

The Royal Wolverhampton NHS Trust

Quality Report

New Cross Hospital, Wednesfield Road,
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Date of inspection visit: 02-05 June 2015

Date of publication: 13/12/2016

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	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Good	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Good	
Are services at this trust well-led?	Requires improvement	

Summary of findings

Letter from the Chief Inspector of Hospitals

Please note a typographical error has been corrected in the summary of Safe in this report. (October 2016)

We undertook this inspection 02 to 05 June 2015. It was an announced comprehensive inspection. This trust had been inspected in the first wave of the comprehensive programme November 2013.

Our rationale for undertaking this inspection was to rate the trust because the initial inspections did not receive a rating due to being in the early wave one pilot programme. In addition to this the trust had taken over some services from the dissolved Mid Staffordshire NHS Trust, which included Cannock Chase Hospital.

The trust had previously stated its intention to become a Foundation trust, but had had to postpone the application a number of times; allowing them to address current matters such as the integration of new services appropriately.

We recognise that we saw this hospital, and the trust is a state of change. Integrating services between New Cross Hospital and Cannock Chase Hospital. We also noted some significant building work on the hospital site, including a new Urgent and Emergency Care unit.

We inspected all core services on the New Cross site; this included Urgent and Emergency Care; Medical Care, Surgical Care, Critical care, Maternity Services, Children's Services, End of Life care, Outpatients and Diagnostic Imaging. At the Cannock site we inspected Emergency Care; Medical Care, Surgical Care, End of Life care, Outpatients and Diagnostic Imaging. We also inspected Community services of Inpatients, Adults, Children and Young People and End of life care. Within caring we rated Adults outstanding with Children and Young People achieving outstanding for both caring and well led.

Overall we rated the trust as Requires Improvement. We rated both the New Cross and Cannock Chase hospital sites as requires improvement. We found that for safe and well led at both sites required improvement. Within the New Cross site of the eight core services we rated five services as requires improvement. We were concerned that within medical care the safe domain was rated as

inadequate. The well led domain at the New Cross site rated three of the eight domains as requires improvement. Effective, caring and responsive domains for the site were rated as good.

At Cannock Chase Hospital for the safe domain two of the five core services required improvement. This was the same for the well led domain. Effective, caring and responsive domains for the site were rated as good.

The community services were rated as good overall with children and young people achieving outstanding overall. We rated adult and children and young people services caring as outstanding and well led for children and young people services was outstanding too.

Our key findings were as follows:

- We saw good compliance with hand hygiene and with the trusts 'bare below the elbows' policy. We saw that staff used hand gel and personal protective equipment appropriately. Cleaning schedules were maintained by cleaning staff.
- There were mainly sufficient medical staff to care for patients. Children's services and radiology had vacancies and the trust were aware of these.
- We saw that the trust was meeting cancer access targets and the 18 week referral to treatment times in outpatients and in many of its surgical specialities.
 - Care was consistently good throughout the service with the exception of medical care. We saw that patients we recommend friends and family to use the service. We received good feedback from patients and visitors about the care they had receive in the hospital.
- The integration process was in progress and we saw where continued work was required. For instance in Surgery there needed to be a process for identifying the best practice and incorporating that into the trust as a whole. Within medicine we saw that the staff felt isolated from the New Cross Site. We also noted that in MIU they did not fully understand how they fitted into the vision of the trust with regard to the Emergency service strategy.
 - Nurse staffing issues was starting to have a negative effect on staff morale.

Summary of findings

- Within medical care the staffing was having a negative impact on patient safety and care.
- We saw sufficient equipment across the trust to meet the needs of patients, although in medical care services there was a concern about sufficient monitoring equipment.

We saw several areas of outstanding practice including:

- The hospitals SimWard was being utilised to support staff competencies. Staff told us they were in the process of expanding the service externally to provide education and learning to other authorities.
- The use of the software system 'SafeHands' delivered many benefits to the trust. It helped to support the infection control process and aided access and flow through the trust.
- In surgical services, we saw that the trust recently instituted "In Charge" initiative was welcomed by patients and relatives. This was a badge worn by the person responsible for that shift on the ward.

- The "panel meeting" concept where senior trust staff provided high challenge and high support to wards managers after investigation of incidents. This meeting enabled staff to take the learning from such events on board and ensure systems were put in place to prevent reoccurrence.
 - Swan Project aimed to comfort patients and relatives, part of which enabled bereaved relatives to have keepsakes given such as locks of hair, handprints and photographs.
 - The community demonstrated that care in adult services was outstanding, in particular the services of sexual health.

However, there were also areas of poor practice where the trust needs to make improvements, these are at the end of the report in the Must and Should section.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Royal Wolverhampton NHS Trust

The Royal Wolverhampton Hospital NHS Trust is one of the largest acute and community trusts in the West Midlands. The trust is made up of New Cross, Cannock Chase, West Park Rehabilitation Hospitals. In addition to this there is a registered community The Phoenix centre.

The hospital is not a foundation trust and will not be making an application for foundation trust status.

The Royal Wolverhampton took over some of the services from Mid Staffordshire NHS Trust. This commenced in November 2014. Cannock Chase Hospital came under the management of the trust at this time, although the integration of the services has been staggered.

The level of deprivation in Wolverhampton is higher than the England average. The indicators which have the worst values compared to the England average are: Infant mortality, recorded diabetes, under 18 conceptions, Obese children, Long term unemployment, and children in poverty and excess weight in adults.

We inspected the following core services on offer at the hospital: Urgent & emergency services; Medical care (including older people's care); Surgery; End of life care; Outpatients & Diagnostic Imaging.

Our inspection team

Our inspection team was led by:

Chair: Karen Proctor, Director of Nursing, St Thomas and Guys Hospital

Team Leader: Tim Cooper, Head of hospital Inspection, Care Quality Commission

The team included CQC inspectors and a variety of specialists: who were a Medical Director, an Executive Director of Nursing & Quality, a Designated Nurse for Child Safeguarding, a Consultant Physician in Diabetes & Endocrinology, a Consultant in Clinical Oncology, a Outpatients Doctor, a Consultant in Palliative Medicine, a Consultant Orthopaedic Surgeon, a Consultant, formerly Emergency medicine, a Consultant Obstetrician & Gynaecologist, a Consultant in Intensive Care & Associate Medical Director, a Paediatrician and a FY2 (Junior Doctor), a Clinical Nurse Specialist Older People, a Staff

Nurse - End of Life Care & Oncology, a Renal Specialist Nurse, a Principal Radiographer Head of Imaging and Equipment Services, a Surgery Nurse Midwifery, a Senior Staff Nurse Senior management / Nurse - Paediatrics and child health and a student nurse.

The specialists advisors who worked with our community teams had experience: Community Children's Nurse, a Senior Health Advisor for Looked after Children, a Registered Nurse - Nursing and clinical care both acute and primary care, leadership/management & governance systems, a Service Manager District nursing and two Nurses Palliative Care.

There were three experts by experience who were part of the team; they had experience of using services and caring for a person who used services.

How we carried out this inspection

We analysed the information we held about the service, which included national data submissions and information which people had shared with us. In addition to this we reviewed the information the lead inspector had of the service.

We visited the service as part of an announced inspection. The trust had 12 weeks' notice of our inspection start date.

Summary of findings

We spoke with patients and visitors and previous users of the service via listening events and specialist groups. We also spoke with staff both clinical and non-clinical staff. We also spoke the executive team about their roles and responsibilities strength and weaknesses of the trust. We spoke to staff individually and in focus groups arranged in advance and one arranged for the same day, as the demand to speak with the inspection team was high.

To reach our ratings we also reviewed documents in use at the time of the inspection and documents sent to us both pre and post the inspection, plus our observations of staff practice.

To get to the heart of people who use services' experience 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 to people's needs?
- Is it well-led?

We carried out unannounced inspections between the dates of 08 to 19 June 2015.

What people who use the trust's services say

Friends and family test April 2015 for A&E had a response rate of 22% England average 14.8%. Likelihood of recommending the service is 84% England average 87%.

Friends and family test April 2015 for Inpatients had a response rate of 33% England average 25%. Likelihood of recommending the service is 91% England average 95%.

We received mixed feedback the majority of which was positive regarding the care and treatment people received from the trust. People did complain that when they needed to complain the time for resolution was long.

Others who were happy about the service mentioned how responsive Cannock Chase Hospital Surgery was for elective procedures.

The CQC inpatient survey 2014 (undertaken September 2014 and January 2015) found that the trust was for all 10 sections scored 'about the same' as other trusts.

Facts and data about this trust

Population served

The Royal Wolverhampton NHS Trust is one of the Acute Trusts in the region. They provide a comprehensive range of district acute and specialist services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire.

Deprivation

Wolverhampton is one of the most deprived Local authorities and is in the bottom quintile when compared to other Local authorities. The deprivation is worse than the England average and this can be seen in greater detail on the following slide.

May 2015 Intelligent monitoring identified the trust as having one risk which was for "In-hospital mortality - Conditions associated with Mental health", this means the total overall risk score is one.

Locations

- New Cross 800 beds
- West Park Rehabilitation 82
- Cannock Chase Hospital 54
- Community services

Activity summary (Acute) Mar/14 to Feb/15

- Inpatient admissions 143,823
- Outpatient (total attendances) 606,981
- Accident & Emergency (attendances) 153,315

Summary of findings

- West park rehabilitation site 17,754
- Cannock Chase Hospital (Nov/14 to Feb/15) 19,728

Staff (WTE)

Medical 709.07

Nursing 2,131.76

Other 4,369

Staff survey 2014

The results were mixed and mostly mid-range. Out of 29 questions, 12 are below average with five were in bottom 20%. They related to equality and diversity; experiencing

violence from patients; and from staff; contribute to improvements at work and staff motivation. Six responses were in the average range. Eleven were better than average with four in the top 20%, these were:

experiencing harassment from patients or relative(s); job relevant training, work related stress and witnessing harmful errors. The biggest change from 2013 was Q22 regarding contributing to improvements at work which was 70% in 2013, but was down to 61% 2014.

Apr/14 to Mar/15

- Revenue: £468 million
- Full Cost: £464.4 million
- Surplus (deficit): £3.6 million

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>We found various safety issues at ward level on our inspection. Where we found that the issues needed to be escalated the trust responded extremely quickly.</p> <p>The reporting culture was good; we saw that staff understood their role and that investigations took place. Learning was shared on many different platforms. The only exception being OPD imaging.</p> <p>We reviewed a whistle-blowing allegation during the inspection, we found that the trust had reviewed its processes appropriately and drawn correct conclusions about the care patients had received which was not in line with practice at the time.</p> <p>Safeguarding adults training compliance was not meeting the trust target by a large margin.</p> <p>Infection control practices were good, the trust used a software system which allowed them to track staff hand hygiene occurrences.</p> <p>Nursing staffing was an issue with both bank and agency use increasing. This was having a negative effect on staff morale and had also been a contributory factor in some incidents which had resulted in harm to the patient.</p> <p>Incidents</p> <ul style="list-style-type: none">• There was a good reporting culture within the trust. The vast majority of staff fully understood their responsibilities to report incidents and near misses. The trust was seen as a high reporter. We received feedback that small pockets of staff felt they were discouraged from reporting but this was the minority.• Senior managers took part in Root Cause Analysis investigations. The trust also carried out panel meetings with the executive team where an incident is discussed in more detail with relevant staff. Staff found this to be daunting, but understood the importance of the process and felt they learnt from the experience.• Cascading of learning mechanisms were utilised with good effect. Staff could give us examples of new practice which was a direct result from incident learning. However this was not the case for New Cross Hospital Radiology Department. Following on from the raising of incidents which had been appropriately investigated and reviewed at the departmental governance	<p>Requires improvement </p>

Summary of findings

meeting, it was the responsibility of unit staff to review the minutes on the shared drive. No mechanism was in place to ensure that staff had done this. Therefore there was a risk that staff may not be aware of change of practice as a result of investigations.

- There were varied information bulletins to share learning from incidents such as Learning Experience, Risky Business and Making it Better Alert, all of which we saw during the inspection.
- In 2014/15 there were 31 incidents relating to information governance breaches. We saw that the trust had responded to this by reviewing training. In addition, we saw that staff that used handover sheets which identified patients by initials only and staff were encouraged to not remove this document from the clinical areas. We saw posters reminding staff of their responsibilities. However, not all wards undertook this practice Cannock Chase Hospital; they did not anonymise the information on the handover sheet.
- Mortality and morbidity meetings took place across the specialities to review practice and share learning. These were well attended with a good skill mix of medical staff. No other clinical staff attended to give their input.
- We received information from a whistle-blower. This was of sufficient concern to warrant us undertaking a review of the allegations as part of the inspection. We took with us a nationally recognised expert in the field to review the trust response and actions. Following their review they concluded that the trust undertook internal in-house investigations following the allegations. The trust also commissioned independent reviews. Staff within the department contributed, but with such sustained scrutiny this had taken a toll on the department morale. Our expert concluded that appropriate actions had been taken regarding staff and the protocols involved, though some of the work remained on-going at the time of our inspection. There were no clinical concerns regarding patients either living or deceased. The department is now improved both clinically and culturally. Therefore we have concluded that the trust has taken appropriate actions to maintain patient safety and has listened to and investigated fully the whistle-blower's allegations.

Duty of Candour

- Duty of candour was well embedded in the organisation. Members of the executive understood their role, as did staff we spoke with. Documents we reviewed also demonstrated that duty of candour had been undertaken with patients. The Duty

Summary of findings

of Candour legislation has a number of actions which need to be undertaken; for example, it requires an organisation to disclose and investigate mistakes and offer an apology if the mistake resulted in moderate or significant harm.

- Within critical care, for example, staff were able to describe a working environment in which any mistakes in patients' care or treatment would be investigated and discussed with the patient and their representatives and an apology given whether there was any harm or not.
- The trust had produced a leaflet for staff explaining their responsibilities within the duty of candour.

Safeguarding

- The trust target for safeguarding both adults and children at all levels was 75%. Documents supplied by the trust demonstrated that in mandatory generic training for level one adults the compliance rate was 95% trust-wide. However, level two adult safeguarding was 34%. Childrens safeguarding was above the trust target at all levels with level four at 100%. The trust ran the risk of staff not recognising a safeguarding concern which would need to be escalated, because staff lacked the training.
- Our inspectors found that staff understood their responsibilities and felt well supported by the safeguarding team.
- Staff who worked with children and young people received regular supervision as part of their role and development.

Infection control

- The trust had an infection prevention strategy 2014-17 in place, with associated policies available to staff via the trust intranet. The document defines the activities it will undertake and the milestones it need to pass.
- The trust used a 'safe hands' monitoring system to track the movement of staff. The system enabled analysis to be completed to see when, where and how often staff had visited patients, used hand gels or washed their hands. Whilst the system could identify when staff had been with a patient, it could not say if patient contact had taken place and therefore if appropriate hand cleaning had taken place afterwards.
- Staff hand hygiene proficiency was reviewed annually. Our inspection team noted that most areas were visibly clean. Staff adhered to trust policy regarding "bare below the elbows" and there was ample personal protective equipment. There was an exception in critical care at New Cross Hospital (NXH), where the storage area for cleaning fluids was not locked and used blood bags had not been disposed of in a timely manner.

Summary of findings

- Regular audits were undertaken and staff were able to share the results with the inspection team. There was one exception, which was in diagnostics at New Cross, where the lead nurse could not demonstrate the results of audits undertaken.
- West Park Hospital within the community scored 100% in the PLACE audit June 2014. This was before the hospital was transferred to RWT. All the community services found infection control practices to be of a good standard.
- At Cannock Chase Hospital (CCH) the Minor Injuries Unit (MIU) had had an issue with infection control and the Trust Development Authority (TDA) had been involved to resolve this. Staff were able to explain how this had improved their practice. Within diagnostics at CCH in January 2015 they scored 100% in a hand hygiene audit.

Environment and equipment

- During the inspection our inspectors observed a number of issues regarding the environment, such as faulty fire doors and doors wedged open or obstructed. These were brought to the attention of the trust who were very responsive and undertook appropriate action swiftly. One issue had required a further review from an independent fire officer, who we later spoke to and who confirmed that they had advised the service and action was taken immediately.
- Good arrangements were in place within the community services to access equipment for patients. We did come across one incident where a nurse needed to undertake a blood sugar test and was unable to do so because they did not have the equipment, but this was the minority.
- There was estates work being undertaken at the time of inspection. Staff whose area it affected were involved in the planning stage and felt well informed about the progress. We spoke to a group of non- executive directors who confirmed they were well informed regarding the estates development programme.
- Security at West Park Hospital was an issue for staff especially at night. At the time of our inspection there were no security staff at night and this left staff feeling vulnerable. There had been incidents of people trying to gain access and using the car parks inappropriately.

Medicines

- Within the core service of medicines during the unannounced inspection we came across some out-of-date medications at

Summary of findings

CCH - these were removed and reported. The trust ensured the following day that all medicines on units were checked to ensure they were in date. They reported to us that they were resolved and that this was an isolated incident.

- During an unannounced visit to CCH we found on Fairoak ward a number of out-of-date medications stored in the fridge. These were removed and staff informed. The trust response was swift and they used the pharmacy staff to review all fridges in the trust to ensure this was an isolated case, subsequently assuring us that it was. This demonstrated that there had been a shortfall in the checking arrangements on this particular ward, which potentially put patients at risk.

Mandatory training

- Mandatory training opportunities were made available to staff. Figures supplied by the trust demonstrated that in April 2015 the overall compliance rate was 92% with a target of 90%.
- Training was offered via e-learning and face-to-face. However, our inspectors found that staff at CCH did complain that it was difficult to access training which was offered at the NXH site because of travelling time, plus the time away from their clinical areas. In the same time frame of April 2015, the compliance with mandatory training for CCH was 77%.

Nursing Staff

- 9 out of 36 wards where safer staffing was reported for May 2015 achieved or exceeded the planned staffing for qualified staff in the day. The rest were below the planned staffing levels with six being 95% or above, 14 were 80 to 94% and the lowest percentage was for seven wards achieving 67.4% to 70%.
- During focus groups staff talked about staffing issues which impacted on them regularly. There was a lot of movement of both care and qualified staff to cover other areas where staffing numbers were low. Staff understood they were required to do this, but it did affect their morale.
- Bank staff were used in preference to agency staff and permanent staff also worked on the bank. There were systems in place to ensure that staff did not undertake hours which would be detrimental to them and this was confirmed by the HR director. Despite the use of bank staff as a preference, the use of agency was increasing. Documents sent by the trust demonstrated the agency spend had increased during Q4 2015; January £17,116, February £41,387, March £66,992.

Summary of findings

- We found on the medical wards at New Cross Hospital lack of staff was having a negative impact on safety, caring and the leadership locally. The decision to use bank staff mean that staff where overworked and not able to fully dispense their duties in a manner expected.
- Fair oak ward had incidents of patient falls who had sustained harm. The subsequent investigation had found that a contributory factor had been lack of staff. We reviewed the safer staffing report for May to July 2015 and found that care staff for days and night ranged from 99 - 101% fill rate. Care staff are used to special patients who are at risk of falls.
- Stakeholders informed us that the safer staffing numbers published were low but that they may have been incorrect as the mitigation of the use of bank and agency staff was not being used. Senior staff confirmed this and that they would be using the tool differently and these figures would be present in upcoming reports.
- During focus groups we spoke with student nurses who told us they wanted to apply at the hospital when they had qualified. They felt the support they received was of the highest quality.

Medical Staff

- The revalidation process for doctors due for 2014/15 was being led by the Medical Director with only seven requiring deferrals.
- In the medical staffing skill mix the percentage of consultants and juniors are similar to the England average. The Registrar group was the same as the England average, with the middle grade doctors at 6% , the England average being 9%.
- We held focus groups for the doctors and consultants to give us feedback, which was generally positive. Junior doctors were very positive about on-call and hours of work and said they had access to plenty of supervision. They were able to escalate concerns and told us there was plenty of teaching and training offered.

Major incident awareness and training

- A business continuity plan was in place and staff within the community understood their roles. For instance, there was a good process for staff being aware of road traffic incidents and what to do in poor weather.
- Within West Park there was a lack of security cover which would have an impact on emergency provision such as in the outbreak of fire. The trust was aware of this and it was red rated

Summary of findings

on the risk register. Within Cannock Chase hospital some staff appeared to be less clear of their responsibilities. However, we spoke with staff who were involved in the site specific development plan.

- Staff at the NXH site were well versed about major incident awareness.

Are services at this trust effective?

Summary

Recognised care pathways were utilised for patients to ensure positive outcomes were achieved. Management reports and audit activity was used to test patient outcomes. We saw that where improvements were required action plans were utilised to support change.

The trust needed to improve the rate of appraisals for staff. Some areas the compliance rate was good but in others it needed much improvement.

Multi-disciplinary team working was well embedded in the trust. However we did see that at this was not the case for mortality and morbidity meetings.

Evidence based care and treatment

- We found that patients received evidence based care.
- We saw outstanding practice in the stroke rehabilitation services provided by the community neurological rehabilitation team. The service encouraged patients to take part in activities such as gardening, fishing, swimming, exercise classes and cycling. These activities were evidence based rehabilitation activities that were focused on developing and providing treatments to assist in the recovery and maintenance of physical, cognitive and communicative functions.
- We noted that in Surgery for instance, staff NICE guidelines were followed for patient care. We also noted that guidelines for the emergency theatres were in line with National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) recommendations.
- All the issues found within imaging and diagnostics were shared with the chief executive and with the head of the department following our inspection to ensure they were fully aware of all the issues identified.

Pain relief

Good



Summary of findings

- In the national inpatient survey published in April 2015, the trust scored 8.0/10 for pain management. The trust scored 'about the same' in this area as similar trusts nationally. This was an improvement on the 2014 score where the trust was in the bottom 20% for England hospitals.
- The trust did not have a pain care plan for staff to use. However where patients' care was planned on the electronic system this prompted staff to check patients' pain every 12 hours.
- Staff regularly checked if pain control was required. Our inspectors found when speaking to patients and families that pain was adequately controlled.
- Pain control still required improvement in end of life care. Although no one we spoke to complained of being in pain, we did see audit results for the National Care of the Dying Audit 2013/14 where the trust was in the bottom 20% of England trusts with regard to controlling patient pain.

Nutrition and Hydration

- The patients told us they were given meal choices and most rated the quality of food as adequate. In the national inpatient survey published in April 2015, the trust scored 5.5/10 for whether the hospital food was described as good. The trust scored 8.8/10 for having been offered a choice of food and 7.3/10 for being given enough help from staff to eat their meals if they needed such help. The trust scored 'about the same' in all these areas as similar trusts nationally.
- Patient screening was undertaken with the use of the Malnutrition Universal Screening Tool. Within ED the trust had ordered a trolley of refreshments for patients waiting. Regular comfort rounds were undertaken.
- We did speak with one person on a medical ward at 8pm who was complaining that they had not had a drink since 2pm. We raised this with staff who attended to the needs of the patient.

Patient outcomes

- The trust was performing well for patient outcomes. We saw that in the Sentinel Stroke National Audit Programme (SSNAP) in September 2014 the trust rated B with A being the highest level.
- We saw that within the neonatal unit they had implemented a policy pathway to reduce infant death, which involved admitting pregnant mothers earlier if they displayed the symptoms of ruptured membranes.

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- The “reach out” care bundle was in place for the elderly patients living with dementia at New Cross Hospital. Audit results showed it was having a positive effect for that patient group.
- We noted that the average length of stay on Fair Oak ward at Cannock Chase Hospital was 22 days compared to 6 days for the England average in geriatric care. This could mean that delayed discharge was an issue for the trust.
- Within the critical care unit the outreach team undertook audits of their activity to assess the impact. They were able to demonstrate that the number of ward cardiac arrests had declined in the last 12 months.
- Neither of the acute sites monitored how many patients achieved their preferred place of death. However, when staff were aware of the patient and their family’s wishes, they endeavoured to meet their requirements.
- Within radiology at both sites we saw that the reporting rate for imaging was achieving the target agreed with the commissioners.

Competent staff

- Appraisal rate was 79% April 2014 to Feb 2015 trust wide against the trust target of 75%.
- We found that qualified staff at Cannock Chase Hospital outpatients had not received any appraisals this year. We saw that 69% of staff at Cannock Chase Hospital had received their appraisals, whereas for New Cross Hospital it was 86%.
- The Medical Physics team supported the imaging department staff with updates and training regarding IR (ME) R.
- Specialist nursing staff worked with the ward staff to increase staff knowledge by sharing knowledge and expertise in real time. Medical staff also confirmed that they were supported by senior staff.
- Simulation ward (SimWard) is an immersive education service within a clinical setting. Staff are given the chance to practice scenarios and techniques and receive feedback in a safe environment. For 2014/15 700 Sim training activities were delivered to staff.

Multidisciplinary working

- We saw that MDT working was well embedded in the service. We saw within the community how different professionals worked well together to ensure patients received the care they required. For instance, we saw the lead for multiple sclerosis

Summary of findings

who told us how they worked with the continence team, the community neurological rehabilitation team, occupational therapists, physiotherapists and the healthy lifestyles department.

- During our focus groups of allied healthcare professionals, and also in discussions with staff, they were able to describe how working as a MDT was rewarding to them and helped achieve the best outcomes for patients.
- We saw ward rounds where the MDT were present, such as physiotherapists and speech and language therapists.
- Mortality and morbidity meeting minutes we were supplied identified that in the vast majority of cases only doctors were in attendance. No nursing staff or other allied healthcare professionals were present. This meant they missed the opportunity to share their knowledge and experience with this process.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Childrens services within the trust used the 'Gillick competencies' and 'Fraser guidelines'. When gaining consent from young people.
- We found that in all services patients were asked for their consent before any intervention.
- Where patients lacked capacity we saw evidence of mental capacity assessments being undertaken.
- We did see that insufficient staff in surgery and outpatients had a full understanding of what the mental capacity meant and how it could impact on the care they delivered.

Are services at this trust caring?

Summary

The trust as a whole achieved good or outstanding ratings for care, except within medicine for which they required improvement. We found staff recognised how their behaviours of compassion and inclusion resulted in better patient outcomes. Patients were treated holistically and relatives and carers needs were also taken into account.

Compassionate care

- Friends and family survey results for inpatients April 2015 demonstrated the following. The national average response rate was 25.6% for New Cross it was 28.5%, Cannock Chase was 39% and West Park was 36.8%.

Good



Summary of findings

- The national average recommender rate for the same time period was 95.2%, for New Cross 89%, Cannock Chase 100% and West Park 100% (although for 3 of the 4 areas at West Park recommender results were missing from the NHS Choices database).
- Our inspectors saw that staff were caring and showed compassion to people receiving care in every instance. Within community services of adult and children we saw outstanding levels of care. For instance, with children and young people's services we saw an example of a family who were initially hostile to the service, but having experienced it then felt very positive about it. The staff ensured they spoke to the children, with the parents offering support when the child was unable to articulate.
- The CQC Adult Inpatient Survey (2014) showed the trust performed about the same as other trusts in all areas, including care and treatment.
- Patients' privacy and dignity was maintained at all times. However, at New Cross Hospital within C15, 16 and 19 we did see some instances where staff appeared uncaring and did not promote patients dignity.

Understanding and involvement of patients and those close to them

- Within adult community services there was an excellent example of the multi-disciplinary team attending a meeting in the patient's home so that all present could have an input, enabling the patient and family to be fully involved.

Emotional support

- We saw that staff were sensitive to patients' emotional needs. Within outpatients when patients received bad news in the gastrointestinal (GI) surgery or medical clinics, there was rapid access to the GI clinical nurse specialist who would come down and support patients. If cancer was detected during a cystoscopy procedure within the urology clinic, nurse specialists and senior doctors were available to see and counsel the patients there and then.
- Within adult community services we saw some patients thought so much of the service offered in a specialist clinic they travelled over 100 miles to attend and maintain the contact with the clinic and staff.
- Within community, children and young people's services we observed one child receiving a hearing test. The mother was able to watch via a two way mirror to manage her anxiety.

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Are services at this trust responsive?

Summary

We saw good examples of how the trust had integrated its services across the acute and community services to improve the patient experience. There were services which supported patients to remain in the community and prevent unnecessary hospital admission.

We saw that the trust used an IT software system SafeHands to help with the flow of patients through the trust. Making information available in real time allowing staff to best utilise the bed resources.

Information leaflets were available for people but were printed in English, other languages were printed on the leaflet informing patients they could request it in a different language, but this was very small print.

The complaints process was identified by the trust as an area for improvement. Local resolution was adopted by staff and appeared to be having a positive effect.

Service planning and delivery to meet the needs of local people

- Integrated working practices supported patients to be treated at home. Community Matrons had received additional training for the COPD patient group. They also had access to the respiratory team, including out of hours. Acute respiratory consultants attended patients in the community in their own homes when requested.
- The trust had a homes in-reach service which was set up to support people living in nursing homes. This service aimed to support nursing home staff to prevent unnecessary admissions of their patients.
- Previously some doctors had discharged patients who required a treatment which necessitated numerous visits for the patient in a day. When this was escalated it resulted in the doctors changing the treatment to one which was just as effective but required less staff interventions.
- Within community end of life care we saw a 'My Care' document which enabled people to fully understand the choices available to them.
- Emergency services within the trust had incorporated GP's to see patients who did not have access to a GP. This reduced the number of people who would use the resources of ED unnecessarily.
- The trust performed better than the England average for hip fracture patient receiving surgery within 48hrs, achieving a rate of 79% for 2014.

Good



Summary of findings

- We saw in with Outpatients department that access to free water was not available. There was a water dispenser in diagnostics but this was not well signposted.
- During the inspection the inspection team were repeatedly stopped by people who did not work in the hospital to ask for directions. People found the signage to be confusing, referring to zones rather than departments.
- We saw that the trust had a number of volunteers. We observed and spoke with one referred to as “Scooter-man”. We were told about this service in one of the listening events. Patients could phone for the Scooter-man (it was like a golf buggy) who would arrive and take the person to wherever they wanted to go within the hospital.
- The trust had implemented the end of life pathway named Swan. Although it was in the early stages, staff were well engaged and understood their responsibility to support both patients and their families.

Access and Flow

- The trust had not met the national target of treating, admitting and discharging 95% of patients within four hours of attendance for the six months October 2014 to March 2015. Further documents demonstrated that the trust met the target in April 2015 and for May and June missed the target by one and two percentage points.
- Within the ED at New Cross Hospital patients who consented wore a bracelet which monitored the patient’s journey through the trust. On discharge this triggered and tracked a series of actions, including cleaning of bed space, which led to the bed being free for a waiting patient in ED. The trust planned to make this information available to all hospital staff as it would help with the flow.
- Within the MIU at Cannock Chase Hospital no management parameters were recorded to monitor patient wait times.
- Also we noted that late transfers from New Cross Hospital to Cannock Chase hospital took place. We saw documents which demonstrated that between 15 April to 17 June 2015 10 admissions to the ward occurred between 10pm and 11:30pm.
- The trust did not meet the target for the two week cancer wait, with figures showing a 62 day wait for first treatment and 62 day wait for screening between January and March 2015.
- When medical patients were admitted to a non-medical ward they are described as an outlier. This meant they could be on a surgical ward for instance. The trust had a system of paring

Summary of findings

wards which meant that if the patient was unable to go to their speciality ward they went to the ward that was paired to their intended ward. Staff on the paired ward would have some expertise in the patient's condition.

- At Cannock Chase Hospital on the medical ward we saw there were 5 patients who were medically fit for discharge. At West Park a quarter of the patients at the time of the inspection were medically fit for discharge too. Social arrangements needed to be in place and this was causing a delay in the discharge. The hospital employed a discharge liaison assistant to try and speed up the discharge process. Social workers worked at West Park but a decision had been made to have them cover six days a week to include Saturdays. This was having a negative impact as referrals could only take place during the week.
- A number of capacity meetings were held each day attended by the chief operating officer to assess the flow situation. At weekends a meeting was held at 12 noon and included consultants, the sister in charge of ED, the on call duty manager, a member of the executive team and a capacity manager.
- Documents supplied by the trust undertook a review of end of life patients as it was one of the key priorities for the trust. The aim was to review end of life decision making and fulfilling patient and family wishes. 79% of the cohort had a ceiling of care documented, but 29% of these had had a preferred place of care identified. However, of the 25 audited all had had discharge arrangements commenced but none had had a successful discharge.
- At the time of our inspection the trust were in discussion with commissioners to extend the opening hours of Cannock Chase MIU to 18 hours per day. The decision to reduce the hours was taken before RWT took over the running of the service. Following our inspection the decision was made to continue with the present opening hours.

Meeting people's individual needs

- The trust offered many and varied information leaflets. These were all in English despite the ethnically diverse population. There was the option to request the leaflets in other languages, but the script informing patients of this was in very tiny print on the back of the leaflets. The print was too small for most patients to notice or see.
- Interpretation services were available within the trust. Staff in the community did not have any issues booking translators to assist with patients.

Summary of findings

- The trust used the 'All about me' booklet to support patients with communication issues such as people with learning disabilities and those living with dementia. We noted at West Park Hospital some patients were bored, with little to occupy their time whilst they were inpatients.
- The HIV/AIDS clinic provided facilities for prisoners to attend appointments and remain secured without prison officers being in the same room. This meant that they were able to discuss their condition in private without risk of escape.
- The safeguarding team included adult and learning disability specialists. We saw that 'All about me' documents were in use within the trust for people living with dementia and/or learning disabilities.
- The trust had a 'care of the elderly clinical governance group' which met regularly to discuss and implement strategies to support the elderly using the services. The documents supplied by the trust demonstrated that they identified ways to support patients and ensured implementation of best practice through the monitoring of action plans.
- The trust had also rolled out dementia awareness training; we saw staff members with the dementia friendly badge attached to their clothing. However we noted staff at West Park did not have this as part of their competencies.
- The trust was developing easy read materials to better inform and support people with learning disabilities. We also noted that within the latest annual quality report the trust was working with GPs to address health inequalities by identifying people with learning disabilities and offering them annual health checks.

Learning from complaints and concerns

- Complaints processes and outcomes were monitored within the trust by the Complaints, Litigation, Incidents and PALS Action Group (CLIP), by the Quality Governance Assurance Committee and by the Board which received quarterly complaints performance reports in addition to the annual complaints report.
- We met with local leadership regarding complaints. They told us the number of complaints had fallen from the previous year; 2013/14 402 complaints, 2014/15 365 complaints. At the time of our inspection 40% of complaints were resolved in 25 days. The complaints team wanted to achieve 90% by April 2016.
- Local resolution was adopted and used in the clinical areas so that complaints could be dealt with more informally and patients could have resolution quickly.

Summary of findings

- The trust serves a culturally diverse population and ethnicity information was available to the trust. They explained that they worked to raise awareness within the population to make sure people understood how to raise concerns and make complaints. They told us they attended places of worship, colleges and support groups to raise awareness
- However, no analysis was undertaken to understand the ethnic mix of the complainants and whether they were actually effective in raising awareness across the whole population.
- We noted that within New Cross Hospital OPD the complaints information was in the treatment rooms. We thought this was a barrier to raising complaints as the information was not in the general waiting area.
- Most staff felt empowered to resolve complaints locally and if they were not able to they then informed PALS and go down a more formal route.

Are services at this trust well-led?

The trust had a vision and strategy in place to support the management of the service. Staff were generally aware of how their roles contributed to the achievement of the vision.

The governance structure assisted the board to be aware of the risks within the organisation. There was a clear line from ward to board. The executive leadership team worked well together within their roles. The Non-Executive Directors challenged and held the board to account. The culture within the trust was one where the staff were proud to work for RWT and felt empowered and supported. However sickness and staff shortage was taking a toll on morale.

Vision and strategy

- The trust published its and values these were; Vision “An NHS organisation that continually strives to improve patients' experiences and outcomes.”
- The trust values were; patients are at the centre of all we do, working together we deliver top quality services, we will be innovative in how we work, we create an environment in which people thriveThe trust had an identified vision and values with associated strategy to underpin their achievement defined for 2014/15.
- Within all the core services local leaders were able to articulate their directorates' role in achieving the trust's vision and values identified by the executive leadership. However, staff within critical care mistook the 6 C's as the vision. These are the

Requires improvement



Summary of findings

compassion in practice which was developed by NHS England. New Cross outpatients and diagnostic services did not have clear visions which they could describe for the future of the service.

- New Cross emergency department staff were well sighted regarding the vision of their service as they had been fully involved in the plans for the new building. The community teams were able to describe the vision and values of their service and understood their roles in implementing
- The trust was no longer aiming for foundation trust status as a priority. The integration of Cannock Chase Hospital (CCH) had taken priority. The trust had had to postpone its previous applications.

Governance, risk management and quality measurement

- The trust had a committee and subcommittee structure that ensured that the board was ultimately sighted on the issues within the trust and external impact factors.
- The ward to board structure was effective as each directorate was supported by a person with a governance role. The governance lead confirmed the processes was always under review as they wanted to continually improve.
- The trust achieved a NHS LA level 3 September 2013. This meant that the policies in place were in use and managed risks appropriately.
- The Quality and Governance committee met regularly. This was chaired by a non- executive director and was attended by the executive leadership team including the CEO.
- In interviews with the leadership we discussed completion of actions when risks had been identified. We were told more work needed to be done in this area. The Non-Executive Directors (NEDs) told us they challenged when action completion dates were too slow or had not been met. We were given an example of a case which had gone to coroner's court and the trust had been criticised for non-completion of action points. As a result of this, the leadership had tightened up the processes. Both the Medical Director and Chief Nurse met regularly to review action plans.
- Members of the leadership team confirmed the commitment of the NEDs and commented that they were well prepared for meetings, having reviewed the reports beforehand and so were able to give strong challenges.
- The trust was reviewing the e-learning tool for information governance; this was being undertaken by the information governance lead in light of the breaches which had occurred.

Summary of findings

The other control measures had been adopted by staff with regard to handover sheets. The trust was also planning to use tablets to support the community staff and reduce the need for paper notes which had been identified as an area of risk.

- The trust had employed an Integration Programme Director to help support the integration of services which had come from Mid Staffordshire NHS Trust. Although the trust took over the service 01 November 2014, the services were integrated in stages. Therefore, consultant lead obstetrics was in January 2015, trauma and orthopaedics was in February along with some other core services. Paediatric services were in May and Haematology Oncology and ENT will be in August and November 2015.
- The trust understood its role in to engage with other providers to enhance the service for the population it served. The trust had people who were medically fit for discharge awaiting social care packages. This impacted on the number of beds available. We spoke with the Chief Operating Officer about this. They confirmed they had tried to influence the situation positively with the local council but with little positive effect. The CEO had also been involved but was not able to make a positive change.
- The trust was exploiting other areas to have a positive effect on bed capacity. The use of the Safe Hands system bed management was excellent. We observed the system in use accompanied by the Bed Manager. There were no KPI's regarding the number of bed moves, but they told us it was generally understood no bed move was to take place for non-clinical reasons. However they were not able to shed light on the late night moves which had taken place to Cannock Chase Hospital. We observed the tele-tracking bed board in AMU where staff could see electronic referrals in real time. They were not able to see the A+E waits and breaches and so had to phone the department for updates.
- The trust implementation of the Homes in-reach team was able to have a positive impact, by supporting nursing home staff to adequately manage patients in their homes thus preventing admission.
- The trust had focused on "Never Events" and the prevention of them. The leadership were able to describe how they had engaged with the surgical consultants to achieve 'buy in' by having them lead the compliance of the WHO checklist. The trust had also invested in training their staff in Human Factors to empower staff to speak up despite group dynamics. An audit programme to confirm and challenge was put in place to monitor the effects and compliance with WHO surgical checklist. This has been successful so far; therefore this

Summary of findings

prompted the trust to develop modified WHO checklists for other areas such as radiology and maternity. The practice was also being replicated at Cannock Chase Hospitals. When we spoke with stakeholders they confirmed that they had seen improvements with this strategy.

Leadership of the trust

- The executive team was stable, many being in place for a number of years.
- We found members the Medical Director was aware of the issues within the trust and had the backing of the medical team. He had been very involved in the processes to reduce the number of never events. This action had been noted by other stakeholders.
- The Director of Nursing and Deputy Chief nurse was well respected by the staff group. She was involved in the table top reviews and although staff found this intimidating they recognised the importance of them as a learning opportunity.
- Staff spoke highly of the leadership and about their access to them. They felt they were approachable, especially the CEO. He told us he got to know a lot about the trust from the staff and about the patients' point of view by using public transport and talking to people.
- The executive team were able to describe board development opportunities and appeared to be a cohesive team with similar aims.
- The HR Director, who was new to the trust, told us that to ensure she understood the trust well she shadowed a consultant for a day to meet with staff and understand their work and challenges. This had received a good response from staff.
- The Chairman had worked with the trust for six years, but had held the position of Chair since 2013. The feedback we received from the NEDs was positive about his style and leadership.

Culture within the trust

- We spoke with a wide range of staff, both clinical and non-clinical. 334 staff attended our focus groups. We noted that the staff felt the culture of the trust was open. Staff told us they were proud to work within the trust and that their colleagues were supportive and friendly. In particular we noted how many people wanted us to know that when they had left the trust they had come back as they felt that this was a much better place to work.

Summary of findings

- We asked some of the leadership how they had achieved such happy staff. They thought that was because there was a lack of hierarchy. Also there was a fair blame culture with clear lines of responsibility and accountability.
- We met with staff side representatives; they corroborated the openness culture of the trust. They had good access to the leadership, mentioning the CEO and the new HR director. They felt the leadership wanted to work with the unions. The HR director was working with the staff side representatives to ensure more challenge was in the system.
- Staff side representatives talked of the challenge with staffing and sickness which was affecting staff morale. This was corroborated in some of the focus groups, especially the band six and below qualified nursing staff.

Fit and Proper Persons

- The trust were complying with this part of the regulations. We saw documents supplied by the trust and reviewed senior appointment personnel files. There was one new recruit since November 2014. We saw within the documents that the trust shared with senior staff the responsibilities and had undertaken an action plan to ensure compliance. The action plan had identified actions and we saw they had been RAG rated and completed. We checked some of the completed actions and were able to corroborate they had been undertaken. The Trust had applied the regulations retrospectively (although this is not required) to standardise the information held on the leadership within the trust.

Public engagement

- We saw that the trust used an independent company to gather patient feedback as well as the friends and family test. It is presented in the form of a feedback cloud. This enabled the trust to see at a glance what were the most commonly used words people used when referring to the service they had received. You could also at a glance see the proportion of positive and negative feedback.

Staff engagement

- 34% of staff took part in the 2014 NHS staff survey. This was 1% lower than the previous year. Results demonstrated that staff who felt they had good communication with their line managers and opportunities for learning and development was better than the national average. However, the survey also showed there was a significant deterioration in the percentage

Summary of findings

of staff who felt they were able to contribute to improvements at work. This fell from 70% in 2013 to 61% in 2014. Additionally, the percentage of staff who received an appraisal dropped from 93% in 2013 to 85% in 2014.

- The trust also used an in-house survey tool (ChatBack) gather staff feedback and in April and May 2015 the trust received 1300 responses. Using this tool, the results demonstrated the opposite to the NHS staff survey with regard to communication and being involved. For example, the survey questions pertaining to communication demonstrated an improvement of between 5-10% on the previous year (four questions were asked around this subject).

Innovation, improvement and sustainability

- The trust supported staff development with the use of a simulation ward (SimWard). Staff were very complimentary of this resource. Staff had an opportunity to undertake training simulations in real time and received feedback on their performance. This also fed into their competencies.
- The use of the SafeHands software was used innovatively to monitor hand hygiene compliance within the trust and bed management.
- The palliative care team had commenced research to look into improving hydration for cancer patients at the end of their life.

Overview of ratings

Our ratings for New Cross Hospital

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

Overview of ratings

Our ratings for Cannock Chase Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Requires improvement	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
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	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Our ratings for Royal Wolverhampton NHS Trust Community In Patients

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

Our ratings for Royal Wolverhampton NHS Trust Community Adult Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Outstanding	Good	Good	Good

Overview of ratings

Our ratings for Royal Wolverhampton NHS Trust Community Children and Young People

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Outstanding	Good	Outstanding	Outstanding

Our ratings for Royal Wolverhampton NHS Trust Community End of Life Care

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Good	Good	Good	Good

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

Outstanding practice and areas for improvement

Outstanding practice

Trust wide

- The trust's SimWard was being utilised to support staff competencies. Staff told us they were in the process of expanding the service externally to provide education and learning to other authorities.
- We saw the Safe Hands system for monitoring resources and flow provided the trust a good opportunity to further increase their responsiveness.

New Cross Hospital

Emergency Services

- We noted effective integration with the rest of the hospital. For example we observed one patient presented to ED with headache and weakness, they were received by an ED consultant and had a scan within ten minutes. They were then received by a stroke consultant and Thrombolysis (treatment to prevent blood clotting) was started in the ED within 20 minutes.

Medicine

- Doctors, nurses and therapists were provided with a stamp by the trust with their name and personal identification number. This enabled other staff to easily track who had completed the record when required.

Surgery

- The trust recently instituted "In Charge" initiative was welcomed by patients and relatives. This was a badge worn by the person responsible for that shift on the ward.
- The innovative system to drain chests after cardiac operations had reduced patient length of stay in hospital.
- There was a group text system in place to ensure the availability of staff and beds on the day of the operation so as to avoid any cancellation.
- The "panel meeting" concept where senior trust staff provided high challenge and high support to wards

managers after investigation of incidents. This meeting enabled staff to take the learning from such events on board and ensure systems were put in place to prevent reoccurrence.

- There were arrangements in place with Age Concern that certain patients funded by the local CCG could be called upon to transport suitable patients. There was a checklist in place for the driver who would ensure that the patient had all the necessary comforts in the home for example, food and a suitably heated home. The Age Concern drivers would stay with the patient in their home to ensure they are safe to be on their own.

Maternity and Gynaecology Services

- 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.

End of Life Care

- We were told how care after death was of a very high standard and the mortuary staff would ensure the person's dignity was maintained during the care. Mortuary staff gave us examples of assisting a mother dress her small child in clothes that the mother had picked out. The mortuary staff supported her through a difficult time and allowed her to take her time with the child and utilise the Swan suite. We could see the mortuary staff were very passionate about delivering a high standard of care after death.

Community Inpatients

- The stroke care pathway which included rehabilitation care and therapy at West Park Hospital provided excellent support, advice and treatment to all patients in Wolverhampton who had suffered a stroke or a TIA (transient ischemic attack).

Staff provided all aspects of support and advice to include physical, psychological and financial. They were regarded by patients and fellow ward staff as a source of expertise to refer and signpost patients onto the most appropriate health care professionals to assist patients in their stroke recovery.

Outstanding practice and areas for improvement

They had recently qualified as independent prescribers which enabled them to prescribe a range of items such as continence aids and equipment necessary to aid a patient's health and well-being. They recently employed a stroke care support worker who took on the support of carers and provided a signposting service to ensure carers were also well supported.

Community Adults

- The innovative therapies provided by the stroke rehabilitation team and the tenacious, dedicated care demonstrated by the HIV/AIDS therapy service were outstanding.

Community Children and Young People

- We saw excellent efforts being made to progress the integrated service. Scheduled meetings were being attended by all teams involved to discuss future partnership working; they continually looked for ways to maximise the service for the communities benefit and avoid duplication of work.
- Children and families were seen to be treated holistically, with all issues being considered. Hard to reach groups such as travellers and asylum seekers were supported and encouraged to attend clinics and group sessions.

- The Royal Wolverhampton Trust offered a Family Nurse Partnership programme which was evidence based, preventative programme for vulnerable first time young mothers under 19 years of age. Family nurses delivered a licensed programme for young girls from pregnancy until the child was 2 years of age. The programme followed a structured service model which was closely audited to ensure compliance with national FNP guidelines and FNP Programme Licence for Supervision in FNP.

Community End of life Care

- The care package provide for people in the last six weeks of life which provided intensive health and personal care from a team who were able to provide continuity and recognise and respond to people as their needs changed.
- The effective structure and working relationships in place which combined the expertise of district nursing with specialist palliative care knowledge and advice to provide effective care for patients at the end of life.
- CNS staff were asked to provide detailed feedback on areas of improvement to the 72 hour end of life pathway to improve hospital discharge processes.

Areas for improvement

Action the trust MUST take to improve New Cross Hospital

Action the hospital MUST take to improve

Medicine

1. The trust must improve the attitude and approach of some of its staff to patients in their care.
2. The trust must improve the level of detail in patient care records, reflecting individual preferences.
3. The trust must review the amount of monitoring and supporting equipment on its wards.

Surgery

1. The trust must make sure that the recruitment of additional staff that was being undertaken to resolve the transportation of blood is completed in a timely manner.

Critical Care

1. The trust must ensure that regular checks are recorded regarding the cleaning of equipment.
2. The trust must ensure that locally owned risks are identified and recorded on the risk register and have appropriate actions to mitigate them, with timely reviews and updates.
3. The trust must ensure the medicine room is locked to reduce the risk of unauthorised people accessing medicines.
4. The trust must ensure that intravenous medicines are stored correctly to reduce the risk of the administration of incorrect medicines.
5. The trust must ensure that the microbiologist input is recorded within the patient records to support their care and welfare.

Outstanding practice and areas for improvement

OPD and Diagnostics

1. The trust must ensure that when controlled drugs are removed from the medicines cupboard in radiology, this is clearly documented at the time of administration.
2. The trust must insure that governance systems improve so that safety issues and shortfalls in risk assessments and protocols are highlighted and addressed.
3. The trust must insure that there is clear ownership of responsibilities to ensure the radiology departments is working within best practice professional guidelines and IR(ME)R regulations

End of Life Care

1. Controlled medication must be labelled, prescribed to a patient and packaging must not be tampered with.

Action the hospital SHOULD take to improve

Emergency Services

1. The trust should improve staff understanding of the dementia care pathway for patients in the ED
2. Medicine fridge temperature records in the ED should be recorded daily to ensure medicines were stored safely.
3. Evidence of resuscitation status should be included in patient's records.
4. ED staff take up of mandatory training should be improved.
5. The trust should be clear about the use of the paediatric facilities in the ED
6. The trust should improve public information about making a complaint in the ED

Medicine

1. The trust should review the need to undertake transfers late at night of patients to Cannock Chase Hospital.
2. The trust should ensure sufficient and suitably skilled staff are available at all times to meet the needs of patients.

Surgery

1. The trust should make sure that all staff is up to date with the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards so that patients are not put at unnecessary risk of staff not acting legally in their best interests.
2. The trust should make sure that there are process in place to ensure formal "sign in" takes place in the anaesthetic room and that this is recorded.
3. The trust should make sure that a number of required policies and procedures identified from the national emergency laparotomy audit 2014 are put in place.
4. The trust should make sure that patients with bowel cancer can access appropriate clinical nurse specialist.
5. The trust should ensure there are resting seats available for vulnerable patients to avoid them to walk long intervals without resting.

Critical Care

1. The trust should ensure there are procedures in place to record the checking of the resuscitation trolley.
2. The trust should ensure that the trust's vision and strategy is cascaded to all staff.
3. The trust should ensure that all policies and procedures are up to date and have been reviewed appropriately.

Maternity and Gynaecology

1. The trust should improve the quality of record keeping in maternity.
2. The trust should improve the checking of drugs and fridge temperatures where medicines are stored.
3. The trust should ensure emergency equipment is readily available to use.

OPD and Diagnostics

1. The trust should ensure that the renal unit complies with staffing requirements stipulated by the National Institute of Clinical Excellence.
2. The trust should ensure that staff in radiology receives feedback in relation to shared learning and changes in practice resulting from incidents.
3. The trust should ensure that call bells within radiology cubicles are fit for purpose and that there is clear signage outside x-ray rooms alerting patients not to enter and advising women to inform staff if they are pregnant.

Outstanding practice and areas for improvement

4. The trust should ensure that the procedure to check whether women are pregnant prior to receiving radiography tests is improved
5. The trust should ensure that the nuclear medicine (imaging) service issues 'written instructions' to females who are breastfeeding and who have undergone a radio nuclide procedure.
6. The trust should ensure that Local Diagnostic Reference Levels are available for the CT scanners (and other diagnostic procedures) and that CT radiographers have a method (or written procedure available to them) of knowing when an overexposure would be much greater than intended and how this should be reported.
7. The trust should ensure that the clinical imaging protocols (operating procedures) are fit for purpose and that basic scan parameters are present that would allow an operator to follow and find operational information to be able to perform a scan safely and to check that recalled electronic settings within the scanning equipment is in concordance with the written protocol.
8. The trust must ensure that the radiation risk assessments are fit for purpose and have enough specific detail for the radiation work undertaken in each area.
9. The trust must ensure that there are Local Rules or systems of work available for mobile radiography units as required by the Ionising Radiation Regulations 1999.
10. The trust should ensure that paediatric reports within radiography are produced promptly.
11. The trust should ensure that appointment letters and patient information leaflets are available in languages other than English.
12. The trust should ensure that there is a method of monitoring whether patients have been present in outpatients or radiology for long periods to ensure they have adequate food and drink.
13. The trust should ensure that patient feedback is received and acted upon in radiology to improve service provision.
14. The trust should ensure that radioactive medicinal products and waste are securely stored and accounted for at all times.

End of Life Care

1. The trust might like to review staffing levels in particular on the oncology ward and surgical wards.

2. The trust should develop clear guidance for staff on repositioning spinal cord compression and spinal cancer patients.
3. Spinal cord compression and spinal cancer patients must be repositioned according to their assessment and trust policy. Staff should record incidents where appropriate.
4. The hospital might like to improve on communication with families and better recording of their discussions with staff, ensuring discharge is consistently discussed and they are kept informed of patient's conditions.

Cannock Chase Hospital

Action the hospital MUST take to improve

Minor Injuries Unit

1. The trust must put in place effective systems to monitor outcomes for patients.

OPD & Diagnostics

1. The trust must insure that governance systems improve so that safety issues and shortfalls in risk assessments and protocols are highlighted and addressed.
2. The trust must insure that there is clear ownership of responsibilities to ensure the radiology departments is working within best practice professional guidelines and IR(ME)R regulations.

Action the hospital SHOULD take to improve

Minor Injuries Unit

1. The trust should improve risk management for the MIU including demonstrating how it has assessed and how it safely manages the lack of access to x ray facilities for patients and the lack of privacy at the reception desk.
2. The trust should improve the uptake of mandatory staff training at the MIU and provide staff with dementia awareness training.
3. The trust should support the MIU service to monitor outcomes for its patients including those transferred to the ED, and to provide key performance indicators, including waiting times, and other access and flow indicators.
4. The trust should effectively communicate a clear vision for this service.

Outstanding practice and areas for improvement

5. The trust should strengthen Governance arrangements to support continuous improvement and manage risk strategically and more effectively.

Medicine

1. The trust should ensure that broken equipment is fixed in a timely manner.
2. The trust should ensure that all equipment such as nutrition feeding equipment pumps are portable appliance tested (PAT).
3. The trust should ensure that the protocols be documented regarding wound care.

Surgery

1. The trust should make sure that all staff is up to date with the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards so that patients are not put at unnecessary risk of staff not acting legally in their best interests.
2. The trust should have in place a major incident plan for all the services. Staff should be aware of this plan as it relates to their specific service.
3. The trust should make sure that there are process in place to ensure formal "sign in" takes place in the anaesthetic room.
4. The hospital should ensure operating lists are published in a timely manner.
5. The trust must make sure that the integration of the service is undertaken by engaging clinicians at all levels in an inclusive manner.

OPD Diagnostics

1. The trust should ensure that all staff receives post-incident feedback, shared learning and changes in practice related to incidents.
2. The trust should ensure that all staff receives safeguarding training in the protection of vulnerable adults and children.
3. The trust should ensure that the procedure to check whether women were pregnant prior to receiving radiography tests is improved to be in line with professional body guidance.
4. The trust should ensure that the disabled cubicle in radiography is improved to ensure the call bell and curtain is fit for purpose.
5. The trust should improve radiation risk assessments to ensure they are fit for purpose.

6. The trust should standardise radiology referral forms and ensure that they adequately record the information required by IR(ME)R.
7. The trust should ensure that all staff in outpatients receives their appraisals.
8. The trust should try to improve waiting times in outpatients and radiology and keep patients informed of delays.
9. The trust should ensure that appointment letters and patient information leaflets are accessible in languages other than English.
10. The trust should ensure that there are facilities to provide food and drink to patients in outpatients and radiology.
11. The trust should ensure that senior management support and empower staff to make changes and drive improvements within both outpatients and radiography.

Community Inpatients

West Park Hospital:

Action the hospital MUST take to improve

1. The trust must review the fire policy and procedures at West Park Hospital particularly providing effective communication systems.
2. Improved door exit systems in the event of an emergency.

Action the provider SHOULD take to improve

1. The trust should improve specialist disease specific training for nursing staff i.e.: MS, Parkinson's, Epilepsy, Diabetes, Dementia and Brain Injury across at West Park Hospital.
2. The trust should continue with its Registered Nursing recruitment process
3. The trust should consider introducing a menu of ward based activities for patients at West Park Hospital.

Community Adults

Action the provider SHOULD take to improve

1. The trust should review the paperwork used by district nursing teams to record their planned visits to ensure that patients' details are kept safe.

Outstanding practice and areas for improvement

2. The trust should review the diagnostic equipment carried by district nurses to ensure that they are able to carry out a full assessment of patients, including blood glucose levels.
3. The trust should review its complaint logging system to ensure that numbers of complaints are recorded accurately.
4. The trust should examine the compatibility of the IT systems used in the acute and community sections to resolve communication issues.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Safe Care and Treatment
Family planning services	12.—(1) Care and treatment must be provided in a safe way for service users.
Management of supply of blood and blood derived products	(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
Maternity and midwifery services	(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;
Nursing care	(g) the proper and safe management of medicines;
Surgical procedures	(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;
Termination of pregnancies	(i) where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.
Treatment of disease, disorder or injury	How the regulation was not being met: Medications management and supply needs to improve within the trust to ensure the safety of people using the services. In particular we saw that medication packaging was used in such a way which would prevent safety checks being undertaken. Some patients did not always receive their medication as prescribed. Records of controlled drugs were not being recorded at the time of administration. We also noted that medication were not always stored securely. The storage of some intravenous medicines was in an untidy manner which could result in mistakes occurring.

This section is primarily information for the provider

Requirement notices

All people using the service must have in place plans of care that meets all of their needs. We noted that not all patients conditions although known had an associated plan of care.

Infection control practices did not include regular checks and records of cleaned equipment. The Microbiologist input must recorded in the records to support care and treatment plans.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Management of supply of blood and blood derived products

Maternity and midwifery services

Nursing care

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good Governance

17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

(f) evaluate and improve their practice in respect of the processing of the information referred to in subparagraphs (a) to (e).

(3) The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—

This section is primarily information for the provider

Requirement notices

(a) a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (2)(a) and (b) are being complied with, and

(b) any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

How the regulation was not being met:

We saw that not all of the core services used the risk register to identify locally held risks and identify mitigation actions in a timely manner.

The governance process to include shared learning needed to be improved within one of the core services, so that the onus was not on staff to identify the learning but for the local leadership to actively share the learning information.

We noted that there was a lack of clear ownership with regard to the professional practice guidelines and IR(ME)R.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Management of supply of blood and blood derived products

Maternity and midwifery services

Nursing care

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

How the regulation was not being met:

We found that not all core services had sufficient staff to meet all the needs of patients. In addition to this existing staff were shortfalls which were having a detrimental effect on staff morale. We also noted where staff were to be supernumerary they were required at times to work clinically to boost the staffing numbers.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Management of supply of blood and blood derived products

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Premises and Equipment 15. —(1) All premises and equipment used by the service provider must be— (a) clean, (b) secure, (c) suitable for the purpose for which they are being used,

How the regulation was not being met:

People who use the services and others were not protected against the risks associated with unsafe or unsuitable premises because of insufficient measures in relation to night time security West Park Hospital. Also, inadequate operations of the premises for safe door exiting systems at West Park Hospital in the event of an emergency.

People who use the services and others were not protected against the risks associated with unclean equipment in Critical care at New Cross.

Adequate numbers of equipment for assessment of patients should be available on all wards.