment that met their needs all of the time. Mortality ratios were higher than those of similar trusts.

There was a lack of monitoring of outcome measures and it was not always clear what actions were being taken to improve outcomes and how this was communicated.

Nutrition and hydration was not always effectively managed, people were not always risk assessed to ensure their needs were met.

Most specialities provided care and treatment in line with guidelines from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

There were good examples of multi-disciplinary working.

Most staff had good knowledge of their responsibilities under the Mental Capacity Act

Evidence based care and treatment

- Most specialities provided care and treatment in line with guidelines from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines. Local policies were written in line with this guidance.
- Assessments of patients were generally comprehensive and did cover all health needs (clinical needs, mental health, physical health, and nutrition and hydration needs) and social care needs' although nutrition and hydration was not effectively assessed on the surgical wards.
- Staff had access to the policies and guidelines via the trust's intranet. Some staff found it difficult to find the guideline they required easily on the trust system.
- End of life care services followed guidance by the NICE Quality Standards for End of Life Care, 2011, updated 2013.

Patient outcomes

- The Hospital Standardised Mortality Ratio (HSMR) is an indicator of trust-wide mortality that measures whether the number of in-hospital deaths is higher or lower than would be expected. The trust's HSMR for the 12 month period July 2013

Summary of findings

to June 2014 was significantly higher than expected, with a value of 109. Previous publications of this indicator have shown a steady rise in mortality since 2013. The interim medical director was taking action to address this.

- The Summary Hospital-level Mortality Indicator (SHMI) is a nationally agreed trust-wide mortality indicator that measures whether the number of deaths both in hospital and within thirty days of discharge is higher or lower than would be expected. In the most recent publication of the SHMI indicator, which covered the 12 month period January 2014 to December 2014, mortality was within the expected range with a value of 1.10. However, publications of this indicator have indicated a steady rise in mortality since 2013.
- Patient's nutrition and hydration status was assessed and recorded using the Malnutrition Universal Screening Tool' (MUST) although this was not consistently done for all patients. There were reported incidents where the patient's weight had not been recorded and poor nutritional management of some patients, with failure to request dietary advice. These factors were reported as contributing factors to the development of Grade 3 pressure ulcers. In the ED not all patients who could drink had access to fluids.
- The National Emergency Laparotomy Audit 2014 (NELA) showed a number of areas of non-compliance such the need to provide a sustained 24-hour Interventional radiology service which is essential for units providing an emergency general surgery service. Although we did not see any evidence to show how the non-compliances identified in the 2014 audit were being addressed at WRH, the interim transfer of emergency abdominal surgery away from the Alexandra Hospital had eliminated the risk on that site
- In 2014/15 the paediatric clinical audit plan included epilepsy and diabetes as national audit topics. The epilepsy audit was completed and full compliance was observed. The diabetes audit was not completed and it was reported that a decision had been made not to undertake this audit because an action plan was still in progress from the previous audit.
- There was a general lack of monitoring and display of clinical outcomes. In services where dashboards were used, they were not always fully populated and missed relevant service specific criteria. The maternity service maintained a maternity dashboard which reported on the clinical outcome indicators including those recommended by RCOG, however this document was not displayed for staff to see.

Multidisciplinary working

Summary of findings

- We saw some good examples of multi-disciplinary working across the trust, particularly within the critical care unit. However, medical staff did not always work effectively with the internal multidisciplinary team to ensure medical outliers (medical patients cared for on surgical wards) were assessed and treated in a timely manner.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Most staff had good knowledge of their responsibilities under the Mental Capacity Act, but the assessment of a patient's mental capacity was not always clearly documented in the patient records.
- There were arrangements within the trust to provide an Independent Mental Capacity Advocate (IMCA) if a decision was needed in a patient's best interests and the patient had no family or friends to speak for them at the time.

Seven-day services

- Senior leaders told us the trust was looking at ways to fully adopt seven day a week working within the services they provided.
- At the time of the inspection this was not yet in place in many services.
- In end of life care services provision there was a specialist palliative care team who provided seven day working and could be contacted in person or by telephone during all out of hours.

Are services at this trust caring?

Overall we rated caring at the trust as good

We judged that maternity and gynaecology services were outstanding for caring. Overwhelmingly we received feedback that care was excellent and compassionate. Women reported being treated with respect and dignity and having their privacy respected at all times.

We observed outstanding elements of care in Avon 4 ward.

Patients told us that the staff were caring, kind and respected their wishes.

We saw that staff interactions with people were generally person-centred and unhurried; patients were truly respected, valued and understood as individuals.

Staff were kind and caring to people, and treated them with respect and dignity.

Good



Summary of findings

Patient's cultural, religious, social and personal needs were respected and those close to them were involved with their care. Most people we spoke to during the inspection were complimentary, and full of praise for the staff looking after them.

In the Patient Led Assessments of the Care Environment indicators for 2014, the trust scored close to the England average for: cleanliness, privacy and dignity and wellbeing and facilities and worse than the England average for food.

Compassionate care

- The trust scored 'about the same' as other trusts for all 12 indicators in the 2014 in-patient survey
- The trust's performance in the Friends and Family Test was consistently better than the England average.
- Patients told us that the staff were caring, kind and respected their wishes. We saw that staff interactions with people were generally person-centred and unhurried. Staff were kind and caring to people, and treated them with respect and dignity.
- We observed exemplary care in the early morning whilst visiting Avon 4 ward and found the staff approach to patients was extremely respectful, compassionate and caring. The atmosphere on the ward at this early hour was relaxed and calm with appropriate low levels of lighting, and staff spoke with each other in low tones to ensure patients were not disturbed whilst asleep.

Understanding and involvement of patients and those close to them

- People were supported, treated with dignity and respect, and were involved as partners in their care.
- We observed good communication between staff and patients and their families.
- We saw that patients, their family and careers were involved in decisions about their care and treatment in most areas.

Emotional support

- The maternity service had a designated bereavement midwife who supported staff, women and their families when a baby died and provided a counselling services if required. In addition, those who had early miscarriages and women having procedures for fetal abnormalities were supported by the bereavement midwife.
- The paediatric department had a number of nurse specialists, which included nurse specialists for respiratory, epilepsy, and allergies who provided emotional as well and clinical support.

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- The trust had a chaplaincy service and a clinical psychologist to support patients if required. Support for carers, family and friends were provided by the chaplaincy and bereavement services, irrespective of their individual faith, or if they did not follow a faith.
- Patient diaries, designed to provide comfort to patients and relatives during a stay in critical care had been introduced, but were not being used to their full potential.

Are services at this trust responsive?

Overall we rated the responsiveness of the services in the trust as requires improvement.

The trusts performance with regard to ensuring that patients had access to the right care and treatment, in line with national standards was consistently poor. Referral to treatment time performance for admitted patients was below both the national standard and the England average, in all services except ophthalmology.

The average year to date referral to treatment time for non-admitted patients was better than the England average. However, cancer referral to treatment times were below the national average.

The Emergency Departments were consistently failing to meet the national treatment standards. Patients arriving by ambulance waited too long to be handed over to ED staff. The trust consistently failed to meet the emergency access target of 95% of patients being seen within four hours, and speciality referral time being less than 60 minutes.

Patients were not always cared for in wards that were best suited to their care. There was not a policy in place regarding the management of patients being cared for outside of their speciality.

There were a high numbers of patients moved daily, and discharge from the CCUs was not always achieved at the right time for the patient with many being moved at night.

The specialist palliative care team supported the provision of rapid discharge and rates of discharge within 24 hours were in line with the England average.

There were 80 learning disability champions across the trust and learning disability awareness training was compulsory for all staff.

Service planning and delivery to meet the needs of local people

Requires improvement



Summary of findings

- The trust was working with key stakeholders to ensure that health and social services met the changing needs of the local area.
- The Future of Acute Hospital Services in Worcestershire review had been ongoing for some time.
- There had been a recent review of the proposals by the West Midlands Clinical Senate and further work was being undertaken to progress this. At the time of the inspection the trust was reviewing areas of risk within the services it provided and taking interim action
- Proposals for the hospital to introduce an Ambulatory Care Unit were discussed with local commissioners in early 2014, but this service for diverting hospital inpatient admissions had not been introduced by the time of our inspection.
- The specialist palliative care team supported the provision of rapid discharge and rates of discharge within 24 hours were in line with the England average. However, the trust was not able to tell us how many patients died in their preferred place of death.

Meeting people's individual needs

- There were 80 learning disability champions across the trust including nurses, ward clerks and porters. They could be easily identified as they all wore a 'Learning disability champion' badge.
- Learning disability awareness training was compulsory for all staff, and a learning disability champion met all patients with a learning disability when they were admitted
- A translation service was available for non-English speakers and staff were aware how to access this. Although we observed a commitment to providing services to patients who did not have English as their first language, we did not always see information on display concerning interpreting services.
- Whilst we observed information boards showing a range of information for patients and visitors, these boards did not provide any information in different language formats
- Patients and visitors were given good information about critical care, but only if they were present at the hospital. There was a good range of booklets, leaflets and information for both patients and families, but very limited information about critical care on the trust website.
- The trust produced a supportive bereavement booklet for relatives and this included information about how to obtain the information in another language or format, but this had not been included in most of the other leaflets.

Summary of findings

- There were arrangements for transitioning paediatric patients to adult services before they reached adulthood. Specific care plans had been developed for some of the specialist services, with a generic plan used for others. We reviewed a sample of these and saw that communication was good with the receiving departments and that care plans helped facilitate this process.

Dementia

- We saw evidence that trust were using a patient passport document called “About Me” to support care planning for people with dementia. Screening for dementia assessments were being carried out in the wards
- The trust provided dementia link nurses on most wards to help support effective care for people living with a dementia.
- Care planning effectiveness was variable, and care plans were not generally person-centred. Care plans for people living with a dementia were not always effective.
- Some of the information provided for visually impaired patients or people living with a dementia was not easily accessible as it was in a hard to read format with small lettering.

Access and flow

- The emergency access four hour target of 95% of patients being seen within four hours, had not been achieved since September 2014, with the lowest percentage being 69% of patients in February 2014. There had been 8695 (27% of patients) four hour breaches between January and June 2015.
- Since the unannounced March 2015 CQC inspection, the trust had been closely monitoring breaches and investigating why they occurred.
- Discharge training was underway, to facilitate patient flow and improve ED capacity.
- Not all patients were receiving care in the right place. There were a number of medical patients receiving care on the gynaecology wards and this had been ongoing for some time.
- This was impacting on patients requiring gynaecology services. Between August 2014 to May 2015 12.6% of gynaecology operations were cancelled as there were no beds available.
- The trust was not routinely undertaking patients’ preferred place of care/death audits. We discussed this with the end of life lead nurse for the trust who told us they were aware this information was not consistently documented as part of the patient’s plan of care.
- Between April 2013 and February 2015 the referral to treatment time for the trust had been below national targets and worse than the England average in all but one speciality. National

Summary of findings

targets require that 90% of patients are seen with 18 weeks of referral. Ophthalmology services had achieved a referral rate of 92%, general surgery 84.%, trauma and orthopaedics 80%, ear, nose and throat 69.%, urology 86% and oral surgery 77%.

- The average year to date referral to treatment time for non-admitted patients was 97.3% between May 2014 and May 2015; this was better than the England average.
- The percentage of patients seen by a specialist within 2 weeks following an urgent referral by their GP for all cancers was worse than the England average.
- The percentage of patients waiting less than 31 days from diagnosis of cancer to first definitive treatment was worse than the England average during 2013/2014 although it was noted that whilst still worse than the England average, improvements had been made in this standard, with an increase in the number of patients waiting less than 31 days.
- A range of rapid access clinics were available which meant patients could be referred for urgent care
- The critical care service responded well to patient needs, but aspects of patient flow outside of the control of critical care required improvement. There were bed pressures in the rest of the hospital which meant that too frequently meant patients were delayed on discharge from the unit. Too many patients were discharged onto wards at night, when this was recognised as less than optimal for patient wellbeing

Learning from complaints and concerns.

- Patients told us they received a slow or unsatisfactory response to concerns raised.
- The trust performance data regarding complaints showed that 20% of the time the service did not respond to patients' formal complaints within 25 days in accordance with the trusts complaints policy.

Are services at this trust well-led?

Overall we rated the trust as inadequate for being well-led.

The executive team had undergone recent significant change with the majority of executive directors in interim positions with many being new to the organisation in the recent weeks and months.

Regardless of the interim nature of the positions the new executive team demonstrated a level of understanding and commitment to address the issues the trust was facing. However, there was significant concern relating to the interim nature of the positions and future stability of the board and associated impact on the organisation given the issues that required addressing.

Inadequate



Summary of findings

We found that understanding of both the strategy and values and what they meant to how services were delivered was variable amongst staff.

Whilst the trust had a vision and a set of values these were not well embedded or understood by staff

Governance arrangements did not provide good oversight or challenge to the divisional teams.

The governance structures and process within some divisional teams were not effective and required development.

The trust had mostly poor performance in the NHS Staff Survey, with seven negative findings and one positive

The trust performed worse than expected for the “feedback” area in the GMC National Training Scheme Survey, however they performed within expectations in the other 11 areas.

A recent deanery visit had identified a number of issues and concern by junior doctors particularly within the division of medicine. The majority of these concerns were not new and had previously been identified and not addressed effectively.

Data quality had been recognised as an issue within the organisation in terms of the need to improve accuracy and timeliness of information to help decision making.

There was an appropriate process in place to support the fit and proper person's requirements.

The trust's performance for the Friends and Family Test was consistently above the England average.

Vision and strategy

- The trust has a vision and strategy to continue to be the major provider of acute /specialist service for the people of Worcestershire with a strong reputation for providing outstanding, high quality reliable, accessible and integrated healthcare for local people
- In addition the trust had adopted a set of values linked to the word PRIDE:
 - Patients at the centre of what we do
 - Respect treating everyone as you would want to be treated yourself
 - Improve and innovate to deliver the best patient pathway
 - Dependable getting things right first time and learning from mistakes
 - Empower staff to take personal responsibility for their actions

Summary of findings

- We found that understanding of both the strategy and values and what they meant to how services were delivered was variable amongst staff.
- The trust recognised that both the vision and values require further development and there needed to be greater engagement with staff to ensure they were embedded throughout the trust.

Governance, risk management and quality measurement

- Although the Board Assurance Framework (BAF) was reviewed at trust board meetings, the risk register did not get presented to the board frequently in that it was presented twice a year
- We were not assured that the Corporate Risk Register provided an accurate reflection of the trust's key risks.
- The governance structures and process within some divisional teams were not effective and required development.
- We were not assured there was good governance oversight or challenge.
- Incident reporting and management was not effective. We found incidents were not always correctly graded and investigation of incidents was not always completed effectively, or in a timely manner. Therefore there was lost opportunity for learning and protecting patients from the risk of harm.
- We found some key policies were past their review date for example the safeguarding children and young person's policy.
- The trust had recognised this as an area for improvement and started to take action
- A weekly serious incident review meeting had been established to monitor and track incidents and their investigation. This was chaired by the chief nurse and interim medical director.
- An external review of governance practice within maternity was being undertaken with a plan to roll out any learning across the organisation.
- Following our inspection we requested information clarifying the actions taken and the plans the trust had in place to mitigate the identified concerns relating to governance.
- The provision of this and subsequent monitoring of the trusts governance systems will be used to continue to monitor the trusts progress and inform any potential regulatory approach.

Leadership of the trust

- The executive team had undergone recent significant change with the majority of executive directors in interim positions with many being new to the organisation in the recent weeks and months.

Summary of findings

- The interim Chief Executive Officer (CEO) who is the substantive Deputy CEO and Finance Director had taken up the CEO post in March. The Interim Medical Director, Finance Director and Chief Operating Officer had recently joined the trust from other organisations. The Human Resources Director had joined the organisation in the previous autumn. The Director of Nursing who had been in post since 2013, left the organisation in the weeks following the inspection and that post was filled on an interim basis.
- It was evident the interim CEO had a good understanding of the issues and challenges the trust was facing and was taking action.
- Regardless of the interim nature of the positions the new executive team demonstrated a good understanding and commitment to address the issues. However, there was significant concern relating to the interim nature of the positions and future stability of the board and associated impact on the organisation given the issues that required addressing.
- Staff told us that visibility of the executive team had improved and the interim CEO had provided good leadership.
- There was positive feedback relating to both the approach and impact of the new team from both staff within the trust and external stakeholders.
- The trust board had been receiving support for an improvement director from the Trust Development Authority and this was seen as having a positive impact and valued by the executives we spoke with.
- Board development sessions were being undertaken.
- A detailed patient care improvement plan had been developed following a previous CQC visit in March 2015. We found there was good executive oversight of this.
- The trust had a substantial leadership structure in place. However, there were concerns expressed in relation to the senior leadership within some areas of the organisation, and where required this was now being reviewed and strengthened.
- The trust had not yet fully implemented an action identified as a result of a review undertaken in 2014 by the Royal College of Surgeons to consolidate all emergency acute abdominal surgery at Worcestershire Royal Hospital.
- Executive led performance meetings with the divisional teams had recently been changed from quarterly to monthly. The content of these was being reviewed to be more action focused however it was too early to establish the impact of this in driving improvement.

Culture within the trust

Summary of findings

- The trust mostly performed poorly in the NHS Staff Survey, with seven negative findings and one positive finding relating to the trust providing equal opportunities for career progression or promotion. The trusts response rate was slightly lower than the England average.

Main concerns related to;

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell.
- Percentage of staff agreeing that feedback from patients/ service users is used to make informed decisions in their directorate / department.
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver.
- The trust performed worse than expected for the “feedback” area in the GMC National Training Scheme Survey. They performed within expectations for the other 11 areas.
- A recent deanery visit had identified a number of issues and concern by junior doctors particularly within the division of medicine. The majority of these concerns were not new and had previously been identified and not addressed effectively. These included;
 - Issues around learning from incidents.
 - Inadequate induction
 - Ineffective handover
 - Elements of training and supervision
 - How the hospital works at night
- An action plan had been developed to address the issues and this was being led by the interim Medical Director with a Task and Finish Group approach with junior doctor involvement. In addition senior attendance at Junior Doctors Forum had been strengthened.
- A review of how the trust managed allegations of bullying and harassment had been commissioned by the Trust Development Authority and this was ongoing at the time of the inspection. The report subsequently published identified that there was not an endemic culture of bullying and harassment. However, there was a requirement to improve the supporting policies and their application to be more consistent
- At the time of our inspection, the appraisal rate for non-medical staff in was 80.4% and for medical staff was 83.8%. This was against a trust target of 100%

Summary of findings

Fit and Proper Persons

- The trust had discussed their response to the fit and proper person test at a previous board meeting.
- The trust had a system in place for senior staff to make a declaration of fitness
- All executive directors had appropriate assessments in place.
- This is covered by Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014, which ensures that directors of NHS providers are fit and proper to carry out this important role.

Public engagement

- The trust has scored in the 'as expected' status across all indicators in the results of the CQC the national inpatient survey for 2014. Two areas were identified for improvement relating to the quality of food and patients reporting that they would have liked to be admitted sooner.
- The Trust was in the top 20% for one of the 34 indicators in the 2013/14 Cancer Patient Experience Survey, and in the bottom 20% for seven indicators
- The Trusts Friends and Family Test performance had been consistently above the England average.
- The number of complaints the trust received had decreased between 2012/13 and 2013/14 We found that 44% from April 2014 and March 2015 had a response time over 25 working days
- On review of complaint letters we found they did not contain all the required information for patients such as the right to contact the Public Health Service Ombudsman. There was limited reference to what would be done differently and there was no connection made between compliant and incident reporting.
- Not all complaints received were acknowledged in 3 days.
- We were not assured there was effective oversight if the complaints function or monitoring of complaints information.

Staff engagement

- The trust was continuing to develop its staff engagement plan. A number of staff engagement activities had been implemented across the trust including "Staff Appreciation Week", Annual Staff Awards Ceremony, Chairman's Surgery, Chief Executives sessions and staff confidential hotlines to the Chairman and the Non- Executive Directors.

Innovation, improvement and sustainability

- The Summary Hospital-level Mortality Indicator (SHMI) which covered the 12 month period January 2014 to December 2014,

Summary of findings

showed mortality was within the expected range with a value of 1.10. . The trust's Hospital Standardised Mortality Ratio (HSMR) for the 12 month period July 2013 to June 2014 was significantly higher than expected, with a value of 109. Both of these indicators had shown a steady rise in mortality since 2013.

- The interim MD had taken action to significantly strengthen the approach to understanding morbidity and mortality within the divisions with a process being put in place to review all deaths, although this was not yet fully embedded. Where care issues were identified these were reviewed at an overview mortality group
- The Future of Acute Hospital Services in Worcestershire review had been ongoing for some time. There was concern from both the executive team and some of the staff that we spoke with that the delay in a decision about the future service configuration was impacting on recruitment and services, rendering some services fragile with an over-reliance on agency locum staff. The trust was reviewing areas of risk and taking interim action. There had been a recent review of the proposals had been by the West Midland Clinical Senate and further work was being undertaken to progress this.
- The trust had not yet fully implemented an action identified as a result of a review undertaken in 2014 by the Royal College of Surgeons to consolidate all emergency acute abdominal surgery at Worcestershire Royal Hospital. As an interim measure patients were being assessed at the Alexandra Hospital and then transferred to WRH if emergency surgery was required, in line with a pathway implemented in February, 2014. In response to a risk summit jointly chaired by NHS England and the Trust Development Authority in March 2015, the trust produced a Risk and Options Impact Assessment, recommending a single county wide acute surgical model, emergency and ambulatory care pathway. At the time of our inspection the trust remained in discussions with both internal and external stakeholders regarding implementation of this plan.
- Data quality had been recognised as an issue within the organisation with a need to improve accuracy and timeliness of information to help decision making

Overview of ratings

Our ratings for Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Inadequate	Requires improvement	Outstanding	Requires improvement	Inadequate	Inadequate
Services for children and young people	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Inadequate	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for Evesham Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging						
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Inadequate	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Alexandra, Redditch

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Inadequate	Requires improvement	Outstanding	Requires improvement	Inadequate	Inadequate
Services for children and young people	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for Worcestershire Acute Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Notes

Outstanding practice and areas for improvement

Outstanding practice

- There was an outstanding patient observation chart used within the critical care unit. This chart was regularly reviewed and updated with any new developments or patient safety, care quality and outcome measures. The detail within the chart meant few if any crucial measures or indicators were not recorded, regularly reviewed, and deterioration or improvements acted upon
- The pharmacy department operate an innovative seven day clinical service in the ED. This had shown a reduction in some direct admissions to hospital, patient's treatment had been optimised, patients had been counselled about their medicines to prevent readmission and a significant amount of patients (25%) benefitted from an intervention from the clinical pharmacist to prevent a future admission. The pharmacist told us that they often lectured at healthcare events and had other pharmacists visit the service to share the good practice. The service was planning to roll this practice out to other parts of the trust.
- The critical care unit had shown an outstanding example of responsiveness with obtaining and using noise monitoring devices. Patients need peace and quiet for their recovery in critical care, and this had been recognised by the provision of devices that reminded staff when noise levels were increasing to disruptive levels.
- In Maternity and gynaecology services, overwhelmingly we received feedback that staff were excellent and compassionate. Women reported being treated with respect and dignity and having their privacy respected at all times. Outstanding practice was noted with staff having thought about the caring needs of women and devising innovative solutions to support them. This was demonstrated by staff facilitating a teenage buddying system and developing bereavement care pathway for women who suffer pregnancy losses at any gestation. The patient experience midwife was available to support women who were anxious or fearful about pregnancy and childbirth. We observed staff demonstrating a strong, visible person centred culture throughout the service
- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine
- We observed exceptional care in the early morning whilst visiting Avon 4 ward at WRH, and found the staff approach to patients was extremely respectful, compassionate and caring. The atmosphere on the ward at this early hour was relaxed and calm with appropriate low levels of lighting, and staff spoke with each other in low tones to ensure patients were not disturbed whilst asleep.
- The critical care team provided an outstanding example of compassion to a patient with a learning disability.
- The response time to new referrals to the palliative care team is very fast. An audit of the team's response times over 70 days showed that over 92% of patients were seen for the first time on the same day the referral is made. No patient waited more than two days for a first clinical assessment.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

- Improve the access and flow of patients in order to reduce delays from critical care for patients being admitted to wards; reduce the unacceptable number of discharges at night; reduce the risks of this situation
- not enabling patients to be admitted when they needed to be or discharged too early in their care; reduce occupancy to recommended levels; and improve outcomes for patients.
- Ensure all staff meet the trust wide mandatory training target of 95% compliance

Outstanding practice and areas for improvement

- Review the High Dependency Units to bring their data collection and provision of care and treatment up to all Faculty of Intensive Care Medicine Core Standards.
- Ensure there is a timely and appropriate response from the medical teams to the Critical Care Unit requests for support, follow-up and patient discharge.
- Risk assessments must be completed and used effectively to prevent avoidable harm such as the development of pressure ulcers.
- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the service including the provision of daily ward rounds.
- Ensure that patient records are accurate, complete and fit for purpose, and ensure they are safe from removal or the sight of unauthorised people.
- Ensure patients nutrition and hydration status is fully assessed recorded and acted upon in a timely manner.
- Evaluate and improve their practice in response to the results from the hip fracture audit for 2014
- Ensure patients receive appropriate training and information about self-medication such as self-administration of heparin prior to discharge home.
- Ensure that staff providing care or treatment to patients receive appropriate support, and training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Take steps to ensure that all staff are included in lessons learnt from incidents and near misses, including lessons learned from mortality reviews, with effective ward based risk registers and safety dashboards being in place and understood by all staff.
- Ensure that suitably qualified staff in accordance with the agreed numbers set by the trust and taking into account national policy are employed to cover each shift.
- Review the environment within outpatients to ensure that the seating is fit for purpose
- Review the existing arrangements with regards to the management of referrals in to the organisation in order that the backlog of patients on an 18 week pathway are seen in accordance with national standards
- Develop a robust system to ensure children and young people who present with mental health needs are suitably risk assessed when admitted to the department to ensure care and support provided meets their needs
- Ensure all medicines are prescribed and stored in accordance with trust procedures.
- Ensure there are effective systems in place for the ongoing management of outlying patients
- Ensure that the risk matrix in Medical Assessment Unit is completed to the frequency required by the trust policy
- Review consultant cover in the ED in line with the Royal College of Emergency Medicine's (RCEMs) emergency medicine consultants workforce recommendations to provide consultant presence in the ED 16 hours a day, 7 days a week as a minimum
- Ensure there are the appropriate number of qualified paediatric staff in the ED to meet national guidelines
- Respond to complaints within agreed timeframes and summary data and meeting minutes should be explicit as to which location the complaint relates to and where performance times need to be improved
- Review the existing incident reporting process to ensure that incidents are reported, investigated, patient harm graded in line with national guidance, actions correlate to the concerns identified, lessons learnt are disseminated trust wide, and reports are closed appropriately.
- Ensure there is a sustainable system in place to ensure all surgical patients receive safe and timely care
- Ensure that risk registers are reviewed regularly in a timely fashion
- Ensure midwives have the appropriate competence and skills to provide the required care and treatment to women when they are providing scrub cover in theatre
- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the service including the provision of daily ward rounds.
- Ensure that there is sufficient levels of medical staff cover throughout the week to ensure patient reviews are carried out in a timely manner
- Review the management of medical outliers and devise a trust wide policy to improve their management.
- Ensure there are the appropriate number of qualified paediatric staff in the ED to meet national guidelines
- Ensure the facilities in the Early Pregnancy Unit are fit for purpose

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Person-centred Care</p> <p>The care and treatment of service users must be appropriate, meet their needs in full and reflect their preferences</p> <p>Patients' discharge from the Critical Care unit to the wards was often delayed and occurred at night.</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1) (a)(b) (c)(f) 2008 (Regulated Activities) Regulations 2014</p> <p>Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others</p>

This section is primarily information for the provider

Requirement notices

who may be at risk which arise from the carrying on of the regulated activity, maintaining and keeping secure appropriate records and evaluating and improve their practice in respect of the processing of the information

The trust had not ensured systems or processes were established and operated effectively to review data and performance in HDU in line with national standards. Care records were not always in place and fit for purpose, and risk assessments were not always completed, e.g the risk assessment matrix in the MAU.

Learning was not demonstrated from all audits e.g the hip fracture audit, 2014. The trust did not have effective systems in place to show how staff at all levels understood safety and quality information and how this was being used to implement learning from incidents

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (a)(b) (e) (i) (2)HSCA 2008

2008 (Regulated Activities) Regulations 2014

Safe Care and Treatment

Care and treatment must be provided in a safe way for service users ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely

The trust had not ensured that all required risk assessments had always been completed and acted upon, and that there were effective systems in place to manage outlying patients' needs and facilitate timely review, discharge and follow-up of all patients.

Medicines were not always stored and administered safely and not all environments met patients needs.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18, (1) (2) (a) (b) 2008 HSCA 2008 (Regulated Activities) Regulations 2014

Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed and receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the requirements of the service in the ED and for out of hours medical staffing in surgery and medical care. The trust had not ensured all staff were supported by effective appraisal and completion of mandatory training.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
Regulations 2014 (4) (a) HSCA 2008 (Regulated Activities) Regulations 2014

Meeting nutritional and hydration needs

The nutritional and hydration needs of service users must be met.

This section is primarily information for the provider

Requirement notices

Patients nutritional assessments were not always completed and acted upon, and this was reported as a contributing factor to the development of Grade 3 pressure ulcers.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2014

Receiving and acting on complaints

The service should operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

The trust did not respond to complaints in a timely manner and in accordance with the trusts complaints policy